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

NHS
Greater Glasgow and Clyde

MMA Legal
23 Goodlass Road
Building B
L24 9HJ

Date: 30th June 2026
Your Ref: 100090
Our Ref: LAT/ACCESS/ES
Enquiries to: Emily Svensson
Direct Line: 0141 211 3020
Email: Emily.svensson@nhs.scot

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: GEORGE MCGHEE **D.O.B: 13/11/1961**

Thank you for your request received **5TH JUNE 2026** in which you seek a copy of your client's personal information.

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL/ GARTNAVEL GENERAL HOSPITAL/ WEST AMBULATORY CARE HOSPITAL/ WESTERN INFIRMARY

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

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

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

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

- Emails

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

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

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	
Address	1311616039 MCGHEE M George 13/11/1961 F2-2 46 JEDWORTH AVE Glasgow, Lanarkshire G15 7QH
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

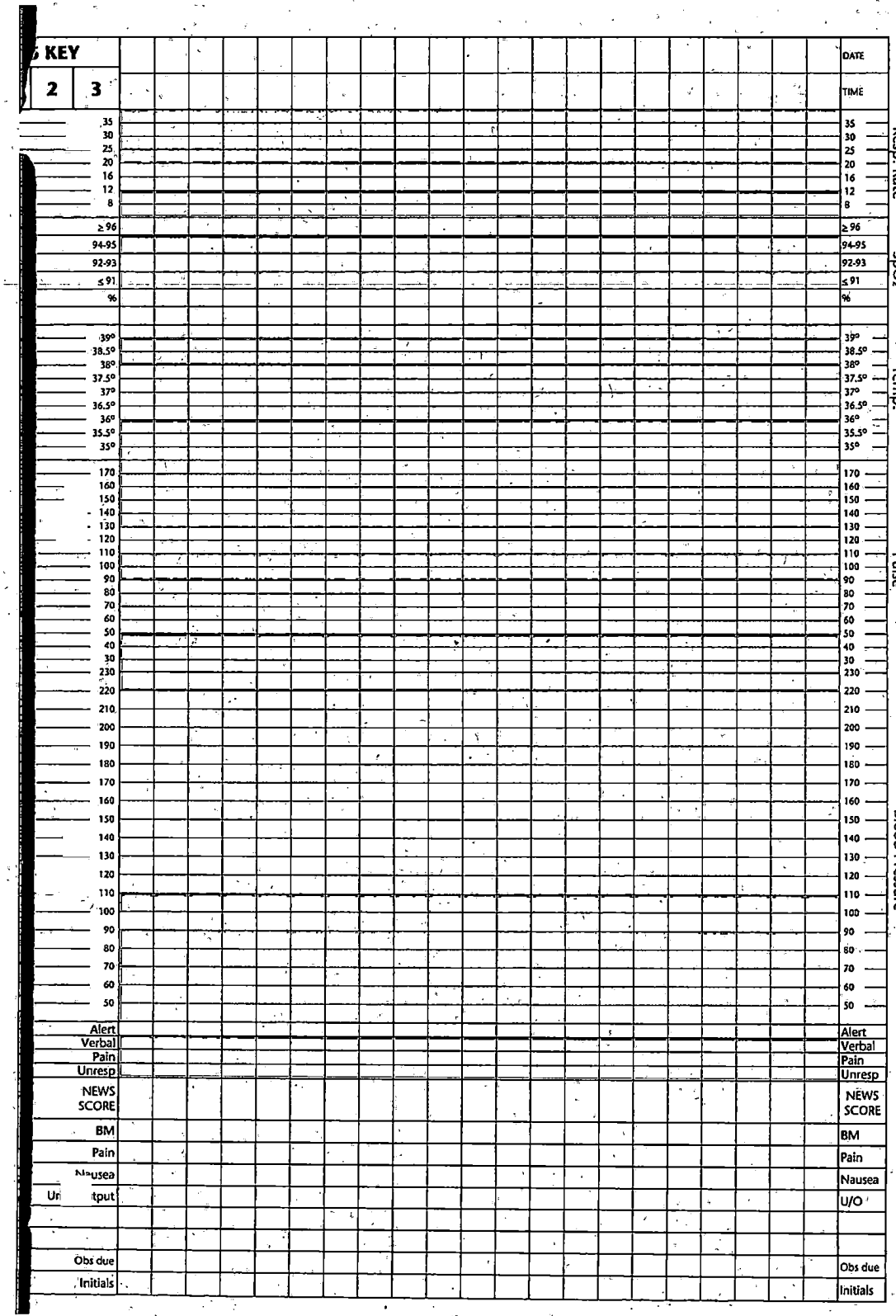
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

Observation	Scale	1st set
DATE:		14/7/16
TIME:		11:30
Resp. Rate (Mark: •)	35 / 30 / 25 / 20 / 16 / 12 / 8	18
SpO_2 (Enter Value)	≥96 / 94-95 / 92-93 / ≤91	96
Any Sup'l O_2	%	
Room air		Air
Temp. (Mark: X)	39° / 38.5° / 38° / 37.5° / 37° / 36.5° / 36° / 35.5° / 35°	36.5
Pulse (Mark: •)	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30	102
Blood Pressure (Mark: ◇) NEWS SCORE using Systolic BP	230 / 220 / 210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	135 / 90
Conscious Level (Mark: •)	Alert / Verbal / Pain / Unresp	Alert
Total NEWS (with all obs)		
BM		
Pain		0
Nausea		0
Urine output		
Obs due		
Initials		NC

DATE	NEWS	
TIME	0	1
35 / 30 / 25 / 20 / 16 / 12 / 8		
≥96 / 94-95 / 92-93 / ≤91 / %		
39° / 38.5° / 38° / 37.5° / 37° / 36.5° / 36° / 35.5° / 35°		
170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30		
230 / 220 / 210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50		
Alert / Verbal / Pain / Unresp		
NEWS SCORE		
BM		
Pain		
Nausea		
U/O		
Obs due		
Initials		


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood Pressure
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm) 1 2 3 4 5 6 7 8

Neurological Observations

Date:																									
Time:																									
COMA SCALE	E Eyes open	Spontaneously	4																						Eyes closed by swelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
		TOTAL SCORE																							
PUPILS	R	Size																							+ reacts – no reaction c. eyes closed
		Reaction																							
	L	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																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting
0 = None
1 = Mild (*Not distressing – no retching/vomiting*)
2 = Moderate (*Troublesome – occasional retching/vomiting*)
3 = Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Previous Patient Notes for Infectious Diseases (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 24-Jan-2024 15:51	**Created By:** Consultant - David Bell	**Role:** Doctor - GGC
Specialty: Infectious Diseases	**Organisation:** Queen Elizabeth University Hospital	Sensitive
Note: FU CXR clear. Letter done		

Patient Note		**Outpatient Note**
Date/Time: 11-Jan-2024 15:29	**Created By:** Consultant - David Bell	**Role:** Doctor - GGC
Specialty: Infectious Diseases	**Organisation:** Queen Elizabeth University Hospital	Sensitive
Note: EDL 1/12/23. FU CXR requested		

Previous Patient Notes for Respiratory Medicine (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 13-Jun-2023 12:36	**Created By:** Respiratory Nurse Specialist - Joyce Mukupa	**Role:** Nurse - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation- Class Assessment.
Mr McGhee was referred to Pulmonary Rehabilitation by the GP Dr Victoria Shotton on 2/12/22 with history of bronchiectasis.
To-day he attendend face-to-face Assessment at GGH Physiotherapy Department
Assessment was carried out by myself Joyce Mukupa CNS Pulmonary Rehabilitation.
Mr McGhee reported to be feeling well
Verbal consent gained.

HPC- Bronchiectasis disgnosed in 2017 through the CT chest
XR-Chest 2016- suggested COPD.

He reports of MRC-1/2
His main problems is breathlessness

History of 1 chest infection in the last 12 months

Fully vaccinated

Nutritional status- appetite good but now he is trying to loose weight.

PMH
Dyspesia
Ex- smoker cannibis- 13 years ago
Bronchiectasis- 2017

Respiratory Drug History
Carbocistein.
Fostair 200/6
Salbutamol MDI

Inhaler technique- checked and corrected

SH
lives alone in the close on the 3rd floor
Pt. stopped working 2 years ago due to increased breathlessness, he gets disability allowance and PIP- leaflet, Support and information service given to pt.
About 17 stairs, he manages
He cycle all the time and every where,
He is independent but family also help
uses the bath and has applied to the the ground floor house..

Questionnaires
CAT-17/40, PHQ8- 6/24, GAD7- 7/21, LINQ- 14/25

Observations
At rest BP- 135/80, SPO2- 96% room air, RR-12, HR-74 BPM
Walked 450m in 6 minutes with no rest
Pre BCS-0, Post BCS-1

Lowest SPO2-91% room ait, Highest HR- 78 BPM
After 30 seconds rest SPO2- 96% room air.

Advised pt. on the importance of pacing and coping with breathlessness booklet given
Offered the COPD Digital Support service- pt. not interested
Traffic lights for COPD given.
Pt. has all other educational booklets.
Plan; Discharge from service as he is too fit for our service.

Previous Patient Notes for Acute Specialties GGC (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		Other
Date/Time: 17-Jan-2022 14:10	**Created By:** Staff Nurse - Angela Watt2	**Role:** Nurse - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive
Note: Discharged successfully from Pulmonary Rehab 3/11/20		

Previous Patient Notes for (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Historical Note**
Date/Time: 22-Aug-2016 11:21	**Created By:** Infectious Diseases Consultant - Beth White	**Role:**
Specialty:	**Organisation:**	Sensitive
Note: IAU attendance 14/07/16 no FDL required.		

ZIAD AL-ANI

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 1311616039

Queen Elizabeth University Hospital

Total Att: 4

12 Mth Att: 1

Title: MR

MCGHEE

George Martin

DOB 13/11/1961 Age: 62y Sex: Male

FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE
07300886959

Next of kin: MCGHEE, Tony
Relationship: Son
07872097392

GP: NJ Clark
0141 471 4040

Attendance Date: 01/03/2024 Arrival Time: 18:01

Registration Time: 18:01 Date of Incident: 01/03/2024

Major Incident Desc:

Reason for Attendance: Eat something 7 months out of date No symptoms

Affix Label

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

Triage Category: 5 Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 01/03/2024 18:42 Nurse name: Nurse Mirren McNally

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: "concerns re food poising, looks well "

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

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

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date	CLINICAL NOTES	
	Seen by (Dr)	Time seen

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged		Not arranged		To be arranged			
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

Affix Label

CHI: 1311616039

Queen Elizabeth University Hospital

Total Att: 3

12 Mth Att: 0

Title: MR

MCGHEE **George Martin**

DOB 13/11/1961 Age: 62y Sex: Male

FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE
07300586959

Next of kin: MCGHEE, Tony
Relationship: Son
07872097392

GP: NJ Clark
0141 959 6000

Attendance Date: 01/12/2023 Arrival Time: 11:03

Registration Time: 11:03 Date of Incident: 01/12/2023

Major Incident Desc:

Reason for Attendance: IAU - 3 DAY HISTORY OF CHEST PAIN AND SOB SATS 94% HR 119 ?PTE

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

Triage Category: 3 Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 01/12/2023 11:18

Temp	36.8	C
HR	119	bpm
BP	143/88	mmHg
MAP	106.33	mmHg
RR	24	bpm
SpO2	94	%
Oxygen		%

Nurse name: Nurse Ashley MacMillan

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: "SOBOE WITH DRY COUGH - REPORTS PLEURITIC CHEST PAIN. TACHY 119 BPM. POCT TAKEN. "

Patient ID label

Date	Emergency Department Notes	
	Ambulance Proforma reviewed Yes / No Seen by (Doctor)	Time seen

1311616039
MCGHEE M
George, M 13/11/1961
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire
G14 0DE

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List

NEWS ☐ 0-7

RED FLAG ☐ (Tick)

SEPSIS ☐

CURB 65 ☐

Done/ completed	Immediate Managment Plan

Signature: Designation: Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

Patient ID label
1311616039 13/11/1981
MCGHEE
George Martin

Seen By: Print: Sidra Sarwar Time Seen: 12:10 Pg. No:
PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	Chest - Pain - 3days ago - stayed seconds and went away- SOB - 3days -
History of presenting complaint 69 F	① SOB - 3days worse on lying down, constant sitting up makes it better - could not finish day on work yesterday because of being knackered ② No chest pain - it came 3 days ago and stayed for seconds & went - on sitting came up - in epigastric area and in front of chest, no radiation to arm, neck - like tightness in nature- ③ No LOC, no dizziness, tired for few days - ④ Cough - 3days, dry cough, no chest pain with cough - flu like symptoms for week - Feels tired no recent weight loss, no haemetemesis-

Past Medical History / Review of portal
Bronchiectasis & COPD, no heart disease - Dad died of heart attack at age of 60-

Systemic Enquiry

Patient ID label

1311616039 13/11/1961
MCGHEE
George Martin

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history (>1 source preferred)
☐ Patient/Relative/carer ☐ GP Phone call ☑ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments
Name	Dose	Freq	Continue	Amend	Withhold	Stop	Reason for alteration
Sterimar	1SY.	PRN	Does not take				
Benzydamine		PRN	Not taking				
Mometasone	50ug	2 puffs	✓				
Easyhaler		PRN	✓				
Nasys	600mg	O.D	✓				
Fostair	200/6	B.D	✓				
Simvastatin	40mg	O.D	✓				
Omeprazole	20mg	O.D	✓				

Allergies	List any over-the-counter or alternative medicines
No	
	Do medicines need further clarification ? ☐ Yes ☐ No
List collected by : Sidra Sawar	Plan approved by :
Designation : GPST1 Date : 1/12/23	Designation : Date :

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
Reviewed by : Designation :	Date :

Patient ID label

1311616039 13/11/1981
MCGHEE
George Martin

Social History \ Family History

Smoking History Cannabis - 8 cig a day

Ex-smoker / Smoker _____ cpd _____ yrs ☐ Never smoked

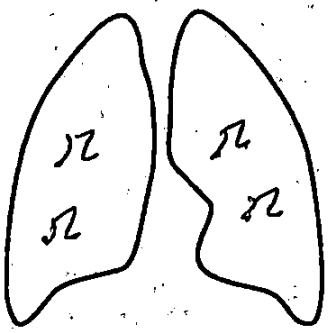
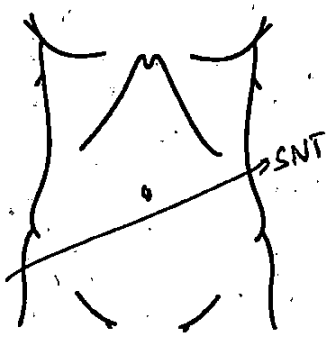
Alcohol History half bottle of vodka every fortnight

_____ Units/week FAST score if excess _____

Recreational Drugs Cannabis - 13 years ago **Driving Status**

Social Circumstances (home, supports, functional status, occupation, travel) Chef - retired few months - lives alone, manages well -

General Examination		General Appearance:
Temp: 36.1	RR:	Sitting up in chair able to speak in full sentences
Pulse: 111 → 120 -	CBG:	
SpO_2: 94% on a/v	Weight:	
BP: 141/90	Urinalysis:	

Respiratory	Gastrointestinal System
	

Cardiovascular	Locomotor
1+11+0 112 - Regular Tachycardic	Calves - No pitting edema No raised JVP -

Neurological system

GCS: /15 **E: /4** **M: /6** **V: /5**

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

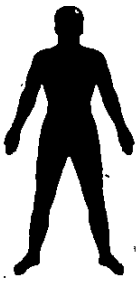
Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R **L**

Skin/Other

1311516039 M
MCGHEE 13/11/1961
George, M

Key Results

CXR Inflamatory changes in LML no Gross consolidation

ECG Sinus tachy, no chest pain

(Differential) diagnosis

Exacerbation of bronchiectasis COPD ?

Rule of P.E (sinus tachy)

Viral LRTI ? no other features.

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 1

Management Plan

1. Covid Swab
2. Chest XRay (Requested
3. STAT xPRN Nebs.
4. Await bloods

d-dimer < 150
CRP 33.

☑ Thromboprophylaxis assessed ☐ Antimicrobial

☑ Medicine Reconciliation

☐ 4AT/TIME 4/4

Signature: S

PRINT NAME Sidra Sarwar

PRINT GRADE GPST1

Page:

1311616039
Pat MCGHEE
George, M
M
13/11/1961

Resuscitation Decision	
Resuscitation status: (please circle)	**FOR RESUSCITATION / DNA CPR**
If DNA CPR →	Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial
☐ Medicine Reconciliation
☐ DNACPR
☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six
- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

1311616039 M
MCGHEE 13/11/1961
George, M
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire G14 0DE

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥2 days

☐ Yes ☐ No

Does the patient have any of the following risk factors? Tick if apply			
Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age> 60		Hormone replacement therapy	
Dehydration		Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophillia		Critical care admission	
BMI >30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

- No thromboprophylaxis
- Reassess (every 72 hours minimum)and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

☐ Yes ☐ No

Does the patient have any of the following contraindications? Tick if apply			
Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopaenia <75 x109/l	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR>2		Uncontrolled hypertension (>230/120)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum)and document

☐ No ☐ Yes

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)
If N/A why? _____
Assessed by _____
Date _____

1311616039

Patie MCGHEE M
George, M 13/11/1961
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire
G14 0DE

Results

Date Time		01/12/23							
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165	16.0							
WCC	4.0 - 11.0	6.9							
Plts	150 - 450	207							
MCV	80 - 100	86							
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	( )								
Thromb T	11-15 secs								
D-Dimer	0 - 250	<150							
Na+	133 - 146	137							
K+	3.5 - 5.3	4.3							
Cl-	95 - 108	107							
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0	8.4							
Protein	60 - 80								
Albumin	35 - 50	41							
AlkP	30 - 130	101							
Bil	<20	13							
ALT	<50	~~87~~ 86							
AST	<40	27							
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10	33							
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 – 2.0								

1311616039
MCGHEE M
George, M 13/11/1961

Post Take Ward Round IAU/ARU

Consultant: David Bell Date: 1/12/23 Time: 1516

Summary

62 ♂ Bronchiectasis

Dx Resp OPD 27/12/23

A Sob / wheeze / Cough

Sats 94%

Lacks confidence d Rx

Slight wheeze

CXR Some new
(L) MZ changes
No Consd
Poor (—)

Temp:
Pulse:
BP:
SpO_2:
FiO2:
RR:

Diagnosis:

1. Infective Exac Bronchiectasis

Plan:

→ Fit for (H)

Doxycycline · Course
+ Slow Pred

Recommended Destination: (H)
Suitable to board if required ☐ Yes ☐ No
Expected Date of Discharge:

Signature:
Designation:
Bleep Number:

Patient ID label

Continuation Sheet

Date: Time	

1311616039 M
MCGHEE 13/11/1961
George, M
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire G14 0DE

Continuation Sheet	
Date: Time	

Patient ID label

Continuation Sheet	
Date: Time	

1311616039

1311616039
MCGHEE
George, M M
FLAT 0-1 13/11/1961
129 EARL STREET
Glasgow, Lanarkshire
G14 0DE

Continuation Sheet

Date: Time	

Patient ID label

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by
01/12/23	DOXYCYCLINE	100 mg	Oral	1 Daily x 14 days	Sidra	
01/12/23	PREDNISOLONE	40mg	Oral	1 Daily x 5 days	Sidra	

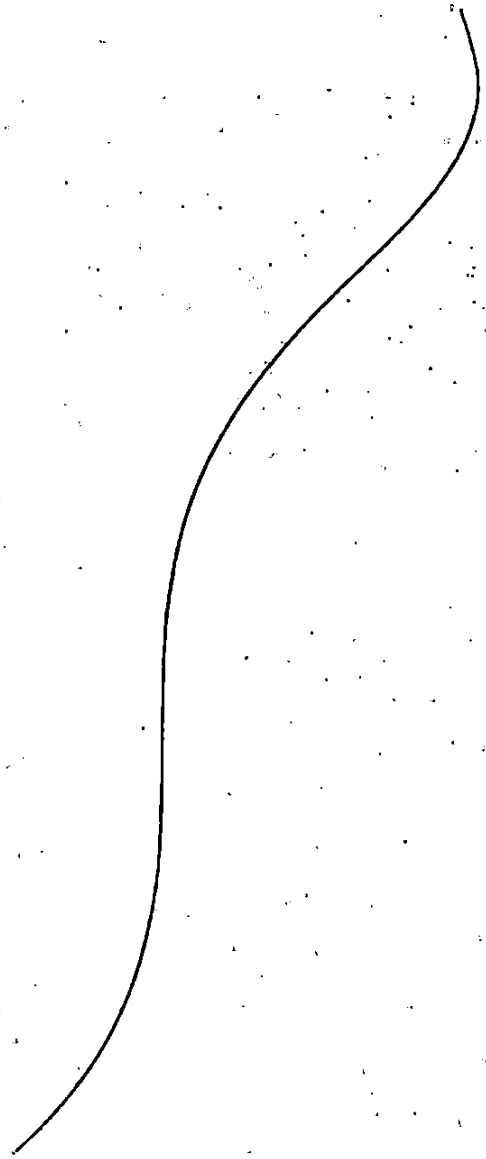
DISCHARGE CODES: Please Circle

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

Time Ready to Depart	
Discharge Time	

Ward No. (If admitted)		Transfer to Hospital						Consultant (if admitted)
Outpatient clinic specialty						Admission or specialty clinic consultant		
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify

13116160399



NEWS 2 Key | 1 | 2 | 3

Parameter	Key	Entry	Range	Score
Date	1/11	1/11		
Time	11.00	11		
A + B Respirations Breaths/min			≥25	3
		u	21-24	2
	•		12-20	0
			9-11	1
			≤8	3
A + B SpO2 Scale 1 Oxygen saturation (%)	97		≥96	0
		94	94-95	1
			92-93	2
			≤91	3
SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88-92%, eg in chronic hypercapnic respiratory failure. Only use scale 2 under direction of qualified clinician			≥97 on O2	3
			95-96% on O2	2
			93-94% on O2	1
			≥93 on air	0
			88-92	0
			86-87	1
			84-85	2
			≤83	3
Air or oxygen?	A	A	Air (A) or O2 device	0
			O2 L/min 2	2
C Blood Pressure mmHg (Score uses systolic BP only)			≥220	3
			201-219	0
			181-200	0
			161-180	0
		^	147-160	0
	↑		121-140	0
			111-120	0
			101-110	1
		v	91-100	2
			81-90	3
			71-80	3
	↓		61-70	3
			51-60	3
			≤50	3
C Pulse Beats/min			≥131	3
			121-130	2
		•	111-120	2
			101-110	1
			91-100	1
			81-90	0
	•		71-80	0
			61-70	0
			51-60	0
			41-50	1
			31-40	3
			≤30	3
D Any changes to neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.	•	•	A Alert	0
			C New Confusion	3
			V Verbal	3
			P Pressure	3
			U Unresponsive	3
E Temperature			≥39	2
			38.1-39.0	1
			37.1-38.0	0
	•	•	36.1-37.0	0
			35.1-36.0	1
			≤35.0	3
NEWS Total	0	5		
Blood glucose	7.0	NA		
Pain / function score	OA	GA		
Time Pt last passed urine	10.20	10 30		
Fluid balance chart indicated Y/N	N	N		
GCS indicated Y/N	N	N		
Time NEWS due	23.00	12 30		
Escalation of care Y/N	N	N		
Initials	AB	[illegible]		

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Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

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NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

1311616039
MCGHEE M
George, M 13/11/1961
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire
G14 0DE

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

SpO2 Scale 1 Target >96%	SpO2 Scale 2 Target 88-92%	Patient on home oxygen Y☐ N☐
Signature:	Signature:	If yes, add details of oxygen therapy
Print Name:	Print Name:	
Dr/ANP Initials ONLY:	Dr/ANP Initials ONLY:	
Date:	Date:	

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
Min 12 Hourly Observations	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis if Suspicion of Infection	Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed...

Medical: ....

Date: ....

Pupil Reaction and size

s = sluggish
+ = reaction
- = no reaction
c = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Affix Patient ID

Glasgow Coma Scale

Date: 11/1
Time: 11.00

EYES	Spontaneously	4
	To sound	3
	To pressure	2
	None	1
	Non testable	NT
VERBAL	Orientated	5
	Confused	4
	Words	3
	Sounds	2
	None	1
	Non testable	NT
MOTOR	Obeys command	6
	Localising pressure	5
	Normal flexion	4
	Abnormal flexion	3
	Extension	2
	None	1
	Non testable	NT
TOTAL		11
PUPILS	Right size / Right reaction / Left size / Left reaction	
ARMS	Normal power / Mild weakness / Severe weakness / Spastic flexion / Extension / No response	
LEGS	Normal power / Mild weakness / Severe weakness / Spastic flexion / Extension / No response	

Eyes closed by swelling = NT

Endotracheal tube or tracheostomy = NT

I record the best

Record right (R) and left (L) separately if there is a difference between the two sides

Pain Function Score

A No limitations, activity unrestricted by pain or settles quickly
B Mild limitations, mild activity restrictions
C Moderate limitations, attempts but reluctant to continue because of pain. **Seek Advice**
D Severe limitations, unable to or refuse to perform because of pain. **Urgent Review Required**

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

No Pain	Mild Pain			Moderate Pain			Severe Pain			
0	1	2	3	4	5	6	7	8	9	10

MI • 316654 v5.1 • GGC0264

McGhee George CHI: 1311616039

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Date of Completion: 15/07/2016

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr J Coyle,

Name	CHI	DoB	Address
George McGhee	1311616039	13/11/1961	F2-2 Glasgow G15 7QH

Admitted	Type	Discharged	Destination
14/07/2016 11:31	In Patient	14/07/2016	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Beth White	QEUH Immediate Assessment Unit	0141452233 / 01414522334

Reason for Admission and Presenting Complaints	Admission Category
chest tightness	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: 2 days history of upper chest tightness, constant associated with SOB and congested nose. No radiation to arm/ jaw. Denies palpitation, sputum, sweating, nausea or vomiting. Had episode of collapse when attending funeral on the 11th. Complaining of blurred vision, warm face, light headed and legs weak during the episode. Collapse but no LOC. Start to recover back after 3 minutes.ECG - NSR
Imp : vasovagal episode with URTI.
two troponin reading coming back as negative.

Treatments: None recorded.

Follow-up arranged: nil

Planned Outpatient Investigations: 24 hour tape

Final Discharge letter to follow: -

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Medication Comment: no change to regular meds

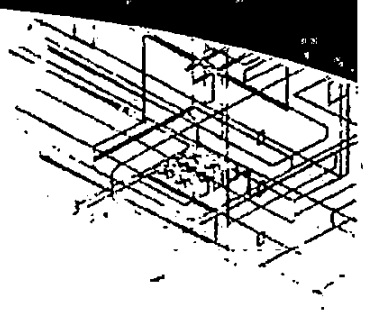
Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Syahira Adnan
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Syahira Adnan, Doctor

Dr Anne Turnbull
Dr Jennifer Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS



14/7/16.

Dear Physician,

Re: CHI: 1311616039 13/11/1961 M
MCGHEE George
F2-2,46 Jedworth Av,G15 7QH

Dr Jennifer Coyle, 6055982
Drs Turnbull & Coyle, G157TS
14/07/2016 10:14. Practice: 486559

Thank you for seeing this 54 year old man. Had a funny turn 48 hours ago. Was standing at a funeral, legs went weak, vision blurred, fell to ground. No LOC. Thinks he had similar episode 15 years ago and was diagnosed with an "irregular heart beat" but I cannot find any correspondence in his notes regarding this today. Since this funny turn on Tuesday he has been feeling generally unwell with some chest heaviness and a cough.

[redacted] Tel: 0141 211 6110 Fax: 0141 211 6117

O/E

BP 136/70.

Chest - clear

Pulse 70, regular

CVS: HSI + II + 0, no murmurs.

MP

? LRTI

? cardiac cause for symptoms.

Thank you for seeing him,

Dr Coyle.

Registration Details - Patient No: 3834

Personal details...		Address details...	
Date of birth	13/11/1961	Post Code	G15 7QH
Sex	M	House Name Flat No	F2-2
Surname	McGhee	No and Street	46 Jedworth Ave
Previous Surname		Village	
Forenames	George	Town	Glasgow
Calling Name	George	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr Anne Turnbull	Work Tel No	
Usual GP	Dr Anne Turnbull	Mobile Tel No	07491096119
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	1311616039		
NHS Number	635 072 3279		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Drumchapel Health Centre	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	20/11/2015		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
18/10/2004	Hyperlipidaemia NOS Cholesterol 8.5	Dr Grieve	C324
29/06/2004	Dyspepsia	UnknownUser	J16y4
29/06/2004	[D]Chest pain	UnknownUser	R065
29/06/2004	[D]Alcohol blood level excessive	UnknownUser	R103
29/06/2004	Oesophagitis	UnknownUser	J101
07/09/2002	Fracture of mandible	UnknownUser	S0283
02/11/1997	Suspected gallstones	UnknownUser	1J5
02/11/1997	Renal colic	UnknownUser	1A52
28/03/1993	Head injury	UnknownUser	S646
17/07/1973	Greenstick fracture	UnknownUser	S3z00

Past Problems		Authorised By	Code
03/02/2016	BCSP faecal occult blood test normal	Miss McDonald	686A
31/10/2014	Advice given about bowel cancer screening programme	Miss McDonald	8CAy
31/10/2014	No response to bowel cancer screening programme invitation	Miss McDonald	9Ow2
13/02/2014	No response to bowel cancer screening programme invitation	Mrs McLean	9Ow2

Due Diary Entries		Authorised By	Code
05/04/2017	Medication review	Dr Turnbull	8B314

Overdue Diary Entries		Authorised By	Code
31/08/2013	O/E - BP reading normal OVERDUE B P Screening$$.clm Encounter	Dr Grieve	2464.
29/08/2011	Heavy smoker - 20-39 cigs/day OVERDUE Smoker$$ Status.clm Encounter	LOCUM	1375.

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Health Status	
15/11/2013	Height 173 cm
15/11/2013	Weight 73 Kg
15/11/2013	Body Mass Index 24.39 kg/m2
15/11/2013	Blood pressure reading 122/82 mm Hg
26/11/2012	Blood pressure reading O/E - BP reading
15/11/2013	Smoking Status Ex-Cigarette Smoker, 20 cigs/day (past)
17/11/2011	Exercise grading Exercise grading NOS, 2

Consultations	
29/04/2016	Dr Jennifer Coyle at Data Entry
History	Asking for sickline. Has hopspital appointment today.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment; Duration: 26/04/2016 - 27/05/2016)
31/03/2016	Dr Jennifer Coyle at Drumchapel Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 29/03/2016 - 26/04/2016)
31/03/2016	Dr Jennifer Coyle at Data Entry
History	Asking for another sickline.
01/03/2016	Dr Jennifer Coyle at Drumchapel Health Centre
History	See last encounter. Finding amitriptyline quite helpful but shoulder still very sore., Has appointmenbt for rheumatology in April. Needs another line. Employer realises that he needs to get this fixed.
Medication	Amitriptyline Hydrochloride Tablets 50 mg *28 TABLET ONE TO BE TAKEN IN THE EVENING*

Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 01/03/2016 - 29/03/2016)

17/02/2016 09:16	Dr Kulwant Sambi at Drumchapel Health Centre
History	rt shoulder pain - has been ongoing for amny months- works as a claener in the pub- hasreceived notes that he is nto doing his job properly(showed me these notes) and others having ot do it again. feels due to his shoulde rpain struggles to do his job well. prev been tp physio- not helped but lied ot them that it was gettign better as did not want to go off sick as xmas tiem was busy period.
Examination	rt shoulder- rom dec in all aspetcs & seems very stiff.
Comment	refer rheu.can take AMT 2 tabs if 1 not helping.
Medication	Amitriptyline Hydrochloride Tablets 25 mg *28 TABLET ONE TO BE TAKEN IN THE EVENING*
	Diclofenac Diethylammonium Gel 1.16 % *100 gram APPLY THREE TIMES A DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: right shoulder pain; Duration: 17/02/2016 - 02/03/2016)

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
14/07/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	14/07/2016P	Dr Jennifer Coyle	ACUTE
13/07/2016	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	13/07/2016P	Dr Jennifer Coyle	ACUTE
29/06/2015	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE DAILY 30 MINS BEFORE MEALS 28 capsule	13/07/2016P	Dr Christine Grieve	REPEAT

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

Queen Elizabeth University Hospital

CHI: 1311616039

Total Att: 2

12 Mth Att: 0

Title: MR

MCGHEE **George**

DOB: **13/11/1961** Age: **54y** Sex: **Male**

F2-2
46 JEDWORTH AVE
Glasgow
Lanarkshire
G15 7QH
07710404400

Next of kin: **MCGHEE, IRENE**
Relationship: **Parent**

GP: **J Coyle**
0141 211 6110

Attendance Date: **14/07/2016** Arrival Time: **10:18**

Registration Time: **10:18** Date of Incident:

Major Incident Desc:

Reason for Attendance: **collapse, chest tightness**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **14/07/2016 11:35** Nurse name: **Nurse Allison Carrick**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **collapse, chest tightness**

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List

SEWS ☐ 0-7

RED FLAG ☐ (Tick)

SIRS ☐

CURB 65 ☐

Done/ completed	Imediate Managment Plan

Signature: Designation: Page No:

Acute Medical or Surgical Admission Unit Notes

Ple: 1311616039 M:
MCGHEE 13/11/1961
George
F2-2
46 JEDWORTH AVE
Glasgow, Lanarkshire G15 7QH

Initial Assessment

Seen by (print): S ADNAN

Time seen: 1300

Presenting Complaint

Chest tightness.

History of Presenting Complaint

- Chest tightness since yesterday - central - constant
- °radiating to arm & jaw °sweating °nausea °vomiting °palpitations
- more breathless with it. Severity 1/10. not worsed by exertion.

coughing - also started yesterday °sputum

°fever.

snuffly nose.

Attend funeral on 11th - standing for 15-20minutes.
- blurred vision, feels both legs weak, light headed. feels his face warm.
- collapse °LOC
- after 3-4 minutes start to feel a bit better.

Past Medical History

°chest pain

Oesophagitis
Hyperlipidaemia
Dyspepsia
mandible
alcohol excess.

Systemic Enquiry

°chest tightness. °palpitations.

CVS

RESP
°haemoptysis

GI
E&D well
°diarrhoea °constipation

CNS/PNS

GU
°dysuria °frequency °haematuria.

Musculoskeletal

MEDICINES RECONCILIATION (ECS can be stapled here and annotated with plan for medicines. Please sign medicines plan.)

Source of medication history: Patient ☐ Relative/ carer ☐ GP Surgery ☐ ECS ☐
PODs ☐ Com. Pharmacist ☐ GP letter ☐ Rpt Presc ☐

Admissions medicines				Plan for medicines			
Name	Dose	Frequency	Continue	Stop	Amend	Hold	Comments/ reason
AMOXICILLIN	500mg	TID	✓				
OMEPRAZOLE	20mg	OD	✓				

Allergies	Medication needs
None known ☒	Further clarification? Yes ☐ No ☐
Completed by: S AONAN Designation: CMT.	Date: 14/7/11

Drugs prescribed on admission checked and correct

Compliance aid? Yes ☐ No ☐

Comments:	Community Pharmacist

Reviewed by: Designation: Date:

Affix patient ID label

Social History

Smoking History: ex-smoker - stopped 4 years ago. Smoked for 40 years → smoked cannabis (10 fags/day)

Alcohol History: ½ bottle of vodka/ week.

Other drug use?:

Home circumstances

--- lives @ daughter Leon

work as chef.

Brother - MI 30 years old

Sister - MI 47 years old

General Examination

Temp: 36.5°C	RR: 18
Pulse 102.	BG:
SpO2: 96% RA	Weight:
BP: 135/90	Urinalysis:

Cardiovascular Examination father - 60 years old.

HS 1+1 ↑

Pulse regular

JVP ↔

ankle oedema

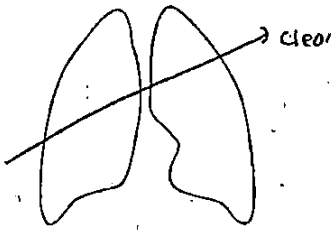
calf SNT

General Observations

comfortable at rest

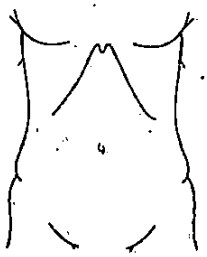
coughing ++ congested nose

Respiratory Examination



Abdominal Examination

SNT



Neurological and Other Examination (e.g. locomotor)

Cranial Nerves

GCS: E: M V: TOTAL

AMT ☐

Fundoscopy:

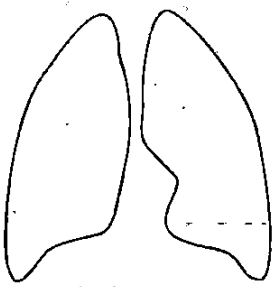
Upper limb neurological examination

Lower limb neurological examination

Other

Key Results:

CXR:



nil focal

Urinalysis:

ECG:

SR @ 91 bpm

Differential Diagnosis/Problem List

Imp - vasovagal
- To rule out ACS (strong family Hx)
- URTI.

SEWS ☐ 0-7

RED FLAG ☐ (Tick)

SIRS ☐

CURB 65 ☐

Immediate Managment Plan	Done/ Ordered	Checklist
Troponin @ 1430		Medicines plan documented ☐
if (N) for (H) OP 24hour lapse		Blood results received ☐
		Kardex ☐
		Antimicrobials as per Policy
		Yes ☐ No ☐
		If 'No' state reason:
		DVT prophylaxis indicated
		Yes ☐ No ☐
		DVT prophylaxis prescribed
		Yes ☐ N/A ☐

Doctor Completing Initial Assessment

Name (print): SADNAN Signature: Designation: CMO.

Page No.

Please affix patient ID label here

Secondary or Senior Focused Review

Seen by (print):

Time seen:

Done/ completed	Continuing Managment Plan

Doctor Completing Initial Assessment

Signature: Designation: Page No.:

Senior Doctor Review

Seen by (print):

Time seen:

Please affix patient ID label here

DVT Prophylaxis indicated	Yes ☐	No ☐	Antimicrobials choice compliant Yes ☐ No ☐
DVT Prphylaxis prescribed	Yes ☐	N/A ☐	If 'No' state reason
Medicines Reconciliation completed	Yes ☐	No ☐	

Done/ completed	Continuing Managment Plan

Signature: Designation: Page No:

Please affix patient ID label here

Continuation Sheet	
Date: Time	

Continuation Sheet	
Date: Time	

Please affix patient ID label here

Continuation Sheet	
Date: Time	

Continuation Sheet	
Date: Time	

PLEASE DO NOT WRITE HERE

Attach GP Letter, Results or Emergency Care Summary

Serial Blood Results								
	Date:	17/7/14						
	Time:	1135						
	Signature:							
Sodium	135 - 146	139						
Potassium	3.5 - 5.3	4.4						
Chloride	95 - 108	106						
Urea	2.6 - 7.8	5.9						
Creatinine	40 - 130	94						
Estimated GFR		>60						
Bicarbonate	22 - 29							
Glucose	3.5 - 6.0	7.9						
CRP	0 - 10	23						
Magnesium	0.7 - 1.0							
Calcium	2.2 - 2.6							
Calcium Adj	2.2 - 2.6							
Phosphate	0.8 - 1.5							
Cardiac Enzymes & Liver Function Tests	**Normal Values**							
Troponin	<0.04	1						
CK	<150							
Amylase	0 - 100							
ALT	0 - 50							
Gamma-GT	0 - 70							
Alk Phos	30 - 130							
Total Bilirubin	0 - 20							
Albumin	35 - 50							
Haematology & Clotting Screen	**Normal Values**							
White Blood Count	4.0 - 11.0	6.6						
Haemoglobin	115 - 165	148						
Haematocrit	0.370 - 0.470	0.448						
MCV	80 - 100	91.2						
Platelet Count	150 - 410	229						
Neutrophils	1.8 - 7.7	4.9						
Lymphocytes	1 - 4.8	1.1						
Prothrombin Time	9 - 13	11						
PCT Ratio		0.9						
APTT	27 - 38	29						
APTT ratio	0.8 - 1.2	1.0						
Thrombin Time	10 - 16	13						
TCT Ratio		0.8						
Arterial Blood Gas	**Normal Values**							
H+	36 - 43							
PCO_2	4.5 - 6							
PO_2	10.5 - 13.5							
Base excess	+/- 2.5							
Bicarbonate	20 - 28							
FiO_2 (Inspired Oxygen)								
Other								
Chol	6.3							
Trig	0.6							

Emergency Department Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle 1. Admission 2. Discharge 3. Refer to G.P. 4. Transfer to other hospital (see below) 5. Died 6. Refer to O.P. Clinic (see below) 7. Irregular Discharge 8. D.O.A.								Time Ready to Depart Discharge Time	
Ward No. (If admitted)			Transfer to Hospital					Consultant (if admitted)	
Outpatient clinic specialty						Admission or specialty clinic consultant			
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify	

North Glasgow Hospitals Patient for MIT

NHS Greater Glasgow and Clyde

Rheumatology Day Ward Review

Name [redacted] 1311616039
Hospital MCGHEE George F2-2 13/11/19[illegible]
DOB 46 JEDWORTH AVE Glasgow, Lanarkshire G15 7QL

Date: 29-04-16

Diagnosis: (R) Shoulder.

Medical Problems:

6/12 Hx of shoulder. Much better
VAS 1/10 at worst.
No functional deficit
Able to do ADLs & job

Investigations:

Full ROM
Full strength
Neg impingement tests

Management:

Symptoms resolved no treatment required today
Haslucinz no. if symptoms reoccur will re-refer

Joint Injections:

NOT GIVEN

Occ. Therapy: Joint protection ☐ Splints ☐ Aids ☐ Energy conservation ☐ Comm. OT ref: ☐

Physiotherapy: Maintenance exercises ☐ TENS ☐ Laser ☐ Splints ☐ Quads ☐

Health Visitor: Education ☐

Issues outstanding:

Signed [redacted] (Cons/SpReg/SHO) MT MCDONALD

Follow up Haslucinz no if required

MIS 133275

1311616039
MCGHEE
George
FLAT 2-2
132 DRUMMORE RD
Glasgow, Lanarkshire
G15 7NJ

M
13/11/1961

Ayr 53

13/2/15

Husband 4/52

Cough.

No dyspnoea

No p

No blood.

No vomiting.

Ex-Navy 3 yrs.

SE

Nil

OC

OP

Fully fit

NAD

B

Patient Label Sheet

13.45

Mr G McGhee
FLAT 2-2
132 DRUMMORE RD
Glasgow
Lanarkshire
G15 7NJ

Mr G McGhee
FLAT 2-2
132 DRUMMORE RD
Glasgow
Lanarkshire
G15 7NJ

Mr G McGhee
FLAT 2-2
132 DRUMMORE RD
Glasgow
Lanarkshire
G15 7NJ

Mr G McGhee
FLAT 2-2
132 DRUMMORE RD
Glasgow
Lanarkshire
G15 7NJ

GP

Dr. C Grieve
Dr Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dr. C Grieve
Dr Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dr. C Grieve
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G15 7TS

Dr. C Grieve
Dr Grieve,
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

D

1311616039
MCGHEE M
George 13/11/1961
FLAT 2-2
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Glasgow, Lanarkshire
G15 7NJ

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George 13/11/1961

1311616039
MCGHEE M
George 13/11/1961

Created on 10 Feb 2015 10:36 by Kate Divers

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 02/12/2023

Consultant: Dr Alisdair MacConnachie

NJ Clark
Kingsway Medical Practice
12 Kingsway Court
Glasgow
Glasgow
G14 9SS

Dear NJ Clark

Re: **McGhee George Martin** DOB: **13/11/1961** CHI: **1311616039**
FLAT 0-1
Glasgow G14 0DE

Attended on: **01/12/2023 at 11:03 hrs.** Departed on: **01/12/2023 at 15:34 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
IAU - 3 DAY HISTORY OF CHEST PAIN AND SOB SATS 94% HR 119 ?PTE

Nursing Assessment:
SOBOE WITH DRY COUGH - REPORTS PLEURITIC CHEST PAIN. TACHY 119 BPM. POCT TAKEN.

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. D - Dimer**	**9. D - Dimer**
10. Full Blood Count	**11. Coagulation screen**	**12. XR Chest**

Diagnosis:

Diagnosis	Side	Site
Bronchiectasis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

DX: Infective Exacerbation of Bronchiectasis Mr McGhee was seen with dyspnoea and cough. A CXR showed new changes in left middle lobe. Once medically stable we were able to discharge him. On discharge he received a course of Antibiotics and Steroids. Nil action for GP

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Stella Polzer
Doctor

Copies to:

1. NJ Clark (GP)

School Address:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory Medicine
Contact Tel: 0141 451 6092
Enquiries to: Kate.mcnicol3@nhs.scot
Letter Date: 14/04/2026
Reference: SB/KM
Dictated Date: 26/03/2026
Transcribed Date: 31/03/2026

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Dear Doctor,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSIS:
1. Bronchiectasis - symptoms improved on Azithromycin
2. Combination of alcohol related liver disease and metabolic liver disease - under review in liver clinic

I spoke to Mr McGhee again from the respiratory clinic recently. He told me he is currently feeling well. He finds that his cough and sputum exacerbations have improved on Azithromycin. On examination Mr McGhee appeared well. Oxygen saturations were 96% on air and auscultation of the chest revealed occasional crackles.

I have requested an interval HRCT scan to be performed in 11 months time and I will see Mr McGhee again in the clinic in one year.

Yours sincerely

Dr Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham2@nhs.scot
Letter Date: 08/09/2025
Reference:
Dictated Date: 04/09/2025
Transcribed Date: 05/09/2025

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on Azithromycin - liver ultrasound suggests chronic liver disease - liver screen awaited - MRI requested for hyper echoic lesion in right lobe - referred to gastroenterology.
2. Previous alcohol related hepatitis.

Further to previous correspondence Mr McGhee has attended for a liver ultrasound. This shows changes suggestive of chronic liver disease - a liver blood screen is awaited. The ultrasound mentioned a hyper echoic lesion in the right lobe of the liver and I have requested an urgent MRI for clarification of this. I have referred Mr McGhee for out patient gastroenterology review. I have explained the liver ultrasound results to Mr McGhee and advised him to remain abstinent from alcohol. I will continue to review him in the respiratory clinic.

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham2@nhs.scot
Letter Date: 07/08/2025
Reference:
Dictated Date: 03/08/2025
Transcribed Date: 04/08/2025

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on Azithromycin.
2. Disordered LFT's ? cause - for ultrasound and liver screen.
3. Previous alcohol related hepatitis.

Mr McGhee's LFT's were disordered when checked at his clinic review in March. There was a plan for a liver ultrasound but Mr McGhee has telephoned to say that this has not been requested. I spoke to Mr McGhee today and he tells me that he does have a history of alcoholic hepatitis many years ago but has been drinking much less in recent years. He is overweight but his BMI is likely to be in the 25-30 range. I have now requested a liver ultrasound and a liver screen via the phlebotomy hub. I will refer Mr McGhee to gastroenterology if indicated by the ultrasound or liver screen.

I will continue to review Mr McGhee with regards to his bronchiectasis.

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham2@nhs.scot
Letter Date: 10/04/2025
Reference:
Dictated Date: 06/03/2025
Transcribed Date: 10/03/2025

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on regular Azithromycin.
2. Ex cigarette smoker.

I reviewed Mr McGhee at Dr Bicknell's respiratory clinic via telephone on 6th March. Since his last appointment in September last year, he tells me he has only had one chest infection in December which was treated with a one week course of oral Doxycycline. He presented at that point to the GP with a cough for 9 days productive of green sputum. After a 7 day course of Doxycline, the cough persisted for a couple of weeks and them completely resolved. Since then he has been symptom free; he has not reported any worsening shortness of breath, cough, haemoptysis or subjective weight loss. From a respiratory stand point, his symptoms are very well controlled. He remains compliaint with Azithromycin on Mondays, Wednesdays & Fridays. He has not had bloods since April last year so I will request routine updated bloods. He is happy to be seen in one years time for a face to face appointment. I have advised that if anything changes in the interim and he feels he should be seen sooner, he can contact his GP and we can try and facilitate an earlier appointment.

Yours sincerely,

Crystal Mieres

GP Trainee

Electronically Signed: Dr Crystal Mieres, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham@ggc.scot.nhs.uk
Letter Date: 23/09/2024
Reference:
Dictated Date: 05/09/2024
Transcribed Date: 10/09/2024

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Dear ,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on regular Azithromycin.
2. Ex cigarette smoker.

I spoke with Mr McGhee on the telephone from Dr Bicknell's respiratory clinic today. I was pleased to hear that he has had no further chest infections since starting on Azithromycin. As well as this, he has complete resolution now of his cough. He does not suffer from any ongoing shortness of breath. He is awaiting to see the ENT team regarding ongoing nasal stuffiness and has been on regular steroid nasal sprays for around 5 months now with no relief in symptoms.

His blood tests performed during his last clinic visit were unremarkable. I have advised Mr McGhee to continue with his Azithromycin and we will review him again in around 6 months time.

Yours sincerely,

Hannah Gorgui-Naguib

IMT3 in Respiratory Medicine

Electronically Signed: Dr Hannah Gorgui-Naguib, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Ear, Nose and Throat
Contact Tel: 0141 211 3213
Enquiries to: Ashley Smith
Letter Date: 14/05/2024
Reference: AT/AS
Dictated Date: 09/05/2024
Transcribed Date: 13/05/2024

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

This patient has been referred to us from the physicians for a stuffy nose. An appointment will be arranged but in the meantime please ensure that he has tried a nasal steroid spray for at least a month if this has not taken place already.

Yours Sincerely,

Mr Alexandros Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham@ggc.scot.nhs.uk
Letter Date: 24/04/2024
Reference:
Dictated Date: 18/04/2024
Transcribed Date: 22/04/2024

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES

1. Bronchiectasis - symptoms much improved on regular Azithromycin.

2. Ex cigarette smoker.

I reviewed Mr McGhee in person at my respiratory clinic today. He told me that he is feeling very much better since taking Azithromycin 500mgs 3 times weekly on a regular basis. He has noted almost complete resolution of his cough and sputum with no further infections - he describes the response as "miraculous". Mr McGhee does describe some persisting nasal obstruction which has not improved with the Azithromycin and I will therefore refer him to the ENT department.

On examination Mr McGhee was undistressed at rest. Oxygen saturation was 98% on air. Auscultation of the chest was clear.

I have taken bloods for immunoglobulin levels and aspergillus serology. **I would be grateful if you could prescribed Azithromycin 500mgs 3 times weekly on an indefinite basis.**

I have arranged to review Mr McGhee again in 4 months time.

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: ,

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham@ggc.scot.nhs.uk
Letter Date: 21/12/2023
Reference:
Dictated Date: 20/12/2023
Transcribed Date: 21/12/2023

Dr. NJ Clark
Kingsway Medical Practice
12 Kingsway Court
Glasgow
G14 9SS

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis.
2. Ex cigarette smoker.

I spoke to Mr McGhee from the respiratory clinic today. He has a long history of productive cough and a CT scan performed in Gartnavel in 2017 demonstrated mild to moderate bronchiectasis. Mr McGhee told me that at present he is experiencing quite marked persistent symptoms with cough and large amounts of green sputum. He has not experienced haemoptysis or chest pain and his weight is steady. He smoked cigarettes until 13 years ago and previously smoked cannabis. He has not been exposed to industrial irritants and has not kept birds. He takes Fostair and Salbutamol inhalers.

Reviewing the CT scans there is indeed mild to moderate bronchiectasis.

I would be grateful if you would prescribe Azithromycin 500mgs on Mondays, Wednesdays & Fridays for a 4 month period.

I will review Mr McGhee again in person in the respiratory clinic at Gartnavel General Hospital in 4 months time.

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: ,

cc.

Clinical letter - GP: Pulmonary Rehabilitation Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Pulmonary Rehabilitation
Contact Tel: 0141 211 3392
Enquiries to: Hazel Cullen
Letter Date: 13/06/2023
Reference: JM/HC
Dictated Date: 13/06/2023
Transcribed Date: 13/06/2023

Dr. VJ Shotton
Kinfauns Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear VJ Shotton,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 2-1, 69 ABBOTSHALL AVE, Glasgow, Lanarkshire, G15 8PL

Thank you for referring the above named person to Pulmonary Rehabilitation on the 2nd December 2022 with history of bronchiectasis.

Mr McGhee attended face-to-face Pulmonary Rehabilitation today on 13th June 2023 at GGH Physiotherapy Department.

The table below is showing the results of his 6 Minute walk Test.

6MWT	***Pre***
BP	135/80
Resting O2/Hr	96% room air, HR-74 BPM
Distance Walked	450m no rest
Lowest O2/Highest Hr	91% room air, HR-98 BPM
BCS	Pre BCS-0, Post BCS-1
CAT	17/40
PHQ8	6/24
LINQ	14/25
GAD7	7/21

Mr McGhee reported to have the MRC 1/2 and he walked 450m in 6 minutes with no rests. His Pre Breathing Control Score was 0 and Post Breathing Score Score 1. The lowest SPO2- 91 and Highest HR- 78 BPM.

The results shows that at the moment he is too fit for our criteria as we take patients with MRC score of 3 and above.

We have now successfully discharged him from our service, but you are free to re-refer him back in future when he meets our criteria

Kind regards

Joyce Mukupa

Respiratory Nurse

Pulmonary Rehabilitation

Electronically Signed: Nurse Joyce Mukupa, Nurse

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 201 1100
Department:	immediate assessment unit
Contact Tel:	0141 452 2322/3
Enquiries to:	
Letter Date:	24/11/2016
Reference:	bw/sm
Dictated Date:	18/11/2016
Transcribed Date:	22/11/2016

Dear Dr Coyle,

George McGhee; D.O.B: 13/11/1961; CHI: 1311616039
F2-2, 46 JEDWORTH AVE, Glasgow, Lanarkshire, G15 7QH

This gentleman has now had his 24 hour tape following his admission in July with what sounds like a syncopal episode at a funeral. This shows sinus rhythm with 4 dropped beats over the period that was monitored. These occurred in isolation and were not associated with any symptoms. I don't think anything else requires to be done with this, and I have not arranged any further follow-up.

Yours sincerely

Dr Beth White

Consultant Physician

Electronically Signed: Dr Beth White, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Rheumatology
0141 451 6170

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Rheumatology
Contact Tel:	0141 451 6170
Enquiries to:	
Letter Date:	13/05/2016
Reference:	MTM/JW
Dictated Date:	29/04/2016
Transcribed Date:	09/05/2016

Dear Dr Coyle,

George McGhee; D.O.B: 13/11/1961; CHI: 1311616039
F2-2, 46 JEDWORTH AVE, Glasgow, Lanarkshire, G15 7QH

Thank you for referring this patient who has a history of shoulder pain. This happened 6 months ago but has since resolved. He describes his pain as 1/10 on the visual analogue scale. He now has no functional deficit and is able to do all activities of daily living and his job with no problems.

On examination he has a full range of movement, full strength and negative impingement tests.

As his symptoms have resolved, I have not given him a joint injection today. He has the clinic number should his symptoms reoccur within one year. He knows that if his symptoms recur after the year then he should get a GP referral back to the clinic.

Thank you for your referral.

Yours sincerely,

Marie Therese McDonald

Clinical Specialist Physiotherapist in Rheumatology

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: MSK Physiotherapy Department Drumchapel Health Centre
Contact Tel: 0141 211 6147
Enquiries to:
Letter Date: 04/02/2016
Reference:
Dictated Date: 04/02/2016
Transcribed Date:

Dr. A Turnbull
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Turnbull,

George McGhee; D.O.B: 13/11/1961; CHI: 1311616039
F2-2, 46 JEDWORTH AVE, Glasgow, Lanarkshire, G15 7QH

This patient was referred to Physiotherapy on: 19/11/15

Via: Self Referral
Presenting Condition: Right shoulder pain

He received treatment(s) from 20/11/15 to 08/12/15

GP Action Required: no

Discharge Outcome:

Failed to attend or cancelled review appointment on 06/01/16

Additional Physiotherapy Comments: Had been improving.

This patient has now been discharged from our care.

Yours sincerely

Cheryl Gillies

Senior Physiotherapist

Electronically Signed: Physiotherapist Cheryl Gillies, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Respiratory Medicine
Contact Tel: 0141 451 6088
Enquiries to: Jean.Riach@ggc.scot.nhs.uk
Letter Date: 02/02/2017
Reference: CC/ED
Dictated Date: 02/02/2017
Transcribed Date: 13/02/2017

Dear Dr. J Coyle,

George McGhee; D.O.B: 13 Nov 1961; CHI: 1311616039
FLAT 2-2, 46 JEDWORTH AVENUE, Glasgow, Lanarkshire, G15 7QH

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE8-RESP DR C CARLIN THURSDAY PM
Date and Time of Appointment - 02/02/2017 14:00

Clinical Comments:

Diagnosis:
1. **Right middle lobe bronchiectasis.**
2. **Ex-smoker.**

Thanks for referring George and he came to the Respiratory Clinic this afternoon, having had a CT thorax done a few days ago.

He had a bout of bronchitis in the middle of last year. He had a more prolonged episode (now fully resolved) in December which had prompted chest X-rays. Happily, CT thorax has clarified that the x-ray appearances just relate to right middle lobe syndrome with superimposed consolidation.

Spirometry is normal.

I've said that his right middle lobe bronchus is at an unfavourable angle and that he is going to be prone to (hopefully minor and occasional) bouts of acute bronchitis. There isn't anything that needs done for now. I have given him a sputum sample pot to collect if he has a further infective episode, and he should have a minimum of a week's course of antibiotics at full strength, refocused on any positive sputum microbiology if things don't settle. If he is running into problems with difficult recurrent infections we could see him back on re-referral, but for now I have not arranged routine review.

Yours sincerely

Dr Chris Carlin

Consultant Physician

Sleep, Breathing Support and Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: 01412113212
Enquiries to: sharon.woods@ggc.scot.nhs.uk

Letter Date: 13/02/2015
Reference: FM/CW
Dictated Date: 13/02/2015
Transcribed Date: 18/02/2015

Dr. C Grieve
Dr Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr. C Grieve,

George McGhee; D.O.B: 13 Nov 1961; CHI: 1311616039
FLAT 2-2, 132 DRUMMORE RD, Glasgow, Lanarkshire, G15 7NJ

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGFMENI-MISS F MACGREGOR ENT EXTRA CLINIC
Date and Time of Appointment - 13/02/2015 13:45

Follow Up: None

Clinical Comments:

Thank you for referring this 53-year-old gentleman who became husky a few weeks ago. It was associated with a cough. He denies dysphagia, throat pain or haemoptysis. There is no weight loss. He stopped smoking three years ago. He tells me that he feels his symptoms have now improved.

On examination, the nose, oral cavity and oropharynx were unremarkable. On flexible nasendoscopy, he had a normal tongue base, larynx and hypopharynx, and the neck was clear on palpation.

I have reassured this gentleman that I do not see anything sinister going on. I have discharged him from the clinic but clearly would be happy to see him in the future if you remain concerned.

With kind regards,

Yours sincerely,

Miss Fiona B MacGregor FRCS, FRCS (ORL)

Consultant Otolaryngologist, Head and Neck Surgeon, Honorary Clinical Senior Lecturer

Electronically Signed: Ms Fiona MacGregor, Consultant

cc:

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Secretary: (Dr Herd, Dr Burden) 0141 211 6259
Secretary: (Dr Tillman, Dr Leman, Dr Beattie) 0141 211 2540
Appointments: 0141 211 2525
Fax: 0141 211 6263

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury

DR TILLMAN'S CLINIC

Our Ref: DT/PM

Dictated: 20/12/2007
Typed: 21/12/2007

Dr Christine Grieve,
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Grieve

George McGhee - 13/11/1961 - CHI: 1311616039 - CRN: 23135190L
0/1 257 Kinfauns Drive, Glasgow, G15 7BD

DIAGNOSIS: INTRADERMAL NAEVUS – EXCISED FROM FOREHEAD

The lesion recently excised from this patient's forehead proved to be an intradermal naevus, and excision is complete.

Kind regards

Yours sincerely

Dr David Tillman
Senior Lecturer/
Hon Consultant Dermatologist

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Secretary: (Dr Herd, Dr Burden) 0141 211 6259
Secretary: (Dr Tillman, Dr Leman, Dr Beattie) 0141 211 2540
Appointments: 0141 211 2525
Fax: 0141 211 6263

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury

DR TILLMAN'S CLINIC (EPA) 14/11/2007

Our Ref: DT/PM

Dictated: 16/11/2007
Typed: 19/11/2007

Dr Christine Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Grieve

George McGhee - 13/11/1961 - CHI: 1311616039 - CRN: 23135190L
0/1 257 Kinfauns Drive, Glasgow, G15 7BD

DIAGNOSIS: FLESHY NAEVUS RIGHT FOREHEAD – FOR EXCISION

Thank you for referring this man to the clinic. He has had a long-term fleshy naevus on the right forehead, which is quite prominent and worthy of excision. I have sent him an appointment for excision, and I will send you the histology when available.

Kind regards

Yours sincerely

Dr David Tillman
Senior Lecturer/
Hon Consultant Dermatologist

McGhee George CHI: 1311616039

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Date of Completion: 15/07/2016

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr J Coyle,

Name	CHI	DoB	Address
George McGhee	1311616039	13/11/1961	F2-2 Glasgow G15 7QH

Admitted	Type	Discharged	Destination
14/07/2016 11:31	In Patient	14/07/2016	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Beth White	QEUH Immediate Assessment Unit	0141452233 / 01414522334

Reason for Admission and Presenting Complaints	Admission Category
chest tightness	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: 2 days history of upper chest tightness, constant associated with SOB and congested nose. No radiation to arm/ jaw. Denies palpitation, sputum, sweating, nausea or vomiting. Had episode of collapse when attending funeral on the 11th. Complaining of blurred vision, warm face, light headed and legs weak during the episode. Collapse but no LOC. Start to recover back after 3 minutes.ECG - NSR
Imp : vasovagal episode with URTI.
two troponin reading coming back as negative.

Treatments: None recorded.

Follow-up arranged: nil

Planned Outpatient Investigations: 24 hour tape

Final Discharge letter to follow: -

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Medication Comment: no change to regular meds

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Syahira Adnan
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Syahira Adnan, Doctor

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Gastroenterology
Contact Tel: 0141 211 0156
Enquiries to: Liver Nurse

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Letter Date: 31/03/2026
Reference: HL/AH
Dictated Date: 26/03/2026
Transcribed Date: 26/03/2026

Dear Mr McGhee,

Thank you for attending for your surveillance ultrasound liver scan. This has shown no new concerning abnormalities. This will be repeated in 6 months and your clinic follow up will continue as previously arranged.

Yours sincerely

Hayley McEwan

Liver CNS

Electronically Signed: Nurse Hayley McEwan, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Main Switchboard: 0141 211 3000
Department: Gastroenterology
Contact Tel: 0141 451 6190
Enquiries to: Alison.Hannigan@nhs.scot
Letter Date: 02/02/2026
Reference: HL/MC
Dictated Date: 07/01/2026
Transcribed Date: 26/01/2026

Dear Mr McGhee,

Diagnoses:

1. Met-ALD with severe fibrosis/early cirrhosis on liver Fibroscan in September 2025;

2. Bronchiectasis

Plan for follow up:

1. Ultrasound as previously planned in March 2026;

2. Liver nurse in 6 months;

3. My clinic 1 year

You were seen sooner than previously planned in clinic today due to you having worries about your health.

You've been in contact with a doctor in Turkey, although from the information you showed me today I couldn't confirm the doctor's specialism. You were asking about an operation for your liver, but I've explained to you that there's nothing about your liver that an operation would fix. The hemangiomas are benign and harmless and do not need removed. In fact removing part of your liver would only make your liver function likely to deteriorate and would not fix any problems.

We discussed again that you have fatty liver disease from a combination of alcohol in the past and metabolic associated fatty change and your liver stiffness is raised in keeping with your diagnosis of severe fibrosis/early cirrhosis. Your liver function is good and you are not having any complications or symptoms from your liver disease.

You are probably slightly over weight at 76kg but you remain active which is very positive.

I am happy to continue on your routine follow up and will arrange to see you again with the nurses in 6 months and in my clinic in 1 years time and we will do another ultrasound on a 6 monthly basis. This is standard care for people with stable liver disease.

You had your blood checked at clinic today and these showed that you have a normal bilirubin at 10, a very mildly raised ALT at 57, AST of 34, Alkaline Phosphatase of 140 and a preserved albumin of 42. These are reassuring results. In addition, your kidney blood tests, full blood count and blood clotting were all within normal parameters.

I hope you take some reassurance from this and will be happy to continue with your routine follow up and at some stage we will repeat your Fibroscan to see if there has been any change for the better or worse in the future.

Kind Regards

Dr Heather Lafferty

Consultant Physician and Gastroenterologist.

Electronically Signed: Dr Heather Lafferty, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Gastroenterology
Contact Tel: 0141 451 6190
Enquiries to: alison.hannigan@nhs.scot
Letter Date: 15/10/2025
Reference: HL/ASH
Dictated Date: 24/09/2025
Transcribed Date: 07/10/2025

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Dear George,

Diagnosis:

Probably Met ALD - ie combination of metabolic and alcohol associated fatty liver change

Liver stiffness 13.8 kPa: CAP Score 310 suggestive of severe fibrosis, possible early cirrhosis and high degree of fatty change

Bronchiectasis

Plan for Investigation:

Repeat ultrasound scan 6 months

Plan for follow up:

Liver Nurse Clinic 6 months

Dr Lafferty's Clinic 1 year

Repeat fibroscan in 1 year

It was nice to meet you in the Liver Clinic today. You had been referred by Dr Bicknell who you see for your bronchiectasis. He had noticed that your liver blood tests were persistently high and had organised imaging of your liver. This had shown fatty change in the liver but also a solid nodular lesion within your liver that required further investigation. You went on to have an MRI scan and I was pleased to tell you that the abnormal solid lesion in your liver is a haemangioma, which is a benign finding of no consequence.

Your liver does have an appearance of fatty change with some irregularity of the liver, which suggests liver scarring or cirrhosis.

We discussed your risk factors for liver disease in the Clinic today. You tell me that you drink half of bottle of vodka once a fortnight on the weekends when you are not looking after your daughter. Your weight recorded today at 75.9kgs gives you a slightly high BMI but you are not grossly overweight. There is no known family history of liver disease and so far blood tests for genetic, viral causes of liver disease have proved negative, although we have sent further testing today for autoimmune liver diseases. (This also proved negative/normal)

We carried out a fibroscan to measure your liver stiffness and this did give a high reading at 13.8, which along with the MRI appearances makes me concerned that there is potentially severe fibrosis or even early cirrhosis in your liver. This would likely be due to fatty change due to a combination of being slightly overweight and drinking a bit above healthy amounts. This goes along with the high CAP score which is a reflection of fatty change and would fit with this diagnosis.

I have said that we should follow you up as if you have liver cirrhosis but repeat the fibroscan in 1 year's time to see if things got better of worse. I would suggest aiming for a bit of weight loss and also stopping alcohol altogether, which you fully intend to do.

I will arrange for our Nurses to give you a phone call in about 6 months and to see you in the Clinic myself in 1 year's time and in the meantime will repeat an ultrasound scan in 6 months to keep an eye on things.

We also did discuss some supplements that you had bought over the internet, which include a liver detox supplement and a milk thistle supplement and I have recommended against taking these and I thought you should try and get your money back if possible. There is no good evidence for these things and there is a small chance they could cause harm. You had also been given Thiamine by a relative, however, I don't think that you need this. This is something that is given for protection of the nervous system in people who are undernourished or who are suffering from alcohol use disorder and therefore I don't think that you require to take this either.

Best wishes

Yours sincerely

Dr Heather Lafferty

Consultant Physician and Gastroenterologist

Electronically Signed: Dr Heather Lafferty, Consultant

cc. Electronic copy sent to Dr Clark

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Department: Initial Assessment Unit
Contact Tel: 0141 452 2322/3
Enquiries to: ggc.qeuhiausecretaries@ggc.scot.nhs.uk
Letter Date: 25/01/2024
Reference: db/sm
Dictated Date: 24/01/2024
Transcribed Date: 25/01/2024

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Dear Mr McGhee,

Thank you for having you chest x-ray repeated on 15th January. I am pleased to let you know that the previously noted opacity in your left lung has now completely disappeared. There is no need for any further follow-up.

Yours sincerely

Dr David Bell

Consultant in Acute Medicine

Electronically Signed: Dr David Bell, Consultant

cc. Kingsway Medical Practice 12 Kingsway Court
Glasgow
G14 9SS

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: initial assessment unit
Contact Tel: 0141 452 2322/3
Enquiries to:

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Letter Date: 12/01/2024
Reference: db/sm
Dictated Date: 11/01/2024
Transcribed Date: 12/01/2024

Dear Mr McGhee,

You were seen in the assessment unit on 1st December with a chest infection. Your x-ray on that day had been reported as showing evidence of an opacity in your left lung which is most likely to be due to your infection. It is standard practice to repeat your x-ray about 6 weeks after it has been done and I have booked one for you. I will write to you with the result, which will hopefully show a clearing up of all the previous changes.

Yours sincerely

Dr David Bell

Consultant in Acute Medicine

Electronically Signed: Dr David Bell, Consultant

cc.

Letter to Patient: Patient

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

George McGhee
FLAT 2-1
69 ABBOTSHALL AVE
Glasgow
Lanarkshire
G15 8PL

Main Switchboard:	0141 211 3000
Department:	Pulmonary Rehabilitation
Contact Tel:	0141 211 3392
Enquiries to:	Hazel Cullen
Letter Date:	06/12/2022
Reference:	
Dictated Date:	06/12/2022
Transcribed Date:	

Dear George McGhee,

You may be aware that you're GP Hospital Doctor or Respiratory Nurse has referred and recommended you to be assessed for a Pulmonary Rehabilitation Programme.

Pulmonary Rehabilitation is an 8 week exercise and education programme which has proven to have significant health benefits for patients with chronic lung disease.

You have the option of either attending a class based Pulmonary Rehabilitation Programme held within a local hospital or local authority leisure centre or a home based Pulmonary Rehabilitation programme to undertake in your own home with remote supervision from the team.

We have included an information leaflet with this letter which provides you with more information to help you decide which option you would prefer.

If you would like to participate we would now ask you to contact us on the following number to confirm that you wish to participate and the option you would prefer.

A voice mail option is also available to allow you to leave a message with your contact details and to advise us of which programme you would prefer.

If we do not hear from you within two weeks of receiving this letter we will assume you do not wish to participate in the programme and will remove you from our waiting list and inform the referrer.

We hope the information leaflet provided is helpful to allow you to make your choice however, please contact us on the above number should you wish to discuss the referral and the programme options available.

We look forward to hearing from you.

Yours sincerely

Pulmonary Rehabilitation Team

Enc

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology NPC General – ACUTE STAFF ONLY	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral Urgent
Date of referral 08-Sep-2025 **Date sent** 08-Sep-2025

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Contact number(s)
Voice: 07300886959

101037579478U | Unique Care Pathway Number: 101037579478U

REGISTERED GP DETAILS

Name	NJ Clark		
GMC code	-	GP code	-
Practice name	40761/1		
Practice code	-		

Practice address

Contact number(s)
-

REFERRING HCP DETAILS

HCP Name	SteveBicknell
HCP code	2823890
HCP Position	Consultant
Organisation name	Respiratory Medicine Acute South Sector GG&C
Location code	G158G

Organisation address

SCIGW Virtual Location
Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Suggestive chronic liver disease and a hyper echoic lesion.

Comment: Dear Matt Priest,

This 63 year old gentleman attends my clinic due to bronchiectasis. Some routine bloods earlier in the year showed disordered LFT's and an ultrasound has now shown features suggestive of chronic liver disease and a hyper echoic lesion in the right lobe for which I have requested an urgent MRI for clarification. Further LFT's are awaited via the phlebotomy hub. Mr McGhee does have a past history of alcohol excess with alcoholic hepatitis but he has been largely abstinent in recent years.

I would be grateful if Mr McGhee could be reviewed with regards to his liver disease.

Kind Regards

Yours sincerely,
Steve Bicknell
Consultant Physician

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Consultant

Electronic Attachment Present:No

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

Referral letter:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Matt Priest
Consultant Gastroenterologist
QEUH
G51

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham2@nhs.scot
Letter Date: 08/09/2025
Reference:
Dictated Date: 04/09/2025
Transcribed Date: 05/09/2025

Dear Matt,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

This 63 year old gentleman attends my clinic due to bronchiectasis. Some routine bloods earlier in the year showed disordered LFT's and an ultrasound has now shown features suggestive of chronic liver disease and a hyper echoic lesion in the right lobe for which I have requested an urgent MRI for clarification. Further LFT's are awaited via the phlebotomy hub. Mr McGhee does have a past history of alcohol excess with alcoholic hepatitis but he has been largely abstinent in recent years.

I would be grateful if Mr McGhee could be reviewed with regards to his liver disease.

Kind Regards

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) - Rhinology NPC General – ACUTE STAFF ONLY	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 03-May-2024 **Date sent** 03-May-2024

PATIENT DETAILS

Surname	MCGHEE
Forename(s)	GEORGE
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

FLAT 0-1
129 EARL STREET
GLASGOW
G14 0DE

Contact number(s)

Voice: 07300886959
Voice: 07300886959

101032941595G | Unique Care Pathway Number: 101032941595G

REGISTERED GP DETAILS

Name	Dr Clark		
GMC code	-	GP code	-
Practice name	40761/1,1398 Dumbarton Road, Glasgow,Glasgow,G14 9DR		
Practice code	-		

Practice address

Contact number(s)

-

REFERRING HCP DETAILS

HCP Name	SteveBicknell
HCP code	2823890
HCP Position	Consultant
Organisation name	Respiratory Medicine Acute South Sector GG&C
Location code	G158G

Organisation address

SCIGW Virtual Location

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Chronic nasal stuffiness

Comment: This gentleman has mild to moderate bronchiectasis of uncertain cause which has responded very well to regular Azithromycin. He also describes chronic nasal stuffiness and obstruction which has not improved with Azithromycin. I would be grateful if you could review him in your clinic in this regard.
Many thanks.
Yours sincerely,
Steve Bicknell
Consultant Physician

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Consultant

Electronic Attachment Present:No

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

Referral letter:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Consultant ENT Surgeon
GGH

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451 6092
Enquiries to: Marlo.Graham@ggc.scot.nhs.uk
Letter Date: 02/05/2024
Reference:
Dictated Date: 18/04/2024
Transcribed Date: 22/04/2024

Dear Colleague,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

This gentleman has mild to moderate bronchiectasis of uncertain cause which has responded very well to regular Azithromycin. He also describes chronic nasal stuffiness and obstruction which has not improved with Azithromycin. I would be grateful if you could review him in your clinic in this regard.

Many thanks.

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Medical GGC Acute Med Patient Info	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Acute Assessment - Supplementary Information SCI Gateway Virtual Location code	——	**Hospital** and **hospital address** Hospital location code. G135G Email address

Urgency of referral Routine
Date of referral 01-Dec-2023 **Date sent** 01-Dec-2023

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

Flat 0-1
129 Earl Street
Glasgow
G14 0DE

Contact number(s)

Voice: 07300886959
E-mail: georgemcghee776@yahoo.com

1010315170055 Unique Care Pathway Number: 1010315170055

REGISTERED GP DETAILS

Name	Dr Nicola Clark		
GMC code	4697583	GP code	02241
Practice name	Kingsway Medical Practice		
Practice code	40737		

Practice address

Kingsway Medical Practice
12 Kingsway Court
Glasgow
G14 9DS

Contact number(s)

Voice: 0141 959 6000
Facsimile: 0141 954 6971

REFERRING GP DETAILS

Name	Dr. Nicola Clark		
GMC code	4697583	GP code	02241
Practice name	Kingsway Medical Practice (40737)		
Practice code	40737		

Practice address

12 Kingsway Court
Glasgow
G14 9SS

Contact number(s)

Voice: 0141 959 6000

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Acute SOB and chest pain

Comment: Dear Doctor, I would be grateful for your assessment of this 62 year old gentleman with a history of bronchiectasis and hypertension, who has presented with a 3 day history of acute onset shortness of breath, chest pain and feeling generally unwell. He states he has had a dry cough and is feeling very cold. He denies any fever/chills/other URTI or infective symptoms. He states he had pain across his chest three days ago that did not radiate. He denies palpitation or episodes of LOC. He has had no episodes of chest pain since. He states he has been unable to sleep due to breathing difficulties and has been struggling to use his inhalers. Unable to use inhalers today. On clinical examinationt today he looks unwell & is pale. He is speaking to me in sentences but his breathing is effortful (he states he struggles because of his broken nose) T 37.2 HR reg at 120bpm. BP 158/93. Sats sitting on air between 94-95%. Chest is clear ?l. Nil peripheral oedema. Imp - Unwell. No clear infectious foci on clinical examination ?Resp ? PE ? Cardiac. Needs further investigation. P - Referred to QE via medical receiving. He does not drive & has no one to accompany him to hospital. I have arranged for him to be transported via taxi. Thank you in advance. Dr Cara Bezzina - Mat Locum. GMC 7510105

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Pre-diabetes	-	12-May-2023	12-May-2023
Bronchiectasis (Right)	middle lobe	02-Feb-2017	02-Feb-2017
Hyperlipidaemia NOS	cholesterol 8.5	18-Oct-2004	18-Oct-2004
Oesophagitis	-	29-Jun-2004	29-Jun-2004
Dyspepsia	-	29-Jun-2004	29-Jun-2004
[D]Chest pain	-	29-Jun-2004	29-Jun-2004
[D]Alcohol blood level excessive	-	29-Jun-2004	29-Jun-2004
Fracture of mandible	-	07-Sep-2002	07-Sep-2002
Renal colic	-	02-Nov-1997	02-Nov-1997
Suspected gallstones	-	02-Nov-1997	02-Nov-1997
Head injury	-	28-Mar-1993	28-Mar-1993
Greenstick fracture	-	17-Jul-1973	17-Jul-1973

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Referral for laboratory tests	HBA1C	12-May-2023	12-May-2023
BCSP faecal occult blood test normal	normal	16-Jun-2022	16-Jun-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Simvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	26-Sep-2023	26-Sep-2023
Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE DAILY	-	26-Sep-2023	03-Nov-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	06-Sep-2023	06-Sep-2023
Nacsys Effervescent tablets 600 mg	56	56 TABLET	ONE TO BE TAKEN DAILY	-	06-Sep-2023	03-Nov-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued

Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	06-Oct-2023	06-Oct-2023
Sterimar Hypertonic Nasal Spray 75 %	50	50 ml	AS DIRECTED	-	06-Oct-2023	06-Oct-2023
Benzydamine Hydrochloride Spray Sugar Free 0.15 %	1	1 spray	3-4 SPRAYS EVERY 4 HOURS PRN	-	04-Oct-2023	04-Oct-2023
Mometasone Furoate Nasal spray 50 micrograms/dose	1	1 bottle	2 PUFFS EACH NOSTRIL DAILY	-	26-Sep-2023	26-Sep-2023
Easychamber Spacer device	1	1 device	AS DIRECTED	-	26-Sep-2023	26-Sep-2023
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	26-Sep-2023	26-Sep-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Oct-2023	151	81

Body Measurements

Date Recorded	Height	Weight	BMI
08-Aug-2023	167.64	82.55	29.37

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		04-Oct-2023
Never smoked tobacco:		08-Aug-2023
Stopped smoking:		04-Oct-2010
Alcohol consumption unknown:		08-Aug-2023

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Contact with patient today:Face to Face
Route of Travel:Private
Respiratory Rate:23
Sp02:94
Temperature:37.1
Systolic BP:158
Diastolic BP:93
Pulse:119
Patient's Conscious Level:Alert
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Pulmonary Rehabilitation GGC Pulmonary Rehab		**Consultant / receiving practitioner** and/or **specialty clinic**
Respiratory Direct Access Services NHS Greater Glasgow & Clyde		**Hospital** and **hospital address** Hospital location code. G035G Email address

Urgency of referral Routine
Date of referral 02-Dec-2022 **Date sent** 02-Dec-2022

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

2-1
69 Abbotshall Ave
Glasgow
G15 8PL

Contact number(s)

Voice: 07307215513
E-mail: georgemcghee776@yahoo.com

101028137061U | Unique Care Pathway Number: 101028137061U

REGISTERED GP DETAILS

Name	Dr Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice: 041 211 6110
Facsimile: NO FAX
E-mail: ggc.gp40559@nhs.scot

REFERRING GP DETAILS

Name	Dr. Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Dr Shotton (40559)		
Practice code	40559		

Practice address

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

	Contact number(s)
	Voice: 0141 211 6110

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: COPD

Comment: Thank you for seeing this 61 year old gentleman who was diagnosed with bronchiectasis in 2017. He is an ex-heavy smoker and moved to the area three years ago. His breathing and sputum expectoration has worsened and he is keen to learn exercises to help him to cope with the shortness of breath. I would appreciate an assessment and advice for this gentleman. Thank you for your time.

Kind regards

Alison Harkness
Advanced Nurse Practitioner.

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

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

Description	Comment	Date of onset	Date recorded
Bronchiectasis (Right)	middle lobe	02-Feb-2017	02-Feb-2017
Hyperlipidaemia NOS	Cholesterol 8.5	18-Oct-2004	18-Oct-2004
Oesophagitis	-	29-Jun-2004	29-Jun-2004
[D]Alcohol blood level excessive	-	29-Jun-2004	29-Jun-2004
[D]Chest pain	-	29-Jun-2004	29-Jun-2004
Dyspepsia	-	29-Jun-2004	29-Jun-2004
Fracture of mandible	-	07-Sep-2002	07-Sep-2002
Renal colic	-	02-Nov-1997	02-Nov-1997
Suspected gallstones	-	02-Nov-1997	02-Nov-1997
Head injury	-	28-Mar-1993	28-Mar-1993
Greenstick fracture	-	17-Jul-1973	17-Jul-1973

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
BCSP faecal occult blood test normal	16-Jun-2022	16-Jun-2022
BCSP faecal occult blood test normal	03-Feb-2016	03-Feb-2016
Advice given about bowel cancer screening programme	31-Oct-2014	31-Oct-2014

Family conditions (All priorities)

Description	Date of Onset
No FH: Ischaemic heart disease	17-Nov-2011
No FH: Stroke/TIA	17-Nov-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	08-Sep-2022	19-Oct-2022
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	1	1 inhaler	1 PUFF TWICE DAILY	-	15-Apr-2020	01-Nov-2022
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	15-Apr-2020	08-Sep-2022
Nacsys Effervescent tablets 600 mg	28	28 TABLET	1 ONCE DAILY	-	15-Apr-2020	14-Nov-2022
	56	56 TABLET		-	15-Jul-2016	

Simvastatin Tablets 40 mg			ONE TO BE TAKEN AT NIGHT			28-Sep-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE DAILY 30 MINS BEFORE MEALS	-	29-Jun-2015	28-Sep-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE DAILY	-	02-Dec-2022	02-Dec-2022
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	14-Nov-2022	14-Nov-2022
Fluconazole Capsules 50 mg	7	7 capsule	1 Cap Daily	-	10-Nov-2022	10-Nov-2022
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	10-Nov-2022	10-Nov-2022
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO CAPS ON DAY ONE. THEN TAKE ONE A DAY TO COMPLETE COURSE	-	04-Nov-2022	04-Nov-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	26-Oct-2022	26-Oct-2022
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	26-Oct-2022	26-Oct-2022
Xylometazoline Hydrochloride Nasal spray 0.1 %	1	1 SPRAY	USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS	-	26-Oct-2022	26-Oct-2022
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS	-	18-Oct-2022	18-Oct-2022
Epimax Ointment	500	500 GRAM	APPLY AS DIRECTED OR USE AS SOAP SUBSTITUTE	-	18-Oct-2022	14-Nov-2022
Hydrocortisone Ointment 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	18-Oct-2022	18-Oct-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	13-Sep-2022	13-Sep-2022
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	13-Sep-2022	13-Sep-2022
Mirtazapine Tablets 45 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	19-Jul-2022	19-Jul-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
15-Jul-2016	136	82
14-Jul-2016	136	82
15-Nov-2013	122	82
26-Nov-2012	120	80
26-Nov-2012	120	80

Body Measurements

Date Recorded	Height	Weight	BMI
15-Nov-2013	173	73	24.39
17-Nov-2011	173	68	22.72
19-Mar-2008	-	58	-
02-Feb-2007	173	63	-
19-Jan-2007	-	61	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex-heavy smoker (20-39/day) :	Worsening symptoms of bronchiectasis, SOB, productive cough., "nasty" taste in mouth. Moved here 3 years ago and awaiting respiratory clinic and physio. According to pt the last GP was to- TRUNCATED	02-Dec-2022
Ex smoker :	ex-stopped 5 years ago, previously 10 a day	20-Dec-2016
Ex smoker :	treat as chest infection.	28-Nov-2016
Cigarette smoker, 0 Cigarettes/day:		15-Jul-2016
Ex smoker:		23-Oct-2013
Alcohol consumption, 0 units/week:		15-Nov-2013
Alcohol units per week, 8 U/week:		26-Nov-2012
Alcohol units per week, 10 U/week:		17-Nov-2011
Exercise grading, 3 :		17-Nov-2011
Exercise grading NOS, 2 :		17-Nov-2011

Investigations

Description/Question	Result/Comment	Date
Diagnosis of COPD:	true	-
MRC grade 3:	true	-
On optimum drug therapy:	true	-
Has the patient completed pulmonary rehabilitation before?:	NO	-
Has your patient any Psychiatric, cognitive or locomotor problems that would prevent participation in exercise or in a group setting?:	NO	-
Does your patient have decompensated heart failure?:	NO	-
No Oxygen Therapy:	true	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Patient has agreed to participate:true

Relevant past medical history:Bronchiectasis diagnosed 2017
Hyperlipademia

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Healthcare Professional
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	—	**Hospital** and **hospital address** Hospital location code. G516H Email address

Urgency of referral Routine
Date of referral 10-Nov-2022 **Date sent** 10-Nov-2022

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	

Patient's address

2-1
69 Abbotshall Ave
Glasgow
G15 8PL

Contact number(s)

Voice: 07307215513
E-mail: georgemcghee776@yahoo.com

101027935096D | Unique Care Pathway Number: 101027935096D

REGISTERED GP DETAILS

Name	Dr Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice: 041 211 6110
Facsimile: NO FAX
E-mail: ggc.gp40559@nhs.scot

REFERRING GP DETAILS

Name	Dr. Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drs Turnbull & Shotton (40559)		
Practice code	40559		

Practice address

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

Contact number(s)

Voice: 0141 211 6110
Facsimile: NO FAX

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Known bronchiectasis

Comment: Dear colleagues
I wonder if you could review this 60 year old man who was diagnosed with the above in Ayrshire and Arran trust in 2017. He is having issues with expectorations and SOB despite his fostair and salbutamol and nacys, and has not had specialist review since 2017.
Many thanks
V Shotton

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Bronchiectasis (Right)	middle lobe	02-Feb-2017	02-Feb-2017
Hyperlipidaemia NOS	Cholesterol 8.5	18-Oct-2004	18-Oct-2004
Oesophagitis	-	29-Jun-2004	29-Jun-2004
Dyspepsia	-	29-Jun-2004	29-Jun-2004
[D]Chest pain	-	29-Jun-2004	29-Jun-2004
[D]Alcohol blood level excessive	-	29-Jun-2004	29-Jun-2004
Fracture of mandible	-	07-Sep-2002	07-Sep-2002
Renal colic	-	02-Nov-1997	02-Nov-1997
Suspected gallstones	-	02-Nov-1997	02-Nov-1997
Head injury	-	28-Mar-1993	28-Mar-1993
Greenstick fracture	-	17-Jul-1973	17-Jul-1973

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
BCSP faecal occult blood test normal	16-Jun-2022	16-Jun-2022
BCSP faecal occult blood test normal	03-Feb-2016	03-Feb-2016
Advice given about bowel cancer screening programme	31-Oct-2014	31-Oct-2014

Family conditions (All priorities)

Description	Date of Onset
No FH: Stroke/TIA	17-Nov-2011
No FH: Ischaemic heart disease	17-Nov-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	08-Sep-2022	19-Oct-2022
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	1	1 inhaler	1 PUFF TWICE DAILY	-	15-Apr-2020	01-Nov-2022
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	15-Apr-2020	08-Sep-2022
Nacsys Effervescent tablets 600 mg	28	28 TABLET	1 ONCE DAILY	-	15-Apr-2020	19-Oct-2022
Simvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	15-Jul-2016	28-Sep-2022
	56	56 CAPSULE	ONE DAILY 30 MINS BEFORE MEALS	-	29-Jun-2015	28-Sep-2022

Omeprazole Capsules (Gastro-Resistant) 20 mg

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluconazole Capsules 50 mg	7	7 capsule	1 Cap Daily	-	10-Nov-2022	10-Nov-2022
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	10-Nov-2022	10-Nov-2022
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO CAPS ON DAY ONE. THEN TAKE ONE A DAY TO COMPLETE COURSE	-	04-Nov-2022	04-Nov-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	26-Oct-2022	26-Oct-2022
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	26-Oct-2022	26-Oct-2022
Xylometazoline Hydrochloride Nasal spray 0.1 %	1	1 SPRAY	USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS	-	26-Oct-2022	26-Oct-2022
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS	-	18-Oct-2022	18-Oct-2022
Epimax Ointment	500	500 GRAM	APPLY AS DIRECTED OR USE AS SOAP SUBSTITUTE	-	18-Oct-2022	18-Oct-2022
Hydrocortisone Ointment 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	18-Oct-2022	18-Oct-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	13-Sep-2022	13-Sep-2022
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	13-Sep-2022	13-Sep-2022
Mirtazapine Tablets 45 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	19-Jul-2022	19-Jul-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
15-Jul-2016	136	82
14-Jul-2016	136	82
15-Nov-2013	122	82
26-Nov-2012	120	80
26-Nov-2012	120	80

Body Measurements

Date Recorded	Height	Weight	BMI
15-Nov-2013	173	73	24.39
17-Nov-2011	173	68	22.72
19-Mar-2008	-	58	-
02-Feb-2007	173	63	-
19-Jan-2007	-	61	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker :	ex-stopped 5 years ago, previously 10 a day	20-Dec-2016
Ex smoker :	treat as chest infection.	28-Nov-2016
Cigarette smoker, 0 Cigarettes/day:		15-Jul-2016

Ex smoker:	23-Oct-2013
Ex-light smoker (1-9/day) :	04-Jan-2013
Alcohol consumption, 0 units/week:	15-Nov-2013
Alcohol units per week, 8 U/week:	26-Nov-2012
Alcohol units per week, 10 U/week:	17-Nov-2011
Exercise grading, 3 :	17-Nov-2011
Exercise grading NOS, 2 :	17-Nov-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Breslin, Sharon

Subject: FW: Pul rehab referral query **CONFIDENTIAL**

Sensitivity: Confidential

From: Mackay, Elaine
Sent: 18 June 2020 10:24
To: Breslin, Sharon
Subject: FW: Pul rehab referral query **CONFIDENTIAL**
Sensitivity: Confidential

Hi Sharon

I received this referral below. Could you please convert this to a referral form to the service so he can go on our waiting list please
Is this ok to ask you this?

Thanks Elaine

From: Strang, Jenna [mailto:Jenna.Strang@aapct.scot.nhs.uk]
Sent: 09 June 2020 11:15
To: Mackay, Elaine
Subject: [ExternaltoGGC]RE: Pul rehab referral query **CONFIDENTIAL**
Sensitivity: Confidential

Hi,

Thanks for this-

Details GEORGE MCGHEE, CHI 1311616039, Flat 2/1, 69 Abbotshall Ave, Drumchapel, tel 07307 215513

PC- Bronchiectasis, right middle lobe affected, referred to us due to having recurrent infections

PMH- GORD, hypertension, panic attacks, high cholesterol, ex smoker

Input thus far from Jan '20 onwards- taught chest clearance techniques and issued with HEP based on Pul rehab class

Goal- pt unable to be specific but keen to increase fitness levels. Pt keen to join a Pul rehab class (as able)

Pt aware classes in Glasgow not running at present and will hear from yourselves when able,

Kind regards,

Jenna Strang
Pulmonary Rehab. and Respiratory Physiotherapist
Physiotherapy Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

Tel: 01563 827640
Mob: 07814 910891

Please note I am currently working from home so please contact me via email or mobile

Our

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran

Allied Health Professions
in Scotland
Allied to each other and the communities we serve

From: Mackay, Elaine [mailto:Elaine.Mackay@ggc.scot.nhs.uk]
Sent: 08 June 2020 15:56
To: Strang, Jenna
Subject: RE: Pul rehab referral query

Hi Jenna

Can you please send the man's details onto us.
Can you explain we have no active programmes at present, but will add him to our list of patients. We will call him

Thanks Elaine

From: Strang, Jenna [mailto:Jenna.Strang@aapct.scot.nhs.uk]
Sent: 08 June 2020 15:42
To: Mackay, Elaine
Subject: [ExternaltoGGC]Pul rehab referral query

Hi Elaine,

I was wondering if you could help? We have a man who was doing a HEP Pul rehab programme prior to COVID19. He was doing a HEP asa opposed to a class as he was due to move to Glasgow, Drumchapel area. I have since called him and he is keen to be refereed onto Glasgow Pul rehab services now that he has moved. I explained that all Pul rehab services are looking very different in light of COVID19 and so not sure what you might have the capacity to offer and he was understanding of this. Could you let me know how best to refer to yourselves?

Thanks,

Jenna Strang

Pulmonary Rehab. and Respiratory Physiotherapist
Physiotherapy Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

Tel: 01563 827640
Mob: 07814 910891

Please note I am currently working from home so please contact me via email or mobile

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran

Allied Health Professions
in Scotland
Allied to each other and the communities we serve

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN		**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 16-Jan-2017 **Date sent** 16-Jan-2017

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

F2-2
46 Jedowrth Ave
Glasgow
G15 7QH

Contact number(s)

Voice: 07491096119

101012840093Y | Unique Care Pathway Number: 101012840093Y

REGISTERED GP DETAILS

Name	Dr Anne Turnbull		
GMC code	3617373	GP code	04961
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice: 041 211 6110
Facsimile: 0141 211 6117

REFERRING GP DETAILS

Name	Dr. Jennifer Coyle		
GMC code	6055982	GP code	02160
Practice name	Dr Turnbull & Dr Coyle (40559)		
Practice code	40559		

Practice address

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

Contact number(s)

Voice: 0141 211 6110

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Abnormal CXR, ? malignancy. Persistent cough

Comment: Dear Doctor

Thank you for seeing this fifty five year old man. He has been coughing since mid November 2016. When he was seen in late November he had some creps in the left base and was treated with Amoxicillin. He returned on the 20th December with an ongoing cough. At that point his chest was clear. He works in a kitchen and there has been no recent change in his home or work environment and he feels well. He is an ex -smoker. He stopped about five years ago and had been smoking up to about ten cigarettes a day until that point. A chest x-ray was requested and has been reported as showing an irregular opacity medially at the right base associated with atelectasis. This has progressed since the previous film. The appearances could reflect infection or neoplasm. An urgent respiratory referral was advised.

In light of his abnormal chest x-ray and persistent cough I would appreciate your urgent assessment.

Thank you for seeing him.

Yours sincerely

Dr Jennifer Coyle

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Hyperlipidaemia NOS	Cholesterol 8.5	18-Oct-2004	18-Oct-2004
Oesophagitis	-	29-Jun-2004	29-Jun-2004
[D]Alcohol blood level excessive	-	29-Jun-2004	29-Jun-2004
[D]Chest pain	-	29-Jun-2004	29-Jun-2004
Dyspepsia	-	29-Jun-2004	29-Jun-2004
Fracture of mandible	-	07-Sep-2002	07-Sep-2002
Renal colic	-	02-Nov-1997	02-Nov-1997
Suspected gallstones	-	02-Nov-1997	02-Nov-1997
Head injury	-	28-Mar-1993	28-Mar-1993
Greenstick fracture	-	17-Jul-1973	17-Jul-1973

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
BCSP faecal occult blood test normal	03-Feb-2016	03-Feb-2016
Advice given about bowel cancer screening programme	31-Oct-2014	31-Oct-2014

Family conditions (All priorities)

Description	Date of Onset
No FH: Stroke/TIA	17-Nov-2011
No FH: Ischaemic heart disease	17-Nov-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Simvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	15-Jul-2016	23-Nov-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE DAILY 30 MINS BEFORE MEALS	-	29-Jun-2015	23-Nov-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	20-Dec-2016	20-Dec-2016
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	20-Dec-2016	20-Dec-2016
Clobetasone Butyrate Cream 0.05 %	30	30 GRAM	Apply Twice daily	-	20-Dec-2016	20-Dec-2016
Zerobase Cream 11 %	500	500 GRAM (S)	APPLY FREQUENTLY	-	20-Dec-2016	20-Dec-2016
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	28-Nov-2016	28-Nov-2016
Sildenafil Citrate Tablets 100 mg	4	4 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	13-Jul-2016	23-Nov-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
15-Jul-2016	136	82
14-Jul-2016	136	82
15-Nov-2013	122	82
26-Nov-2012	120	80
26-Nov-2012	120	80

Body Measurements

Date Recorded	Height	Weight	BMI
15-Nov-2013	173	73	24.39
17-Nov-2011	173	68	22.72
19-Mar-2008	-	58	-
02-Feb-2007	173	63	-
19-Jan-2007	-	61	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker :	ex-stopped 5 years ago, previously 10 a day	20-Dec-2016
Ex smoker :	treat as chest infection.	28-Nov-2016
Cigarette smoker, 0 Cigarettes/day:		15-Jul-2016
Ex smoker:		23-Oct-2013
Ex-light smoker (1-9/day) :		04-Jan-2013
Alcohol consumption, 0 units/week:		15-Nov-2013
Alcohol units per week, 8 U/week:		26-Nov-2012
Alcohol units per week, 10 U/week:		17-Nov-2011
Exercise grading, 3 :		17-Nov-2011
Exercise grading NOS, 2 :		17-Nov-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

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

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Rheumatology GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	—	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 17-Feb-2016 **Date sent** 17-Feb-2016

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr.
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

F2-2
46 Jedowrth Ave
Glasgow
G15 7QH

Contact number(s)

Voice: 07491096119

101010858772I

Unique Care Pathway Number: 101010858772I

REGISTERED GP DETAILS

Name	Dr Anne Turnbull		
GMC code	3617373	GP code	04961
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice: 041 211 6110
Facsimile: 0141 211 6117

REFERRING GP DETAILS

Name	Dr. Jennifer Coyle		
GMC code	6055982	GP code	02160
Practice name	Dr Turnbull & Dr Coyle (40559)		
Practice code	40559		

Practice address

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

Contact number(s)

Voice: 0141 211 6110

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Right shoulder pain

Comment: Dear Doctor

Thank you for your expert review of this gentleman who has been complaining of right shoulder pain since May 2015. He works as a cleaner in a pub and there is no history of injury or trauma. In the past few months he has been struggling to do his job properly and has various notes from his employer dui to the unfinished work. He has been struggling and he has had various analgesics and also physiotherapy with limited benefit. His right shoulder is tender anteriorly and has a range of movement which is reasonably good but with restricted at extremes and especially painful on external rotation. He was diagnosed with impingement syndrome and I wonder if he needs a steroid injection which might help improve the pain as he is struggling to cope at work.

Thank you for your specialist review and opinion.

Yours sincerely

Dr Kulwant Sambi

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Hyperlipidaemia NOS	Cholesterol 8.5	18-Oct-2004	18-Oct-2004
Oesophagitis	-	29-Jun-2004	29-Jun-2004
[D]Alcohol blood level excessive	-	29-Jun-2004	29-Jun-2004
[D]Chest pain	-	29-Jun-2004	29-Jun-2004
Dyspepsia	-	29-Jun-2004	29-Jun-2004
Fracture of mandible	-	07-Sep-2002	07-Sep-2002
Renal colic	-	02-Nov-1997	02-Nov-1997
Suspected gallstones	-	02-Nov-1997	02-Nov-1997
Head injury	-	28-Mar-1993	28-Mar-1993
Greenstick fracture	-	17-Jul-1973	17-Jul-1973

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Advice given about bowel cancer screening programme	31-Oct-2014	31-Oct-2014

Family conditions (All priorities)

Description	Date of Onset
No FH: Stroke/TIA	17-Nov-2011
No FH: Ischaemic heart disease	17-Nov-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE DAILY 30 MINS BEFORE MEALS	-	29-Jun-2015	06-Jan-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	17-Feb-2016	17-Feb-2016

Diclofenac Diethylammonium Gel 1.16 %	100	100 gram	APPLY THREE TIMES A DAY	-	17-Feb-2016	17-Feb-2016
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	TWO CAPSULES 3 TIMES A DAY	-	06-Jan-2016	06-Jan-2016
Sildenafil Citrate Tablets 100 mg	4	4 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	06-Jan-2016	06-Jan-2016
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	TWO CAPSULES 3 TIMES A DAY	-	29-Oct-2015	29-Oct-2015
Sildenafil Citrate Tablets 100 mg	4	4 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	27-Aug-2015	20-Oct-2015
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	TWO CAPSULES 3 TIMES A DAY	-	24-Aug-2015	17-Sep-2015
Amitriptyline Hydrochloride Tablets 10 mg	28	28 TABLET	ONE AT NIGHT AND INCREASE TO 2 AT NIGHT	-	24-Aug-2015	06-Jan-2016
Ibuprofen Gel 5 %	100	100 GRAMS	APPLY THREE TIMES A DAY	-	13-Aug-2015	06-Jan-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
15-Nov-2013	122	82
26-Nov-2012	120	80
26-Nov-2012	120	80
17-Nov-2011	122	80
31-Aug-2010	118	70

Body Measurements

Date Recorded	Height	Weight	BMI
15-Nov-2013	173	73	24.39
17-Nov-2011	173	68	22.72
19-Mar-2008	-	58	-
02-Feb-2007	173	63	-
19-Jan-2007	-	61	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		23-Oct-2013
Ex-light smoker (1-9/day) :		04-Jan-2013
Ex smoker:		26-Nov-2012
Ex smoker:		17-Nov-2011
Stopped smoking:		07-Nov-2011
Alcohol consumption, 0 units/week:		15-Nov-2013
Alcohol units per week, 8 U/week:		26-Nov-2012
Alcohol units per week, 10 U/week:		17-Nov-2011
Exercise grading, 3 :		17-Nov-2011
Exercise grading NOS, 2 :		17-Nov-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	—	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral URGENT
Date of referral 20-Jan-2015 **Date sent** 20-Jan-2015

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

F2-2
132 Drummore Road
Glasgow
G15 7NJ

Contact number(s)

Voice: 07899170005

101008564128D | Unique Care Pathway Number: 101008564128D

REGISTERED GP DETAILS

Name	Dr Christine Grieve		
GMC code	2555313	GP code	05550
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice: 041 211 6110
Facsimile: 0141 211 6117

REFERRING GP DETAILS

Name	Dr. Christine Grieve		
GMC code	2555313	GP code	05550
Practice name	Dr Grieve (40559)		
Practice code	40559		

Practice address

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

Contact number(s)

Voice: 0141 211 6110

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: hoarseness 6 weeks and discomfort throat

Comment: This man complains of hoarseness for the past 6 weeks and feels the need to clear his throat frequently. He is coughing up clear spit and saliva. He also has some tenderness of the left side of his neck.

His throat appears normal. He has a slightly enlarged tender cervical lymph node on the left side of his neck.

He is an ex-smoker of 3 years and tells me he rarely drinks alcohol.

Could he be seen for examination at your clinic?

Dr Anne Turnbull

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Hyperlipidaemia NOS	Cholesterol 8.5	18-Oct-2004	18-Oct-2004
Oesophagitis	-	29-Jun-2004	29-Jun-2004
[D]Alcohol blood level excessive	-	29-Jun-2004	29-Jun-2004
[D]Chest pain	-	29-Jun-2004	29-Jun-2004
Dyspepsia	-	29-Jun-2004	29-Jun-2004
Fracture of mandible	-	07-Sep-2002	07-Sep-2002
Renal colic	-	02-Nov-1997	02-Nov-1997
Suspected gallstones	-	02-Nov-1997	02-Nov-1997
Head injury	-	28-Mar-1993	28-Mar-1993
Greenstick fracture	-	17-Jul-1973	17-Jul-1973

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Advice given about bowel cancer screening programme	31-Oct-2014	31-Oct-2014

Family conditions (All priorities)

Description	Date of Onset
No FH: Stroke/TIA	17-Nov-2011
No FH: Ischaemic heart disease	17-Nov-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 10 mg	28	28 CAPS	1 Cap Daily	-	27-Apr-2011	12-Jan-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	15	15 capsule	1 CAP THREE TIMES DAILY	-	05-Jan-2015	05-Jan-2015
Co-Codamol 30/500 Tablets	56	56 tablet	2 TABLETS FOUR TIMES DAILY	-	29-Dec-2014	29-Dec-2014
Naproxen Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	24-Nov-2014	24-Nov-2014
Co-Codamol 30/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN	-	24-Nov-2014	03-Dec-2014

			REQUIRED (MAXIMUM OF 8 IN 24 HOURS)			
Amitriptyline Hydrochloride Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	24-Nov-2014	24-Nov-2014
Co-Codamol 30/500 Tablets	60	60 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	18-Nov-2014	18-Nov-2014
Sildenafil Citrate Tablets 100 mg	4	4 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	17-Nov-2014	12-Jan-2015
Sildenafil Citrate Tablets 100 mg	4	4 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	14-Aug-2014	15-Sep-2014

Blood Pressure

Date Recorded	Systolic	Diastolic
15-Nov-2013	122	82
26-Nov-2012	120	80
26-Nov-2012	120	80
17-Nov-2011	122	80
31-Aug-2010	118	70

Body Measurements

Date Recorded	Height	Weight	BMI
15-Nov-2013	173	73	24.39
17-Nov-2011	173	68	22.72
19-Mar-2008	-	58	-
02-Feb-2007	173	63	-
19-Jan-2007	-	61	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		23-Oct-2013
Ex-light smoker (1-9/day) :		04-Jan-2013
Ex smoker:		26-Nov-2012
Ex smoker:		17-Nov-2011
Stopped smoking:		07-Nov-2011
Alcohol consumption, 0 units/week:		15-Nov-2013
Alcohol units per week, 8 U/week:		26-Nov-2012
Alcohol units per week, 10 U/week:		17-Nov-2011
Exercise grading, 3 :		17-Nov-2011
Exercise grading NOS, 2 :		17-Nov-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

WEST GLASGOW AMBULATORY CARE HOSPITAL Confirmed
Ambulatory ECG Monitor
Cardiac Department EXT 56244

Patient Name	: McGhee, George	Analysis Date	: 13/10/2016
Date of Birth	: 13/11/1961 Age : 54	Physician	:
Sex	: Male	Hospital	: West Glasgow ACH
Patient No.	: 1311616039	Ward	: C/OP
Recording Date	: 05/10/2016	Analyser	: PDigital V9.026
Recording Length	: 20 hrs 20 mins	Recorder Number	: 00017065

Analysis Summary :

Normal Beat Total	: 109467	Aberrant Total	: 1 avg 0 /hr 0.0 % of total
Premature Normals	: 0	Premature Aberrants	: 0 avg 0 /hr 0.0 % of total
SVTs	: 0	Couplets	: 0
		Triplets	: 0
		Salvos	: 0
		VTs	: 0

Bradycardia	: 0	Maximum Heart Rate	: 142 bpm at 13:13 (1 min Avg)
		Minimum Heart Rate	: 70 bpm at +05:46 (1 min Avg)
Dropped Beats	: 4	QRS Total	: 109819
Pauses	: 0	Paced Beats	: 0

Review Comments:

sinus rhythm
infrequent occurance of non sustained of wenkebach
no diary events

AW

Alexis Wokoma on 13/10/2016 09:38:37

Signed _____

WEST GLASGOW AMBULATORY CARE HOSPITAL Confirmed

Ambulatory ECG Monitor

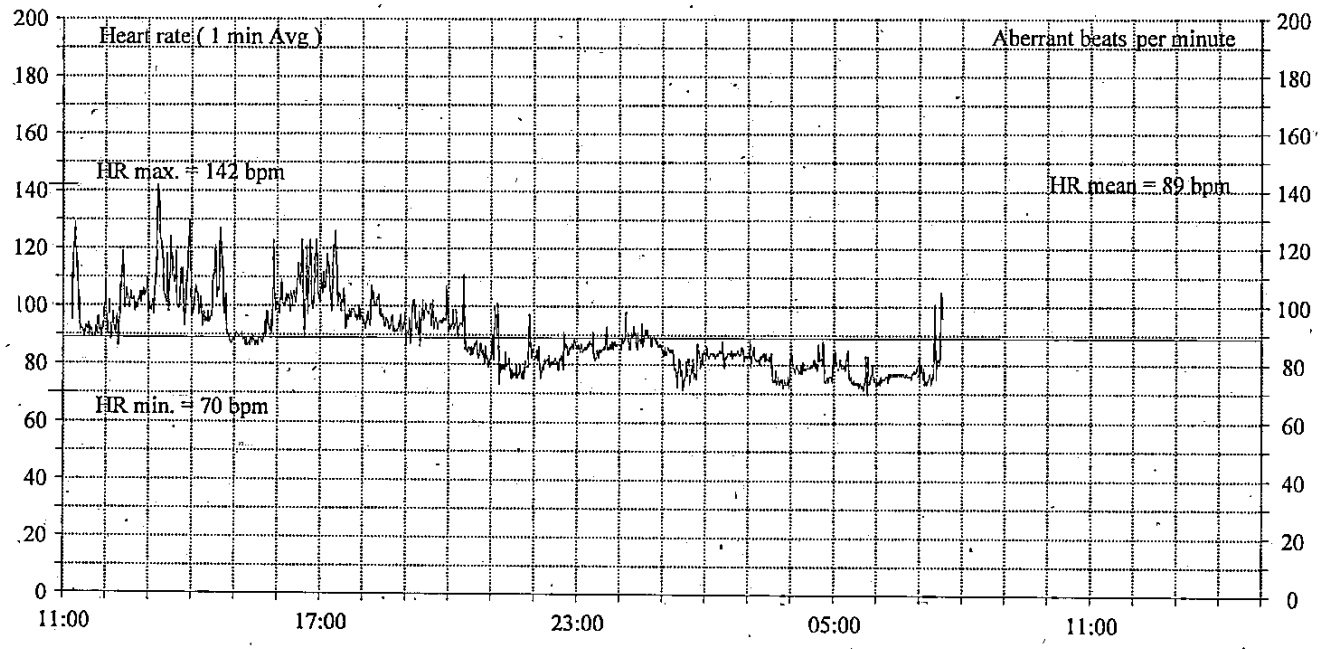
Cardiac Department EXT 56244

Patient Name : McGhee, George

Recording Date : 05/10/2016

Patient No : 1311616039

Period beginning	QRS	Normal	Premature Normal	SVT	Isolated Aberrant	Premature Aberrant	Couplet	Triplet	Salvo	VT
11:11	4648	4334	0	0	0	0	0	0	0	0
12:00	6076	6068	0	0	0	0	0	0	0	0
13:00	6630	6628	0	0	0	0	0	0	0	0
14:00	6064	6061	0	0	0	0	0	0	0	0
15:00	5496	5494	0	0	0	0	0	0	0	0
16:00	6360	6359	0	0	0	0	0	0	0	0
17:00	6239	6239	0	0	0	0	0	0	0	0
18:00	5788	5788	0	0	0	0	0	0	0	0
19:00	5764	5764	0	0	0	0	0	0	0	0
20:00	5322	5322	0	0	0	0	0	0	0	0
21:00	4926	4923	0	0	0	0	0	0	0	0
22:00	4977	4976	0	0	0	0	0	0	0	0
23:00	5172	5171	0	0	0	0	0	0	0	0
00:00	5195	5190	0	0	0	0	0	0	0	0
01:00	4844	4842	0	0	0	0	0	0	0	0
02:00	5036	5036	0	0	0	0	0	0	0	0
03:00	4749	4748	0	0	0	0	0	0	0	0
04:00	4732	4727	0	0	0	0	0	0	0	0
05:00	4622	4618	0	0	0	0	0	0	0	0
06:00	4603	4603	0	0	0	0	0	0	0	0
:00	2576	2576	0	0	0	0	0	0	0	0
:32										
Total	109819	109467	0	0	0	0	0	0	0	0



Arrhythmia Criteria :

Pause	: >= 2.50 s	Bradycardia	: minimum of 4 beats at <= 45 bpm
Dropped beat	: >= 180 % of RR interval	SVT	: minimum of 5 beats at >= 130 bpm
VT	: minimum of 5 beats at >= 100 bpm	Premature Aberrant	: <= 90 % of RR interval
Salvo	: minimum of 4 beats	Premature Normal	: <= 66 % of RR interval

Alexis Wokoma on 13/10/2016 09:38:37

WEST GLASGOW AMBULATORY CARE HOSPITAL Confirmed

Ambulatory ECG Monitor

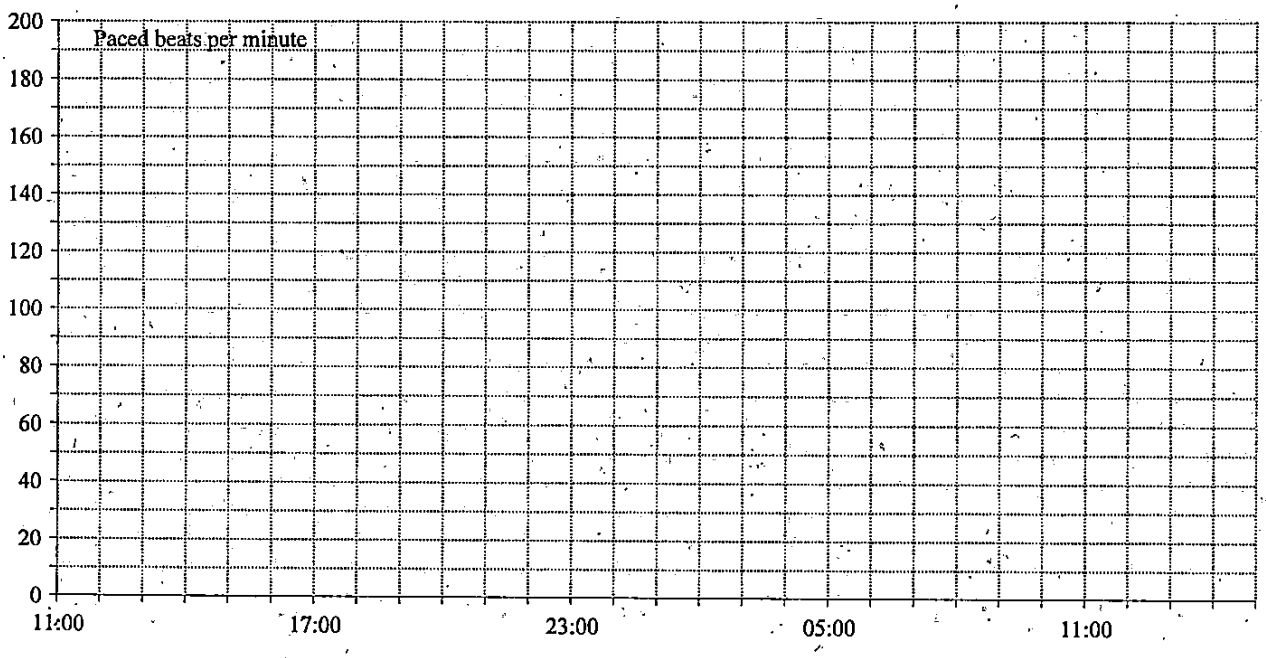
Cardiac Department EXT 56244

Patient Name : McGhee, George

Recording Date : 05/10/2016

Patient No : 1311616039

Period beginning	AF seconds	Paced beats	Pause	Dropped beat	Bradycardia	Bigeminy	Trigeminy	R on T	Artefact seconds
11:11	0	0	0	0	0	0	0	0	79
12:00	0	0	0	0	0	0	0	0	0
13:00	0	0	0	0	0	0	0	0	0
14:00	0	0	0	0	0	0	0	0	0
15:00	0	0	0	0	0	0	0	0	0
16:00	0	0	0	0	0	0	0	0	13
17:00	0	0	0	0	0	0	0	0	0
18:00	0	0	0	0	0	0	0	0	0
19:00	0	0	0	2	0	0	0	0	0
20:00	0	0	0	1	0	0	0	0	0
21:00	0	0	0	0	0	0	0	0	0
22:00	0	0	0	0	0	0	0	0	0
23:00	0	0	0	0	0	0	0	0	0
00:00	0	0	0	0	0	0	0	0	110
01:00	0	0	0	1	0	0	0	0	0
02:00	0	0	0	0	0	0	0	0	0
03:00	0	0	0	0	0	0	0	0	12
04:00	0	0	0	0	0	0	0	0	29
05:00	0	0	0	0	0	0	0	0	0
06:00	0	0	0	0	0	0	0	0	0
7:00	0	0	0	0	0	0	0	0	0
7:32									
Total	0	0	0	4	0	0	0	0	248



Alexis Wokoma on 13/10/2016 09:38:37

WEST GLASGOW AMBULATORY CARE HOSPITAL **Confirmed**

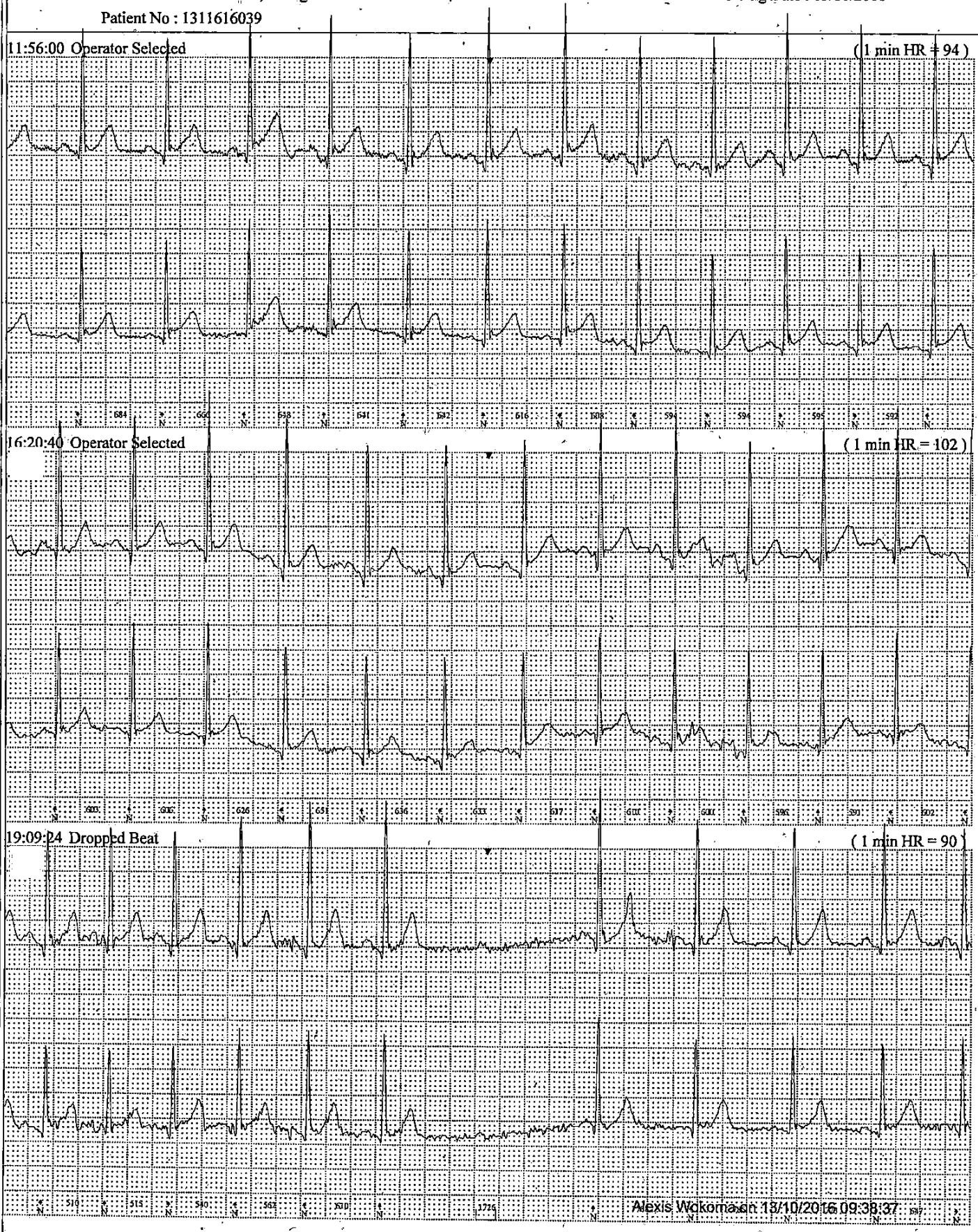
Ambulatory ECG Monitor

Cardiac Department EXT 56244

Patient Name : McGhee, George

Recording Date : 05/10/2016

Patient No : 1311616039



WEST GLASGOW AMBULATORY CARE HOSPITAL Confirmed

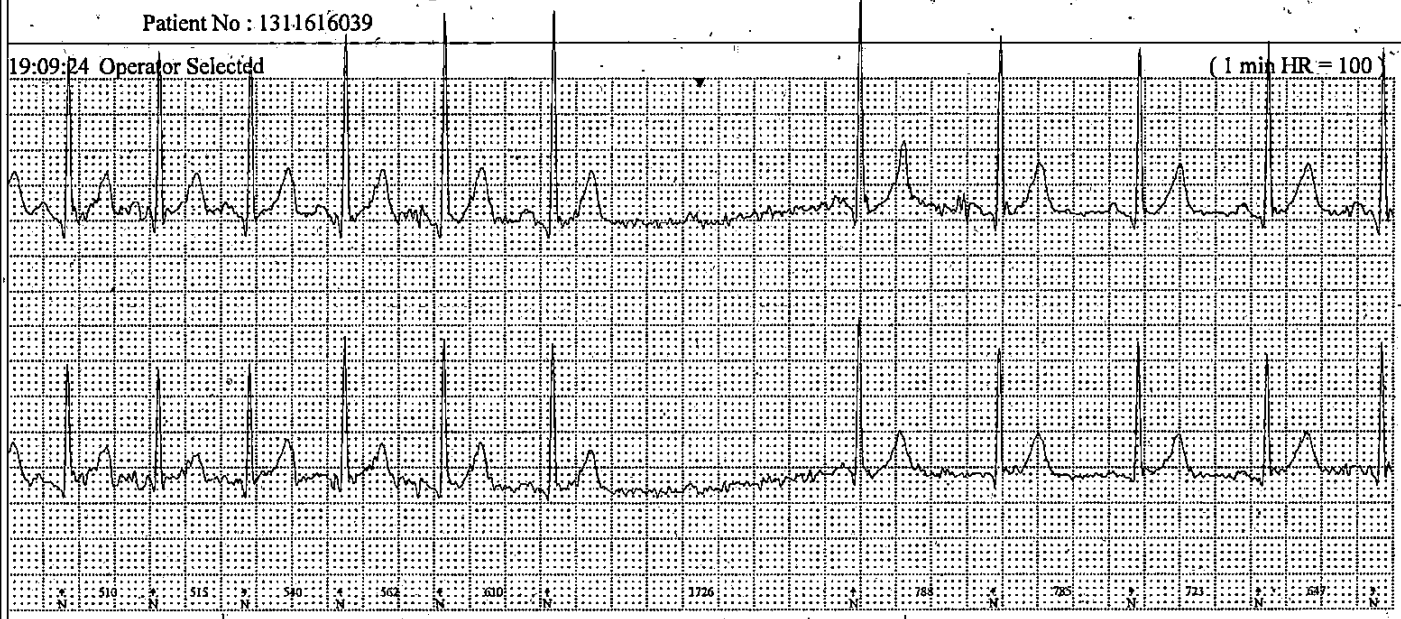
Ambulatory ECG Monitor

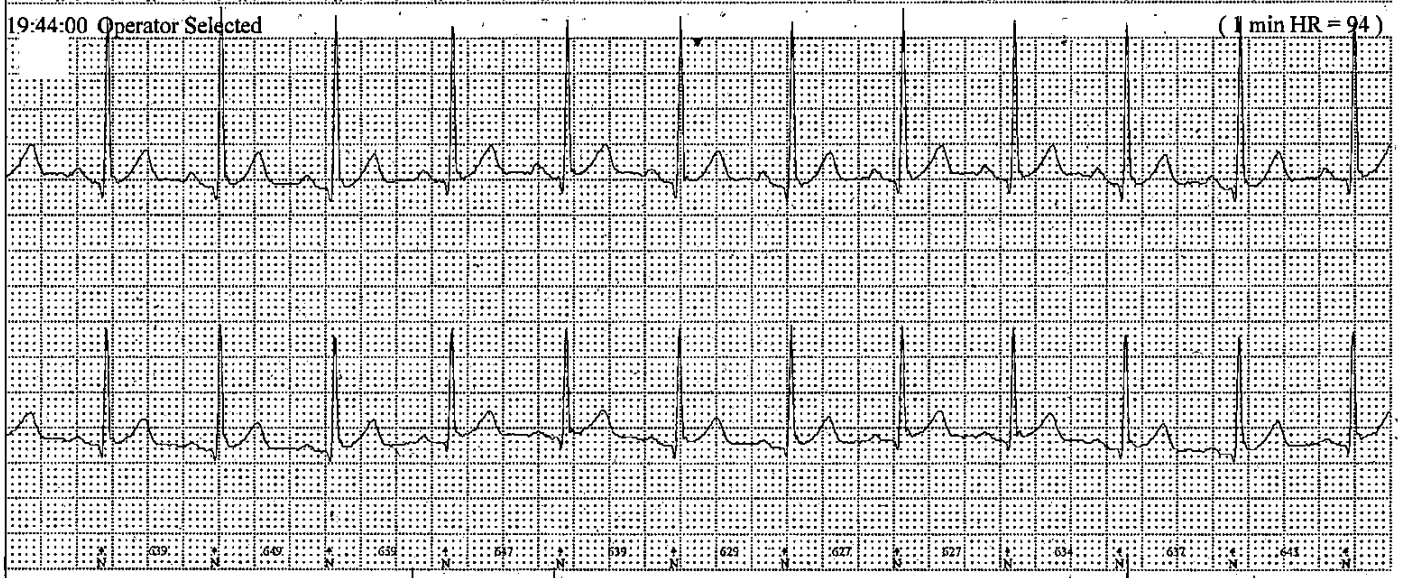
Cardiac Department EXT 56244

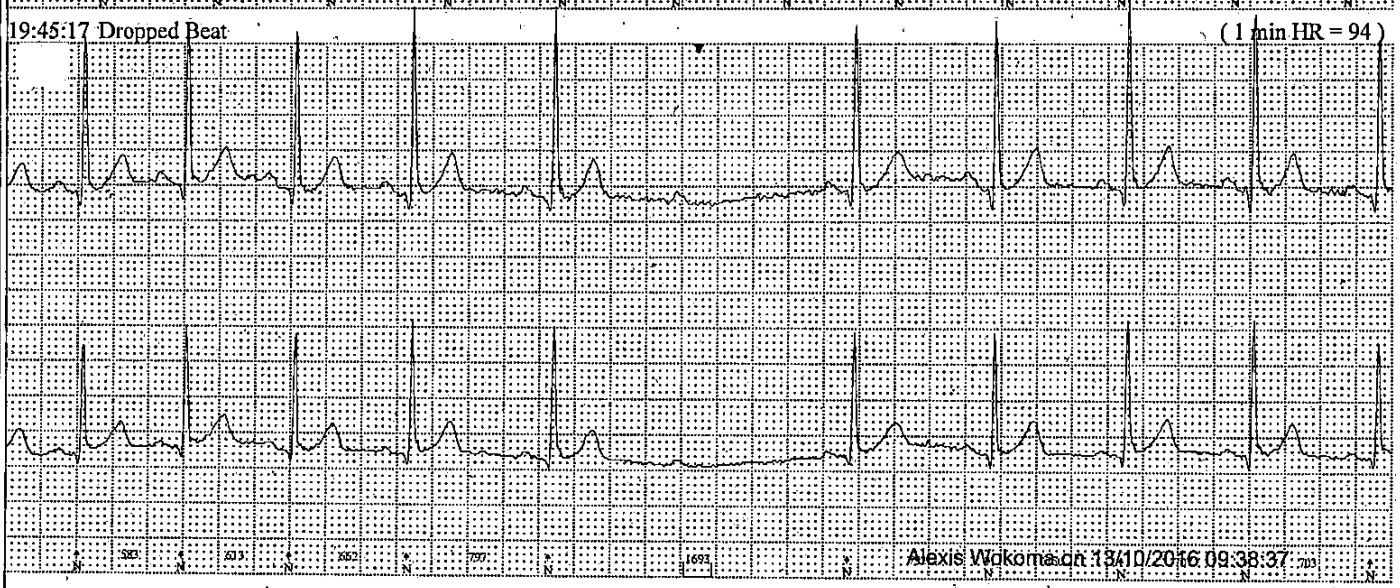
Patient Name : McGhee, George

Patient No : 1311616039

Recording Date : 05/10/2016







WEST GLASGOW AMBULATORY CARE HOSPITAL **Confirmed**

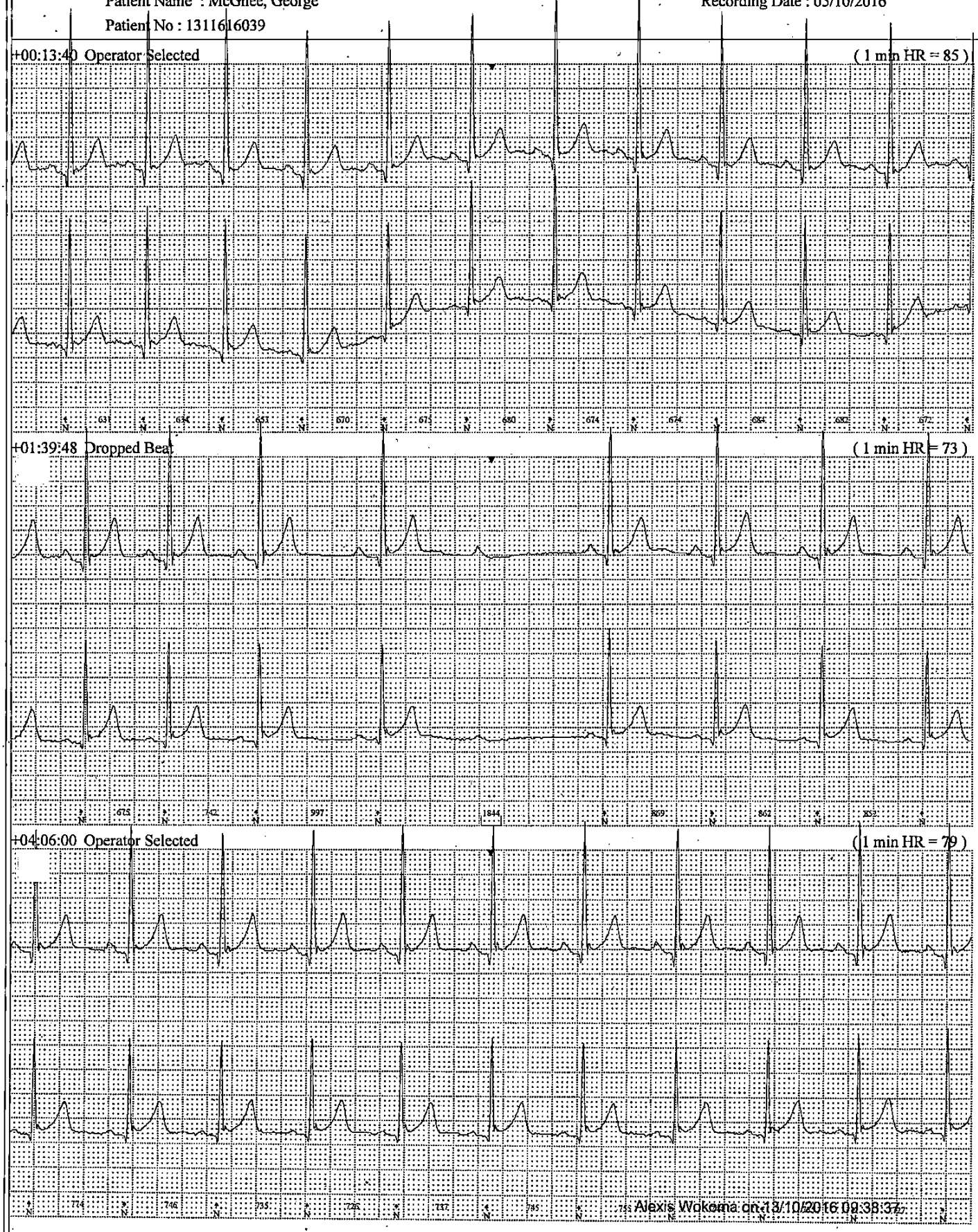
Ambulatory ECG Monitor

Cardiac Department EXT 56244

Patient Name : McGhee, George

Patient No : 1311616039

Recording Date : 05/10/2016



WEST GLASGOW AMBULATORY CARE HOSPITAL **Confirmed**

Ambulatory ECG Monitor

Cardiac Department EXT 56244

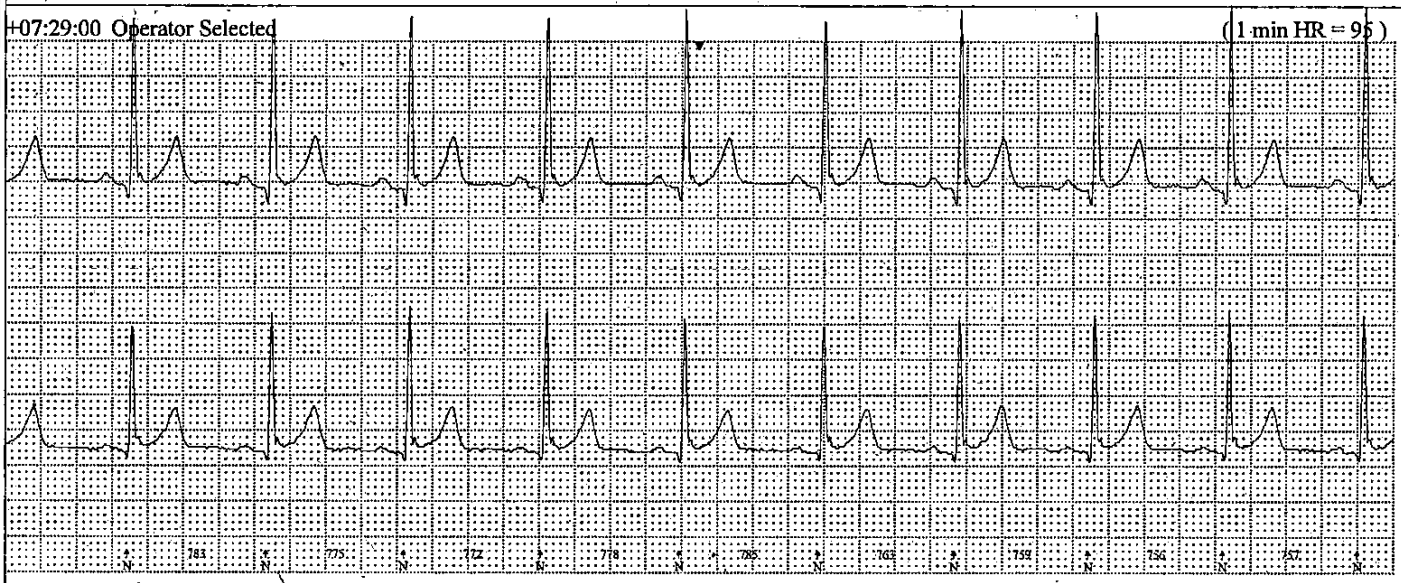
Patient Name : McGhee, George

Recording Date : 05/10/2016

Patient No : 1311616039

+07:29:00 Operator Selected

(1 min HR = 95)



Alexis Wokoma on 13/10/2016 09:38:37

SPACELABS Healthcare

McGhee, George ID:1311616039 01-DEC-2023 11:43:45 GREATER GLASGOW SITE-QEIAU ROUTINE RECORD

13-NOV-1961 (62 yr)
Male

Room:
Loc:1302

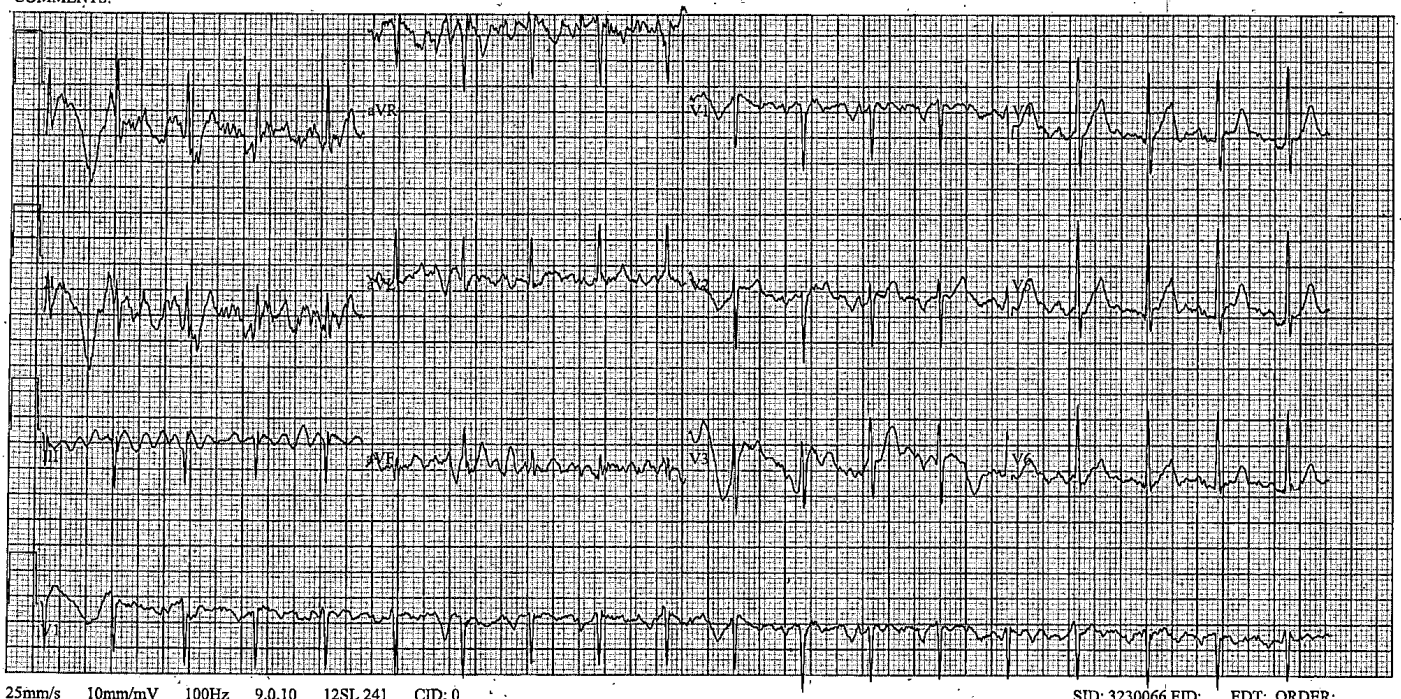
Vent. rate	112	BPM
PR interval	182	ms
QRS duration	74	ms
QT/QTc	314/428	ms
P-R-T axes	73 -5	10

Sinus tachycardia with fusion complexes
Inferior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 0

SID: 3230066 EID: EDT: ORDER:

MCGHEE, GEORGE ID: 1311616039 1-Dec-2023 13:03:16 QUEEN ELIZABETH UNIVERSITY HOSPITAL

13-Nov-1961
Male

Loc: 1302

Vent. rate 11 bpm
PR interval 158 ms
QRS duration 76 ms
QT/QTc 296/404 ms
P-R-T axes 44 5 27

Sinus tachycardia
Possible Left atrial enlargement
Cannot rule out Inferior infarct, age undetermined
Abnormal ECG

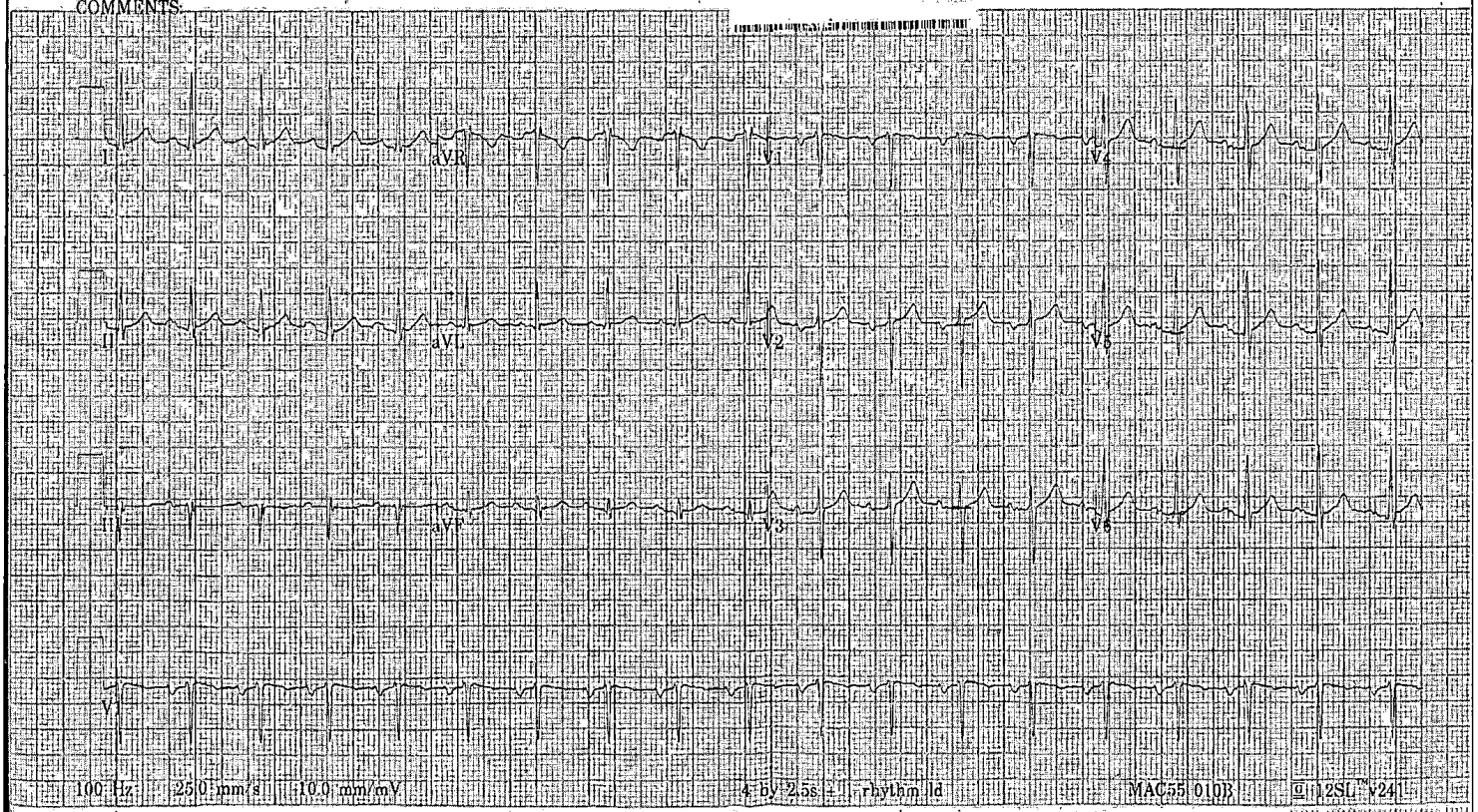
1311616039
MCGHEE M
George, M 13/11/1961
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire
G14 0DE

Technician:
Test ind:

Referred by: Unconfirmed

COMMENTS:

no chest pain



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + rhythm ld MAC55 010B 12SL v24

MQE 9402-024 Graphic Controls Ltd Printed in UK

McGhee, George | ID: 1311616039 | 1-Dec-2023 11:4 | QUEEN ELIZABETH UNIVERSITY HOSPITAL

13-Nov-1961
Male

Loc: 1302

Technician:
Test ind:

Vent. rate	112 bpm
PR interval	182 ms
QRS duration	74 ms
QT/QTc	314/428 ms
P-R-T axes	73 -5 10

Sinus tachycardia with fusion complexes
Inferior infarct, age undetermined
Abnormal ECG

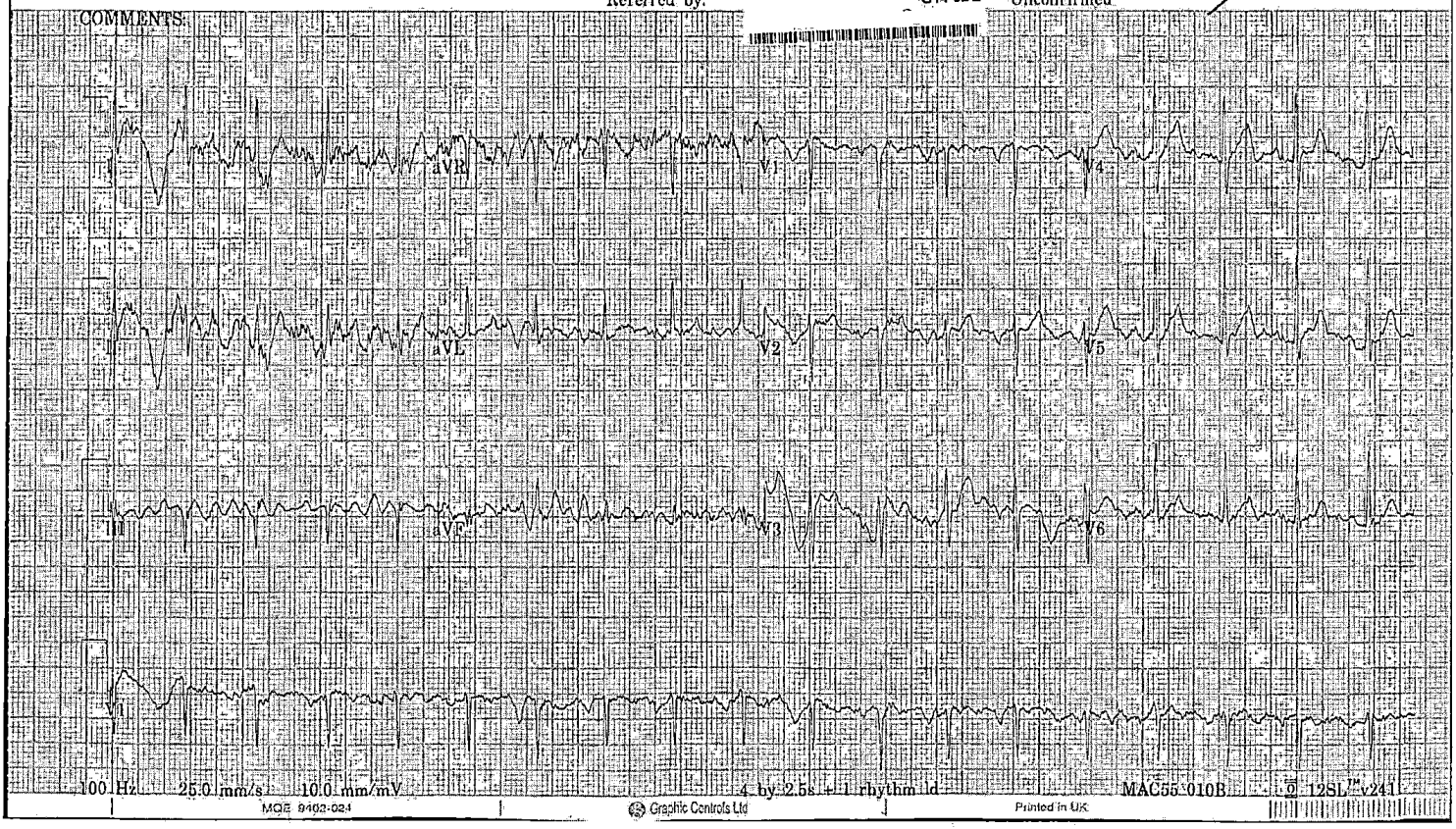
Poor trace - Nil previous for comparison
will need repeat

1311616039
MCGHEE
George, M
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire
G14 0DE
M
13/11/1961

Referred by:

Unconfirmed

COMMENTS:



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 12SL v241

MQE 9402-024 | Graphic Controls Ltd | Printed in UK

MCGHEE, GEORGE ID: 1311616039 1-Dec-2023 13:02:06 QUEEN ELIZABETH UNIVERSITY HOSPITAL

13-Nov-1961
Male

Loc: 1302

Vent. rate	10	bpm
PR interval	158	ms
QRS duration	78	ms
QT/QTc	304/409	ms
P-R-T axes	45 5 26	

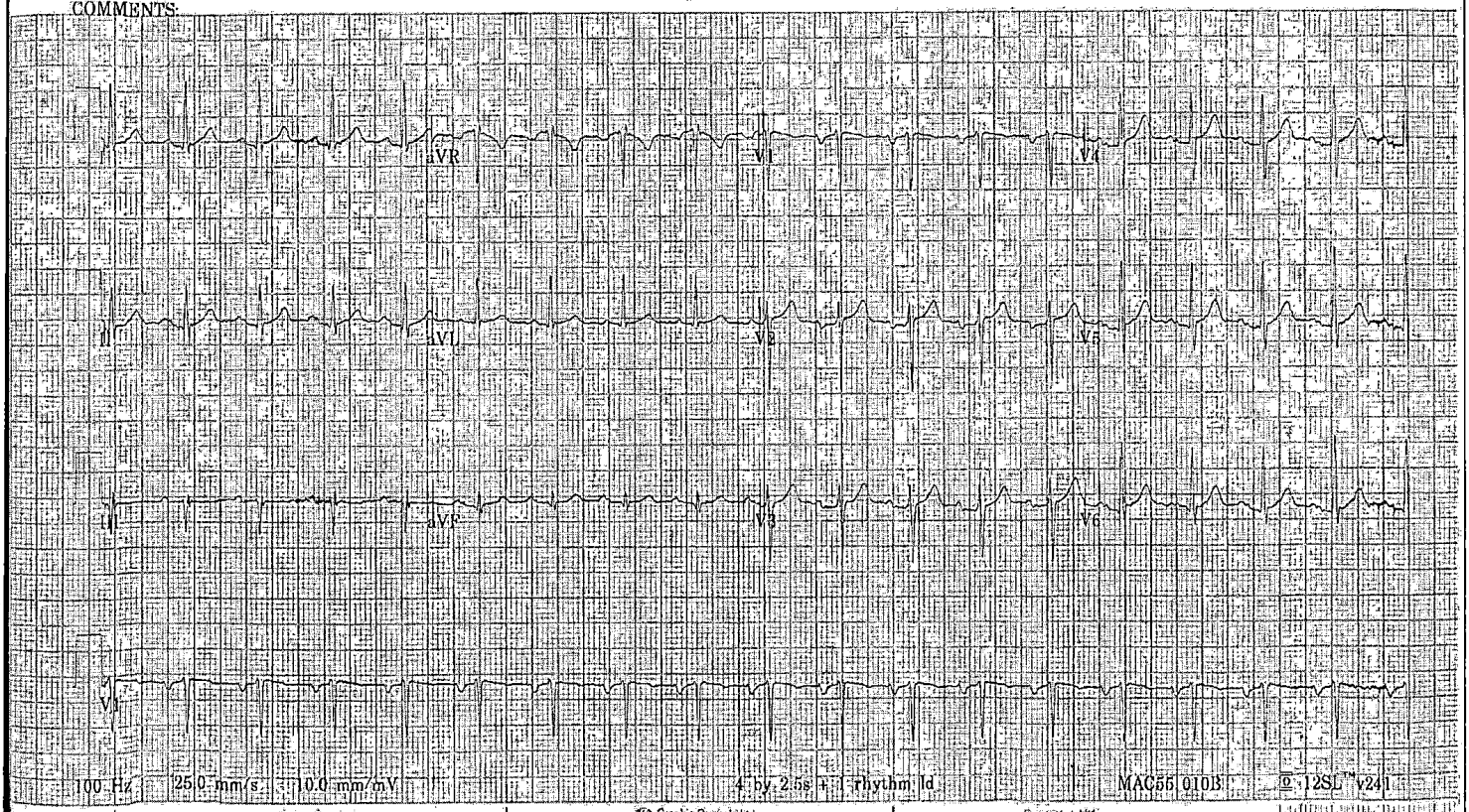
Sinus tachycardia
Possible Left atrial enlargement
Possible Inferior infarct, age undetermined
Abnormal ECG

1311616039
MCGHEE M
George, M 13/11/1961
FLAT 0-1
129 EARL STREET
Glasgow, Lanarkshire
G14 0DE

Technician:
Test ind:

Referred by: Unconfirmed

COMMENTS:



MDE 0402-024 Graphic Controls Ltd Printed in UK

MCGHEE, GEORGE ID: 1311616039 1-Dec-2023 13:01:35 QUEEN ELIZABETH UNIVERSITY HOSPITAL

13-Nov-1961
Male

Loc: 1302

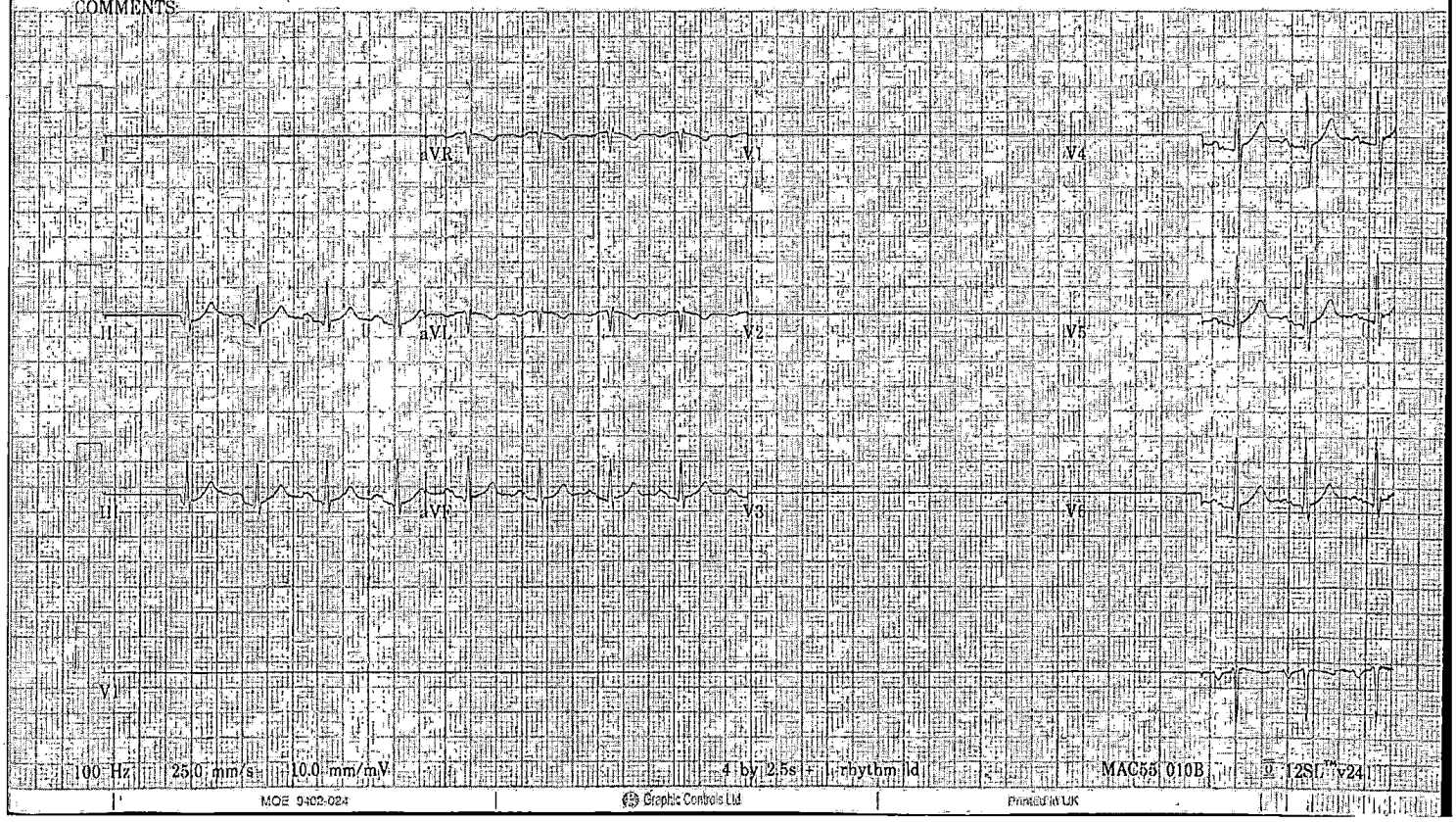
Vent. rate 110 bpm
PR interval 208 ms
QRS duration 46 ms
QT/QTc 296/400 ms
P-R-T axes 90 90 90

*** Poor data quality, interpretation may be adversely affected
*** Suspect arm lead reversal, interpretation assumes no reversal
Sinus tachycardia with fusion complexes
Rightward axis
Pulmonary disease pattern
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Test ind:

Referred by: Unconfirmed

COMMENTS:



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + rhythm ld MAC55 010B 12SL v24

MCGHEE, GEORGE ID: 1311616039 14-Jul-2016 11:58:31 QUEEN ELIZABETH UNIVERSITY HOSPITAL

13-Nov-1961
Male

Vent. rate 9 m
PR interval 154 ms
QRS duration 78 ms
QT/QTc 336/413 ms
P-R-T axes 41 23 29

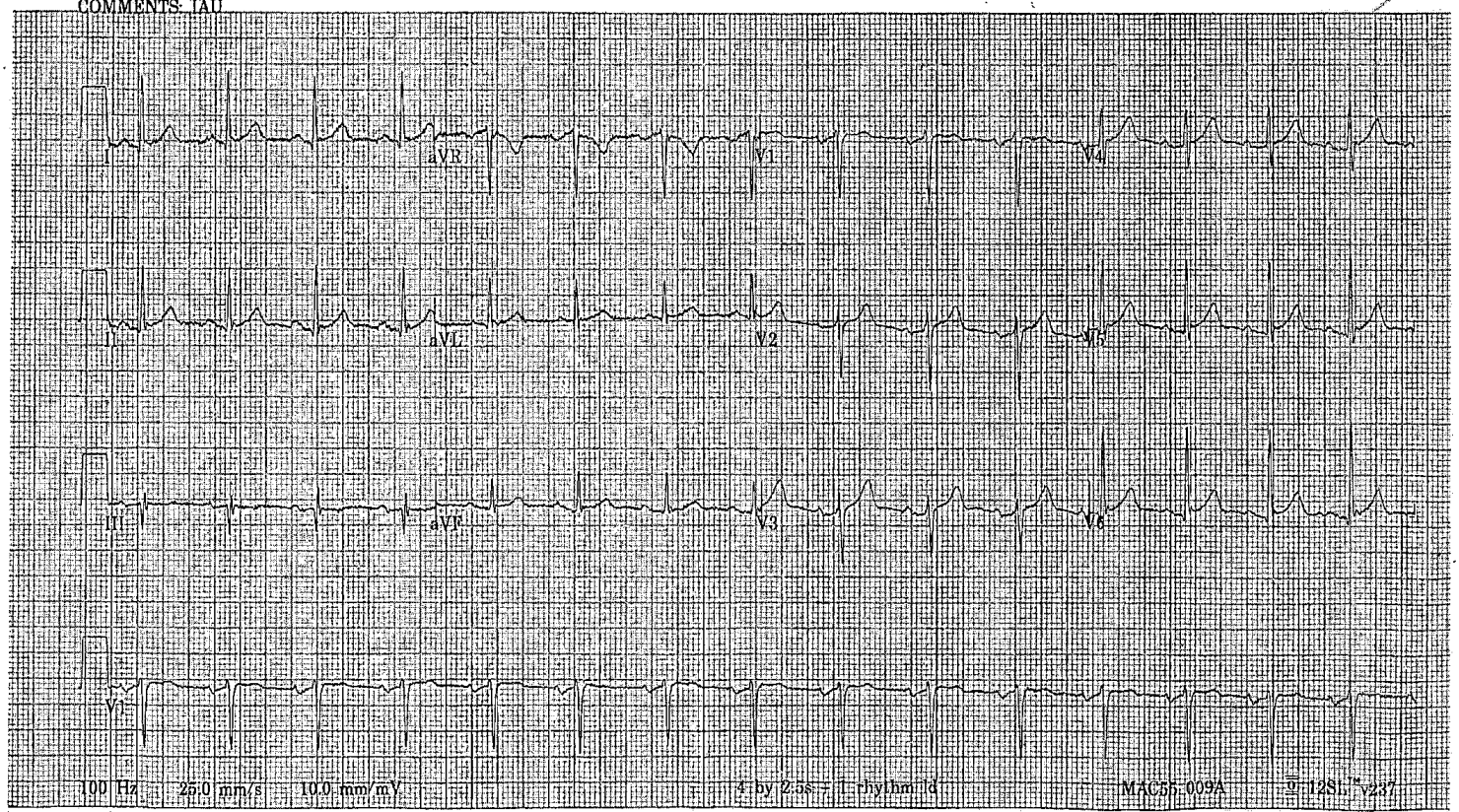
Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by:

Unconfirmed

COMMENTS: IAU



MQE 9402-024 Graphic Controls Ltd Printed in UK

Fibroscan Report

NHS
Greater Glasgow and Clyde

Patient Name: George McGhee

CHI: 1311616039

Date: 24/09/2025

Consultant: Dr H Lafferty

Location: GGH Level 7B

Operator: M Scott

Probe: Medium

Indication:

Fasting:

Liver Stiffness:	13.8 kPa	IQR:	8%
CAP:	310		
Spleen Stiffness:	kPa		

Interpretation of Liver Stiffness Measurements by Transient Elastography (Fibroscan)

Compensated Advanced Chronic Liver Disease (cACLD)

LSM <8.0-10.0 kPA Rules out cACLD

LSM >12.0-15.0 kPA Rules in cACLD

Clinically Significant Portal Hypertension (CSPH)

LSM >20.0-25.0 kPA Rules in CSPH

LSM<20.0kPa + Platelet count > 150 x 109/l excludes significant varices avoiding the need for endoscopic assessment (Baveno VI criteria)

SSM@100Hz <41.3kPa excludes high risk varices Stefanescu et al

ARLD

LSM < 8.0 kPa Rules out significant fibrosis

LSM >12 kPA Rules in significant fibrosis

NAFLD

LSM< 8.0kPa Rules out significant fibrosis

CAP	Steatosis Grade	% liver with fatty change
238-260	S1	11%-33%
260-290	S2	34%-66%
> 290	S3	67% or more

Cholestatic Liver Disease

PBC

LSM < 10.0 kPa Rules out significant fibrosis

LSM > 10.0 kPa Rules in significant fibrosis

PSC

LSM <9.5kPa Rules out significant fibrosis

References

EASL Clinical Practice Guidelines on non-invasive tests for evaluation of liver disease severity and prognosis – 2021 updated *European Association for the Study of the Liver* Journal of Hepatology 2021 vol. - j 1–31

A novel spleen-dedicated stiffness measurement by FibroScan® improves the screening of high-risk oesophageal Varices *Stefanescu et al* **Liver International.** 2020;40(1):175-185

MCGHEE, George M (Mr)
BORN 13-Nov-1961 (64y) GENDER Male
CHI 1311616039

Respiratory Clinic Measurements

Last updated by Hugh FLYNN (Hugh Flynn) 9 years ago (v. 2) Show History

Hospital	Gartnavel General Hospital		
Consent for sharing withheld	No	Highly sensitive	No
If this box is checked the form can only be viewed and edited after providing a "Break Glass" reason **Access to this information is strictly audited**		If this box is checked the form can only be viewed after accepting a security warning. The form can only be edited by your specialty **Access to this information is strictly audited**	

Predicted Values

Height (m)	—	FVC (L)	—
Weight (kg)	—	FEV1 (L)	—
Completed By	, - (Hugh Flynn)	FEV1/FVC (%)	—
Comments	—		

Measurements

Date	Height (m)	Weight (kg)	FEV1 (L)	FEV1 % pred	FVC (L)	FVC % pred	FEV1/FVC (%)	eNO (ppb)	SpO2 (%)	Comments	Completed By
02-Feb-2017	1.65	77	2.78	92	3.54	95	79	—	96	—	, - (Hugh Flynn)

Episode of care completed ? No

Print

US Abdomen

Performed	06-Mar-2026 16:11	Received	12-Mar-2026 15:44
Reported	12-Mar-2026 15:42	Order Number	G504H42708290
Status	Final	Source System	MiSys

US Abdomen Final
George Martin McGhee
Clinical History : HCC surveillance due March 2026 Known 2.5cm haemangioma

US Abdomen :

Reference is made to previous imaging.

The liver is normal in size with a regular outline. The overall echogenicity of the liver parenchyma is echo bright in keeping with fatty change. Focal fatty sparing is noted at the fundus of the gallbladder. Within the right lobe a 2.9 x 1.8 cm hypoechoic focus is demonstrated. This is avascular. Ultrasound appearances are consistent with the known haemangioma. No obvious focal abnormality.

Hepato-petal flow was demonstrated in the portal vein.

The spleen is normal in size.

No free fluid.

Impression: No change since previous imaging

Verified by:
Claire Lindsay
Lead Sonographer
RA37994

Reported Created: 06/03/2026 09:25:07

Reported by: Auto Reporting
Verified by: Carol McQuade (Old Code)

MRI Liver with hepatobiliary contrast

Performed	11-Sep-2025 08:40	Received	18-Sep-2025 14:59
Reported	18-Sep-2025 14:57	Order Number	G504H42583352
Status	Final	Source System	MiSys

MRI Liver with hepatobiliary contrast Final
George Martin McGhee
Clinical History :

Probable alcohol related liver disease. Recent ultrasound shows 2.9 cm lesion nature certain - Urgent MRI as advised by Dr Simon Sheridan.

MRI Liver with hepatobiliary contrast :
Standard MRI liver sequences with Multihance used as contrast agent. Reference is made to US 15/08/2025 and CT Thorax and abdomen dated 26/01/2017.

Diffuse hepatic steatosis with focal fatty sparing around the gallbladder fundus. Minor left lobar enlargement with slightly nodular contour but not diagnostic of cirrhosis or portal hypertension. Patent portal vein.
Seg 8: 25mm benign haemangioma, unchanged in size in comparison to CT 2017 - well defined low T1/ high T2 observation with nodular discontinuous progressive contrast enhancement on dynamic imaging. Hepatocyte poor and patchy restricted diffusion.
No concerning hepatic observations.

Simple left renal and splenic cysts.

Summary: Benign hepatic haemangioma. No concerning hepatic observations.

Reported by: Dr Fiona Conway
Verified by: Dr Fiona Conway

US Soft tissue

Performed	20-Aug-2025 11:05	Received	20-Aug-2025 11:13
Reported	20-Aug-2025 11:11	Order Number	G504H42086387
Status	Final	Source System	MiSys

US Soft tissue Final

George Martin McGhee
Is the Lump Tender and/or Non-mobile? : No
Is the size of Lump greater than 5cm? : Yes
Any significant growth over past 3 months? : No
Location of Lump: : Right lumbar back area
Recently noticed a lump on his back, no painful, not sure how long has been there, firm, mobile on examination, ?Lipoma

US Soft tissue:

Palpable lump right lower back corresponds to a 2.4 cm lipoma. No concerning features.

Reported by: Iain McHardy (Sonographer)
Verified by: Iain McHardy (Sonographer)

US Abdomen

Performed	15-Aug-2025 09:52	Received	15-Aug-2025 15:25
Reported	15-Aug-2025 15:23	Order Number	G504H42516676
Status	Final	Source System	MiSys

US Abdomen Final
George Martin McGhee
Clinical History:
Alcohol related hepatitis many years ago - much reduced intake - recently disordered LFTs - US to assess liver. Could this test be performed urgently as request omitted in error in March 2025.
(Information via Order Comms)

US Abdomen:

The liver is irregular outline, coarsened and enlarged. Ultrasound appearances are suggestive of fatty infiltration. There is a 0.8cm area of focal fatty sparing adjacent to the gallbladder.
There is a singular ovoid avascular 2.9cm hypoechoic lesion seen in the right lobe of liver. Ultrasound appearances are indeterminate and malignancy cannot be excluded.
Normal directional flow in portal vein.

The gallbladder is thin-walled with two gallbladder wall polyps (largest 6mm). As per local protocol, this requires an annual review.
Normal appearance of the pancreas (fatty), biliary tree, aorta, kidneys and spleen.
No free fluid.

Summary:
1. Urgent referral to gastroenterology with a view for further cross-sectional imaging to assess 2.9cm indeterminate intrahepatic lesion in right lobe of liver.
2. Gallbladder wall polyps require annual review.

Examination and report by Lynsey Blair, Sonographer.
Report verified by Jayne McElroy, Lead Sonographer.

Reported by: Lynsey Blair (Trainee Sonographer) and Jayne McElroy (Sonographer)
Verified by: Jayne McElroy (Sonographer)

XR Chest

Performed	15-Jan-2024 14:43	Received	23-Jan-2024 10:46
Reported	23-Jan-2024 10:44	Order Number	G405H40496914
Status	Final	Source System	MiSys

XR Chest Final
George Martin McGhee
Clinical History :

OP FU CXR please. Previous CXR on 1/12/23 reported L MZ Opacity. FU recommended after 4-6 weeks

XR Chest :
There is no evidence of active pulmonary disease. The ill-defined opacity in the left mid zone demonstrated on the last examination of 01/02/2023 has resolved.

Reported by: Dr Michael Sproule
Verified by: Dr Michael Sproule

XR Chest

Performed	01-Dec-2023 14:01	Received	05-Dec-2023 09:32
Reported	05-Dec-2023 09:30	Order Number	G405H40365175
Status	Final	Source System	MiSys

XR Chest Final
George Martin McGhee
Clinical History :

dry cough and SOB.
Infection? PE?

XR Chest :
Comparison is made with previous studies most recent 07/11/2022. Normal cardiac and mediastinal contours. New ill-defined opacity left mid zone is most likely to reflect consolidation due to infection given the clinical setting. Follow-up after antibiotic therapy with repeat examination in 04-06 weeks is recommended to ensure resolution.

Reported by: Dr John Sheridan
Verified by: Dr John Sheridan

XR Chest

Performed	07-Nov-2022 09:51	Received	09-Nov-2022 17:20
Reported	09-Nov-2022 17:18	Order Number	G504H39023273
Status	Final	Source System	MiSys

XR Chest Final
George Martin McGhee
Clinical History :
bronchiectasis, 3 week cough, 2x course abx, ongoing cough and some SOB ?consolidation ? opacity

XR Chest :
The cardiac and mediastinal contours are normal.
The lungs are clear.
No change from previous radiograph of 20/12/2019.

Reported by: Dr Iain Andrews
Verified by: Dr Iain Andrews

CT Thorax and abdomen with contrast

Performed	26-Jan-2017 15:07	Received	27-Jan-2017 16:41
Reported	27-Jan-2017 16:39	Order Number	G504H32247190
Status	Final	Source System	MiSys

CT Thorax and abdomen with contrast Final
George McGhee
Clinical History :

tracked smoker, cough, evolving RLZ abnormality - further evaluation please

CT Thorax and abdomen with contrast :

Mild cylindrical bronchiectasis is present in the medial segment of middle lobe. There is very minor atelectasis at this site, and these changes are thought to account for the radiographic opacity.

Otherwise, lungs are clear. Posteriorly in right lower lobe a 4 mm ovoid opacity lies a short distance from costal pleura; in sagittal section this lesion is flat and almost certainly benign.

No significant mediastinal lymphadenopathy and no pleural effusion.

In segment VII of liver, a 20 mm focal lesion is noted, with a heterogeneous pattern of enhancement suggestive of a haemangioma. No adrenal mass. No destructive lesion in the skeleton.

OPINION: No evidence of intrathoracic malignancy.

Reported by: Dr Peter Garmany
Verified by: Dr Peter Garmany

XR Chest

Performed	04-Jan-2017 09:36	Received	11-Jan-2017 14:16
Reported	11-Jan-2017 14:14	Order Number	G504H32201537
Status	Final	Source System	MiSys

XR Chest Final
George McGhee
Clinical History :
Ex-smoker with persistent cough.

XR Chest :
Comparison with 14/07/2016.

Normal heart size and mediastinal contours. There is an irregular opacity medially at the right base which is associated with atelectasis and has progressed since the previous film. Appearances could reflect infection or neoplasm.

Urgent respiratory referral to facilitate CT evaluation is advised.

Reported by: Dr Sue Lassman
Verified by: Dr Sue Lassman

XR Chest

Performed	14-Jul-2016 12:47	Received	31-Jul-2016 14:15
Reported	31-Jul-2016 14:13	Order Number	G405H31641033
Status	Final	Source System	MiSys

XR Chest Final
George McGhee
Clinical History :

chest pain. collapse two days ago. Coughing. to check for infection/failure. Ex smoker stopped 4 years ago. Smoked for 30+years

XR Chest :
Heart is not enlarged. Lungs show changes suggestive of COPD. No evidence of active pulmonary disease overt cardiac failure or other finding of note.

Reported by: Dr Stuart Ballantyne
Verified by: Dr Stuart Ballantyne

XR Orthopantomogram full

Performed	12-Apr-2011 14:06	Received	13-Apr-2011 13:59
Reported	13-Apr-2011 13:35	Order Number	G516H25791923
Status	Final	Source System	MiSys

XR Orthopantomogram full Final
George McGhee
Clinical History : Punch injury, tender left TMJ.

XR Orthopantomogram full :

No significant bone or joint abnormality demonstrated.

Reported by: Dr Jamshaid Anwar (SpR) and Dr Nigel Raby
Verified by: Dr Jamshaid Anwar (SpR)