

A&E Records

Dr M MacGregor
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date: 04/07/2022

Emergency Discharge Summary

Patient	Lee Gilroy Flat 17 2 Northfield Drive Edinburgh EH8 7RW	CHI Date of Birth / Age UHPI A&E Attendance Number	2009811259 20/09/1981 (40 years) 700009150B E5074917
Attendance Date	03/07/2022		
Attendance Time	22:40		
Mode of Arrival	Public Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	04/07/2022		
Discharge To			

Dear Dr M MacGregor

Presentation: Pain in hip / leg / knee / ankle / foot, S: DVT B: Patient complaining of right leg pain and swelling. On apixaban for a DVT in left leg. Pains shooting down both legs. Missed a few days of medication but now has medication again. A: RR: 16 Sa

CLINICAL NOTES:

Clinical note: PC:
Painful knees

HPC:

Since DVT earlier this year has felt pain in knees radiating into calves bilaterally - feels pain when mobilising, gets worse with increased distance walked

3/7 Hx of worsening Sx - he relates this to having a half dose of Apixaban on Wednesday to Friday.

He reports that his R leg was slightly more swollen over the past few days

At present - no pain at rest, nil redness, not swollen

Nil SOB

Nil chest pain

Background:

Ex-IVDU - on methadone

DVT in February - 10mg Apixaban BD

Medications:

Methadone

Drug allergies:

NEWS 0

R leg - not swollen, calf and ankles same size as L, nil erythema, non-tender

Investigation results:

Nil

Diagnosis:

MSK pain

Treatment and management plan (as d/w cons Craig Davidson):

Home with advice to seek physio

Worsening statement given

Assessed by (name, seniority):

G Kaye Fy2

Consultant:

Craig Davidson

Yours Sincerely,

Dr George Patrick Kaye, Doctor



NHS Lothian
University Hospital Services
Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344



A/E no. E5074917
Previous no. E4964404
UHPI no. 700009150B
CHI no. 2009811259

Patient Information

Surname: Gilroy
Forenames: Iscc
Date of Birth: 20/09/1981
Age: 40 Yrs Sex: M
Address: Flat 17
2 Northfield Drive
Postcode: EH8 7RW
Telephone: 07495900043
Contact Address: dvt
Telephone H: W
Complaint: Allergies
Attendances in last 12 months: 2 School:

General Practitioner

M MacGregor
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL
0131 549 7340
Address:
Telephone:

Date and Time of Attendance: 05/07/2022 22:40
Incident Date Time:
Public Transport
Mode of Arrival: Self Referral to A&E
Source of Referral:

Initial Triage Assessment

Presenting Complaint

History of Presenting Complaint

Assessment

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	minute	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight		Height
AVPU		Special Clinical Instructions							
On Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE									

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete				Blood Samples - Please tick all that apply				Additional Investigations	
Handwash		Gloves		Routine		CRP		ECG - Please tick	
CHD Skin Prep		Aseptic Insertion		Troponin		Coag		Required ☐	Done ☐
Dressing Labelled		Paperlite Bundle		Amylase		Tox Screen		Urinalysis - Please tick	
Reason for PVC Insertion:				BTS		Other (Please state)		Required ☐	Done ☐
On Going Care Plan								MSU Sent	Yes ☐ No ☐
Speciality Informed (enter time)		Bed Required		Triaged To - Please tick				HCG Consent	Yes ☐ No ☐
Surg:	G.I:	Yes ☐ No ☐		Waiting Room		GP Out of Hours		HCG Result	Yes ☐ No ☐
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage		X-Rays - Please tick	
Medics:	Gynae:	WGH		HD		SMMP		CRX	Yes ☐ No ☐
Ortho:	Neuro:	SJH		IC		MIU		CT Scan	Yes ☐ No ☐
Other (state Speciality)		Other (please state)		Exam		Other (Please state)		Other (Please state)	

“What Happens To The Patient?”

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Care Providers Name: _____ Signature: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

Date.....03-07-22.....



2 DVT.

[illegible]

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	Triage	ECG completed	
Sew's Score recorded	↓	CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed		DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment	Require / Complete
Name band Attached	↓	Swallow Assessment	Required / Complete
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment	Required / Complete
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A				
Clinical Area of ED					
Initials of Care Round Leader					
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency					
Cardiac monitoring required	Y / N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing					
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring					
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink		P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC /Arterial Line / Central Line / PVC					
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes					
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	



Adult Majors

Prescription, Administration & Observation Record

Addressograph

700009150B /E5074917 M

GILROY Lee

20-Sep-81 CHI: 200 981 1259

70126 M MacGregor

Flat 17

EH8 7RW



The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	NEOM	Weight	Date
		_____ kgs Actual / Estimate	3/7/22

Once Only Prescription

[illegible]

Discharge Medication

[illegible]

National Early Warning Score 2 (NEWS2) Chart

NEWS Key		Date:	Time:
0 1 2 3		3.7.17	22:52
A+B Respirations Breaths/min	>25		3
	21-24		2
	18-20		
	15-17	16	1
	12-14	17	
	9-11		1
A+B SpO ₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target dose is 0-60%	≤8		3
	≥96	97	1
	94-95	96	1
	92-93		2
	≤91		3
	SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 80-100% or if on supplemental respiratory support * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O ₂	
95-96 on O ₂			2
93-94 on O ₂			1
≥93 on air			
88-92			1
86-87			2
Tick box if using SpO ₂ Scale 2	84-85		3
	≤83		
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A	
	O ₂ L/min or %		2
C Blood Pressure mmHg Score Uses Systolic BP only If manual BP mark as M	Device		
	≥220		3
	201-219		
	181-200		
	161-180		
	141-160		
	121-140		
	111-120	113	
	101-110	109	1
	91-100	75	2
	81-90	72	
C Pulse Beats/min Manual pulse	71-80		3
	61-70		
	51-60		
	≤50		
	≥131		3
	121-130		
	111-120		2
	101-110		
	91-100		1
	81-90	90	
	71-80	80	
D Consciousness Score for new onset of confusion (no score if chronic)	61-70		
	51-60		
	41-50		1
	31-40		2
D Consciousness Score for new onset of confusion (no score if chronic)	≤30		3
	Alert	A	
	New Confusion	A	
	V		3
E Temperature °C	P		
	U		
	≥39.1°		2
	38.1-39.0°		1
	37.1-38.0°	36.1	
E Temperature °C	36.1-37.0°	35	
	35.1-36.0°		1
	≤35.0°		2
	NEWS TOTAL	0	1
Monitoring frequency	2°		
Escalation of care Y/N	/		
Blood Glucose reading or N/A			
Pain score (0-10)			
Initials	AR		

NEWS of 5 or more? Think Sepsis!



In a patient with a **NEWS of 5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name: _____
DOB: _____
CHI: _____

NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter*	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date														
		Time														
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4													Eyes closed by swelling = C
		To speech	3													
		To pain	2													
		None	1													
	Best Verbal Response	Orientated	5													Endotracheal tube or tracheostomy = 1
		Confused	4													
		Inappropriate words	3													
		Incomprehensible sounds	2													
		None	1													
	Best Motor Response	Obey commands	6													Always record the best arm response
		Localise to pain	5													
		Flexion to pain	4													
		Abnormal flexion	3													
		Extension to pain	2													
		None	1													
Total GCS Score																
Right Pupil	Size														* reacts - no reaction c. eye closed	
	Reaction															
Left Pupil	Size															
	Reaction															
LIMB MOVEMENT	ARMS	Normal power														Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness														
		Severe weakness														
		Extension														
		No response														
	LEGS	Normal power														
		Mild weakness														
		Severe weakness														
		Extension														
		No response														
Initials																

Pupil Scale mm

1 •

2 •

3 •

4 •

5 •

6 •

7 •

8 •

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmol/KCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:												
	Time											
	Rate (ml/hr)											
	Volume in Syringe											
Pump No	Total amount Infused											

Drug Name:												
	Time											
	Rate (ml/hr)											
	Volume in Syringe											
Pump No	Total amount Infused											

Dr M MacGregor
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date: 05/03/2022

Emergency Discharge Summary

Patient	Lee Gilroy FLAT 17 2 NORTHFIELD DRIVE Edinburgh EH8 7RW	CHI Date of Birth / Age UHPI A&E Attendance Number	2009811259 20/09/1981 (40 years) 700009150B E4964404
Attendance Date	04/03/2022		
Attendance Time	21:03		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	05/03/2022		
Discharge To			

Dear Dr M MacGregor

Presentation: pain in groin/dizziness

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

CLINICAL NOTES:

Clinical note: CHI: 2009811259

40 yo male

Dr J Carter A&E Consultant 5/3/22

CXR: No obvious focal pathology seen

Yours Sincerely,

Dr Jonathan E I Carter, Consultant

Dr M MacGregor
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date: 05/03/2022

Emergency Discharge Summary

Patient	Lee Gilroy FLAT 17 2 NORTHFIELD DRIVE Edinburgh EH8 7RW	CHI Date of Birth / Age UHPI A&E Attendance Number	2009811259 20/09/1981 (40 years) 700009150B E4964404
Attendance Date	04/03/2022		
Attendance Time	21:03		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	05/03/2022		
Discharge To			

Dear Dr M MacGregor

Presentation: pain in groin/dizziness

CLINICAL NOTES:

Clinical note:

PC: left groin swelling

PMH:

IVDU - currently injecting heroin the last 4/12

Chronic back pain

On Methadone program - 95 mls daily

DH: methadone, says GP prescribes him 20mg of Diazepam daily for anxiety but nothing mentioned on ECS

SH: says he's homeless and staying at a friend's place. current heroin user. Also smokes crack cocaine and takes daily diazepam. smokes tobacco. Denies drinking alcohol

Patient presented with 6/7 of progressively swelling and painful left groin lump. Says he has been taking flucloxacillin for 3 days given to him by his cousin. apyrexia.
denies any other symptoms.
able to walk.

No distal left leg symptoms.

No respiratory/coryzal/covid symptoms

- A) patent
- B) RR 18, sats 98% on RA, chest: bilateral coarse creps
- C) P 70, BP 100/45, S1 S2 + 0
- D) Alert and oriented, nil new neurology
- E) Abdomen and calves SNT

Tender ill-defined hard left groin swelling, not particularly fluctuant

Left leg neurovascularly intact, pedal pulse present

Lactate normal

Cannulated and awaiting rest of bloods

Given Oramorph, and 10mg of Diazepam

DDx: ?groin abscess, ?pseudoaneurysm

Plan: referred to surgical team as per pathway

Zaid Ibrahim

ED Locum

0124:

Dr J Carter A&E Consultant

I have spoken to Lee and examined him

4x4cm brawny oedema left groin, very tender. Clinical signs of dusky left lower limb. Palpable foot pulses.

IMP

Lee has a groin swelling and clinically has a DVT in his left lower limb. I can't exclude a pseudoaneurysm, abscess or small collection.

PLAN

As per (Consultant agreed) Painful Groin pathway - OOH - Refer to Gen Surg - admit to SAU

He may have a DVT but he still needs admitting under surgeons as per pathway

0222

Well's score 5

Treatment dose dalteparin prescribed (weight 59.6kg) to cover for ?DVT until daytime when can get CT to exclude non-DVT causes

Yours Sincerely,

Dr Zaid Ibrahim, Doctor

Department of Emergency Medicine



Dr. Dave McKean EO Clinical Director
Ray Middlemiss EO Clinical Nurse Manager

The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344



Lothian

A
WR

A/E no.

E4964404

E4915548

Previous no.

700009150B

UHPI no.

2009811259

CHI no.

Patient Information

Surname Gilroy

Forename See

Date of Birth 20/09/1981

Age 40 Yrs Sex M

Address FLAT 17
2 NORTHFIELD DRIVE

Postcode EH8 7RW

Telephone 0131 665 8458

Contact
Address

Telephone H
W

pain in groin/dizziness

Complaint

Attendances in last 12 months: 1 School:

Allergies *NKA*

General Practitioner

M MacGregor
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh

Address

EH15 3LL
0131 549 7340

Telephone

Date and Time of Attendance
04/03/2022 21:03

Incident Date Time:

04/03/2022

Mode of Arrival Private Transport

Source of Referral Self Referral to A&E

Initial Triage Assessment

Presenting Complaint	<i>injected in (L) Groin</i>
History of Presenting Complaint	<i>? infection for 1 wk</i>
Assessment	<i>HAS been TAKEN, Flucloraxacin for 3 days given to him by his cousin</i>

Nursing Observations & Assessments

TEMP	SCORE	MIN FREQ	(please tick)	Blood Sugar	Pain Score	/ 10
HR	70	NEWS 0-1	Hourly	Peak Flow 1)	Analgesia Given	YES ☐ NO ☐
BP	104/55	NEWS 2-4	30mins Min	Peak Flow 2)	Fast Assessment	POS ☐ NEG ☐
SP02%	98 %	NEWS 5-7	15mins Min	Peak Flow 3)	Onset Time:	
RR	18	NEWS >7	10mins Min	Alcometer	Weight	Height
AVPU		<i>Methadone 95mls daily Diazepam 20mg daily</i>				
On Therapy In Progress	Yes (= +2) No (= 0)					
NEWS SCORE						
Triaged By:	Print Name: <i>KW</i>	Signature: <i>Anno</i>	Triage Time: <i>21:30</i>			

Opp Care & Discharge Record

PVC Insertion - Please initial when complete				Blood Samples - Please tick all that apply				Additional Investigations	
Handwash		Gloves		Routine		CRP		ECG - Please tick	
CHD Skin Prep		Aseptic Insertion		Troponin		Coag		Required ☐	Done ☐
Dressing Labelled		Paperlite Bundle		Amylase		Tox Screen		Urinalysis - Please tick	
Reason for PVC Insertion:				BTS		Other (Please state)		Required ☐	Done ☐
On Going Care Plan								MSU Sent	Yes ☐ No ☐
Speciality Informed (enter time)		Bed Required		Triaged To - Please tick				HCG Consent	Yes ☐ No ☐
Surg:	G.I:	Yes ☐ No ☐		Waiting Room		GP Out of Hours		HCG Result	Yes ☐ No ☐
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage		X-Rays - Please tick	
Medics:	Gynae:	WGH		HO		SMMP		CRX	Yes ☐ No ☐
Ortho:	Neuro:	SJH		IC		MIU		CT Scan	Yes ☐ No ☐
Other (state Speciality)		Other (please state)		Exam		Other (Please state)		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Well's 5

Care Providers Name: _____ Signature: _____

EH8 7RW

Date 4/3/22



Presenting History :

Pain is growing

Date/ Time	Progress Notes	Signature
4/3/22 022315	Patient in care of Pod A. Awaiting first assessment NEWS - 0	
04 Mar 22 1327	Analgesia prescribed and administered, awaiting R/V. add plan Repeat obs, NEWS 3 - Hypotensive tt, ED doctor informed and escalated to Pod lead. A 10 (L) thigh pain GCS 15. (L) leg weakness due to pain, 02 Weight 59.60 Kg.	 ESU Walker E Walker E Walker

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	✓	ECG completed	
Sew's Score recorded	✓	CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed	✓	DNAR in situ	
Acuity parameters set	✓	LCP commenced / CP Aware	
Patient made comfortable	✓	Falls / Risk Assessment	Require / Complete
Name band Attached	✓	Swallow Assessment	Required / Complete
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment	Required / Complete
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A				
Clinical Area of ED	Red A				
Initials of Care Round Leader	20				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency					
Cardiac monitoring required	Y / N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)	0				
Mobility					
Fully weight bearing	✓				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required	✓				
Patient is Self Caring and can walk to toilet	✓				
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	✓				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	✓	P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness	TBA				
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC / Arterial Line / Central Line / PVC	✓				
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	✓				
Cubicle Tidy (Please tick)	✓				
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

GILROY, LEE

ID:2009811259

05-Mar-2022 01:28:20

NHS Lothian-RIE_ED ROUTINE RECORD

20-Sep-1981 (40 yr)
Male

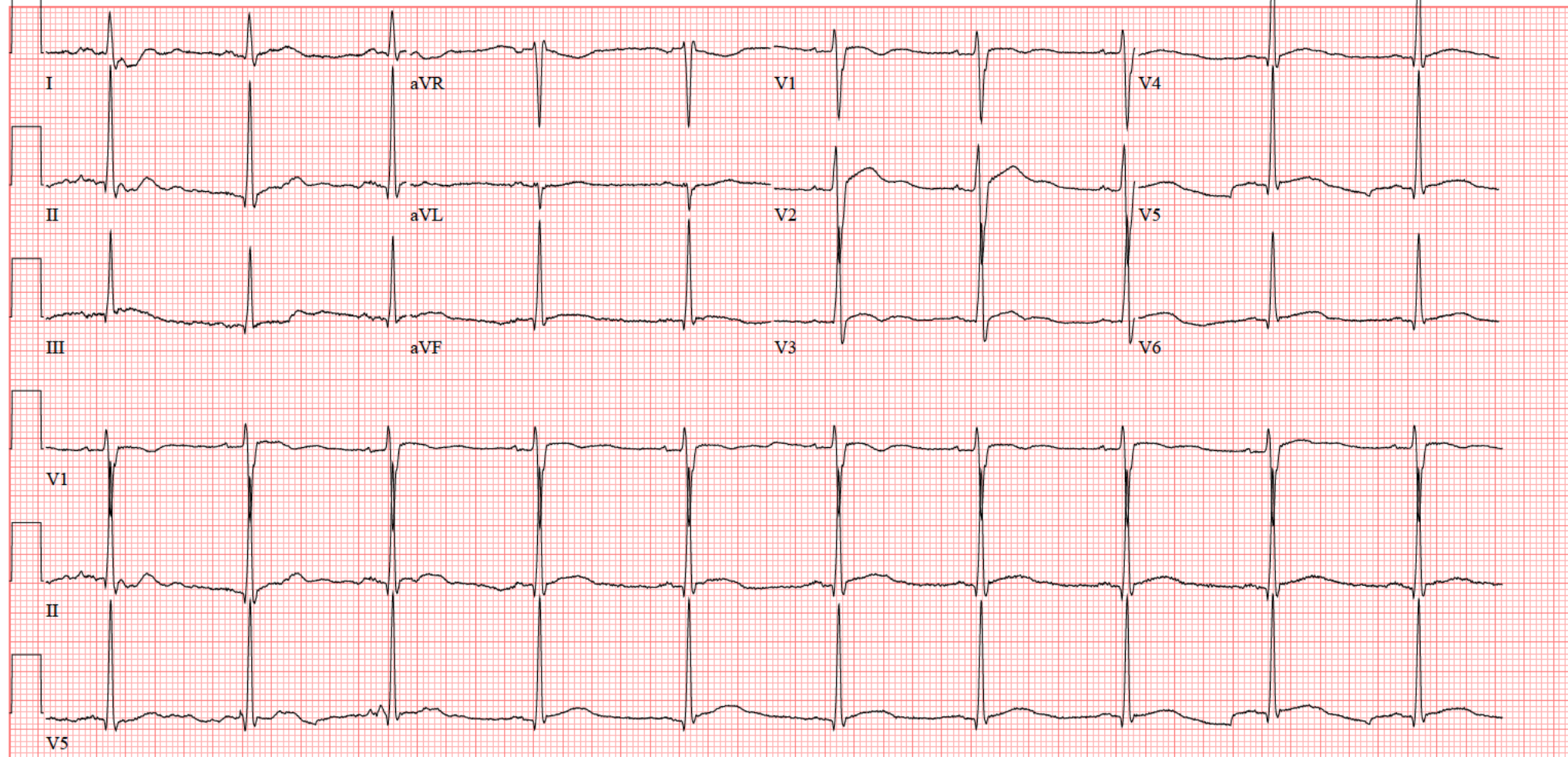
Vent. rate	60	BPM
PR interval	140	ms
QRS duration	102	ms
QT/QTcB	456/456	ms
P-R-T axes	3 72	41

Room:
Loc:40

Technician:
Test ind:

Location:

Comments:



Dr M MacGregor
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date: 05/01/2022

Emergency Discharge Summary

Patient	Lee Gilroy FLAT 17 2 NORTHFIELD DRIVE Edinburgh EH8 7RW	CHI	2009811259
		Date of Birth / Age	20/09/1981 (40 years)
		UHPI	700009150B
		A&E Attendance Number	E4915548
Attendance Date	04/01/2022	Contact	Clee Mr
Attendance Time	19:35		
Mode of Arrival	Police		
Source of Referral	Police		
Discharge Date	05/01/2022		
Discharge To			

Dear Dr M MacGregor

Presentation: overdose/taken valium/broken ribs

CLINICAL NOTES:

Clinical note: PC

OD

HPC

Attends in police custody. Altercation last night where Lee was punched or kicked in the ribs. Subsequently took 7x2mg diazepam tablets around 8pm. Denies taking any other medication.

Concern from police about how drowsy Lee was.

Rousable to pain. States that he remembers everything from last night. Has pain in left side of his chest after being attacked.

Denies cough/haemoptysis/abdominal pain. Passing urine and stools normally. Denies being unwell prior to being hit last night.

PMH

Chronic lower back pain

On methadone program

DH Methadone, nil else regular

SH Smoker. Denies alcohol use. Occasionally take diazepam tablets.

O/E

Drowsy - rousable to pain and speaking with GCS 15 however immediately drowsy again.

Left anterior chest wall tenderness. No surgical empysema or bruising. Chest clear, no wheeze. RR 16, sats 99% OA.

HS I+II+0, calves SNT, no pedal oedema. HR 62, BP 110/78

Abdomen SNT.

No evidence of head injury. PERL. CN II-XII NAD. FROM 4 limbs. GCS 15 although remains drowsy soon after arousal.

Inv

CXR - NAD

Bloods - NAD

Imp

?Rib fracture and OD - remains too drowsy for discharge

Plan

1) Admit toxicology ward. Discharge once more alert.

Birrell EM ST1

Update - Birrell EM ST1

On review at 0430 Lee was easily rousable and GCS 15. Has been in police custody since 8pm and so has had >6 hours post ingestion of benzodiazapine. Safe for discharge.

Simple analgesia for rib injury and worsening advice regarding chest wall injury.

Yours Sincerely,

Dr David Birrell, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine



Clinical Director Dr. David McKean
 Clinical Nurse Manager Ms Heidi Byrne
 THE ROYAL INFIRMARY OF EDINBURGH
 51 Little France Crescent, Edinburgh EH16 4SA
 Tel: 0131 242 1300 • Fax: 0131 242 1344



PLOT1371
 A/E no. E4915548
 Previous no. E3323535
 UHPI no. 700009150B
 CHI no. 2009811259

PATIENT INFORMATION

Surname Gilroy
 Forenames Lee
 Date of Birth 20/09/1981
 Age 40 Yrs Sex M
 Address FLAT 17
 2 NORTHFIELD DRIVE
 Postcode EH8 7RW
 Telephone 0131 665 8458
 Contact Clec, Mr
 Address Telephone H
 W
 Complaint overdose/taken valium/broken ribs
 Allergies
 Attendances in last 12 months: 0 School :

General Practitioner

M MacGregor
 Southfield Medical Practice
 132 Mountcastle Drive South
 Edinburgh
 EH15 3LL
 0131 549 7340
 Telephone

Date and Time of Attendance 04/01/2022 19:35
 Incident Date Time: 04/01/2022
 Mode of Arrival Police
 Source of Referral Police

INITIAL ASSESSMENT

Presenting Complaint		OD / Head injury. error							
History of PC		1700 - states took x 25 Street Valium. No ETOM. Fall off bike ~10 days ago + handlebars hit chest. c/o bilateral nb pain.							
Assessment		GCS 14. Drowsy but rousable @ triage. Pupil 2mm. Dried blood @ ear + head - pt states was bottled last night.							
PAIN SCORE		/ 10	ANALGESIA PRESCRIBED		YES	NO	FAST	+ / -	ONSET TIME
Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
36 °C	64	89/49	15	98 %	AV	4			4.2.
Frequency of Observations (Please tick)			Cardiac Monitoring (Please circle)			SPECIAL INSTRUCTIONS			
Hourly			YES						
30 Minutes minimum									
15 Minutes minimum									
10 Minutes minimum			NO						
TRIAGED BY (SIGN)			20 Smith			TRIAGED BY (PRINT)		P. SMITH.	
PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)						BLOODS (Please tick)			
DATE :		TIME :		STANDARD TECHNIQUE		ROUTINE		CRP	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES	TROPONIN		COAG	
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION	AMYLASE		TOX SCREEN	
BROWN	GREY	ACF	FOOT	DRESSING LABELLED		BTS		OTHER	
OPERATOR SIGNATURE									
ADDITIONAL INVESTIGATIONS (Please indicate all that applies)									
ECG	REQD	DONE	TIME DONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO	POS / NEG	
ON-GOING CARE PLAN									
SPECIALTY INFORMED		SURG	VASC	MEDICS	ORTHO	G.I.	STROKE	GYNAE	OTHER
BED REQUIRED	YES	NO	TRIAGE CAT. (Please Circle)	1 2 3 4 5 6 7					
			TRIAGED TO	W/RM RESUS HD IC EXAM					

“WHAT MATTERS TO THE PATIENT?”

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Date 04/01/22

Admission Nurse Print Name.....



OD

[illegible]

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	✓	ECG completed	
Sews Score recorded		CXR ordered	
BM Reading	✓	Alcometer Reading Recorded	
GCS assessed	✓	DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable	✓	Falls / Risk Assessment Require / Complete	
Name band Attached	✓	Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A				
Clinical Area of ED					
Initials of Care Round Leader					
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency					
Cardiac monitoring required	Y / N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing					
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring					
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink		P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC / Arterial Line / Central Line / PVC					
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes					
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	



Adult Majors

Prescription, Administration & Observation Record

700009150B /E4915548 M
GILROY Lee
20-Sep-81 CHI: 200 981 1259
70126 M MacGregor
FLAT 17
EH8 7RW



The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	NKDA	Weight	Date
		Actual / Estimate kgs	04/01/22

Once Only Prescription

[illegible]

Discharge Medication

[illegible]

National Early Warning Score 2 (NEWS2) Chart

[illegible]

NEWS of 5 or more?

Think Sepsis!



In a patient with a **NEWS of 5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think 'Could this be sepsis?' and **escalate care immediately.**

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name: _____

DOB: _____

CHI: _____

NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

GLASGOW COMA SCALE		Date	Time													
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4													Eyes closed by swelling = C
		To speech	3	✓	✓											
		To pain	2													
		None	1													
	Best Verbal Response	Orientated	5	✓	✓											Endotracheal tube or tracheostomy = T
		Confused	4													
		Inappropriate words	3													
		Incomprehensible sounds	2													
		None	1													
	Best Motor Response	Obey commands	6	✓	✓											Always record the best arm response
		Localise to pain	5													
		Flexion to pain	4													
		Abnormal flexion	3													
		Extension to pain	2													
		None	1													
Total GCS Score			14	14	14											
Right Pupil	Size		2	2	2										+ reacts - no reaction c. eye closed	
	Reaction		+	+	+											
Left Pupil	Size		2	2	2											
	Reaction		+	+	+											
LIMB MOVEMENT	ARMS	Normal power													Record right (R) and left (L) separately if there is a difference between the two sides	
		Mild weakness														
		Severe weakness														
		Extension														
		No response														
LEGS	Normal power															
	Mild weakness															
	Severe weakness															
	Extension															
	No response															
Initials																

Pupil Scale mm

1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

Pump No	Time											
	Rate (ml/hr)											
	Volume in Syringe											
	Total amount Infused											

Drug Name:

Pump No	Time											
	Rate (ml/hr)											
	Volume in Syringe											
	Total amount Infused											

Dr FF Nally
Riverside Medical Practice
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Date: 26/07/2016

Emergency Discharge Summary

Patient	Lee Gilroy 85 Whitecraig Road Whitecraig Musselburgh Midlothian EH21 8NF	CHI	2009811259
		Date of Birth / Age	20/09/1981 (34 years)
		UHPI	700009150B
		A&E Attendance Number	E3323535
Attendance Date	20/07/2016	Contact	Clee Mr
Attendance Time	15:20		
Mode of Arrival	Private Transport		
Source of Referral	General Practitioner		
Discharge Date	20/07/2016		
Discharge To			

Dear Dr FF Nally

Presentation: piles

Clinical note: 34 year old male

Several year hx of haemorrhoids. 2/7 hx of worsening anal pain, no PR bleeding or discharge. No fever or systemic upset. Seen by GP who referred patient to Gen Surg at RIE for tx of thrombosed haemorrhoid. Gains some relief from Anusol cream. Longstanding hx of constipation.

PMH: IVDU

Meds: Methadone, Cocodamol, GORD - awaiting OP UGIE

O/E: T 37, P 72 SR, BP 106/59, Sats 96% RA, RR 14/min. Tender purple thrombosed external haemorrhoid at 9 o'clock. Able to WB but appears uncomfortable.

PLAN: Advised that usually mx of these is conservative. Provided Instillagel for topical application, advised re: regular applications of frozen ice packs (20min on, 20min off) and given Lactulose to soften his stool. If not improving over next few days, to see GP and for referral to the Colorectal Surg at WGH.

****Note to GP:** Please refer stable surgical patients directly to that team rather than through the Emergency Department. In this case, that would be the colorectal registrar at WGH, who would have advised of conservative mx, without need for A&E assessment. In cases where same-day surgical opinion is needed, if the patient is referred by phone by the GP, they will not need to wait hours in A&E for doctor assessment and then surgical referral from us. Unfortunately letter alone is not accepted as a route of direct referral by the surgical team though this is appreciated for further information, thank you.**

Yours Sincerely,

Dr K Rebecca Cranfield, Consultant

Dr S Agarwala
Eskbridge Medical Centre
8a Bridge Street
Musselburgh
EH21 6AG

Date: 03/11/2011

Emergency Discharge Summary

Patient	Lee Gilroy 74 Windsor Park Musselburgh Midlothian EH21 7QH	CHI	2009811259
		Date of Birth / Age	20/09/1981 (30 years)
		UHPI	700009150B
		A&E Attendance Number	E2080825
		Contact	Clee Mr
Attendance Date	30/10/2011		
Attendance Time	20:19		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	30/10/2011		
Discharge To			

Dear Dr S Agarwala

Presentation: inj r hand

CHI: 2009811259

30 yr old male, RHD, fell in the street 2 days ago after being out drinking with friends. Says he tripped over a pavement and injured R hand. Denies fight injury.

PMH - IVDA.

DH - Methadone. Diazepam.

OE - Mildly swollen L hand. Tender over 5th MC proximally. Skin intact. DROM fingers due to swelling. No deformity. No NVD distally. Wrist ok.

XR R hand

Unfortunately, there are no further written notes.

copy typed

Any queries please contact A&E Reception on 0131 242 1300

Yours Sincerely,

Mr Martin Farrar, Nurse Practitioner

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST



Clinical Lead Dr. A. Gray
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344



A/E no: E2080825

Previous no. E003851

UHPI no: 700009150B

CHI no. 2009811259

PATIENT INFORMATION

Surname Gilroy Date of Birth 20/09/1981
Forename Lee Age Yrs Sex M
Address 74 Windsor Park
Musselburgh
Midlothian
Postcode EH21 7QH Telephone 629 4267
Contact Metcalfe, Laura Telephone 629 4267
Address 74 Windsor Park W
Musselburgh
Midlothian EH21 7QH
Complaint Injury r hand Allergies

General Practitioner

Name
S Agarwala
Address
Eskbridge Medical Centre
8a Bridge Street
EH21 6AG
Telephone 0131 665 6821

Date and Time of Attendance
30/10/2011 20:19
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

Attendances in last 12 months: 0 School: -

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer
Nursing Assessment								
Pain Assessment Score					Waterlow Score			
Pain Score Review					Time		Triage Score	
Signature					Time		Print Name	

Clinical Notes

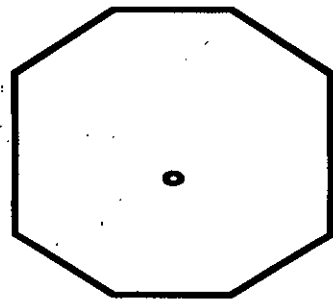
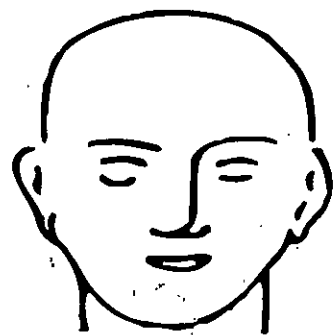
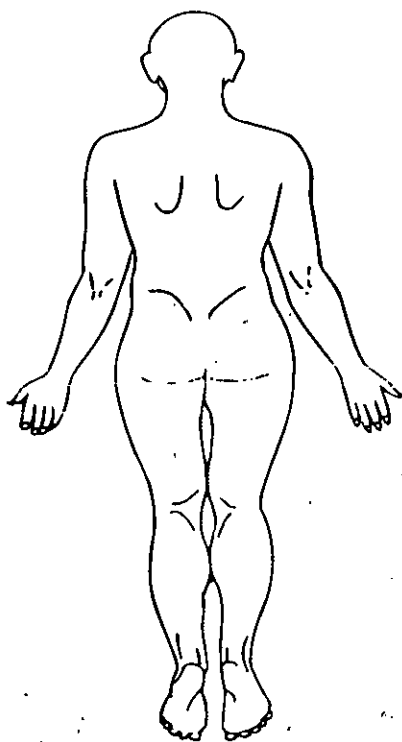
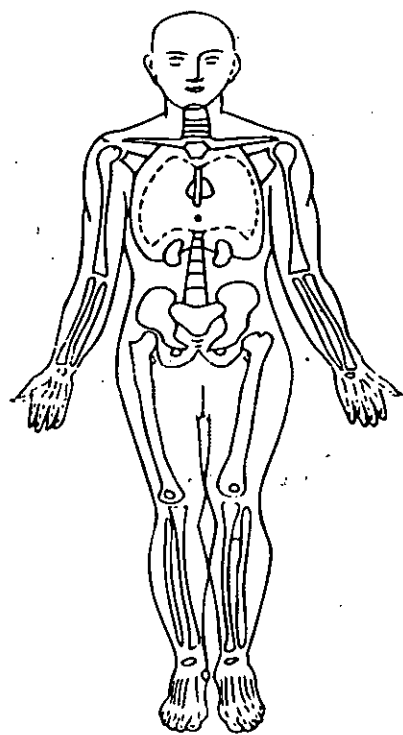
Called 08:35.
30yo ♂ RHD, fell in street
2/7 ago, after being out drinking w/
his friends.
Says he tripped on a curb + injured
his head.
Denies high injury.
He mildly swollen @ head.
Tends over 5th MC. mostly. Skin / marks
I marks in eyes due to swelling.
No deformities. No N/A distally.
Wash head
Y Ray @ head -

Diagnosis

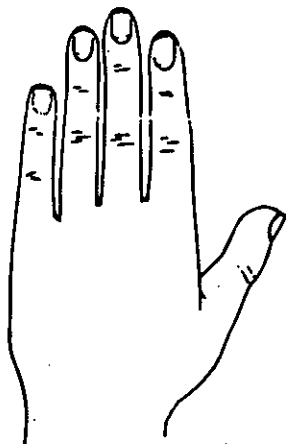
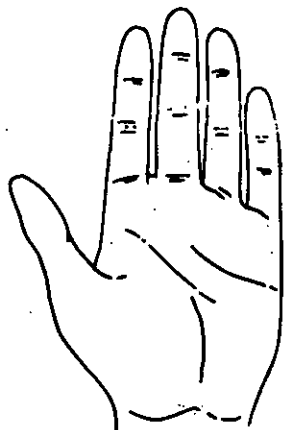
Doctor's Name (print) J. Lee

Signature J. Lee

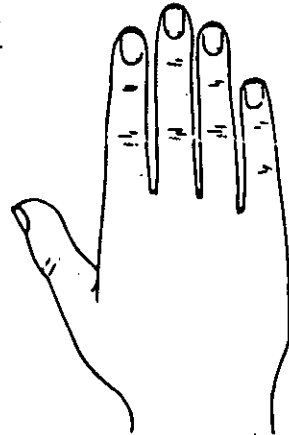
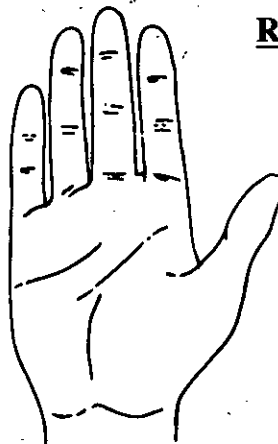
Nursing Release				Clinical Notes Continued
Instruction/Health Education	Y	N	N/A	
Medication	Y	N	N/A	
Review				
X-rays	Y	N	N/A	
Clinic	Y	N	N/A	
Notes/X-rays	Y	N	N/A	
Walking Aids	Y	N	N/A	
Transport				
Self	Y	N	N/A	
Other	Y	N	N/A	
Amb ref no.....	Y	N	N/A	
Primary Care Ref.				
Safe Home	Y	N	N/A	
Crisis Care	Y	N	N/A	
District Nurse	Y	N	N/A	
GP	Y	N	N/A	
NoK/carer aware				
Documentation Complete	Y	N		
CSW signature				
RN signature				



LEFT



RIGHT



Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	E003851
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	E003851
----------------	---------

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: E003851 Dr A Simpson 12/27/05	24yo M restrained driver of Jaguar car, lost control and crashed into roundabout, speed alleged 100mph. Car rolled landing on its wheels. Pt states LOC, then awoke by being dragged from car by bystanders. Tried to run but assaulted, punched by bystanders. Further LOC then awoke with police in attendance. Hx from bystanders via police - no LOC. Now c/o pain at head/neck/abdo and generally all over body. Some SOB earlier but now improved. No CP. Alleges that took 100mls Methadone, 80mg Diazepam and swallowed 6 x £20 bags heroin.,,PMH: Nil of note,DH: Methadone,,OE: Obs stable. ,A - Patent,B - Self ventilating on room air, Sats 100%, chest clear anteriorly.,C - HS I+II+O. W +WP. No AO. BP and HR stable. ,D - Not fully cooperative, PEARL, tone and reflexes normal all 4 limbs. Moving all 4 limbs spontaneously. ,E - Abdo soft, tender epigastrium. Small firm tender swelling at LIF longstanding ? lymph node. No LS. BS present. Poor views of tympanic membranes, no obvious blood. ,Generally tender C spine, not tolerating mobilisation. Minor lac to R side of scalp. No other scalp/chest/limb wounds or tenderness. Linear abrasion to R side of back with assoc tenderness. ,2 cm long lac over DIPJ L index finger. Not tolerating cleaning, looks superficial. ,,ECG: SR 72bpm, Q waves V5/V6,XR: C spine, chest, Abdo and pelvis, skull - unremarkable. ,XR: L finger - artefact noted, no FBs.,,L finger laceration cleaned with normal saline and closed with glue.,,Plan: For admission to CAA 6 for observation re alleged heroin bag ingestion. ,,er

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	05213919
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	05213919
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 05213919 Dr Fiona G McManus 8/29/05	HIST - 23 yr old male brought in by police after reportedly swallowing 1 gm heroin at approx 1800 hours. Pt reports heroin was in an unsealed plastic bag wrapped in a cigarette wrapper. Reports some epigastric, suprapubic discomfort nil else. Not had much to eat or drink today. Denies any other drugs. „PMH - Nil of note occasionally smokes heroin. „DH - Nil regular. „NKDA„OE - Police in attendance. A&O. GCS 15. Nil distress„CVS - HS dual nil added. JVPNE. Peripheries W&WP. BP 110/70. HR 75 reg on monitor. „RS - Chest clear on auscultation. „Abdo - SNT. No palpable masses. „AXR - Faecally loaded, no FB visible. „IMP - Ingestion of ?1gm heroin in unsealed bag. Potentially lethal OD. „PLAN - 1) Monitor for at least 6-7 hours re risk of rupture of bag and potentially lethal OD. „2) refer Tox„LL

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	04195101
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	04195101
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 04195101 Dr Rory N Hodge 6/6/05	HISTORY: This 23 yr old man inverted his R ankle last night and has had difficulty WBing since.,,PMH: Calcaneal fracture 1 yr ago - self discharged prior to operation. IVDU.,DH: Nil. NKA.,SH: Lives with stepdad, smokes 20 cpd, no alcohol.,,OE: Comfortable.,Swollen R lateral malleolus. ,No prox fib/5th MT/med mall/navicular tenderness. ,Tender calcaneum.,,XR R ANKLE & CALCANEUM: NBI.,,IMP: STI R ankle.,,PLAN: Reassurance, analgesia, RICE advice, d/c home.,,DN

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	03081414
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	03081414
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03081414 Dr Kevin M McAlpine 12/19/03	HISTORY: 22 year old gentleman, IVDA since 15 years of age. Normally injects approx. 1 gram of heroin daily. As approached by police today swallowed 2.5 gram plastic bag containing heroin. Also buys 50 mls Methadone daily. Nausea and vomiting. Had shared needles with friends previously. Under police custody. Should have trial tomorrow. ,PMH/DH: As above.,NKDA.,OE: Pulse 82 reg. BP 115/56, sats 98% on air. Looks well. Needle tracks to arms and legs. GCS 15. PERL. ,HS pure, nil added. Chest clear.,Abdo: SNT. No masses/organomegaly. BS ++.,ECG: SR 78 bpm, nil acute.,PLAN: IVA.,Admit CAA 6.,mb,

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	03059447
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	03059447
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03059447 Dr R Gowens 8/28/03	Hx: As taken from nursing assessment. Pt self d/c 1/52 from ward 109 after # calcaneum. He has not been back to attend the # clinic. He returns now with increasing pain but when I tried to find him in the waiting area or elsewhere in A&E Pt was not in the Dept. Unable to see Pt.

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	03057370
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	03057370
----------------	----------

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03057370 Dr Colin RW Baird (DO NOT USE) 8/16/03	HISTORY: 21 year old IVDU involved in a fight sustaining an injury to his right foot. Police attempted to apprehend him, ran and then jumped a fence falling 15 ft. landing on his right foot. He also swallowed 2 grams of heroin loosely wrapped in plastic bag. He normally takes 1 gram of heroin every day. ,O/E: vital signs all normal. No signs of opiate toxicity.,Some lumbar spine tenderness. No neurological deficit in lower limbs. ,Pain and swelling over the lateral aspect of the right foot.,x-ray showed fractured calcaneum,,xray lumbar spine normal.,,Referred to ORTHOPAEDICS for admission.,,vh,,ORTHOPAEDICS,,History as above. ,EXAM: In pain, distressed, ,R. heel - deformed, mild bruising over medial malleolus and distal to medial malleolus with mild tenderness.,Very swollen and bruised over lat. aspect and posterior aspect of heel. Very tender. ,Sensation intact. No neurovascular deficit. Moving all toes ,No tenderness elsewhere. Abrasion over right abdominal wall and right forearm. FROM of right forearm. ,,XRAY fractured right calcaneum.,,PLAN: Backslab. Analgesia. ADMIT 108 ,,,MISS EKROL/EL

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	02001579
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee	Episode Number	02001579
UHPI Number	700009150B		

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 02001579 Dr Akash Devendra 8/16/03	HISTORY;.,21 yr old heroin abuser.,PC - D and V. ,Severe D and V, weight loss ++, previously well, vomiting ++ - 10 times per day, unable to keep any solid food down, diarrhoea - 10 times per day, very watery, not noticed any blood but ? yellow mucus.,Some minor generalised abdo ache, weight loss ++ - 2 stone in 2/52. ,He is however able to keep fluids down.,No known FH IBD, Crohn's etc.,,No history jaundice. No foreign travel.,No other friends or family ill. No GU/RS symptoms.,,PMH: nil.,,DRUGS: occasional IVDA, smokes 1 gramme heroin per day.,,SH: smokes 10 - 15 cigs per day, no alcohol. ,OE: very thin/gaunt, obvious weight loss. Not jaundiced.,CVS: RS NAD. ABDO: SNT, BS normal. ,No organomegaly. No obvious inguanal/cervical lymphadenopathy - 1 node palpable right side mandible.,PR NAD. No stool for FOBs.,,IMP: chronic D and V.,? Coeliac, ??.,PLAN: Bloods including CRPS ESR - HB 161, WCC 5.0, plateletes 232. U 6.7, creat ? NA 134. K 3.6. Bic 28, gluc 7.5, bil 12, ALT 9, ALP 116, gamma GTs 11, AOP 44, CRP 30. ,Patient unable to provide stool for culture.,Discussed with MED REG - as patient able to keep fluids down - discharged home, for urgent MOPD APPT.,Patient to give stool specimen.,DISCHARGED,JD,3 12 02,,MOPD

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	E156513
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	E156513
----------------	---------

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Historic RHSC A&E Conversion Data Episode/Ref: E156513 6/1/07 04:42	Arrived with: Other Adult, Incident Date: 16/06/1996, Triage Nurse: Other Nurse, Consultant: TFB

In Patient Records

General Medicine

Dr MacGregor
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date: 07/03/2022

Inpatient Discharge Summary

Patient	Lee Gilroy FLAT 17 2 NORTHFIELD DRIVE Edinburgh EH8 7RW	CHI Date of Birth / Age UHPI	2009811259 20/09/1981 (40 years) 700009150B
Ward	AMU Bay 5	Admission Date	05/03/2022
Consultant	Dr Marcus J Lyall	Discharge Date	06/03/2022

Dear Dr MacGregor

Discharge Drugs:

Apixaban Tablets			
Dose	Route	Frequency	To Continue
10 MG	-	TWICE DAILY	Not Recorded
Notes: 10mg twice daily for 7 days then 5mg once daily for 3 months. To be reviewed in ambulatory care clinic			
Apixaban Tablets			
Dose	Route	Frequency	To Continue
5 MG	-	TWICE DAILY	Not Recorded
Notes: 10mg twice daily for 7 days then 5mg once daily for 3 months. To be reviewed in ambulatory care clinic			

CHANGES TO DRUGS SINCE ADMISSION (relative to ECS)

Stopped: Nil

Started: Apixaban 10mg BD - Started 5/3/22 - to be continued for 1 week then reduced to 5mg BD

Changed: Nil

Withheld: Nil

ALLERGIES / ADVERSE DRUG REACTIONS:

NKDA

Discharge prescription checked against ECS meds rec: Yes

Pharmacy Check by (enter on Trak): Name: Date: Time:

DIAGNOSIS:

1. Left sided DVT above knee

COVID-19 status on discharge: NEGATIVE

Date of most recent COVID-19 swab: 05/03/22

ACTION REQUIRED FROM GP

Reduce dose of apixaban to 5mg BD in one week

FOLLOW UP BEING ARRANGED BY HOSPITAL: Nil

LIST OF OUTSTANDING RESULTS / OP INVESTIGATIONS

Nil

PLEASE CC THIS LETTER TO:

Ambulatory care for DVT follow up in 3 month's time

Dear Doctor,

ADMISSION SUMMARY AND TREATMENT:

Mr Gilroy self-presented to A&E on the night of 04/03/22 with a swelling in his left groin, as well as pain in that area which had been present for 1 week prior. He also reported some dizziness, a reduction in appetite, as well as occasional sweats/fever. Assessment revealed a tender, hard, left groin swelling in the groin, and swelling in the left calf and thigh. Lower limb doppler revealed a left leg DVT. He was then transferred to the care of the medical team in AMU, and was commenced on treatment dose dalteparin.

Subsequent CT angio lower limb was done to rule out a pseudoaneurysm, scan revealed inflammatory stranding with some subcutaneous gas, ?infection ?related to recent injection. Inflammatory markers normal with no temp spikes. Unlikely infected thrombus.

Lee reports last injecting heroin 1 week prior to his presentation. He has been counselled on the risk of bleeding whilst on apixaban, especially in the context of IV drug use. He tells us that this has been a wake up call and is adamant that he will not continue iv drug use. Declined further referral to DLN, aware of community drug liaison services and reports he has stopped before. Also describes a good relationship with his community pharmacist.

Medically fit for discharge home on 6/3/22 with follow up in ambulatory care in 3 months time.

RELEVANT INVESTIGATION RESULTS:

Imaging:

05/03 - Venous US doppler left leg - 'Left above-knee DVT extending up to the left CFV but not affecting it.'

05/03 - CT angiogram of lower limb - enlargement of left common femoral vein, containing gas, concerning for infected thrombus

SIGNIFICANT OBSERVATIONS AT DISCHARGE:

BP at am of 06/03 - 107/66

Borderline bradycardia throughout AMU stay at ~50bpm

Apyrexial

CHANGES MADE TO CARE ARRANGEMENTS/ DNACPR STATUS/ ANTICIPATORY CARE PLANNING:

Nil

Thank you for your ongoing care of this patient.

Yours Sincerely,

Sammir Bushara

Final year medical student

Acute / General Medicine, RIE

CHECKED by

Ian Tan Fy2

Should you need further information please email: RIEacutemedicine@nhslothian.scot.nhs.uk or phone Acute and General Medicine Secretaries on: 0131 242 2036.

Apixaban Prescribing Guidance

Counselling Sheet



700009150B /E4964404 M
GILROY Lee
20-Sep-81 CHI: 200 981 1259
70126 M MacGregor
FLAT 17
EH8 7RW



Please tick boxes to indicate that information has been given to patient/guardian.

This form should be signed by both the patient/guardian and professional providing the information.

File signed form in patient's notes.

☐	Explain indication for therapy
☐	Explain expected duration of therapy
☐	Explain dose - Refer to NHS Lothian Prescriber Information Sheet
☐	Administration: - Swallow whole with water (with or without food) - Take roughly at the same time each day - Missed dose: - Up to 6 hrs later than scheduled dose - Take as soon as remembered then continue with the twice daily dose as usual. - More than 6hrs later than scheduled dose - Wait and take the next scheduled dose
☐	Advise patient that a missed dose will increase the risk of further blood clots and that strict compliance is essential.
☐	Advise of potential drug interactions: - Stop concomitant antiplatelets / anticoagulants / NSAIDs and if on antiplatelets post acute coronary syndrome (ACS) / percutaneous coronary intervention (PCI) prescriber must discuss with cardiology first - Clarithromycin may increase levels of apixaban - CYP3A4 inhibitors may increase levels of apixaban (eg triazole and imidazole antifungals [except fluconazole], protease inhibitors [HIV antiviral drugs]) - CYP3A4 inducers may decrease levels of apixaban (eg rifampicin, phenytoin, carbamazepine, St. John's wort) Check with pharmacist before buying Over-The-Counter medicines, alternative medicines, herbal medicines or supplements.
☐	Always tell the doctor, dentist or pharmacist that you take apixaban
☐	Bleeding risk: - Advise patient of bleeding risk and lack of reversal agent. - Seek immediate medical attention if significant bleeding or head injury sustained. - Avoid risks from falls/injury - need to take care with hobbies/leisure activities and avoid contact sports. - Advise on the dangers of excess alcohol (increased risk of fall and bleed)
☐	Pregnancy and breastfeeding - Apixaban must not be prescribed in either state: - There is a lack of safety evidence for apixaban during pregnancy / breastfeeding - If patient becomes pregnant while taking Apixaban - Contact GP immediately - If patient needs contraceptive advice, phone 0131 - 5361511
☐	Inform patient to obtain repeat prescription from GP within 1 week
☐	Supply appropriate patient information leaflet and alert card (in Apixaban tablet box) https://www.eliquis.co.uk/resourcesforyourpatients/patientinformation/

Counselling given by: M. MacGregor (name & profession - Sign + PRINT)

Counselling received and understood by: [Signature] (patient or guardian - Sign + PRINT)

Date: 20/09/2018

Apixaban Prescribing Guidance

Prescriber Information



Lothian Adult Formulary approved indications for Apixaban

Non-valvular Atrial Fibrillation:

Prophylaxis of stroke and systemic embolism when warfarin is not appropriate

Deep vein thrombosis (DVT) and Pulmonary Embolism (PE):

Acute Treatment of DVT and PE

Prevention of recurrent DVT and PE

In patients undergoing **Cardioversion and RF ablation** requiring anticoagulant cover where continuing warfarin is not appropriate.

Considerations before commencing Apixaban therapy

- Is the indication for prescribing apixaban approved by NHS Lothian?
- Does the patient weigh >50kg and <120kg?
- Does the benefit of anticoagulation outweigh the bleeding risk?
 - This must be discussed with the patient / guardian
- Does the patient have hepatic disease associated with coagulopathy?
 - Apixaban is contraindicated in such patients- check liver function.
- Does the patient have impaired renal function?
 - Apixaban may be contraindicated or require dose adjustments in such patients - check renal function.
- Is the patient prescribed concomitant interacting medicines?
 - Clarithromycin (may increase apixaban levels)
 - other CYP3A4 inhibitors or inducers (see list on counselling page or BNF)
- Is the patient prescribed concomitant antiplatelets / anticoagulants / NSAIDs?
 - These usually need to be discontinued
 - Except after acute coronary syndrome (ACS) / percutaneous coronary intervention (PCI). This must be discussed with cardiology

For patients with venous thrombosis Apixaban should be commenced 24 hours after last dose of dalteparin given

Apixaban Dosing Guidance

(Dose differs according to indication)

Non-valvular Atrial Fibrillation

- 5mg twice daily (if eGFR $\geq$ 30ml/min)
 - Reduce to 2.5mg twice daily if 2 or more of:
 - Patient $\geq$ 80 years
 - Body weight $\leq$ 60 kg
 - Creatinine $\geq$ 133 micromol/L
 - Reduce to 2.5mg twice daily if eGFR is 15 – 29 ml/min
 - Apixaban is not recommended if: eGFR is < 15ml/min or dialysed patients
- NOTE: only applicable to atrial fibrillation

DVT / PE

Initial Dosing

- 10mg twice daily for 7 days
- Then 5mg twice daily (maximum 6 months at this dose)

Ongoing therapy after 6 months

- 2.5mg twice daily
- Apixaban is not recommended if: eGFR is < 30ml/min or dialysed patients

700009150B M 20/09/1981

Gilroy, Lee

FLAT 17,

2 NORTHFIELD DRIVE,

Edinburgh,

EH8 7RW

CHI 2009811259

70126 M MacGregor

RIE ED Nursing Care Plan

Admission Nurse Signature.....

Admission Nurse Print Name.....

Date 4/3/22

59.60



Presenting History :

Pain in groin

Date/Time	Progress Notes	Signature
4/3/22 @2315	Patient in care of Pod A. Anticipating first assessment. NEWS - 0	
0200	Maloxon prescribed and administered awaiting R/V	
0202	Repetit obs NEWS 3 - Hypotensive + AB as doctor informed and V escalated to Pod lead.	
0205	10 (L) high pain GCS 15	F. Sullivan
0208	10 (L) high pain GCS 15	F. Sullivan
0210	Weight 59.60 KG	F. Sullivan
0212	Intake 100ml	
0215	100ml	
0218	100ml	
0220	100ml	
0222	100ml	
0225	100ml	
0228	100ml	
0230	100ml	
0232	100ml	
0235	100ml	
0238	100ml	
0240	100ml	
0242	100ml	
0245	100ml	
0248	100ml	
0250	100ml	
0252	100ml	
0255	100ml	
0258	100ml	
0300	100ml	

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	✓	ECG completed	
Sews Score recorded	✓	CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed	✓	DNAR in situ	
Acuity parameters set	✓	LCP commenced / CP Aware	
Patient made comfortable	✓	Falls / Risk Assessment	Require / Complete
Name band Attached	✓	Swallow Assessment	Required / Complete
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment	Required / Complete
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A				
Clinical Area of ED	K11A				
Initials of Care Round Leader	XO				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency					
Cardiac monitoring required	Y/N	Y/N	Y/N	Y/N	Y/N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)	1				
Mobility					
Fully weight bearing	✓				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet	✓				
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration <i>20 12M 10mg</i>					
Self Caring	✓				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	✓	P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness	✓				
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC / Arterial Line / Central Line / PVC	✓				
Urinary Catheter / Chest Drain					
Infusion Device	✓				
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	✓				
Cubicle Tidy (Please tick)	✓				
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

Ward: Annex 5 Site: RIE Date: 5/3/22

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2hrly 3hrly 4hrly (please circle/complete)

Print name and sign Lee

Name: Gilroy, Lee
 DOB: FLAT 17, 2 NORTHFIELD DRIVE, Edinburgh, EH8 7RW
 Unit no. / C: CHI 2009811259 70126 M MacGregor

700009150B/E4964404 M 20/09/1981

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding
 Document the exact time care rounding took place e.g. 0830

08.00 am 13:00 24 hour period 07.00 am

Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)												
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister												
	Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
Elimination	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?												
	Positioning (R) or (L) side (B) Back (C) Chair												
	Mattress type / Cushion type please state type:												
	Do you need the toilet?												
	Is the patient continent of urine? (at time of Care Rounding)												
Food, Fluid & Nutrition	Continence product changed/offered?												
	Catheter care performed?												
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)												
	Bowel function monitored												
	Observe bowel function and update daily												
Falls	Would you like a drink?												
	Ensure fluids are within easy reach												
	Fluid Balance Chart (if clinically indicated)												
	When did you last eat?												
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)												
Pain	Appropriate Footwear?												
	Walking aid available (and within reach)												
	Area de-cluttered?												
	Chair and bed height assessed?												
	Falls alarm in use and attached?												
	Glasses available for use? (if worn)												
General	Hearing aid available for use? (if worn)												
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
	Are you in pain?												
	Analgesia Given?												
General	Peripheral Venous Cannula observed?												
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily												
	Are you comfortable? Y/N												
	Anything else I can do for you?												
Buzzer within easy reach													

Personal Care Type _____ (specify) Time Given _____

Initials – document at time of care delivery Lee

Ward: Ann 5 Site: NIE Date: 6/3/22

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly ____ hrly (please circle/complete)

700009150B/E4964404 M 20/09/1981
 Gilroy, Lee
 FLAT 17,
 Nar 2 NORTHFIELD DRIVE,
 Edinburgh,
 EH8 7RW
 DOI CHI 2009811259
 70126 M MacGregor
 Unit no. / CHI



Print name and sign _____

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830

08.00 am ← 24 hour period → 07.00 am

Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review:												
	Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)												
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister												
	Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
Elimination	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?												
	Positioning (R) or (L) side (B) Back (C) Chair												
	Mattress type / Cushion type <i>please state type:</i>												
	Do you need the toilet?												
	Is the patient continent of urine? (at time of Care Rounding)												
	Continence product changed/offered?												
Food, Fluid & Nutrition	Catheter care performed?												
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)												
	Bowel function monitored <i>Observe bowel function and update daily</i>												
	Would you like a drink?												
	Ensure fluids are within easy reach												
	Fluid Balance Chart (if clinically indicated)												
Falls	When did you last eat?												
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance <i>Update Food Chart if required</i>												
	Oral Hygiene Performed (ref to risk assessment)												
	Appropriate Footwear?												
	Walking aid available (and within reach)												
	Area de-cluttered?												
	Chair and bed height assessed?												
Pain	Falls alarm in use and attached?												
	Glasses available for use? (if worn)												
	Hearing aid available for use? (if worn)												
General	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
	Are you in pain?												
	Analgesia Given?												
	Peripheral Venous Cannula observed?												
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily												
Are you comfortable? Y/N													
Anything else I can do for you?													
Buzzer within easy reach													
Personal Care Type _____ (specify) Time Given _____													
Initials – document at time of care delivery													

700009150B /E4964404 M

GILROY Lee

20-Sep-81 CHI: 200 981 1259

70126 M MacGregor

FLAT 17

EH8 7RW

ADULT FLUID PRESCRIPTION CHART



Date 5/3/22	Sheet no 1
Ward Amm 5	

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
0.18% NaCl / 4% Glucose: risk of hyponatraemiaIf Sodium ≤ 132 mmol/l, then Plasmalyte 148 should
be used for maintenance. Plasmalyte 148 not to be
used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥ 75	2400 ml	100 (max)	10 hr

Prescribe **Maintenance fluids and diabetic fluids** here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
0.18% NaCl + 4% Glucose + 20mmol KCl	1000	IV	100	0720		Sh	ml/hr
0.18% NaCl + 4% Glucose	500	IV	100	2045		Mally	ml/hr

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

HARTMANS	500	IV	STAT	0520		km	ml
HARTMANS	500	IV	STAT	0620		km	ml

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat.
Request senior / ICU opinion if 2000ml insufficient

LOT230

Version 2

Approved by Medicines Policies Sub-Committee

Approved: Aug 2016

Review: Aug 2019

See NHS Lothian Guidance for Intravenous Fluid and Electrolyte prescribing (on Intranet)

Date 5/3/22

ADULT FLUID BALANCE CHART

Name: _____

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00	HARTMANN'S	500					/				
07.00	HARTMANN'S	500					/				
08.00	0.18% Saline / 4% Glucose						/				
09.00	20 KLC (1000)						/				
10.00							/				
11.00							/				
12.00							/				

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print

13.00							/				
14.00							/				
15.00							/				
16.00							/				

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print

17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D		E	F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	

NOTES

24 Hr Balance

Gilroy, Lee

FLAT 17,
2 NORTHFIELD DRIVE,Edinburgh,
EH8 7RW

CHI 2009811259

70126 M MacGregor

ADULT FLUID PRESCRIPTION CHART

Date

Sheet no

Ward



IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless $K^+ > 5.0$)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
0.18% NaCl / 4% Glucose: risk of hyponatraemiaIf Sodium ≤ 132 mmol/l, then Plasmalyte 148 should
be used for maintenance. Plasmalyte 148 not to be
used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥ 75	2400 ml	100 (max)	10 hr

Prescribe **Maintenance fluids and diabetic fluids** here.**Max rate is 100ml/hr.**

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat.
Request senior / ICU opinion if 2000ml insufficient

CHI/Unit No.

ADULT FLUID BALANCE CHART

Total Input Goal: ml in 24hr

Fluid Restriction: _____ ml in 24hr

Today's PEG/NG Feed: ml/24hr **TPN** ml/24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00											
18.00											
19.00											
20.00											
21.00											
22.00											
23.00											
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E	F	G	H	
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out		

700009150B
Gilroy, Lee
FLAT 17,
2 NORTHFIELD DRIVE,
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CHI 2009811259
70126 M MacGregor

M 20/09/1981

NOTES

24 Hr Balance

Patient Name
GILROY LEE

CHI
2009811259

Dat Bi
20/09/1981

Age
40

GP
Macgregor, Mhairi

P Practice
Southfield Medical Practice

GP Practice Code
70126

Allergies

Description	Date Recorded	Comments
No ECS data exists		

Sources:

☒ ECS

☐ Patient's Drugs

☐ Referrer Kardex

☐ GP Practice

☐ TRAK

☐ Patient

☐ Relative / Carer

☐ Referrer Letter

☐ Comm Pharmacy

☐ Other - Specify

Actions:

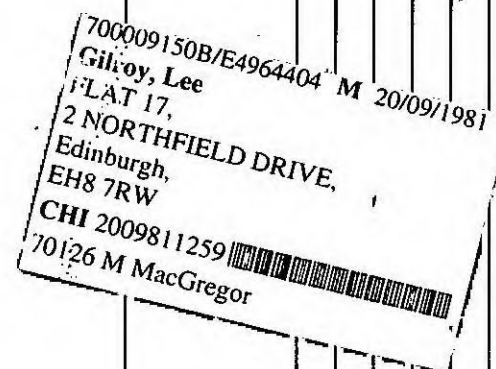
C: Continue

W: Withhold

S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source	1°	2°	3°	Action	Comments
Methadone 1mg/ml oral solution sugar free	5320 ml	95ML DAILY SUPERVISED. START ON THURSDAY 3RD JANUARY. INSTALMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALMENT. CONSULT THE PRESCRIBER		03/02/2022	03/02/2022	1					



Patient Name
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20/09/1981

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Macgregor, Mhairi

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source	Action	Comments
						1° 2° 3°	C W S	
		IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalments due on pharmacy closed days on a prior suitable day. If a collection						
Paracetamol 500mg tablets	100 tablet	ONE OR TWO TABLETS FOUR TO SIX HOURLY. MAXIMUM OF 8 TABLETS IN 24 HOURS.		03/02/2022	03/02/2022	1		
Methadone 1mg/ml oral solution sugar free	95 ml	95ML DAILY. COMMENCE ON WEDNESDAY 2ND FEBRUARY 2022. DISPENSE DAILY. DISPENSE 95ML EVERY DAY. FOR SUPERVISED CONSUMPTION EVERY DAY. DISPENSE INSTALMENTS DUE ON DAY OF PHARMACY CLOSURE ON SUITABLE PRIOR DAY. IF AN INSTALMENT'S COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT		02/02/2022	02/02/2022	1		

700009150B/E4964404 M 20/09/1981
Gilroy, Lee
FLAT 17,
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CHI 2009811259
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Patient Name
GILROY LEE

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2009811259

Da 3ii
20/09/1981

Age
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GP
Macgregor, Mhairi

' Practice
Southfield Medical Practice

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		DUE FOR ANY REMAINING DAY(S) OF THAT INSTALMENT. CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Instalments: Dispense daily.						
Methadone 1mg/ml oral solution sugar free	665 ml	95ML DAILY. COMMENCE ON WEDNESDAY 26 JANUARY 2022. DISPENSE DAILY. DISPENSE 95ML EVERY DAY. FOR SUPERVISED CONSUMPTION EVERY DAY. DISPENSE INSTALMENTS DUE ON DAY OF PHARMACY CLOSURE ON SUITABLE PRIOR DAY. IF AN INSTALMENT'S COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALMENT. CONSULT THE		20/01/2022	20/01/2022	1		

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Gilroy, Lee
FLAT 17,
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GP
Macgregor, Mhairi

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Instalments: Dispense daily.						
Methadone 1mg/ml oral solution sugar free	665 ml	95ML DAILY. COMMENCE ON WEDNESDAY 19 JANUARY 2022. DISPENSE DAILY. DISPENSE 95ML EVERY DAY. FOR SUPERVISED CONSUMPTION EVERY DAY. DISPENSE INSTALMENTS DUE ON DAY OF PHARMACY CLOSURE ON SUITABLE PRIOR DAY. IF AN INSTALMENT'S COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALMENT. CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION		19/01/2022	19/01/2022	1		

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source	Action	Comments
						1° 2° 3°	C W S	
		ARE MISSED. Instalments: Dispense daily.						
Methadone 1mg/ml oral solution sugar free	2660 ml	95ML DAILY SUPERVISED, START ON WEDNESDAY 22ND DECEMBER. DISPENSE 95ML DAILY DISPENSE, BUT ON WED 22ND DECEMBER DISPENSE 665ML INSTALMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALMENT. CONSULT THE PRESCRIBER IF 3 OR MORE		21/12/2021	21/12/2021	1		

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Gilroy, Lee
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D: 3irth Age
20/09/1981 40

GP
Macgregor, Mhairi

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalment						
Methadone 1mg/ml oral solution sugar free	665 ml	95ML DAILY SUPERVISED, START ON THURSDAY 216TH DECEMBER DISPENSE 95ML DAILY DISPENSE INSTALLMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALLMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALLMENT. CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A		16/12/2021	16/12/2021	1		700009150B/E4964404 M 20/09/1981 Gilroy, Lee FLAT 17, 2 NORTHFIELD DRIVE, Edinburgh, EH8 7RW CHI 2009811259 70126 M MacGregor

Patient Name
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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalment						
Methadone 1mg/ml oral solution sugar free	665 ml	95ML DAILY SUPERVISED, START ON THURSDAY 216TH DECEMBER DISPENSE 95ML DAILY DISPENSE INSTALLMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALLMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALLMENT. CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A		16/12/2021	16/12/2021	1		700009150B/E4964404 M 20/09/1981 Gilroy, Lee FLAT 17, 2 NORTHFIELD DRIVE, Edinburgh, EH8 7RW CHI 2009811259 70126 M MacGregor

Patient Name
GILROY LEE

CHI
2009811259

Date of Birth
20/09/1981

Age
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GP
Macgregor, Mhairi

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalments due on pharmacy closed days on a prior						
Methadone 1mg/ml oral solution sugar free	5320 ml	95ML DAILY SUPERVISED, START ON THURSDAY 21ST OCTOBER. DISPENSE 95ML DAILY DISPENSE INSTALMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALMENT. CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE		19/10/2021	19/10/2021	1		

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalments due on pharmacy closed days on a prior						
Co-amoxiclav 500mg/125mg tablets	21 tablet	1 TABLET THREE TIMES A DAY		19/10/2021	19/10/2021	1		
Methadone 1mg/ml oral solution sugar free	665 ml	95ML DAILY SUPERVISED, START ON THURSDAY 14TH OCTOBER. DISPENSE 95ML DAILY DISPENSE INSTALLMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALLMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALLMENT. CONSULT THE		14/10/2021	14/10/2021	1		

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Gilroy, Lee
FLAT 17,
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Patient Name
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GP
Macgregor, Mhairi

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalments due on pharmacy closed days on a prior						
Methadone 1mg/ml oral solution sugar free	5320 ml	95ML DAILY SUPERVISED, START ON THURSDAY 19TH AUGUST. DISPENSE 95ML DAILY DISPENSE INSTALMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT INSTALMENT.		17/08/2021	17/08/2021	1		

700009150B/E4964404 M 20/09/1981
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GP
Macgregor, Mhairi

GP Practice
Southfield Medical Practice

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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalments due on pharmacy closed days on a prior s						
Methadone 1mg/ml oral solution sugar free	665 ml	95ML DAILY SUPERVISED, START ON THURSDAY 12TH AUGUST. DISPENSE 95ML DAILY DISPENSE INSTALMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING DAY(S) OF THAT		12/08/2021	12/08/2021	1		

700009150B/E4964404 M 20/09/1981
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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		INSTALMENT. CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalments due on pharmacy closed days on a prior s						
Methadone 1mg/ml oral solution sugar free	665 ml	95ML DAILY SUPERVISED, START ON THURSDAY 5TH AUGUST. DISPENSE 95ML DAILY DISPENSE INSTALMENTS DUE ON PHARMACY PLEASE DISPENSE INSTALLMENTS DUE ON A PHARMACY CLOSED DAY ON A SUITABLE PRIOR DAY DAYS ON A PRIOR SUITABLE DAY. IF AN INSTALMENTS COLLECTION DAY HAS BEEN MISSED, STILL DISPENSE THE AMOUNT DUE FOR ANY REMAINING		05/08/2021	05/08/2021	1		

C700009150B/E4964404 M 20/09/1981
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GP Practice Code
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Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
		DAY(S) OF THAT INSTALMENT. CONSULT THE PRESCRIBER IF 3 OR MORE CONSECUTIVE DAYS OF A PRESCRIPTION ARE MISSED. Notes for patient: Dispense instalments due on pharmacy closed days on a prior su				700009150B/E4964404	M 20/09/1981	Gilroy, Lee FLAT 17, 12 NORTHFIELD DRIVE, Edinburgh, EH8 7RW CHI 2009811259 0126 M MacGregor

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1° 2° 3°	Action C W S	Comments
No ECS data exists										

Compliance Device

Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	Designation	Grade	Date	Time	Contact Number

Patient Name
GILROY LEE

CHI
2009811259

Birth
20/09/1981

Age
40

GP
Macgregor, Mhairi

GP Practice
Southfield Medical Practice

GP Practice Code
70126

Key Information Summary

(Extract of selected information - additional information may be available in the full KIS report)

Is there a DNACPR Form in Place?

Is there a CYPADM Form in Place? No

Special Note

Date:

Expiry Date:

Anticipatory Care Plan

No data recorded

700009150B/E4964404 M 20/09/1981
Gilroy, Lee
FLAT 17,
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CHI 2009811259
70126 M MacGregor

Standard Chart

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☒		Lh M	5/3
		Medicine / Agent	Description of reaction		

- Write clearly in block capitals, using a black ballpoint pen
 - Use approved names for medicines
 - Never alter a prescription
 - Route of administration
- The only acceptable abbreviations are:
- | | | | | | |
|-------|-----------------|-----|--------------|-----|---------------|
| IV | - intravenous | SL | - sublingual | NG | - nasogastric |
| IM | - intramuscular | PR | - per rectum | ID | - intradermal |
| SC | - subcutaneous | PV | - per vagina | TOP | - topical |
| INHAL | - inhaled | NEB | - nebulised | | |
- Never abbreviate ORAL or INTRATHECAL
- Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
 - The only acceptable abbreviations are:
g - gram mg - milligram ml - millilitre
all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

[illegible]

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Page 2 of 6

**AS REQUIRED
THERAPY**

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

[illegible]

**REGULAR
THERAPY**

(Attach printed label here)

[illegible]

AS REQUIRED
THERAPY

700009150B /E4964404 M
GILROY Lee
20-Sep-81 CHI: 200 981 1259
70126 M MacGregor
FLAT 17
EH8 7RW

PRESCRIPTION		Patient's Own Medicine
Medicine (Approved Name)	For Use	Date
PARACETAMOL		Time
Dose + frequency + max	Route	Quantity
1g + QDS + 4 ⁰	ORAL	Dose
Indication + notes	Start Date	Date
PAIN + FEVER	5/3	Time
Prescriber - sign + print	Pharmacy	Dose
Lh [Signature]		Initials
Medicine (Approved Name)	For Use	Date
ORAMORPH		Time
Dose + frequency + max	Route	Quantity
10mg + 2 ⁰	ORAL	Dose
Indication + notes	Start Date	Date
PAIN	5/3	Time
Prescriber - sign + print	Pharmacy	Dose
Lh [Signature]		Initials
Medicine (Approved Name)	For Use	Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
Indication + notes	Start Date	Date
		Time
Prescriber - sign + print	Pharmacy	Dose
		Initials
Medicine (Approved Name)	For Use	Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
Indication + notes	Start Date	Date
		Time
Prescriber - sign + print	Pharmacy	Dose
		Initials
Medicine (Approved Name)	For Use	Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
Indication + notes	Start Date	Date
		Time
Prescriber - sign + print	Pharmacy	Dose
		Initials
Medicine (Approved Name)	For Use	Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
Indication + notes	Start Date	Date
		Time
Prescriber - sign + print	Pharmacy	Dose
		Initials

**REGULAR
THERAPY**

(Attach printed label here)

TURN OVER Page 4 of 6



Adult Majors

Prescription, Administration & Observation Record

700009150B /E4964404 M

GILROY Lee

20-Sep-81 CHI: 200 981 1259

70126 M MacGregor

FLAT 17

EH8 7RW



The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight 59.60 kgs Actual / Estimate	Date 4/3/22
----------------------------------	--	----------------

Once Only Prescription

[illegible]

Discharge Medication

[illegible]

National Early Warning Score 2 (NEWS2) Chart

NEWS Key		Date:				
		Time:				
A+B Respirations Breaths/min	>25				3	
	21-24				2	
	18-20	18	B			
	15-17	16	P	M		
	12-14					
	9-11				1	
A+B SpO ₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-96%	<8				3	
	≥96	98	98	0	97	96A
	94-95					1
	92-93		N			2
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypotensive respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician Tick box if using SpO ₂ Scale 2 ☐	<91					3
	≥97 on O ₂		L			1
	95-96 on O ₂					2
	93-94 on O ₂		Y	Y		1
	≥93 on air					
	88-92		Y	Y		1
Air or Oxygen? Oxygen is a drug and prescribed by target range Device	86-87					1
	84-85					2
	≤83					3
	A = Air	A	A	A	A	2
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	O ₂ L/min or %					2
	≥220					3
	201-219	(L)	(N)			
	181-200					
	161-180					
	141-160					
	121-140					
	111-120	100		(L)	(Q)	
	101-110	↑	91	96	90	1
	91-100	↓	79	72	△	2
C Pulse Beats/min Manual pulse	81-90	↓	79	↑		3
	71-80	↓	70	↓	V	1
	61-70	↓	60	58		1
	51-60	↓	40	40		2
	41-50	↓	37	48		3
	31-40	↓				2
	≤30	↓				1
	Alert	A	A		A	
	New Confusion					
	D Consciousness (score for new onset of confusion, no score if chronic)	V				
P						
U						
E Temperature °C	≥39.1°					2
	38.1-39.0°					1
	37.1-38.0°	36	36.1		36.5	
	36.1-37.0°					1
	35.1-36.0°					3
NEWS TOTAL		0	2	3	3	
Monitoring frequency		50	7			
Escalation of care Y/N						
Blood Glucose reading or N/A						
Pain score (0-10)						
Initials		A	S	J		

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

7000091508 M 20/09/1981
Gilroy, Lee
FLAT 17,
2 NORTHFIELD DRIVE,
Edinburgh,
EH8 7RW
CHI 2009811259
70126 M MacGregor

NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

GLASGOW COMA SCALE		Date	Time																			
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	6																	Eyes closed by swelling = C	
		To speech	3																			
		To pain	2																			
		None	1																			
	Best Verbal Response	Orientated	5	0																	Endotracheal tube or tracheostomy = T	
		Confused	4																			
		Inappropriate words	3																			
		Incomprehensible sounds	2																			
		None	1																			
	Best Motor Response	Obey commands	6	0																	Always record the best arm response	
		Localise to pain	5																			
		Flexion to pain	4																			
		Abnormal flexion	3																			
		Extension to pain	2																			
		None	1																			
Total GCS Score			15																			
Right Pupil	Size		5																	+ reacts - no reaction C. eye closed		
	Reaction		+																			
Left Pupil	Size		5																			
	Reaction		+																			
LIMB MOVEMENT	ARMS	Normal power		UL																	Record right (R) and left (L) separately if there is a difference between the two sides	
		Mild weakness																				
		Severe weakness																				
		Extension																				
	LEGS	No response																				
Normal power			L																			
Mild weakness			R																			
Severe weakness																						
Extension																						
No response																						
Initials																						

Pupil Scale mm

1.

20

30

4 ●

1

64

7

8

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total
5/2/22	0.9% NaCl 100ml INFUSION IN ETO		Tea	200ml	2L					
0200			Tea	250ml	2750					

Drug Infusion

Drug Name:

Pump No	Time											
	Rate (ml/hr)											
	Volume in Syringe											
	Total amount Infused											

Drug Name:

Pump No	Time											
	Rate (ml/hr)											
	Volume in Syringe											
	Total amount Infused											

700009150B/E4964404 M 20/09/1981
Gilroy, Lee
 FLAT 17,
 2 NORTHFIELD DRIVE,
 Edinburgh,
 EH8 7RW
 CHI 2009811259
 70126 M MacGregor

Date chart commenced: 5/3/22

This is chart number ① of this admission

[illegible]

Pupil Scale mm 1 • 2 ● 3 ● 4 5 ● 6 7 8

REMEMBER

- Record all observations on NEWS2 chart
- Document concerns/decisions in clinical notes
- Escalate your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - - patent - at risk - obstructed	- suction if indicated - head tilt, chin lift / jaw thrust - airway adjuncts - administer oxygen - call 2222 if at risk
BREATHING	- respiratory rate - SpO₂ - accessory muscle use - noises +/- percussion, palpation & auscultation - position / posture	- administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) - monitor SpO₂ / ABGs - consider chest x-ray - treat underlying cause - call 2222 if not breathing
CIRCULATION	- pulse - blood pressure - capillary refill time - core temperature / colour - urine output - consider 4 body cavities for fluid & blood loss (4 + on the floor) - monitor drain losses	- obtain IV access - obtain blood samples - prepare fluid challenge - initiate fluid balance chart - call 2222 if no circulation - consider initiating major haemorrhage protocol - monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	- AVPU for initial assessment - GCS, on-going neuro assessment - ABC's & treat hypoxia or hypovolaemia - blood glucose - drugs	- re-assess GCS - check blood glucose if less than 4mmols/litre. activate hypoglycaemia protocol - check drug chart - remember accurate documentation
EXPOSURE	- top to toe examination - look for evidence of blood loss / rashes / drains / wounds etc	- control bleeding - treat any underlying conditions identified - reassess - maintain patient's dignity - evaluate actions

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish Palliative Care Guidelines**

Acute Pain: Score current pain on movement, e.g. deep breathing. Refer to **Acute Pain Guidelines**

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical Staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

↓

ACUTE	SPECIALIST PALLIATIVE CARE
Mon-Fri: bleep Acute Pain Team Out of Hours: on-call Anaesthetist	Mon-Fri: bleep Palliative Care Team Out of Hours: via Switchboard

Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
0 - None Continue to assess pain at least daily	0 - No Nausea	0 - Full Power
1 - 3 Mild Continue to assess pain with routine observations, must be at least daily	1 - Nausea Consider anti-emetic	1 - Weak but able to raise legs
4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient	2 - Nausea / Vomiting Administer anti-emetic	2 - Able to bend knees
6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	3 - Persistent Nausea &/or Vomiting Contact Doctor	3 - Minimal movement
Using appropriate Lothian Guidelines	Using guidelines prescribe / give anti-emetics and review	4 - Paralysis If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours

Male
20.09.1981 (40 Years)

Vent. rate	60
PR interval	140
QRS duration	102 ms
QT/QTc-Baz	456/456 ms
P-R-T axes	3 72 41

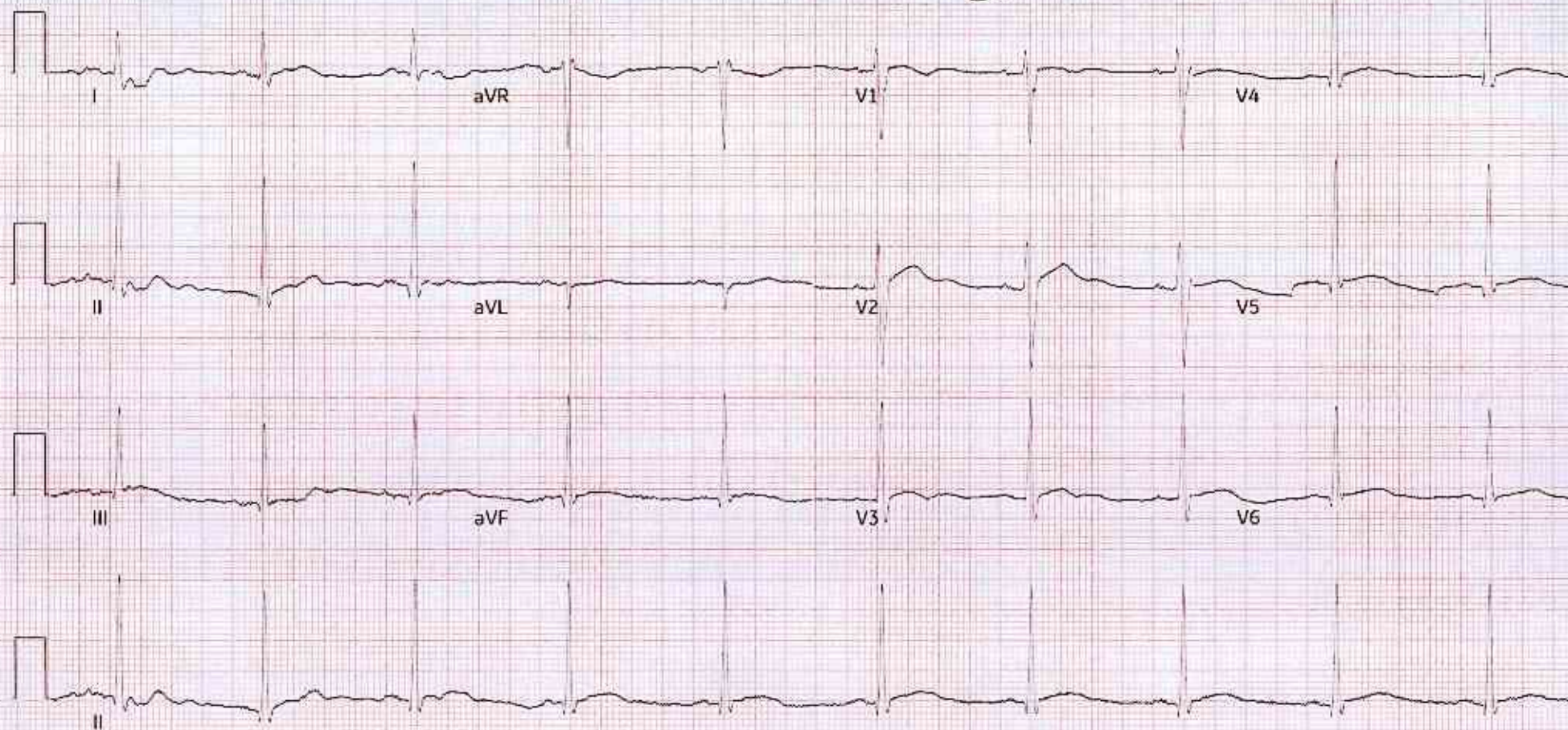
Patient ID: 2009811259
Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

05.03.2022 01:28:20
Royal Inf of Edinburgh

700009150B /E4964404 M
GILROY Lee
20-Sep-81 CHI: 200 981 1259
70126 M MacGregor
FLAT 17
EH8 7RW

Location:
Comments:NSR
Zaid

Unconfirmed



Progress Notes

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	I0005393323
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005393323 Dr Marcus J Lyall 3/5/22 06:36 Dr Katherine Watson	AMU ADMISSION REVIEW Summary of ED/Interface presentation: - 1/52 painful groin and leg swelling following IV/DU. self medicated with 3 day flucloxacillin - Initially denies chest pain/fever sx, later stated some sharp right sided pain - Reviewed by Gen surg and Ed consultant - clinically lower limb DVT - CT angio requested to excluded deep seated collection - admitted under medicine with raised d-dimer Treatment given in ED: • Medication: 12,500 LWMH, diazepam 10mg, oramorph 10mg • Fluids: nil Additional history available? Progress since ED: Lying in bed keeping eyes closed Ongoing pain in left leg Reports tingling earlier but now resolved No chest pain or SOB Bradycardic and hypotensive on transfer - reports has been like this in previous admissions Asymptomatic of HR Aware of current plan and working diagnosis Asking for diazepam - no record on ECS of being prescribed PMHx: IVDU - currently injecting heroin the last 4/12, last injected 1/52 Chronic back pain On Methadone program - 95 mls daily SHx (driving if relevant): Homeless Smokes tobacco and crack cocaine, daily diazepam No Alcohol NEWS: 5 on transfer BP 69/35 HR 50 Focused examination: a- own b - no IWOB, stas 96% on RA, chest clear c- WWP hands and feet, CRT < 2 secs, pulse regular brady, hs pure, 500ml crystalloid stat BP rose to 72 in left, 84 in right arm, further stat prescribed. d- GCS 15, CN intact, limb neurology grossly intact e- afebrile, abdo SNT, bs present, Left groin palpable hard mass, skin intact overlying, leg generally dusky, warm and distally neurovascularly intact. left leg and groin tender - patient refused to show ROM. Bloods: D-dimer 1819 CRP 80, no FBC ECG: awaited Radiology: Awaited Medicine: • Is medicine reconciliation complete: Y • ALLERGY: NKDA • Is VTE risk assessed and prescribed: Y - on Tx dose • For antibiotic starts/changes (hit space after): \antibstart \antibreview Problem lists: Likely lower limb DVT Bradycardia/hypotension

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
	Plan: Stat fluids, review BP following this Repeat FBC ECG CXR US doppler left leg Await CTangio leg Continue TX dose LWMH at present Is DNACPR/AWI completed if appropriate? (if capacity assessment is required use \capacity) Destination: Hospital@Home/Resp/Cardio/GI/GM/Neuro/Stroke/Frailty + CFScoring Name and designation: K watson FY3 locum AMU Bays 4, 5, 6, 8 - Bleep 2112

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Clerking Episode/Ref: I0005393323 Dr Katherine Watson 3/5/22 06:40 Dr Katherine Watson	Clinical note: see clinical notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005393323 Dr Marcus J Lyall 3/5/22 10:16 Dr Yen How Tan	WR Dr Lyall 40M L sided above knee DVT on doppler IVDU, on methadone Pain on walking O/E Puncture/track marks over lower limbs L calf slightly larger than R leg Explained that will need treatment for clots Asking for diazepam, said was prescribed in england for severe anxiety Thinks may be withdrawing - says previously taking 20mg diazepam daily Plan: Lower limb CTA Continue dalteparin until CTA results, can consider doac switch after scan result Diazepam I.Tan Fy2

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005393323 Nurse 3/5/22 12:25 Sarah O'Driscoll	Lee has been settled this am Declined a basin/shower this am NEWS 2 - bp 93 systolic Given diazepam once only as kardex Has been out for a cigarette Awaiting CT Angio report No further concerns at present

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005393323 Nurse 3/6/22 02:45 Brodie Rodger	Nursing Lee has been mostly settled overnight. At start of shift, expressed desire to be discharged and go home, however easily reassured by medical staff. Independently mobilising to the toilet and outside for cigarettes. Medications all given as per kardex. PRN analgesia being used - patient seems aware he can ask for this every two hours. Have asked medics to clarify max dose in 24 hour periods, awaiting review. Observations stable as charted, remains hypotensive but improving due to IVF, sbp 102. Normal diet and fluids. No further issues voiced by patient overnight.

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005393323 Nurse 3/5/22 04:45 Rhoda Turbela	Patient transferred to AMU 5 under medics, handed over thru phone. Blood pressure both checked on each arm and persistently low.

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005393323 Dr Marcus J Lyall 3/6/22 10:08 Dr Marissa Evanson	WR Dr Lyall Issues : 40M L sided above knee DVT on doppler IVDU, on methadone Today : Has had 6 doses of oramorph 10mg + paracetamol Keen for home Advised on bleeding risk Plan : 10mg BD apixaban for 1 week then 5mg BD for 6 months after DVT follow up in 3 months Stat diazepam before discharge Aim home today M. Evanson FY1

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005393323 Dr Marcus J Lyall 3/6/22 11:25 Mairi Thomson	Apixaban Counselling Discussed commencing on Apixaban for confirmed DVT - information booklet provided - aware on higher dose for 1 week then reduce down to 5mg BD - disucssed injecting drugs - Lee states that he has had a fright - he is aware of community drug liason services and reports he has stopped before (he has not used in 3 days during admission). I offered DLN however he feels he does not need their support currently. Describes having a good relationship with his community pharmacist also. M Thomson ANP

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005393323 Dr Marcus J Lyall 3/6/22 13:19 Sammir Bushara (Nursing Student)	CHANGES TO DRUGS SINCE ADMISSION (relative to ECS) Stopped: Nil Started: Apixaban 10mg BD - Started 5/3/22 - to be continued for 1 week then reduced to 5mg BD Changed: Nil Withheld: Nil ALLERGIES / ADVERSE DRUG REACTIONS: NKDA Discharge prescription checked against ECS meds rec: Yes Pharmacy Check by (enter on Trak): Name: Date: Time: DIAGNOSIS: 1. Left sided DVT above knee COVID-19 status on discharge: NEGATIVE Date of most recent COVID-19 swab: 05/03/22 ACTION REQUIRED FROM GP Reduce dose of apixaban to 5mg BD in one week FOLLOW UP BEING ARRANGED BY HOSPITAL: Nil LIST OF OUTSTANDING RESULTS / OP INVESTIGATIONS Nil PLEASE CC THIS LETTER TO: Ambulatory care for DVT follow up in 3 month's time Dear Doctor, ADMISSION SUMMARY AND TREATMENT: Mr Gilroy self-presented to A&E on the night of 04/03/22 with a swelling in his left groin, as well as pain in that area which had been present for 1 week prior. He also reported some dizziness, a reduction in appetite, as well as occasional sweats/fever. Assessment revealed a tender, hard, left groin swelling in the groin, and swelling in the left calf and thigh. Lower limb doppler revealed a left leg DVT. He was then transferred to the care of the medical team in AMU, and was commenced on treatment dose dalteparin. Subsequent CT angio lower limb was done to rule out a pseudoaneurysm, scan revealed inflammatory stranding with some subcutaneous gas, ?infection ?related to recent injection. Inflammatory markers normal with no temp spikes. Unlikely infected thrombus. Lee reports last injecting heroin 1 week prior to his presentation. He has been counselled on the risk of bleeding whilst on apixaban, especially in the context of IV drug use. He tells us that this has been a wake up call and is adamant that he will not continue iv drug use. Declined further referral to DLN, aware of community drug liaison services and reports he has stopped before. Also describes a good relationship with his community pharmacist. Medically fit for discharge home on 6/3/22 with follow up in ambulatory care in 3 months time. RELEVANT INVESTIGATION RESULTS: Imaging: 05/03 - Venous US doppler left leg - 'Left above-knee DVT extending up to the left CFV but not affecting it.' 05/03 - CT angiogram of lower limb - enlargement of left common femoral vein, containing gas, concerning for infected thrombus SIGNIFICANT OBSERVATIONS AT DISCHARGE:

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
	BP at am of 06/03 - 107/66 Borderline bradycardia throughout AMU stay at ~50bpm Apyrexial CHANGES MADE TO CARE ARRANGEMENTS/ DNACPR STATUS/ ANTICIPATORY CARE PLANNING: Nil Thank you for your ongoing care of this patient. Yours Sincerely, Sammir Bushara Final year medical student Acute / General Medicine, RIE CHECKED by Ian Tan Fy2 Should you need further information please email: RIEacutemedicine@nhslothian.scot.nhs.uk or phone Acute and General Medicine Secretaries on: 0131 242 2036.

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0005393323 Mr P Stuart McKechnie 3/5/22 05:04 Dr Alexandra Kate Winter	Winter ST6 General Surgery Written in retrospect as called to CEPOD. o/e left lower calf >3cm difference in size between that and right. lower leg warm and well perfused. calf hardened and tender. swelling extending to left groin. Tender left groin with clean sinus tract. No fluctuance detected. No erythema over groin. No pulsatile masses. Note chest pain worse on inspiration. Discussed with Medical registrar Hanni - given likely extensive DVT and chest symptoms and absence of any clinical signs of infection diagnosis most likely extensive DVT with possible PE. We will keep on surgical on call list and arrange CT angio groin to exclude any deep seated drainable collection.

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0005393323
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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005393323 Nurse 3/5/22 05:25 Margaret Rankin	Admitted to AMU base 5 from Surgical Obs. IVDU, currently injecting and developed ?abscess ?DVT. As D-Dimer raised, admitted to AMU. Handed over that had treatment dose of Dalteparin in A&E. NEWS 5 on arrival with BP 67/35 - had been very low in Surgical Obs/A&E but now dropping. Checked on both arms with same reading. IVI fluid challenge commenced. Requesting analgesia - given Oramorph PRN dose. Awaiting review.

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	I0000516167
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0000516167
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000516167 Dr CE Whitworth 8/29/05	DIAGNOSIS: RECREATIONAL DRUG USE OF HEROIN.,,No specific treatment was required and the patient was discharged.,,Patient was detained under the Mental Health Act. No.,,PSYCHIATRIC ASSESSMENT: This 23 year old man was brought in to hospital by the police after allegedly swallowing 1 gram of Heroin wrapped in an unsealed plastic bag. He was asymptomatic. Physical examination was unremarkable. Abdominal x-ray showed no obvious foreign body. He was admitted to the toxicology unit for observation. He remained relatively hypotensive with BP dropping to 80/40 with no significant evidence of respiratory or CNF depression. His routine bloods were normal. He did not require any further intervention other than some IV fluids. He was given a dose of Naloxone overnight, however, this failed to have any impact on his BP. He was observed for 8 hours but remained otherwise asymptomatic and was therefore discharged the following morning. .,Yours sincerely,,,Dr C Kelly,Consultant Physician,,dj

Patient & GP Information

UHPI Number	700009150B
CHI Number	2009811259
Episode Number	I0000516166
Surname/Forename	Gilroy, Lee
Date of Birth	9/20/81
Sex	Male
Patient Address.	Flat 17 2 Northfield DriveEdinburgh EH8 7RW
Registered GP	PS Dorward
GP Address.	Southfield Medical Practice,132 Mountcastle Drive South,Edinburgh, EH15 3LL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Gilroy, Lee
UHPI Number	700009150B

Episode Number	I0000516166
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000516166 Prof DN Bateman 12/14/03	DIAGNOSIS: ALLEGED INGESTION OF WRAPPED HEROIN,,This young man had been admitted for observation following alleged ingestion of 2.5gm heroin, double wrapped in plastic. This was apparently taken in an attempt to conceal the drug from the police. He had apparently taken 50ml Methadone earlier. He explained that he usually takes 1 - 1.5gm per day. He had been taken into police custody and was vomiting. However on attendance at the poisons ward he was alert and orientated. Chest and abdominal x-ray appearances were normal. ,,Following a period of observation he remained well and was discharged, returning to police custody.,,Yours sincerely,,,,,DR STEPHEN WARING,Registrar to Dr Bateman

Clinic Letters

Dr Malakoty
Riverside Medical Practice Llp
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Date: 12/09/2019

Outpatient Clinic Letter

Patient	Lee Gilroy 85 Whitecraig Road Whitecraig Musselburgh EH21 8NF	CHI	2009811259
		Date of Birth /	20/09/1981 (37 years)
		Age	
		UHPI	700009150B
Specialty	Chronic Pain	Attendance Date	05/09/2019
Consultant	FJ McPherson Nurse Specialist (CDPS)		

Dear Dr Malakoty

Lee Gilroy failed to attend my nurse led pain and dependency clinic this afternoon. Lee has now failed to attend or transferred various appointments. I do not plan to send him out a further appointment.

Kind regards

Yours sincerely

FIONA MACPHERSON
Clinical Nurse Specialist in Chronic Pain
FM/JT

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

Dr Stenke
Riverside Medical Practice Llp
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Date: 10/10/2018

Outpatient Clinic Letter

Patient	Lee Gilroy 85 Whitecraig Road Whitecraig Musselburgh EH21 8NF	CHI	2009811259
		Date of Birth /	20/09/1981 (37 years)
		Age	
		UHPI	700009150B
Specialty	Chronic Pain	Attendance Date	20/09/2018
Consultant	FJ McPherson Nurse Specialist (CDPS)		

Dear Dr Stenke

Lee failed to attend my Nurse-Led Pain & Dependency Clinic today. I do not plan to send him out a further appointment at this time.

Yours sincerely

FIONA MACPHERSON
Clinical Nurse Specialist in Chronic Pain

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

Chronic Pain

Dr Dorward
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date First Created: 16/07/2018
Date/Time Printed: 15/05/2026 09:23
Our Ref: 700009150B
CHI: 2009811259

Patient:	Mr Lee Gilroy Flat 17 2 Northfield Drive Edinburgh EH8 7RW	UHPI:	700009150B
		Date of Birth:	20/09/1981
Specialty:	Chronic Pain	Consultant:	Dr Joanna Renee

I would like to refer the above patient to the Psychology Pain & Dependency Clinic. He is a patient of Dr Renee's who has chronic low back pain and is on a reducing Methadone Maintenance Programme. He was initially seen on November 2017 having suffered back pain for approximately three years which came on suddenly when he was lifting something. The pain has not really resolved and he now feels that most things he does like walking, housework & sitting all exacerbate the pain. He has been seen by physiotherapy in the past and he does try to continue with some exercises. He was previously very fit.

Lee lives at home with his wife and three children and their dog. He has been clean from illicit drug use for approximately 13 years.

Since attending the Pain Clinic he was trialled on Duloxetine which did not agree with him and he was given a TENS machine which he does find of benefit and is keen to continue with its use. He is also on Methadone 90mls taking this as 45mls in the morning and 45mls in the evening and Diazepam 8mgs.

He has been given advice about self-management resources such as the Pain Toolkit and he would be keen to look further in to this. He remains very distressed with the pain today, but states that he is not really keen to take any further medication.

Lee certainly does have muscle spasm in the paraspinal area and I have given him some aromatherapy gel to trial and suggested he continue with the TENS machine and the exercises he has previously learned. When we discussed the role of psychology and pain management he is keen to take this forward and would possibly be a good candidate in the future for the Pain Management Programme, but he initially feels he would prefer to be seen on a one to one basis.

Lee has not always been great at attending appointments but feels he is more stable now and they have access to a car so someone is able to bring him to appointments.

Chronic Pain

Dr Dorward
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date First Created: 16/07/2018
Date/Time Printed: 15/05/2026 09:23
Our Ref: 700009150B
CHI: 2009811259

I will review Lee again in the Pain Clinic in due course to see how he is managing.

Yours sincerely

****ELECTRONICALLY CHECKED****

FIONA MACPHERSON
Clinical Nurse Specialist in Chronic Pain

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

c.c.
Dr Stenke
Riverside Medical Practice
Inveresk Road
MUSSELBURGH
EH21 7BP

Dr Stenke
Riverside Medical Practice Llp
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Date: 18/04/2018

Outpatient Clinic Letter

Patient	Lee Gilroy 85 Whitecraig Road Whitecraig Musselburgh EH21 8NF	CHI	2009811259
		Date of Birth /	20/09/1981 (36 years)
		Age	
		UHPI	700009150B
Specialty	Chronic Pain	Attendance Date	05/04/2018
Consultant	FJ McPherson Nurse Specialist (CDPS)		

Dear Dr Stenke

Lee failed to attend my Nurse-Led Pain & Dependency Clinic today. I do not plan to send him out a further appointment at this time.

Yours sincerely

FIONA MACPHERSON
Clinical Nurse Specialist in Chronic Pain

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

Dr Stenke
Riverside Medical Practice
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Date: 08/02/2018

Outpatient Clinic Letter

Patient	Lee Gilroy 85 Whitecraig Road Whitecraig Musselburgh EH21 8NF	CHI Date of Birth / Age UHPI	2009811259 20/09/1981 (36 years) 700009150B
Specialty Consultant	Chronic Pain FJ McPherson Nurse Specialist (CDPS)	Attendance Date	25/01/2018

Dear Dr Stenke

I saw Lee in my Nurse-Led Pain & Dependency Clinic today. He was supplied with a TENS machine and instructed in its correct use.

He tells me today that he had trialled the Duloxetine but it upset his stomach and it has now been stopped. He had trialled it for approximately two and a half weeks and did not receive any pain relief.

All his other medications remain the same and I said that I will review him again in approximately 6 weeks time to see how he is managing.

Yours sincerely

FIONA MACPHERSON
Clinical Nurse Specialist in Chronic Pain

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

Orthopaedics

Dr Dorward
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date First Created: 20/11/2017
Date/Time Printed: 15/05/2026 09:21
Our Ref: 700009150B
CHI: 2009811259

Patient:	Mr Lee Gilroy Flat 17 2 Northfield Drive Edinburgh EH8 7RW	UHPI:	700009150B
		Date of Birth:	20/09/1981
Specialty:	Orthopaedics	Consultant:	Lesley A Berry (L Dale) (ROOD)

DNA'd

Dr Stenke
Riverside Medical Practice
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Date: 14/11/2017

Outpatient Clinic Letter

Patient	Lee Gilroy 85 Whitecraig Road Whitecraig Musselburgh EH21 8NF	CHI Date of Birth / Age UHPI	2009811259 20/09/1981 (36 years) 700009150B
Specialty Consultant	Chronic Pain Dr Joanna Renee	Attendance Date	02/11/2017

Dear Dr Stenke

Problems:

1. Chronic low back pain.
2. On methadone maintenance programme.

Plan:

1. For trial of duloxetine starting 30 mgs od titrating weekly as tolerated to 90-120 mgs.
2. For review by our CNS with a view to review medication and issue with a TENS machine.
3. I have given him some self management resources such as pain tool kit.
4. In future we will consider treatment with capsaicin cream and possibly some psychology input.

Thank you for your referral of this 36 year old man who has had back pain for about 3 years. The pain initially came on when he was lifting and he experienced a shooting pain down the centre of his back and down his right leg. At the time he thought he had sciatica. This has not really resolved and he gets a constant cramp across the lower back. In the morning he has a pain deeper in his back which feels like he has been wounded. The pain is increased by walking, using public transport and doing housework such as hoovering and washing the dishes. He also has a lot of difficulty sitting. The pain is reduced by supporting his back and by massage. Unfortunately the pain often wakes him at night and he has a very poor sleep. He said he does get emotional about his pain basically as it restricts him doing things such as playing with his children. He also has some embarrassment around his disability and fear of making things worse. He currently lives with his wife and 3 children and they have a dog.

He currently takes methadone 95 mls as prescribed by the GP. He was previously on 150 mls. He doesn't notice if the methadone is particularly helpful for his pain. He tells me he has been clean from illicit drug use for 13 years now. He is also reducing his diazepam which is now at 8 mgs. He picks his prescription up twice weekly. He has tried cocodamol and ibuprofen which have not been helpful and he has no known drug allergies.

He is otherwise well apart from suffering a traumatic fracture to his foot many years ago which he is hoping to get fixed in the future. He sees physiotherapy for his back and gets some exercises. He feels that his back pain is about the same or even worse since doing these.

On examination he stood for the entire consultation and had difficulty with all ranges of movement to his back. He had trouble with forward flexion. He was very tense in the lumbar area and had some paraspinal tenderness. He also had some midline tenderness and some evidence of allodynia but no hyperalgesia or wind up and SLR was negative.

We talked a little about the mechanisms of chronic pain and our approach to management today. It would be worth trialling him on some duloxetine as outlined above. Mr Gilroy actually turned up on a day that wasn't his appointment so we fitted him in and

therefore I hoped that would re-attend to see our CNS and she will issue him with a TENS machine and review his medication. I believe he is currently receiving physiotherapy locally so would hope he would get some advice about pain management within this such as pacing and managing flare ups. In the future we may address some of his thoughts and feelings with our pain psychologists though doesn't seem to need this at present.

Yours sincerely,

DR JOANNA RENEE
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

cc.

Libby Dale, MSK Team Lead, Roodlands Hospital

PAIN CLINIC

Gilroy, Lee
85 Whitecraig Road,
Whitecraig,
Musselburgh,
Midlothian, EH21 8NF

ASSESSMENT FORM**PATIENT NAME:****CLINIC DATE:**

2/11/17

CHI 2009811259

In order for us to assess your pain problem, we would be very grateful if you would take the time to answer the following questions. If you have any problems in answering or understanding the questions, please ask for help from one of the clinic staff.

1. Please rate your pain by circling the one number that best describes your pain at its worst in the last week.

0 1 2 3 4 5 6 7 8 9 10
NO PAIN PAIN AS BAD AS
YOU CAN IMAGINE

2. Please rate your pain by circling the one number that best describes your pain on the average.

0 1 2 3 4 5 6 7 8 9 10
NO PAIN PAIN AS BAD AS
YOU CAN IMAGINE

3. Circle the one number that describes how, during the past week, pain has interfered with your:

A. GENERAL ACTIVITY

0 1 2 3 4 5 6 7 8 9 10
DOES NOT COMPLETELY
INTERFERE INTERFERES

B. MOOD

0 1 2 3 4 5 6 7 8 9 10
DOES NOT COMPLETELY
INTERFERE INTERFERES

C. WALKING ABILITY

0 1 2 3 4 5 6 7 8 9 10
DOES NOT COMPLETELY
INTERFERE INTERFERES

D. NORMAL WORK (includes both work outside the home, housework and hobbies)

0 1 2 3 4 5 6 7 8 9 10
DOES NOT COMPLETELY
INTERFERE INTERFERES

E. RELATIONS WITH OTHER PEOPLE

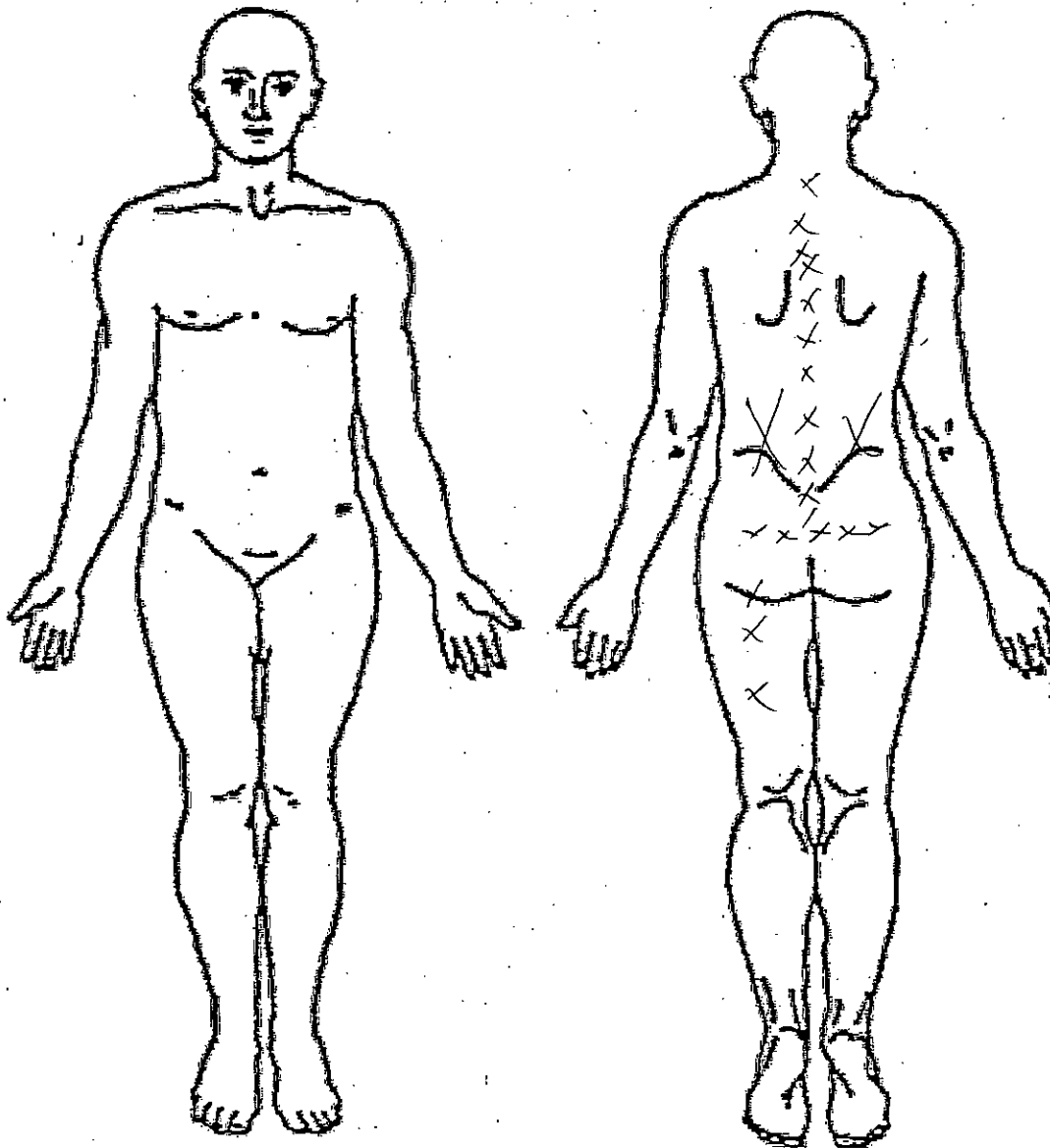
0 1 2 3 4 5 6 7 8 9 10
DOES NOT COMPLETELY
INTERFERE INTERFERES

F. SLEEP

0 1 2 3 4 5 6 7 8 9 10
DOES NOT COMPLETELY
INTERFERE INTERFERES

G. ENJOYMENT OF LIFE

0 1 2 3 4 5 6 7 8 9 10
DOES NOT COMPLETELY
INTERFERE INTERFERES



76033 JE Stenke
700009150B M 20/09/1981

Gilroy, Lee
85 Whitecraig Road,
Whitecraig,
Musselburgh,
Midlothian, EH21 8NF

NAME...

CHI 2009811259



DATE...

2/11/17

76033 JE Stenke
 700009150B M 20/09/1981
 Pat **Gilroy, Lee**
 85 Whitecraig Road,
 Whitecraig,
 Musselburgh,
 Midlothian, EH21 8NF
 CHI 2009811259

HOSPITAL
 Date 2.11.17

Dear Doctor,

Your patient attended the PAIN Out-patient clinic today.

Recommendation TAM OF DULOXETINE, START AT
30MG & INCREASE WEEKLY TO 90-120MG.

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
DULOXETINE	30MG ONCE DAILY	ONGOING

He/She will attend again in

A full letter will follow.

Yours sincerely,

Lee Gilroy STATUS COM ANAS

Dr Stenke
Riverside Medical Practice
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Date: 13/10/2017

Outpatient Clinic Letter

Patient	Lee Gilroy 85 Whitecraig Road Whitecraig Musselburgh EH21 8NF	CHI Date of Birth / Age UHPI	2009811259 20/09/1981 (36 years) 700009150B
Specialty Consultant	Orthopaedics Lesley A Berry	Attendance Date	06/10/2017

Dear Dr Stenke

Mr Gilroy unfortunately attended late for his appointment so his assessment was restricted to a subjective examination. He attended clinic today with 3 problems, firstly a 3-4 month history of right elbow pain which came on for no particular reason. Secondly a left knee dysfunction dating from when he was 14-years-old and he fell landing on glass which stuck into the patella tendon and the inferior section. He did not seek medical intervention as at the time he had a chaotic lifestyle and was regularly drug using.

He also reports low back pain of sudden onset dating from April 2015 when he was lifting boxes at work. At the time his GP arranged an MRI scan the MRI scan reports minimal non-compressive degenerative changes only and that there was no cause for the buttock or leg pain that he experienced at the time. He is under the impression that the MRI scan showed compression and that there is significant degeneration. He tells me he does not get any leg pain related to the back pain but sometimes gets left buttock pain. He tells me his low back pain is constant.

He tells me the elbow pain and knee pain do not wake him at night but the low back pain regularly wakes him at night and he sleeps in a half lying position. He tells me that the knee pain is aggravated by sitting and going up and down stairs. His elbow pain is aggravated by gripping and lifting. And both of these problems are improved with rest. His low back pain he feels is worse with sitting and is improved with movement. He denied any early morning stiffness related to his low back pain.

He also denied any symptoms of cauda equina. He tells me he is now an ex-drug addict and has been clean for 13 months and is continuing to wean from his Methadone. We were unable to complete anymore of his examination today because he was late so I have rebooked him and we have agreed that at this appointment we will conduct the objective examination and put a treatment intervention plan in place. Review appointment given.

Yours sincerely

e-signed

LIBBY DALE
MSK Team Lead East Lothian and Midlothian
LD/KH

Gastroenterology

Dr Dorward
Southfield Medical Practice
132 Mountcastle Drive South
Edinburgh
EH15 3LL

Date First Created: 10/05/2012
Date/Time Printed: 15/05/2026 09:20
Our Ref: 700009150B
CHI: 2009811259

Patient:	Mr Lee Gilroy Flat 17 2 Northfield Drive Edinburgh EH8 7RW	UHPI:	700009150B
		Date of Birth:	20/09/1981
Specialty:	Gastroenterology	Consultant:	Dr K Palmer(ROOD)

This 30 year old man has a previous history of intravenous drug abuse. He has not abused drugs intravenously for the last eight years but is taking Methodone and Diazepam. As you said in your letter, he has a 4½ year history of heartburn with regurgitation and these symptoms are worse when he lies down. Unusually, the Omeprazole and Lansoprazole have not helped at all but he does find that Ranitidine at quite high doses affords some relief. There are no alarm features such as dysphagia. In addition he has a typical abdominal pain that isn't typical of ulcer disease or of irritable bowel syndrome.

There are no findings within the abdomen.

Clearly he may well have significant and resistant gastro-oesophageal reflux disease and obviously should undergo endoscopy with this in mind. There are challenges; particularly he, I am sure, will be a difficult subject to endoscope even with optimal sedation. Therapeutically I think he is also going to be challenging, in particular if he does not have a large hiatus hernia or evidence of oesophagitis then response to anti-reflux operation will be poor. I fear, therefore, that he may have a form of difficult dysfunctional dyspepsia but clearly have an open mind and it is obvious that we do need to undertake endoscopy at least to clarify matters.

Yours sincerely

Dr KEL PALMER
Consultant Physician
cc: Val McCran, Waiting List, RGH

Referrals

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Drug Problem Service LI Basic Sign Referral
Urgency of referral	Urgent
Date of referral	19/07/2023
Date submitted	19/07/2023
UCPN	101030222242B

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2009811259	2-17 NORTHFIELD DRIVE	Voice (Mobile) : 07774801461
Name:	MR LEE GILROY	EDINBURGH	
Date of birth:	20/09/1981	EH8 7RW	
Sex:	Male		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. William Chambers (GMC: 7461002)	132 Mountcastle Drive South
Practice:	Southfield Medical Practice (70126)	Edinburgh
Phone:	Voice : 0131 549 7340	EH15 3LL

CLINICAL INFORMATION

Reason for Referral: IVDU on methadone - ex-partner recently murdered - struggling with mental health

Main Referral Text: This man is struggling with his mental health. I am continuing to try to support him and prescribe his methadone but I would be grateful if there is any drug worker/psychology involvement which he could be offered to support him. He is at high risk of drug related death.

Many thanks,
Will Chambers
GP

Examinations and Investigations

Description	Result	Date
Middle name : CLARK		

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Deep vein thrombosis		above knee - left	05/03/2022	05/03/2022
Overdose of drug		overdose valium	05/01/2022	05/01/2022
Tendinitis NOS			15/06/2017	15/06/2017
Oesophagitis			28/11/2016	28/11/2016
Haemorrhoids NOS			19/07/2016	19/07/2016
Overdose of drug			29/08/2005	29/08/2005
Heel bone fracture		- calcaneus	16/08/2003	16/08/2003
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Perianal abscess		- drainage	24/02/1983	24/02/1983
Escherichia coli gastrointestinal tract infection			18/12/1981	18/12/1981

Past procedures (High and Medium Priority)						
<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>		
Drug addictn therap-methadone			25/08/2008	25/08/2008		
Closed reduction of fracture of radius and or ulna			25/09/1993	25/09/1993		
Premature baby			20/09/1981	20/09/1981		

Current medication (Active Repeat medication issued within the last 12 months)						
<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Macrogol compound oral powder sachets NPF sugar free	sachet	TAKE ONE SACHET DAILY. REFER[more]		04/04/2023		04/04/2023

Recent medication (Any medication issued within last 90 days not shown above)						
<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Capasal Therapeutic shampoo (Dermal Laboratories Ltd)	ml	APPLY DAILY AS REQUIRED		19/07/2023		19/07/2023
Macrogol compound oral powder sachets NPF sugar free	sachet	TAKE ONE SACHET DAILY. REFER [more]		19/07/2023		19/07/2023
Flucloxacillin 500mg capsules	capsule	TAKE TWO CAPSULES FOUR TIMES DAILY		19/07/2023		19/07/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		19/07/2023		19/07/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		21/06/2023		21/06/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		31/05/2023		31/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		24/05/2023		24/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		11/05/2023		11/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		04/05/2023		04/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		02/05/2023		02/05/2023

Additional information	
Smoking history (Screening):Current smoker	Date Recorded:18-Mar-2021
Smoking history (Encounters):Current smoker	Date Recorded:18-Mar-2021

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Drug Problem Service LI Basic Sign Referral
Urgency of referral	Urgent
Date of referral	19/07/2023
Date submitted	19/07/2023
UCPN	101030222242B

PATIENT DETAILS

CHI number:	2009811259	Contact Details	
Name:	MR LEE GILROY	2 17 NORTHFIELD DRIVE	Voice (Mobile) : 07774801461
Date of birth:	20/09/1981	EDINBURGH	
Sex:	Male	EH8 7RW	

REFERRING PRACTITIONER DETAILS

Name:	Dr. William Chambers (GMC: 7461002)	Practice address
Practice:	Southfield Medical Practice (70126)	132 Mountcastle Drive South
Phone:	Voice : 0131 549 7340	Edinburgh EH15 3LL

CLINICAL INFORMATION

Reason for Referral: IVDU on methadone ex partner recently murdered struggling with mental health

Main Referral Text: This man is struggling with his mental health. I am continuing to try to support him and prescribe his methadone but I would be grateful if there is any drug worker/psychology involvement which he could be offered to support him. He is at high risk of drug related death.

Many thanks,
Will Chambers
GP

Examinations and Investigations

Description Result Date

Middle name : CLARK

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Deep vein thrombosis		above knee - left	05/03/2022	05/03/2022
Overdose of drug		overdose valium	05/01/2022	05/01/2022
Tendinitis NOS			15/06/2017	15/06/2017
Oesophagitis			28/11/2016	28/11/2016
Haemorrhoids NOS			19/07/2016	19/07/2016
Overdose of drug			29/08/2005	29/08/2005
Heel bone fracture		- calcaneus	16/08/2003	16/08/2003
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Perianal abscess		- drainage	24/02/1983	24/02/1983
Escherichia coli gastrointestinal tract infection			18/12/1981	18/12/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap-methadone			25/08/2008	25/08/2008
Closed reduction of fracture of radius and or ulna			25/09/1993	25/09/1993
Premature baby			20/09/1981	20/09/1981

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Macrogol compound oral powder sachets NPF sugar free	sachet	TAKE ONE SACHET DAILY. REFER[more]		04/04/2023		04/04/2023

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Capasal Therapeutic shampoo (Dermal Laboratories Ltd)	ml	APPLY DAILY AS REQUIRED		19/07/2023		19/07/2023
Macrogol compound oral powder sachets NPF sugar free	sachet	TAKE ONE SACHET DAILY. REFER[more]		19/07/2023		19/07/2023
Flucloxacillin 500mg capsules	capsule	TAKE TWO CAPSULES FOUR TIMES DAILY		19/07/2023		19/07/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		19/07/2023		19/07/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		21/06/2023		21/06/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		31/05/2023		31/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		24/05/2023		24/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		11/05/2023		11/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		04/05/2023		04/05/2023
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		02/05/2023		02/05/2023

Additional information

Smoking history (Screening):Current smoker Date Recorded:18-Mar-2021

Smoking history (Encounters):Current smoker Date Recorded:18-Mar-2021

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery LI Hernia Direct
Urgency of referral	Urgent
Date of referral	13/12/2022
Date submitted	13/12/2022
UCPN	101028226230X

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	2 17 NORTHFIELD DRIVE	Voice (Mobile) : 07717878734
Name:	MR LEE GILROY	EDINBURGH	
Date of birth:	20/09/1981	EH8 7RW	
Sex:	Male		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Peter Dorward (GMC: 3135002)	132 Mountcastle Drive South
Practice:	Southfield Medical Practice (70126)	Edinburgh
Phone:	Voice : 0131 549 7340	EH15 3LL

CLINICAL INFORMATION

Reason for Referral: ?Femoral hernia

Main Referral Text: Dear colleague,

I would be grateful if you would see this 40-year-old who presents with a three week history of discomfort in the right groin, not associated with any specific injury.

He has a history of DVTs, and a history of intravenous drug use, but has been abstinent from this for sometime.

On examination, he has a small area of localised swelling, inferior to the inguinal ligament, and medial to the femoral artery. It is reducible, and is non-tender, and there is little by way of cough impulse.

He is not overweight, but has early COPD.

Clinically, I thought he had a femoral hernia, and I would be grateful if you could be seen promptly as an outpatient.

With Best wishes

Examinations and Investigations

Description Result Date

Middle name : CLARK

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Type of hernia :	Femoral Hernia	
Location of hernia :	Right	
Is the hernia recurrent :	No	
Is the hernia associated with pain/discomfort :	Yes	
Is the patient suitable for One Stop Surgery :	No	
Urine dipstick: glycosuria? :	No	
No current medication :	No	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Deep vein thrombosis		above knee - left	05/03/2022	05/03/2022
Overdose of drug		overdose valium	05/01/2022	05/01/2022
Tendinitis NOS			15/06/2017	15/06/2017

Oesophagitis		28/11/2016	28/11/2016
Haemorrhoids NOS		19/07/2016	19/07/2016
Overdose of drug		29/08/2005	29/08/2005
Heel bone fracture	calcaneus	16/08/2003	16/08/2003
Accident caused by gunshot wound NOS		07/02/1999	07/02/1999
Perianal abscess	drainage	24/02/1983	24/02/1983
Escherichia coli gastrointestinal tract infection		18/12/1981	18/12/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap-methadone			25/08/2008	25/08/2008
Closed reduction of fracture of radius and or ulna			25/09/1993	25/09/1993
Premature baby			20/09/1981	20/09/1981

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Apixaban 5mg tablets	tablet	1 BD		08/03/2022		13/12/2022

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		13/12/2022		13/12/2022
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		19/10/2022		19/10/2022
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY. DISPENSE DAILY. [more]		12/10/2022		12/10/2022
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		05/10/2022		05/10/2022
Methadone 1mg/ml oral solution sugar free	ml	110ML DAILY SUPERVISED, START[more]		28/09/2022		28/09/2022

Additional information

Smoking history (Screening):Current smoker Date Recorded:18-Mar-2021
Smoking history (Encounters):Current smoker Date Recorded:18-Mar-2021

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	05/04/2019
Date submitted	05/04/2019
UCPN	101018422198G

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. David Malakoty (GMC: 6167739)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice LLP (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: CHRONIC PAIN SERVICE ASSESSMENT REQUEST PLEASE

Main Referral Text: Once again this man has re presented requesting referral to your service. I note that he had missed multiple appointments, and have highlighted to him the importance of attending any further appointments offered, given that he keeps requesting further referral.

If you offer him an appointment on one further occasion, then thanks in advance.

Yours sincerely

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Oesophagitis		and gastritis	28/11/2016	28/11/2016
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
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Anusol Suppositories	24 suppository	INSERT 1-2 DAILY	12/05/2015	05/10/2018
Peptac Liquid (peppermint)	1000 ML	10ML PRN	27/07/2012	22/11/2018

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diazepam Tablets 2 mg	112 tablet	FOUR DAILY. DISPENSE WEEKLY. TO START 5/5.		04/04/2019	28 Days	04/04/2019
Methadone 1 Mg/MI Oral solution	2520 ml	90 MLD DAILY. DISPENSE TUESDAY AND FRIDAY. TO START 5/5. ALLOW FOR SHOP CLOSURE.		04/04/2019	28 Days	04/04/2019
Diazepam Tablets 2 mg	8 tablet	4 tabs Daily		03/04/2019	42 Days	03/04/2019
Methadone 1 Mg/MI Oral solution	180 ml	90 MLS DAILY		03/04/2019	42 Days	03/04/2019
Diazepam Tablets 2 mg	28 tablet	4 TABLETS DAILY		27/03/2019	42 Days	27/03/2019
Methadone 1 Mg/MI Oral solution	630 ml	90ML DAILY		27/03/2019	42 Days	27/03/2019
Diazepam Tablets 2 mg	84 tablet	FOUR TABLETS DAILY DISPENSE 28 WEEKLY. TO START 6/3/19.		06/03/2019	42 Days	06/03/2019
Methadone 1 Mg/MI Oral solution	1890 ml	90MLS DAILY. DISPENSE 630MLS WEEKLY TO START 6/3/19		06/03/2019	42 Days	06/03/2019
Diazepam Tablets 2 mg	56 tablet	FOUR TABLETS DAILY - DISPENSE 28 WEEKLY. TO START 20/2/19.		20/02/2019	42 Days	20/02/2019
Methadone 1 Mg/MI Oral solution	1260 ml	90MLS DAILY. DISPENSE 630MLS WEEKLY TO START 20/2/19.		20/02/2019	42 Days	20/02/2019
Methadone 1 Mg/MI Oral solution	2520 ML	90ML DAILY. DISPENSE 630ML WEEKLY. DUE TO START ON 23RD JAN ALLOW SHOP CLOSURE		20/12/2018	76 Days	23/01/2019
Diazepam Tablets 2 mg	112 TABLET	4 TABLETS DAILY. DISPENSE 28 TABLETS WEEKLY DUE TO START ON 23RD JAN BUT ALLOW SHOP CLOSURE		20/12/2018	76 Days	23/01/2019

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Sugar Free methadone			20/02/2013	20/02/2013
Sugar Free methadone			05/10/2012	05/10/2012
Sugar Free methadone			06/09/2012	06/09/2012
Sugar Free methadone			10/08/2012	10/08/2012
Sugar Free methadone			27/07/2012	27/07/2012
Sugar Free methadone			27/07/2012	27/07/2012

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

Patient Weight in Kilograms:79

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	19/09/2017
Date submitted	19/09/2017
UCPN	101014505957E

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Joanna Stenke (GMC: 6120435)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: REQUEST FOR ASSESSMENT PLEASE

Main Referral Text: This 35yr old man has contacted me, asking me to re refer him to your service. I believe that he has again missed a recent appointment, and he has now been informed by your service that his GP would need to refer him back if he still wished to be seen. He is very keen and I would be grateful if he could be sent a further appointment.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Oesophagitis		and gastritis	28/11/2016	28/11/2016
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Esomeprazole Gastro-resistant Capsules 40	56 capsule	1 TAB DAILY		07/02/2017		14/08/2017

mg				
Ranitidine Tablets 150 mg	56 tablet	ONE AT NIGHT AS PER HOSPITAL ADVICE	07/02/2017	02/05/2017
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION	12/05/2015	02/05/2017
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS	12/05/2015	02/05/2017
Anusol Suppositories	24 suppository	INSERT 1 2 DAILY	12/05/2015	02/05/2017
Peptac Liquid (peppermint)	1000 ML	10ML PRN	27/07/2012	14/09/2017

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diazepam Tablets 2 mg	8 tablet	4 DAILY DISPENSE IN FULL WED 2/8/17 ESKSIDE TO COVER GAP IN SUPPLY BEFORE NEXT SCRIPT STARTS		02/08/2017	42 Days	02/08/2017
Diazepam Tablets 2 mg	336 tablet	4 DAILY DISPENSE WEDNESDAY AND FRIDAYS START DATE 4/8/17 ESKSIDE		31/07/2017	42 Days	31/07/2017
Methadone 1 Mg/MI Oral solution	8400 ml	100ML DAILY PLEASE DISPENSE 200ML ON WEDNESDAY AND 500ML ON FRIDAYS ALLOW FOR SHOP CLOSURE START DATE 4/8/17 ESKSIDE		31/07/2017	42 Days	31/07/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

Patient Weight in Kilograms:79

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Trauma and Orthopaedic Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	20/06/2017
Date submitted	20/06/2017
UCPN	101013899182E

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Joanna Stenke (GMC: 6120435)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: TO: MUSCULOSKELETAL OPD @ ROODLANDS HOSPITAL please

Main Referral Text: I would be grateful if you could see this 35yr old man, who has had several months of pain in the right elbow radiating down the forearm, which clinically seems to be consistent with tendonitis. This has been deteriorating and now he is struggling to have any meaningful function of the right arm. He is unable to tolerate any oral anti inflammatories, but is using an anti inflammatory gel and tubigrip for support.

In addition, he has a chronic problem going back many years in his left knee involving the infra-patellar tendon area, where he had a laceration from glass which has healed leaving a swelling. He has had pain in the left knee for years, and intermittently feels that his knee locks. He is keen to see if any specific treatment options might be available for this, and I wonder whether a steroid injection may be an option to explore.

I am very grateful for your opinion.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Tendinitis NOS		R elbow	15/06/2017	15/06/2017
Oesophagitis		and gastritis	28/11/2016	28/11/2016
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Ranitidine Tablets 150 mg	56 tablet	ONE AT NIGHT AS PER HOSPITAL ADVICE		07/02/2017		02/05/2017
Esomeprazole Gastro resistant Capsules 40 mg	56 capsule	1 TAB DAILY		07/02/2017		05/06/2017
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION		12/05/2015		02/05/2017
Anusol Suppositories	24 suppository	INSERT 1-2 DAILY		12/05/2015		02/05/2017
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS		12/05/2015		02/05/2017
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		05/06/2017

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diclofenac Diethylammonium Gel 1.16 %	100 gram	APPLY 3 TIMES DAILY		15/06/2017	42 Days	15/06/2017
Methadone 1 Mg/ML Oral solution	9555 ml	105ML DAILY PLEASE DISPENSE 210ML ON WEDNESDAYS AND 525ML ON FRIDAYS START DATE 5/5/17 ESKSIDE ALLOW FOR SHOP CLOSURE		04/05/2017	42 Days	04/05/2017
Diazepam Tablets 2 mg	364 tablet	4 DAILY PLEASE DISPENSE WEDNESDAYS AND FRIDAYS		02/05/2017	42 Days	02/05/2017
Methadone 1 Mg/ML Oral solution	10010 ml	105ML DAILY PLEASE DISPENSE 220ML ON WEDNESDAYS AND 550ML ON FRIDAYS START DATE 3/5/17 ESKSIDE ALLOW FOR SHOP CLOSURE		02/05/2017	42 Days	02/05/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

Patient Weight in Kilograms:79

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	11/05/2017
Date submitted	11/05/2017
UCPN	101013624463T

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Joanna Stenke (GMC: 6120435)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: REQUEST FOR ASSESSMENT PLEASE

Main Referral Text: I would be very grateful if this 35yr old man could be re appointment for your service. He had missed an appointment recently and been discharged due to that [please see attachments].

The missed appointment was due to a mix up and he is keen to be re-appointed for his ongoing back pain problems.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Oesophagitis		and gastritis	28/11/2016	28/11/2016
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
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Esomeprazole Gastro-resistant Capsules 40 mg	56 capsule	1 TAB DAILY	07/02/2017	02/05/2017
Ranitidine Tablets 150 mg	56 tablet	ONE AT NIGHT AS PER HOSPITAL ADVICE	07/02/2017	02/05/2017
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION	12/05/2015	02/05/2017
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS	12/05/2015	02/05/2017
Anusol Suppositories	24 suppository	INSERT 1-2 DAILY	12/05/2015	02/05/2017
Peptac Liquid (peppermint)	1000 ML	10ML PRN	27/07/2012	02/05/2017

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone 1 Mg/MI Oral solution	9555 ml	105ML DAILY PLEASE DISPENSE 210ML ON WEDNESDAYS AND 525ML ON FRIDAYS START DATE 5/5/17 ESKSIDE ALLOW FOR SHOP CLOSURE		04/05/2017	42 Days	04/05/2017
Methadone 1 Mg/MI Oral solution	10010 ml	105ML DAILY PLEASE DISPENSE 220ML ON WEDNESDAYS AND 550ML ON FRIDAYS START DATE 3/5/17 ESKSIDE ALLOW FOR SHOP CLOSURE		02/05/2017	42 Days	02/05/2017
Diazepam Tablets 2 mg	364 tablet	4 DAILY PLEASE DISPENSE WEDNESDAYS AND FRIDAYS		02/05/2017	42 Days	02/05/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

Patient Weight in Kilograms:79

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	12/01/2017
Date submitted	12/01/2017
UCPN	101012822439M

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	DR SUSAN MCKINNON (GMC: GPLOCUM)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: Pain Clinic

Main Referral Text: Dear Team

This man was referred by my colleague Dr Stenke in Oct 2016. He tells me that he defaulted his appointment as he was finding himself to busy with family commitments.

He was in to see me to complain that his chronic back pain is really getting him down and is making him feel tense and irritable.

Non steriodals are contraindicated due to a recent finding of oesophagitis and as you will know he is on quite a high dose of Methadone.

See enclosed original referral and Lee promises he will attend this time.

Many thanks.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Oesophagitis		and gastritis	28/11/2016	28/11/2016
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION		12/05/2015		05/09/2016
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS		12/05/2015		22/12/2016
Anusol Suppositories	24 suppository	INSERT 1-2 DAILY		12/05/2015		21/09/2016
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		11/01/2017

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Scheriproct Suppositories	12 suppository	ONE TO BE INSERTED EACH DAY AFTER A BOWEL MOVEMENT		09/12/2016	56 Days	23/12/2016
Esomeprazole Gastro-resistant Capsules 40 mg	56 capsule	1 TAB DAILY		01/12/2016	42 Days	01/12/2016
Ranitidine Tablets 150 mg	56 tablet	1 TAB AT NIGHT		01/12/2016	42 Days	01/12/2016
Diazepam Tablets 2 mg	280 tablet	4 OD DISPENSE ON WEDNESDAYS AND FRIDAYS ESKSIDE		01/12/2016	42 Days	01/12/2016
Methadone 1 Mg/MI Oral solution	8750 ml	125 MLS DAILY PO DAILY DISPENSE 250MLS ON WED AND 625MLS ON FRIDAYS ALLOWING FOR SHOP CLOSURE ESKSIDE		01/12/2016	42 Days	01/12/2016
Betnovate Cream 0.1 %	100 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY		01/12/2016	42 Days	01/12/2016
Methadone 1 Mg/MI Oral solution	125 ml	125ML DAILY PLEASE DISPENSE 125ML ON 1/12/16 TO BE TAKEN ON 1/12/16 ESKSIDE PHARMACY		01/12/2016	42 Days	01/12/2016
Diazepam Tablets 2 mg	56 tablet	4 OD DISPENSE ON WEDNESDAYS & FRIDAYS ESKSIDE		16/11/2016	42 Days	16/11/2016
Methadone 1 Mg/MI Oral solution	1890 ml	135ML PO DAILY DISPENSE 270MLS ON WEDNESDAYS & 675ML ON FRIDAYS ESKSIDE ALLOW FOR SHOP CLOSURE		16/11/2016	42 Days	16/11/2016
Diazepam Tablets 2 mg	112 tablet	4 DAILY PLEASE DISPENSE ON WEDNESDAYS AND FRIDAYS ESKSIDE		18/10/2016	42 Days	18/10/2016

Methadone 1 Mg/MI Oral solution	3780 ml	135ML DAILY PLEASE DISPENSE 270ML ON WEDNESDAYS AND 675ML ON FRIDAYS ESKSIDE ALLOW FOR SHOP CLOSURE START DATE 19/10/16	18/10/2016	42 Days	18/10/2016
Diazepam Tablets 2 mg	4 tablet	4 TABLETS DAILY PLEASE DIPENSE TODAY 18/10/16 ESKSIDE	18/10/2016	42 Days	18/10/2016
Methadone 1 Mg/MI Oral solution	135 ml	135ML DAILY PLEASE DISPENSE TODAY 18/10/16 ESKSIDE	18/10/2016	42 Days	18/10/2016
Lansoprazole Capsules (Gastro- Resistant) 30 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY	05/09/2016		03/11/2016

Additional information

Smoking history (Encounters):Current smoker Date recorded:17 Jul 2012

Patient Weight in Kilograms:79

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical L GI - Upper (AN)
Urgency of referral	Urgent
Date of referral	06/09/2016
Date submitted	06/09/2016
UCPN	101012085511V

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Susannah Ewens (GMC: 7041299)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: URGENT REQUEST PLEASE

Main Referral Text: This 34yr old man has been referred previously to your service regarding symptoms of heartburn, abdominal pain and vomiting. I believe that he did not attend an appointment in Feb 2016, but tells me that since then he did attend for endoscopy but that this could not be performed because he had had some coffee to drink. He is really struggling with symptoms and wonder if you would consider providing him with a further appointment.

The main issues are of heartburn and abdominal pain with vomiting. This is very severe on days when it occurs, but he can have days when he is fine. There is no blood in the vomit. He tends to be very constipated, but is on Methadone and moves his bowels twice per week sometimes with some red blood. He also has haemorrhoids, which are presumed the reason for this. He has tried Omeprazole and Ranitidine and is currently on Lansoprazole, but is using a maximum dose of Peptac with this and is still struggling. His H.pylori is negative.

I would be very grateful for an appointment for endoscopy +/- review for him, as you feel is appropriate.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency.</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION		12/05/2015		05/09/2016
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS		12/05/2015		19/07/2016
Anusol Suppositories	24 suppository	INSERT 1 2 DAILY		12/05/2015		24/08/2016
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		31/08/2016

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency.</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Lansoprazole Capsules (Gastro Resistant) 30 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		05/09/2016		05/09/2016
Diazepam Tablets 2 mg	280 tablet	5 TABS DAILY PLEASE DISPENSE ON WEDNESDAYS AND FRIDAYS ESKSIDE		27/07/2016	56 Days	27/07/2016
Methadone 1 Mg/ML Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON WEDNESDAYS AND 675ML ON FRIDAYS ESKSIDE		27/07/2016	42 Days	27/07/2016
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		23/05/2016	128 Days	03/08/2016

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

Patient Weight in Kilograms:79

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical L GI - Upper (AN)
Urgency of referral	Routine
Date of referral	10/02/2016
Date submitted	10/02/2016
UCPN	1010108122833

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Fergal Nally (GMC: 4003911)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: RE:REFERRAL REQUEST PLEASE

Main Referral Text: Please may I re refer this patient and ask that you offer him a further appointment. He recently missed attending an appointment offered him, but has assured me that he will attend any further appointment offered to him.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION		12/05/2015		12/05/2015

Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS	12/05/2015	24/11/2015
Anusol Suppositories	24 suppository	INSERT 1-2 DAILY	12/05/2015	28/01/2016
Ranitidine Tablets 300 mg	112 TABLET	1 TAB TWICE DAILY	26/02/2014	12/01/2016
Peptac Liquid (peppermint)	1000 ML	10ML PRN	27/07/2012	09/02/2016

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone 1 Mg/MI Oral solution	7560 ml	135ML OD DISPENSE 270MLS ON MONDAY AND WEDNESDAY AND 405ML ON FRIDAY ESKSIDE PHARMACY DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		25/01/2016	57 Days	09/02/2016
Diazepam Tablets 5 mg	112 tablet	2 OD DISPENSE WEDNESDAY AND FRIDAY ESKSIDE PHARMACY DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		25/01/2016	57 Days	09/02/2016
Diazepam Tablets 2 mg	168 tablet	3 OD DISPENSE WEDNESDAYS & FRIDAYS ESKSIDE PHARMACY DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		25/01/2016	57 Days	09/02/2016
Methadone 1 Mg/MI Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS ALLOW FOR SHOP CLOSURES START DATE 16/12		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 5 mg	112 tablet	2 DAILY PLEASE DISPENSE WED AND FRIDAYS ALLOW FOR SHOP CLOSURE START DATE 16/12 TOTAL DOSE 18MG		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 2 mg	224 tablet	4 DAILY PLEASE DISPENSE WED AND FRIDAYS ALLOW FOR SHOP CLOSURE START 16/12 TOTAL DOSE 18MG		15/12/2015	42 Days	15/12/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy East Lothian - Roodlands Hospital L Physiotherapy
Urgency of referral	Urgent
Date of referral	23/12/2015
Date submitted	23/12/2015
UCPN	1010105510940

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Joanna Stenke (GMC: 6120435)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: URGENT PHYSIOTHERAPY

Main Referral: Dear Team

Text: This man is awaiting a routine appointment for the physio service but I would be grateful if this could be expedited if possible to urgent. He is struggling increasingly with his sciatica pain and management of this is difficult. It has been felt that he would benefit from more urgent physio input.

He was referred in September and I believe is awaiting an appointment still.

Many thanks.

Investigations

Description **Result** **Date**

Time since onset? (Weeks) : 0-3

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION		12/05/2015		12/05/2015
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS		12/05/2015		24/11/2015
Anusol Suppositories	24 suppository	INSERT 1 2 DAILY		12/05/2015		07/12/2015
Ranitidine Tablets 300 mg	112 TABLET	1 TAB TWICE DAILY		26/02/2014		15/12/2015
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		15/12/2015

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone 1 Mg/MI Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS ALLOW FOR SHOP CLOSURES START DATE 16/12		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 5 mg	168 tablet	3 DAILY PLEASE DISPENSE MONDAYS WEDNESDAYS AND FRIDAYS START DATE 16/12 TOTAL DOSE 18MG DAILY		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 5 mg	112 tablet	2 DAILY PLEASE DISPENSE WED AND FRIDAYS ALLOW FOR SHOP CLOSURE START DATE 16/12 TOTAL DOSE 18MG		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 2 mg	224 tablet	4 DAILY PLEASE DISPENSE WED AND FRIDAYS ALLOW FOR SHOP CLOSURE START 16/12 TOTAL DOSE 18MG		15/12/2015	42 Days	15/12/2015
Methadone 1 Mg/MI Oral solution	1890 ml	135ML DAILY FOR 2 WEEK DAILY SUPERVISED CONSUMPTION PLEASE ALLOW 135ML DAILY PLUS EXTRA 135ML ON THE SATURDAY TO TAKE AWAY FOR SUNDAYS START 2/11/15		22/10/2015	42 Days	22/10/2015
Methadone 1 Mg/MI Oral solution	4050 ml	135ML DAILY START DATE 16/11/15 PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS ALLOWING FOR SHOP CLOSURE		22/10/2015	42 Days	22/10/2015
Tramadol Hydrochloride Capsules 50 mg	100 capsule	1 CAP 4 TIMES DAILY PRN		20/10/2015	42 Days	20/10/2015
Co-Codamol 30/500 Tablets	448 tablet	2 TABS 4 TIMES DAILY WEEKLY DISPENSE		20/10/2015	42 Days	20/10/2015
Diazepam Tablets 5 mg	224 TABLET	4 TABS DAILY PLEASE DISPENSE TWICE WEEKLY START DATE 21/10/15		20/10/2015	43 Days	21/10/2015
Methadone 1 Mg/MI Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS START DATE 20/10		20/10/2015	42 Days	20/10/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical L GI - Upper (AN)
Urgency of referral	Routine
Date of referral	23/12/2015
Date submitted	23/12/2015
UCPN	1010105504604

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Joanna Stenke (GMC: 6120435)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: UPPER GI ENDOSCOPY

Main Referral: Dear Team

Text: I would be very grateful if this man could be seen for consideration of an upper GI endoscopy. He has had heartburn for many years but it has got to absolutely awful levels at this point with his drinking about a litre of peptac every couple of days. In addition he has been taking Ranitidine 300mg twice a day.

Given the uncontrolled nature of the symptoms and the escalation over the last month, I would be very grateful if he could be seen relatively soon for clarification of any underlying pathology.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION		12/05/2015		12/05/2015
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS		12/05/2015		24/11/2015
Anusol Suppositories	24 suppository	INSERT 1-2 DAILY		12/05/2015		07/12/2015
Ranitidine Tablets 300 mg	112 TABLET	1 TAB TWICE DAILY		26/02/2014		15/12/2015
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		15/12/2015

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone 1 Mg/MI Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS ALLOW FOR SHOP CLOSURES START DATE 16/12		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 5 mg	168 tablet	3 DAILY PLEASE DISPENSE MONDAYS WEDNESDAYS AND FRIDAYS START DATE 16/12 TOTAL DOSE 18MG DAILY		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 5 mg	112 tablet	2 DAILY PLEASE DISPENSE WED AND FRIDAYS ALLOW FOR SHOP CLOSURE START DATE 16/12 TOTAL DOSE 18MG		15/12/2015	42 Days	15/12/2015
Diazepam Tablets 2 mg	224 tablet	4 DAILY PLEASE DISPENSE WED AND FRIDAYS ALLOW FOR SHOP CLOSURE START 16/12 TOTAL DOSE 18MG		15/12/2015	42 Days	15/12/2015
Methadone 1 Mg/MI Oral solution	1890 ml	135ML DAILY FOR 2 WEEK DAILY SUPERVISED CONSUMPTION PLEASE ALLOW 135ML DAILY PLUS EXTRA 135ML ON THE SATURDAY TO TAKE AWAY FOR SUNDAYS START 2/11/15		22/10/2015	42 Days	22/10/2015
Methadone 1 Mg/MI Oral solution	4050 ml	135ML DAILY START DATE 16/11/15 PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS ALLOWING FOR SHOP CLOSURE		22/10/2015	42 Days	22/10/2015
Tramadol Hydrochloride Capsules 50 mg	100 capsule	1 CAP 4 TIMES DAILY PRN		20/10/2015	42 Days	20/10/2015
Co-Codamol 30/500 Tablets	448 tablet	2 TABS 4 TIMES DAILY WEEKLY DISPENSE		20/10/2015	42 Days	20/10/2015
Diazepam Tablets 5 mg	224 TABLET	4 TABS DAILY PLEASE DISPENSE TWICE WEEKLY START DATE 21/10/15		20/10/2015	43 Days	21/10/2015
Methadone 1 Mg/MI Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS START DATE 20/10		20/10/2015	42 Days	20/10/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	09/11/2015
Date submitted	09/11/2015
UCPN	101010287591N

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 0131 665 8458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07 971 697 066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Joanna Stenke (GMC: 6120435)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: REQUEST FOR ASSESSMENT APPOINTMENT PLEASE

Main Referral: I would be grateful if this 34yr old man could be offered a further appointment for the Pain clinic.

Text: He had failed to attend appointments offered by your service, but is apologetic for this and does feel that he needs input from your team. He is struggling increasingly with severe chronic back pain. He states to me that he will definitely attend any further appointment offered him and I wonder if he could be given a further chance.

Many thanks.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
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Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION	12/05/2015	12/05/2015
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS	12/05/2015	15/10/2015
Anusol Suppositories	24 suppository	INSERT 1 2 DAILY	12/05/2015	15/10/2015
Ranitidine Tablets 300 mg	60 tablet	1 TAB DAILY	26/02/2014	27/10/2015
Peptac Liquid (peppermint)	1000 ML	10ML PRN	27/07/2012	09/11/2015

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone 1 Mg/MI Oral solution	1890 ml	135ML DAILY FOR 2 WEEK DAILY SUPERVISED CONSUMPTION PLEASE ALLOW 135ML DAILY PLUS EXTRA 135ML ON THE SATURDAY TO TAKE AWAY FOR SUNDAYS START 2/11/15		22/10/2015	42 Days	22/10/2015
Methadone 1 Mg/MI Oral solution	4050 ml	135ML DAILY START DATE 16/11/15 PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS ALLOWING FOR SHOP CLOSURE		22/10/2015	42 Days	22/10/2015
Tramadol Hydrochloride Capsules 50 mg	100 capsule	1 CAP 4 TIMES DAILY PRN		20/10/2015	42 Days	20/10/2015
Co-Codamol 30/500 Tablets	448 tablet	2 TABS 4 TIMES DAILY WEEKLY DISPENSE		20/10/2015	42 Days	20/10/2015
Diazepam Tablets 5 mg	224 TABLET	4 TABS DAILY PLEASE DISPENSE TWICE WEEKLY START DATE 21/10/15		20/10/2015	43 Days	21/10/2015
Methadone 1 Mg/MI Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS 270ML ON WEDNESDAYS AND 405ML ON FRIDAYS START DATE 20/10		20/10/2015	42 Days	20/10/2015
Diazepam Tablets 5 mg	280 tablet	5 TABLETS DAILY DISPENSE TWICE WEEKLY ESKSIDE CHEMIST DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		25/08/2015	42 Days	25/08/2015
Methadone 1 Mg/MI Oral solution	7560 ml	135ML OD DISPENSE 270ML ON MONDAY & WEDNESDAY AND 405ML ON FRIDAYS FROM ESKSIDE CHEMIST		29/07/2015	69 Days	25/08/2015
Co-Codamol 30/500 Tablets	448 tablet	1 OR 2 QDS PRN FOR PAIN FROM ESKSIDE CHEMIST DISPENSE 56 WEEKLY DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		29/07/2015	69 Days	25/08/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy East Lothian - Roodlands Hospital L Physiotherapy
Urgency of referral	Routine
Date of referral	14/09/2015
Date submitted	14/09/2015
UCPN	1010099577052

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Joanna Stenke (GMC: 6120435)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: REQUEST FOR ASSESSMENT PLEASE

Main Referral Text: Please can I re refer this 33yr old man to your service. He tells me that he did not receive an appointment from you previously, as it was posted into his neighbours mailbox and this is the reason why he did not attend.

I have attached a recent report from DCN at the WGH for further information.

Many thanks.

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Time since onset? (Weeks) : 0-3		

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION		12/05/2015		12/05/2015
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS		12/05/2015		12/05/2015
Anusol Suppositories	24 suppository	INSERT 1-2 DAILY		12/05/2015		03/09/2015
Ranitidine Tablets 300 mg	60 tablet	1 TAB DAILY		26/02/2014		04/09/2015
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		04/09/2015

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diazepam Tablets 5 mg	280 tablet	5 TABLETS DAILY DISPENSE TWICE WEEKLY ESKSIDE CHEMIST DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		25/08/2015	42 Days	25/08/2015
Diazepam Tablets 5 mg	224 tablet	4 OD DISPENSE TWICE WEEKLY ESKSIDE CHEMIST DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		29/07/2015	42 Days	29/07/2015
Methadone 1 Mg/MI Oral solution	7560 ml	135ML OD DISPENSE 270ML ON MONDAY & WEDNESDAY AND 405ML ON FRIDAYS FROM ESKSIDE CHEMIST		29/07/2015	69 Days	25/08/2015
Co-Codamol 30/500 Tablets	448 tablet	1 OR 2 QDS PRN FOR PAIN FROM ESKSIDE CHEMIST DISPENSE 56 WEEKLY DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT		29/07/2015	69 Days	25/08/2015
Methadone 1 Mg/MI Oral solution	7560 ml	135ML OD DISPENSE 270ML ON MONDAY & WEDNESDAY AND 405ML ON FRIDAYS FROM ESKSIDE CHEMIST		30/06/2015	42 Days	30/06/2015
Co-Codamol 30/500 Tablets	392 tablet	1 OR 2 QDS PRN FOR PAIN FROM ESKSIDE CHEMIST DISPENSE 56 WEEKLY		30/06/2015	42 Days	30/06/2015
Diazepam Tablets 5 mg	280 tablet	5 OD DISPENSE TWICE WEEKLY ESKSIDE CHEMIST (DESTROY ANY SURPLUS FROM PREVIOUS SCRIPT)		30/06/2015	42 Days	30/06/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent	2015-05-28
Date Submitted	2015-05-28

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number: 1400001226206
1400001226206

CHI No: 2009811259
2009811259

REFERRAL TO

Lothian MSK NHS24 Virtual Hub R502 NHS 24 MSK Referral	— Specialty Name and Protocol
AHP - Physiotherapy SCI Gateway Virtual Location Code	— Hospital Name S014G Email address -

Urgency of referral	Routine
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PATIENT DETAILS		Patient's address
Surname	GILROY	85 WHITECRAIG ROAD WHITECRAIG MUSSELBURGH EH21 8NF
Forename(s)	LEE	
Title	-	
Sex	Male	
Date of birth	1981-09-20	
CHI no.	2009811259	Contact number(s) Voice: 0131 665 8458 OK to contact you via your mobile?: No

REFERRING PRACTITIONER		Organisation address
Practice name	NHS 24 MSK Referral Service	NHS 24 Contact number(s) Voice: 077477 93287

REGISTERED PRACTICE DETAILS		Practice address
Name	JOANNA STENKE	Musselburgh Primary Care Centre Inveresk Road Musselburgh
GMC code	6120435 GP code S4059	
Practice name	RIVERSIDE MEDICAL PRACTICE	

Practice code 76033

Contact number(s)

Voice: 0131 446 4171

Additional Administrative Information**REFERRAL SUMMARY INFORMATION**

What is the main problem you are calling about today?	Pain in back & one leg
How long have you had this problem?	Over 12 Weeks
Do you have pain all the time?	Yes
Is your sleep considerably disturbed by your problem?	Yes
Total STarT Score	7
Are you in paid employment (including self-employed)	No
Are you off work because of the problem you have called us about?	NA
Do you work for a small company (fewer than 250 people) or are self-employed?	NA

CALL DETAILS

Date of call	2015-05-28
Time of call	12:40
If you need to be referred to a healthcare professional, would it be ok to pass on your details?	Yes
Have you contacted this service before?	No
When did you last call this service?	NA
What is the main problem you are calling about today?	Pain in back & one leg

CALL REASON

What was the cause of this problem	Sudden onset: no reason
Other body part	NA
Description of problem	PAIN IN BACK, INTO RIGHT BUTTOCK AND DOWN RIGHT LEG. MRI SCAN SHOWED SCIATICA.
Have you had this problem before	No
Have you had a recent surgical procedure	No
If yes what kind of surgery	NA
When was your operation?	NA
(If female) Are you, or could you be pregnant?	NA

HIGH LEVEL SAFETY QUESTIONS	
Since this problem started have you had a sudden, severe, worsening pain in the middle of your abdomen and upper back?	No
A new or recent problem in being able to pass urine?	No
A new or recent loss of control of your bladder and/or your bowels?	No
Numbness, altered feeling or, pins/needles around your back passage or genitals eg wiping after toilet?	No
Since this problem started have you had any heat, swelling and tenderness in your calf?	No
Since this problem started have you been unable to put any weight at all through your leg(s)?	No
Is your problem being helped by any medication you are taking?	No
Do you have a history of cancer?	No
If Yes what kind?	NA
Have you spoken to your doctor about this problem?	NA
Outcome of any clinical supervision	
Name of clinician	NA
Designation of clinician	NA
Outcome of conversation	NA
Please select rationale for clinical supervision	NA
Additional Infomation	NA

STarT TOOL	
In the last 2 weeks have you had pain in more than one part of your body	Yes
In the last 2 weeks have you only walked short distances because of your pain?	Yes
In the last 2 weeks have you dressed more slowly than usual because of your pain	Yes
In the last 2 weeks has your most painful area been in your hand, wrist, elbow or shoulder	No
Do you feel its unsafe for a person with a condition like yours to be physically active	Yes
Worrying thoughts about your pain have been going through your mind a lot in the last 2 weeks	Yes
Do you feel that your pain is terrible and it's never going to get any better?	Yes
In the last 2 weeks have you not enjoyed the things you usually enjoy because of your pain	No
Overall how bothersome has your pain been in the last 2 weeks	Very much (1)

Sub STarT score	4
Total STarT score	7
Would you like to be referred to your local service	Yes

EVALUATION

Caller is able to access self-management information via Internet	Yes
How did you hear about this service	GP told me
Would you be willing for us to contact you for some feedback in the future	Yes

FINAL OUTCOME OF CALL

Worsening statement given	Yes
Outcome	Self management advice & referral to MSK services

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	14/05/2015
Date submitted	14/05/2015
UCPN	101009241832I

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	DR K GOWING (GMC: GP)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason
for
Referral: REQUEST FOR ASSESSMENT PLEASE

Main
Referral
Text: I wonder if you would kindly see this 33yr old man, who is on a regular Methadone Programme prescription of 135mls daily and Diazepam 30mg daily. He is pretty stable on these prescriptions, however, unfortunately he has had problems with severe lower back pain. A recent MRI [report attached] shows disc degeneration at his thoracic and lumbar spine, but not nerve compression. The plan is for physio referral, but I wonder if you would kindly advise us regarding appropriate analgesia. Unfortunately, Cocodamol and Diclofenac are barely touching the pain and I would appreciate your advice regarding appropriate options, considering his Methadone.

Kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed
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				<u>Date</u>
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	120 sachet	1 -4 TO BE TAKEN EACH DAY AS REQUIRED FOR CONSTIPATION	12/05/2015	12/05/2015
Anusol Cream	43 gram	APPLY TWICE DAILY AND AFTER BOWEL MOVEMENTS	12/05/2015	12/05/2015
Anusol Suppositories	24 suppository	INSERT 1 2 DAILY	12/05/2015	12/05/2015
Ranitidine Tablets 300 mg	60 tablet	1 TAB DAILY	26/02/2014	24/02/2015
Peptac Liquid (peppermint)	1000 ML	10ML PRN	27/07/2012	27/04/2015

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Co-Codamol 30/500 Tablets	448 tablet	1 or 2 Tabs 4 times daily		12/05/2015	56 Days	12/05/2015
Anusol Plus Hc Suppositories	24 suppository	1 TO BE INSERTED TWICE DAILY AND AFTER A BOWEL MOVEMENT		15/04/2015	42 Days	15/04/2015
Methadone 1 Mg/ML Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS AND ON WEDNESDAYS AND 405ML ON FRIDAYS START 8TH APRIL 2015		07/04/2015	42 Days	07/04/2015
Diazepam Tablets 5 mg	126 tablet	6 DAILY PLEASE DISPENSE TWICE WEEKLY START 13/5/15		07/04/2015	42 Days	07/04/2015
Methadone 1 Mg/ML Oral solution	675 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS AND ON WEDNESDAYS AND 405ML ON FRIDAYS		02/04/2015	42 Days	02/04/2015
Diazepam Tablets 5 mg	30 tablet	6 DAILY		02/04/2015	42 Days	02/04/2015
Co-Codamol 30/500 Tablets	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		31/03/2015	42 Days	31/03/2015
Diclofenac Sodium E/c tablets 50 mg	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WITH FOOD		31/03/2015	42 Days	31/03/2015
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30 sachet	TAKE BETWEEN 1 AND 4 SACHETS EACH DAY AS REQUIRED FOR CONSTIPATION		16/03/2015	42 Days	16/03/2015
Diclofenac Sodium E/c tablets 50 mg	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD		04/03/2015	28 Days	04/03/2015
Paracetamol Tablets 500 mg	100 TABLET	1-2 QDS PRN		04/03/2015	42 Days	04/03/2015
Diclofenac Diethylammonium Gel 1.16 %	100 gram	APPLY TDS		04/03/2015	42 Days	04/03/2015
Diazepam Tablets 5 mg	336 tablet	6 DAILY PLEASE DISPENSE TWICE WEEKLY		06/02/2015	81 Days	17/03/2015
Anusol Plus Hc Suppositories	24 suppository	1 TO BE INSERTED TWICE DAILY AND AFTER A BOWEL MOVEMENT		06/02/2015	61 Days	25/02/2015
Anusol Plus Hc Ointment	15 gram	APPLY BD AND AFTER BOWEL MOTION PRN		06/02/2015	81 Days	17/03/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neuroradiology L Neuroradiology
Urgency of referral	Routine
Date of referral	01/04/2015
Date submitted	01/04/2015

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01316658458
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	DR CATRIONA KENNEDY (GMC: GP)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: MRI Lumbar Spine

Main Referral Text: Dear Team

This 33 year old man has a 4 week history of sciatica type pains but has now developed pain into both legs. He describes pins and needles in both of his buttocks are there is no definite sensory defect on exam.

He is extremely uncomfortable in any position and I am concerned that he may have a nerve root compression, I would be grateful for an MRI to confirm this.

Many thanks.

Investigations

Description	Result Date
Cardiac Pacemaker :	No
Intracranial Surgery / Aneurysm Clip :	No
Cochlear Implants :	No
Ferrous metal in the body/orbits :	No
Could the patient be pregnant? :	No

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Colorectal L GI - Colorectal
Urgency of referral	Urgent
Date of referral	11/12/2014
Date submitted	11/12/2014
UCPN	101008387866U

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01315315958
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Fergal Nally (GMC: 4003911)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: REQUEST FOR URGENT ASSESSMENT PLEASE

Main Referral Text: This 33yr old man recently missed/DNAd his appointment with your service.

Could I please request that he be given a further appointment. I have emphasised to him the importance of keeping his hospital appointment.

Many thanks.

Investigations

Description	Result	Date
Age :	Less than 40 years	
Duration of symptoms :	Unknown	
Bleeding PR :	None	
Obstructive Symptoms :	None	
Hb result :	Not Done	
eGFR >30 :	Unknown	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Ranitidine Tablets 300 mg	60 tablet	1 TAB DAILY		26/02/2014		28/11/2014
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		10/12/2014

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone 1 Mg/ML Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS AND ON WEDNESDAYS AND 405ML ON FRIDAYS		10/12/2014	42 Days	10/12/2014
Diazepam Tablets 5 mg	336 tablet	6 DAILY PLEASE DISPENSE TWICE WEEKLY		10/12/2014	42 Days	10/12/2014
Amoxicillin Capsules 500 mg	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY		10/12/2014	5 Days	10/12/2014
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	60 sachet	1 BD		14/10/2014	42 Days	14/10/2014
Diazepam Tablets 5 mg	336 tablet	6 DAILY PLEASE DISPENSE TWICE WEEKLY		07/10/2014	42 Days	14/10/2014
Methadone 1 Mg/ML Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS AND ON WEDNESDAYS AND 405ML ON FRIDAYS		07/10/2014	42 Days	14/10/2014
Methadone 1 Mg/ML Oral solution	945 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS AND ON WEDNESDAYS AND 405ML ON FRIDAYS		01/10/2014	42 Days	07/10/2014
Diazepam Tablets 5 mg	42 tablet	6 OD DISPENSE TWICE WEEKLY		01/10/2014	42 Days	09/10/2014
Scheriproct Suppositories	24 suppository	ONE TO BE INSERTED EACH DAY		22/09/2014	24 Days	22/09/2014
Scheriproct Ointment	2*30 gram	Apply Twice daily		22/09/2014	42 Days	22/09/2014
Lactulose Syrup 3.1-3.7 g/5 ml	300 ml	ONE OR TWO 5ML SPOONFULS TO BE TAKEN BD		22/09/2014	42 Days	22/09/2014

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	10/12/2014
Date submitted	10/12/2014

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01315315958
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr Fergal Nally (GMC: 4003911)	Riverside Medical Practice MPCC
Practice:	The Riverside Practice	Inveresk Road Musselburgh
Phone:	Voice : 0131 4464171	EH21 6BP

INVESTIGATION REQUESTED

Test Requested: Calcaneum/Heel right

Reason for Request: age 33 2003 #R calcaneus now pain R calcaneus & R ankle/metatarsals please XR R ankle R calcaneus & R forefoot
thank you ?OA ?other

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
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Could the patient be pregnant? : Blank

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Colorectal L GI - Colorectal
Urgency of referral	Urgent
Date of referral	22/09/2014
Date submitted	22/09/2014
UCPN	101007932435I

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01315315958
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07971697066
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Richard Fairclough (GMC: 6055926)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason
for
Referral: URGENT REQUEST FOR ASSESSMENT PLEASE

Main
Referral
Text: Please may I refer this 33yr old man with a history of PR bleeding. He presented today with fresh red PR blood and also anal discomfort. He told me that he thought that he had piles, and that in the past he believes that he has felt an external pile and he seems to have been empirically treated with pile creams and suppositories in the recent weeks. He tells me that intermittently he has been getting intermittent bleeding over the past 6yrs now, although it does not appear that he has had any secondary care investigation to date. He is on a Methadone prescription and his bowels tend to be constipated, and at present he does report passing pellet like motions. He tells me that he tries to avoid straining but sometimes this is inevitable.

On examination, there is no obvious evidence of an external pile nor could I see an obvious fissure. On PR exam there were no obvious masses or abnormality.

I have continued his topical pile preparations and have suggested that we try to get his bowels a little bit more regular with some Lactulose. However, in view of his lengthy history and without definite cause for the PR bleeding, I thought it probably best to refer.

Kind regards.

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Age :	Less than 40 years	
Duration of symptoms :	Unknown	
Bleeding PR :	None	
Obstructive Symptoms :	None	
Hb result :	Not Done	
eGFR >30 :	Unknown	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000

Accident caused by gunshot wound NOS	07/02/1999	07/02/1999
Fracture of radius and ulna	25/09/1993	25/09/1993
Born premature NOS	20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Ranitidine Tablets 300 mg	60 tablet	1 TAB DAILY		26/02/2014		23/07/2014
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		18/09/2014

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Scheriproct Suppositories	24 suppository	ONE TO BE INSERTED EACH DAY		22/09/2014	24 Days	22/09/2014
Scheriproct Ointment	2*30 gram	Apply Twice daily		22/09/2014	42 Days	22/09/2014
Lactulose Syrup 3.1-3.7 g/5 ml	300 ml	ONE OR TWO 5ML SPOONFULS TO BE TAKEN BD		22/09/2014	42 Days	22/09/2014
Diazepam Tablets 5 mg	336 tablet	6 DAILY PLEASE DISPENSE TWICE WEEKLY		06/08/2014	42 Days	06/08/2014
Methadone 1 Mg/MI Oral solution	7560 ml	135ML DAILY PLEASE DISPENSE 270ML ON MONDAYS AND ON WEDNESDAYS AND 405ML ON FRIDAYS		06/08/2014	42 Days	06/08/2014
Scheriproct Suppositories	12 suppository	APPLY PRN		06/08/2014	42 Days	06/08/2014
Scheriproct Ointment	60 gram	APPLY PRN		06/08/2014	42 Days	06/08/2014
Anusol Suppositories	12 suppository	INSERT 1-2 DAILY		30/07/2014	42 Days	30/07/2014

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Foot and Ankle L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	23/01/2014
Date submitted	23/01/2014
UCPN	101006603809F

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01312616856
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07855916565
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Mark Grandison (GMC: 4337908)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: REQUEST FOR ASSESSMENT PLEASE

Main Referral: Many thanks for seeing this 32 yr old man, who has recently become a father again and is on a Methadone maintenance prescription as well as Diazepam - he is currently stable.

Text: He has a history of a calcaneal fracture 2003, sustained whilst he was evading the Police and jumped over a wall to find a greater drop on the other side. He has been experiencing greater problems over the last year or so with more pain. He is tender laterally and over his peroneal muscles on that side, and is limping. I asked him to go for an x-ray, but sadly he has not done that so far. He cannot tolerate anti inflammatories due to GORD despite PPI cover.

I wonder whether you would be kind enough as to see him, with review x rays on arrival in your Department, so that we can ascertain whether it is just physiotherapy that he requires or whether your more expert intervention is required.

Many Thanks.

Kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		20/01/2014

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diazepam Tablets 5 mg	336 TABLET	6 TABLETS DAILY DISPENSE TWICE WEEKLY		22/01/2014	42 Days	22/01/2014
Methadone 1 Mg/ML Oral solution	7840 ML	140ML DAY DISPENSE THREE TIMES A WEEK MONDAY WEDNESDAY AND FRIDAY AND ALLOW FOR SHOP CLOSURE		22/01/2014	42 Days	22/01/2014
Co Codamol 15/500 Tablets	100 tablet	1 or 2 Tabs every 4 to 6 hours FOR ANKLE AND HEEL PAINS		22/01/2014	25 Days	22/01/2014
Diazepam Tablets 5 mg	336 TABLET	6 TABLETS DAILY DISPENSE TWICE WEEKLY		27/11/2013	42 Days	27/11/2013
Methadone 1 Mg/ML Oral solution	7840 ML	140ML DAY DISPENSE THREE TIMES A WEEK MONDAY WEDNESDAY AND FRIDAY AND ALLOW FOR SHOP CLOSURE		27/11/2013	42 Days	27/11/2013
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 capsule	TAKE ONE DAILY WHILE TAKING ANTIINFLAMMATORIES		27/11/2013	19 Days	27/11/2013
Diclofenac Sodium E/c tablets 50 mg	84 TABLET(S)	ONE TO BE TAKEN THREE TIMES A DAY WITH FOOD FOR HEEL FRACTURE		27/11/2013	28 Days	27/11/2013
Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % 0.5 %	60 gram	APPLY BD		02/10/2013	42 Days	08/11/2013
Ranitidine Tablets 300 mg	60 tablet	1 TAB DAILY		20/02/2013		28/10/2013

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Roodlands General Hospital General Surgery L General Surgery Referral
Urgency of referral	Routine
Date of referral	10/10/2013
Date submitted	10/10/2013
UCPN	101006094286C

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2009811259	85 Whitecraig Road	Voice (Home) : 01312616856
Name:	Mr Lee Gilroy	MUSSELBURGH	Voice (Mobile) : 07855916565
Date of birth:	20/09/1981	EAST LOTHIAN	
Sex:	Male	EH21 8NF	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Mark Grandison (GMC: 4337908)	Musselburgh Primary Care Centre
Practice:	Riverside Medical Practice (76033)	Inveresk Road
Phone:	Voice : 0131 446 4171	Musselburgh
		EH21 7BP

CLINICAL INFORMATION

Reason for Referral: REQUEST FOR ASSESSMENT PLEASE

Main Referral Text: Many thanks for seeing this young father, who is about to have a 3rd enter the family sometime soon. He complains of symptomatic haemorrhoids for the past few years. He has the undernoted medical history and I wonder whether you would be able to see him with a view to discussing surgical options.

Many thanks.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addictn therap-methadone			25/08/2008	25/08/2008
Drainage of perianal abscess			24/02/1983	24/02/1983

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Ranitidine Tablets 300 mg	60 tablet	1 TAB DAILY		20/02/2013		09/08/2013
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		02/10/2013

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % 0.5 %	60 gram	APPLY BD		02/10/2013	42 Days	02/10/2013
Diazepam Tablets 5 mg	336 TABLET	6 TABLETS DAILY DISPENSE TWICE WEEKLY		02/10/2013	42 Days	02/10/2013
Methadone 1 Mg/ML Oral solution	7840 ML	140ML DAY DISPENSE THREE TIMES A WEEK MONDAY WEDNESDAY AND FRIDAY AND FOR FINAL 2 WEEKS SUPERVISED CONSUMPTION 140ML DAILY AND ALLOW FOR SHOP CLOSURE		02/10/2013	42 Days	02/10/2013
Co Codamol 30/500 Tablets	30 tablet	2 TABS EVERY 4 TO 6 HOURS		24/07/2013	42 Days	24/07/2013
Methadone 1 Mg/ML Oral solution	8120 ML	145ML A DAY DISPENSE THREE TIMES A WEEK ON MONDAY WEDNESDAY AND FRIDAY AND ALLOW FOR SHOP CLOSURE		10/07/2013	42 Days	07/08/2013
Diazepam Tablets 5 mg	336 TABLET	6 TABLETS DAILY DISPENSE TWICE WEEKLY		10/07/2013	42 Days	07/08/2013

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Trauma and Orthopaedic Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	10/09/2012
Date submitted	10/09/2012
UCPN	101004174686B

PATIENT DETAILS		Contact Details
CHI number:	2009811259	43 Delta Road MUSSELBURGH EAST LOTHIAN EH21 8HA
Name:	Mr Lee Gilroy	Voice (Mobile) : 07855 916 565
Date of birth:	20/09/1981	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Mark Grandison (GMC: 4337908)	Musselburgh Primary Care Centre Inveresk Road Musselburgh EH21 7BP
Practice:	Riverside Medical Practice (76033)	
Phone:	Voice : 0131 446 4171	

CLINICAL INFORMATION

Reason
for
Referral:

ORTHOPAEDIC SURGERY

Main
Referral

Dear Doctor

Text:

I wonder whether you would be able to see this 30 year old gentleman who is on the Methadone programme and stable currently on his maintenance prescription who has previously been a heavy intervenous drug user. The state he was in when he fractured his right calcaneum in 2004 when he was registered in the Kirkliston Practice, he was under the influence of intervenous heroin and therefore refused to stay in hospital or have any follow up for what was planned operative repair.

Unsurprisingly since then he has complained of pain and stiffness in his right foot when walking. He is certainly more stable medically and turns up to his appointments on time, has had Hep B immunisations in his previous practice last year. He is now realising the ways he was 8 years ago and wonders whether there is anything that can be done for the pain and stiffness although clearly we are assuming a window has been missed for him for operative intervention but I would appreciate if you would see him with a view to symptomatic advice and whether he perhaps he needs any orthosis to help with his pain and stiffness.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Reflux oesophagitis			05/07/2012	05/07/2012
Overdose of drug		Swallowed 1g Heroin in plastic to avoid police detection. Similar allegation in 2003	29/08/2005	29/08/2005
Fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS			07/02/1999	07/02/1999
Fracture of radius and ulna			25/09/1993	25/09/1993
Born premature NOS			20/09/1981	20/09/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addictn therap-methadone			25/08/2008	25/08/2008

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Ranitidine Tablets 150 mg	60 tablet	1 TAB TWICE DAILY		22/08/2012		06/09/2012
Peptac Liquid (peppermint)	1000 ML	10ML PRN		27/07/2012		06/09/2012

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Methadone Hydrochloride Oral Solution, Sugar Free 1 mg/ml	4480 ml	160ML DAILY DISPENSE 320 ML ON A SATURDAY ALLOW FOR SHOP CLOSURE		10/08/2012	42 Days	06/09/2012
Diazepam Tablets 5 mg	168 tablet	6 DAILY DISPENSE TWICE WEEKLY		10/08/2012	42 Days	06/09/2012
Diazepam Tablets 5 mg	168 tablet	6 DAILY DISPENSE TWICE WEEKLY		03/08/2012	42 Days	27/07/2012
Diazepam Tablets 5 mg	42 tablet	6 DAILY DISPENSE TWICE WEEKLY		03/08/2012	42 Days	03/08/2012
Methadone 1 Mg/ML Oral solution	1120 ml	SUGAR FREE 160ML DAILY DISPENSE 320ML ON A SATURDAY TO ALLOW FOR SHOP CLOSURE		03/08/2012	42 Days	03/08/2012
Methadone Hydrochloride Oral Solution, Sugar Free 1 mg/ml	1120 ml	160ML DAILY DISPENSE 320 ML ON A SATURDAY ALLOW FOR SHOP CLOSURE		27/07/2012	42 Days	27/07/2012
Diazepam Tablets 5 mg	42 tablet	6 DAILY DISPENSE TWICE WEEKLY		27/07/2012	42 Days	27/07/2012

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-Jul-2012

NHS Lothian - Referral Letter

Referral To	Western General Hospital Gastroenterology - Medical L GI - Upper
Urgency of referral	Routine
Date of referral	12/03/2012
Date submitted	12/03/2012
UCPN	101003320963R

PATIENT DETAILS		Contact Details	
CHI number:	2009811259	74 WINDSOR PARK	Voice (Home) : 6294267
Name:	MR LEE GILROY	MUSSELBURGH	Voice (Mobile) : 07967927435
Date of birth:	20/09/1981	EH21 7QP	
Sex:	Male		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Simon Agarwala (GMC: 4447472)	8A BRIDGE STREET
Practice:	ESKBRIDGE MEDICAL CENTRE (76048)	MUSSELBURGH
Phone:	Voice : 0131 665 6821	EH21 6AG

CLINICAL INFORMATION

Reason for Referral: Persistent Gastro Oesophageal Reflux

Main Referral: Dear Doctor

Text: This 30 year old man complains of severe heartburn over the last 5 years. He was treated with Omeprazole 20mgs twice daily last May, without much benefit. In November, he was commenced on Lansoprazole 30mgs twice daily, but again did not find this helpful. He was found to be H.Pylori positive and had eradication therapy. He then went on to have a negative Breath Test.

More recently, he has found that Ranitidine has been more effective, but the effect quickly wears off. He continues to experience severe heartburn associated with vomiting and he is increasingly concerned that there is something more serious going on.

He has a history of drug dependency, but is currently stable of Methadone 160mls daily and Diazepam 30mgs daily.

I would be grateful if he could be considered for endoscopy now.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Closed fracture finger metacarpal base		right 5th finger - undisplaced	30/10/2011	30/10/2011
Notes summary on computer			14/09/2011	14/09/2011
Closed fracture of calcaneus			16/08/2003	16/08/2003
Drug dependence		: heroin (smoke IV) since 1997	21/09/2000	21/09/2000
Misuse of drugs NOS			21/09/2000	21/09/2000
Accident caused by gunshot wound NOS		right leg	07/02/1999	07/02/1999
Fracture of radius and ulna, NOS		left	25/09/1993	25/09/1993
Escherichia coli infection			18/12/1981	18/12/1981

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
C14 urea helicobacter pylori breath test	- negative		13/02/2012	13/02/2012

Detoxification dependence drug	Started Diazepam; 30mg Daily; Dispensed 3 x weekly	15/12/2011	15/12/2011
Helicobacter eradication therapy		17/11/2011	17/11/2011
Drug addiction therapy		25/08/2008	25/08/2008
Drainage of perianal abscess		24/02/1983	24/02/1983
Premature baby		20/09/1981	20/09/1981

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
RANITIDINE tabs 150mg	tablet	ONE TABLET TO BE TAKEN ONCE O[more]		09/03/2012		09/03/2012
DIAZEPAM tabs 5mg	tablet	TAKE 6 TABS DAILY		23/02/2012		23/02/2012
METHADONE oral soln 1mg/ml	ml	160MLS DAILY SUPPLY 320MLS MO[more]		23/02/2012		23/02/2012
RANITIDINE tabs 150mg	tablet	ONE TABLET TO BE TAKEN ONCE O[more]		21/02/2012		21/02/2012
RANITIDINE tabs 150mg	tablet	ONE TABLET TO BE TAKEN TWICE A DAY		01/02/2012		01/02/2012
RANITIDINE tabs 150mg	tablet	ONE TABLET TO BE TAKEN TWICE A DAY		12/01/2012		12/01/2012
DIAZEPAM tabs 5mg	tablet	TAKE 6 TABS DAILY		12/01/2012		12/01/2012
METHADONE oral soln 1mg/ml	ml	160MLS DAILY SUPPLY 320MLS MO[more]		12/01/2012		12/01/2012
DIAZEPAM tabs 5mg	tablet	TAKE 6 TABS DAILY		15/12/2011		15/12/2011
TWINRIX ADULT vaccine 720 units 20 micrograms/1ml	pre-filled disposable injection	AS DIRECTED		15/12/2011		15/12/2011
METHADONE oral soln 1mg/ml	ml	160MLS DAILY SUPPLY 320MLS MO[more]		15/12/2011		15/12/2011

Additional information

Smoking history (Encounters):Current smoker Date recorded:17-May-2011

Alcohol history (Encounters):Teetotaller Date recorded:21-Apr-2011

Radiology Reports

XR Chest

XR Chest

Clinical History

40 yo male, IVDU, cough with grey sputum, pleuritic chest pain, smokes crack cocaine. ?Evidence of pneumonia or septic emboli

6310928 05/03/2022 XR Chest

Comparison to previous dated 05/01/2022.

Normal heart size and mediastinal contours.

The lungs are clear.

No pleural effusions.

Unremarkable bony thorax.

—
Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reporting Radiologist: Dr Joanna W Davis

Report Information

Requestor Carter, Dr Jonathan E I
Requesting Location (RIECAA5) AMU Bay 5
Report Identifier 41494279
Sample Date 05/03/2022 08:00:00

US Doppler Veins Leg Lt

US Doppler Veins Leg Lt

Clinical History

present 1/52 painful left groin and leg swelling. Active IVDU. hard palpable lump in groin, left leg dusky and swollen, d-dimer elevated. ? DVT

6310958 05/03/2022 US Doppler Veins Leg Lt

No previous available for comparison.

Echogenic material, reduced compressibility and lack of Doppler flow immediately distal to the left CFV consistent with a thrombus. Normal Doppler flow at the left CFV with normal respiratory variation.

Conclusion:

Left above-knee DVT extending up to the left CFV but not affecting it.

—
Dr Alex Calciu. GMC 7581867
Radiology Registrar.

Reporting Radiologist: Dr Alexandru Calciu

Report Information

Requestor Watson, Katherine
Requesting Location (RIECAA5) AMU Bay 5
Report Identifier 41494764
Sample Date 05/03/2022 06:36:00

CT Angiogram Lower Limbs

CT Angiogram Lower Limbs

Clinical History

40 y/o IVDU injected heroin into L groin 1/52. Increasing pain and swelling in L Groin. CT for ?Abscess ?Vascular involvement.

6310927 05/03/2022 CT Angiogram Lower Limbs

Angiogram from lower abdominal aorta to mid thigh.

Inflammatory stranding left groin and tracking inferiorly within the left medial thigh which is swollen with bilateral inguinal nodes, larger on the left. Gas noted within the left common femoral vein with loss of perivascular fat planes. This could reflect infected thrombus or potentially related to recent injection. Further locules of gas posterior to the femoral vasculature, within the left adductor musculature although no obvious fluid collection. No femoral pseudoaneurysm.

Normal appearances of the infrarenal abdominal aorta partially imaged major branches.

Normal appearances of the the common iliac, external iliac and internal iliac arteries bilaterally.

Normal common femoral, superficial femoral and profunda femoris arteries bilaterally.

Allowing for phase of scan, the partially imaged solid upper abdominal organs and unprepared bowel are normal. No nodal enlargement elsewhere.

No acute bony abnormality.

Conclusion:

Swollen left thigh with enlargement of the left common femoral vein, itself of which contains gas. This is concerning for infected thrombus (note made of US finding earlier today). Alternatively, the gas could relate to recent injection. No femoral pseudoaneurysm.

Locules of gas within the left adductor muscular compartment could lie within a small fluid collection although no drainable abscess evident.

—
Dr Tom Foster.
Radiology Registrar.

Verified by Dr Gregor Stenhouse, Consultant Radiologist.

Reporting Radiologist: Dr Thomas Foster

Report Information

Requestor	Dardis, Luke
Requesting Location (RIECAA5)	AMU Bay 5
Report Identifier	41494005
Sample Date	05/03/2022 01:26:00

XR Chest

XR Chest

Clinical History

Mutliple injuries to left anterior ribs during fight last night. On going pain in left anterior ribs. ?PTX ?effusion

6157453 05/01/2022 XR Chest

No previous for comparison.

Lungs clear with normal pulmonary vascularity. No pneumothorax.

Normal cardiomediastinal and diaphragmatic contours.

No displaced rib fracture.

—
Dr Tom Foster.

Radiology Registrar.

Reporting Radiologist: Dr Thomas Foster

Report Information

Requestor Birrell, David

Requesting Location (RIEAE3) 3 Exam, A&E

Report Identifier 40929861

Sample Date 05/01/2022 00:59:00

CT Head

CT Head

Clinical History

40 year old male in police custody. No history from patient due to reduced GCS. Suspected diazepam overdose. Fall from bicycle with head injury ten days ago. Involved in altercation today with suspected head injury. Blood on scalp without obvious source. GCS E1V4M5 (10). CT head ?ICH please.

6157340 04/01/2022 CT Head

Unenhanced CT head.
No previous for comparison.

No haemorrhage, extra-axial collection, mass or infarct.
Normal brain parenchyma.
Normal ventricular system and CSF spaces.
Normal bones with no skull fracture. Unremarkable extracranial soft tissues. There is mucosal sinus thickening affecting the frontal, the ethmoidal, and maxillary sinuses.

Opinion:
No acute findings.

Reported by Dr Alastair McKenzie, Radiology Registrar
Verified by Dr Fiona Minns , Consultant Radiologist.

Reporting Radiologist: Dr Alastair S Mckenzie

Report Information

Requestor James, Dr Edward
Requesting Location (RIEAE3) 3 Exam, A&E
Report Identifier 40929199
Sample Date 04/01/2022 20:34:00

MRI Spine Lumbar/Sacral

MRI Spine Lumbar/Sacral

Clinical details

MRI Spine Lumbar/Sacral

Dear TeamT
His 33 year old man has a 4 week history of sciatica type pains but has now developed pain into both legs. He describes pins and needles in both of his buttocks are there is no definite sensory defect on exam.He is extremely uncomfortable in any position and I am concerned that he may have a nerve root compression, I would be grateful for an MRI to confirm this.Many thanks. / MRI Lumbar Spine

Report

Images are moderately degraded by patient movement.

There is a vertebral body haemangioma at L4 (of no clinical significance) otherwise normal marrow signal. Normal vertebral alignment and vertebral body heights. No paravertebral soft tissue abnormality.

In the lower thoracic spine there are mild non-compressive disc degenerative changes at T11/12 and T12/L1. In the lumbar spine there are minimal non-compressive disc degenerative changes at L4/5 and L5/S1. Normal spinal canal diameter. All neural exit foramina are widely patent. Normal appearance of lower thoracic cord, conus (at L1) and cauda equina.

Opinion: Minimal non-compressive degenerative changes only. No cause for buttock or leg pain has been found.

Reporting Radiologist: Dr Z Morris

Report Information

Requestor

NALLY, FERGAL

Requesting Location

Riverside Medical Practice LLP

Report Identifier

20562524

Sample Date

28/04/2015 20:30:00

XR Hand Rt

XR Hand Rt

Clinical details

Fell on L hand 2/7 ago. c/o pain L hand over 5th MC.

Report

RIGHT HAND

There is an undisplaced fracture of the base of the 5th MC. There is some associated soft tissue swelling.

KS/CA

Kathryn Stewart

Advanced Practitioner

#

Reporting Radiologist: Kathryn Stewart

Report Information

Requestor

Requesting Location (RIEAE3) 3 Exam, A&E

Report Identifier 11019006

Sample Date 30/10/2011 21:10:00

Foot (R),Ankle (R)

125547 15/01/2007 Foot (R)

125547 15/01/2007 Ankle (R)

CLINICAL INFORMATION :
Pain metatarsal area following trauma.
Previous calcaneal fracture.

REPORT :
Some flattening of the calcaneum presumably related to the previous injury.
No recent fracture shown.
No radiological evidence of arthropathy.

Report Comments

Outpatient

Report Information

Requestor
Requesting Location Restalrig Park Medical Centre
Report Identifier 125547
Sample Date 15/01/2007 14:22:00

Lab Reports

Urine culture RIE

Set Comments

Urine culture
No growth
Urine samples for culture and sensitivity testing should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.

Requestor Comments

Haematuria

Report Information

Requestor Dorward, Dr Peter S
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier MU700043F
Sample Date 01/11/2025 10:55:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Negative	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Requestor Comments
cocaine methadone.

Report Information
Requestor Reg), Dr William G Chambers (GP
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB618273Y
Sample Date 30/07/2025 09:52:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Negative	(BOBENZ)
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Requestor Comments
methadone, cocaine.

Report Information
Requestor Reg), Dr William G Chambers (GP
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB548743P
Sample Date 18/09/2024 10:57:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Requestor Comments
crack cocaine, methadone, diazepam.

Report Information
Requestor Reg), Dr William G Chambers (GP
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB525940B
Sample Date 29/05/2024 15:35:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Requestor Comments
cocaine, methadone, denies opiates.

Report Information
Requestor Reg), Dr William G Chambers (GP
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB506623M
Sample Date 28/02/2024 14:18:00

VIDAS HIV Ag/Ab DUO				
Description	Value	Range		Unit
HIV Ag/Ab COMBO:	0.19	0.00	0.89	
Normalcy				
Notes				
(ZARHIC)				
Test Comments				
(ZARHIC) HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <0.90)				
(ZARHIC)				

Report Information

Requestor Known, Cons Not

Requesting Location (HMPS) HMP Saughton

Report Identifier MS237561A

Sample Date 09/10/2023 11:20:00

Hepatitis B core antibody lev				
Description	Value	Range	Unit	Normalcy Notes
Anti HBc Antibody:	2.25	1.11 99999		(ZARBC2)
Test Comments				
(ZARBC2) Antibody to Hepatitis B core : NEGATIVE (Index >1.10)				
(ZARBC2)				
Hep B surface Antigen				
Description	Value	Range	Unit	Normalcy Notes
Hep B surface Ag qualitative	0.44	0.00 - 0.89	S/CO	(ZARBSQ)
Test Comments				
(ZARBSQ) Hepatitis B surface Antigen : NEGATIVE				
(ZARBSQ) -----				
Hepatitis C antibody test				
Description	Value	Range	Unit	Normalcy Notes
Hepatitis C Antibody Index:	0.07	0.00 0.89		(ZARHCB)
Test Comments				
(ZARHCB) Antibody to Hepatitis C Virus : NEGATIVE (Index <0.90)				
(ZARHCB) HCV antibody may take up to 3 months to develop				
(ZARHCB) following an at risk exposure.				
(ZARHCB)				
VIDAS HIV Ag/Ab DUO				
Description	Value	Range	Unit	Normalcy Notes
HIV Ag/Ab COMBO:	0.26	0.00 - 0.89		(ZARHIC)
Test Comments				
(ZARHIC) HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <0.90)				
(ZARHIC) -----				

Report Information

Requestor

Charge, Doctor In

Requesting Location (GSBBV)

Community BBV, Ward 41 RIDU

Report Identifier

MS236597R

Sample Date

03/10/2023 14:30:00

Oral Fluid Drugs of Abuse

Oral FI Morphine	Positive	
Oral FI Codeine	Positive	
Oral FI 6MAM (heroin)	Positive	
Oral FI Dihydrocodeine	Negative	
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Positive	(BOFOPI)
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	

Test Comments

(BOFOPI) 6MAM +/- Codeine and Morphine: compatible with heroin.
(BOBENZ) Benzo group includes: diazepam, temazepam,
(BOBENZ) nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)

Requestor Comments

methadone, heroin this morning.

Report Information

Requestor Reg), Dr William G Chambers (GP
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB851960Q
Sample Date 21/06/2023 11:05:00

Oral Fluid Drugs of Abuse			
Oral FI Morphine	Positive		
Oral FI Codeine	Positive		
Oral FI 6MAM (heroin)	Positive		
Oral FI Dihydrocodeine	Negative		
Oral FI Amphetamine	Negative		
Oral FI Cocaine	Positive		
Oral FI Methadone	Positive		
Oral FI Opiates	Positive		(BOFOPI)
Oral FI Benzos	Positive		(BOBENZ)
Oral FI Gabapentin	Negative		
Oral FI Buprenorphine	Negative		
Oral FI Pregabalin	Negative		
Test Comments			
(BOFOPI)	6MAM +/- Codeine and Morphine: compatible with heroin.		
(BOBENZ)	Benzo group includes: diazepam, temazepam,		
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)		

Requestor Comments

H. Methadone.

Report Information

Requestor Dorward, Dr Peter S
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB828883L
Sample Date 28/02/2023 17:14:00

Oral Fluid Drugs of Abuse			
Oral FI Morphine	Positive		
Oral FI Codeine	Positive		
Oral FI 6MAM (heroin)	Positive		
Oral FI Dihydrocodeine	Negative		
Oral FI Amphetamine	Negative		
Oral FI Cocaine	Positive		
Oral FI Methadone	Positive		
Oral FI Opiates	Positive		(BOFOPI)
Oral FI Benzos	Positive		(BOBENZ)
Oral FI Gabapentin	Negative		
Oral FI Buprenorphine	Negative		
Oral FI Pregabalin	Negative		
Test Comments			
(BOFOPI)	6MAM +/- Codeine and Morphine: compatible with heroin.		
(BOBENZ)	Benzo group includes: diazepam, temazepam,		
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)		

Requestor Comments

Fell of methadone Px.

Report Information

Requestor Dorward, Dr Peter S

Requesting Location (GSSOU14) Southfield M P (Mountcastle)

Report Identifier HB827422M

Sample Date 17/02/2023 15:08:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Requestor Comments
Chaotic poluydrug use.

Report Information
Requestor Dorward, Dr Peter S
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB806041A
Sample Date 19/10/2022 08:47:00

Oral Fluid Drugs of Abuse

Oral FI Morphine	Positive	
Oral FI Codeine	Positive	
Oral FI 6MAM (heroin)	Positive	
Oral FI Dihydrocodeine	Negative	
Oral FI Amphetamine	Negative	
Oral FI MDMA	Positive	(BOMDMA)
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Positive	(BOFOPI)
Oral FI Benzos	Negative	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)

Test Comments

- (BOMDMA) Oral Fluid MDMA: Positive
- (BOFOPI) 6MAM +/- Codeine and Morphine: compatible with heroin.
- (BOBENZ) Benzo group includes: diazepam, temazepam,
- (BOBENZ) nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)
- (BOPGAB) Oral Fluid Pregabalin: Positive

Requestor Comments

Heroin, methadone.

Report Information

Requestor

Dorward, Dr Peter S

Requesting Location

(GSSOU14) Southfield M P (Mountcastle)

Report Identifier

HB795115X

Sample Date

11/08/2022 15:16:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	103	130 - 180	g/L	R	
Red cell count	3.69	4.5 - 6.5	10^12/L	R	
Haematocrit	0.311	0.40 - 0.52	ratio	R	
Mean cell volume	84	78 98	fL		
Mean Cell Hb	27.9	27.0 32.0	pg		
White cell count	5.3	4.5 11.0	10^9/L		
Neutrophil Count	3.71	2.0 7.5	10^9/L		
Lymphocyte Count	1.08	1.5 - 4.5	10^9/L	A	
Monocyte Count	0.34	0.2 0.8	10^9/L		
Eosinophil Count	0.13	0.04 0.4	10^9/L		
Basophil Count	0.03	0.01 0.1	10^9/L		
Platelet count	220	150 400	10^9/L		
Mean cell Hb conc.	331	310 360	g/L		

Sample Comments

21418..

Requestor Comments

dvt.....

Report Information

Requestor given, Not
Requesting Location (RIECAA5) AMU Bay 5
Report Identifier HR141671L
Sample Date 06/03/2022 05:05:00

Urea and electrolytes					
Description	Value	Range		Unit	Normalcy Notes
Urea	3.1	2.5	6.6	mmol/L	
Creatinine	66	64	111	umol/L	
Sodium	139	135	145	mmol/L	
Potassium	4.8	3.6	5	mmol/L	
TCO2	25	22	30	mmol/L	
eGFR (/1.73m2)	>60			ml/min	

Sample Comments

21418. .

Requestor Comments

dvt.

Report Information

Requestor given, Not
Requesting Location (RIECAA5) AMU Bay 5
Report Identifier HB191418Y
Sample Date 06/03/2022 05:05:00

Coagulation/bleeding test					
Description	Value	Range		Unit	Normalcy Notes
Prothrombin Time	11.3	9.0	12.0	sec	
INR (Warfarin)	1.1			ratio	
APTT	25	21.0	28.0	sec	
APTT Ratio	1.0			ratio	
Fibrinogen (Clauss)	3.9	1.5	4.0	g/L	

Sample Comments

21418. .

Requestor Comments

dvt.

Report Information

Requestor given, Not
Requesting Location (RIECAA5) AMU Bay 5
Report Identifier HR141674N
Sample Date 06/03/2022 05:05:00

SARS-CoV-2 secondary assay

SARS CoV 2 virus PCR

Negative

(ZWUPC2)

Set Comments

For specific Infection Prevention and Control advice for SARS-CoV-2 ('COVID-19 virus') infection, please refer to the following NHSL intranet web link:

<http://intranet.lothian.scot.nhs.uk/COVID-19/PatientManagement/Pages/default.aspx>

Test Comments

(ZWUPC2)

Sample Comments

21345..

Requestor Comments

admssion

Report Information

Requestor

given, Not

Requesting Location (RIEAE2)

2 IC, A&E

Report Identifier

MI307781E

Sample Date

05/03/2022 00:05:00

Coagulation/bleeding test					
Description	Value	Range		Unit	Normalcy Notes
Prothrombin Time	11.5	9.0	12.0	sec	
INR (Warfarin)	1.1			ratio	
APTT	21	21.0	28.0	sec	
APTT Ratio	0.8			ratio	
Fibrinogen (Clauss)	4.8	1.5 - 4.0		g/L	R
VTE Exclusion	1819	0 - 250		ng/ml	R

Sample Comments

zaid 07762284958

Requestor Comments

groin swelling

Report Information

Requestor given, Not
Requesting Location (RIEAE2) 2 IC, A&E
Report Identifier HR141134Q
Sample Date 04/03/2022 23:54:00

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	4	3 21	umol/L	
ALT	29	10 50	U/L	
Alk.Phos	88	40 125	U/L	

Sample Comments

21345..

Requestor Comments

? infected injection site

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	5.0	2.5 - 6.6	mmol/L	
Creatinine	61	64 - 111	umol/L	R
Sodium	138	135 - 145	mmol/L	
Potassium	4.7	3.6 - 5	mmol/L	
TCO2	26	22 - 30	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Sample Comments

21345..

Requestor Comments

? infected injection site

Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C Reactive Prot	80	0 - 5	mg/L	R

Sample Comments

21345..

Requestor Comments

? infected injection site

Report Information

Requestor given, Not
Requesting Location (RIEAE2) 2 IC, A&E
Report Identifier HB190867C
Sample Date 04/03/2022 22:46:00

Full blood count - FBC	
Haemoglobin	Clotted specimen

Sample Comments

21345..

Requestor Comments

? infected injection site

Report Information

Requestor given, Not
Requesting Location (RIEAE2) 2 IC, A&E
Report Identifier HR141137Y
Sample Date 04/03/2022 22:46:00

Oral Fluid Drugs of Abuse

Oral FI Morphine	Positive	
Oral FI Codeine	Negative	
Oral FI 6MAM (heroin)	Negative	
Oral FI Dihydrocodeine	Negative	
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Positive	(BOFOPI)
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	

Test Comments

- (BOFOPI)Morphine: compatible with MST, Codeine or heroin.
- (BOBENZ)Benzo group includes: diazepam, temazepam,
- (BOBENZ)nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)

Requestor Comments

Heroin, cocaine, methadone, benzodiazepines.

Report Information

Requestor

Dorward, Dr Peter S

Requesting Location

(GSSOU14) Southfield M P (Mountcastle)

Report Identifier

HB763676G

Sample Date

03/02/2022 16:19:00

Respiratory Virus PCR

Influenza A virus PCR :	Negative
Influenza B virus PCR :	Negative
RSV PCR :	Negative

Sample Comments

21325..

Requestor Comments

od.....

SARS-CoV-2 secondary assay

SARS-CoV-2 virus PCR	Negative	(ZWUPC2)
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Set Comments

For specific Infection Prevention and Control advice for SARS-CoV-2 ('COVID-19 virus') infection, please refer to the following NHSL intranet web link:

<http://intranet.lothian.scot.nhs.uk/COVID-19/PatientManagement/Pages/default.aspx>

Test Comments

(ZWUPC2)	This test is currently unaccredited to ISO 15189
(ZWUPC2)	-----

Sample Comments

21325..

Requestor Comments

od.....

Report Information

Requestor	given, Not
Requesting Location (RIEAE3)	3 - Exam, A&E
Report Identifier	MI222390Z
Sample Date	05/01/2022 02:45:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	138	130 180	g/L	
Red cell count	4.72	4.5 6.5	10^12/L	
Haematocrit	0.402	0.40 0.52	ratio	
Mean cell volume	85	78 98	fL	
Mean Cell Hb	29.2	27.0 32.0	pg	
White cell count	6.8	4.0 11.0	10^9/L	
Neutrophil Count	4.17	2.0 7.5	10^9/L	
Lymphocyte Count	1.78	1.5 4.5	10^9/L	
Monocyte Count	0.66	0.2 0.8	10^9/L	
Eosinophil Count	0.13	0.04 0.4	10^9/L	
Basophil Count	0.03	0.01 0.1	10^9/L	
Platelet count	210	150 400	10^9/L	
Mean cell Hb conc.	343	310 360	g/L	

Sample Comments

D Birrell

Requestor Comments

OD.....

Report Information

Requestor given, Not
Requesting Location (RIEAE3) 3 Exam, A&E
Report Identifier HR110274G
Sample Date 05/01/2022 00:59:00

Liver function tests					
Description	Value	Range	Unit	Normalcy Notes	
Bilirubin	<3	3 21	umol/L	R	
ALT	9	10 - 50	U/L		
Alk.Phos	68	40 125	U/L		
GGT	21	10 55	U/L		

Sample Comments

D Birrell

Requestor Comments

OD.....

Urea and electrolytes					
Description	Value	Range	Unit	Normalcy Notes	
Urea	4.7	2.5 - 6.6	mmol/L	R	
Creatinine	60	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	3.6	3.6 - 5	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

D Birrell

Requestor Comments

OD.....

Serum paracetamol level					
Description	Value	Range	Unit	Normalcy Notes	
Paracetamol	<5.0		mg/L		

Sample Comments

D Birrell

Requestor Comments

OD.....

Report Information

Requestor given, Not
Requesting Location (RIEAE3) 3 Exam, A&E
Report Identifier HB156916X
Sample Date 05/01/2022 00:59:00

Coagulation/bleeding test					
Description	Value	Range		Unit	Normalcy Notes
Prothrombin Time	11.8	9.0	12.0	sec	
INR (Warfarin)	1.1			ratio	

Sample Comments

D Birrell

Requestor Comments

OD.....

Report Information

Requestor given, Not
Requesting Location (RIEAE3) 3 Exam, A&E
Report Identifier HR110278E
Sample Date 05/01/2022 00:59:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Oral FI Etizolam	Positive	(BOETIZ)
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOETIZ)	Etizolam positive	

Requestor Comments

Heroin, cocaine.

Report Information

Requestor Dorward, Dr Peter S
Requesting Location (GSSOU14) Southfield M P (Mountcastle)
Report Identifier HB755682T
Sample Date 21/12/2021 15:43:00

Oral Fluid Drugs of Abuse

Oral FI Morphine	Positive	
Oral FI Codeine	Positive	
Oral FI 6MAM (heroin)	Positive	
Oral FI Dihydrocodeine	Negative	
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Positive	(BOFOPI)
Oral FI Benzos	Negative	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)

Test Comments

- (BOFOPI)6MAM +/- Codeine and Morphine: compatible with heroin.
- (BOBENZ)Benzo group includes: diazepam, temazepam,
- (BOBENZ)nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)
- (BOPGAB)Oral Fluid Pregabalin: Positive

Requestor Comments

Heroin, methadone, cocaine.

Report Information

Requestor

Dorward, Dr Peter S

Requesting Location

(GSSOU14) Southfield M P (Mountcastle)

Report Identifier

HB738510L

Sample Date

17/08/2021 15:36:00

Oral Fluid Drugs of Abuse

Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	

Test Comments

(BOBENZ) Benzo group includes: diazepam, temazepam,
(BOBENZ) nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)

Report Information

Requestor Wauchope, Dr Hazel R
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB586904D
Sample Date 06/06/2019 16:46:00

Oral Fluid Drugs of Abuse

Oral FI Morphine	Negative	
Oral FI Codeine	Negative	
Oral FI 6MAM (heroin)	Positive	
Oral FI Dihydrocodeine	Negative	
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Positive	(BOFOPI)
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	

Test Comments

- (BOFOPI)6MAM +/- Codeine and Morphine: compatible with heroin.
- (BOBENZ)Benzo group includes: diazepam, temazepam, oxazepam,
- (BOBENZ)nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)

Sample Comments

k.heaney

Requestor Comments

recent cocaine use

Report Information

RequestorStenke, Dr Joanna E

Requesting Location (GSESKE)Riverside Medical Practice

Report IdentifierHB573348B

Sample Date04/04/2019 15:00:00

Urine Drugs of Abuse Screen

Urine Benzos	Positive
Urine Opiates	Negative
Urine Amphetamine	Negative
U. Methadone Met.	Positive
Urine Cocaine Met.	Negative
Urine Gabapentin	Negative
U. Norbuprenorphine	Negative
Urine Pregabalin	Negative

Sample Comments

LCTC PAIN CLINIC DR RENEE

Report Information

Requestor Known, Cons Not
Requesting Location (SLCTC) Leith Community Treatment Ctre
Report Identifier HB870063Y
Sample Date 02/11/2017 14:00:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine		Negative
Oral FI Cocaine		Negative
Oral FI Methadone		Positive
Oral FI Opiates		Negative
Oral FI Benzos		Positive
Oral FI Gabapentin		Negative
Oral FI Buprenorphine		Negative
Oral FI Pregabalin		Negative

Requestor Comments

methadone and diazepam.

Report Information

Requestor Stenke, Dr Joanna E
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB867870Y
Sample Date 24/10/2017 17:31:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine		Negative
Oral FI Cocaine		Negative
Oral FI Methadone		Positive
Oral FI Opiates		Negative
Oral FI Benzos		Positive
Oral FI Gabapentin		Negative
Oral FI Buprenorphine		Negative
Oral FI Pregabalin		Negative

Requestor Comments
on methadone and diazepam.

Report Information
Requestor Stenke, Dr Joanna E
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB848173E
Sample Date 31/07/2017 17:37:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine		Negative
Oral FI Cocaine		Negative
Oral FI Methadone		Positive
Oral FI Opiates		Negative
Oral FI Benzos		Positive
Oral FI Gabapentin		Negative
Oral FI Buprenorphine		Negative
Oral FI Pregabalin		Negative

Requestor Comments

methadone diazepam.

Report Information

Requestor Stenke, Dr Joanna E
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB826591Z
Sample Date 02/05/2017 17:35:00

Oral Fluid Drugs of Abuse

Oral FI Amphetamine	Negative
Oral FI Cocaine	Negative
Oral FI Methadone	Positive
Oral FI Opiates	Negative
Oral FI Benzos	Positive
Oral FI Gabapentin	Negative
Oral FI Buprenorphine	Negative
Oral FI Pregabalin	Negative

Requestor Comments

methadone diazepam.

Report Information

Requestor Stenke, Dr Joanna E
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB806248V
Sample Date 07/02/2017 17:34:00

Gastroscopy report

GASTROSCOPY REPORT

Name:

Lee GILROY, 20/09/1981 (M)

CHI No:

2009811259

Case Note No:

700009150B

Address:

85 Whitecraig Road
Whitecraig
Musselburgh
Midlothian
EH21 8NF

GP:

Dr FF Nally
Riverside Medical Practice
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Status:

Outpatient/NHS

Hospital:

Roodlands Hospital

Ward:

Ward - Not specified

Referring Cons:

General Practitioner (Direct Referral)

Procedure date:

22 November 2016

Indications

Reflux symptoms.

Report

Apparent mucosal junction at 40cm from the incisors.
STOMACH. Gastritis: mild erythematous/exudative with no bleeding in an area extending from the middle body through the upper body and lower body.

Diagnoses

OESOPHAGUS. Oesophagitis/reflux.
STOMACH. Gastritis.
DUODENUM. Normal.

Specimens Taken

Urease test for H.pylori from an area extending from the middle body through the upper body and lower body

Follow up

Return to the referring GP.

Advice/Comments

Well tolerated procedure. Mild oesophagitis in spite of lansoprazole. Mild gastritis. I think the methadone probably causes a bit of delayed gastric emptying which will worsen reflux. Suggest working to reduce methadone dose from current 135ml/d. If this fails to help a trial of esomeprazole 40mg od would be appropriate +/- ranitidine 150mg at night

*** END OF REPORT ***

Consultant/Endoscopist

Dr Alan Shand
Nurses: Nathalie Bernard
Dianne Gill

Instrument

WGH 092 GIF-H260 2244092

Premedication

Xylocaine (Spray) 130 mg

Report Information

Requestor

PRACTITIONER

Requesting Location

Report Identifier

UNI211364-2009811259

Sample Date

22/11/2016 14:18:55

Oral Fluid Drugs of Abuse

Oral FI Amphetamine	Negative
Oral FI Cocaine	Negative
Oral FI Methadone	Positive
Oral FI Opiates	Negative
Oral FI Benzos	Positive
Oral FI Gabapentin	Negative
Oral FI Buprenorphine	Negative
Oral FI Pregabalin	Negative

Requestor Comments

on methadone and diazepam.

Report Information

Requestor	Stenke, Dr Joanna E
Requesting Location (GSESKE)	Riverside Medical Practice
Report Identifier	HB778740T
Sample Date	18/10/2016 15:19:00

Helicobacter Ag	
Helicobacter pylori antigen:	Negative

Report Information

Requestor Urquhart, Dr Jan
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier JS050582Q
Sample Date 19/07/2016 14:30:00

Helicobacter Ag		
Helicobacter pylori antigen:	Negative	(MHAG)
Test Comments		
(MHAG)	No date or time of collection given on request form or	
(MHAG)	sample.	
(MHAG)	It is essential to ensure that the date of collection	
(MHAG)	is specified.	
(MHAG)	Helicobacter antigen tests need to arrive in the	
(MHAG)	laboratory within 48 hours of collection or the test	
(MHAG)	does not produce valid results.	

Requestor Comments

? h pylori. Not on omeprazole. Nil recent abx.

Report Information

Requestor Malakoty, Dr David
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier JS049201N
Sample Date 02/06/2016 14:52:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine		Negative
Oral FI Cocaine		Negative
Oral FI Methadone		Positive
Oral FI Opiates		Negative
Oral FI Benzos		Positive
Oral FI Gabapentin		Negative
Oral FI Buprenorphine		Negative

Requestor Comments

smr

Report Information

Requestor Stenke, Dr Joanna E
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB737879B
Sample Date 31/05/2016 16:32:00

Urine Drugs of Abuse Screen

Urine Benzos	Positive
Urine Opiates	Negative
Urine Amphetamine	Negative
U. Methadone Met.	Positive
Urine Cocaine Met.	Negative

Requestor Comments

smr

Report Information

Requestor Stenke, Dr Joanna E
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB718882H
Sample Date 05/04/2016 16:38:00

Urine Drugs of Abuse Screen				
Description	Value	Range	Unit	Normalcy Notes
Urine Benzos	Positive			
Urine Opiates	Positive			(BOPI)
Urine Creatinine	1.5		mmol/L	
Urine Morphine	Negative			
Urine Codeine	Positive			
U.6MAM Heroin Met.	Negative			
U. Dihydrocodeine	Negative			
Urine Amphetamine	Negative			
U. Methadone Met.	Positive			
Urine Cocaine Met.	Negative			
Set Comments				
Creatinine <2mmol/L. Neg result may not be valid.				
Test Comments				
(BOPI) Codeine +/- Morphine: Compatible with Codeine.				

Report Information

Requestor

Nally, Dr Feargal

Requesting Location (GSESKE)

Riverside Medical Practice

Report Identifier

HB701514V

Sample Date

09/02/2016 16:00:00

Urine Drugs of Abuse Screen				
Description	Value	Range	Unit	Normalcy Notes
Urine Benzos	Positive			
Urine Opiates	Negative			
Urine Creatinine	1.8		mmol/L	
Urine Amphetamine	Negative			
U. Methadone Met.	Positive			
Urine Cocaine Met.	Negative			
Urine Gabapentin	Positive			
Set Comments				
Creatinine <2mmol/L. Neg result may not be valid.				

Report Information

Requestor

Stenke, Dr Joanna E

Requesting Location (GSESKE)

Riverside Medical Practice

Report Identifier

HB684189Z

Sample Date

15/12/2015 15:54:00

Urine Drugs of Abuse Screen

Urine Benzos	Positive	(BOPI)
Urine Opiates	Positive	
Urine Morphine	Positive	
Urine Codeine	Positive	
U.6MAM Heroin Met.	Negative	
U. Dihydrocodeine	Positive	
Urine Amphetamine	Negative	
U. Methadone Met.	Positive	
Urine Cocaine Met.	Negative	

Test Comments

(BOPI) Codeine +/- Morphine: Compatible with Codeine.
(BOPI) Dihydrocodeine: Compatible with dihydrocodeine.

Requestor Comments

smr

Report Information

Requestor Stenke, Dr Joanna E
Requesting Location (GSESKE) Riverside Medical Practice
Report Identifier HB647578C
Sample Date 25/08/2015 14:18:00

Urine Drugs of Abuse Screen		
Urine Benzos		Positive
Urine Opiates		Negative
Urine Amphetamine		Negative
U. Methadone Met.		Positive
Urine Cocaine Met.		Negative

Report Information

Requestor Nally, Dr Feargal

Requesting Location (GSESKE) Riverside Medical Practice

Report Identifier HB625743B

Sample Date 30/06/2015 14:00:00

Urine Drugs of Abuse Screen

Urine Cannabinoid	Positive
Urine Morphine	Negative
Urine Codeine	Negative
U.6MAM Heroin Met.	Negative
U. Dihydrocodeine	Negative
Urine Amphetamine	Negative
Urine MDMA	Negative
U. Methadone Met.	Positive
Urine Methadone	Positive
Urine Diazepam	Positive
Urine Nordiazepam	Positive
Urine Temazepam	Positive
Urine Oxazepam	Positive
Urine Cocaine Met.	Negative

Set Comments

Specific drug analysis by Tandem Mass Spectrometry. Drugs are reported as positive when above the threshold level and negative when below the threshold.

Note: Flurazepam, Nitrazepam, Clonazepam, Flunitrazepam (rohypnol), Metamphetamine and MDEA will only appear on the report when positive. Diazepam metabolises to Nordiazepam and Temazepam, both of which further metabolise to Oxazepam.

Cannabis is no longer part of the Drugs of Abuse screen but can be requested separately on the request form. Only drugs listed above can be detected. There is no interference with this method and no requirement to request drug confirmations.

Please contact the Duty Biochemist at RIE on 0131 2426879 if further information is required.

Requestor Comments

script for methadone and diazepam.

Report Information

Requestor	Grandison, Dr Mark D
Requesting Location (GSESKE)	Riverside Medical Practice
Report Identifier	HB254305E
Sample Date	27/11/2013 10:14:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Positive
Urine Cannabinoid	Positive
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Negative

Set Comments

Unless otherwise indicated, the above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient.

Please note Tramadol does not give a positive opiate screen result.

Requestor Comments

on methadone.

Report Information

Requestor	Grandison, Dr Mark D
Requesting Location (GSESKE)	Riverside Medical Practice
Report Identifier	HB966517W
Sample Date	02/10/2013 15:45:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Positive
Urine Cannabinoid	Positive
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Negative

Set Comments

Unless otherwise indicated, the above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient.

Please note Tramadol does not give a positive opiate screen result.

Requestor Comments

bbv course completed hep a and band methadone and diazepam.

Report Information

Requestor	Grandison, Dr Mark D
Requesting Location (GSESKE)	Riverside Medical Practice
Report Identifier	HB928752B
Sample Date	09/05/2013 15:50:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Positive
Urine Cannabinoid	Positive
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Negative

Set Comments

Unless otherwise indicated, the above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient.

Please note Tramadol does not give a positive opiate screen result.

Requestor Comments

ON METHADONE & DIAZEPAM

Report Information

Requestor	Grandison, Dr Mark D
Requesting Location (GSESKE)	Riverside Medical Practice
Report Identifier	HB439644P
Sample Date	17/04/2013 13:00:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Positive
Urine Cannabinoid	Negative
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Negative

Set Comments

Unless otherwise indicated, the above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient.

Please note Tramadol does not give a positive opiate screen result.

Report Information

Requestor	Urquhart, Dr Jan
Requesting Location (GSESKE)	Riverside Medical Practice
Report Identifier	HB403191H
Sample Date	05/10/2012 10:00:00

Gastroscopy report

GASTROSCOPY REPORT

Name: **Lee GILROY, 20/09/1981 (M)**
CHI No: **2009811259**
Case Note No: **700009150B**

Address: **74 Windsor Park
Musselburgh
Midlothian
EH21 7QH**

Status: **Outpatient/NHS**
Hospital: **Roodlands Hospital**
Ward: **Ward - Not specified**
Referring Cons: **Dr Kel Palmer (Gastroenterology)**

GP: **Dr S Agarwala
Eskbridge Medical Centre
8a Bridge Street
Musselburgh
EH21 6AG**

Procedure date: 25 June 2012

Indications

Reflux symptoms.

Report

Apparent mucosal junction at 37cm from the incisors.
OESOPHAGUS. Grade A oesophagitis (mucosal breaks confined to the mucosal fold each no longer than 5mm) in the lower oesophagus. Hiatus hernia: sliding of length 2 cm in the lower oesophagus.

Diagnoses

OESOPHAGUS. Hiatus hernia and oesophagitis/reflux.
STOMACH. Normal.
DUODENUM. Normal.

Medication

Continue medication.

Advice/Comments

Minor oesophagitis and small sliding HH. Lot"s of retching during the procedure.

Restart medication.

Follow-up Dr Palmer

*** **END OF REPORT** ***

Consultant/Endoscopist

Mr Chris Deans
Nurses: Margaret Reid
Jackie Peyton

Instrument

ROD 05 2846216 GIF H260

Premedication

Xylocaine (Spray) 100 mg

Report Information

Requestor PALMER
Requesting Location
Report Identifier UNI99784-2009811259
Sample Date 25/06/2012 11:50:03

Hel pylori IgG antibody level				
Description	Value	Range	Unit	Normalcy Notes
Helicobacter pylori E Value:	3.78			(ZHEG1E)
Test Comments				
(ZHEG1E)	Helicobacter pylori IgG antibody :POSITIVE (EV >2.2)			
(ZHEG1E)				
(ZHEG1E)	Positive serology results indicate past and/or current			
(ZHEG1E)	Helicobacter infection. If patients have persistent			
(ZHEG1E)	symptoms after eradication therapy consider need for a			
(ZHEG1E)	breath test.			
(ZHEG1E)	Further advice on management of patients can be found			
(ZHEG1E)	in the Lothian Referral Guidelines for Dyspepsia.			
(ZHEG1E)				

Report Information

Requestor

Shaw, Dr J

Requesting Location (GSESKB) ANC Eskbridge Medical Practice

Report Identifier

MS089889E

Sample Date

10/11/2011 17:10:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Positive
Urine Cannabinoid	Negative
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Positive
Opiate Confirmation	Negative

Set Comments

We regret we are unable to identify any specific opiates by GCMS. Please treat the positive screen result with caution. Unless otherwise indicated, the above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient. Please note Tramadol does not give a positive opiate screen result.

Report Information

Requestor Agarwala, Dr Simon
Requesting Location (GSESKB) ANC Eskbridge Medical Practice
Report Identifier HB414804G
Sample Date 11/08/2011 16:29:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Negative
Urine Cannabinoid	Negative
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Positive
Opiate Confirmation	Codeine detected.

Set Comments

Unless otherwise indicated, the above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient.

Please note Tramadol does not give a positive opiate screen result.

Report Information

Requestor Agarwala, Dr Simon

Requesting Location (GSESKB) ANC Eskbridge Medical Practice

Report Identifier HB494977F

Sample Date 10/05/2011 15:00:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Negative
Urine Cannabinoid	Negative
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Negative

Report Information

Requestor

Barnes, Dr Timothy A

Requesting Location (GSHOWD)

Howden Health Centre

Report Identifier

HB453434G

Sample Date

21/10/2010 16:02:00

HIV antibody/antigen (Duo)				
Description	Value	Range		Unit
HIV Ag/Ab COMBO:	0.05	0.00	0.89	
Normalcy				
Notes				
(ZARHIC)				
Test Comments				
(ZARHIC) HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.9)				
(ZARHIC) HIV antibody may take up to 3 months to develop				
(ZARHIC) following an at risk exposure.				
(ZARHIC)				

Requestor Comments
Intravenous drug abuse

Report Information
Requestor Maxwell, Dr DG
Requesting Location (GSHOWD) Howden Health Centre
Report Identifier MS894458K
Sample Date 30/08/2010 10:46:00

Hepatitis B core antibody lev				
Description	Value	Range	Unit	Normalcy Notes
Anti HBc Antibody:	0.04	0.00 0.89		(ZARBC2)
Test Comments				
(ZARBC2) Antibody to Hepatitis B core : NEGATIVE (Index <0.9)				
(ZARBC2)				

Requestor Comments

Danger / infect / high risk

Hep B surface Antigen				
Description	Value	Range	Unit	Normalcy Notes
Hep B surface Ag qualitative	0.32	0.00 - 0.89	S/CO	(ZARBSQ)
Test Comments				
(ZARBSQ) Hepatitis B surface Antigen : NEGATIVE				
(ZARBSQ) -----				

Requestor Comments

Danger / infect / high risk

Hepatitis C antibody test				
Description	Value	Range	Unit	Normalcy Notes
Hepatitis C Antibody Index:	0.05	0.00 0.89		(ZARHCB)
Test Comments				
(ZARHCB) Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9)				
(ZARHCB) HCV antibody may take up to 3 months to develop				
(ZARHCB) following an at risk exposure.				
(ZARHCB)				

Requestor Comments

Danger / infect / high risk

Report Information

Requestor Maxwell, Dr DG

Requesting Location (GSHOWD) Howden Health Centre

Report Identifier MS894463Y

Sample Date 30/08/2010 09:50:00

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	8	3 16	umol/L	
ALT	25	10 50	U/L	
Alk.Phos	83	40 125	U/L	
GGT	30	5 55	U/L	
Albumin	42	35 50	g/L	
Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	4.8	2.5 - 6.6	mmol/L	
Creatinine	71	60 - 120	umol/L	
Sodium	140	135 - 145	mmol/L	
Potassium	4.2	3.6 - 5.0	mmol/L	
Chloride	104	95 - 107	mmol/L	
eGFR (/1.73m2)	>60			

Report Information

Requestor

Maxwell, Dr DG

Requesting Location (GSHOWD)

Howden Health Centre

Report Identifier

SB963422E

Sample Date

30/08/2010 09:00:00

Plasma glucose level				
Description	Value	Range	Unit	Normalcy Notes
Glucose	5.3		mmol/L	
Glucose spec.	Unknown			

Report Information

Requestor

Maxwell, Dr DG

Requesting Location (GSHOWD)

Howden Health Centre

Report Identifier

SB963423H

Sample Date

30/08/2010 09:00:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Negative
Urine Cannabinoid	Negative
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Negative

Report Information

Requestor Barnes, Dr Timothy A
Requesting Location (GSHOWD) Howden Health Centre
Report Identifier HB677829D
Sample Date 06/05/2010 16:39:00

Urine Drugs of Abuse Screen

Urine Amphetamine	Negative
Urine Benzos	Negative
Urine Cannabinoid	Negative
Urine Cocaine Met.	Negative
Urine Methadone Met	Positive
Urine Opiates	Negative

Report Information

Requestor

Zaw Htet, Dr

Requesting Location (GSHOWD)

Howden Health Centre

Report Identifier

HB893580R

Sample Date

16/07/2009 11:06:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	135	130 180	g/l		
Red cell count	4.66	4.5 6.5	x10^12/l		
Haematocrit	0.382	0.400 - 0.540	ratio	R	
Mean cell volume	82	78 98	fl		
Mean cell Hb.	29.0	27.0 32.0	pg		
Mean cell Hb conc.	35.3	31.0 - 35.0	g/dl	R	
White cell count	7.2	4.0 11.0	x10^9/l		
Neutrophil Count	4.50	2.0 7.5	x10^9/l		
Lymphocyte Count	1.95	1.5 4.0	x10^9/l		
Monocyte Count	0.62	0.2 0.8	x10^9/l		
Eosinophil Count	0.06	0.04 0.4	x10^9/l		
Basophil Count	0.02	0.01 0.1	x10^9/l		
Platelet count	188	150 350	x10^9/l		

Requestor Comments

Overdose

Report Information

RequestorBateman, Dr DN

Requesting Location (RIECAP)RIE Combined Assess Poisons

Report IdentifierHR041061T

Sample Date30/08/2005 00:50:00

Liver function test					
Description	Value	Range	Unit	Normalcy Notes	
Bilirubin	6	3 16	umol/L		
ALT	12	10 50	U/L		
Alk.Phos	133	40 - 125	U/L	R	
GGT	18	10 55	U/L		
Albumin	39	35 50	g/L		

Requestor Comments

Overdose

Urea and electrolytes					
Description	Value	Range	Unit	Normalcy Notes	
Urea	3.4	2.5 - 6.6	mmol/L		
Creatinine	79	60 - 120	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5.0	mmol/L		
TCO2	27	22 - 30	mmol/L		

Requestor Comments

Overdose

Plasma glucose level					
Description	Value	Range	Unit	Normalcy Notes	
Glucose	5.4		mmol/L		

Requestor Comments

Overdose

Report Information

Requestor

Bateman, Dr DN

Requesting Location (RIECAP)

RIE Combined Assess Poisons

Report Identifier

HB156349H

Sample Date

30/08/2005 00:50:00

Misc. Notes

Addressograph or Forename Surname Unit number 700009150B CHM 20/09/1981 Address 85 Whitecraig Road, (including Postcode) Whitecraig, Musselburgh, Midlothian, EH21 8NF Preferred Name CHI 2009811259 76033 JE Stenke Tel. number 200 Next of Kin: Name/address LAURA METCALFE (wife) 85 WHITECRAIG ROAD Tel. number(s): home mobile 0131 665 8458 ALLERGIES: NKA document if pt has no known allergies/sensitivities		Arrived in <u>PM</u> unit for procedure Date: <u>22/11</u> & time: <u>1315</u> GP Name Address <u>Riverside Medical Practice</u> <u>Musselburgh.</u> Religion <u>none</u> Ethnic Origin <u>White Scottish</u> Consultant: <u>(Dr. [unclear])</u> Proposed Procedure: with Sedation Yes ☐ No ☒ ☐ Colonoscopy ☒ Endoscopy ☐ Flexible Sigmoidoscopy ☐ Pouch Endoscopy ☐ Other Other ☐ Proposed date: & time: Date confirmed by patient as suitable ☐	
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KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP				
Print name	Designation	Initials	Signature	date
1 J. M. O'LOONEY	SN	sm	[Signature]	22/11/16
2 DIANNE GUN	SN	DG	[Signature]	22/11/16
3 N. BERNARD	SN	NB	[Signature]	22/11/16
4				
5				
6				
7				
8				

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION:** eg Interpreter

N ☒, Y ☐ specify

b) **OVERNIGHT CARE** N/A ☐, or Escort Y / N (who)..... Transport Car

24hr Care ☒ N (who) wife (Laura Metcalfe) I/P bed required Yes ☐, No ☒
 PHONE NUMBER

c) **MOBILITY:** Wheelchair Y / ☒, Walking Aid Y / ☒ requires: Hoist ☒

FALLS RISK ASSESSMENT REQUIRED Y / ☒

d) **HOSPITAL TRANSPORT:** Required N ☒, Y ☐. If Yes, reason why

If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.

Clinicians are free to exercise their own professional judgements as appropriate.

Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

Gilroy, Lee
85 Whitecraig Road,
Whitecraig,
Musselburgh,
Midlothian, EH21 8NF
CHI 2009811259
76033 JE Stenke

severity, frequency, duration, recent changes : what where how etc

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:

- | | No | Yes |
|---|-------------------------------------|-------------------------------------|
| 1. Heart attack or Stroke | ☒ | ☐ |
| 2. Angina / Chest Pains on exercise or at night | ☒ | ☐ |
| 3. Heart murmur | ☒ | ☐ |
| 4. Heart Valve replacement | ☒ | ☐ |
| 5. Do you have a Pacemaker | ☒ | ☐ |
| 6. High Blood Pressure | ☒ | ☐ |
| 7. Asthma or Bronchitis | ☒ | ☐ |
| 8. Shortness of Breath | ☒ | ☐ |
| 9. Diabetes | ☒ | ☐ |
| 10. Epilepsy | ☒ | ☐ |
| 11. Glaucoma | ☒ | ☐ |
| 12. Could you be pregnant? | ☐ | ☒ |
| 13. Do you use recreational drugs | ☐ | ☒ |
| 14. Any noticeable weight loss over last 3-6 months? | ☒ | ☐ |
| 15. Have you ever been contacted as 'at risk of CJD'
(Creutzfeldt-Jacob disease) for public health purposes? | ☒ | ☐ |

Nurse comments in shaded areas

If YES: Insulin ☐
Diet ☐ or Tablets ☐

Nurse record
of BM

Are you taking any of the following medication:

- | | No | Yes |
|--|-------------------------------------|--------------------------|
| i) Clopidogrel | ☒ | ☐ |
| ii) Warfarin | ☒ | ☐ |
| iii) other anticoagulants (blood thinning drugs) | ☒ | ☐ |
| If yes, did you receive instructions about stopping? | ☐ | ☐ |

If YES:
INR result

What were they?

CURRENT MEDICATIONS – including complementary medicines / vitamins etc Tick if none ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 <i>Methadone</i>			7		
2 <i>Diazepam</i>			8		
3 <i>Reptac</i>			9		
4 <i>Lansoprazole - stopped yday</i>			10		
5			11		
6			12		

* * Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover * *

Have you had previous operations (including what, where, dates etc) & were there any complications

Please list any other health problems

previous endoscopy
heartburn (sore)
Bad back
Haemorrhoids

(R) sided abdominal

Would you like any information to be discussed in private

YES ☐ NO ☒

Admitting Nurse initials *gm* date *22/11/16* time *13:30*

Gilroy, Lee

85 Whitecraig Road,

Whitecraig,

Musselburgh,

Midlothian, EH21 8NF

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PRE-PROCEDURE CHECKS**PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart - p.7**

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	(Y)	N			
Patient identification checked & name band(s) applied	(Y)	N	(Y)	N	
ALLERGIES RE-CHECKED (same as on front cover)	(Y)	N	(Y)	N	
Correct procedure	(Y)	N	(Y)	N	
Pre, Peri and Post procedure care explained	(Y)	N			
Explanation of withdrawing consent during procedure	(Y)	N	(Y)	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	(Y)	N			
Last food: date 22/11/16 time 00.00	(Y)	N			
Last drink: date 22/11/16 time " "	(Y)	N			
Bowel prep taken / phosphate enema given or N/A ☒	Y	N	(Y)	N	
Taken routine drug therapy	(Y)	N			methadone 60mg at 12.00pm.
Any limitations to movement identified: If YES, Specify <i>slightly sore back</i>	Y	(N)	Y	(N)	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☐	Y	(N)	Y	N	
Belongings secured ☒	(Y)	N			
Hearing Aids in situ: L R or N/A ☐	Y	(N)	Y	N	
Dentures in situ: (Top) / (Bottom) / Full or N/A ☐	(Y)	N	Y	N	
Glasses sent with patient or N/A ☐	Y	(N)	Y	N	
Spare Stoma bag sent or N/A ☒	Y	N	Y	N	
Ask patients permission for presence of medical student / work experience student			no probs.		
Consent signed	(Y)	N	(Y)	N	
Pre procedure Nurse check: initials* <i>Sm</i>		date 22/11/16 time 13.30			
Endoscopy Nurse initials* <i>De</i>		date 22/11/16 time 14.15			

initials can be used IF the staff member has signed in on the 'Initial table' on page one
otherwise, full name / print / designation is required.

Pre-, Peri-, Post-procedural observations

date

22/11/16

Time

700009150B

M

20/09/1981

Gilroy, Lee

85 Whitecraig Road,

Whitecraig,

Musselburgh,

Midlothian, EH21 8NF

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JF. Stenke

Ht (m)	Wt(kg)	BMI	13:35 Hr: min	O/A	14:15	14:30													
	78kg																		
Oral Airway	or N/A ☐	S-J			SV	SV													
Oxygen Therapy (L / Min)	or N/A ☐	R-A			MR	MR													
Oxygen Saturation	or N/A ☐	97%			98	99													
Respiration	or N/A ☐	TALK			TALK	IS													
Sedation Score	or N/A ☐	0			0	0													
Pain Score	or N/A ☐	Discomfort			0	0													
Nausea Score	or N/A ☐	0			0	0													
Procedure site checked	or N/A ☐	/			-	-													
Blood Loss	or N/A ☐	/			-	-													
Blood sugar	or N/A ☐	/			-	-													
Temp	or N/A ☐	36			-	-													

SCORING SYSTEM see table below

Pain: - use 0 - 10 scoring system

0 NONE

Continue to assess pain with
every set of observations

1-3 MILD

Continue to assess pain with
Every set of observations

4-5

Assess. Using guidelines,
Prescribe/give analgesia as
Appropriate for the patient.

REVIEW

6-10

Assess. Using guidelines,
Prescribe/give analgesia as
Appropriate for the patient.

REVIEW

Blood Loss or N/A ☐

0 None

1 Slight

2 Heavy

[Record 'Drugs given' on table across]

* abdo di comfort - states normal.

Sedation	Nausea
0 None, patient alert	0 None
1 Mild, occasionally drowsy, easy to rouse	1 Mild nausea, no treatment required
2 Moderate, frequently drowsy, easy to rouse	2 Nausea/vomiting helped by Rx
3 Severe, somnolent, difficult to rouse	3 Persistent nausea / vomiting despite Rx
S Normal, sleep, stirs to light touch	S Score S if sleeping normally

Endoscope label

** Labc e - ESC **
** 3 Day Endoscope **
** Storage Cabinet **
** **
** S/N: ESC0000400 **

** BOOK OUT **
** Record copy **
** Date: 22/11/2016 **
** Time: 12:59. **

Hook -07- Book Out.

Model - Olympus GIFH260.

Serial- 2244092.

Booked in 21/11/2016.

at 16:57.

By[Name] L BENOO.

[ID] 43.

Booked out 22/11/2016.

at 12:59.

By[Name] FRANCES GALLACH
ER.

[ID] 24.

Status=OK.

```

[ - - - - - ]
[ - - - - - ]
[ - - - - - ]
[ -- WASH CYCLE PASSED -- ]
[ - - - - - ]
[ - - - - - ]
[ Cante] RapidAER ]
[ Serial No RA0068 ]
[ - - - - - ]
[ Start 16h 22m ]
[ End 16h 43m ]
[ Date 21-11-2016 ]
[ - - - - - ]
[ Cycle No 1231 ]
[ - - - - - ]
[ Load Operator 38 ]
[ Name jackie ]
[ - - - - - ]
[ Unload Operator 35 ]
[ Name LAZE ]
[ - - - - - ]
[ -- Hookup -- ]
[ CANTEL RAH017 ]
[ Serial No 000619 ]
[ GS1 ]
[ - - - - - ]
[ -- Endoscope -- ]
[ OLYMPUS GIF H260 ]
[ Serial No 2244092 ]
[ GS1 ]
[ - - - - - ]
[ IMS Verify Enabled ]
[ - - - - - ]
[ Control Pass ]
[ IMS Verify - Pass ]
[ - - - - - ]
[ Contact Time 5 Minutes ]
[ - - - - - ]
[ Last SD 21-11-2016 at 16h 08m ]
[ - - - - - ]
[ Suction Av Flow 1612 ml ]
[ Biopsy Av Flow 899 ml ]
[ Water Av Flow 174 ml ]
[ Air Av Flow 280 ml ]
[ Aux 1 Not tested ]
[ Aux 2 Not tested ]
[ RB Not tested ]
[ Leak Test Av Pres 198 mb ]
[ - - - - - ]
[ -- Conductivity -- ]
[ Detergent 1271 uS ]
[ Disinfectant 968 uS ]
[ Final Rinse 1 uS ]
[ - - - - - ]
[ -- Temperature -- ]
[ Detergent 25.7 deg ]
[ Disinfectant 27.7 deg ]
[ Final Rinse 21.3 deg ]
[ - - - - - ]
[ -- Chemical Batch/Lot & Serial No -- ]
[ Detergent 10000016/0000000179 ]
[ Part B 10000012/8000000482 ]
[ Part A 10000013/A000000247 ]
[ - - - - - ]

```


PRESCRIPTION & ADMINISTRATION RECORD

Clinical area

700009150B M 20/09/1981

Gilroy, Lee
85 Whitecraig Road,
Whitecraig,
Musselburgh,
Midlothian, EH21 8NF

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ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	L	NASAL/ORAL			
22/11/16		Xylocaine throat spray	100mg	TOP	<i>[Signature]</i>	1430	

PERI-PROCEDURE CARE

time, initials

Cannula site	Size	Skin Prep	☐	2/10
Handwash ☐ Gloves ☐	Aseptic Insertion ☐	Dressing labelled	☐	
Difficulties/complication/deviation from standard technique		Y ☐ N ☐		
BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐				
CLO TEST ☒ COLON ☐ POLYP/S ☐ OTHER ☐				
Oral Suction required Y ☐			or N/A ☒	
Diathermy: none required ☒				
Monopolar ☐ Bipolar ☐ site				
Patient Nurse: initials*		<i>[Signature]</i>	date 22/11/16	
Endoscopy Nurse initials*		<i>[Signature]</i>	date 22/11/16	

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy ☒ Colonoscopy ☐ Flexible Sigmoidoscopy ☐
ERCP ☐ Other (please specify)

PROCEDURE SUMMARY: procedure comfort mild ☒, moderate ☐, severe ☐

See report

Follow-up required: N/A ☒ Yes ☐ If YES, specify

Please refer to discharge summary Y ☐ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK Y ☐ NO ☐ after 30 mins ☒

Patient can EAT Y ☐ NO ☐ after 30 mins ☒

Suitable for NURSE-LED DISCHARGE YES ☒ NO ☐

Endoscopist print
designation

[Signature]
[Signature]

signature
date

[Signature]
22/11/16

time

1430

Gilroy, Lee

85 Whitcraig Road,

Whitecraig,

Musselburgh,

Midlothian, EH21 8NF

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POST PROCEDURE and DISCHARGE CRITERIA

POST PROCEDURE		initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	Y, (N/A) initials	
2	Observations recorded:		
	on return time	Y, (N/A) initials	
	at 30mins	Y, (N/A) initials	
	after 1 hour	Y, (N/A) initials	

NOTE: Obs regime to follow is O₂ sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]

DISCHARGE CRITERIA		initials	Comment overleaf
1.	Discharged by Endoscopist	(Y), N/A initials	
2.	Transport home arranged collection time:	Y, (N/A) initials	
3.	Vital signs stable & satisfactory	(Y), N/A initials	
4.	Alert & orientated (as on admission)	(Y), N/A initials	
5.	Pain controlled	(Y), N/A initials	
6.	Nausea controlled, no vomiting	(Y), N/A initials	
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	(Y), N/A initials	
8.	Mobilising as on admission	(Y), N/A initials	
9.	Patient told if further pathological specimens will be available, from whom and when	(Y), N/A initials	
10.	Discharge information given	(Y), N/A initials	
11.	Out Patient appointment given	Y, (N/A) initials	
12.	IV cannula removed	Y, (N/A) initials	
13.	Has passed urine	(Y), N/A initials	
14.	Identity bracelet removed	(Y), N/A initials	
15.	Collected by a responsible adult	Y, (N/A) initials	
16.	Responsible adult at home for first 24h	Y, (N/A) initials	
Discharge Criteria met? Yes ☒ No ☐ (record as variance)		initials	
Patient discharged, or, back to Relative/Carer/Support person ☐ or N/A ☒		initials	
Time patient left department 15:00		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances further Variance Sheet are available

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

[illegible]

Record of Variance

Record on Variance						
date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

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[illegible]

Surgic 700009150B M 20/09/1981

Gilroy, Lee

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Musselburgh,
Midlothian, EH21 8NF

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adapted for Endoscopy Unit, WGH NHS Lothian)

DATE

22/11/16

ROOM

1

SITE

WGH

OPERATOR

Dr Shand

PROCEDURE

UCL

Please complete ALL boxes

SIGN IN (To be read out loud)

Pre-procedure

Member verbally confirms with the team:

YES

NO

All staff followed hand hygiene protocol?



Patient confirmed his/her identity, procedure and consent



Discussion with patient raising R. arm to withdraw consent during procedure



Correct case notes available?



Confirmed scope number and label match and scope within time limit



Confirm endoscopist & nurse checked medication



N/A

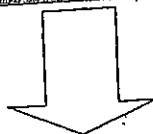
Confirm with endoscopist amount given



N/A

Initial or Signature

WGH



SIGN OUT (To be read out loud)

Post-procedure

Member verbally confirms with the team:

YES

NO

All staff followed hand hygiene protocol?



Have the specimens been labelled correctly



N/A

Is a follow up appointment required?



N/A

Patient follow up details placed in relevant sheet in secretary's office



N/A

Confirm amount medication being discarded



N/A

Initial or Signature

WGH

Please record any issues identified

700009150B M 20/09/1981

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Musselburgh,
Midlothian, EH21 8NF

CHI 2009811259

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**Lothian
Consent Form**

Patient agreement to endoscopic investigation or treatment

Name of procedure/s (include a brief explanation if the medical term is not clear)

Oesophago-Gastro Duodenoscopy (OGD)

Investigation of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy, photography)

Biopsy samples will be retained

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

I would like to have: local anaesthetic throat spray ☒ sedation ☐

☐ Please tick box

Signed (patient)

Date

22-11-16

Name (print in capitals)

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent

(to be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed

Date

22/11/16

Name (print in capitals)

Designation

SN

(If your patient requires further information please complete page 3 of this consent form)

RAPID BIOPSY UREASE (CLO) TEST FOR H.PYLORI

Name:	700009150B M 20/09/1981	Date/Time:	22/11/16 / 14.25
Unit No.:	Gilroy, Lee	Ref. Consultant:	GP
D.O.B.:	85 Whitecraig Road, Whitecraig,	Ward:	
Address:	Musselburgh, Midlothian, EH21 8NF	Theatre:	1
CHI 2009811259  76033 JE Stenke			

INFORMATION REQUIRED

Has the patient taken the following within one week of endoscopy?

Proton Pump Inhibitor ☒ Y / ☐ N
 Antibiotic ☐ Y / ☒ N

RESULT

TIME OF READING	CLO TEST RESULT (POSITIVE / NEGATIVE)
3 hours	
24 hours (read Mon if taken Fri)	NEG 22/11/16
Antral Biopsy sent?	Y / N

REMEMBER TO WRITE RESULT IN THEATRE BOOK AND DIARY BEFORE HANDING THIS SHEET TO CHERYL

Test taken by (staff initials): B

Result recorded by (staff initials): GP

NHS Lothian
Endoscopy Unit, Western General Hospital, Edinburgh
GASTROSCOPY REPORT

Name: **Lee GILROY, 20/09/1981 (M)**
CHI No: **2009811259**
Case note no.: **700009150B**

Address: **85 Whitecraig Road**
Whitecraig
Musselburgh
Midlothian
EH21 8NF

GP: **Dr JE Stenke**
Riverside Medical Practice
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh
EH21 7BP

Procedure date
22nd November 2016

Priority: Elective

Hospital: Roodlands Hospital

Referring Cons: General Practitioner (Direct Referral)

Indications

Reflux symptoms.

Consultant/Endoscopist

Dr Alan Shand
Nurses: Nathalie Bernard
Dianne Gill

Report

The procedure was completed successfully.
Apparent mucosal junction at 40cm from the incisors.
STOMACH. Gastritis: mild erythematous/exudative with no bleeding within (b).
Result of urease test within (b) proved negative for *Helicobacter pylori*.

Instrument

WGH 092 GIF-H260 2244092

Premedication

Xylocaine (Spray) 130 mg

Diagnosis

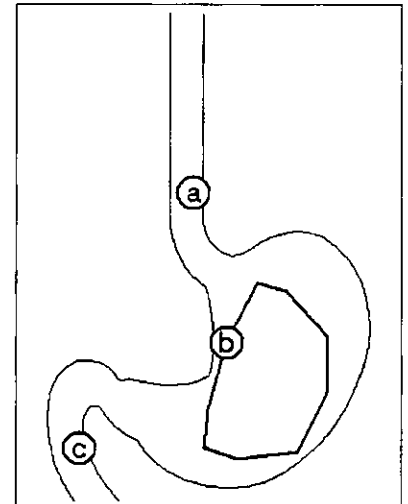
OESOPHAGUS. Oesophagitis/reflux.
STOMACH. Gastritis.
DUODENUM. Normal.

Follow up

Return to the referring GP.

Advice/comments

Well tolerated procedure. Mild oesophagitis in spite of lansoprazole. Mild gastritis. I think the methadone probably causes a bit of delayed gastric emptying which will worsen reflux. Suggest working to reduce methadone dose from current 135ml/d. If this fails to help a trial of esomeprazole 40mg od would be appropriate +/- ranitidine 150mg at night



- a: Lower oesophagus
(photographed)
b: An area extending from the
middle body through the upper
body and lower body
c: Second part (photographed)

Dr Alan Shand
Consultant Gastroenterologist
c.c. General Practitioner (Direct Referral)
Gilroy, Lee

Specimens taken

Urease: *H. pylori* negative (site b)

NHS Lothian

Endoscopy Unit, Western General Hospital, Edinburgh

Name: Lee GILROY
CHI No: 2009311259

Address: 85 Whitecraig Road
Whitecraig
Musselburgh
Midlothian
EH21 8NF

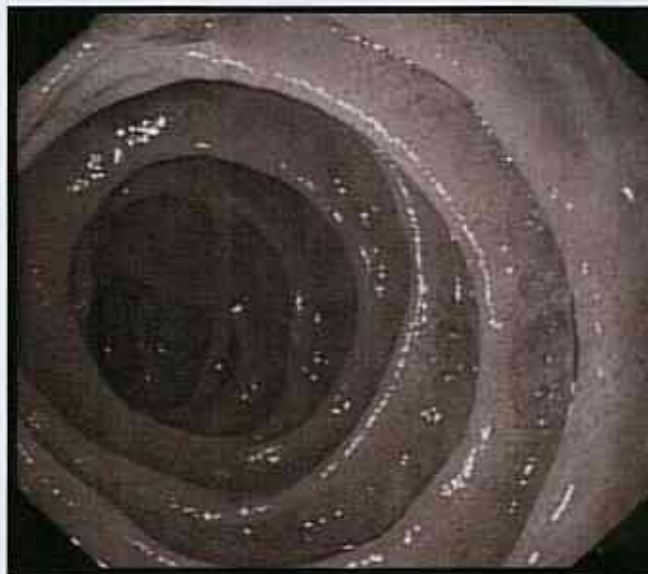
Date of birth: 20/09/1981
Case note No: 700039150B

Page 1 of 1

Procedure date: 22nd November 2016



Site a: Lower oesophagus



Site c: Second part