A&E Records

ANDERSON, OWEN ID:0906720559 12-Aug-2025 11:40:59 NHS LOTHIAN-RIE_ED ROUTINE RECORD

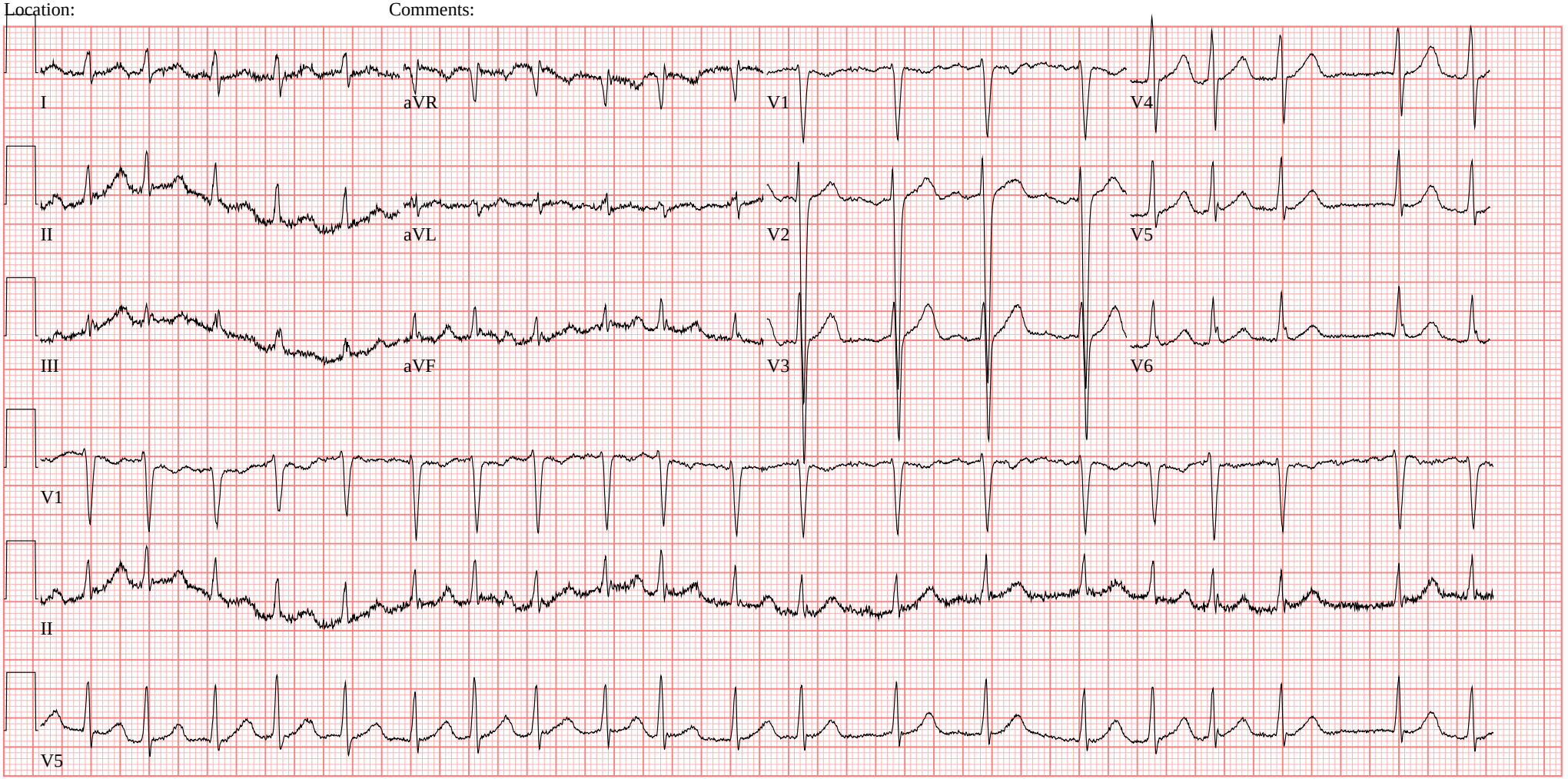
09-Jun-1972 (53 yr)
Male

Room:
Loc:40

Vent. rate	120	BPM
PR interval	*	ms
QRS duration	90	ms
QT/QTcB	348/491	ms
P-R-T axes	* 62	55

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 38528 SID: 3970631 EID: 13 EDT: ORDER:

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

A/E no. E6123049
Previous no. ---
UHPI no. 700927161K
CHI no. 0906720559

Patient Information

Surname Anderson
Forenames Owen James F
Address 39 Stenhouse Road

Postcode EH11 3LJ

Contact Address

Complaint arterial bleed
Attendances in last 12 months: 0 School :

Date of Birth
Age 53 Yrs Sex 09/06/1972 M

Telephone

Telephone H
W

Allergies

General Practitioner

C Murray
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP
0131 561 5500

Address

Telephone

Date and Time of Attendance
12/08/2025 11:41
Incident Date Time:
Mode of Arrival Emergency Ambulance
999 Emergency
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

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

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHO Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Oone ☐

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HD		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Speciality)		Other (please state)		Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

OWEN ANDERSON

Scottish Ambulance Service

Age/Gender:	**53 Years, 2 Months, 3 Days, Male**	**Incident Date:**	**12/08/2025 10:21:00**
DOB:	**09/06/1972**	**ePCR Number:**	**36-2-120825-102134**
Address:	-	**Incident Number:**	**CR012332593**
CHI Number:	**0908720559**	**Incident Type:**	**EMG**
Ethnicity:	-	**Incident Location:**	**INGLISTON 4 WEST H M PRISON STENHOUSE ROAD EDINBURGH, EH11 3LN**

PATIENT INFO

ADDITIONAL COMMENTS

Presenting Complaint:	**Self harm**

Timestamp	Additional Comment	Crew Name
12/08/2025 11:22:00	HPCx 53yorn self harm wound on arm using razor blade at approx 10;15hrs this am. Pt is a resident in HMP, states he tried to stem the haemorrhage as blood was spurting from wound but was unsuccessful > Guards found pt A&O, nil LOC, appeared pale & clammy+++. Pt states he did not do this as an act of suicidal ideation but due to prison politics. One initial laceration then said he could see a vein, so cut again. ***PT is on warfarin** ?approx 300ml blood loss.	
12/08/2025 11:27:00	O/A crew pt sitting on chair, appears pale & clammy, able to speak in full sentences, with palpable radial pulses present. C/O dizziness and nausea. Wound dressed & limb reised prior to crew arrival - nil strikethrough on dressing. Nursing staff report the wound is to the right upper arm & is approx 3cm in length. Isolated injury, nil other attempts of harm. IV access obtained by prison staff, pt c/o pain when cantula flushed, TXA administered IM as per drugs section. Initially hypotensive which self resolved, HR 78-138bpm, nil chest pain, 12 lead ecg sinus tachycardia. All other observations within normal ranges. Staff state pt has had two asthma attacks over the last 1/52, due to commence prednisolone & dozycycline today, nil dose yet.	
12/08/2025 12:10:00	T - TXA administered. Pt conveyed to NERI. Standby passed stable on route.	

OBSERVATIONS

Observations Assessment

Time Stamp	Pulse	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	Temp	BM	ECG	PR (R)	PEF	Crew
12/08/2025 10:41	74	24	105/75	99	<=2 Secs	15	Alert		36.7	10.3				E9881100
12/08/2025 10:49	133	20	108/87	98	<=2 Secs	15	Alert							E9881100
12/08/2025 11:30	80	20	134/76	99	<=2 Secs	15	Alert							E9881100

GCS

Time Stamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Total Score
12/08/2025 10:41	Spontaneously	4	Orientated	5	Obeys Commands	6	15
12/08/2025 10:49	Spontaneously	4	Orientated	5	Obeys Commands	6	15
12/08/2025 11:30	Spontaneously	4	Orientated	5	Obeys Commands	6	15

NEWS Score

Time Stamp	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	HR	ACVPU	T	Total
12/08/2025 10:41	24 (2)	99 (0)	-	0	105 (1)	74 (0)	Alert (0)	36.7 (0)	3

AMPLE

Drugs:	**penicillin**

Medication

Medication:	**salbutamol inhaler, warfarin, digoxin, bisoprolol, metoformin, atorvostatin.**

Respiretory Disease

Type:	**Asthma**

Diabetes	
Type:	Type 2
Other	
Other:	mechanical valve replacement, hf, pneumonia, asthma
Last Eaten	
Last Eaten:	Unknown
SOCIAL HISTORY	
General Appearance:	Normal
Occupation	
Status:	Unemployed
Living Arrangement	
Other Arrangements:	HMP resident
Mobility	
Patient Mobility:	Fully Mobile
Communication	
Communication Requirements:	No Help Required
Clinical Risks	
Factors:	None Identified
Environmental Risks	
Factors:	None Identified

DRUGS

Drugs Table

Time/Date	Drug	Expiry	Quantity	Route	Pain Before	Pain After	Source	Crew
12/08/2025 10:59	Tranexamic Acid	11/2026	500 mg	IM			MANUAL	E9881100

CLOSE REPORT

Clinical Response Feedback

On-Scene Clinical Findings	Emergency

CONVEYANCE

Transport To Hospital	Emergency Driving	Pre-Alert	Yes
Destination Hospital	NEW EDINBURGH ROYAL INFIRMARY	Patient Accompanied By	prison guards

INCIDENT INFORMATION

Dispatch

Dispatch Code	-	Dispatch Description	Obstetric Emergency

Incident Log

Status Time	Status	Category	Reason	Hospital
10:18:18	Call Received Time	EDC4490		
10:21:42	Mobile	EDC4490		
10:32:49	At Scene	EDC4490		
11:11:22	Leave Scene	EDC4490		NEW EDINBURGH ROYAL INFIRMARY
11:36:09	At Hospital	EDC4490		

CREW INFORMATION

Additional Crew

Crew ID	Crew Grade
E9881100	Ambulance Paramedic (AP)
E9881772	Ambulance Technician (AT)

RIE ED Pre-Alert

Keep original with notes

700927161K /E6123049 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 C Murray
39 Stenhouse Road
EH11 3LJ

Date: 12/08/25 Time: 1125 Call sign: 4492

Age: 53 M ☑ F ☐

MEDICAL

Medical complaint:

Self harm
? artial bleed
3cm lac
upper arm
warfarin

300ml blood loss.

TRAUMA

Time of incident: 10 : 15

Mechanism:

? Razor blade
self harm.

Injuries: artirial bleed.
(R) upper arm
3cm lac
300 ml blood loss.

STROKE

Onset time: __ : __

On waking? Y ☐ N ☐

Symptoms:

HELIPAD? S&R ☐ SAS ☐ **Number of patients:** **Expected by:**

Any infectious disease or decontamination concerns? Y ☐ N ☐

RR: 24	**GCS:** 15
SpO2: 96%	**BM:** 10.3
HR: 138	**Temp:** 36.7
BP: 103/75	**Rhythm:**

Treatment: 500mg im TXA

Mechanical CPR: Y ☐ N ☐

Intubated: Y ☐ N ☐

ETA: 15 mins

Name:

PREPARATION Senior Doctor/NIC informed ☐

Trauma Team: ED ☐ Enhanced ☐ Code Red ☐

Stroke Team informed ☐ Radiology informed ☐ E-CPR Team informed ☐

Supervised please.
Document if he refuses. BM

NHS Lothian

Name of Patient: Owen Anderson
CHI Number:
D.O.B.: 09.06.72
(Attach printed label here)

WARFARIN CHART

Recommended target INRs and indications:
- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date
tricuspid + mitral valve replacement. mechanical from vision	2.5 to 3.5	Lifelong	B McMANDWELL	25.06.25

Yellow anticoagulant booklet completed and issued: 24/03/23

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by
23.06.25	2.9.	5mg Mon, 4mg Tues, test wednesday. BM		
wed. 25.06.25	1.6	7mg Wed, 7mg Thu, 5mg Fri, test on Friday supervised!		
01.07.25	1.2	(10) mg today, (7) mg tomorrow, retest on Thursday 03.07. BM		
04.07.25	2.4.	4mg	AS PER LUCS, DOCUMENTED IN VISION.	
05.07.25		5mg	L.MCCONNELL SIOSS	
06.07.25		5mg	L.MCCONNELL. SIOSS	
07.07.25	2.4	alt. 6/5 mg	BM — recheck in 1/52 (14.07)	
08.07.25		5mg	BM	
09.07.25		6mg	BM GP 423291	
10.07.25		5mg	BM	
11.07.25		6mg	BM	
12.07.25		5mg	BM	
13.07.25		6mg	BM	
test → 14.07.25	2.4	6mg (SIX)	BM needs new Rx on 14.07.	TG.
15.07.25		5mg	L.MCCONNELL SIOSS	ET
16.07.25		6mg.	L.MCCONNELL SIOSS	MN
17.07.25		5mg	L.MCCONNELL SIOSS	MN.
18.07.25		6mg	L.MCCONNELL SIOSS	
19.07.25		5mg	L.MCCONNELL SIOSS	Glimpse
20.07.25		6mg	L.MCCONNELL SIOSS	Glimpse
21.07.25	6.5	nothing		BM
22.07.25		nothing		BM
test → 23.07.25	2.3	6mg		BM

Essential Scanning Sheet

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

NHS Lothian

Anything documented on this sheet will be scanned and uploaded to CI Store

700927161K /E6123049 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 C Murray
39 Stenhouse Road
EH11 3LJ

PATIENT PROGRESS NOTES /COMMUNICATION SHEET

Name

DOB

Unit No./CHI

Hospital ☐ OPD ☐ Ward ☐ Clinical area

State Action/s taken After Exception Reporting
Each entry should be dated and timed

Date and Time	Progress notes / Problems Action Taken and Investigations Required	Signature (Print name & designation)
12.8.25 1140	SAS → Resus → self harm → ? arterial bleed. NEWS 4 as charted. Ongoing first medical assessment.	L.S (SRN)
11:45	ECG ☒	L.S (SRN)
12:30	Obs ☒; NEWS 0; pain 0/10	L.S (SRN)

Authorised: Nov 2022
Review: Nov 2025

700927161K /E6123049 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 C Murray
39 Stenhouse Road
EH11 3LJ

NHS Lothian

Name of Patient: Owen Anderson

CHI Number:

D.O.B.: 09-06-72

(Attach printed label here)

WARFARIN CHART

Recommended target INRs and indications:
- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease:
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date
	2.5-3.5			

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by
24/7/25	2.3	6mg	LUCS → LClark	Refused.
25/7/25	2.7	6mg		
26/7/25	2.1	5mg	on advice by LUCS	TC
27/7/25	2.3	5mg	on advice by LUCS recheck INR on 28/7/25 LD	
28/7/25		5mg		
29/07/25		? nothing	prescribed ? didn't come to the lab.	
30/07/25		~~7mg~~	? 7mg	Refused ET
31/08/25		7mg (seven)		Refused INR
01/08/25	—	6mg (six)	GP BM	
02/08/25	—	5mg		Refused.
03/08/25		5mg		Refused
04/08/25		refused.	Repeat tomorrow	
05/08/25			# DLW Haematology	8/8/25
06/8/25			* Mitral V Replacement	
07/8/25			* ? Dalteparin	
08/8/25	1.4	6mg	INR → before prescribe any WARFARIN	
9/8/25	1.6	7mg		
10/8/25	2.0	7mg	AS PER LUCS	
11/8/25		8mg		

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

NHS Lothian

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by

NHS Lothian

HMP EDINBURGH
Drug Recording Sheet

NHS Lothian

DATE	Supervised Medication AM	Sign	Noon	Sign	PM	Sign	NIGHT	Sign	In Possession MEDICATION CODE	Sign	COMMENTS
22/7/25					H	GL					
23/7/25					H						
24/7/25					As Per WL500 * Patient Refused warfarin						
25/7/25											
26/7/25					H 6mg	TG					
27/7/25					H	LO.					
28/7/25					(H)	GL			Refused GL		
29/7/25					(H)	ML			(11) = Ref - Refused to take		
30/7					(H)	ET			H = refused		
31/7					(H)	MW	Refused PM		B = 28x40 CD 7x40E = 28x40 A25x20 F = 56x500 G = 7x62.5		
1/8					(H)	MW	Refused.		J = 14x500 REFUSED ALL.		
6/8/25					(H) Refused	LO			(H) = Refused		
7/8/25									C = 7x40 G = 7x625 J = 14x500 AK Refused AK.		
8/8/25					✓	KM					
9/8/25					H	a					
10/8/25					H	a					
11/8/25					H	a					

NAME: Owen Anderson. SPIN NO: 36044 D.O.B 09/06/72 LOCATION: Kardex Start Date

3

HMP EDINBURGH
Drug Recording Sheet

Supervised Medication

DATE	AM	Sign	Noon	Sign	PM	Sign	NIGHT	Sign
30/6/25					L			
1-7-25					L			
2-7-25					L			
3/7/25					L			
4-7-25					L			
5-7-25					L			
6/7/25					L			
7-7-25					H			
8/7/25					H			
9/7/25					H			
(0/7/25)					H			
11/7/25					H			
12/7/25					H			
13/7/25					H			
14/7/25					H			
15/7					H			
16/7					H			
17/7					H			
19/7/25					H			
20/7/25					H			

In Possession

MEDICATION CODE	Sign	COMMENTS
		10mg
		Lucs called + prescribed 2mg to be reviewed tomorrow. C- m = 14 x 500 C = 7 x 625 5mg GIVEN
		H = 6mg given as per warfarin charts
		S = 14 x 500, C = 1 x 625

NAME: OWEN ANDERSON SPIN NO: 36044 D.O.B 9/6/72 LOCATION: Kardex Start Date

NHS Lothian

PLEASE RECORD ALL MEDICATION CHANGES AND NEW PRESCRIPTIONS ON VISION THERAPY TAB

START DATE: 6/7/25 R-W HMP: EDINBURGH

'AS REQUIRED' PRESCRIPTIONS

	Start date	Review Date & Initials	Review Date & Initials	Review Date & Initials	Stop date	MEDICINES (including formulation)	Dose	Route	Frequency of administration	Issue	Prescribers signature and print	Disc Date	Disc Init	Pharmacy Check Date	Pharmacy Check Init
1	6/7/25	6/10/25				Dermol cream	APP	TOP	TDS	Prn	JCherrie S1071				
2	6/7/25	6/10/25				T-Gel shampoo	APP	TOP	OD	Prn	JCherrie S1071				
3	6/7/25	6/10/25				Salbutamol 100 mcg 100	1-2 puff	INH	PRN	Prn	JCherrie S1071				
4	6/7/25	6/10/25				Cetrizine	10 mg	PO	OD	Prn	JCherrie S1071				
5															
6															
7															
8															
9															

→ Refused, not given

ONCE ONLY PRESCRIPTIONS

	ADMIN DATE	ADMIN TIME	DRUGS	DOSE	ROUTE	PRESCRIBERS SIGNATURE	GIVEN BY	TIME GIVEN	DATE
U	24/7/25	2010	Warfarin	6mg	PO	as per IUCS	*	20*10	24.7.25
V	08/08/25	1855	Warfarin	6mg	PO	as per IUCS	Kimbell	19:20	08.8.25
W	09/08/25	1200	Warfarin	7mg	PO	as per IUCS			
X									
Y									

Refused not given

NAME: OWEN ANDERSON SPIN NO: 36044 D.O.B 09/06/72 ALLERGIES: PENICILLIN

ISSUE KEY: M = Morning

NHS LOTHIAN PRISONS - PRESCRIPTION CHART

NHS Lothian

METH/BUP SCRIPT? YES NO
DEPOT INJECTION SCRIPT? YES NO
CHAMPIX or NRT YES/NO/COMPLETE
PGD YES/NO

PLEASE RECORD ALL MEDICATION CHANGES AND NEW PRESCRIPTIONS ON VISION THERAPY TAB

Start Date: _____ HMP: EDINBURGH
Rewritten Date: 6/7/25. Location: Hall 4

REGULAR PRESCRIPTIONS

	Start Date	Review Date & initials	Review Date & initials	Review Date & initials	Stop Date	MEDICINES (including formulation)	Dose	Route	Times of Administration: am	no on	pm	night	DD	Issue	Prescribers Signature and print	Disc: Date	Disc: Init	Pharmacy check: Date	Pharmacy check: Init
A	6/7/25	6/10/25				Omeprazole	20 mg	PO	✓					m	[illegible] Scherie S1071.				
B	6/7/25	6/10/25				Atorvastatin	40 mg	PO				✓		m	[illegible] Scherie S1071				
C	6/7/25	6/10/25				Furosemide	40 mg	PO	✓					W	[illegible] Scherie S1071				
D	6/7/25	6/10/25				Lufodec 100/6	1 puff	INH	✓			✓		m	[illegible] Scherie S1071.				
E	6/7/25	6/10/25				Bisoprolol	5 mg	PO	✓					m	[illegible] Scherie S1071.				
F	6/7/25	6/10/25				metformin	1 gram	PO	✓					m	[illegible] Scherie S1071.				
G	6/7/25	6/10/25				Digoxin	62.5 mg	PO	✓					W	[illegible] Scherie S1071				
H	6/7/25	6/10/25				Warfarin	As per INR	PO					✓	S	[illegible] Scherie S1071.				
J	6/7/25	6/10/25				Hydroxycarbamide	1 Gram	PO	✓					W	[illegible] Scherie S1071.				
K	11/8/25	16/8/25				PREDNISOLONE 5/7	40mg	ORAL	✓					C	[illegible] M. MUNRO				
L	11/8/25	16/8/25				DOXYCYCLINE 5/7	100mg	ORAL						C	[illegible]				
M						200mg on day 1 then 100mg for 5 days for treatment														
N																			
P																			
R																			
S																			
T																			

NAME: OWEN ANDERSON. SPIN NO: 36044 D.O.B 09/06/72 ALLERGIES: * PENICILLIN *

ISSUE KEY M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Dose C = Course

NHS Lothian

PLEASE RECORD ALL MEDICATION CHANGES AND NEW PRESCRIPTIONS ON VISION THERAPY TAB

START DATE: 6/7/25 R-N HMP: EDINBURGH

'AS REQUIRED' PRESCRIPTIONS

	Start date	Review Date & Initials	Review Date & Initials	Review Date & Initials	Stop date	MEDICINES (including formulation)	Dose	Route	Frequency of administration	Issue	Prescribers signature and print	Disc Date	Disc Init	Pharmacy Check Date	Pharmacy Check Init
1	6/7/25	6/10/25				Dermol cream	APP	TOP	TDS	PRN	Jherai S1071				
2	6/7/25	6/10/25				T-Gel shampoo	APP	TOP	OD	PRN	Jherai S1071				
3	6/7/25	6/10/25				salbutamol 100mcg Inh	1-2 puff	INH	PRN	PRN	Jherai S1071				
4	6/7/25	6/10/25				cetirizine	10 mg	PO	OD	PRN	Jherai S1071				
5															
6															
7															
8															
9															

ONCE ONLY PRESCRIPTIONS

→ Refused, not given

	ADMIN DATE	ADMIN TIME	DRUGS	DOSE	ROUTE	PRESCRIBERS SIGNATURE	GIVEN BY	TIME GIVEN	DATE
U	24/7/25	2010	warfarin	6mg	PO	as per IUCS	*	20*10	24.7.25
V	08/08/25	1855	warfarin	6mg	PO	as per IUCS		19:20	08.8.25
W	09/08/25	1200	warfarin	7mg	PO	as per IUCS			
X									
Y									

refused not given

NAME: OWEN ANDERSON SPIN NO: 36644 D.O.B 09/06/72 ALLERGIES: PENICILLIN

ISSUE KEY: M = Monthly

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

700927161K /E6123049 M
ANDERSON Owen
Na 09-Jun-72 **CHI:** 090 672 0559
77197 C Murray
DC 39 Stenhouse Road
EH11 3LJ
CH

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

Previous Adverse Reactions	Weight	Date
NKDA	kgs Actual / Estimate	12/8/25

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																							
	Date:	12/8																					
	Time:	1145																					
A+B Respirations Breaths/min	≥25	26									3												
	21-24										2												
	18-20																						
	15-17																						
	12-14																						
	9-11										1												
	≤8										3												
A+B SpO₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-96%	≥96	97																					
	94-95										1												
	92-93										2												
	≤91										3												
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O₂										3												
	95-96 on O₂										2												
	93-94 on O₂										1												
	≥93 on air																						
	88-92																						
	86-87										1												
	84-85										2												
	≤83										3												
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																					
	O² L/min or %										2												
	Device																						
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3												
	201-219																						
	181-200																						
	161-180																						
	141-160	136																					
	121-140	^																					
	111-120																						
	101-110										1												
	91-100	^									2												
	81-90	99																					
	71-80																						
	61-70										3												
	51-60																						
	≤50																						
C Pulse Beats/min Manual pulse	≥131										3												
	121-130																						
	111-120										2												
	101-110																						
	91-100										1												
	81-90																						
	71-80																						
	61-70	63																					
	51-60																						
	41-50										1												
	31-40										3												
	≤30																						
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A																					
	New Confusion										3												
	V																						
	P																						
	U																						
E Temperature °C	≥39.1°										2												
	38.1-39.0°										1												
	37.1-38.0°																						
	36.1-37.0°																						
	35.1-36.0°	35.9									1												
	≤35.0°										3												
NEWS TOTAL		4																					
Monitoring frequency		30min																					
Escalation of care Y/N		Y																					
Blood Glucose reading or N/A		N/A																					
Pain score (0-10)																							
Initials		HG																					

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

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

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

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr C Murray
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 13/08/2025

Emergency Discharge Summary

Patient	Owen Anderson 39 Stenhouse Road Edinburgh EH11 3LJ	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6123049
Attendance Date	12/08/2025		
Attendance Time	11:41		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	12/08/2025		
Discharge To			

Dear Dr C Murray

Presentation: arterial bleed

CLINICAL NOTES:
Clinical note: PC:
BIBA - R upper arm injury ?arterial bleed

HPC:
Prison inmate. This am took razor blade to inside of own upper arm. No suicidal intent. Prison staff found and thinks lost ?300mls of blood. Feeling clammy now but otherwise well.

Pmhx:
Mitral valve, asthma

Dhx:
Warfarin

O/e:
Lying in bed. Doesnt look unwell
R arm
- 3cm incision along top of bicep
- Active venous bleeding
- No deep structures visible
Obs - WNL

Wound cleaned and closed with x4 size 3 sutures.

Plan, discussed with ED cons Reid:
Montior for 20mins
If not further bleeding -> d/c
Stitches out in 7-10 days

========

Nil further bleeding

Plan:
D/c
Home in 7/10 days

Yours Sincerely,

Dr Luke Dardis, Doctor

NHS Lothian
University Hospital Services

Department of Emergency Medicine

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

NHS Lothian

A/E no. E6226024
Previous no. ---
UHPI no. 701728512L
CHI no. ---

Patient Information

Surname Anderson
Forenames Owen
Date of Birth
Age 120 Yrs Sex M ??/??/1905

Address unknown

Postcode NK010AA Telephone

Contact Address Telephone H
W

Complaint head injury Allergies

Attendances in last 12 months: 0 School :

General Practitioner

Address Unknown GP Scotland
Patients Where Practice Code Is Unknown And Who Are N. Covered By codes 99942 99957 99976 99981 99995
EH41 3NF
Telephone 11111 111111

Date and Time of Attendance 21/11/2025 22:42
Mode of Arrival Incident Date Time: Emergency Ambulance 999 Emergency
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

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

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐

MSU Sent Yes ☐ No ☐
HCG Consent Yes ☐ No ☐
HCG Result Yes ☐ No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐	
CT Scan	Yes ☐	No ☐	
Other (Please state)			

On Going Care Plan

Speciality Informed (enter time)

Surg:	G.I:		
Vasc:	Stroke:		
Medics:	Gynae:		
Ortho:	Neuro:		
Other (state Speciality)			

Bed Required
Yes ☐ No ☐
Transfer To: (Please tick if required)
WGH
SJH
Other (please state)

Triaged To - Please tick

Waiting Room		GP Out of Hours	
Resus		Gynae Triage	
HD		SMMP	
IC		MIU	
Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

OWEN ANDERSON

Scottish Ambulance Service

0906720559

Age/Gender:	**53 Years, 0 Months, 0 Days, Male**	**Incident Date:**	**21/11/2025 21:01:00**
		ePCR Number:	**73-2-211125-210156**
DOB:		**Incident Number:**	**CR012670854**
Address:	**Unknown**	**Incident Type:**	**EMG**
CHI Number:		**Incident Location:**	**OPPOSITE - O/S ON MAYFIELD CHURCH NEWBATTLE CHURCH BOGWOOD ROAD MAYFIELD DALKEITH, EH22 5DF**
Ethnicity:	**White Scottish**		

PATIENT INFO

GP And Surgery

Address:	**unknown**

ADDITIONAL COMMENTS

Presenting Complaint:	**Head injury**

Timestamp	Additional Comment	Crew Name
21/11/2025 23:49:00	999 call to 53yro male found outside by members of the public. o/a pt lying face down on pavement, not alert, well perfused, snoring, not sign of catastrophic haemorrhage.	-
21/11/2025 23:52:00	Hx of complaint - pt found at approx 9:20pm by passerby with obvious head injury to right forehead and right eye swelling. No identification found, no other information about pt.	-
22/11/2025 00:00:00	O/e - pt moved on to scoop with aid from public to ensure swift move into ambulance. Tail lift discovered to be faulty so unable to move into ambulance, red back up requested. Airway stabilised with jaw thrust - snoring reduced. Attempt to insert opa but unable due to trismus. Heart irregular, temp 34.7, other obs in normal parameters. 15l O2 given. Head to toe assessment carried out - no obvious injury aside head and eye injury. Abdo soft, air entry reduced in right lower lobe.	-
22/11/2025 00:04:00	Treatment - iv access established. txa administered at 22:37. fluids given to reflect drop in bp at 22:35. Jaw thrust maintained en route with c- spine consideration. En route pt stable.	-

ACVPU

Options:	**Unresponsive**

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	**No**

AIRWAY

Assessment:	**At Risk**

Treatment

Treatment Options:	**Positioning, Jaw Thrust**	**Successful?:**	**Yes**

BREATHING

Breathing Adequately:	**Yes**	**Initial Respiratory Rate:**	**22**
Initial SpO2:	**97**	**Initial SpO2 On Air:**	**Yes**
Oxygen Given:		**Yes**	

ANDERSON, OWEN ID:0906720559 21-Nov-2025 22:52:36 NHS LOTHIAN-RIE_ED ROUTINE RECORD

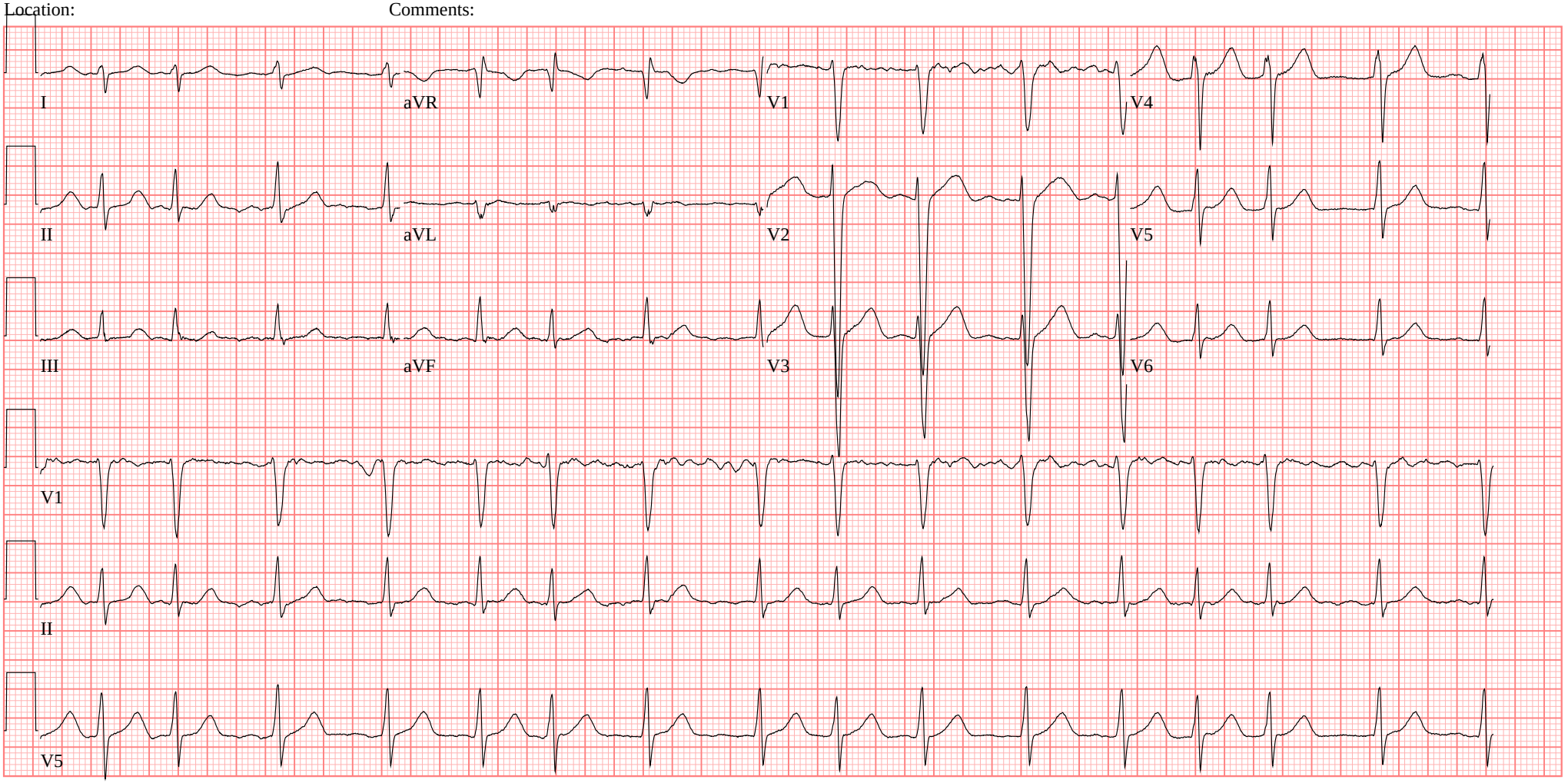
09-Jun-1972 (53 yr)
Male

Room:
Loc:40

Vent. rate	96	BPM
PR interval	*	ms
QRS duration	106	ms
QT/QTcB	344/434	ms
P-R-T axes	248 97	59

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 33499

SID: 3970631 EID: 13 EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 22/11/2025

Emergency Discharge Summary

Patient	Owen Anderson 31 LAUREL BANK Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0906720559** 09/06/1972 (53 years) 700927161K E6226024
Attendance Date	21/11/2025		
Attendance Time	22:42		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	22/11/2025		
Discharge To			

Dear Dr K Schuur

Presentation: head injury

CLINICAL NOTES:
Clinical note: RESUS RIE ENHANCED TRAUMA

Pt CHI: 0906720559 - notes will be merged in morning

PREPARATION
Pre alert given: Yes

If no pre-alert previous location in ED:
Type of trauma team activation: Enhanced Trauma
Consultant present for patient arrival: In Resus
If no state 1st Doctor specialty and Grade: ED REG Cox
If no state most senior grade involved in ED, time and specialty:

PREHOSPITAL HANDOVER
Time of Incident: Unknown
Mechanism of Injury: Unknown
Injuries suspected: Significant Facial Injuries
Treatments: 1g TXA, 250ml of NaCl

PRIMARY SURVEY (description not numbers)
A - some snoring, maintained with jaw thrust, intubated in Resus by Anaesthetics (23 at the teeth)

B
Trachea central, no obvious neck deformity or crepitus
Air entry equal, symmetrical expansion
No surgical emphysema,
No obvious deformities in chest
Sternotomy scar
Small graze on top right clavicle
SpO2: 100% on 15L non-rebreathe
RR (pre-intubation if intubated prehospital): 19
CXR interpretation: N/a

C
HR: 71bpm
Central cap refil <2s,
SBP (state if unrecordable at any point prehospital): Prehospital: 63/50 --> in hospital 112/59
(e)FAST Scan interpretation: N/a
Pelvis XR interpretation: N/a

D
GCS (pre-intubation if intubated prehospital): 3 prehospitally, 7 in Resus with some localisation

E:1
V:1
M:5
Total: 7
Left pupil size:
Left pupil reactivity: Sluggish
Right pupil size
Right pupil reactivity: Sluggish
Temperature: 36.7
Pupils unequal

E
Significant wound and swelling to right eye, still oozing blood from graze sight.
Abdomen: soft non-tendeer
No obvious pelvic deformities
Long bones intact upper and lower bilaterally - some superficial wounds to limbs
Pt incontinent of urine

VBG: Mildly acidotic

ALLERGIES: Phenoyxmethipenicillin
MEDICATIONS: As per ECS, warfarin (CHI:**Pt CHI: 0906720559 - notes will be merged in morning**)
PMH: T2DM, Asthma, Metallic Mitral Valve, Polycythaemia Vera
LAST ATE: Unknown
EVENTS/HISTORY (from patient and witnesses):
Pt found unconscious face down with head injury
GCS3, throughout ambulance journey, brief drop in blood pressure.

CORE INTERVENTIONS (state if prehospital)
IV fluid given prehospital (ml): 250
Time Iv Abs given: N/a
Blood given prehospital (in ml and units): N
Time TXA given: 2213
IV fluid given ED (ml): 23:00
Time Pelvic Binder applied: N

List Blood products given (in ml and units): N
Secondary survey completed?: N
Is there an open long bone fracture?: N
Neurosurgical referral made?: N

LIST ALL INJURIES
Significant facial trauma with swelling
?C-spine

LIST ALL INTERVENTIONS (with response) PERFORMED & DRUGS GIVEN
Pt intubated in Resus - cardio-stable RSI
C-Spine immobilised

LIST OUTSTANDING TASKS:
CT Head, Neck, Facial Bones
Chase bloods

DESTINATION:
Critical Care - referral made and accepted by Registrar, many thanks

J Eatock FY2

Yours Sincerely,

James Luke Eatock, Doctor

ANDERSON, OWEN ID:0906720559 16-Dec-2025 15:43:41 NHS LOTHIAN-WGHARU ROUTINE RECORD

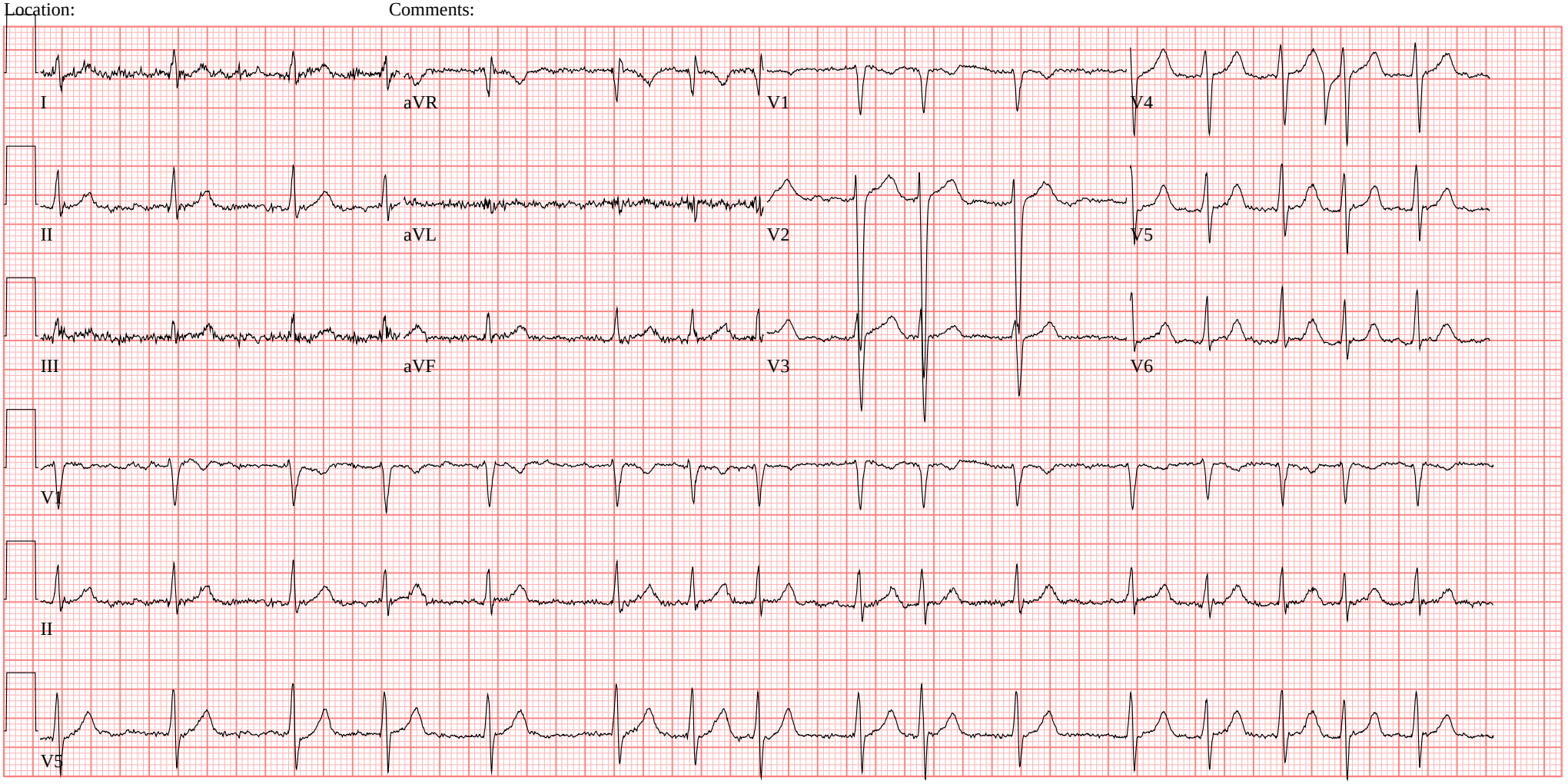
09-Jun-1972 (53 yr)
Male

Room:
Loc:320

Vent. rate	96	BPM
PR interval	*	ms
QRS duration	86	ms
QT/QTcB	342/432	ms
P-R-T axes	* 84	55

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 39230

SID: 3970631 EID: 13 EDT: ORDER:

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

Addressograph
700927161K /E6252846 M
N: ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
D(31 Laurel Bank Midlothian
EH22 2JH
CH

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

Previous Adverse Reactions	Weight	Date
Penicillin	_____ kgs Actual / Estimate	18/12/25

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
18/12	1040	PARACETAMOL	1g	PO		10:45	CO	
18/12	1040	ORAMORPH	5mg	PO		10:45	CO	
18/12	1935	Oramorph	5mg	PO		1340	OG	
18/12	1620	PARACETAMOL	1g	PO		1635	VM	
18/12	1620	ORAMORPH	5mg	PO		1635	VM	
18/12	1800	WARFARIN	5mg	PO		1815	VM	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																					
	Date:	18/12																			
	Time:	10:30																			
A+B Respirations Breaths/min	≥25									3											
	21-24									2											
	18-20	20																			
	15-17																				
	12-14																				
	9-11									1											
	≤8									3											
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	96																			
	94-95	95								1											
	92-93									2											
	≤91									3											
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O_2									3											
	95-96 on O_2									2											
	93-94 on O_2									1											
	≥93 on air																				
* ONLY use Scale 2 under the direction of a qualified clinician	88-92																				
	86-87									1											
Tick box if using SpO_2 Scale 2 ☐	84-85									2											
Sign:	≤83									3											
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																			
	O^2 L/min or %									2											
	Device																				
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220									3											
	201-219																				
	181-200																				
	161-180																				
	141-160																				
	121-140																				
	111-120	114																			
	101-110	↑								1											
	91-100									2											
	81-90	↓																			
	71-80	75																			
	61-70									3											
	51-60																				
	≤50																				
C Pulse Beats/min Manual pulse	≥131									3											
	121-130									2											
	111-120																				
	101-110									1											
	91-100																				
	81-90	81																			
	71-80	79																			
	61-70																				
	51-60																				
	41-50									1											
	31-40									3											
	≤30																				
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A																			
	New Confusion									3											
	V																				
	P																				
	U																				
E Temperature °C	≥39.1°									2											
	38.1-39.0°									1											
	37.1-38.0°																				
	36.1-37.0°	36.3																			
	35.1-36.0°									1											
	≤35.0°									3											
NEWS TOTAL		0																			
Monitoring frequency		4-6																			
Escalation of care Y/N		Y																			
Blood Glucose reading or N/A		7.9																			
Pain score (0-10)		10/10																			
Initials		CW																			

Reproduced from: Royal College of Physicians. *National Early Warning Score (NEWS): Standardising the assessment of acute-illness severity in the NHS.* Updated report of a working party. London: RCP, 2017.

NEWS of 5 or more? Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph
700927161K /E6252846 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH
C

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

| | | |

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

Ward: AMU Site: RDE Date: 13/12/25

Addressograph, or

NHS Lothian

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

Name Owen Anderson

DOB

1hrly **2 hrly** **3 hrly** _____**hrly** (please circle/complete)

Unit no. / CHI

Print name and sign

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0804	0530											
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)	L	L	L										
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	H	H										
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Y	Y	Y										
Positioning (R) or (L) side (B) Back (C) Chair	B	B	B										
Mattress type / Cushion type	*please state type:*												
Elimination — Do you need the toilet?	D	D	I										
Is the patient continent of urine? (at time of Care Rounding)	N	N	N										
Continence product changed/offered?	D	D	D										
Catheter care performed?	N	N	N										
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	N	N	N										
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	D	D	D										
Fluid Balance Chart (if clinically indicated)	—	—	—										
When did you last eat?	—	—	—										
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	—	—	—										
Falls — Appropriate Footwear?	Y	Y	Y										
Walking aid available(and within reach)	N	N	N										
Area de-cluttered?	Y	Y	Y										
Chair and bed height assessed?	Y	Y	Y										
Falls alarm in use and attached?	N	N	N										
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y N	Y N	Y N										
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain — Are you in pain?	N	N	N										
Analgesia Given?	N	N	N										
General — Peripheral Venous Cannula observed?	Y	Y	Y										
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	Y	Y	Y										
Anything else I can do for you?	N	N	N										
Buzzer within easy reach	Y	Y	Y										
Personal Care *Type* _____ *(specify)* **Time Given** _____													
Initials – document at time of care delivery													

Ward:	Site:	Date:	Addressograph, or Name DOB Unit no. / CHI

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

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

Print name and sign _____

NHS Lothian

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

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	08.00 am ←				24 hour period							→ 07.00 am	

Pressure Area Care

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Have you changed position since last CR?													
Positioning (R) or (L) side (B) Back (C) Chair													
Mattress type / Cushion type	*please state type:*												

Elimination

Do you need the toilet?													
Is the patient continent of urine? (at time of Care Rounding)													
Continence product changed/offered?													
Catheter care performed?													
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)													
Bowel function monitored	Observe bowel function and update daily												

Food, Fluid & Nutrition

Would you like a drink? Ensure fluids are within easy reach													
Fluid Balance Chart (if clinically indicated)													
When did you last eat?													
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)													

Falls

Appropriate Footwear?													
Walking aid available(and within reach)													
Area de-cluttered?													
Chair and bed height assessed?													
Falls alarm in use and attached?													
Glasses available for use? (if worn) Hearing aid available for use? (if worn)													
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													

Pain

Are you in pain?													
Analgesia Given?													

General

Peripheral Venous Cannula observed?													
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N													
Anything else I can do for you?													
Buzzer within easy reach													

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery													

NHS
Lothian

Nursing Assessment Form
GP Interface

700927161K /E6252846 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

CHI No:

Date 18/12/2025 | Time of Triage: 10:30.

Name of Nurse Completing Triage (Print Name): C.ONATE

Presenting Complaint:

Haematoma buttock, pain down the leg and shin.

On warfarin.

PMH: mechanical valve 2022.

Allergies:

penicillin.

NEWS Score: 0.

pain 10/10

Escalate to medical team as per protocol

Social Hx (inc mobility):

Infection Control:

Recent Travel – Yes □ No ☒.

Fever – Yes □ No ☒

Cepheid required - Yes □ No □

Diabetes	Is patient diabetic? (Y)N T2DM - on metformin.	If Yes:			
		BM	7.9.	**Ketones**	

Enhanced Obs required Yes □ No□ N/A□

ESCALATION **DNAR - Y□ N□** **TEP - Y□ N□** **AWI - Y□ N□**

Nursing Admission Checklist		**Initial PVC Checklist(s)**
Standard Admission Procedures	**Sign**	**Triage PVC Checklist:**
Vital Signs Recorded: Yes☑ No□	CO	Venflon required? Yes ☒ No □ N/A □
NEWS score recorded: Yes☑ No□	CO	Date and Time Inserted:
GC5 Recorded : Yes☑ No□	CO	18/12/2025 09:30
Name Band Attached: Yes☑ No□	CO	**Further PVC Checklist:**
Relatives : In OPD S □ At Home ☑ Not Aware □	CO.	Venflon required? Yes □ No □ N/A □
ECG Completed: Yes□ No□		Date and Time Inserted:
Falls Risk Assessment Completed: Yes□ No□		__/__/____ __:__

NHS Lothian

GP Interface Admission Care Plan / Care Rounding

Addressograph, or

Name:

DOB:

CHI No:

Date/Time	Progress Notes	Sign/Print Name
09:45	Transferred from ED Triage to	
18/12/25	Interface: Bloods ☑ Cannula ☑	
	Obs ☑ XR ☑	CO

NHS Lothian

Care Rounding Frequency (Please Tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☒	RN Please print name and sign: C.DN ATE

Time of Care Rounding	09:45	1609											
PRESSURE AREA CARE (complete care interventions on P4 if appropriate)													
If Established pressure ulcer complete formal wound assessment on TRAK ☐													
Visual Skin Check? Y/N	N	N											
Outcome? (H)Healthy (R) Red (B) Broken		H											
Position? (R) or (L) side (B) Back (C) Chair		L											
Surface? (B) Bed (T) Trolley (C) Chair		T											
MOBILITY (tick one) (complete care interventions on P4 if appropriate)													
Identified falls risk ☐ **Complete top to toe if fall within department (|||)**													
Independent?	Ind	I											
Requires some assistance/ Requires walking aid		|											
NWB / Full Assistance required		V											
ELIMINATION (complete care interventions on P4 if appropriate)													
Independent ☐ Assistance required ☐ Incontinent ☐ Catheterised ☐													
Do you need the toilet? Y/N/NA	N	I											
Continence product changed / offered? Y/N/NA	NA	|											
Catheter Emptied? Y/N/NA	NA	|											
Bowels moved? Y/N/NA		J											
FOOD/FLUID/NUTRITION (complete care interventions on P4 if appropriate)													
If NBM consider IV Fluids, use TRAK icon													
Food Given? Y/N/(R)refused/ NBM	N	N											
Fluids Given? Y/N/(R)refused/ NBM	N												
Assistance required? Y/N	N												
PAIN (complete care interventions on P4 if appropriate)													
Consider use of Abbey Paint scale if unable to communicate needs													
Are you in Pain? Y/N	Y	Y											
RN Informed? Y/N	Y	Y											
OTHER (complete care interventions on P4 if appropriate)													
Type of personal care provided Independent ☐ Basin ☐ Bedbath ☐													
Oral hygiene Performed? Y/N	N	N											
Area tidy / De-cluttered? Y/N	Y	Y											
Anything else I can do for you? Y/N	N	Y											
Patient / Relatives updated? Y/N	Y	N											
PRINT INITIALS	LS	DS											

NHS Lothian

Care Interventions

PRESSURE AREA CARE
MOBILITY / FALLS
Yellow Blanket ☐ TRAK Icon ☐ Patient Placement in department ☐
ELIMINATION
FOOD/FLUID/NUTRITION
PAIN
OTHER

GP Interface to AMU/ED Handover					
NEWS	**Infection**	RR:	SPO2:	O2:	BP:
		HR:	Temp:	AVPU:	Cepheid: Y☐ N☐ N/A☐
Outstanding Jobs					
Diagnosis					
SBAR		S: B: A: R:			
NOK aware of transfer		Y☐ N☐			
Name of Nurse completing handover:					

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 19/12/2025

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6252846
Attendance Date	18/12/2025		
Attendance Time	09:32		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	18/12/2025		
Discharge To			

Dear Dr K Schuur

Presentation: Unwell Adult T3 - moderate pain - self discharged from WGH yesterday with haematoma to buttock. INR 6.9 on presentation, withheld warfarin. Reattends with increased pain. NEWS 1 D Barton

ACUTE MEDICINE IN GP INTERFACE SERVICE/ED
CLINICAL ASSESSMENT

PC:
Rt buttok haematoma

HPC:
said that he had pain in his Rt butttuk, started 3 days ago, with no history of tramuaor recent fall
left the WGH yeterday as waited for 2 days and no plan
hx of chest pain when it started but non since then
feels it's getting bigger but whatbothering him more is the pain, he couldn't get a shower yesterday

Last Warfarin dose as per the patientTuesday morning 5mg, target INR 2.5-3.5
No hx of extravasation any bloods

Background:
DAMA yesterday from WGH (presented with Rt gluteal hematoma)
Traumatic brain injery, SDH (ITU admission- 11/25)
Alcohol misuse
Asthma

IHD
T2DM
Metallic mitral valve 2022, on warfarin
AF
Polycythaemia vera

Medications:
Warfarin, inhalers, bisprolol, furosamide, statins

Drug allergies:
Pencillin

Temp
NEWS:0
Rt buttok large tender firm on palpation with brusis at the upper border (extravasated bloods)
+ve palpable pulsation

no signs of compartemental syndrome

Investigation results:
CXR and ECG: withing normal

Diagnosis:
Haematome, in anticaoagulated patient for MVR who stopped his warfarin had oral Vit K and need anticoagulation plan as high risk for thrombosis

Treatment and management plan:
Bloods (No Hg drop)
CXR
Ortho reg
Pain control
Hematology discussion (Patient is known to them, anticoagulation plan (warafarin and LMWH bridge) no anticoagulation (Track referral done)

Discussed with the ortho team,thanks
although they are not concerned about the heamatoma, and didn't think US is needed at this time
When he was at the WGH, he was discussed with the hematology team who stringly advised for the US ? haematoma and to advise about the anticoagulation plan

Destination: AMU

Assessed by (name, seniority): NI-ST5

Haematology Advice from Dr Andrew Page Consultant:
1. If clinically worsening - then he is to have 2mg vitamin K and hold warfarin
2. If borderline or stable - then give the maintenance dose of warfarin that patient takes
3. Needs admission for 24-48hours to monitor the haematoma, bloods, INR and clinical direction this will take
4. If getting better then will not need anything else in meantime
5. We would not consider bridging until INR<2.0, in which case discuss with Haematology first. given the level of

drop of Hb already, the risk of bridging may outweight benefit.

Team please to review and decide on above
Dr Thethy, Consultant. 15:56hrs & 16:53hrs

Consultant: Dr Thethy
Contact number:
Email inquiries to RIEacutemedicine@nhslothian.scot.nhs.uk

_____

UPDATE 16:30
- Haematoma reviewed. Some increase in bruising as blood redistributes and settles but no increase in swelling, haemodynamically stable and Hb stable
- I do not think there is any evidence of active bleeding
- Therefore as per Haem plan for maintenance dose of warfarin tonight. Takes 5mg every day except 6mg on Wednesdays

N. Salim IMT3

Yours Sincerely,

Nahed Ragab Ibrahem Ismail, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

A/E no.	E6259992
Previous no.	E6252846
UHPI no.	700927161K
CHI no.	0906720559

Patient Information

Surname	Anderson	Date of Birth	
Forenames	Owen James F	Age / Sex	09/06/1972
		53 Yrs	M
Address	31 Laurel Bank		
	Dalkeith, Midlothian		
Postcode	EH22 2JH	Telephone	07396725905
Contact Address		Telephone H	
		W	
Complaint	?blood clot	Allergies	

Attendances in last 12 months: 4 School :

General Practitioner

K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP
Address
Telephone 0131 561 5500

Date and Time of Attendance 26/12/2025 17:18
Incident Date Time:
Mode of Arrival Private Transport
Self Referral to A&E
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

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

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHO Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HO		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Speciality)		Other (please state)		Exem		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

new left thigh.
couple days hoarseness + SOB

INR
6mg wed
5mg rest of the days
none for last
past 2 days.
(wed evening 6mg)

Care Providers Name: _____ Signature: _____

NHS Lothian

EMERGENCY DEPARTMENT
EDINBURGH ROYAL INFIRMARY
Nursing Admission, Care planning/rounding and Discharge Bundle

Addressograph, or

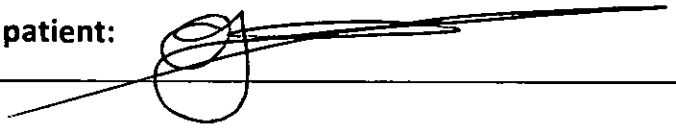
/00927161K /E6259992 M
Name: ANDERSON Owan
DOB: 09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laural Bank Midlothian
Hospital EH22 2JH
[redacted]

Date: 26/12/25	Presenting complaint: BLOOD CLOT
I like to be called: Brief description of patient if required:	Name band YES ☑ NO ☐ Allergy band, if indicated YES ☐ NO ☐ N/A ☐ TRAK alerts checked ☐ PENICILLIN

Nursing Considerations (Please tick)

Does patient have a **DNAR** in place?	YES ☐	NO ☑	With Patient YES ☐ NO ☐
Does patient have an AWI?	YES ☐	NO ☑	With Patient YES ☐ NO ☐
Is patient considered to be palliative?	YES ☐	NO ☑	Consider informing Palliative Care team
Is patient at risk of absconding?	YES ☐	NO ☑	MH form completed YES ☐ NO ☐
Does patient want NOK informed?	YES ☑	NO ☐	NOK details on TRAK ☐
Is patient a falls risk? (As per ED SOP)	YES ☐	NO ☑	Falls bundle in place ☐
4AT required? (#NOF, new confusion, age >6S)	YES ☐	NO ☑	4AT score _____ Recorded on TRAK ☐
Check regular medicines and liaise with Medical staff to prescribe. (As per Critical Medicines SOP) **(Think Parkinson's/Epilepsy/Diabetes)**	YES ☐	NO ☑	N/A ☐
Swallow screen completed within 4 hrs for patients presenting with stroke symptoms	YES ☑	NO ☐	PASS ☐ FAIL ☐ (If fail put NBM on TRAK)

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I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf	
Signed by patient: 	**Date:** 26/12/25

OR

CLOTHING- please list all items below (in patient clothing bag and labelled)

Dentures	Top ☐ Bottom ☐ Both ☐ None ☐
Glasses	YES ☐ NO ☐
Hearing aid	Left ☐ Right ☐ None ☐
Medicines (in green bag and labelled)	YES ☐ NO ☐ None ☐

Valuables Record			**In ED safe?**
Purse/wallet	YES ☐ NO ☐		YES ☐ NO ☐
Cash	☐ Notes: _____ ☐ Coins: _____	Total amount: _____	YES ☐ NO ☐
Bank/credit/ID cards (document card numbers)	YES ☐ NO ☐		YES ☐ NO ☐
Keys	YES ☐ NO ☐		YES ☐ NO ☐
Phone (make and model)	YES ☐ NO ☐		YES ☐ NO ☐
Jewellery (Description including colour)	YES ☐ NO ☐		YES ☐ NO ☐
Smartsafe number	Affix sticker here		
Signature 1:		Signature 2:	

Please ensure safe paperwork is filled out correctly

TROLLEY RAIL RISK ASSESSMENT

(Please complete for all patients who are placed on a trolley for the duration of their stay in the emergency department)

MENTAL STATE	USE OF TROLLEY RAILS	PLEASE TICK
PATIENT IS CONFUSED/DISORIENTATED OR IMMOBILE	USE TROLLEY RAILS WITH CARE (PLACE WITHIN REACH OF CALL BELL; PLACE IN VISIBLE AREA IF NOT IN CUBICLE; CONSIDER 1:1; LOWER TROLLEY TO LOWEST HEIGHT)	☐
PATIENT IS DROWSY	TROLLEY RAILS RECOMMENDED	☐
PATIENT IS UNCONSCIOUS	TROLLEY RAILS RECOMMENDED	☐
PATIENT IS ORIENTATED AND ALERT	TROLLEY RAILS NOT RECOMMENDED	☑

Would patient like trolley rails used? YES ☐ NO ☐

Other relevant information

Approved: Aug 2025
Review: Aug 2028

NHS Lothian

Adapted Waterlow Pressure Area Risk Assessment Chart (Adults)

Addressograph, or
Name
DOB
Unit No./CHI
Patient's location:

The primary aim of this tool is to assess the risks of a patient/client developing a pressure ulcer.
Undertake and document the risk assessment within 6 hours of admission or on first home visit.
Reassess if there is a change in the individual's condition and repeat regularly according to local procedures.

	SCORING		DATE	26/12/25		
			TIME	21:15	:	:
			INITIALS	JCM		
Sex	Male	1		1		
	Female	2				
Age	14 – 49	1				
	50 – 64	2		2		
	65 – 74	3				
	75 – 80	4				
	81+	5				
Build/weight for height (weight in kg/height in m^2)	Average BMI 20 – 24.9	0		0		
	Above average BMI 25 – 29.9	1				
	Obese BMI > 30	2				
	Below average BMI < 20	3				
Continence	Complete/catheterised	0		0		
	Incontinent urine	1				
	Incontinent faeces	2				
	Doubly incontinent (urine & faeces)	3				
Skin Type (Visual Risks Area)*	Healthy	0				
	Tissue paper (thin/fragile)	1				
	Dry (appears flaky)	1				
	Oedematous (puffy)	1				
	Clammy (moist to touch/pyrexia)	1				
	Discoloured (bruising/mottled)	2		2		
	Broken (established ulcer)	3				
Mobility	Fully mobile	0		0		
	Restless/fidgety	1				
	Apathetic (sedated/depressed/reluctant to move)	2				
	Restricted (restricted by severe pain or disease)	3				
	Bedbound (unconscious/unable to change position/ traction)	4				
	Chair bound (unable to leave chair without assistance)	5				
Nutritional Element*	**Unplanned weight loss in past 3-6 months:**					
	< 5% Score	0		0		
	5-10%	1				
	>10%	2				
	BMI >20	0				
	BMI 18.5 - 20	1				
	BMI < 18.5	2				
	Patient/client acutely ill or no nutritional intake > 5 days	2				

NHS Lothian

Adapted Waterlow Pressure Area Risk Assessment Chart (Adults)	Addressograph, or Name DOB Unit No./CHI Patient's location:

	DATE					
SCORING	**TIME**	:	:	:	:	
	INITIALS					
Special Risks (Tissue Malnutrition)*	Smoking	1	1			
	Anaemia = Hb < 8	2	—			
	Single organ failure e.g. cardiac, renal, respiratory	5				
	Peripheral vascular disease	5				
	Multiple organ failure/terminal cachexia	8				
Special Risks (Neurological Deficit)	Type 2 Diabetes / MS /CVA / motor/ sensory / paraplegia (score dependant on condition stability/impact severity)	4-6	4			
Special Risks (Surgery/Trauma)*	Orthopaedic/below waist/spinal (up to 48 hours post op)	5				
	On table > 2 hours (up to 48 hours post op)	5	/			
	On table > 6 hours	8				
Special Risks (Medication)	Cytotoxic, anti-inflammatory, long term/high dose steroid	4				
	TOTAL SCORE:		10			

*More than one score can be used in some categories

How to Use the Tool: Use together with your clinical judgment.

An indication of risk should be followed with an action i.e. develop and implement a pressure ulcer prevention care plan.

The tool identifies three "at risk" categories-

1. A score of **10-14** indicates "**at risk**".
2. A score of **14-19** indicates "**high risk**".
3. A score of **20 and above** indicates "**very high risk**

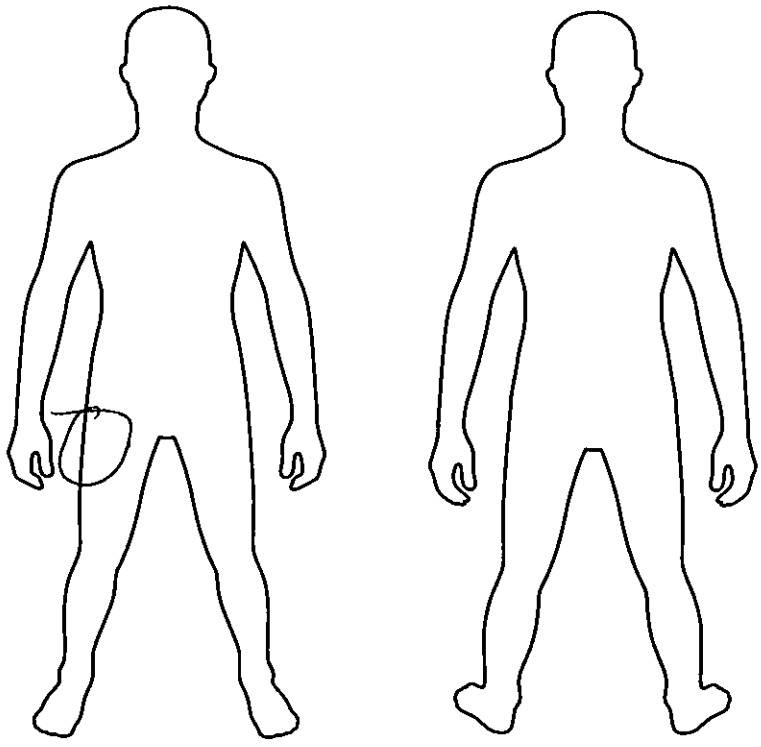
Updated from Risk Assessment Chart Waterlow v2.0
www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability.aspx

NHS Lothian

FRONT BACK

BODY MAP

Mark areas of concern with an X



Relevant information (Dressings, creams, TVN input, Datix submitted)

Urinary Catheter Insertion			
Date: ___/___/___	Time:	Inserted by:	
Clinical Indication for insertion:		Attach catheter label here	
Day/Date	1 ___/___/___	2 ___/___/___	3 ___/___/___
Still required Y/N			
Catheter care Y/N			
Bag changed Y/N			
Removed Y/N			

NHS Lothian

Peripheral Venous Catheter

Date: ___/___/___	**Time:**
Inserted by:	
Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐	
Site: Left/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐	
Procedure checklist: Hand Hygiene ☐ Aseptic Insertion ☐ Skin Prep? ☐ Dressing dated ☐	**Difficulties/Complications:**

Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	5 __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

Peripheral Venous Catheter

Date: ___/___/___	**Time:**
Inserted by:	
Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐	
Site: Left/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐	
Procedure checklist: Hand Hygiene ☐ Aseptic Insertion ☐ Skin Prep? ☐ Dressing dated ☐	**Difficulties/Complications:**

Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	5 __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

Peripheral Venous Catheter

Date: ___/___/___	**Time:**
Inserted by:	
Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐	
Site: Left/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐	
Procedure checklist: Hand Hygiene ☐ Aseptic Insertion ☐ Skin Prep? ☐ Dressing dated ☐	**Difficulties/Complications:**

Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	5 __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

NHS Lothian

Care Rounding Frequency (Please tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☑	RN please print name and sign:

Time of Care Rounding	21:15												
PRESSURE AREA CARE (complete Care Interventions on page 10 if appropriate)													
If established pressure ulcer complete formal Wound Assessment on TRAK ☐													
Visual Skin Check? Y/N	Y												
Outcome? (H) healthy (R) red (B) broken	BRUISED												
Position? (R) or (L) side (B) back (C) chair	B												
Surface? (B) bed (T) trolley (C) chair	T												
MOBILITY (tick one) (complete Care Interventions on page 10 if appropriate)													
Identified falls risk ☐ Complete top to toe if fall within department (Backslash TTT)													
Independent?	✓												
Requires some assistance/ Requires walking aid													
NWB/Full assistance required													
ELIMINATION (complete Care Interventions on page 10 if appropriate)													
Independent ☐ Assistance required ☐ Incontinent ☐ Catheterised ☐ Stoma ☐													
Do you need the toilet? Y/N/NA	✓												
Continence product changed/offered? Y/N/NA													
Catheter emptied? Y/N/NA													
Bowels moved? Y/N/NA													
FOOD/FLUID/NUTRITION (complete Care Interventions on page 10 if appropriate)													
If patient NBM consider IV fluids, Use TRAK icon													
Food given? Y/N/(R)refused/NBM	N												
Fluids given? Y/N/(R)refused/NBM	✓												
Assistance required? Y/N	N												
PAIN (complete Care Interventions on page 10 if appropriate)													
Consider use of Abbey pain scale if patient unable to communicate needs													
Are you in pain? Y/N	Y												
RN informed? Y/N	Y												
OTHER (complete Care Interventions on page 10 if appropriate)													
Type of personal care provided Independent ☐ Basin ☐ Bedbath ☐													
Oral hygiene performed? Y/N	N												
Area tidy/de-cluttered? Y/N	N												
Anything else I can do for you? Y/N	N												
Patient/relatives updated? Y/N													
PRINT INITIALS	TWH												

Care Rounding Frequency (Please tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☐	RN please print name and sign:

Time of Care Rounding													
PRESSURE AREA CARE (complete Care Interventions on page 10 if appropriate)													
If established pressure ulcer complete formal Wound Assessment on TRAK ☐													
Visual Skin Check? Y/N													
Outcome? (H) healthy (R) red (B) broken													
Position? (R) or (L) side (B) back (C) chair													
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Identified falls risk ☐ Complete top to toe if fall within department (Backslash TTT)													
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ELIMINATION (complete Care Interventions on page 10 if appropriate)													
Independent ☐ Assistance required ☐ Incontinent ☐ Catheterised ☐ Stoma ☐													
Do you need the toilet? Y/N/NA													
Continence product changed/offered? Y/N/NA													
Catheter emptied? Y/N/NA													
Bowels moved? Y/N/NA													
FOOD/FLUID/NUTRITION (complete Care Interventions on page 10 if appropriate)													
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Type of personal care provided Independent ☐ Basin ☐ Bedbath ☐													
Oral hygiene performed? Y/N													
Area tidy/de-cluttered? Y/N													
Anything else I can do for you? Y/N													
Patient/relatives updated? Y/N													
PRINT INITIALS													

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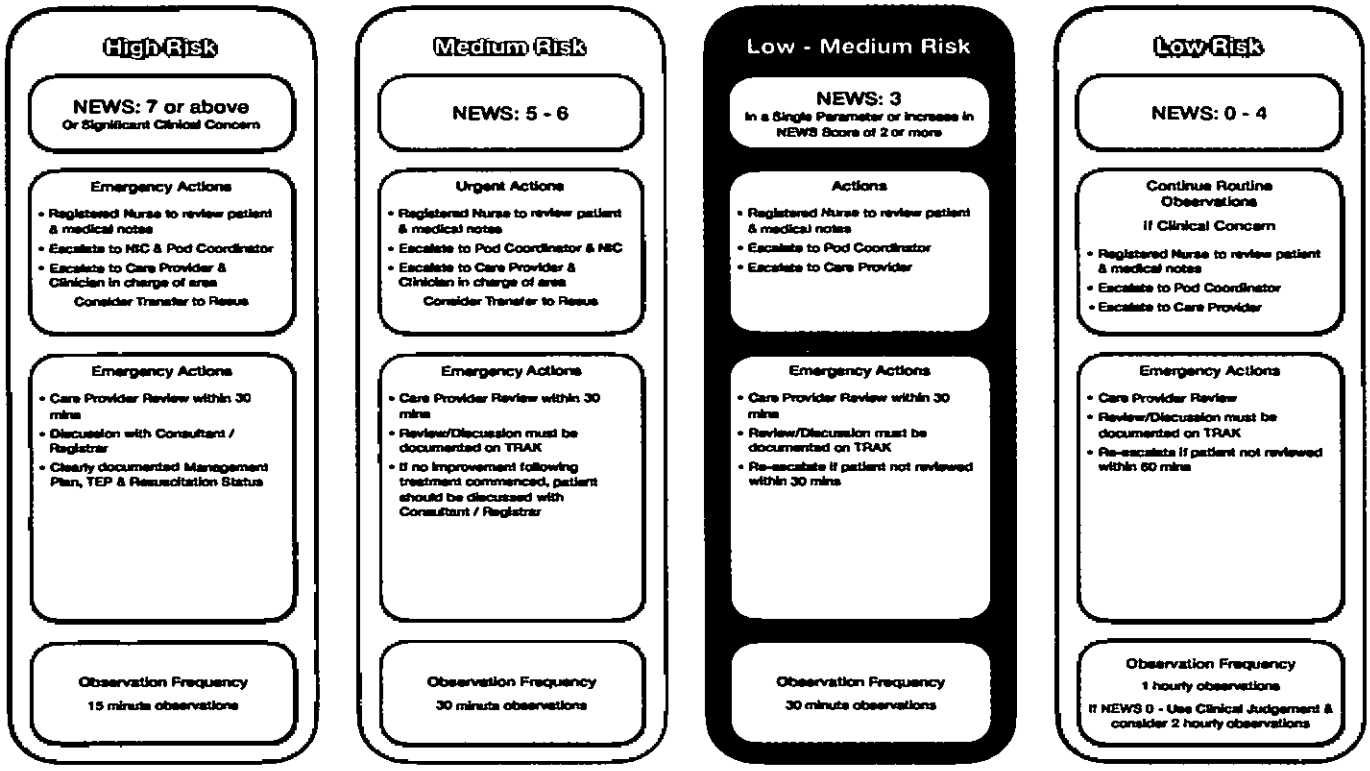
CARE INTERVENTIONS

PRESSURE AREA CARE			
Date/ time	Waterlow Score	Equipment in use and interventions	PRINT INITIALS
26/12/25 2115	10	TROLLEY	JCM
MOBILITY/FALLS			
Yellow blanket ☐ TRAK icon ☐ Falls sticker ☐ Patient placement in department ☐			
CLOT ON RIGHT SIDE			INITIAL
ELIMINATION			
			INITIAL
FOOD/FLUID/NUTRITION			
NORMAL			INITIAL
PAIN			
			INITIAL
OTHER			
			INITIAL

NHS Lothian

HAS YOUR PATIENT DETERIORATED?
(NEWS INCREASE OF 3 OR MORE or CLINICAL CONCERN)

DATE/TIME	NEWS SCORE	PREVIOUS NEWS SCORE	IMMEDIATE ACTIONS	CP informed. If not available discuss with co-ordinator or EPIC	PLAN



Reference: NHS Lothian ED NEWS Escalation v3.0

Date/time	PROGRESS NOTES	Signature/print name

NHS Lothian

Date/time	PROGRESS NOTES	Signature/print name

NHS Lothian

Date/time	PROGRESS NOTES	Signature/print name

PRINT NAME	SIGN NAME	INITIALS
KARIN MENZIES	Karin Menzies	KM

NHS Lothian

TRANSFER CHECKS

PATIENT MOVING TO WARD	Receiving ward:
Situation	
Background	
Assessment	
Recommendation	
Last NEWS score	
Staff escort (Print and sign)	

Please bring all equipment back to department (Mindray monitors, pumps, pillows)

TRANSFER TO ANOTHER HOSPITAL					
Destination:			Bed confirmed: ☐	Nursing Handover given: ☐	
Time ambulance booked:		Response required:		Ambulance arrival time:	
Booking reference number:					
All property/meds with pt ☐		Documents for transfer (including DNAR form) ☐		Escort required ☐	
NOK aware ☐	Discharged by:			Time:	

Please phone receiving area when patient leaves the department

DISCHARGE TO HOME OR CARE HOME (Complete Discharge to Care Home Checklist from Right Decisions)			
Own transport ☐	PTS/SAS booked ☐ Ref_____	TTO's given ☐	POC restarted YES ☐ N/A ☐
PVC removed ☐	NOK informed ☐	Care Home informed ☐	Belongings ☐
Discharge advice/paperwork given to patient? (including DNAR) ☐			
Discharged by (print name):			Date: ___/___/___ Time:

Please phone care home when patient leaves department

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

700927161K /E6259992 M
ANDERSON Owen
N 09-Jun-72 CHI: 090 672 0559
77197 K Schuur
D 31 Laurel Bank Midlothian
EH22 2JH
CI

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

Previous Adverse Reactions	PENICILLIN	Weight kgs Actual / Estimate	Date 26/12/25

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
26/12	1915	ORAMORPH	10mg	PO	[signature]	1925	RW	
26/12	1915	PARACETAMOL	1g	PO	[signature]	1925	RW	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																				
	Date:																			
	Time:																			
A+B Respirations Breaths/min	≥25										3									
	21-24										2									
	18-20																			
	15-17																			
	12-14																			
	9-11										1									
	≤8										3									
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96																			
	94-95										1									
	92-93										2									
	≤91										3									
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2										3									
	95-96 on O_2										2									
	93-94 on O_2										1									
	≥93 on air																			
	88-92																			
	86-87										1									
Tick box if using SpO_2 Scale 2 ☐	84-85										2									
Sign	≤83										3									
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air																			
	O^2 L/min or %										2									
	Device																			
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3									
	201-219																			
	181-200																			
	161-180																			
	141-160																			
	121-140																			
	111-120																			
	101-110										1									
	91-100										2									
	81-90										3									
	71-80																			
	61-70																			
	51-60																			
	≤50																			
C Pulse Beats/min Manual pulse	≥131										3									
	121-130										2									
	111-120																			
	101-110										1									
	91-100																			
	81-90																			
	71-80																			
	61-70																			
	51-60																			
	41-50										1									
	31-40										3									
	≤30																			
D Consciousness Score for new onset of confusion (no score if chronic)	Alert																			
	New Confusion										3									
	V																			
	P																			
	U																			
E Temperature °C	≥39.1°										2									
	38.1-39.0°										1									
	37.1-38.0°																			
	36.1-37.0°																			
	35.1-36.0°										1									
	≤35.0°										3									
NEWS TOTAL																				
Monitoring frequency																				
Escalation of care Y/N																				
Blood Glucose reading or N/A																				
Pain score (0-10)																				
Initials																				

Reproduced from Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP; 2017.

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

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

Pupil Scale mm 1 2 3 4 5 6 7 8

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 27/12/2025

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6259992
Attendance Date	26/12/2025		
Attendance Time	17:18		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	26/12/2025		
Discharge To			

Dear Dr K Schuur

Presentation: UNWELL ADULT - RECENT PROBLEM - T4 Pt was not triaged - seen in Triage area Was verbally rude and aggressive in behaviour to triage nurse Used obscene language Informed patient to go back to main WR Pt will not disclose reason for being here with

CLINICAL NOTES:
Clinical note: ED Review - Y.El Shafei CF

PC: Worsening R buttock bruising
HPC:
-Approx 10 days ago woke up and noticed bruising over R buttock, denies any history of trauma
-Seen in WGH and RIE for INR management and pain control, self discharged 19/12
-Pain has not improved and has noticed new bruising along L upper thigh and R flank
-2 day history of hoarseness and intermittent SOB, worse in morning
-No haemoptysis, no haematuria, no PR bleeding
-No fevers/rigors
PMH: Likely Rt gluteal hematoma, Traumatic brain injury, SDH (ITU admission- 11/25), Alcohol misuse, Asthma IHD, T2DM, Metallic MVR 2022, on warfarin, AF, Polycythaemia vera
DH: As per ECS on warfarin
regular regime 5mg ever day apart from Wednesday where he takes 6mg, last dose was 6mg on evening of 24/12
SH: Living with family, last drink this afternoon, does not drink every day but drinks regularly, smokes

O/E
Alert and orientated NEWS 1 HR 93, 114/75
Comfortable breathing pattern,chest clear anteriorly
Warm peripherally, irregular rad pulse

Abdomen SNT, no spinal tenderness, Significant R sided flank bruising
R buttock tense and bruised approximately 15cm in length, tender ++
Moderate posterior R leg bruising to calf, non-tender
Mild left thigh bruising non tender

Imp: Worsening spontaneous bruising secondary to deranged INR

Case d/w Cons G.Clegg

Plan:
Bloods including INR
Consideration of Vit K and haematology discussion dependent on bloods
Analgesia

---2145 Patient reviewed with Cons G.Clegg
HB 94, INR 4.5
Owen does not believe bruising on R buttock has changed in size since last being in hospital
Haematology registrar Emily contacted 2145 - will call back

Yours Sincerely,

Dr Yousuf El Shafei, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

BZ

A/E no. E6252846
Previous no. E6251102
UHPI no. 700927161K
CHI no. 0906720559

Patient Information

Surname Anderson
Forenames Owen James F
Address 31 Laurel Bank
Dalkeith, Midlothian
Postcode EH22 2JH
Date of Birth 09/06/1972
Age 53 Yrs Sex M
Telephone
Telephone H
W
Contact Address
Complaint Haematoma (NAB)
Allergies
Attendances in last 12 months: 3 School :

General Practitioner

K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP
Address
Telephone 0131 561 5500

Date and Time of Attendance 18/12/2025 09:32
Incident Date Time:
Mode of Arrival 18/12/2025
Private Transport
Source of Referral Self Referral to A&E

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

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

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHO Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Oone ☐
Urinalysis - Please tick
Required ☐ Oone ☐

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HO		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Speciality)		Other (please state)		Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

OWEN ANDERSON

700927161K /E6261171 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH
[redacted]

Scottish Ambulance Service

Age/Gender:	53y, Male	**Incident Date:**	28/12/2025 04:22:00
DOB:	09/06/1972	**ePCR Number:**	57-2-281225-042216
Address:	31 LAUREL BANK DALKEITH, EH22 2JH	**Incident Number:**	CR012798151
CHI Number:	0906720SS9	**Incident Type:**	EMG
Ethnicity:	White Scottish	**Incident Location:**	31 LAUREL BANK DALKEITH, EH22 2JH

PATIENT INFO

GP And Surgery

Address:	**Dalkeith Medical Practice, The Health Centra, 24-28 St Andrew Street, Dalkeith**	**Name:**	**Dalkeith Medical Practice**
Postcode:		**EH22 1AP**	

ADDITIONAL COMMENTS

Presenting Complaint:	leg pain

Timestamp	Additional Comment	Crew Name
28/12/2025 05:39:00	999 call to 53yom s pt has blood clot in R buttock, bruising down R leg. seen in a&e on Friday night. since has developed new pain and bruising in L thigh and leg. mobilising round house with difficulty. discharged from neri with naproxin. b pt had fall 3/52hx left him with clot. lives at home with partner. on warfarin, inr level was 5 on Friday. a pt lying on sofa. alert. breathing. well perfused. states he feels well, just struggling to cope with pain. hand sized bruise on L outer thigh. bruising all down R leg. r crew spoke to oohgp for ?pain relief as pt initially reluctant to go to a&e. gp advised pt could be seen at ooh but pt changed his mind and wants to go to a&e. pt conveyed to neri for further assessment.	

ACVPU

Options:	**Alert**

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	**No**

AIRWAY

Assessment:	**Clear**

BREATHING

Breathing Adequately:	**Yes**	**Initial Respiratory Rate:**	**18**
Initial SpO2:	**97**	**Initial SpO2 On Air:**	**Yes**
Oxygen Given:		**No**	

CIRCULATION

Pulse Rate:	**118**	**Rhythm:**	**Reg**
Most Distal Pulse Found:	**Radial**	**Cap Refill:**	**<=2 Secs**
Central Peripheral:	**Central**	**Arm:**	**Right**
Systolic Pressure:	**127**	**Diastolic Pressure:**	**88**

Skin

Appearance:	**Normal**	**Skin Texture:**	**Dry**
Skin Temperature:		**Warm**	

DISABILITY

Initial GCS:

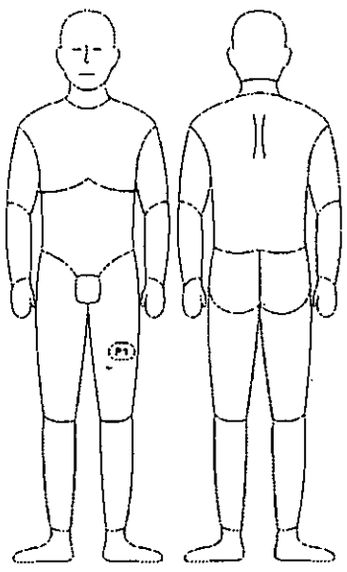
Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
28/12/2025 05:19:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

Blood Glucose

Blood Sugar Value (MMOL/L):	**11.8**

EXAMINATION

Assessment Graphic



Pain Table

ID	Pain Scale	Body Part
P1	6	Left Upper Leg

AMPLE

Medication

Medication:	**see trak/ecs**

Diabetes

Type:	**Type 2**

Other

Other:	**heart valve replacement**

Last Eaten

Last Eaten:	**>4 Hours Ago**

Events Prior

Events Prior:	**lying on sofa at home**

SOCIAL HISTORY

General Appearance:	**Normal**

Occupation

Status:	**Does Not Work**

Living Arrangement

Lives Alone:	**No**	**Lives With:**	**partner**

Mobility

Patient Mobility:	**Mobile With Assistance**

Communication

Communication Requirements:	**No Help Required**

Clinical Risks

Factors:	**None Identified**

Environmental Risks

Factors:	**None Identified**

SOCRATES

Site

Site:	**both legs**

CLOSE REPORT

Clinical Response Feedback

On-Scene Clinical Findings	**Non Emergency**

CONVEYANCE

Transport To Hospital	**Normal Driving**	**Pre-Alert**	**No**

INCIDENT INFORMATION

Dispatch

Dispatch Code	**UTAY**	**Dispatch Description**	**UNABLE TO ASSESS YELLOW**

Incident Log

Status Time	Status	Callsign	Reason	Hospital
04:26:55	Mobile	EDC3825		
15:29:06	Call Received Time	EDC3825		

CREW INFORMATION

Additional Crew

Crew ID	Crew Grade
E9884027	Ambulance Technician Trainee
E0025186	Ambulance Paramedic (AP)

NHS Lothian

EMERGENCY DEPARTMENT
EDINBURGH ROYAL INFIRMARY
Nursing Admission, Care planning/rounding and Discharge Bundle

700927161K M
ANDERSON Owen
Name 09-Jun-72 CHI: 090 672 0559
77197 K Schuur
DOB: 31 Laurel Bank Midlothian
EH22 2JH
Hospi

Date: 28/12/25	Presenting complaint: limb pain
I like to be called: Brief description of patient if required:	Name band YES ☑ NO ☐ Allergy band, if indicated YES ☐ NO ☐ N/A ☐ TRAK alerts checked ☐

Nursing Considerations (Please tick)

Does patient have a DNAR in place?	YES ☐	NO ☑	With Patient YES ☐ NO ☐
Does patient have an AWI?	YES ☐	NO ☑	With Patient YES ☐ NO ☐
Is patient considered to be palliative?	YES ☐	NO ☑	Consider informing Palliative Care team
Is patient at risk of absconding?	YES ☐	NO ☑	MH form completed YES ☐ NO ☐
Does patient want NOK informed?	YES ☐	NO ☐	NOK details on TRAK ☐
Is patient a falls risk? (As per ED SOP)	YES ☐	NO ☑	Falls bundle in place ☐
4AT required? (#NOF, new confusion, age >6S)	YES ☐	NO ☑	4AT score _____ Recorded on TRAK ☐
Check regular medicines and liaise with Medical staff to prescribe. (As per Critical Medicines SOP) **(Think Parkinson's/Epilepsy/Diabetes)**	YES ☐	NO ☐	N/A ☐
Swallow screen completed within 4 hrs for patients presenting with stroke symptoms	YES ☐	NO ☑	PASS ☐ FAIL ☐ (If fail put NBM on TRAK)

NHS Lothian

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf	
Signed by patient:	**Date: ___/___/___**

OR

CLOTHING- please list all items below (in patient clothing bag and labelled)

Dentures	Top ☐ Bottom ☐ Both ☐ None ☐
Glasses	YES ☐ NO ☐
Hearing aid	Left ☐ Right ☐ None ☐
Medicines (in green bag and labelled)	YES ☐ NO ☐ None ☐

Valuables Record			**In ED safe?**
Purse/wallet	YES ☐ NO ☐		YES ☐ NO ☐
Cash	☐ Notes: _____ ☐ Coins: _____	Total amount: _____	YES ☐ NO ☐
Bank/credit/ID cards (document card numbers)	YES ☐ NO ☐		YES ☐ NO ☐
Keys	YES ☐ NO ☐		YES ☐ NO ☐
Phone (make and model)	YES ☐ NO ☐		YES ☐ NO ☐
Jewellery (Description including colour)	YES ☐ NO ☐		YES ☐ NO ☐
Smartsafe number	Affix sticker here		
Signature 1:		Signature 2:	

Please ensure safe paperwork is filled out correctly

NHS Lothian

TROLLEY RAIL RISK ASSESSMENT

(Please complete for all patients who are placed on a trolley for the duration of their stay in the emergency department)

MENTAL STATE	USE OF TROLLEY RAILS	PLEASE TICK
PATIENT IS CONFUSED/DISORIENTATED OR IMMOBILE	USE TROLLEY RAILS WITH CARE (PLACE WITHIN REACH OF CALL BELL; PLACE IN VISIBLE AREA IF NOT IN CUBICLE; CONSIDER 1:1; LOWER TROLLEY TO LOWEST HEIGHT)	☐
PATIENT IS DROWSY	TROLLEY RAILS RECOMMENDED	☐
PATIENT IS UNCONSCIOUS	TROLLEY RAILS RECOMMENDED	☐
PATIENT IS ORIENTATED AND ALERT	TROLLEY RAILS NOT RECOMMENDED	☑

Would patient like trolley rails used? YES ☐ NO ☐

Other relevant information

NHS Lothian

Adapted Waterlow Pressure Area Risk Assessment Chart (Adults)

Addressograph, or
Name
DOB
Unit No./CHI
Patient's location:

The primary aim of this tool is to assist you to assess the risks of a patient/client developing a pressure ulcer.
Undertake and document the risk assessment within 6 hours of admission or on first home visit.
Reassess if there is a change in the individual's condition and repeat regularly according to local procedures.

			DATE	28/12		
		SCORING	TIME	0650	:	:
			INITIALS	VA		
Sex	Male	1		1		
	Female	2				
Age	14 – 49	1		2		
	50 – 64	2		2		
	65 – 74	3				
	75 – 80	4				
	81+	5				
Build/weight for height (weight in kg/height in m^2)	Average BMI 20 – 24.9	0				
	Above average BMI 25 – 29.9	1		1		
	Obese BMI > 30	2				
	Below average BMI < 20	3				
Continence	Complete/catheterised	0		0		
	Incontinent urine	1				
	Incontinent faeces	2				
	Doubly incontinent (urine & faeces)	3				
Skin Type (Visual Risks Area)*	Healthy	0		0		
	Tissue paper (thin/fragile)	1				
	Dry (appears flaky)	1				
	Oedematous (puffy)	1				
	Clammy (moist to touch/pyrexia)	1				
	Discoloured (bruising/mottled)	2				
	Broken (established ulcer)	3				
Mobility	Fully mobile	0				
	Restless/fidgety	1				
	Apathetic (sedated/depressed/reluctant to move)	2				
	Restricted (restricted by severe pain or disease)	3		3		
	Bedbound (unconscious/unable to change position/ traction)	4				
	Chair bound (unable to leave chair without assistance)	5				
Nutritional Element*	**Unplanned weight loss in past 3-6 months:**					
	< 5% Score	0		0		
	5-10%	1				
	>10%	2				
	BMI >20	0		0		
	BMI 18.5 - 20	1				
	BMI < 18.5	2				
	Patient/client acutely ill or no nutritional intake > 5 days	2				

NHS Lothian

Adapted Waterlow Pressure Area Risk Assessment Chart (Adults)

Addressograph, or
Name
DOB
Unit No./CHI
Patient's location:

		DATE				
	SCORING	**TIME**	:	:	:	:
		INITIALS				
Special Risks (Tissue Malnutrition)*	Smoking	1				
	Anaemia = Hb < 8	2				
	Single organ failure e.g. cardiac, renal, respiratory	5				
	Peripheral vascular disease	5				
	Multiple organ failure/terminal cachexia	8				
Special Risks (Neurological Deficit)	Diabetes / MS /CVA / motor/ sensory / paraplegia (score dependant on condition stability/impact severity)	4-6				
Special Risks (Surgery/Trauma)*	Orthopaedic/below waist/spinal (up to 48 hours post op)	5				
	On table > 2 hours (up to 48 hours post op)	5				
	On table > 6 hours	8				
Special Risks (Medication)	Cytotoxic, anti-inflammatory, long term/high dose steroid	4				
		TOTAL SCORE:	7			

*More than one score can be used in some categories

How to Use the Tool: Use together with your clinical judgment.

An indication of risk should be followed with an action i.e. develop and implement a pressure ulcer prevention care plan.

The tool identifies three "at risk" categories-

1. A score of **10-14** indicates "**at risk**".
2. A score of **14-19** indicates "**high risk**".
3. A score of **20 and above** indicates "**very high risk**

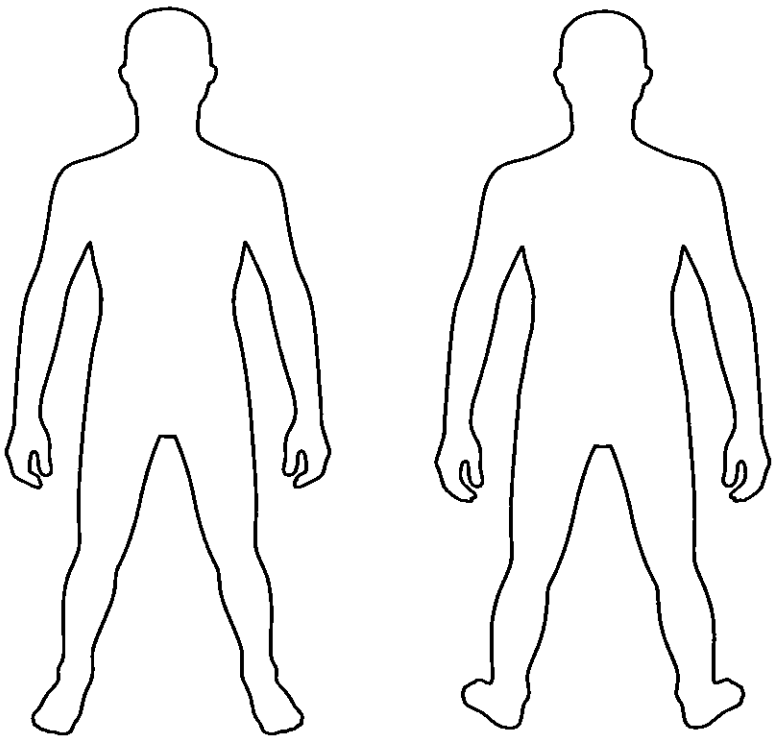
Updated from Risk Assessment Chart Waterlow v2.0
www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability.aspx

NHS Lothian

FRONT BACK

BODY MAP

Mark areas of concern with an X



Relevant information (Dressings, creams, TVN input, Datix submitted)

Urinary Catheter Insertion			
Date: ___/___/___	Time:	Inserted by:	
Clinical Indication for insertion:		Attach catheter label here	
Day/Date	1 ___/___/___	2 ___/___/___	3 ___/___/___
Still required Y/N			
Catheter care Y/N			
Bag changed Y/N			
Removed Y/N			

NHS Lothian

Peripheral Venous Catheter

Date: __/__/__			**Time:**		
Inserted by:					
Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐					
Site: Left/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐					
Procedure checklist: Hand Hygiene ☐ Aseptic Insertion ☐ Skin Prep? ☐ Dressing dated ☐			**Difficulties/Complications:**		
Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	S __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

Peripheral Venous Catheter

Date: __/__/__			**Time:**		
Inserted by:					
Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐					
Site: Left/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐					
Procedure checklist: Hand Hygiene ☐ Aseptic Insertion ☐ Skin Prep? ☐ Dressing dated ☐			**Difficulties/Complications:**		
Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	S __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

Peripheral Venous Catheter

Date: __/__/__			**Time:**		
Inserted by:					
Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐					
Site: Left/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐					
Procedure checklist: Hand Hygiene ☐ Aseptic Insertion ☐ Skin Prep? ☐ Dressing dated ☐			**Difficulties/Complications:**		
Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	S __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

NHS Lothian

Care Rounding Frequency (Please tick)	1hr ☐	2hr ☐	3hr ☑	4hr ☐	RN please print name and sign: K. Anderson

Time of Care Rounding	0650	1045											
PRESSURE AREA CARE (complete Care Interventions on page 10 if appropriate)													
If established pressure ulcer complete formal Wound Assessment on TRAK ☐													
Visual Skin Check? Y/N	N	N											
Outcome? (H) healthy (R) red (B) broken	NIS	NIS											
Position? (R) or (L) side (B) back (C) chair	B	B/T											
Surface? (B) bed (T) trolley (C) chair	T												
MOBILITY (tick one) (complete Care Interventions on page 10 if appropriate)													
Identified falls risk ☐ Complete top to toe if fall within department (Backslash TTT)													
Independent?													
Requires some assistance/ Requires walking aid	✓	✓											
NWB/Full assistance required													
ELIMINATION (complete Care Interventions on page 10 if appropriate)													
Independent ☑ Assistance required ☐ Incontinent ☐ Catheterised ☐ Stoma ☐													
Do you need the toilet? Y/N/NA	N	N											
Continence product changed/offered? Y/N/NA		Y											
Catheter emptied? Y/N/NA													
Bowels moved? Y/N/NA		N											
FOOD/FLUID/NUTRITION (complete Care Interventions on page 10 if appropriate)													
If patient NBM consider IV fluids, Use TRAK icon													
Food given? Y/N/(R)refused/NBM	N	N											
Fluids given? Y/N/(R)refused/NBM	Y	N											
Assistance required? Y/N	N	N											
PAIN (complete Care Interventions on page 10 if appropriate)													
Consider use of Abbey pain scale if patient unable to communicate needs													
Are you in pain? Y/N	Y	Y											
RN informed? Y/N	Y	Y											
OTHER (complete Care Interventions on page 10 if appropriate)													
Type of personal care provided Independent ☐ Basin ☐ Bedbath ☐													
Oral hygiene performed? Y/N	N	N											
Area tidy/de-cluttered? Y/N	Y	Y											
Anything else I can do for you? Y/N	N	N											
Patient/relatives updated? Y/N	Y	Y											
PRINT INITIALS	KA	KA											

NHS Lothian

Care Rounding Frequency (Please tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☐	RN please print name and sign:

Time of Care Rounding													
PRESSURE AREA CARE (complete Care Interventions on page 10 if appropriate)													
If established pressure ulcer complete formal Wound Assessment on TRAK ☐													
Visual Skin Check? Y/N													
Outcome? (H) healthy (R) red (B) broken													
Position? (R) or (L) side (B) back (C) chair													
Surface? (B) bed (T) trolley (C) chair													
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Identified falls risk ☐ Complete top to toe if fall within department (Backslash TTT)													
Independent?													
Requires some assistance/ Requires walking aid													
NWB/Full assistance required													
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Independent ☐ Assistance required ☐ Incontinent ☐ Catheterised ☐ Stoma ☐													
Do you need the toilet? Y/N/NA													
Continence product changed/offered? Y/N/NA													
Catheter emptied? Y/N/NA													
Bowels moved? Y/N/NA													
FOOD/FLUID/NUTRITION (complete Care Interventions on page 10 if appropriate)													
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Assistance required? Y/N													
PAIN (complete Care Interventions on page 10 if appropriate)													
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RN informed? Y/N													
OTHER (complete Care Interventions on page 10 if appropriate)													
Type of personal care provided Independent ☐ Basin ☐ Bedbath ☐													
Oral hygiene performed? Y/N													
Area tidy/de-cluttered? Y/N													
Anything else I can do for you? Y/N													
Patient/relatives updated? Y/N													
PRINT INITIALS													

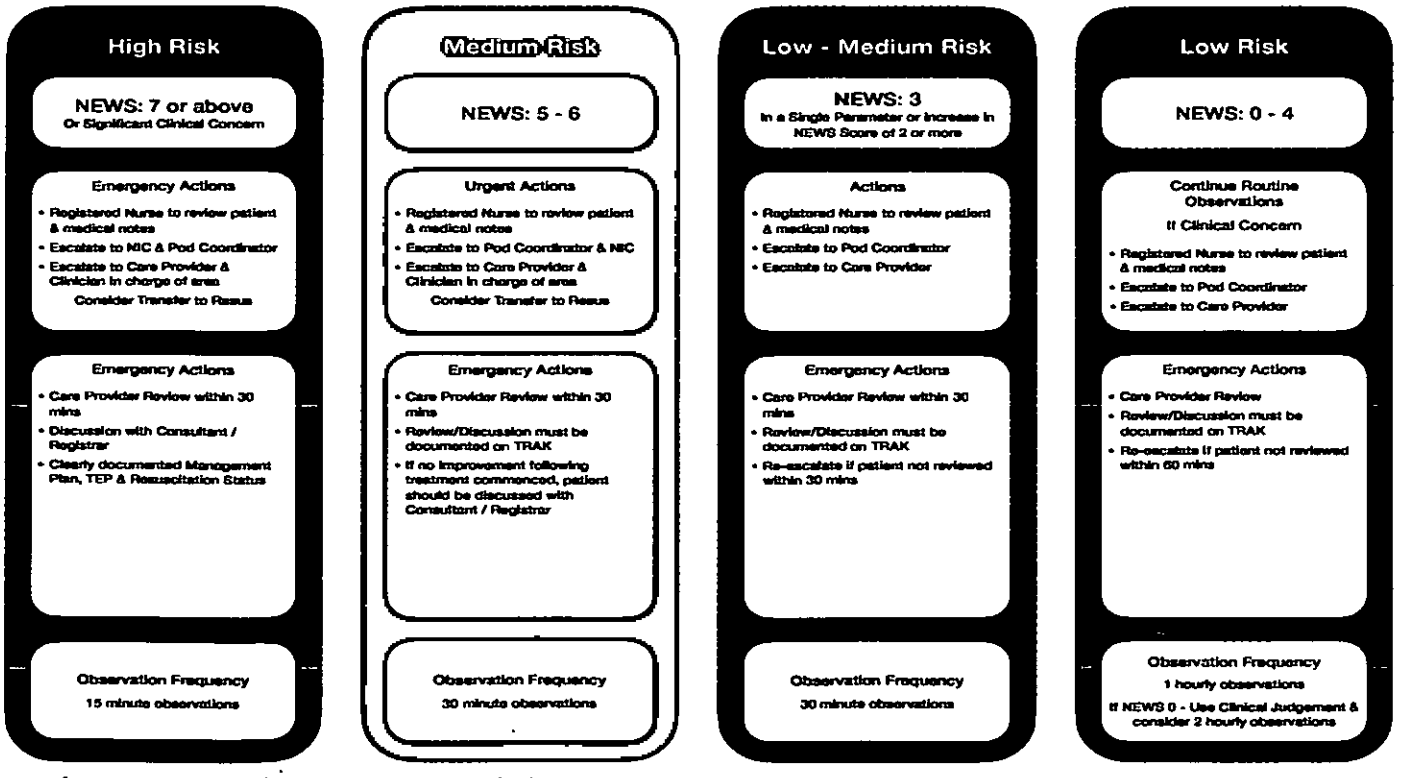
CARE INTERVENTIONS

PRESSURE AREA CARE			
Date/ time	Waterlow Score	Equipment in use and interventions	PRINT INITIALS
MOBILITY/FALLS			
Yellow blanket ☐ TRAK icon ☐ Falls sticker ☐ Patient placement in department ☐			
			INITIAL
ELIMINATION			
			INITIAL
FOOD/FLUID/NUTRITION			
			INITIAL
PAIN			
			INITIAL
OTHER			
			INITIAL

NHS Lothian

HAS YOUR PATIENT DETERIORATED?
(NEWS INCREASE OF 3 OR MORE or CLINICAL CONCERN)

DATE/TIME	NEWS SCORE	PREVIOUS NEWS SCORE	IMMEDIATE ACTIONS	CP informed. If not available discuss with co-ordinator or EPIC	PLAN



Reference: NHS Lothian ED NEWS Escalation v3.0

NHS Lothian

Date/time	PROGRESS NOTES	Signature/print name
28/12/25	pt in Pod A. bloods ✓ A/W core	
0650	provider analgesia given ———	
1043	obs as charted NEWS (3) pain 8/10	
	given analgesia as described, offered	
	toilet, declined as doesn't need at	
	present ortho currently M/V ———	SH S/N

NHS Lothian

Date/time	PROGRESS NOTES	Signature/print name

NHS Lothian

Date/time	PROGRESS NOTES	Signature/print name

NHS Lothian

PRINT NAME	SIGN NAME	INITIALS

NHS Lothian

TRANSFER CHECKS

PATIENT MOVING TO WARD	Receiving ward:
Situation	
Background	
Assessment	
Recommendation	
Last NEWS score	
Staff escort (Print and sign)	

Please bring all equipment back to department (Mindray monitors, pumps, pillows)

TRANSFER TO ANOTHER HOSPITAL					
Destination:			Bed confirmed: ☐		Nursing Handover given: ☐
Time ambulance booked:		Response required:		Ambulance arrival time:	
Booking reference number:					
All property/meds with pt ☐		Documents for transfer (including DNAR form) ☐		Escort required ☐	
NOK aware ☐	Discharged by:			Time:	

Please phone receiving area when patient leaves the department

DISCHARGE TO HOME OR CARE HOME (Complete Discharge to Care Home Checklist from Right Decisions)			
Own transport ☐	PTS/SAS booked ☐ Ref_____	TTO's given ☐	POC restarted YES ☐ N/A ☐
PVC removed ☐	NOK informed ☐	Care Home informed ☐	Belongings ☐
Discharge advice/paperwork given to patient? (including DNAR) ☐			
Discharged by (print name):			Date: ___/___/___ Time:

Please phone care home when patient leaves department

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

Addressograph

700927161K /E6261171 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

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

Previous Adverse Reactions	Weight kgs Actual / Estimate	Date
PENICILLIN		28/12/05

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
28/12/05	08	Otomorph	10mg	PO		0800	AM	
28/12	0845	PARACETAMOL	1g	ORAL		0850	NA	
28/12	10:10	ORAMORPH	10mg	PO		1040	SD	
28/12	14:45	ORAMORPH	10mg	PO		1455		
28/12	14:47	PARACETAMOL	1g	PO		1455		

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																					
	Date:																				
	Time:																				
A+B Respirations Breaths/min	≥25										3										
	21-24										2										
	18-20																				
	15-17																				
	12-14																				
	9-11										1										
	≤8										3										
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96																				
	94-95										1										
	92-93										2										
	≤91										3										
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg in hypercapnic respiratory failure	≥97 on O_2										3										
	95-96 on O_2										2										
	93-94 on O_2										1										
	≥93 on air																				
	88-92																				
	86-87										1										
	84-85										2										
	≤83										3										
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air																				
	O^2 L/min or %										2										
	Device																				
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3										
	201-219																				
	181-200																				
	161-180																				
	141-160																				
	121-140																				
	111-120																				
	101-110										1										
	91-100										2										
	81-90																				
	71-80																				
	61-70										3										
	51-60																				
	≤50																				
C Pulse Beats/min Manual pulse	≥131										3										
	121-130																				
	111-120										2										
	101-110																				
	91-100										1										
	81-90																				
	71-80																				
	61-70																				
	51-60																				
	41-50										1										
	31-40										3										
	≤30																				
D Consciousness Score for new onset of confusion (no score if chronic)	Alert																				
	New Confusion										3										
	V																				
	P																				
	U																				
E Temperature °C	≥39.1°										2										
	38.1-39.0°										1										
	37.1-38.0°																				
	36.1-37.0°																				
	35.1-36.0°										1										
	≤35.0°										3										
NEWS TOTAL																					
Monitoring frequency																					
Escalation of care Y/N																					
Blood Glucose reading or N/A																					
Pain score (0-10)																					
Initials																					

Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute illness severity in the NHS. Updated report of a working party. London: RCP; 2017.

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

700927161K M
ANDERSON Owen
09-Jun-72 **CHI:** 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH



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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date	
		Time	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4
		To speech	3
		To pain	2
		None	1
	Best Verbal Response	Orientated	5
		Confused	4
		Inappropriate words	3
		Incomprehensible sounds	2
		None	1
	Best Motor Response	Obey commands	6
		Localise to pain	5
		Flexion to pain	4
		Abnormal flexion	3
		Extension to pain	2
		None	1
		Total GCS Score	
	Right Pupil	Size	
		Reaction	
	Left Pupil	Size	
		Reaction	
LIMB MOVEMENT	ARMS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
	LEGS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
		Initials	

Eyes closed by swelling = C

Endotracheal tube = T or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
C. eye closed

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

Pupil Scale mm 1 2 3 4 5 6 7 8

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

Ward: 205 Site: RIG Date: 30.12.25

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

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

Print name and sign

Addressograph or

700927161K /E6261171 M
ANDERSON Owan
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0900												
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓											
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	N											
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	N											
	Positioning (R) or (L) side (B) Back (C) Chair	B											
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	I											
	Is the patient continent of urine? (at time of Care Rounding)	Y											
	Continence product changed/offered?	N											
	Catheter care performed?	N											
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y											
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	N											
	Fluid Balance Chart (if clinically indicated)	N											
	When did you last eat?	B											
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	Y											
Falls	Appropriate Footwear?	Y											
	Walking aid available(and within reach)	N/A											
	Area de-cluttered?	Y											
	Chair and bed height assessed?	Y											
	Falls alarm in use and attached?	N											
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	/											
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N											
	Analgesia Given?	N											
General	Peripheral Venous Cannula observed?	Y											
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y											
	Anything else I can do for you?	N											
	Buzzer within easy reach	Y											

Personal Care *Type* Food *(specify)* **Time Given** _____

Initials -- document at time of care delivery	KP												

Ward: 205 Site: RIE Date: 31.12.25

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

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

Print name and sign

Addressograph, or
700927161K /E6261171 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

NHS Lothian

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

Time of Care Rounding Oocument the exact time care rounding took place e.g. 0830												
	08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review											
	Waterlow 10+ - Visual Skin Check (tick)											
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister											
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....										
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan											
	Have you changed position since last CR?											
	Positioning (R) or (L) side (B) Back (C) Chair											
	Mattress type / Cushion type	*please state type:*										
Elimination	Do you need the toilet?											
	Is the patient continent of urine? (at time of Care Rounding)											
	Continence product changed/offered?											
	Catheter care performed?											
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact											
	Is patient continent of faeces? (at time of Care Rounding)											
	Bowel function monitored	Observe bowel function and update daily										
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach											
	Fluid Balance Chart (if clinically indicated)											
	When did you last eat?											
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required											
	Oral Hygiene Performed (ref to risk assessment)											
Falls	Appropriate Footwear?											
	Walking aid available(and within reach)											
	Area de-cluttered?											
	Chair and bed height assessed?											
	Falls alarm in use and attached?											
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)											
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐											
Pain	Are you in pain?											
	Analgesia Given?											
General	Peripheral Venous Cannula observed?											
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**											
	Are you comfortable? Y/N											
	Anything else I can do for you?											
	Buzzer within easy reach											

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery												

Ward: AMU 2 Site: RIE Date: 28/12/28

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

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

Print name and sign _____

Addressograph, or
700927161K /E6261171 M
ANDERSON Owan
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laural Bank Midlothian
EH22 2JH

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	18 00	20 00	01 00	05 00									
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)	w	Y	N	Y									
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	BL BL	"	"									
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other. Bruising multi areas												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Y	Ind	Ind	Ind									
Positioning (R) or (L) side (B) Back (C) Chair	B	B	B	B									
Mattress type / Cushion type	*please state type:*												
Elimination — Do you need the toilet?	W	Ind	N	Y									
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y									
Continence product changed/offered?	w	N/A	N/A	N/A									
Catheter care performed?	w	N/A	N/A	N/A									
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y									
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	W	Y	W	W									
Fluid Balance Chart (if clinically indicated)	w	N/A	N/A	N/A									
When did you last eat?	—	?	?	?									
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	w	Ind	N	N									
Falls — Appropriate Footwear?	Y	Y	Y	Y									
Walking aid available(and within reach)	w	Ind	Ind	Ind									
Area de-cluttered?	Y	Y	Y	Y									
Chair and bed height assessed?	Y	Y	Y	Y									
Falls alarm in use and attached?	w	N/A	N/A	N/A									
Glasses available for use? (if worn)	Y	Y/N	Y/N	Y/N									
Hearing aid available for use? (if worn)	w												
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain — Are you in pain?	w	N	N	N									
Analgesia Given?	w	N	N	N									
General — Peripheral Venous Cannula observed?	w	N/A	N/A	N/A									
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	Y	Y	Y	Y									
Anything else I can do for you?	w	N	N	N									
Buzzer within easy reach	Y	Y	Y	Y									

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery													
	KB	KB	KB										

Ward: AMU 2 Site: RIE Date: 29/12/25

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

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

Print name and sign _____

Addressograph, or

700927161K /E6261171 M
ANDERSON Owan
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laural Bank Midlothian
EH22 2JH

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	8am	2030	03	0600									
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓	✓	/	/								
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	R	R										
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other... Legs											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	N	Y	Y	Y								
	Positioning (R) or (L) side (B) Back (C) Chair	B	B										
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	N	N										
	Is the patient continent of urine? (at time of Care Rounding)	Y	N	Y	Y								
	Continence product changed/offered?	NA	N	NA	NA								
	Catheter care performed?	NA	N	NA	NA								
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	N	Y	Y								
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	N	N	W	W								
	Fluid Balance Chart (if clinically indicated)	N	N	N	N								
	When did you last eat?	B	—	?	?								
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	I	I	I	I								
Falls	Appropriate Footwear?	Y	Y	Y	Y								
	Walking aid available(and within reach)	N	N	NA	NA								
	Area de-cluttered?	Y	Y	Y	Y								
	Chair and bed height assessed?	Y	Y	Y	Y								
	Falls alarm in use and attached?	N	N	NA	NA								
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y N	Y N	Y N	Y N								
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	N	N	N								
	Analgesia Given?	N	N	N	N								
General	Peripheral Venous Cannula observed?	Y	Y	Y	Y								
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y	Y	Y								
	Anything else I can do for you?	N	N	N	N								
	Buzzer within easy reach	Y	Y	Y	Y								

Personal Care *Type* Refused wash *(specify)* **Time Given** _____

Initials – document at time of care delivery													

FOR PATIENTS NOT ON INSULIN

700927161K M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

Blood Glucose Monitoring Record

NHS Lothian

This document is for patients who are **NOT on insulin treatment**
If the patient is on insulin, please use the Adult Insulin Prescription & Administration Record
For variable rate insulin infusion (VRIII), please use the VRIII chart

Date		Before Breakfast		Before Lunch		Before Evening Meal		Before Bed	
29/12/25	Time			1155		17'00			
	Blood glucose			6.5		6.5			
	Ketones								
30/12/25	Time			1200					
	Blood glucose			7.5					
	Ketones								
___/___/___	Time								
	Blood glucose								
	Ketones								
___/___/___	Time								
	Blood glucose								
	Ketones								
___/___/___	Time								
	Blood glucose								
	Ketones								

If the patient is unwell or has ketones a[illegible] 0.6 mmol/L, seek medical advice-guidance availab[illegible] **www.edinburghdiabetes.com/inpatientdiabetes**
For blood glucose readings less than 4 or m[illegible]re than 12 mmol/L, guidance available on pages 5 & 6 of the Adult Insulin Prescription & Administration Record

Approved by O&T Committee and Meds Policy Subcommittee Version: 1.0/22.02.2024 Review date: 01/07/2026

FOR PATIENTS NOT ON INSULIN

Name of patient

Date of Birth

CHI

(Attached printed label here)

Blood Glucose Monitoring Record

This document is for patients who are **NOT on insulin treatment**

If the patient is on insulin, please use the Adult Insulin Prescription & Administration Record

For variable rate insulin infusion (VRIII), please use the VRIII chart

NHS Lothian

		Before Breakfast		Before Lunch		Before Evening Meal		Before Bed	
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								

If the patient is unwell or has ketones abov mmol/L, seek medical advice-guidance available at w.edinburghdiabetes.com/inpatientdiabetes

For blood glucose readings less than 4 or more than 12 mmol/L, guidance available on pages 5 & 6 of the Adult Insulin Prescription & Administration Record

Na
CH
D

700927161K M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

Usual regime.
6mg every Wednesday
5mg every other day.
(Thurs → Tuesday).

NHS Lothian

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date
MVR	2.5-3.5.	Lifelong.	4/July (JAMES NAPIER)	

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by
28/12	3.5.	W1H.	4/July (JAMES NAPIER)	

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

NHS Lothian

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves:

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

A/E no.	E6261171
Previous no.	E6259992
UHPI no.	700927161K
CHI no.	0906720559

Patient Information

Surname	Anderson	Date of Birth	
Forenames	Owen James F	Age / Sex	09/06/1972 — 53 Yrs / M
Address	31 Laurel Bank Dalkeith, Midlothian		
Postcode	EH22 2JH	Telephone	07396725905
Contact Address		Telephone H W	
Complaint	Leg Pain	Allergies	

Attendances in last 12 months: 5 School :

General Practitioner

Address	K Schuur Dalkeith Medical Practice The Health Centre 24-26 St Andrew Street Dalkeith EH22 1AP
Telephone	0131 561 5500

Date and Time of Attendance	28/12/2025 05:53
Mode of Arrival	Incident Date Time: 28/12/2025 Emergency Ambulance
Source of Referral	999 Emergency

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SPO2%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight		Height
AVPU		Special Clinical Instructions							
O2 Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE									

Triaged By:	Print Name:	Signature:	Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHG Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐

MSU Sent Yes ☐ No ☐
HCG Consent Yes ☐ No ☐
HCG Result Yes ☐ No ☐

X-Rays - Please tick
CRX Yes ☐ No ☐
CT Scan Yes ☐ No ☐
Other (Please state)

On Going Care Plan

Speciality Informed (enter time)

Surg:	G.I:		
Vasc:	Stroke:		
Medics:	Gynae:		
Ortho:	Neuro:		
Other (state Speciality)			

Bed Required
Yes ☐ No ☐

Transfer To: (Please tick if required)

WGH			
SJH			
Other (please state)			

Triaged To - Please tick

Waiting Room		GP Out of Hours	
Resus		Gynae Triage	
HO		SMMP	
IC		MIU	
Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

ANDERSON, OWEN ID:0906720559 28-Dec-2025 12:59:40 NHS LOTHIAN-RIE_ED ROUTINE RECORD

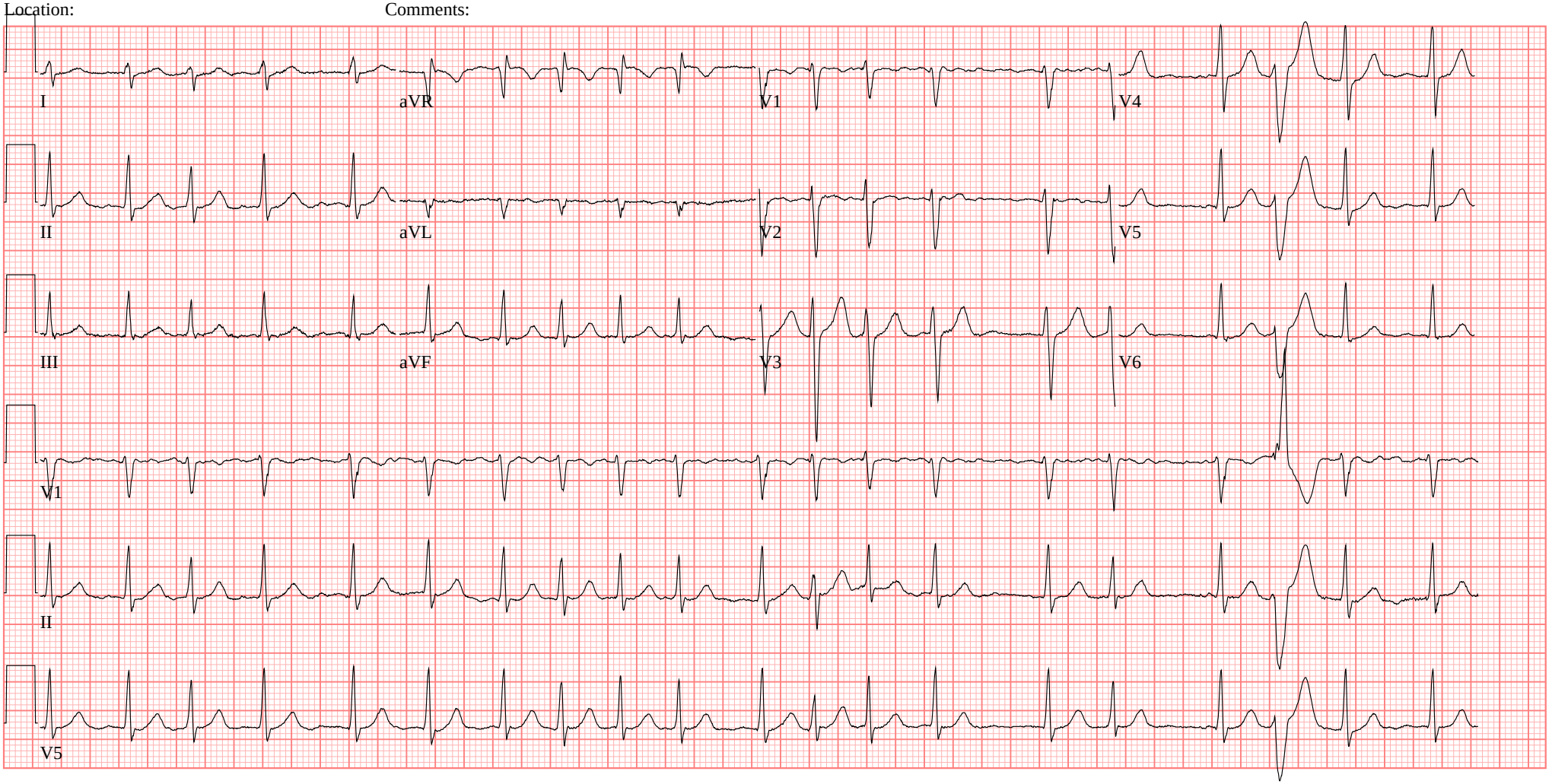
09-Jun-1972 (53 yr)
Male

Room:
Loc:40

Vent. rate	119	BPM
PR interval	*	ms
QRS duration	88	ms
QT/QTcB	318/447	ms
P-R-T axes	* 95	71

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 38528 SID: 3970631 EID: 13 EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 28/12/2025

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0906720559** 09/06/1972 (53 years) 700927161K E6261171
Attendance Date	28/12/2025		
Attendance Time	05:53		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	28/12/2025		
Discharge To			

Dear Dr K Schuur

Presentation: limb problem T2-severe pain BIBA-has had bruises on right buttocks since 10days. now new pain and bruising on left leg. on warfarin. NV intact, NEWS 2 HR-107 T-35.7 analgesia given at triage. R. Manarang

CLINICAL NOTES:

Clinical note: Pawloy ST2 T&O on call

--

ATSP to rule out L thigh compartment syndrome

Patient previously reviewed by us for ? R buttock compartment syndrome from haematoma

Was meant to stay in for INR management

Reports no issues from R buttock, but noticed brusing in L lateral thigh yesterday morning (24 hours ago). Pain started about two hours after this and has gradually increased. Now sore ++ and feels unable to move leg.

--

O/E:

Hameatoma in antero-lateral L thigh, tense and painful to palpation

No pain on palpation of rest of thigh, which is soft

Sensation intact in all dermatomes of leg and same as contralateral leg

Pulses difficult to feel, likely from AF, but good CRT in foot.

Unable to flex hip or knee, but able to abduct leg to approx 30 degrees

--

Impression:

Unlikely to be comp syndrome given 24 hour history and no neurovascular signs and no pain in rest of thigh.

Discussed with Miss Davidson who agrees

Yours Sincerely,

Orthopaedic Registrar, Clinic Only

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 28/12/2025

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6261171
Attendance Date	28/12/2025		
Attendance Time	05:53		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	28/12/2025		
Discharge To			

Dear Dr K Schuur

Presentation: limb problem T2-severe pain BIBA-has had bruises on right buttocks since 10days. now new pain and bruising on left leg. on warfarin. NV intact, NEWS 2 HR-107 T-35.7 analgesia given at triage. R. Manarang

CLINICAL NOTES:
Clinical note: 53 yr old male BIBA - painful R gluteal haematoma and new L thigh pain

Owen is struggling to cope with gradually increasing pain from R gluteal haematoma (2 recent admissions, reviewed by haematology but both times DAMA)
Now new severe pain L thigh, onset yesterday afternoon. No trauma. Normally on warfarin for metallic AVR, currently not taking.
No malaena, no haemoptysis, no haemetemesis, no bleeding/brusiing noticed elsewhere

OE:
Chest - mild exp wheeze R>L, voice hoarse (BG asthma)
HR irregularly irregular, WWP, CRT 2 secs
Abdo SNT
Extensive brusiing and tense R buttock. Brusiing tracking down both legs. Outer L thigh brusied, tight, and very painful. Bilateral sensation intact. BIlateral DP pulses palpable.

Recent admissions:
- 22/11 ITU admission after being found GCS 3 with head injury - TBI
- 16/12 WGH for 10x10cm R gluteal haematoma referred by GP for INR 6.9. Hb 140. Warfarin reversal. DAMA 17/12
- 19/12 RIE via GP referral for gluteal haematoma. DAMA 22/12

NEWS 1 : HR 99

Bloods:
Hb 87 (94 26/12, 109 24/12), MCV 106
PT 38.6, INR 3.5 (warfarin - target 2.5-3.5)
U&Es, LFTs N

PMH:
Alcohol misuse
Asthma
IHD
T2DM
Metallic mitral valve 2022 - on warfarin **
AF
Polycythaemia vera

Meds:
Metformin 500mg BD - C
Bisoprolol 5mg oD - C
Luforbec 100mcg/6mcg 2 puffs BD - C
Furosemide 40mg OD - C
Atorvastatin 40mg ON - C
OMeprazole 20mg OD - C
Warfarin 5mg daily except Wed 6mg - WH

SH: Lives with sister in law
Not working. Smokes 20/day. Alcohol, documented prev excess - in last few days has had around half bottle spirits. States excess no longer a problem, not drinking every day, does not get withdrawal symptoms

Plan:
- Analgesia
- Cepheid
- D/W senior
- D/W ortho

Ruth Martin FY2

D/w and reviewed with CD

- Admit and ortho opinion

RM FY2

10:40

Ortho reg kindly reviewed Owen - she will d/w cons and document review
Agree admit for monitoring in first instance

RM

Yours Sincerely,

Ruth Martin, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

A/E no. E6264312
Previous no. E6261171
UHPI no. 700927161K
CHI no. 0906720559

Patient Information

Surname Anderson
Forenames Owen James F
Address 31 Laurel Bank
Dalkeith, Midlothian
Postcode EH22 2JH
Contact Address
blood clots
Complaint
Attendances in last 12 months: 6 School :

Date of Birth 09/06/1972
Age 53 Yrs Sex M
Telephone 07396725905
Telephone H
W
Allergies

General Practitioner

K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP
Address
Telephone 0131 561 5500

Date and Time of Attendance
31/12/2025 15:15
Incident Date Time:
Mode of Arrival Private Transport
Reattend
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score		/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given		YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment		POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:			
RR		NEWS >7	10mins Min		Alcometer		Weight		Height	
AVPU		Special Clinical Instructions								
O2 Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP								
NEWS SCORE										

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐
Urinalysis - Please tick
Required ☐ Done ☐

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HD		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Specialty)		Other (please state)		Exam		Other (Please state)	

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

700927161K /E6264312 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH
[redacted]

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

Previous Adverse Reactions	Weight kgs Actual / Estimate	Date
NKDA.		31/12/15

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																				
	Date:																			
	Time:																			
A+B Respirations Breaths/min	≥25										3									
	21-24										2									
	18-20																			
	15-17																			
	12-14																			
	9-11										1									
	≤8										3									
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96																			
	94-95										1									
	92-93										2									
	≤91										3									
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O_2										3									
	95-96 on O_2										2									
	93-94 on O_2										1									
	≥93 on air																			
	88-92																			
* **ONLY** use Scale 2 under the direction of a qualified clinician	86-87										1									
Tick box if using SpO_2 Scale 2 ☐	84-85										2									
Sign:	≤83										3									
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air																			
	O^2 L/min or %										2									
	Device																			
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3									
	201-219																			
	181-200																			
	161-180																			
	141-160																			
	121-140																			
	111-120																			
	101-110										1									
	91-100										2									
	81-90										3									
	71-80																			
	61-70																			
	51-60																			
	≤50																			
C Pulse Beats/min Manual pulse	≥131										3									
	121-130										2									
	111-120																			
	101-110										1									
	91-100																			
	81-90																			
	71-80																			
	61-70																			
	51-60																			
	41-50										1									
	31-40										3									
	≤30																			
D Consciousness Score for new onset of confusion (no score if chronic)	Alert																			
	New Confusion										3									
	V																			
	P																			
	U																			
E Temperature °C	≥39.1°										2									
	38.1-39.0°										1									
	37.1-38.0°																			
	36.1-37.0°																			
	35.1-36.0°										1									
	≤35.0°										3									
NEWS TOTAL																				
Monitoring frequency																				
Escalation of care Y/N																				
Blood Glucose reading or N/A																				
Pain score (0-10)																				
Initials																				

Reproduced from Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017.

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

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

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

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 05/01/2026

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6264398
Attendance Date	31/12/2025		
Attendance Time	16:49		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	31/12/2025		
Discharge To			

Dear Dr K Schuur

Presentation: hematoma

ACUTE MEDICINE IN GP INTERFACE SERVICE/ED
CLINICAL ASSESSMENT

PC: Leg Haematoma

HPC:
- 53 yo male
- Moved round from ambulatory care as arrived late and bloods not yet back
- Admission 26/12 to 30/12 for management of gluteal haematoma on INR for metallic mitral valve
- Feels this is getting better. Restarted warfarin this morning
- But reports 2 day history of left thigh swelling and +++ pain, getting worse
- Some intermittent haematuria past 24hrs also. First episode at end of voiding this morning. Since then some urine has been clear and some have had blood

Background:
- Metallic MVR
- Alcohol excess
- Asthma
- IHD
- T2DM
- AF

Medications:

- As per ECS
- Includes warfarin (5mg daily except 6mg on Wed)

Drug allergies:
- Penicillin

Social:
- Lives with family
- Smokes 20/day
- Prev alcohol excess

O/E:
- NEWS 1 (T 35.8, HR 82, BP 127/74, RR 18, SpO2 99% RA)
- Bruising over right lower back, gluteal area and thigh. Pt states improving
- Swollen left thigh. Firm and tender +++ to touch. Bruising tracking down left leg
- Antalgic gait

Investigation results:
- INR 1.4
- Hb 94 (88)

Diagnosis:
- Improving right gluteal haematoma
- New left thigh swelling, pain and bruising
- Metallic MVR on warfarin

Treatment and management plan:
- Admit
- d/w Ortho SpR who will kindly review ?compartment syndrome ?needs imaging of left leg
- Need plan for anticoagulation but depends on ortho opinion
- Handed over to Dr Thethy

Destination: AMU

Assessed by (name, seniority): N. Salim IMT3

Consultant: Dr Thethy
Contact number: 21988
Email inquiries to RIEacutemedicine@nhslothian.scot.nhs.uk

20:15- Cassie ST5 ICM/ Anaesthetics
Note ortho rev- thanks
d/w Haem Reg Chris- INR 1.4 (had 5mg warfarin this morning, first dose in 5/7). Met MVR 2017. Suggests bd enoxaparin 40mg (as likely >100kg) and monitor for expanding haematoma.
Above explained to Owen, advised signs of expanding haematoma and compartment syndrome (skin changes/ paraesthesia/ inc pain/ pressure).
Admit for observation- Haem will kindly add to list for review. Xa level monitoring not required as risk of bleeding currently outweighs MV anticoag.

Yours Sincerely,

Nabeel Salim, Doctor

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 05/01/2026

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6264398
Attendance Date	31/12/2025		
Attendance Time	16:49		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	31/12/2025		
Discharge To			

Dear Dr K Schuur

Presentation: hematoma

CLINICAL NOTES:
Clinical note: T&O ST1 M Smith #2181
Consultant on-call: Mr Nicholson

Asked to review patient for ?compartment syndrome
HPC:
Has recently self-discharged after being admitted for management of gluteal haematoma on INR for metallic mitral valve.
Atraumatic new swelling and pain in left lateral thigh
2 day history
Walks into and out of the hospital bed.

PMH: Metallic MVR, alcohol excess, asthma, T2DM, AF
Significant DH: Warfarin
SH: Smoker. Previous alcohol excess. Independent.

OE:
Does not look acutely unwell
Lateral thigh firm swelling
Can flex and extend knee with moderate discomfort (not at a level concerning for compartment syndrome)
Other compartments in thigh are soft and non-tender
Pain does not seem out of proportion
No signs of any infection of haematoma superficially

Bloods: WCC 11.1, GFR >60

Imp
Not concerning for compartment syndrome
Likely spontaneous haematoma
No role for any drainage or orthopaedic input at present.
Investigation of choice to further clarify size would be an ultrasound
Likely to settle with warfarin and INR management.
Happy to recontacted should any new concerns or changes aris.

MS #2181

Yours Sincerely,

Orthopaedic Registrar, Clinic Only

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 07/01/2026

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6264312
Attendance Date	31/12/2025		
Attendance Time	15:15		
Mode of Arrival	Private Transport		
Source of Referral	Reattend		
Discharge Date	31/12/2025		
Discharge To			

Dear Dr K Schuur

Presentation: urinary issueas, frank haematuria, t3 news 0 recent self discharge from ortho ?ATSP to rule out L thigh compartment syndrome, not on trak not likely, and phoned Ortho at triage to confirm this, represented due to frank haematura with clots, on warfar

Discharge Drugs:

Warfarin tablets			
Dose	Route	Frequency	To Continue
1 As per chart	Oral	Once daily at 0700	Yes
Notes:			

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Haematuria

CLINICAL NOTES:
Clinical note: CHI: 0906720559

This patient was seen by Med Reg and review and further f/u will be arranged by them.

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

Yours Sincerely,

Eleanor N Breathnach, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

A/E no. E6344717
Previous no. E6264398
UHPI no. 700927161K
CHI no. 0906720559

Patient Information

Surname	Anderson	Date of Birth	09/06/1972
Forenames	Owen James F	Age 53 Yrs Sex	M
Address	31 Laurel Bank Dalkeith, Midlothian		
Postcode	EH22 2JH	Telephone	07396 725 905
Contact Address		Telephone H W	
Complaint	OPD 6 1700 ?DVT RIGHT SIDE D CALF SWELLING AND	Allergies	

Attendances in last 12 months: 8 School :

General Practitioner

Address: K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP
0131 561 5500

Telephone

Date and Time of Attendance: 23/03/2026 15:17
Incident Date Time: 23/03/2026 15:10
Mode of Arrival: Private Transport
Source of Referral: Flow Centre

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

700927161K M 09/06/1972
Anderson, Owen J
31 Laurel Bank,
Dalkeith,
Midlothian, EH22 2JH
CHI 0906720559
77197 K Schuur

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight	Height	
AVPU		Special Clinical Instructions							
O2 Therapy [illegible]gress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NS SCORE									

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐

MSU Sent Yes ☐ No ☐
HCG Consent Yes ☐ No ☐
HCG Result Yes ☐ No ☐

X-Rays - Please tick
CRX Yes ☐ No ☐
CT Scan Yes ☐ No ☐
Other (Please state)

On Going Care Plan

Speciality Informed (enter time)

Surg:	G.I:
Vasc:	Stroke:
Medics:	Gynae:
Ortho:	Neuro:
Other (state Speciality)	

Bed Required
Yes ☐ No ☐

Transfer To: (Please tick if required)

WGH	
SJH	
Other (please state)	

Triaged To - Please tick

Waiting Room		GP Out of Hours	
Resus		Gynae Triage	
HD		SMMP	
IC		MIU	
Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

NHS Lothian

Nursing Assessment Form
GP Interface

700927161K /E6344717 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

Date 23/3/26 | Time of Triage: 1715

Name of Nurse Completing Triage (Print Name): CS + SJ

Presenting Complaint:

? Dvt
Right calf Swelling

Allergies:

Penicillin

NEWS Score:

Escalate to medical team as per protocol

Social Hx (inc mobility):

Ind

Infection Control:

Recent Travel – Yes ☐ No ☐
Fever – Yes ☐ No ☐
Cepheid required - Yes ☐ No ☐

Diabetes	Is patient diabetic? (Y)/N	T2	If Yes: type 2			
			BM		**Ketones**	

Enhanced Obs required Yes ☐ No ☐ N/A ☐

ESCALATION **DNAR - Y ☐ N ☐** **TEP - Y ☐ N ☐** **AWI - Y ☐ N ☐**

Nursing Admission Checklist		**Initial PVC Checklist(s)**
Standard Admission Procedures	**Sign**	**Triage PVC Checklist:** Venflon required? Yes ☐ No ☐ N/A ☐ Date and Time Inserted: __/__/____ __:__
Vital Signs Recorded: Yes☑ No☐		
NEWS score recorded: Yes☑ No☐		
GCS Recorded : Yes☐ No☑		
Name Band Attached: Yes☑ No☐		**Further PVC Checklist:** Venflon required? Yes ☐ No ☐ N/A ☐ Date and Time Inserted: __/__/____ __:__
Relatives : In OPD 5 ☑ At Home ☐ Not Aware ☐		
ECG Completed: Yes☐ No☑		
Falls Risk Assessment Completed: Yes☐ No☑		

Haem
45.

NHS
Lothian

GP Interface Admission Care Plan / Care Rounding	Addressograph, or Name: DOB: CHI No:

Date/Time	Progress Notes	Sign/Print Name

NHS Lothian

Care Rounding Frequency (Please Tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☐	RN Please print name and sign:

Time of Care Rounding	1HS												
PRESSURE AREA CARE (complete care interventions on P4 if appropriate)													
If Established pressure ulcer complete formal wound assessment on TRAK ☐													
Visual Skin Check? Y/N	N												
Outcome? (H)Healthy (R) Red (B) Broken	R												
Position? (R) or (L) side (B) Back (C) Chair	B												
Surface? (B) Bed (T) Trolley (C) Chair	T												
MOBILITY (tick one) (complete care interventions on P4 if appropriate)													
Identified falls risk ☐	**Complete top to toe if fall within department (\TTT)**												
Independent?	✓												
Requires some assistance/ Requires walking aid													
NWB / Full Assistance required													
ELIMINATION (complete care interventions on P4 if appropriate)													
Independent ☐ Assistance required ☐ Incontinent ☐ Catheterised ☐													
Do you need the toilet? Y/N/NA	N												
Continence product changed / offered? Y/N/NA	N												
Catheter Emptied? Y/N/NA	N												
Bowels moved? Y/N/NA	N												
FOOD/FLUID/NUTRITION (complete care interventions on P4 if appropriate)													
If NBM consider IV Fluids, use TRAK icon													
Food Given? Y/N/(R)refused/ NBM	N												
Fluids Given? Y/N/(R)refused/ NBM	N												
Assistance required? Y/N	N												
PAIN (complete care interventions on P4 if appropriate)													
Consider use of Abbey Paint scale if unable to communicate needs													
Are you in Pain? Y/N	10/10												
RN Informed? Y/N													
OTHER (complete care interventions on P4 if appropriate)													
Type of personal care provided	Independent ☐ Basin ☐ Bedbath ☐												
Oral hygiene Performed? Y/N	N												
Area tidy / De-cluttered? Y/N	Y												
Anything else I can do for you? Y/N	N												
Patient / Relatives updated? Y/N	Y												
PRINT INITIALS	KJ												

700927161K /E6344717 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

NHS Lothian

Care Interventions

PRESSURE AREA CARE
MOBILITY / FALLS
Yellow Blanket ☐ TRAK Icon ☐ Patient Placement in department ☐
ELIMINATION
FOOD/FLUID/NUTRITION
PAIN
OTHER

GP Interface to AMU/ED Handover					
NEWS	**Infection**	RR:	SPO2:	O2:	BP:
		HR:	Temp:	AVPU:	Cepheid: Y☐ N☐ N/A☐
Outstanding Jobs					
Diagnosis					
SBAR		S: B: A: R:			
NOK aware of transfer		Y☐ N☐			
Name of Nurse completing handover:					

NHS LOTHIAN
Emergency Department

NHS Lothian

Adult Majors

Prescription, Administration & Observation Record

Addres... ph

700927161K /E6344717 M
ANDERSON Owen
09-Jun-72 **CHI:** 090 672 0559
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The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Penicillin	Weight kgs Actual / Estimate	Date 23.3.26

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3		Date: 23/3																			
		Time: 1715																			
A+B Respirations Breaths/min	≥25										3										
	21-24										2										
	18-20																				
	15-17	16																			
	12-14																				
	9-11										1										
	≤8										3										
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	97																			
	94-95										1										
	92-93										2										
	≤91										3										
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O_2										3										
	95-96 on O_2										2										
	93-94 on O_2										1										
	≥93 on air																				
	88-92																				
	86-87										1										
	84-85										2										
	≤83										3										
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																			
	O^2 L/min or %										2										
	Device																				
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3										
	201-219																				
	181-200																				
	161-180																				
	141-160																				
	121-140																				
	111-120	118																			
	101-110										1										
	91-100	1									2										
	81-90																				
	71-80	72																			
	61-70										3										
	51-60																				
	≤50																				
C Pulse Beats/min Manual pulse	≥131										3										
	121-130										2										
	111-120																				
	101-110										1										
	91-100																				
	81-90	83																			
	71-80																				
	61-70																				
	51-60																				
	41-50										1										
	31-40										3										
	≤30																				
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A																			
	New Confusion										3										
	V																				
	P																				
	U																				
E Temperature °C	≥39.1°										2										
	38.1-39.0°										1										
	37.1-38.0°																				
	36.1-37.0°	36.7																			
	35.1-36.0°										1										
	≤35.0°										3										
NEWS TOTAL		0																			
Monitoring frequency		2																			
Escalation of care Y/N		N																			
Blood Glucose reading or N/A		N																			
Pain score (0-10)		0																			
Initials		AJ																			

Reproduced from Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017.

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

700927161K /E6344717 M
ANDERSON Owen
09-Jun-72 **CHI:** 090 672 0559
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NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

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

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

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

ANDERSON, OWEN
Male
09.06.1972 (53 Years)

Vent. rate	149	BPM
PR interval	*	ms
QRS duration	84	ms
QT/QTc-Baz	292/459	ms
P-R-T axes	* 80	24

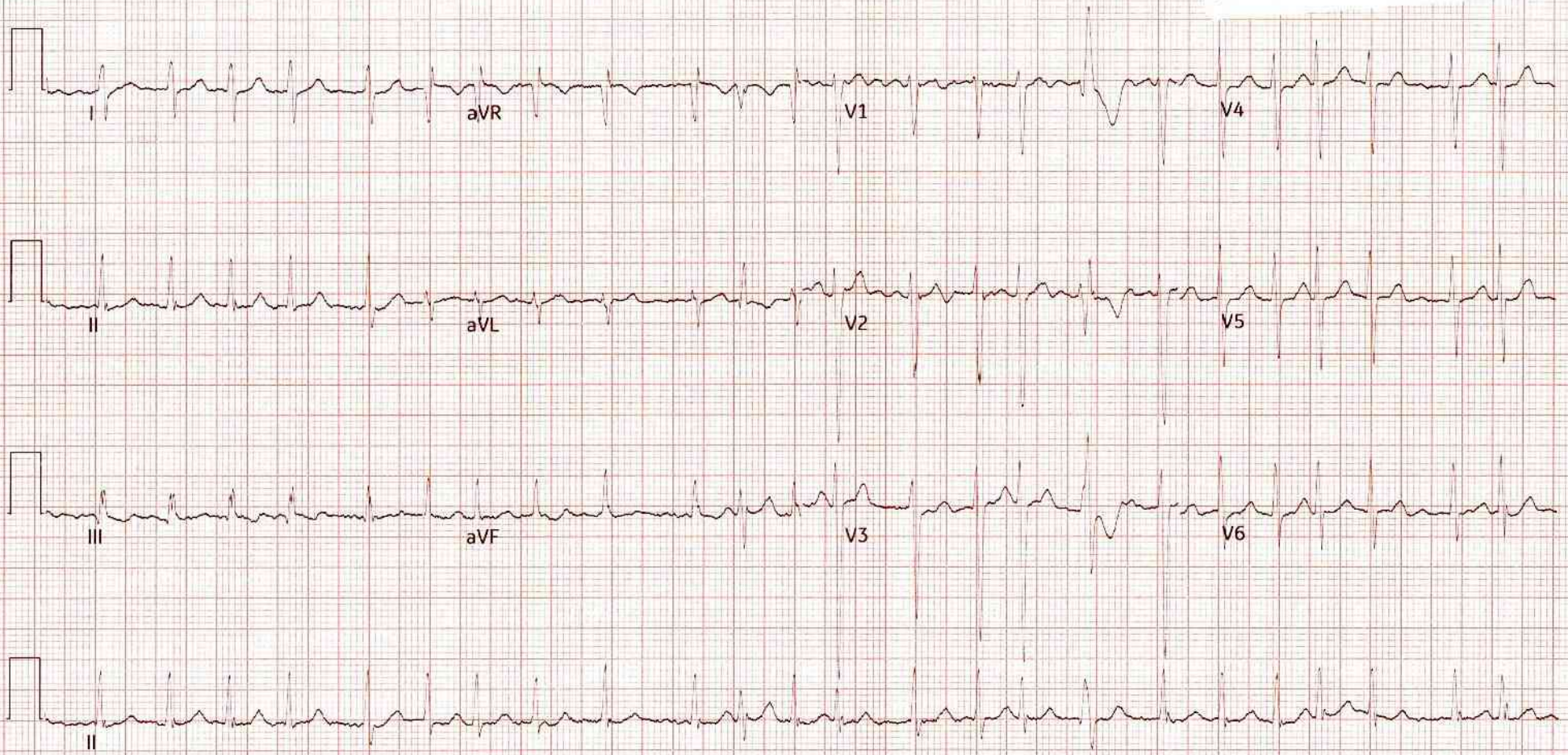
Patient ID: 09067[redacted]9

Atrial fibrillation with rapid ventricular response with premature ventricular or aberrantly conducted complexes
Abnormal ECG

23.03.2026 17:22:07
Royal Inf of Edinburgh

[redacted]0092716IK M 09/06/1972
Anderson, Owen J
Location: 31 Laurel Bank,
Commen Dalkeith,
Midlothian, EH22 2JH

CHI 0906720559
77197 K Schuur



[redacted]m/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ VU360 1.02 SP06 12SL v23.1 4 by 2.5s + 1 rhythm Id

ANDERSON, OWEN ID:0906720559 23-Mar-2026 17:22:07 NHS LOTHIAN-RIE_ED ROUTINE RECORD

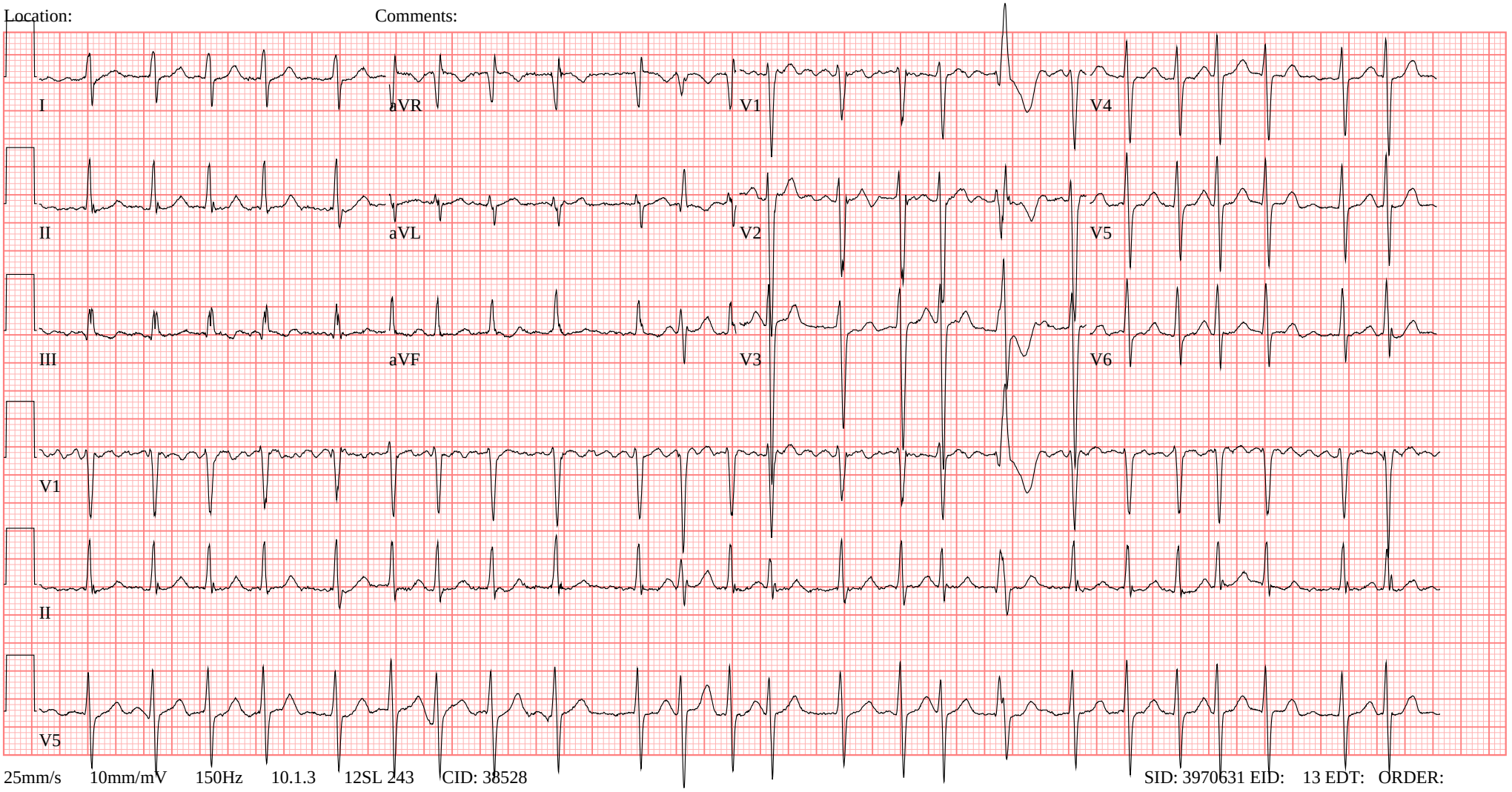
09-Jun-1972 (53 yr)
Male

Room:
Loc:40

Vent. rate	149	BPM
PR interval	*	ms
QRS duration	84	ms
QT/QTcB	292/459	ms
P-R-T axes	* 80	24

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 38528 SID: 3970631 EID: 13 EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 24/03/2026

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6344717
Attendance Date	23/03/2026		
Attendance Time	16:59		
Mode of Arrival	Private Transport		
Source of Referral	Flow Centre		
Discharge Date	23/03/2026		
Discharge To			

Dear Dr K Schuur

Presentation: OPD 6 1700 ?DVT RIGHT SIDED CALF SWELLING AND TENDERNESS FOR 3 DAYS WELLS 2 FRANK HAEMATURIA THIS MORNING OLDER YELLOW BRUISING TO LIMBS HX - PT IS TAKING WAFARIN FOR MECHANICAL VALVE BUT DOESNT GO TO INR TESTING REGULARLY OBS BP 144/78 P 80

ACUTE MEDICINE RIE

GP INTERFACE SERVICE DISCHARGE COMMUNICATION

Diagnosis: Suspected eleavted INR and haematoma secondary to this - DAMA and INR sample not ran

Also note did have malaena on PR - patient aware this is concerning for UGIB

Change to medication:
STOPPED (reason & duration):
STARTED (reason & duration):
CHANGED (reason):
WITHHELD (reason and plan for review)

Hospital follow up: Nil

Action plan for GP (Do not ask GP to chase results):
Nil specific

INFORMATION FOR ADMIN TEAM
Outstanding results/investigations (Please request prior to discharge):

Please copy this letter to (include reason): Name+title+department+hospital/nil

THE ABOVE INFORMATION MUST BE EXPLAINED TO THE PATIENT BEFORE DISCHARGE
DETAILS OF CLINICAL ASSESSMENT FOR GP AVAILABLE BELOW

CLINICAL NOTES:
Clinical note: ACUTE MEDICINE IN GP INTERFACE SERVICE/ED
CLINICAL ASSESSMENT

PC: Leg pain

HPC:
- On warfarin for metallic mitral valve and AF - target INR 2.5-3.5
- Last 3/7 had pain in his right calf - states this is the same type of pain he had when previosuly diagnosed with haematomas
- Last day noticed yellow discolouration and swellign to the right calf, along with similar but smaller to anterior left calf and left posterior aspect distal arm

- Also had dark red/ black urine - dippped at GP surgery and confirmed to be haematuria
- Has had some oozing around his nose (but no frank epistaxis)
- Stool has been black the last day
- Systemically well - no headache/ fever
- Feels slightly more short of breath than is usual for him, no cough, no PND/ orthopnoea
- INR dosing has been 5mf M/T/W/T, 6mg F/S/S last 2 weeks as INR was subtherapeutic before this
- No new meds/ abx

Background:
AF
Mechanical mitral valve
Polycythemia
T2DM - non insulin dependent
Previous haematomas from elevated INR
IHD
Previous ETOH+

Medications:
Include ALL medications: recent acute, over the counter and recreational

Med Rec sources (minimum 2): flow centre referral, patient

List of medicines on admission: Dose/Route/Frequency and a plan Continue/Stop/Withhold
Warfarin dsoing as per above - Pending INR
Digoxin 62.5micrograms PO OD - C
Metformin 500mg PO BD - C
Bisoprolol 5mg PO OD - W (concern about bleeding and risk of haemodynamic compromise)
Lufrobec 100/6 2 puffs BD - C
Furosemide 40mg PO OD - W (concern about bleeding and risk of hypotension)
Atorvastatin 40mg nocte - C
Omeprazole 20mg PO OD - C

Drug allergies:
Penicillin

Social:
Smoker
Drinks alcohol - states 2 drinks on nigths that drinks, denies daily drinking
No recreational substances
Lives with brother
iADLs

Temp 36.2
NEWS 0
A - Patent MOA
B - RR=16, sats 97% on air, chest clear to auscultation, right calf > left calf
C - PWWP, pulse irregular 83bpm, JVP not seen, clinically euvolemic, BP 118/72, nil oedema
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Investigation results:
ECG - AF with ectopics, rate 149bpm
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Bleeding elsewhere (including urologivcal and GI) likely in context of high INR

update 20:30 INR sample not ran by the lab and needs repeat. Owen not in the waiting area, and no answer on 2x mobile numbers listed on trak. Will attempt to call him again later, Owen did voice that he did not want to stay in hopsital tonight, and I had already explained my cncern about his INR being high, bleeding out and risk of collapse/ death. When we spoke about this, he could understand my concerns, retian the information and weigh up the pros and cons. If he has left against medical advice, he does have capacity and is aware of the risks

Update at 21:15 - still no answer from Owen. Presumed discharged aginast medical advice and had capacity to do this. Dr Simpson informed of above

Treatment and management plan:

Unable to complete as DAMA

Destination: Home

Assessed by (name, seniority): R Bramah ST7

Consultant: Simpson
Contact number: 21735
Email inquiries to RIEacutemedicine@nhslothian.scot.nhs.uk

* For discharges from GP Interface Service, please use \pamadischarge at the top of this document. Thank You! *

Yours Sincerely,

Dr Rachel Bramah, Doctor

ANDERSON, OWEN ID:0906720559 23-Mar-2026 17:22:07 NHS LOTHIAN-RIE_ED ROUTINE RECORD

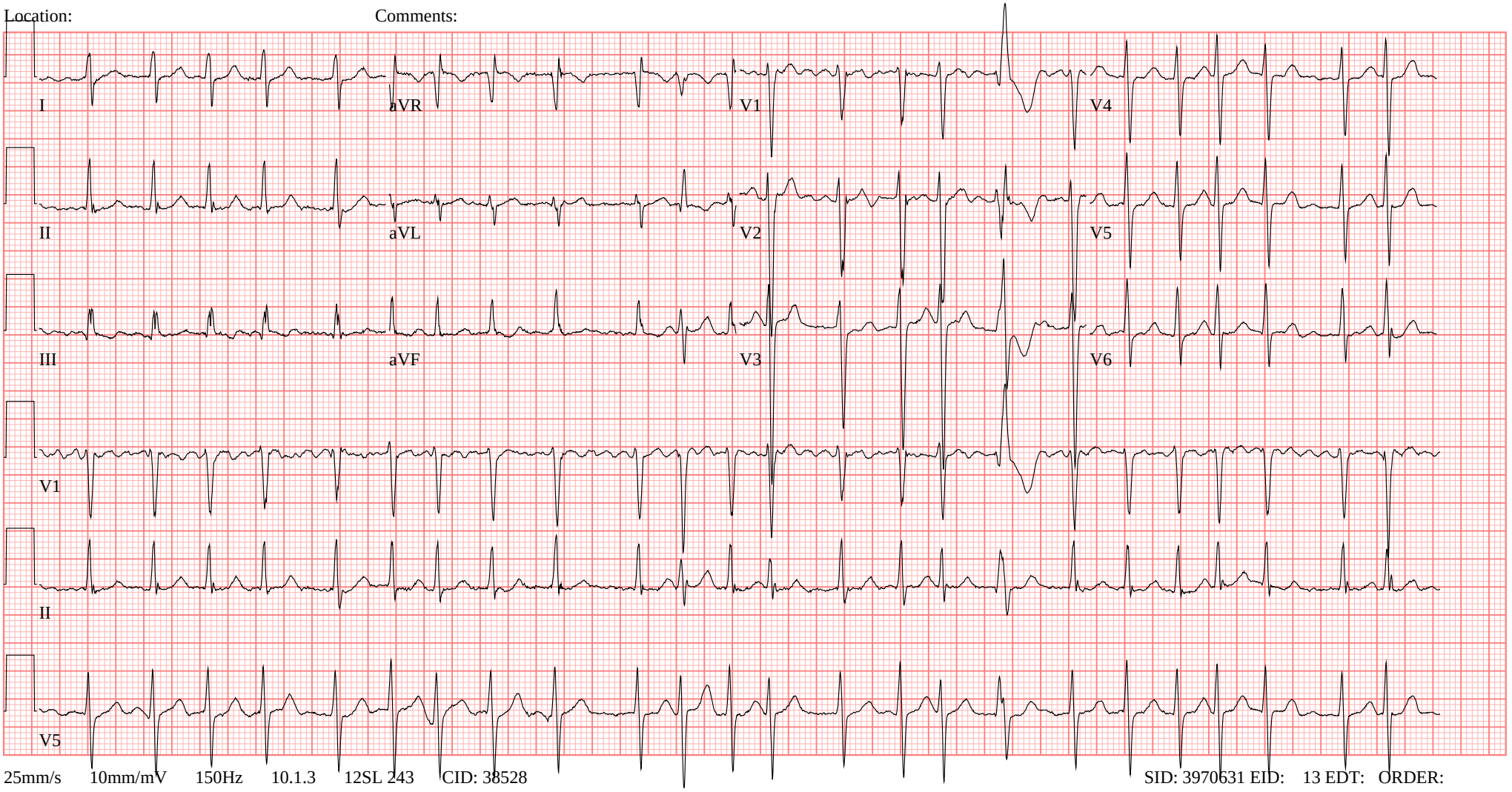
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Dr Rachel Bramah, Doctor

OWEN ANDERSON

Scottish Ambulance Service

Age/Gender:	**53 Years, 9 Months, 15 Days, Male**	**Incident Date:**	**24/03/2026 14:13:00**
DOB:	**09/06/1972**	**ePCR Number:**	**19-2-240326-141324**
Address:	**31 laurel bank woodburn**	**Incident Number:**	**CR013078441**
CHI Number:		**Incident Type:**	**EMG**
Ethnicity:	**White Scottish**	**Incident Location:**	**12 BARLEYKNOWE ROAD GOREBRIDGE, EH23 4EG**

PATIENT INFO

GP And Surgery

Address:	**Dalkeith Medical Practice, The Health Centre, 24-26 St Andrew Street, Dalkeith**	**Name:**	**Dalkeith Medical Practice**
Postcode:		**EH22 1AP**	

Capacity Assessed

Deemed to have Capacity

Clinical Assessment

Consent Decision:	**Consent Gained**	**Clinical Assessment Explained/Discussed:**	**Benefits of Assessment Explained, Risks of No Assessment Explained**

Treatments

Consent Decision:	**Consent Gained**	**Treatment Explained/Discussed:**	**Benefits of treatment explained, Risks of No treatment explained**

ADDITIONAL COMMENTS

Presenting Complaint:	**Fast AF Possible Blood Clots**

Timestamp	Additional Comment	Crew Name
24/03/2026 14:37:00	Called to 53 yom DIB, Patient has history of AF, asthma, polythysemia 'blood condition', blood clots, replaced mitrial valve. Patient has been suffering pain within lower right leg and left upper arm over 5/7. Yesterday at approximately 0500hrs he awoke, passed black urine and noted yellowing of arms and legs. Spoke with Dr who advised to attend to attend out patients department. Pt had bloods taken, advised to remain within hospital while awaiting results, patient refused and returned home.	-
24/03/2026 14:40:00	Today while within friends home, patient gcs 15, clear airway, increased rate/work of breathing, good tone, pale colour with blue lips, nil radial pulse. observations carried out (unable to obtain initial oxygen levels as poor reading), chest auscultated (crackles/wheeze throughout) patient issued nebuliser (positive effect). top to toe carried out (lower right leg red, swollen and bruised) egg (fast AF) put conveyed by ibex to vehicle. Conveyed to ERI, monitored throughout however reading still poor ergo not noted.	-

ACVPU

Options:	**Alert**

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	**No**

AIRWAY

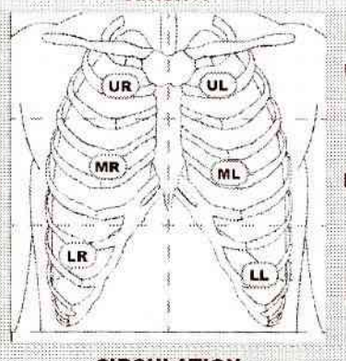
Assessment:	**Clear**

BREATHING

Breathing Adequately:	**Yes**	**Initial Respiratory Rate:**	**30**
Initial SpO2:	**99**	**Initial SpO2 On Air:**	**Yes**
Oxygen Given:		**No**	

Chest Examination

Anterior

Normal Percussion, Creps/Crackles, Wheeze, Normal Air Entry	UR		UL	Normal Percussion, Creps/Crackles, Wheeze, Normal Air Entry
Normal Percussion, Creps/Crackles, Wheeze, Normal Air Entry	MR		ML	Normal Percussion, Creps/Crackles, Wheeze, Normal Air Entry
Normal Percussion, Creps/Crackles, Wheeze, Normal Air Entry	LR		LL	Normal Percussion, Creps/Crackles, Wheeze, Normal Air Entry

CIRCULATION

Pulse Rate:	165	**Rhythm:**	Irr
Most Distal Pulse Found:	Brachial	**Cap Refill:**	>2 Secs
Central Peripheral:	Central	**Arm:**	Right
Systolic Pressure:	158	**Diastolic Pressure:**	115
ECG:		12 Lead	

Rhythm

Rhythm:	AF

Skin

Appearance:	Pale	**Skin Texture:**	Dry
Skin Temperature:		Warm	

DISABILITY

Initial GCS:

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
24/03/2026 14:24:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

Eyes

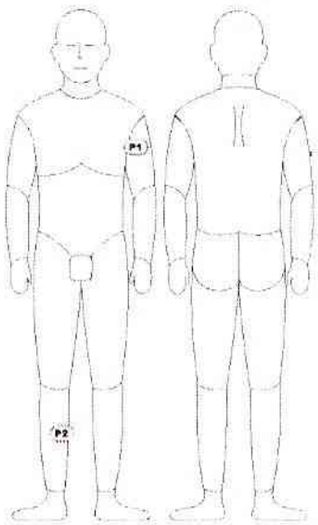
Left Pupil Size (Mm):	3	**Right Pupil Size (Mm):**	3
Pupils Equal And Reactive To Light (Pearl):		Yes	

Blood Glucose

Blood Sugar Value (MMOL/L):	12.8

EXAMINATION

Assessment Graphic



Pain Table

ID	Pain Scale	Body Part
P1	8	Left Upper Arm
P2	8	Right Lower Leg

OBSERVATIONS

Observations Assessment

Timestamp	Pulse	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	Temp	BM	ECG	P(L | R)	PEF	Crew
24/03/2026 14:20:00	165	30	158/115	99	>2 Secs	15	Alert		36.6	12.8	AF	3|3		E9888702
24/03/2026 14:38:00	169	30	132/105	99	>2 Secs	15	Alert				AF			E9888702

GCS

Timestamp	Eyes Value	Eyss Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
24/03/2026 14:20:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15
24/03/2026 14:38:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

NEWS Score

Timestamp	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
24/03/2026 14:20:00	30 (3)	99 (0)	-	2	158 (0)	165 (3)	Alert (0)	36.6 (0)	8

AMPLE

Allergies: **Unknown**

Medication

Medication: **Unknown**

Last Eaten

Last Eaten: **Unknown**

Events Prior

Events Prior: **within friends home**

SOCIAL HISTORY

General Appearance: **Normal, Jaundiced**

Living Arrangement

Lives Alone: **Don't Know**

Mobility

Patient Mobility: **Fully Mobile**

Communication

Communication Requirements:	**No Help Required**

Clinical Risks

Factors:	**None Identified**

Environmental Risks

Factors:	**None Identified**

DRUGS

Drugs Table

Timestamp	Drug	Expiry	Dosage	Quantity	Route	Pain Before	Pain After	Source	Crew
24/03/2026 14:25:00	Oxygen	2026-09	6 ltrs	INH			MANUAL	E9886916	
24/03/2026 14:25:00	Salbutamol Neb	2027-09	5 mg	NEB			MANUAL	E9886916	

CLOSE REPORT

Clinical Response Feedback

On-Scene Clinical Findings	**Emergency**

CONVEYANCE

Transport To Hospital	**Emergency Driving**	**Pre-Alert**	**Yes**
Destination Hospital		**NEW EDINBURGH ROYAL INFIRMARY**	

INCIDENT INFORMATION

Dispatch

Dispatch Code	**06E01**	**Dispatch Description**	**Ineffective Breathing**

Incident Log

Status Time	Status	Callsign	Reason	Hospital
14:12:52	Call Received Time	DAK4425		
14:13:33	Mobile	DAK4425		
14:16:31	At Scene	DAK4425		
14:57:27	Leave Scene	DAK4425		NEW EDINBURGH ROYAL INFIRMARY
15:09:46	At Hospital	DAK4425		

CREW INFORMATION

Additional Crew

Crew ID	Crew Grade
E9888702	Ambulance Paramedic (AP)
E9886916	Ambulance Technician (AT)
P123179S	Student Paramedic (BSc Placement) (SPBSCP)

NHS Lothian
University Hospital Services
Department of Emergency Medicine

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

NHS Lothian

A/E no. E6345841
Previous no. E6344717
UHPI no. 700927161K
CHI no. 0906720559

Patient Information

Surname	Anderson	Date of Birth	
Forenames	Owen James F	Age / Sex	09/06/1972 / 53 Yrs M
Address	31 Laurel Bank		
	Dalkeith, Midlothian		
Postcode	EH22 2JH	Telephone	07396 725 905
Contact Address		Telephone H / W	
	DIB		
Complaint		Allergies	

Attendances in last 12 months: 9 School :

General Practitioner

Address: K Sehuur, Dalkeith Medical Practice, The Health Centre, 24-26 St Andrew Street, Dalkeith, EH22 1AP
Telephone: 0131 561 5500

Date and Time of Attendance: 24/03/2026 15:13
Incident Date Time:
Mode of Arrival: Emergeney Ambulance 999 Emergency
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight	Height	
AVPU		Special Clinical Instructions							
O2 Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE									

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Oressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick: Required ☐ Done ☐
Urinalysis - Please tick: Required ☐ Done ☐

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HD		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Speciality)		Other (please state)		Exam		Other (Please state)	

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

ANDERSON, OWEN ID:0906720559 24-Mar-2026 15:11:24 NHS LOTHIAN-RIE_ED ROUTINE RECORD

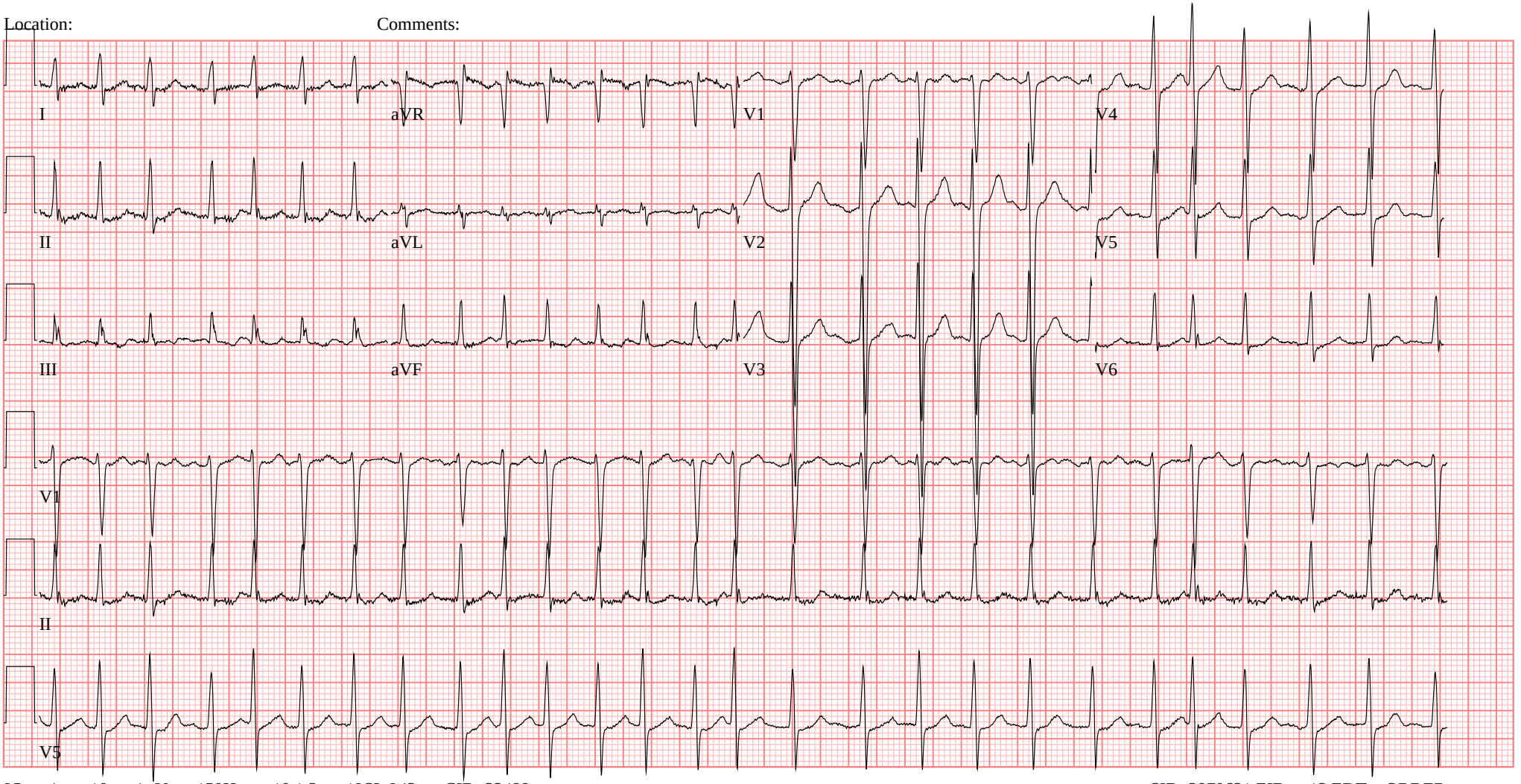
09-Jun-1972 (53 yr)
Male

Room:
Loc:40

Vent. rate	159	BPM
PR interval	*	ms
QRS duration	90	ms
QT/QTcB	294/478	ms
P-R-T axes	* 67	38

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 33499

SID: 3970631 EID: 13 EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Dr K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 25/03/2026

Emergency Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith Midlothian EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
		A&E Attendance Number	E6345841
Attendance Date	24/03/2026		
Attendance Time	15:13		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	24/03/2026		
Discharge To			

Dear Dr K Schuur

Presentation: DIB

CLINICAL NOTES:
Clinical note: PC: PR bleeding and haematemesis

HPC:
- seen in OPD6 yesterday with leg pain and bilateral ataumatic bruising --> - thought to be multiple haematomas
- also c/o new black stool yesterday - PR exam showed melaena

- Owen discharged against medical advice prior to INR returning, INR sample then needed repeated but unfortunately medical staff were not able to get incontact with Owen to ask him to re-present

-BIBA today with further maelaena, haematemesis, tachycardia (HR 170) and hypotension (BP 98 systolic)

- PMH metalic heart valve on warfarin. Unsure when last INR check was or what it was
- feels dizzy and lightheaded at present, denies chest pain / palpitations

PMH
AF
Mechanical mitral valve
Polycythemia
T2DM - non insulin dependent
Previous haematomas from elevated INR
IHD
Previous ETOH+

Meds
as per ECS- on warfarin
- warfarin

allergies: penicillin

SH
Smoker
Drinks alcohol - states 2 drinks on nigths that drinks, denies daily drinking
No recreational substances
Lives with brother
iADLs

NEWS 7 BP 98/66, HR 147, sats 100% on 15l
A - patent
B - chest harsh bilaterally, no focal sounds, no iwob at rest
C - cool to mid forearm, HS I+II+0, CRT 5-6 seconds, calves tender bilaterally with bilateral old bruises, appears pale,
D - alert and orientated

E - abdo snt, old bruising to right calf and left shin, no obvious peripheral oedema
PR exam - with SN Gemma as chaperone (many thanks) - malaena on glove

BLoods: pendinh
VBG Hb 100 (137), lactate 6.2
Repeat VBG following 1L IVI - lactate 5.2 (6.2) Hb 79 (104) H+ 45 (55)
CXR
ECG

Impression: likely UGI bleed secondary to high INR

Plan
- D.W GI
- DW haem - recommend reversal of warfarin
- chase bloods
- IV stat (recieved 2L plasmalyte so far)
- transfuse x2 units RBC

K Francis ACCS1

Breathnach ST4 EM
See haem note - for warfarin refersal and UGI endoscopy asap to enable restarting anticoag
Discussed with GI reg re this - PM reg will review. Can do scope asap this will likely be tomorrow as keen to reverse warfarin as much as porrible prior to scope. Plan as above - cont fluids/blood resus. Aiming for AMU monitored if dteriorates would be for ICU review.

Breathnach ST4 Update:
Remains stable in dept - lac falling, Hb also dropped ?dilutional.
Discussed with haem reg - for Vit K, prothrombin complex. INR taken when this was running was 5.9
- re-discussed, not for further and not for FFP unless usual transfusion threshold reached.

Discussion with medics and ICU - ultimately accepted to HDU

Discussion with cardio reg - nil for now but need GI to contact them re bridging anticoagulation

Note also re haematomas - pt has ongoing pain and swelling in Rt calf and LT upper arm - both are soft with limb neurovasularly intact distally not concerned re compartments. Swelling has not been increasing

Yours Sincerely,

Dr Katherine Francis, Doctor

Clinic Letters & Notes

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Haematology

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 04/03/2024
Date/Time Printed: 10/06/2026 12:45
Our Ref: 700927161K
CHI: 0906720559

Patient:	Mr Owen Anderson 31 Laurel Bank Midlothian Dalkeith EH22 2JH	**UHPI:** **Date of Birth:**	700927161K 09/06/1972
Specialty:	Haematology	**Consultant:**	Dr Alice Klauser

The following letter was sent to the patient.

Dear Mr Anderson,

Results: Hb 174, haematocrit 0.53, WBC 14.4, neutrophils 12.3, platelets 471

I will ask you to come to clinic in the next few weeks as your blood counts are not optimally controlled for a person with a myeloproliferative disorder. We should be aiming to keep your blood thickness below 0.45. I wonder if you have run out of your Hydroxycarbamide. From my records you should be taking 1 g daily and I note your Warfarin was slightly subtherapeutic at 1.9.

I will bring you back to our clinic in due course in order to titrate up your medicines and discuss whether any venesections are required.

Kind regards
e-checked
Dr Alice Klauser
Consultant Haematologist

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Haematology

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 24/04/2024
Date/Time Printed: 10/06/2026 12:45
Our Ref: 700927161K
CHI: 0906720559

Patient:	Mr Owen Anderson 31 Laurel Bank Midlothian Dalkeith EH22 2JH	**UHPI:**	700927161K
		Date of Birth:	09/06/1972
Specialty:	Haematology	**Consultant:**	Dr Alice Klauser

The following letter was sent to the patient.

Dear Mr Anderson,

You have not attended two consecutive haematology appointments in a row. You have an underlying blood disorder which does need monitored and treatment in order to prevent strokes and venous blood clots. With appropriate care, life expectancy with these blood disorders is very good however uncontrolled myeloproliferative disorders can be life threatening. We would be grateful if you would engage with your GP and should you wish for ongoing haematology follow-up and we would be happy to see you at any point.

Kind regards
e-checked
Dr Alice Klauser
Consultant Haematologist

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Ambulatory Care

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 31/12/2025
Date/Time Printed: 10/06/2026 12:45
Our Ref: 700927161K
CHI: 0906720559

Patient:	Mr Owen Anderson 31 Laurel Bank Midlothian Dalkeith EH22 2JH	**UHPI:** **Date of Birth:**	700927161K 09/06/1972
Specialty:	Ambulatory Care	**Consultant:**	Ambulatory Care Registrar

Trak note only - CF Watts
Patient was unable to attend until late today.
DAMA yesterday, was admitted for raised INR with right buttock and left thigh haematomas.
Normally on warfarin for metallic heart valve, target INR 2.5-3.5

Reports R buttock haematoma gradually improving, still quite painful though.
L thigh has been continuing to worsen, increasing swelling/bruising, and pain now severe.
Had new haematuria this morning, fairly small amount at end of post-void urine.
No change in bowels. No evidence of bleeding elswhere.

O/E:
Alert, comfortable at rest, but antalgic gait, in a lot of pain on any movement of legs.
Extensive bruising, swelling and very tender on both legs.
Abdo SNT. No oedema.
Otherwise neurovascularly intact, no evidence of compartment syndrome.

Urinalysis shows trace lysed blood.
Bloods sent including INR/coag

Results not back yet, so I have handed over to interface.

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Haematology

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 30/05/2026
Date/Time Printed: 10/06/2026 12:45
Our Ref: 700927161K
CHI: 0906720559

Patient:	Mr Owen Anderson 31 Laurel Bank Midlothian Dalkeith EH22 2JH	**UHPI:** **Date of Birth:**	700927161K 09/06/1972
Specialty:	Haematology	**Consultant:**	Dr Alice Klauser (Clinical Admin)

AK TO CHECK

Owen Anderson has not attended the haematology department at The Royal Infirmary for three consecutive appointments therefore as part of departmental policy he has not been offered further follow-up.

While he was an inpatient his Hydroxycarbamide treatment for his polycythaemia was discontinued as he was anaemic and thrombocytopenic. I would be grateful if you could see if Mr Anderson would engage with some blood monitoring in particular for his INR relating to his mitral valve but also his full blood count and whether we would need to re-initiate treatment with Hydroxycarbamide.

We would happily see him at any point should he wish to engage with our service.

Kind regards
Dr Alice Klauser
Consultant Haematologist

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Haematology

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 23/08/2023
Date/Time Printed: 10/06/2026 12:46
Our Ref: 700927161K
CHI: 0906720559

Patient:	Mr Owen Anderson 31 Laurel Bank Midlothian Dalkeith EH22 2JH	**UHPI:** **Date of Birth:**	700927161K 09/06/1972
Specialty:	Haematology	**Consultant:**	Dr Alice Klauser

Many thanks for your referral re Mr Owen Anderson (CH I. 0906720559). We will arrange for him to be seen in the next few months at the haematology clinic. The changes in his full blood count are all in keeping with having polycythaemia vera and he should continue on his current dose of hydroxycarbamide.

Kind regards

e checked by

Dr Alice Klauser
Consultant Haematologist

University Hospitals Division
Number 11
11 St Andrew Street
Dalkeith
EH22 1AL

NHS Lothian

Psychological Therapy Mid

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 04/01/2024
Date/Time Printed: 10/06/2026 12:46
Our Ref: 700927161K
CHI: 0906720559

Patient:	Mr Owen Anderson 31 Laurel Bank Midlothian Dalkeith EH22 2JH	**UHPI:** **Date of Birth:**	700927161K 09/06/1972
Specialty:	Psychological Therapy Mid	**Consultant:**	Linsay Brassington

You were recently referred to our service by Nicola Walker from the Justice team. Thank you for talking with me by phone on 3rdJanuary 2024. I hope that you found this appointment helpful. Please see a summary below.

Brief description of your current difficulties
We talked about how life has been since you were released from prison 6 months ago. Not long after this, you sadly lost your Aunt, who had been a support to you throughout your time in prison. You understandably found this time difficult, but coped by taking some time to yourself. We all cope with loss in different ways. It sounded like your brother and his family were worried when you withdrew from them at this time, and this led to some conflict. You did well to get through this though.

I was glad to hear that things have been better. You told me that you spend some time in your garage working on cars, and have a bit of a routine. You're not sure how you'd like things to be longer term but you said you feel ok at the moment.

You mentioned that in prison you did on Open University psychology course, and from this accessed your social work file about your adoption and early year experiences. You said you found this helpful in making sense of your life. You also spoke about someone in prison telling you that you might have ADHD, but that you don't want to go through an assessment for this at the moment. If you did want to do this in the future, you can discuss this with your GP.

Safety
I was glad to hear that you don't have thoughts about wanting to end your life or harm yourself. If this changes, you can get support from:
- Your GP or NHS 24 (dial 111)

Psychological Therapy Mid

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 04/01/2024
Date/Time Printed: 10/06/2026 12:46
Our Ref: 700927161K
CHI: 0906720559

- Crisis Text Line: Text ‘SHOUT' to 85258 (24 hours a day) www.crisistextline.uk
- Samaritans 116 123 (24 hours a day)
- Breathing Space (24 hours at weekends, 6pm-2am on weekdays)

Is psychological therapy likely to help? You have done really well to manage the transition out of prison. We both agreed that your mental health is ok at the moment, and so it doesn't make sense to do therapy at the moment. **Agreed plan** As agreed, I haven't added you to our waiting list. If things change, Health in Mind have lots of different options. You can self-refer for an appointment with them at any time on 07779 565607, or find out more at https://health-in-mind.org.uk/news/midlothian-access-point/ It was a pleasure to speak with you and I wish you well with your treatment and in the future Yours sincerely, Dr Linsay Brassington Consultant Clinical Psychologist Midlothian Psychological Therapies

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
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EH16 4SA

NHS Lothian

Haematology

Dr Schuur
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The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date First Created: 27/12/2023
Date/Time Printed: 10/06/2026 12:46
Our Ref: 700927161K
CHI: 0906720559

Patient:	Mr Owen Anderson 31 Laurel Bank Midlothian Dalkeith EH22 2JH	**UHPI:** **Date of Birth:**	700927161K 09/06/1972
Specialty:	Haematology	**Consultant:**	Dr Alice Klauser

THIS IS A NON-ATTENDANCE CLINIC -; DO NOT ATTEND HOSPITAL

I would be grateful if you could make the next available appointment to attend the practice nurse at your GP surgery for blood tests to be taken as part of the Haematology Virtual Clinic. Please take the blood form with you when you attend the practice nurse -; this is important as this informs the nurse which tests to perform.

Once the results are reviewed, a letter will be generated for your GP and a letter will be sent to yourself with any further follow up requirements indicated.

If you have any problems with these arrangements, please contact the haematology secretary on 0131 242 6811

Yours sincerely
e-checked
Dr Alice Klauser
Consultant Haematologist

Midlothian Health and Social Care Partnership

Joint Director: Mrs Morag Barrow
Head of Primary Care & Older People's Services:
Head of Adult Services: Mr Nick Clater
Clinical Director: Dr Rebecca Green

Psychological Therapies Service
Number 11
11 St Andrew Street
Dalkeith
EH22 1AL

Private & Confidential
Owen Anderson
31 Laurel Bank
Dalkeith
EH22 2JH

Our Ref: PTS/LB
Date: 9th March 2026
CHI No: 0906720559
Direct Dial: 0131 285 9600

Dear Owen

Dr Thethy has been in touch recently after you were in hospital to ask about options for your mental health. I was contacted as we had an appointment 2 years ago to think about this, but at the time, we both agreed that this wasn't something you wanted at the time.

As this was quite a while ago, if you would like to think about support with your mental health, the best place to start would be contacting the Midlothian Access Point at Health in Mind. You can self refer to them on 07779 565607 and they can arrange an appointment with one of their workers. In the appointment, they can help you think about lots of different options when the time feels right for you.

Yours sincerely,

Dr Linsay Brassington
Consultant Clinical Psychologist
Midlothian Psychological Therapies Service

Cc Dr Schuur Dalkeith Medical Practice

Our Values Into Action
disability confident EMPLOYER

Headquarters
Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

Chair Brian G. Houston
Chief Executive Tim Davison
Lothian NHS Board is the common name of Lothian Health Board

In Patient Records

PRESCRIPTION AND ADMINISTRATION RECORD

NHS Lothian

Date of Admission: 21/11/25

Critical Care and Cardiothoracic Surgery with warfarin chart

1 of 1

Hospital/Ward: 18 Consultant: CAMERON

Weight: Height:

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed: Completed by:

Name of Patient: OWEN ANDERSON

CHI Number: 0906720557

D.O.B. 09/06/1972

(Attach printed label here)

Regular Therapy

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS - This section must be completed before any medicine is given except in exceptional circumstances		None known ☐	
Date	Type of Chart	Medicine / Agent	Description of reaction	Completed by (sign, print & designation)	Date
		PHENOXY METHYL PENICILLIN	?	CL CARLIN	23/11

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration

The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Never abbreviate ORAL or INTRATHECAL

Specify RIGHT or LEFT for eye and ear preparations

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

Continuous Drug Infusions

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

	CONTENTS:	PAGE	CONTENTS:	PAGE
	Once Only Prescriptions	2 - 5	Warfarin Chart	28
▬	Regular Therapy	6 - 17		
▬	Continuous Drug Infusions	18 - 23		
▭	As Required Therapy	24 - 27		

As Required Therapy

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

Name:..... D.O.B.:..... CHI Number:.....

Once Only Medication

Date	Time to be given	Medicine	Dose/Amount	Route	Fluid	Volume	Rate/Duration	Prescriber (sign + print)	Time given	Given by Checked by

Name:..... D.O.B.:..... CHI Number:.....

Once Only Medication

Date	Time to be given	Medicine	Dose/Amount	Route	Fluid	Volume	Rate/Duration	Prescriber (sign + print)	Time given	Given by Checked by

Name:..... D.O.B.:..... CHI Number:.....

Once Only Medication

Date	Time to be given	Medicine	Dose/Amount	Route	Fluid	Volume	Rate/Duration	Prescriber (sign + print)	Time given	Given by Checked by

Name:..... D.O.B.:..... CHI Number:.....

Once Only Medication

Date	Time to be given	Medicine	Dose/Amount	Route	Fluid	Volume	Rate/Duration	Prescriber (sign + print)	Time given	Given by Checked by

Name: OWEN ANDERSON D.O.B.: CHI Number: 0906720559

Regular Therapy

Regular Therapy

			Date/Time ▼	23/11				
Medicine (Approved Name): HEPARIN		For Use	06					
Dose / Amount: 5000 UNITS	Route: S/C	Quantity	(10)	✓				
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date: 23/11	Pharmacy	14					
Comments/Indication/Review Date: STOP at 48 hrs ↳ SWITCH TO WARFARIN			18					
			(22)					
Prescriber - sign + print: CARLILL			24					
Medicine (Approved Name): BISOPROLOL		For Use	(06)	✓				
Dose / Amount: 5mg	Route: ORAL	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date: 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print: CARLILL			24					
Medicine (Approved Name): HYDROXYCARBAMIDE		For Use	(06)	✓				
Dose / Amount: 1gram	Route: ORAL	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date: 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print: CARLILL			24					
Medicine (Approved Name): LUFORBEC 100mcg/6mcg		For Use	(06)					
Dose / Amount: 2 PUFFS	Route:	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date: 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			(22)					
Prescriber - sign + print: CARLILL			24					

Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

Date/ Time→									
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Name: OWEN ANDERSON D.O.B.: 04/06/72 CHI Number: 0406720859

Regular Therapy

Regular Therapy

			Date/ Time	23/11				
Medicine (Approved Name): OMEPRAZOLE		For Use	06	✓				
Dose / Amount: 20mg	Route: ORAL	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date: 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name): PARACETAMOL		For Use	06	✓				
Dose / Amount: 1000mg	Route: ORAL	Quantity	10					
Diluent/Undiluted + Volume		Date	12	✓				
Rate/Duration	Start Date: 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print: CA CARLILE			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					

Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

Date/ Time →									
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Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

			Date/ Time	23/11				
Medicine (Approved Name) OMEPRAZOLE		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name) PARACETAMOL		For Use	06					
Dose / Amount 1000 mg	Route ORAL	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print CA CARCILL			24					
Medicine (Approved Name) OMEPRAZOLE		For Use	06					
Dose / Amount 20mg.	Route ORAL	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date 23/11	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print CA CARCILL			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					

Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

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Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

			Date/ Time→					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					

Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

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Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

			Date/ Time →					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					
Medicine (Approved Name)		For Use	06					
Dose / Amount	Route	Quantity	10					
Diluent/Undiluted + Volume		Date	12					
Rate/Duration	Start Date	Pharmacy	14					
Comments/Indication/Review Date			18					
			22					
Prescriber - sign + print			24					

Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

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Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

				Date/ Time						
Medicine (Approved Name)		For Use		06						
Dose / Amount	Route	Quantity		10						
Diluent/Undiluted + Volume		Date		12						
Rate/Duration	Start Date	Pharmacy		14						
Comments/Indication/Review Date				18						
				22						
Prescriber - sign + print				24						
Medicine (Approved Name)		For Use		06						
Dose / Amount	Route	Quantity		10						
Diluent/Undiluted + Volume		Date		12						
Rate/Duration	Start Date	Pharmacy		14						
Comments/Indication/Review Date				18						
				22						
Prescriber - sign + print				24						
Medicine (Approved Name)		For Use		06						
Dose / Amount	Route	Quantity		10						
Diluent/Undiluted + Volume		Date		12						
Rate/Duration	Start Date	Pharmacy		14						
Comments/Indication/Review Date				18						
				22						
Prescriber - sign + print				24						
Medicine (Approved Name)		For Use		06						
Dose / Amount	Route	Quantity		10						
Diluent/Undiluted + Volume		Date		12						
Rate/Duration	Start Date	Pharmacy		14						
Comments/Indication/Review Date				18						
				22						
Prescriber - sign + print				24						

Name:..... D.O.B.:..... CHI Number:.....

Regular Therapy

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Name:..... D.O.B.:..... CHI Number:.....

Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				

Name:..... D.O.B.:..... CHI Number:.....

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Name:..... D.O.B.:..... CHI Number:.....

Continuous Drug Infusions

Medicine (Approved Name)			Date			
			Time			
Dose / Amount	Total Volume	Route	Signatures			
Glucose 5% / Water for Injections	Sodium Chloride 0.9% Undiluted		Date			
			Time			
Rate/Duration	Start Date	Pharmacy	Signatures			
Comments/Indication/Review Date			Date			
			Time			
Prescriber - sign + print			Signatures			
Medicine (Approved Name)			Date			
			Time			
Dose / Amount	Total Volume	Route	Signatures			
Glucose 5% / Water for Injections	Sodium Chloride 0.9% Undiluted		Date			
			Time			
Rate/Duration	Start Date	Pharmacy	Signatures			
Comments/Indication/Review Date			Date			
			Time			
Prescriber - sign + print			Signatures			
Medicine (Approved Name)			Date			
			Time			
Dose / Amount	Total Volume	Route	Signatures			
Glucose 5% / Water for Injections	Sodium Chloride 0.9% Undiluted		Date			
			Time			
Rate/Duration	Start Date	Pharmacy	Signatures			
Comments/Indication/Review Date			Date			
			Time			
Prescriber - sign + print			Signatures			
Medicine (Approved Name)			Date			
			Time			
Dose / Amount	Total Volume	Route	Signatures			
Glucose 5% / Water for Injections	Sodium Chloride 0.9% Undiluted		Date			
			Time			
Rate/Duration	Start Date	Pharmacy	Signatures			
Comments/Indication/Review Date			Date			
			Time			
Prescriber - sign + print			Signatures			
Medicine (Approved Name)			Date			
			Time			
Dose / Amount	Total Volume	Route	Signatures			
Glucose 5% / Water for Injections	Sodium Chloride 0.9% Undiluted		Date			
			Time			
Rate/Duration	Start Date	Pharmacy	Signatures			
Comments/Indication/Review Date			Date			
			Time			
Prescriber - sign + print			Signatures			
Medicine (Approved Name)			Date			
			Time			
Dose / Amount	Total Volume	Route	Signatures			
Glucose 5% / Water for Injections	Sodium Chloride 0.9% Undiluted		Date			
			Time			
Rate/Duration	Start Date	Pharmacy	Signatures			
Comments/Indication/Review Date			Date			
			Time			
Prescriber - sign + print			Signatures			

Name:..... D.O.B.:..... CHI Number:.....

Continuous Drug Infusions

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Name:..... D.O.B.:..... CHI Number:.....

Continuous Drug Infusions

Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Clucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				
Medicine (Approved Name)			Date				
			Time				
Dose / Amount	Total Volume	Route	Signatures				
Glucose 5%	Sodium Chloride 0.9%		Date				
Water for Injections	Undiluted		Time				
Rate/Duration	Start Date	Pharmacy	Signatures				
Comments/Indication/Review Date			Date				
			Time				
Prescriber - sign + print			Signatures				

Name:..... D.O.B.:..... CHI Number:.....

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Name: OWEN ANDERSON D.O.B.: 09/06/72 CHI Number: 0906720559

As Required Therapy

Medicine (Approved Name)		For Use					
MORPHINE			Date				
			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
10mg + hourly + QDS	ORAL		Signature(s)				
Indication + Notes	Start Date	Date	Date				
Pain → ORAMORPH	23/11		Time				
Prescriber - Sign + Print		Pharmacy	Dose				
CARLICC			Signature(s)				
Medicine (Approved Name)		For Use	Date				
ONDANSETRON			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
4mg + 8 hourly	ORAL		Signature(s)				
Indication + Notes	Start Date	Date	Date				
N+V	23/11		Time				
Prescriber - Sign + Print		Pharmacy	Dose				
CARLICC			Signature(s)				
Medicine (Approved Name)		For Use	Date				
CYCLIZINE			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
50mg + 8 hourly	ORAL		Signature(s)				
Indication + Notes	Start Date	Date	Date				
N+V	23/11		Time				
Prescriber - Sign + Print		Pharmacy	Dose				
CARLICC			Signature(s)				
Medicine (Approved Name)		For Use	Date				
SALBUTAMOL 100micrograms/puff			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
2 PUFFS + QDS	INH		Signature(s)				
Indication + Notes	Start Date	Date	Date				
SOB / WHEEZE	23/11		Time				
Prescriber - Sign + Print		Pharmacy	Dose				
CARLICC			Signature(s)				
Medicine (Approved Name)		For Use	Date	28/11/25			
LIDOCAINE 5% PATCH			Time	1430			
Dose + Frequency + Maximum	Route	Quantity	Dose	1 patch			
1 PATCH 12 hours on, 12hrs off	TOP		Signature(s)	CC			
Indication + Notes	Start Date	Date	Date				
	23/11		Time				
Prescriber - Sign + Print		Pharmacy	Dose				
CARLICC			Signature(s)				

As Required Therapy

Name:..... D.O.B.:..... CHI Number:.....

As Required Therapy

Date									
Time									
Dose									
Signature(s)									
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Signature(s)									

As Required Therapy

Name:..... D.O.B.:..... CHI Number:.....

As Required Therapy

Medicine (Approved Name)		For Use	Date				
			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
			Signature(s)				
Indication + Notes	Start Date	Date	Date				
			Time				
Prescriber - Sign + Print		Pharmacy	Dose				
			Signature(s)				
Medicine (Approved Name)		For Use	Date				
			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
			Signature(s)				
Indication + Notes	Start Date	Date	Date				
			Time				
Prescriber - Sign + Print		Pharmacy	Dose				
			Signature(s)				
Medicine (Approved Name)		For Use	Date				
			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
			Signature(s)				
Indication + Notes	Start Date	Date	Date				
			Time				
Prescriber - Sign + Print		Pharmacy	Dose				
			Signature(s)				
Medicine (Approved Name)		For Use	Date				
			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
			Signature(s)				
Indication + Notes	Start Date	Date	Date				
			Time				
Prescriber - Sign + Print		Pharmacy	Dose				
			Signature(s)				
Medicine (Approved Name)		For Use	Date				
			Time				
Dose + Frequency + Maximum	Route	Quantity	Dose				
			Signature(s)				
Indication + Notes	Start Date	Date	Date				
			Time				
Prescriber - Sign + Print		Pharmacy	Dose				
			Signature(s)				

As Required Therapy

Name:..... D.O.B.:..... CHI Number:.....

As Required Therapy

Date									
Time									
Dose									
Signature(s)									
Date									
Time									
Dose									
Signature(s)									
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Signature(s)									
Date									
Time									
Dose									
Signature(s)									

Name:..... D.O.B.:..... CHI Number:.....

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Given by

OWEN ANDERSON

Scottish Ambulance Service

0906720559

Age/Gender:	**53 Years, 0 Months, 0 Days, Male**	**Incident Date:**	**21/11/2025 21:01:00**
		ePCR Number:	**73-2-211125-210156**
DOB:		**Incident Number:**	**CR012670854**
Address:	**Unknown**	**Incident Type:**	**EMG**
CHI Number:		**Incident Location:**	**OPPOSITE - O/S ON MAYFIELD CHURCH NEWBATTLE CHURCH BOGWOOD ROAD MAYFIELD DALKEITH, EH22 5DF**
Ethnicity:	**White Scottish**		

PATIENT INFO

GP And Surgery

Address:	**unknown**

ADDITIONAL COMMENTS

Presenting Complaint:	**Head injury**

Timestamp	Additional Comment	Crew Name
21/11/2025 23:49:00	999 call to 53yro male found outside by members of the public. o/a pt lying face down on pavement, not alert, well perfused, snoring, not sign of catastrophic haemorrhage.	-
21/11/2025 23:52:00	Hx of complaint - pt found at approx 9:20pm by passerby with obvious head injury to right forehead and right eye swelling. No identification found, no other information about pt.	-
22/11/2025 00:00:00	O/e - pt moved on to scoop with aid from public to ensure swift move into ambulance. Tail lift discovered to be faulty so unable to move into ambulance, red back up requested. Airway stabilised with jaw thrust - snoring reduced. Attempt to insert opa but unable due to trismus. Heart irregular, temp 34.7, other obs in normal parameters. 15l O2 given. Head to toe assessment carried out - no obvious injury aside head and eye injury. Abdo soft, air entry reduced in right lower lobe.	-
22/11/2025 00:04:00	Treatment - iv access established. txa administered at 22:37. fluids given to reflect drop in bp at 22:35. Jaw thrust maintained en route with c- spine consideration. En route pt stable.	-

ACVPU

Options:	**Unresponsive**

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	**No**

AIRWAY

Assessment:	**At Risk**

Treatment

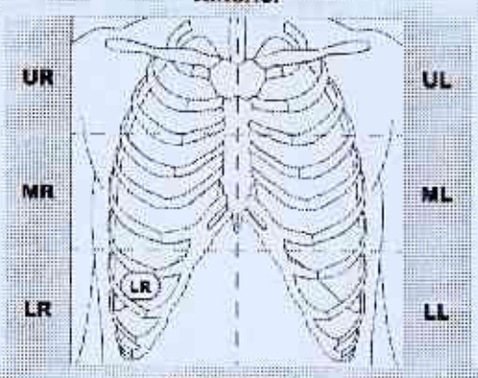
Treatment Options:	**Positioning, Jaw Thrust**	**Successful?:**	**Yes**

BREATHING

Breathing Adequately:	**Yes**	**Initial Respiratory Rate:**	**22**
Initial SpO2:	**97**	**Initial SpO2 On Air:**	**Yes**
Oxygen Given:		**Yes**	

Chest Examination

Anterior



Reduced Air Entry

CIRCULATION

Pulse Rate:	79	**Rhythm:**	Irr
Most Distal Pulse Found:	Radial	**Cap Refill:**	<=2 Secs
Central Peripheral:	Peripheral	**Arm:**	Right
Systolic Pressure:	122	**Diastolic Pressure:**	78
ECG:		12 Lead	

Rhythm

Rhythm:	AF

Skin

Appearance:	Normal	**Skin Texture:**	Dry
Skin Temperature:		Cold	

IV/IO Access

IV/IO Access:	IV	**Right Area:**	Forearm

PVC

Ensure That A PVC Is Clinically Indicated For This Patient:	Yes	**Hand Hygiene Has Been Performed Immediately Before PVC Insertion Procedure:**	Yes
Skin Cleansed With A Single-Use Antiseptic Wipe Containing 70% Isopropyl Alcohol & Left To Dry Before Insertion:	Yes	**Aseptic Technique Is Maintained Throughout The Insertion Procedure:**	Yes
Catheter Site Is Covered With A Sterile Transparent Semi Permeable Dressing, With Time And Date:		Yes	

DISABILITY

Initial GCS:

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
21/11/2025 23:32:00	No Response	1	No Response	1	No Response	1	3

Eyes

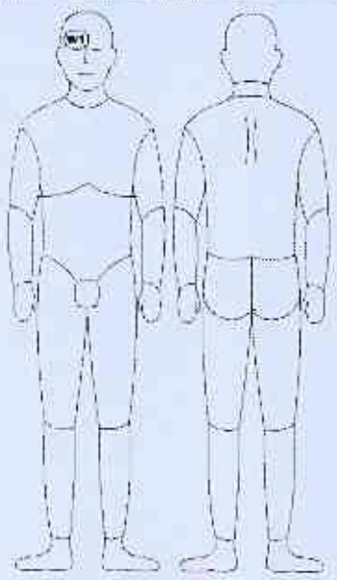
Left Pupil Size (Mm):	4	**Right Pupil Size (Mm):**	4
Pupils Equal And Reactive To Light (Pearl):		Yes	

Blood Glucose

Blood Sugar Value (MMOL/L):	10.5

EXAMINATION

Assessment Graphic



Wounds Table

ID	Body Part	Wounds	Treatment
W1	Head	Laceration, Swelling	None

OBSERVATIONS

Observations Assessment

Timestamp	Pulse	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	Temp	BM	ECG	P(L | R)	PEF	Crew
21/11/2025 21:53:00	79	22	122/78	97	<=2 Secs	3	Unresponsive		34.7	10.5	AF	4|4		E9880273
21/11/2025 22:11:00	76	18	123/74	100	<=2 Secs	3	Unresponsive		34.7					E9880273
21/11/2025 22:18:00	76	16	120/64	100	<=2 Secs	3	Unresponsive	4.4						E9880273
21/11/2025 22:32:00	79	16	64/50	100	<=2 Secs	3	Unresponsive	4.4						E9880273

GCS

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
21/11/2025 21:53:00	No Response	1	No Response	1	No Response	1	3
21/11/2025 22:11:00	No Response	1	No Response	1	No Response	1	3
21/11/2025 22:18:00	No Response	1	No Response	1	No Response	1	3
21/11/2025 22:32:00	No Response	1	No Response	1	No Response	1	3

NEWS Score

Timestamp	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
21/11/2025 21:53:00	22 (2)	97 (0)	-	2	122 (0)	79 (0)	Unresponsive (3)	34.7 (3)	10
21/11/2025 22:11:00	18 (0)	100 (0)	-	2	123 (0)	76 (0)	Unresponsive (3)	34.7 (3)	8

ADDITIONAL RESOURCES

Resources: **Ambulance Paramedic, Public**

DRUGS

Drugs Table

Timestamp	Drug	Expiry	Dosage	Quantity	Route	Pain Before	Pain After	Source	Crew
21/11/2025 22:37:00	Tranexamic Acid	2027-02	1 g	IV			MANUAL	E9880273	
21/11/2025 22:35:00	Sodium Chloride 0.9% (Saline)	2026-06	250 ml	IV			MANUAL	E9880273	

CLOSE REPORT

Clinical Response Feedback

On-Scene Clinical Findings **Resuscitation**

CONVEYANCE

Transport To Hospital	**Emergency Driving**	**Pre-Alert**	**Yes**
Destination Hospital		**NEW EDINBURGH ROYAL INFIRMARY**	

INCIDENT INFORMATION

Dispatch

Dispatch Code	**17D03E**	**Dispatch Description**	**Unconscious Post Fall - Environmental Problems**

Incident Log

Status Time	Status	Callsign	Reason	Hospital
21:01:24	Call Received Time	EDC4085		
21:01:24	Call Received Time	PAN3145		
21:02:05	Mobile	EDC4085		
21:13:12	At Scene	EDC4085		
21:25:59	Mobile	PAN3145		
22:19:01	At Scene	PAN3145		
22:19:06	Leave Scene	PAN3145		NEW EDINBURGH ROYAL INFIRMARY
22:24:03	Leave Scene	EDC4085		NEW EDINBURGH ROYAL INFIRMARY
22:34:08	At Hospital	PAN3145		
23:35:57	At Hospital	EDC4085		

CREW INFORMATION

Additional Crew

Crew ID	Crew Grade
E9880273	Newly Qualified Paramedic (NQP)
E9880326	Newly Qualified Paramedic (NQP)

RIE ED Pre-Alert

Keep original with notes

Patient details/sticker

Date: Time: Call sign: 3145

Age: 53 M ☑ F ☐

MEDICAL

Medical complaint:

TRAUMA

Time of incident: __ : __

Mechanism: Head injury unknown cause

Injuries: snoring/breathing GCS 3/15

STROKE

Onset time: __ : __

On waking? Y ☐ N ☐

Symptoms:

HELIPAD? S&R ☐ SAS ☐ Number of patients: Expected by:

Any infectious disease or decontamination concerns? Y ☐ N ☐

RR: 22

SpO2: 100% 10 Litres

HR: irreg 70-100

BP: 120/63

GCS:

BM: 10.5

Temp: 34.7

Rhythm:

Treatment: TXA

Mechanical CPR: Y ☐ N ☐

Intubated: Y ☐ N ☐

ETA: 12 mins

Name:

PREPARATION Senior Doctor/NIC informed ☐

Trauma Team: ED ☐ Enhanced ☐ Code Red ☐

Stroke Team informed ☐ Radiology informed ☐ E-CPR Team informed ☐

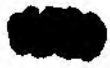
700927161K M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

Ward 230

Sheet Number (1)

NHS Lothian

Stool Assessment – Bristol Stool Chart

Type 1	 Separate hard lumps, like nuts (hard to pass)	Type 2	 Sausage-shaped but lumpy
Type 3	 Like a sausage but with cracks on its surface	Type 4	 Like a sausage or snake, smooth and soft

Types 5 to 7: Please contact IPCT regarding isolating the patient, send stool samples for *C. difficile* to microbiology and for norovirus to virology.

Type 5	 Soft blobs with clear-cut edges (passed easily)	Type 6	 Fluffy pieces with ragged edges, a mushy stool
Type 7	 Watery, no solid pieces. Entirely Liquid.		Reproduced by kind permission of Dr KW Heaton, Reader in Medicine at the University of Bristol.

Date	Time	Colour	Type	Blood	Mucus	Amount	Comments	Initial
●								

TRAUMA TEAM LEADER CHECKLIST

Pre Arrival

Confirm appropriate tiered response activated	✓
Allocate roles	✓
Ensure PPE worn by team	✓
Prepare trauma mattress (NOT IF PENETRATING)	✓
Pre-alert CT	✓
Brief team members	✓
• Clarify ability/experience including thoracotomy capability • Ensure team booked in with Scribe • Confirm role and priorities on arrival of patient • Plan for initial resuscitation/investigation • Reinforce team behaviours	✓
Pelvic binder on trolley	
US ready (confirm individual competent to perform)	
Digital Clock ready	✓
Draw up 10mg Morphine	
Reception ready to book patient in (ALL CODE RED)	
Preload CXR Cassette (ALL CODE RED)	
Prime Belmont with RCC (ALL CODE RED)	
Bair Hugger Under blanket on trolley (All Code Red)	

On Arrival

ATMIST Handover	
Transfer Patient as per SOP	
Aim For CT and/or theatre within 30 minutes	
TXA if not given prehospital	
IV Cefuroxime 1.5g (& metronidazole if significant contamination) for open fractures	
Ensure SAS/EMRS/MEDIC 1 patient record form & Pre alert form completed	

TTL NAME:

STAND DOWN CODE RED once appropriate. Return & preserve blood products as able.

SCOTTISH TRAUMA NETWORK SOUTH EAST

South East Scotland Trauma Network
ED Trauma Documentation

Arrival by:	Pre-hospital:	Standby	
Road ☐	SAS ☐	Received: ☐	
Air ☐	Medic One ☐		
	EMRS ☐		
	SCAA ☐	Time	
	MOD ☐	received: ☐	
	Coastguard ☐		

Pre Alert

Age 53 Gender MALE Time of incident ____ Date ____

Mechanism HEAD INJURY - UNKNOWN MECHANISM.

Injuries Suspected

Signs 22 RR | SpO_2 100 | HR 70-100 | BP 126 / 63 | Type of Activation:

3 GCS | BM | Temp 34.7 |

ED ☐

Enhanced ✓

Code Red ☐

ETA 12

Time of activation: 2227.

Requirements

SPECIALTY	NAME	GRADE	ARRIVAL TIME	CONSULTANT
Trauma Team Leader	DR COX	ED ST 4		DR ARMSTRONG.
MT Doc	C. Chan	CF	22:30.	
MT ANP				
Anaesthetics	L DEWAR	ST7	22.30	
ODP	T. BARBER	S.	22.30	
General Surgery	M. ALAN.	ST6.	22:35.	
Orthopaedics	ATKIN	CST	1025	CEHS
Critical care				
ED Team	BF BCN MCLEISH SN WATSER (BL)			

Pre Hospital Handover	Time of Arrival: 2237.

Age & Sex: 53YO MALE.

Time of Incident: 2120.

Mechanism of Injury: UNKNOWN - DRINKING ALCOHOL.

Injuries Sustained: HEAD INJURY

Signs & Symptoms:

A – SNORING - JAW THRUST.

B –

C – IV ACCESS.

D –

E –

GCS 3. E☐ V☐ M☐

BP 63|50

RR 19.

HR 67-78 - Irregular

SATS

T 34.7

BM - 8.5.

Treatments / Trends:

A – (Self) NP Guedel LMA RSI CRIC Collar

B – Thoracostomy Thoracotomy (O2) - HF O2.

C – Fluid Blood (Cannula) IO (TXA) Splint — 1g.

D –

E – Binder Femoral

Drugs Administered

Blood in mls:

Fluid in mls:

Other:

Other information:

Primary Survey

Assessment | **Intervention**

<C>

External haemorrhage SiteY ☐ N ☐

Site

Tourniquet/site

Haemostatics

A

(Clear)
Compromised

Basic ☑
RSI ☐
Surgical ☐
Collar ☐
NG/OG ☐

B

Air Entry (R) (L)
Visible Wound R (L) - Graze.
Tenderness R L
Crepitus R L
Surgical Emphysema R L
1st RR
1st SpO^2 100%.

O_2 - NF 100%.
Thoracostomy R L
Chest Drain R L

CXR Comments

C

Abdomen SNT
Pelvis NAD
Long Bones NAD
1st Cap Refill
1st HR 75
1st BP 112/58.

Pelvic Binder
(TXA) - 1g.
Fluids (mls)
Blood (mls)

FAST Report (include name of operator)

PXR Comments

D

Head Injury ☑
GCS E4. V1... M5. = 7.
Pupils R 4 mm Reactive (Y) N L 4 mm Reactive (Y) N
Priapism ☐
Limbs Mvt LUL ☐ LLL ☐ RUL ☐ RLL ☐

Blood Glucose
Urinary catheter
HCG

Urine

E

1st Temp

Bair Hugger
Warm Blankets

Secondary Survey

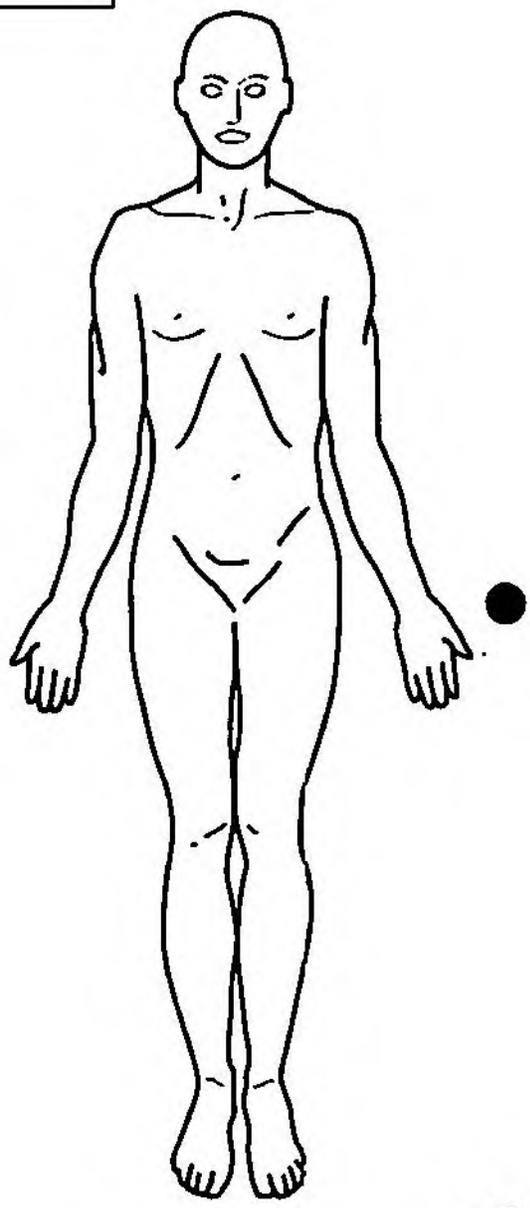
A

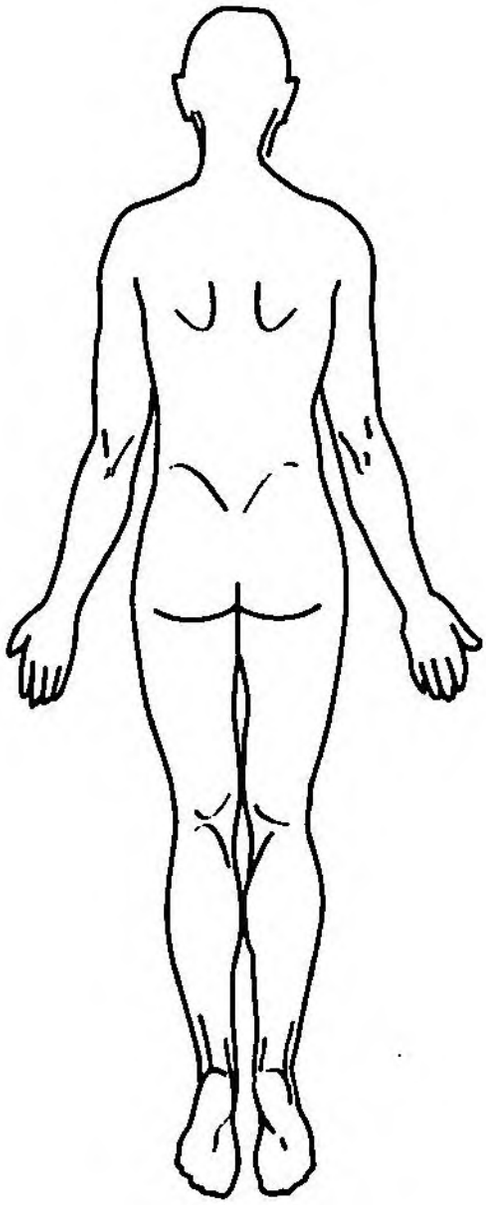
M

P

L

E





Key	
Tenderness/Pain	T
Abrasion	A
Bruising	////
Fracture	#
Laceration (cm)	+++
Incision	O
GSW	X
Swelling	S

	Y	N
Tetanus	☐	☐
Antibiotics	☐	☐

Time _____

Secondary Survey/Injury Summary

	Injuries	Investigation Results	Outstanding Tasks
Head			
MaxFax/ENT			
T / L spine			
C Spine/neck			
Chest			
Abdomen			
Pelvis			
Upper Limbs			
Lower Limbs			
Perineum, rectum, vagina.			
Skin			

In Spinal Injuries please print separate ASIA Chart.

In Burns please print separate Burns Chart.

Trauma Time Line

Time	List of Events/Decisions	Signature
2237	Patient arrived	J. McLeish.
2238	BP checked prior to pre-hospital handover	J. McLeish.
2240	~~Promis~~ Pre-hospital handover	J. McLeish
2242	Primary Survey	J. McLeish
2242.	Obs recorded.	J. McLeish
2245.	Immobilised	J. McLeish
2246	Concern regarding ? pressure behind eye. Canthotomy box on standby	J. McLeish. J. McLeish
2250	IV fluids started. Surgeons & ortho stood down.	J. McLeish
2255	Preparing for RSI	J. McLeish
2300	RSI started	J. McLeish
2302	Patient intubated. Preparing for CT	

Trauma Time Line

Time	List of Events/Decisions	Signature

Invasive Devices Record

Peripheral Venous Catheter												
Date: Time: Operator:												
Size (circle): Blue Pink Green Brown Grey												
Site: Right Left Hand ACF Forearm Foot												
Procedure Checklist: Difficulties/Complications:												
Hand hygiene ☐												
CHG skin prep ☐												
Aseptic insertion ☐												
Needle free port ☐												
Dressing dated ☐												
Days in situ ☐	1	2	3	4	5	6	7	8	9	10	11	12
Site Clean Y/N ☐												
Still req'd Y/N ☐												

Peripheral Venous Catheter												
Date: Time: Operator:												
Size (circle): Blue Pink Green Brown Grey												
Site: Right Left Hand ACF Forearm Foot												
Procedure Checklist: Difficulties/Complications:												
Hand hygiene ☐												
CHG skin prep ☐												
Aseptic insertion ☐												
Needle free port ☐												
Dressing dated ☐												
Days in situ ☐	1	2	3	4	5	6	7	8	9	10	11	12
Site Clean Y/N ☐												
Still req'd Y/N ☐												

Invasive Line												
Line Type (circle): CVC Arterial												
Date: Time: Operator:												
Site:												
USS: Anatomy check Visualised Insertion Not used												
Procedure Checklist: Difficulties/Complications												
Antiseptic hand scrub ☐												
Gown/gloves/hat/mask ☐												
CHG skin prep ☐												
Aseptic insertion ☐												
Stitched to secure ☐												
Line transduced ☐												
Line saved for TPN ☐												
Operator's Signature:												
Post insertion CXR YES ☐ N/A ☐ reviewed by:												
Days in situ	1	2	3	4	5	6	7	8	9	10	11	12
Site Clean Y/N												
Still req'd Y/N												

Invasive Line												
Line Type (circle): CVC Arterial												
Date: Time: Operator:												
Site:												
USS: Anatomy check Visualised Insertion Not used												
Procedure Checklist: Difficulties/Complications:												
Antiseptic hand scrub ☐												
Gown/gloves/hat/mask ☐												
CHG skin prep ☐												
Aseptic insertion ☐												
Stitched to secure ☐												
Line transduced ☐												
Line saved for TPN ☐												
Operator's Signature:												
Post insertion CXR YES ☐ N/A ☐ reviewed by:												
Days in situ	1	2	3	4	5	6	7	8	9	10	11	12
Site Clean Y/N												
Still req'd Y/N												

Intubation - Endotracheal

Date: Time: Operator:

Grade of View (circle appropriate): I II III IV

Tube Size: Tube Type:

Distance @ Lip: Distance @ Teeth:

Procedure Checklist: **Difficulties/Adjuncts/Complications:**

- Preoxygenation ☐
- Cricoid ☐
- Capnography ☐
- Auscultation ☐
- CXR ☐

Operator's Signature:

Days in situ	1	2	3	4	5	6	7	8	9	10	11	12
Cuff Pressure												
Distance @ Lip												
Dressing/Tapes												

Nasogastric Intubation

Date: Time: Operator:

Size: Type(circle) Standard 7 day Fine bore 31 days Nostril: R / L

Post Procedure Checklist:

Aspirate Yes No pH confirms placement? Yes No

CXR required? Yes No

External cables/wires removed pre CXR?

Length at Nostril: Aspirate pH:

Bridle

Senior Doctor confirming tube safe to use

Length at nostril - record each day/pm *change to fine bore

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

Indwelling Urinary Catheter

Date: Time: Operator:

Catheter - Size 10fg 12fg 14fg

Type: PTFE Silicone Male Female Suprapubic

Volume in balloon: Catheter expiry date: 28 days 12 weeks

Procedure Checklist: **Difficulties/Complications:**

- Hand hygiene ☐
- Aseptic insertion ☐
- Catheter secured ☐

Lubricant used, expiry date/batch number

Operator's Signature:

Days in situ	1	2	3	4	5	6	7	8	9	10	11	12
BD cath care Y/N												
Still required Y/N												
Drain bag dated												

Generic Device Record

Device:

Insertion Date: Time:

Size: Type:

Insertion details:

Monitoring requirements:

Operator's Signature:

Device:

Insertion Date: Time:

Size: Type:

Insertion details:

Monitoring requirements:

Operator's Signature:

NHS LOTHIAN RADIOLOGY -- TRAUMA PRIMARY SURVEY

Hot report only - written report (provisional/final) to follow (KPI target 60 minutes)
If blank, then no significant finding

DATE		**NAME**	
TRAUMA TEAM LEADER		**CHI**	
RADIOLOGIST NAME			*label above if available*
RADIOLOGIST GRADE		**TIME OF CT ARRIVAL**	
RADIOLOGY PRE-ALERT	YES // NO	**TIME OF 1° REPORT**	

AIRWAY			
ETT SATISFACTORY	**ETT MALPOSITIONED**	**AIRWAY OBSTRUCTED**	**AIRWAY DISRUPTED**

BREATHING			
RIGHT CHEST DRAIN		**LEFT CHEST DRAIN**	
PNEUMOTHORAX		**HAEMOTHORAX**	
PULM. CONTUSION		**PULM. LACERATION**	
FLAIL CHEST		**DIAPHRAGM INJURY**	

CIRCULATION (BLEEDING)			
MEDIASTINUM		**LIVER**	
AORTIC ARCH		**SPLEEN**	
PERICARDIUM		**KIDNEYS**	
AORTOCAVAL		**PANCREAS**	
ILIAC ARTERIES		**PELVIC FRACTURE**	

DISABILITY (NEURO)			
INTRACRANIAL BLEED		**CERVICAL INJURY**	
MASS EFFECT		**MAJOR T/L SPINE INJURY**	

CONCLUSION	
DISCUSSED WITH (NAME / GRADE)	

EM	**SURGERY**	**ANAESTH/ITU**	**IR**

V1 (August 2020); D Smith, T Blankenstein, D Kerslake

SIGNED: _____

Ward: Site: Date: 23/11/25

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

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

Print name and sign _____

700927161K **M** 09/06/1972
Anderson, Owen J
Name 31 LAUREL BANK,
Dalkeith,
DOB EH22 2JH

CHI 0906720559
Unit n 77197 K Schuur

IHS othian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	18.59	21	3	05.30																			
	08.00 am ◄ 24 hour period ► 07.00 am																						
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review** Use codes for outcome of skin review																						
	Waterlow 10+ - Visual Skin Check (tick)	✓																					
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	–	NS																		
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....																					
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan																						
	Have you changed position since last CR?	Y	Y	Y	Y																		
	Positioning (R) or (L) side (B) Back (C) Chair	B	BL		B																		
	Mattress type / Cushion type	*please state type:*																					
Elimination	Do you need the toilet?	✓	–	→	N																		
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y																		
	Continence product changed/offered?	–	–	–	–																		
	Catheter care performed?	–	–	–	–																		
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact																						
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y																		
	Bowel function monitored	Observe bowel function and update daily																					
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	N	H	H	N																		
	Fluid Balance Chart (if clinically indicated)	~~N~~	N	N	–																		
	When did you last eat?	D	D	D	D																		
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required																						
	Oral Hygiene Performed (ref to risk assessment)	✓	–	H	H																		
Falls	Appropriate Footwear?	Y	Y	Y	Y																		
	Walking aid available(and within reach)	–	–	–	–																		
	Area de-cluttered?	Y	Y	Y	Y																		
	Chair and bed height assessed?	Y	Y	Y	Y																		
	Falls alarm in use and attached?	NA	–	–	–																		
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	NB	–	–	–																		
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐																						
Pain	Are you in pain?	N	N	AS	N																		
	Analgesia Given?	N	N	N	N																		
General	Peripheral Venous Cannula observed?	NS	–	–	>																		
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**																						
	Are you comfortable? Y/N	Y	Y	AS	Y																		
	Anything else I can do for you?	~~N~~	N	AS	N																		
	Buzzer within easy reach	Y	Y	Y	Y																		
Personal Care *Type* _____ *(specify)* **Time Given** _____																							
Initials – document at time of care delivery	AM	H	H	H																			

Ward: 230 Site: DCN Date: 24.11.25

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

1hrly **2 hrly** **3 hrly** _____**hrly** (please circle/complete)

Print name and sign _____

Addressograph, or

700927161K M 09/06/1972
Name **Anderson, Owen J**
31 LAUREL BANK,
Dalkeith,
DOB EH22 2JH

Unit r **CHI** 0906720559
77197 K Schuur

NHS Lothian

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

| | | |

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

Addressograph
Name: [illegible]
DOB:
CHI: 0906720559

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

Previous Adverse Reactions	PENICILLIN	Weight kgs Actual / Estimate	Date 21.11.2025

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
21/11		THIOPENTOL	125mg	IV	[illegible]		T.C	
21/11		FENTANYL	200 mcg	IV	[illegible]		T.C	
21/11		ROCURONIUM	60	IV	[illegible]		T.C	
21/11		METARAMINOL	0.5mg	IV	[illegible]		T.C	
21/11		MIDAZOLAM	2mg	IV	[illegible]		T.C	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3								
	Date:	21/11						
	Time:	2248	2755	225	2302	2305		
A+B Respirations Breaths/min	≥25							3
	21-24							2
	18-20	19	20	20	20	20		
	15-17							
	12-14							
	9-11							1
	≤8							3
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	100	100	100	100	100%		
	94-95							1
	92-93							2
	≤91				RSI Commenced			3
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2							3
	95-96 on O_2							2
	93-94 on O_2							1
	≥93 on air							
	88-92							
	86-87							1
Tick box if using SpO_2 Scale 2 ☐	84-85							2
Sign:	≤83							3
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	•						
	O^2 L/min or %	15L	15L	15L	15L	15L		2
	Device	BM	NRBM	BM	BV	Mask VENT		
C Blood Pressure mmHg Score using Systolic BP only If manual BP mark as M	≥220							3
	201-219							
	181-200	187						
	161-180							
	141-160	169						
	121-140		110	118	125	122		
	111-120							
	101-110		1	1	1	1		1
	91-100							2
	81-90		91	84	85	84		
	71-80							
	61-70							3
	51-60							
	≤50							
C Pulse Beats/min Manual pulse	≥131							3
	121-130							
	111-120							2
	101-110							
	91-100							1
	81-90	81						
	71-80		78					
	61-70			69	67			
	51-60							
	41-50							1
	31-40							3
	≤30							
D Consciousness Score for new onset of confusion (no score if chronic)	Alert							
	New Confusion							3
	V							
	P							
	U	✓	✓	✓	✓			
E Temperature °C	≥39.1°							2
	38.1-39.0°							1
	37.1-38.0°							
	36.1-37.0°	36.7	•	•	•			
	35.1-36.0°							1
	≤35.0°							3
NEWS TOTAL		(5)	5	5	5			
Monitoring frequency			Cont	Cont	Cont			
Escalation of care Y/N			Y	Y	Y			
Blood Glucose reading or N/A		10.5	—	—	—			
Pain score (0-10)			0	0	0			
Initials		TK	[illegible]	[illegible]	[illegible]			

Reproduced from Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP; 2017.

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

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

Pupil Scale mm 1 2 3 4 5 6 7 8

IL 4-1 L 3.5 NS
2.05 2:1 site.

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished
	PLASMALYTE	1000ml	1hr	[illegible]				

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

ANDERSON, OWEN
Male
09.06.1972 (53 Years)

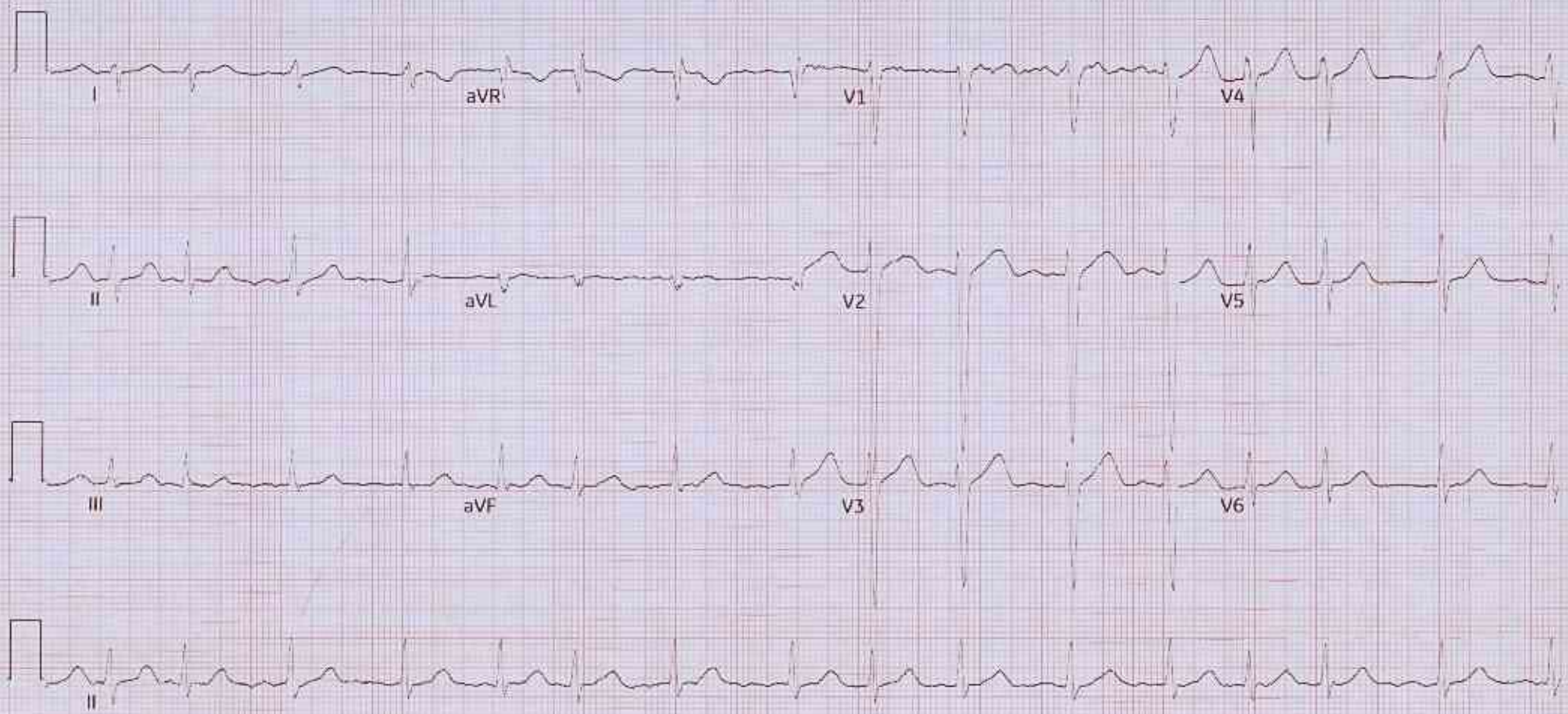
Vent. rate	[redacted]	BPM
PR interval	[redacted]	ms
QRS duration	106	ms
QT/QTc Baz	344/434	ms
P-R-T axes	248 97 59	

Patient ID: 0906720559
Undetermined rhythm
Rightward axis
Incomplete left bundle branch block
Borderline ECG

21.11.2025 22:52:36
Royal Inf of Edinburgh

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ VU360 1.02 SP01 12SL v23.1 4 by 2.5s + 1 rhythm Id

Patient ID: 0906720559

22.11.2025 07:19:06

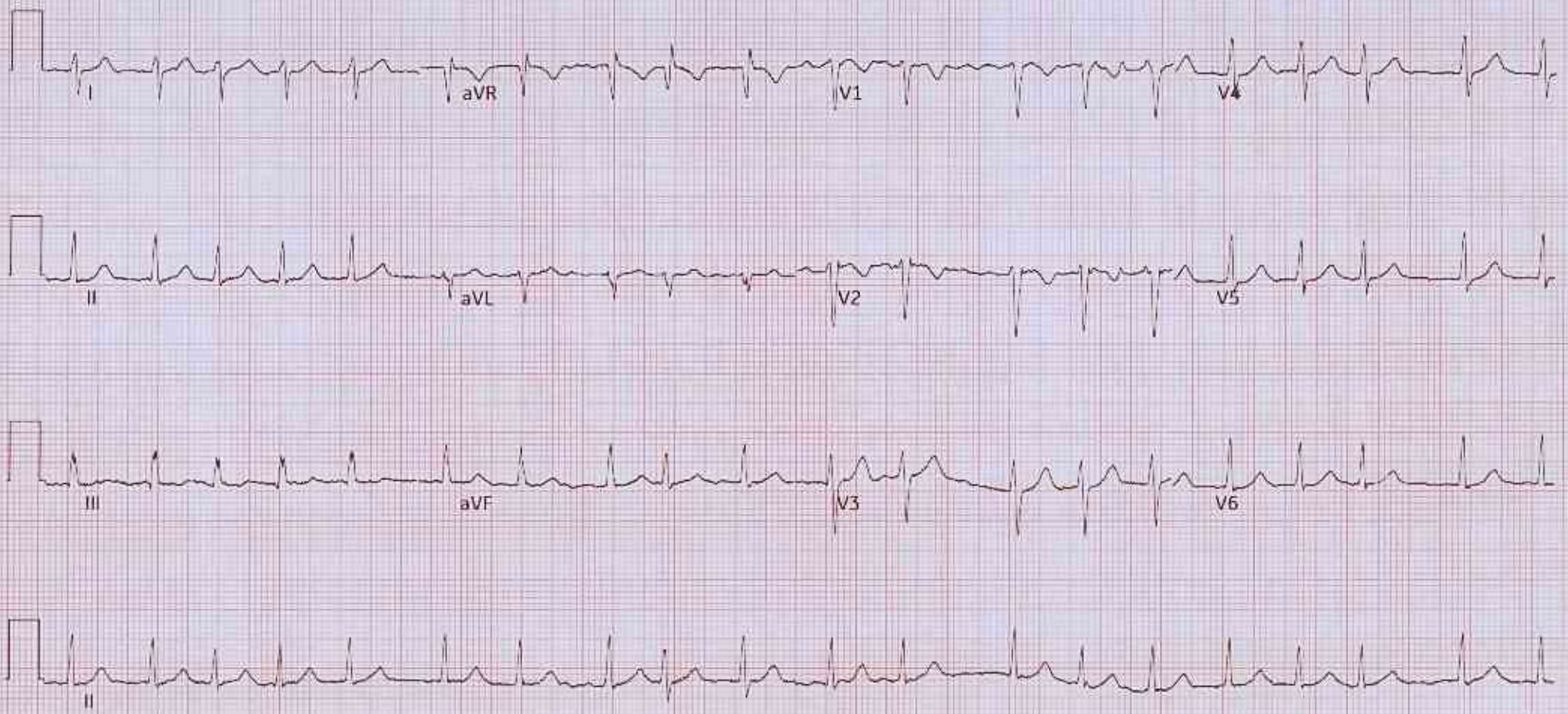
Royal Inf Edinburgh

Vent. rate	[redacted]	BPM
PR interval	[redacted]	ms
QRS duration	86	ms
QT/QTc-Baz	286/398	ms
P-R-T axes	* 94 33	

Atrial fibrillation with rapid ventricular response
Rightward axis
Abnormal ECG

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ 7 1.00 SP07 12SL v23.1 4 by 2.5s + 1 rhythm ld

Royal Infirmary of Edinburgh
Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111
General Critical Care (ward 116/8) – 0131 242 1181
St John's Hospital
Intensive Care Unit – 01506 524063
Western General Hospital
Critical Care Unit (Ward 20) - 0131 537 1664

Critical Care Discharge Summary

Dear Colleague,
Owen James F Anderson (UHPI 700927161K) was admitted to on 22/11/2025 00:29. They spent a total of 1 days in Critical Care. They were discharged on 23/11/2025 14:35 to RIE - DCN Ward 230 .

Diagnoses and key issues during critical care stay:
Small volume SAH
Right orbital floor fracture
Rigth pterygoid fracture

Interventions in critical care:

Critical care related issues:

Current Issues:
1. Facial injuries
- Acute right inferior orbital floor and right lateral pterygoid plate fractures as described (doesn't fit Le Fort classification).
2. SAH
- Small volume traumatic SAH
3. Intubated and ventilated for agitation and reduced GCS
4. Formal identity needs confirmation
- with that medical history needs confirmation

Outstanding issues for consideration and action by receiving team:
Titration of heparin/warfarin as above

Treatment Escalation Plan:
Please review the Treatment Escalation Plan in Trakcare for plans regarding escalation and resuscitation.

Nursing discharge considerations:
Warfarin dosage to be clarified and restarted.

Complex patients will have a narrative summary documented immediately below.
Further details of the patient admission are contained in this pdf document.
The complete record of the critical care stay is accessible via the ICCA system. If you require assistance in accessing ICCA, please contact the discharging critical care team.

Narrative Summary

BIBA to ED on 21/11 2300 having been found by passers by face down, unconscious on the street with obvious facial injuries.
He has recently been released from prison and has a background of AF and metallic mitral

valve for which he takes bisoprolol, digoxin and warfatin.
Reduced GCS - intubated in ED.
CT head, facial bones and C-spine indicated a small left parietotemporal SAH, likely contrecoup, a right orbital wall fracture and a right pterygoid wing fracture.
Owen was admitted to ICU intubated and was extubated the following morning following sedation hold.
His warfarin was witheld for 36 hours after which he was started on SC heparin BD prophylactically.
He is to stop this and restart warfarin after a further 48 hours (on 25/11/25).
Maxillofacial surgery is aware of Owen's injuries and they will plan to review him in their trauma clinic as an outpatient. No acute management needed otherwise.

Discharging Nurse: Cruickshank, Eimear	**Discharging Doctor/ACCP:** Carlill, Oliver
Discharging Critical Care Consultant: Cameron, David	

Critical Care Discharge Details

Owen James F Anderson	
Likes to be known as:	
Date of Birth: 09/06/1972	**Age:** 53 years
CHI Number: 0906720559	**UHPI:** 700927161K
Hospital Admission Date and Time: 22/11/2025 00:24	
Critical Care Admission Date and Time: 22/11/2025 00:29	
Critical Care Discharge Date and Time: 23/11/2025 14:35	
Duration of Critical Care Stay: 1 days	
Discharge Destination: RIE - DCN Ward 230	
Discharging Nurse: Cruickshank, Eimear	**Discharging Doctor/ACCP:** Carlill, Oliver
Discharging Critical Care Consultant: Cameron, David	

Demographics

Address: 31 LAUREL BANK, , Dalkeith, , EH22 2JH	
Primary Language:	**Religion:**
CHI Number: 0906720559	**UHPI:** 700927161K

Next Of Kin :
Stacy [redacted]

GP Details: K Schuur EH22 1AP
GP Code: 77197 GP Practice Code : 7131808

Anthropometry

Admission Weight: 100.0 kg	**Latest Weight:**
Height: 190 cm	**BMI (latest):** 27.7

Nursing Admission

Hearing Aids:	**Registered Deaf:**
Contact Lenses:	**Glasses:** Normally wears glasses
Registered Blind:	**Dentures:** Yes

Pregnancy Test: Not applicable	
Urinalysis:	
Belongings: Yes	
Valuables:	
Visitor Restriction: Visitor Password:	
Police Reference and Password: Police Password:	

Medical Admission

Hospital Specialty:	**Hospital Consultant:**
Admitted From: A. Emergency Department	
Admission Type: Medical	**Unplanned Readmission:**
Working Diagnosis at Admission: Facial trauma Reduced GCS - unknown events leading to admission	
History of Presenting Complaint: Found lying face down with significant facial injuries No history available so mechanism unclear GCS 3 on SAS arrival Intubated by anaesthetics prior arrival of ICU Reg due to agitation Report pre-intubation GCS 7 (E1 V1 M5) Moving all four limbs but right > left CT Head and facial bones performed en-route to ICU	
Relevant Investigation Findings at Admission: CT Head and facial bones: Small volume presumed traumatic subarachnoid haemorrhage as described. Acute right inferior orbital floor and right lateral pterygoid plate fractures as described (doesn't fit Le Fort classification).	
Past Medical History: Smoker Sternotomy scar (metalic MVR replacement, warfarinised) No other history available as not yet formally idenified Likely Polycythemia	
Medication History at Admission: Hydroxycarbamide 1000mg Digoxin 62.5mcg Metformin 500mg Bisoprolol 5mg Lufobec 100mcg/6mcg Furosemide 40mg	

Atorvastatin 40mg Omeprazole 20mg

Allergies:			
Allergen	**Severity**	**Reaction**	**Comment**
Phenoxymethylpenicillin	Unknown		

Social History:
Functional History:
Unclear

Procedures Undertaken on ICU	**Date**
Percutaneous transluminal cannulation of artery	22/11/2025

Critical Care Timeline:
21/11/25 - Pt found unconscious face down with head injury. Reduced GCS. I+V for agitation CTH and facial bones - CTH: small volume SAH. Orbital floor and right lateral pterygoid plate fractures. 22/11/25 - Sedation hold and extubated onto nasal cannulae
Microbiology Timeline:
Interventions on Critical Care:
Critical Care Related Issues:

Devices Present on Discharge

Line type	Date of Insertion	Comments
IV: Lower Left Arm	22 Nov 2025 00:54	
IV: Right Wrist	22 Nov 2025 00:54	
Art: Left Radial Artery	22 Nov 2025 00:54	

Drug History

Admission Medications
Acute Prescriptions: **Repeat Prescriptions:**

Changes to Baseline Medication:
Pharmacy Discharge Handover: For patients discharged to wards in NHS Lothian, medications at discharge will be prescribed in HEPMA by the critical care team.

Patient Centered Care Plan

Domain	Entry
Key Information	phone in drawer, watch on left wrist - police phone for NOK details, 2 potential NOK which they have notified - no police password inplace
	Discharge Details Owen had a traumatic fall on Friday night and has had a small SAH and some orbital #s.
Patient Centered Care Goal	**Goal**
	Discharge Details To get home as soon as possible.
Deterioration and Escalation	**Goal**
	Discharge Details SV on 2L. SpO2 98%. Wheezy - has asthma and uses an inhaler. Irregular heartbeat, was in AFib -now stable <100bpm. NIBP stable. Afebrile.
Pressure Area and Wound Care	**Goal**
	Discharge Details Bruise and graze to L shoulder. Significant graze to L temple, and cheek. Bruising and swelling to L orbit. Vision not affected.
Safer Mobility	**Goal**
	Discharge Details Transferring independently - no reports of dizziness.
Bladder and Bowel Function	**Goal**
	Discharge Details IDC removed this morning at 11:30 - has not passed urine since then. BS active -NBO since admission Friday night.
Medicines Management	**Goal**
	Discharge Details Taking all medicines orally. PRN Paracetemol and Oromorph for pain. Warfarin dosing to be confirmed in next couple of days. On Minihep at present.

Pain Management	**Goal**
	Discharge Details Pain on coughing from R Chest/ribs. No sign of injury but very uncomfortable. Occasional headache and facial tenderness. PRN Paracetemol and Oromorph for breakthrough - has had 1 dose of each since this morning.
Infection Prevention and Control	**Goal**
	Discharge Details No issues with infection.Gentamicin cover given for IDC removal.
Food, Fluid and Nutrition	**Goal**
	Discharge Details Taking diet and fluids no problem. He complained of nausea yesterday but has had no episodes today.
Altered State of Cognition	**Goal**
	Discharge Details A little drowsy and slightly muddled this morning, GCS 15 now. Did not sleep much last night.
Vulnerable Patient	**Goal**
	Discharge Details
Stress and Distress	**Goal**
	Discharge Details

MDT Documentation

Dietetics	**Reviewing Dietician:** **Date of Review:** **Admission Weight:** 100.0 kg **Height:** 190 cm **BMI:** 27.7 **Nutritional History:** **Route of Nutrition:** **Energy Requirements:** **REE From Indirect Calorimetry:** **Protein Requirements:** **Bowels:** **Current Nutrition:** **Summary of Assessment:** **Dietetic Aim**: **Dietetic Plan**:

Physiotherapy	**Reviewed by: ,** **Subjective Assessment:** **Objective Assessment:** **Problem List:** **Treatment:** **Analysis:** **Plan:**
Speech & Language Therapy	**Observations: Diet Recommendations:** **Fluid Recommendations:** **Additional Advice:** **Communication advice:** **Plan:**
Occupational Therapy	**Reviewed by: Subjective Assessment**: **Objective Assessment: Analysis:** **Goals:** **Plan:** - D/W neuro Reg re: small SAH - D/W max-fac re; orbital floor and right lateral pterygoid plate fractures
Pain Team	**Pre-Admission Analgesia: Current Analgesia:** **Plan:** **Comment:**

Vital Signs

Time	HR	RR	NIBP	Arterial BP	Temp (˚C)	FiO2 %	O2 (L/min)	spO2 %	GCS
22/11 13:00	123			141/76 (98)		35%		97	
22/11 14:00	112			149/83 (105)		35%		97	15/15 (E4,V5,M6)
22/11 15:00	97			138/77 (97)	37.0	35%		99	
22/11 16:00	102	12		129/86 (100)		35%		98	
22/11 17:00	92	12		138/74 (95)		35%		97	15/15 (E4,V5,M6)
22/11 18:00	99			140/73 (95)		35%		97	
22/11 19:00	88			137/70 (93)	37.0	35%		91	
22/11 20:00	89	13	119/70 (82)	136/66 (89)		36%		96	15/15 (E4,V5,M6)
22/11 21:00	93	12		129/66 (87)	36.9	36%		98	
22/11 22:00	88	14		112/67 (82)		36%		97	
22/11 23:00	86	13		119/64 (83)		36%		97	

23/11 00:00	69	13		118/61 (80)		36%		95	
23/11 01:00	79	12		114/59 (77)		36%		93	
23/11 02:00	78	12		123/62 (82)		36%		95	
23/11 03:00	89	13		129/66 (87)		36%		99	
23/11 04:00	69	10		127/62 (84)	36.8	36%		96	15/15 (E4,V5,M6)
23/11 05:00	80	14		133/68 (89)		36%		99	
23/11 06:00	89	18		122/79 (93)		32%		96	
23/11 07:00	81	13		132/66 (88)		32%		95	
23/11 08:00	67	16	122/72 (77)	130/66 (88)	36.5	32%		96	15/15 (E4,V5,M6)
23/11 09:00	72	14	115/82 (88)			32%		97	
23/11 10:00	85	17	115/82 (88)			32%		94	
23/11 11:00	84	12	127/80 (88)			32%		94	
23/11 12:00	90	9	134/78 (96)			32%		97	15/15 (E4,V5,M6)
23/11 13:00	96	15			36.8	32%	2	95	

***Above observations from 24hrs prior to time of discharge.**

Fluid Balance

Date/Time	Input (ml)	Output (ml)	Total Balance (ml)	Urine Output (ml)
21/11 00:00 --> 23:59		20		20
22/11 00:00 --> 23:59	3324	2190	1134	2190
23/11 00:00 --> 14:43	485	700	-215	700

Daily Ward Round

Date	Consultant	Entry
23/11/2025 10:51	Cameron, David	Ward Round Assessment: Ward fit No eye signs following fracture - Ward Round Plan: Mini-hep for 48 hours Cross titrate to warfarin after above - PM / Evening Ward Round: -
22/11/2025 10:03	Cameron, David	Ward Round Assessment: Currntly stable, plan for sedation hold and extubation - Ward Round Plan: For full sedation hold +/- extubate if good M6 Rescuer drugs available if agitated on extubation Send urine tox screen Add CK and amalayse onto morning bloods Clarification re: identity and NOK Ongoing discussion with: 1. Cardiology re: valve and antiplatelet cover 2. Neurosurgery re: management of SAH and LMWH 3. Maxfax re: facial injuries If does not extubate will need NG tube later today - PM / Evening Ward Round: -

Visiting Specialty Opinions

Date	Specialty	Entry
22/11/2025 17:23	Major Trauma Service	Responsible Specialty Consultant: Mr Kawser Person Completing Form: Jackie Halliday Written in retrospect due to workload - Mr Kawser reviewed Mr Anderson, Extubated and GCS 15, note Max fax and cardiology plan for review. Plan as per ITU, please contact us if anything further is required from a trauma point of view. Will require tertiary survey when appropriate. We will not routinely review. Jackie Halliday ANP

Family and Friend Discussions

Date & Time	Discussion Details
22/11/2025 21:49	Clinician Leading Discussion: Bannister, Graham Staff Present: Family/Friends Present: Phone update. - Discussion Details: Phone update with Stacy Anderson (Niece and documented NOK). Mr Anderson in agreement for phone update. Outlined presentation background and unclear circumstances relating to his injuries. Injuries highlighted, these being facial bruising and soft tissue injuries, orbital # and small bleed on the brain. Because Mr Anderson normally takes warfarin for his MVR replacement, we need to be very carefull about the re-introduction of this due to the head bleed (SAH). This will likely be restarted in the coming days, but will need to stay in hospital until this happens. Stacy was very thankfull for the update with no further questions asked. Action Plan:

Royal Infirmary of Edinburgh
Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111
General Critical Care (ward 116/8) – 0131 242 1181
St John's Hospital
Intensive Care Unit – 01506 524063
Western General Hospital
Critical Care Unit (Ward 20) - 0131 537 1664

Critical Care Notes Summary

Critical Care Discharge Details

Owen James F Anderson	
Likes to be known as:	
Date of Birth: 09/06/1972	**Age:** 53 years
CHI Number: 0906720559	**UHPI:** 700927161K
Hospital Admission Date and Time: 22/11/2025 00:24	
Critical Care Admission Date and Time: 22/11/2025 00:29	
Critical Care Discharge Date and Time: 23/11/2025 14:35	
Duration of Critical Care Stay: 1 days	
Discharge Destination: RIE - DCN Ward 230	
Discharging Nurse: Cruickshank, Eimear	**Discharging Doctor/ACCP:** Carlill, Oliver
Discharging Critical Care Consultant: Cameron, David	

Daily Ward Round

Date	Consultant	Entry
23/11/2025 10:51	Cameron, David	Ward Round Assessment: Ward fit No eye signs following fracture - Ward Round Plan: Mini-hep for 48 hours Cross titrate to warfarin after above - PM / Evening Ward Round: -
22/11/2025 10:03	Cameron, David	Ward Round Assessment: Currntly stable, plan for sedation hold and extubation - Ward Round Plan: For full sedation hold +/- extubate if good M6 Rescuer drugs available if agitated on extubation Send urine tox screen Add CK and amalayse onto morning bloods Clarification re: identity and NOK Ongoing discussion with: 1. Cardiology re: valve and antiplatelet cover 2. Neurosurgery re: management of SAH and LMWH 3. Maxfax re: facial injuries If does not extubate will need NG tube later today - PM / Evening Ward Round: -

Visiting Specialty Opinions

Date	Specialty	Entry
22/11/2025 17:23	Major Trauma Service	Responsible Specialty Consultant: Mr Kawser Person Completing Form: Jackie Halliday Written in retrospect due to workload - Mr Kawser reviewed Mr Anderson, Extubated and GCS 15, note Max fax and cardiology plan for review. Plan as per ITU, please contact us if anything further is required from a trauma point of view. Will require tertiary survey when appropriate. We will not routinely review. Jackie Halliday ANP

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Intensive Therapy

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 24/11/2025

Inpatient Discharge Summary

Patient	Owen Anderson 31 LAUREL BANK Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	DCN Ward 230	**Admission Date**	22/11/2025
Consultant	Dr David Cameron	**Discharge Date**	

Dear Dr Schuur

This patient has been discharged from an NHS Lothian Critical Care unit.
Please check SciStore for the complete discharge summary.

If you require assistance in accessing the SciStore Discharge Summary please contact the discharging unit:

Royal Infirmary of Edinburgh
Cardiothoracic Critical Care (ward 111/2) 0131 242 1111 or 0131 242 1112
General Critical Care (ward 116/8) 0131 242 1186 (office hours) or 07976 067336 (out of hours)

St Johns Hospital
Intensive Care Unit 01506 524063

Western General Hospital
Critical Care Unit (Ward 20) - 0131 357 1664

FOR PATIENTS NOT ON INSULIN

70092716 1K /E6251102 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

Blood Glucose Monitoring Record

NHS Lothian

This document is for patients who are **NOT on insulin treatment**
If the patient is on insulin, please use the Adult Insulin Prescription & Administration Record
For variable rate insulin infusion (VRIII), please use the VRIII chart

Date		Before Breakfast		Before Lunch		Before Evening Meal		Before Bed	
16/12/25	Time							20:30	
	Blood glucose	[illegible]						6.4	
	Ketones								
17/12/25	Time	07:00							
	Blood glucose	7.2							
	Ketones								
___/___/___	Time								
	Blood glucose								
	Ketones								
___/___/___	Time								
	Blood glucose								
	Ketones								
___/___/___	Time								
	Blood glucose								
	Ketones								

If the patient is unwell or has ketones above 0.6 mmol/L, seek medical advice-guidance available at **www.edinburghdiabetes.com/inpatientdiabetes**
For blood glucose readings less than 4 or more than 12 mmol/L, guidance available on pages 5 & 6 of the Adult Insulin Prescription & Administration Record

FOR PATIENTS NOT ON INSULIN

Name of patient

Date of Birth

CHI

(Attached printed label here)

Blood Glucose Monitoring Record

NHS Lothian

This document is for patients who are **NOT on insulin treatment**

If the patient is on insulin, please use the Adult Insulin Prescription & Administration Record

For variable rate insulin infusion (VRIII), please use the VRIII chart

		Before Breakfast		Before Lunch		Before Evening Meal		Before Bed	
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								
Date ___ /___/___	**Time**								
	Blood glucose								
	Ketones								

If the patient is unwell or has ketones above 0.6 mmol/L, seek medical advice-guidance available at **www.edinburghdiabetes.com/inpatientdiabetes**

For blood glucose readings less than 4 or more than 12 mmol/L, guidance available on pages 5 & 6 of the Adult Insulin Prescription & Administration Record

Ward: MAU BT Site: RAH Date: 17-12-25

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

1hrly **2 hrly** **3 hrly** _____**hrly** (please circle/complete)

Print name and sign _____

Addressograph, or

NHS Lothian

Name 700927161K /E6251102 M
ANDERSON Owen

DOB 09-Jun-72 CHI: 090 672 0559

77197 K Schuur
31 LAUREL BANK

Unit no. EH22 2JH

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	8 12:35												
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	—	—										
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS										
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	I	I										
	Positioning (R) or (L) side (B) Back (C) Chair	I	I										
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	I	I										
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y										
	Continence product changed/offered?	N	N										
	Catheter care performed?	NA	NA										
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y										
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	WR	WR										
	Fluid Balance Chart (if clinically indicated)	NA	NA										
	When did you last eat?	—	—										
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	I	I										
Falls	Appropriate Footwear?	Y	Y										
	Walking aid available(and within reach)	NA	NA										
	Area de-cluttered?	Y	Y										
	Chair and bed height assessed?	Y	Y										
	Falls alarm in use and attached?	NA	NA										
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	NS	NS										
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	N										
	Analgesia Given?	N	N										
General	Peripheral Venous Cannula observed?	Y	Y										
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y										
	Anything else I can do for you?	N	N										
	Buzzer within easy reach	Y	Y										

Personal Care *Type* Declined *(specify)* **Time Given** _____

Initials — document at time of care delivery	TE	TE											

Ward: MAU Site: WGH Date: 16/12/25

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

1hrly **2 hrly** **3 hrly** _____**hrly** (please circle/complete)

Print name and sign _____

Addressograph, or

700927161K /E6251102 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	22 00												
	08.00 am ← **24 hour period** → **07.00 am**												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓											
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister												
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	NO											
	Positioning (R) or (L) side (B) Back (C) Chair	L											
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	NO											
	Is the patient continent of urine? (at time of Care Rounding)	Y											
	Continence product changed/offered?	N/A											
	Catheter care performed?	N/A											
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y											
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	WR											
	Fluid Balance Chart (if clinically indicated)	N											
	When did you last eat?	S											
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance **Update Food Chart if required**												
	Oral Hygiene Performed (ref to risk assessment)	NO											
Falls	Appropriate Footwear?	Y											
	Walking aid available(and within reach)	N/A											
	Area de-cluttered?	Y											
	Chair and bed height assessed?	Y											
	Falls alarm in use and attached?	N/A											
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	N/A											
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N											
	Analgesia Given?	—											
General	Peripheral Venous Cannula observed?	N/A											
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y											
	Anything else I can do for you?	N											
	Buzzer within easy reach	Y											

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery	D												

Patient Name	CHI	Date irth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Oaikeith Medical Practice	77197

Allergies

Description	Date Recorded	Comments
H/O: drug allergy	21/07/2023	Phenoxymethylpenicillin 250mg tablets ✓
Adverse reaction to penicillins	31/07/2018	Phenoxymethylpenicillin 125mg/5ml oral solution
		96umol/L
		101.25

Sources: [1] ECS [ ] Patient's Drugs [ ] Referrer Kardex [ ] GP Practice [ ] TRAK
[2] Patient [ ] Relative / Carer [ ] Referrer Letter [ ] Comm Pharmacy [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Paracetamol 500mg tablets	1 tablet	TWO TO BE TAKEN FOUR TIMES A DAY. SUPPLIED ELSEWHERE - NOT TO BE DISPENSED BY COMMUNITY PHARMACY		24/11/2025	24/11/2025	1	2					
Inhixa 100mg/1ml solution for injection pre-filled syring...	1 pre-filled disposable injection	ONE TO BE INJECTED TWICE A DAY UNTIL INR LEVELS WITHIN RANGE. SUPPLIED ELSEWHERE - NOT TO BE DISPENSED BY COMMUNITY PHARMACY		24/11/2025	24/11/2025	1						
Warfarin 1mg tablets	28 tablet	AS DIRECTED AT 6PM		22/10/2025	22/10/2025	1						
Doxycycline 100mg capsules	6 capsule	TAKE TWO CAPSULES ON THE FIRST DAY AND THEN ONE CAPSULE ONCE DAILY		16/10/2025	16/10/2025	1						

Patient Name	CHI	Date rth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Dalkeith Medical Practice	77197

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Prednisolone 5mg tablets	40 tablet	TAKE EIGHT TABLETS ONCE DAILY		16/10/2025	16/10/2025	1						
Doxycycline 100mg capsules	8 capsule	TAKE TWO CAPSULES ON THE FIRST DAY AND THEN ONE CAPSULE DAILY		25/08/2025	25/08/2025	1						
Warfarin 3mg tablets	56 tablet	AS DIRECTED		20/11/2023	20/11/2023	1						
Warfarin 1mg tablets	112 tablet	AS DIRECTED		20/11/2023	20/11/2023	1						
Luforbec 100micrograms/dose / 6micrograms/dose inhaler (Lupi	120 dose	TWO PUFFS TWICE DAILY Notes for patient: Luforbec? is now in place of Fostair? as the preferred beclometasone AND formoterol inhaler for NHS Lothian. Luforbec? contains the same active ingredients as Fostair? and works in the same way		20/11/2023	20/11/2023	1						
Salbutamol 100micrograms/dose inhaler CFC free	200 dose	INHALE ONE OR TWO PUFFS UP TO FOUR TIMES PER DAY AS REQUIRED.		20/11/2023	20/11/2023	1						
Warfarin 1mg tablets	112 tablet	AS DIRECTED		20/11/2023	20/11/2023	1						
Warfarin 5mg tablets	28 tablet	AS DIRECTED.		20/11/2023	20/11/2023	1						
Hydroxycarbamide 500mg capsules	56 capsule	TAKE TWO CAPSULES ONCE DAILY		20/11/2023	20/11/2023	1						
Atorvastatin 40mg tablets	56 tablet	1 TABLET ONCE A DAY		20/11/2023	20/11/2023	1						
Digoxin 62.5microgram tablets	56 tablet	TAKE 1 TABLET ONCE A DAY		20/11/2023	20/11/2023	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Oalkeith Medical Practice	77197

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Metformin 500mg tablets	112 tablet	ONE TABLET TWICE DAILY AFTER MAIN MEALS. STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN		20/11/2023	20/11/2023	1	2					
Furosemide 40mg tablets	56 tablet	1 TABLET ONCE A DAY.STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN		20/11/2023	20/11/2023	1	2					
Bisoprolol 5mg tablets	56 tablet	1 TABLET ONCE DAILY		20/11/2023	20/11/2023	1	2					
Omeprazole 20mg gastro-resistant capsules	56 capsule	TAKE ONE CAPSULE DAILY, 20-30 MINUTES BEFORE BREAKFAST		20/11/2023	20/11/2023	1						
Hydroxycarbamide 500mg capsules	56 capsule	TAKE TWO CAPSULES ONCE DAILY		18/10/2023	18/10/2023	1	2					Scap.
Hydroxycarbamide 500mg capsules	56 capsule	TAKE TWO CAPSULES ONCE DAILY		20/09/2023	20/09/2023	1						
Atorvastatin 40mg tablets	56 tablet	1 TABLET ONCE A DAY		20/09/2023	20/09/2023	1						
Digoxin 62.5microgram tablets	56 tablet	TAKE 1 TABLET ONCE A DAY		20/09/2023	20/09/2023	1						
Digoxin 125microgram teblets	56 tablet	TAKE 1 TABLET ONCE A DAY		20/09/2023	20/09/2023	1						
Metformin 500mg tablets	112 tablet	ONE TABLET TWICE DAILY AFTER MAIN MEALS. STOP		20/09/2023	20/09/2023	1						

Patient Name	CHI	Date rth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Dalkeith Medical Practice	77197

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
		TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN										
Furosemide 40mg tablets	56 tablet	1 TABLET ONCE A DAY.STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN		20/09/2023	20/09/2023	1						
Bisoprolol 5mg tablets	56 tablet	1 TABLET ONCE DAILY		20/09/2023	20/09/2023	1						
Omeprazole 20mg gastro-resistant capsules	56 capsule	TAKE ONE CAPSULE DAILY, 20-30 MINUTES BEFORE BREAKFAST		20/09/2023	20/09/2023	1						
Warfarin 1mg tablets	112 tablet	AS DIRECTED		15/09/2023	15/09/2023	1						
Warfarin 5mg tablets	28 tablet	AS DIRECTED.		15/09/2023	15/09/2023	1						
Hydroxycarbamide 500mg capsules	56 capsule	TAKE TWO CAPSULES ONCE DAILY		31/07/2023	31/07/2023	1						
Digoxin 62.5microgram tablets	56 tablet	TAKE 1 TABLET ONCE A DAY		21/07/2023	21/07/2023	1						
Digoxin 125microgram tablets	56 tablet	TAKE 1 TABLET ONCE A DAY		21/07/2023	21/07/2023	1						
Warfarin 1mg tablets	28 tablet	AS DIRECTED		21/07/2023	21/07/2023	1						
Warfarin 5mg tablets	28 tablet	AS DIRECTED.		21/07/2023	21/07/2023	1						
Alogliptin 25mg tablets	28 tablet	TAKE 1 TABLET ONCE DAILY		21/07/2023	21/07/2023	1						
Atorvastatin 40mg tablets	56 tablet	1 TABLET ONCE A DAY		21/07/2023	21/07/2023	1						
Metformin 500mg tablets	224 tablet	TAKE TWO TABLETS IN THE		21/07/2023	21/07/2023	1						

700927161K /E6251102 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

Patient Name	CHI	Date Birth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Dalkeith Medical Practice	77197

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
		MORNING AND ONE TABLET IN THE EVENING AFTER MAIN MEALS. STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN										
Furosemide 40mg tablets	56 tablet	1 TABLET ONCE A DAY.STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN		21/07/2023	21/07/2023	1						
Bisoprolol 5mg tablets	56 tablet	1 TABLET ONCE DAILY		21/07/2023	21/07/2023	1						
Omeprazole 20mg gastro-resistant capsules	56 capsule	TAKE ONE CAPSULE DAILY, 20-30 MINUTES BEFORE BREAKFAST		21/07/2023	21/07/2023	1						

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
GP practice	Hydroxycarbamide 500mg capsules ✓	100 capsule	TWO CAPSULES ONCE DAILY		27/08/2025	10/12/2025		1	2					5
GP practice	Digoxin 62.5microgram tablets ✓	56 tablet	TAKE 1 TABLET ONCE A DAY		27/08/2025	10/12/2025		1	2					

Patient Name	CHI	Date rth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Oalkeith Medical Practice	77197

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
GP practice	Metformin 500mg tablets ✓	112 tablet	TAKE ONE TABLET TWICE DAILY WITH MAIN MEALS. STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN		27/08/2025	10/12/2025		1	2					SH 500 mg N
GP practice	Bisoprolol 5mg tablets ✓	56 tablet	1 TABLET ONCE DAILY		27/08/2025	10/12/2025		1	2					
GP practice	Luforbec 100micrograms/ dose / 6micrograms/dose inhaler (L... ✓	120 dose	TWO PUFFS TWICE A DAY (CARRY A STEROID CARD) Notes for patient: Recycle all your inhalers at LANDG Pharmacy and Boots Reduce your carbon footprint: visit www.greeninhaler.org for details		27/08/2025	10/12/2025		1						not using
GP practice	Furosemide 40mg tablets ✓	56 tablet	TAKE 1 TABLET(S) EVERY DAY, STOP TEMPORARILY WHEN UNWELL WITH VOMITING, DIARRHOEA		27/08/2025	10/12/2025		1	2					

700927161K /E6251102 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Dalkeith Medical Practice	77197

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
			OR FEVER. RESTART WHEN WELL AGAIN											
GP practice	Atorvastetin 40mg tablets	56 tablet	1 TABLET ONCE A DAY		27/08/2025	10/12/2025		1	2					
GP practice	Omeprazole 20mg gastro-resistant capsules	56 capsule	1 CAPSULE ONCE A DAY		22/12/2023	10/12/2025		1	2					
GP practice	Warfarin 1mg tablets	112 tablet	AS DIRECTED AT 6PM		27/08/2025	10/12/2025		1	2					
GP practice	Warfarin 3mg tablets	112 tablet	AS DIRECTED AT 6PM		27/08/2025	10/12/2025		1						

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
S. Hesperides	Pharm. Tech		17/12/25	1105	#8698
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**

New: Morphine sulfate 10mg/5ml oral sol.

Reconciled

Patient Name	CHI	Date rth	Age	GP	GP Practice	GP Practice Code
ANDERSON OWEN	0906720559	09/06/1972	53	Shanks, Alexandra	Dalkeith Medical Practice	77197

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

Is there a DNACPR Form in Place?

Is there a CYPADM Form in Place? No

Medical History

Date Recorded	Diagnosis
13/03/2009	Asthma
13/03/2009	Asthma
25/02/2020	Ischaemic heart disease
25/02/2020	Ischaemic heart disease
04/10/2021	H/O: deliberate self harm
09/10/2021	[SO]Mitral valve
11/10/2022	Replacement of mitral valve
21/07/2023	Warfarin therapy started
01/08/2023	Type 2 diabetes mellitus
02/09/2023	Polycythaemia vera
02/09/2023	Polycythaemia vera
21/11/2025	Fracture of face bones
21/11/2025	Subarachnoid haemorrhage
02/12/2025	Computer summary updated

Katie Hughes.

bleeding.
-4-48 hrs.

Special Note

Taking warfarin 2021 for mitral valve and tricuspid repair with mechanical valve ; range 2.5 -3. Dalteparin review if INR LESS THAN2.5

Date: 02/12/2025 Expiry Data: 10/12/2125

Anticipatory Care Plan

No data recorded

21/11 - 24/11 = TBI & SAH (ring on).
warfarin stopped for 36 hrs.
restart usual dose w bridging until stable for 2 cons days.

700927161K /E6251102 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

ANDERSON, OWEN
Male
09.06.1972 (53 Years)

Vent. rate	96	BPM
PR interval	*	
QRS duration	86	
QT/QTc-Baz	342/432	ms
P-R-T axes	* 84	55

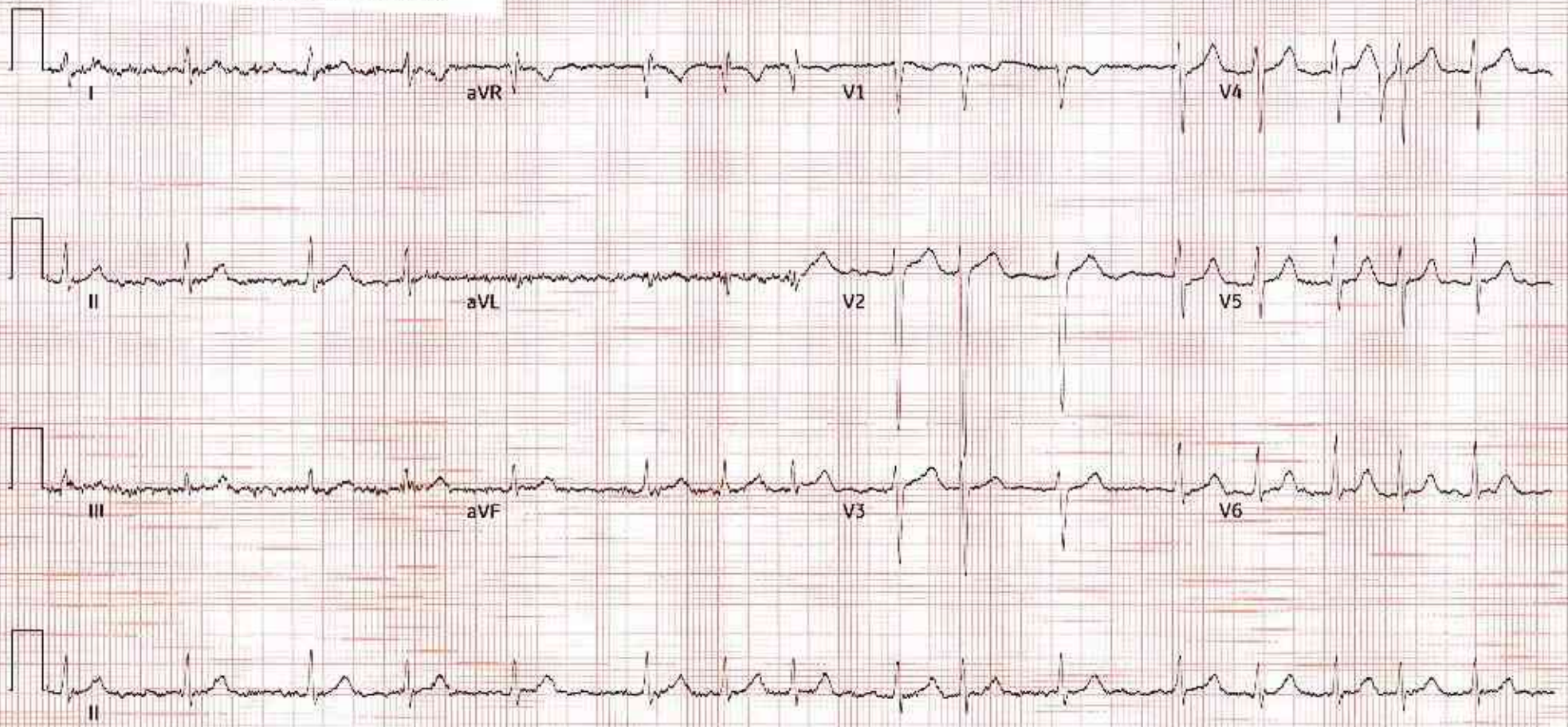
Patient ID: 0906720559
Atrial fibrillation
Abnormal ECG

16.12.2025 15:43:41
Western General Hospital

700927161K /E6251182 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ VU360 1.02 SP06 12SL v23.1 4 by 2.5s + 1 rhythm ld

Name:
DOB:
CHI:
Address:

700927161K /E6251102 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

Lothian

Ward:
Date: Time

This form is only valid at the time of assessment. A new form will be needed if discharge is delayed or if physical or psychiatric condition deteriorates

Has the patient had a liaison psychiatric assessment completed during this admission? YES / NO

YES review latest TRAK entry and advice from psychiatry. If patient has been assessed and discharged from liaison psychiatry recently please go to Section 1: Capacity Assessment

If NO, please complete Questions A and B

A. Is there evidence that the patients might deliberately harm themselves? (e.g. recent drug OD) YES / NO
B. Is there reason to suspect an active mental disorder is affecting the patient's decision-making? YES / NO

If NO to all of the above, please complete Section 1: Capacity assessment
If YES to question A or B, DO NOT allow patient to leave without assessing against criteria for detention under the Mental Health Act (MHA).

1. CAPACITY ASSESSMENT

Capacity assessment if patient requests self-discharge from hospital against medical advice

	YES	NO
Can the patient understand the information relevant to this decision?	✓	
Can the patient retain that information?		
Can the patient use or weigh that information as part of the process of making the decision?	✓	
Can the patient communicate his/her decision?		

If YES to all 4 above criteria, the patient has capacity. Complete Section 2 and 4
If NO to ANY of the 4 criteria above the patient lacks capacity and must be prevented from leaving hospital, and senior medical advice sought. Complete Section 3 and 4

2. SELF-DISCHARGE ADVICE

When the patient has been assessed as HAVING CAPACITY to self-discharge against medical advice

	Initial
Explanation of the necessary treatment required and the consequence of the patient refusing the treatment have been given and are understood	✓
Other options which may be acceptable to both the clinicians and the patient have been explored with the patient	✓
Where the consequences of refusing treatment are serious or life threatening, assistance has been sought from the consultant in charge of patient care and, where necessary, other relevant professionals within liaison psychiatry.	✓
The SELF-DISCHARGE FORM (overleaf) is completed and retained in their medical record	✓
An inpatient discharge letter has been completed and appropriate follow-up arranged, including medications to take home.	

3. MANAGEMENT OF PATIENT LACKING CAPACITY

When the patient has been assessed as LACKING CAPACITY to self discharge against medical advice

	Initial
Staff utilise persuasion, calming and de-escalation techniques	
AWI, MHA detainability, and referral to the Department of Psychological Medicine is considered as appropriate	
If the patient has left the ward staff consider MHA detainabilty and contacting local police station	

4. OUTCOME

	Initial
Patient with capacity self discharged	
Patient with capacity decided to remain in hospital	
Patient without capacity decided to remain in hospital	
Patient without capacity is detained under MHA	

Dr's signature: E Duncan Date 17 / 12 / 25 Time 1455

Doctor's name and designation (FY2 or above)

Nam
DOB
CHI
Addr

700927161K /E6251102 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 LAUREL BANK
EH22 2JH

NHS
Lothian

PATIENT

I am discharging myself at my own risk and against medical advice.

The consequences and possible dangers of discharging myself have been fully and clearly explained to me by Dr Elena Newman

I understand the consequences of failing to follow the medical advice given to me which might result in significant disability or even death. Specific dangers highlighted to me include:
- Unstable INR / anticoagulation : bleeding
- R buttock swelling : - bleeding, infection, neurovascular compromised

I take full responsibility for my actions. I understand I can change my mind at anytime and return for treatment. I have been advised to seek medical attention in the event of deteriorating health.

Patient's signature ..... Date 17 / 12 / 25 Time 1455

Patient's name (Print) Owen ANDERSON

MEDICAL STAFF

I have explained the need for hospital stay and risk of harm to the named patient.

The named patient has capacity to make this medical decision and I have completed the SELF-DISCHARGE ASSESSMENT overleaf.

Dr's signature M M King Date 17 / 12 / 25 Time 1455

Doctor's name and designation (FY2 or above)

Witness signature E Newman Date 17 / 12 / 25 Time 1455

Witness name and designation Elena Newman FY1

OR

Patient refuses to sign self discharge form and/or would not wait to speak to medical staff. I have completed the SELF-DISCHARGE ASSESSMENT overleaf.

Signed: ..... Date .../.../... Time .....

Name and designation .....

ANDERSON, OWEN ID:0906720559 18-Dec-2025 10:56:08 NHS LOTHIAN-RIEINT ROUTINE RECORD

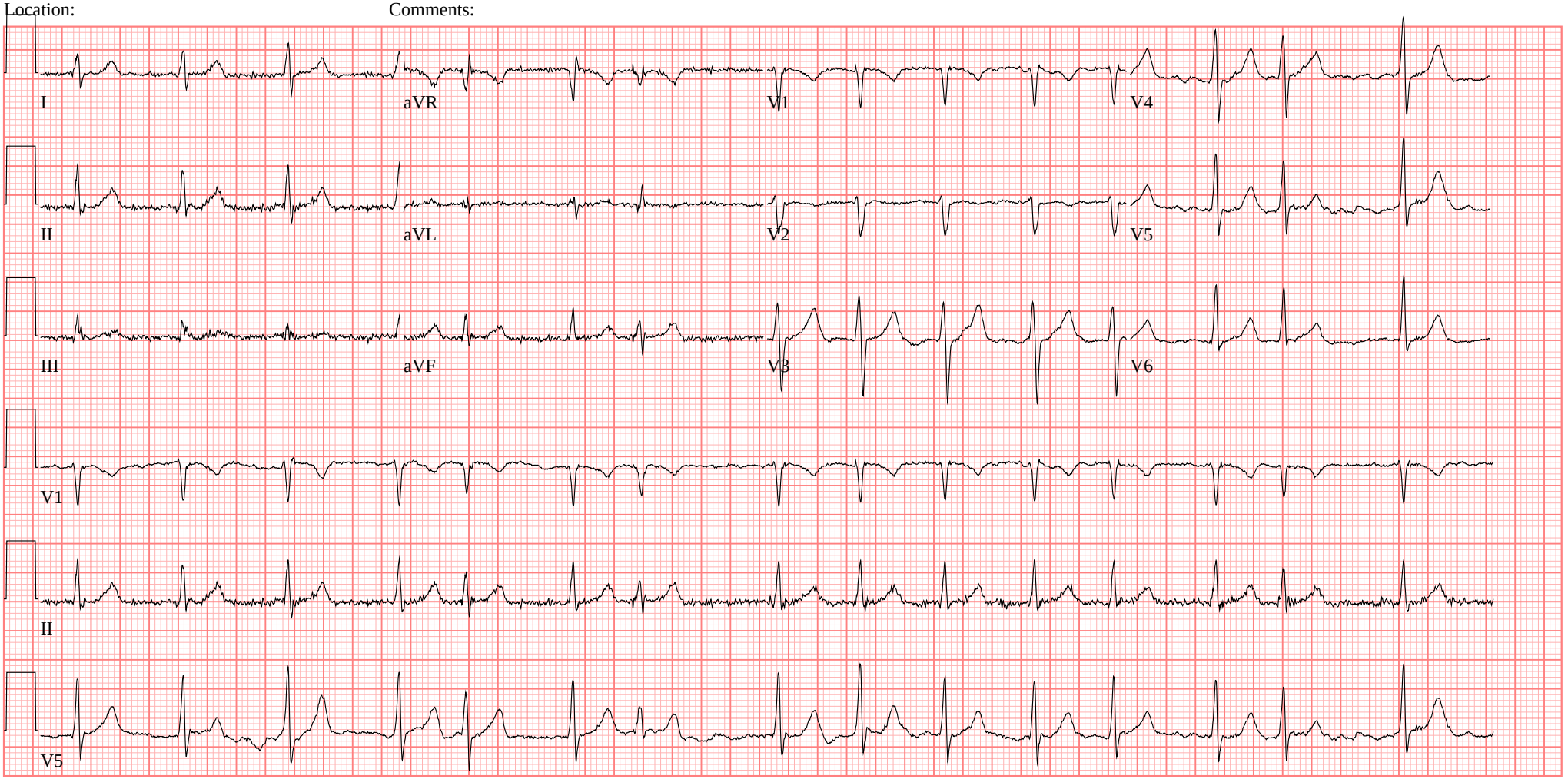
09-Jun-1972 (53 yr)
Male

Room:
Loc:90

Vent. rate	92	BPM
PR interval	*	ms
QRS duration	84	ms
QT/QTcB	352/435	ms
P-R-T axes	* 71	50

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 245 CID: 1989 SID: 3970631 EID: EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

General Medicine

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 22/12/2025

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	AMU Bay 5	**Admission Date**	18/12/2025
Consultant	Dr Lisa M Nicol	**Discharge Date**	19/12/2025

Dear Dr Schuur

Allergen (Group to which Allergen belongs)	Reaction
phenoxymethylpenicillin	2 other adverse reaction - see TRAK

ACUTE AND GENERAL MEDICINE RIE DISCHARGE COMMUNICATION

PRINCIPAL DIAGNOSIS
Right buttock haematoma likely secondary to Warfarin

INFORMATION FOR PATIENT

1. Can you explain my diagnosis and what treatment did I receive?

You were admitted to hospital with a collection of blood in your right buttock. However, we did not need to give you any specific treatment for this.

2. What tests have I had and what were the results from these tests?

A chest X-ray was essentially normal.
Blood tests were in keeping with your reason for admission.

3. Do I need to contact my GP practice after discharge? If so, why and when?

No

DISCHARGE MEDICATIONS

This is an abbreviated IDL. For patients who have had less than 4 medication changes during their admission: ONLY new medicines, or those that have been changed during this admission are prescribed in this IDL. All other medicines should be continued as before.

1. Medicines reconciled against ECS/other sources? Yes

2. ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin

3. Changes to drugs since admission (relative to ECS above and please include reason)

STOPPED: Nil
STARTED: Nil
CHANGED: Nil
WITHHELD: Nil

Pharmacist check: Name: Date: Time:
Nursing check:
Patients own medication / controlled drugs returned to patient: YES / NO / NA Signature:
Patients own medication / controlled drugs removed with consent: YES / NO / NA Signature:

INFORMATION FOR GP

ACTION REQUIRED IN COMMUNITY: Nil

HOSPITAL FOLLOW-UP ARRANGED: Nil

BRIEF SUMMARY OF ADMISSION:
This 53 year old who attended WGH but self discharged due to long waits and then self presented to RIE, was admitted to AMU with 3 days of sudden onset right buttock haematoma. He is on Warfarin for a metallic valve and was discussed with the Haematology team who were happy for him to remain on his maintenance dose and also discussed with the orthopaedic team who advised conservative management of his haematoma. Unfortunately Mr Anderson left the ward and did not sign a discharge against medical advice form.

SUMMARY OF INVESTIGATION RESULTS:
Admission bloods: Hb 119, neutro 8.35, GGT 242, CRP 53

FUTURE CARE PLAN
Changes to CPR status: Not discussed
Treatment Escalation Plan/Ceiling of care: Not discussed
Wishes around readmission/Preferred Focus of Care: Not discussed

---

INFORMATION FOR RIE ADMIN TEAM

Outstanding results: Nil

Please cc this letter to: Nil

Emma Deacon
ANP
Acute and General Medicine, Royal Infirmary of Edinburgh

FDL Authorising Consultant: Date:

For further information contact:
Acute and General Medicine Secretaries
Phone: 0131 242 2036
E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk

NHS Lothian
University Hospital Services

Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent [illegible]urgh, EH16 4SA
Tel: 0131 [illegible]42 1344

NHS Lothian

A/E no.	E6264398
Previous no.	E6264312
UHPI no.	700927161K
CHI no.	0906720559

Patient Information

Surname	Anderson
Forenames	Owen James F
Address	31 Laurel Bank Dalkeith, Midloti
Postcode	EH22 2JH
Contact Address	
Complaint	hematoma
Date of Birth	09/06/1972
Age / Sex	53 Yrs / M
Telephone	07396725905
Telephone H / W	
Allergies	

Attendances in last 12 months: 7 School :

700927161K /E6264398 M
ANDERSON Owen
CHI: 090 672 0559
09-Jun-72
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

General Practitioner

K Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP
0131 561 5500

Address
Telephone

Date and Time of Attendance: 31/12/2025 16:49
Incident Date Time: 31/12/2025
Mode of Arrival: Private Transport
Source of Referral: Self Referral to A&E

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

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

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHG Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HO		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Speciality)		Other (please state)		Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

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

Care Providers Name: _____ Signature: _____

Nat 700927161K /E6264398 M
ANDERSON Owen
CH 09-Jun-72 CHI: 090 672 0559
77197 K Schuur
Dat 31 Laurel Bank Midlothian
EH22 2JH

Royal Infirmary of Edinburgh
Acute and General Medicine

VTE RISK ASSESSMENT

To be completed within 24 hours of admission

NHS Lothian

Date: 11/1/26

Part 1: Consider CONTRAINDICATIONS and BLEEDING RISK

On apixaban (or similar), wartarin, therapeutic heparin	Tick	Known/suspected bleeding	Tick	Awaiting lumbar puncture (LP) or LP in previous 4 hours	Tick
On ACS treatment	Tick	Acute stroke/intracranial bleed	Tick	Cerebral metastases	Tick
Severe hypertension (>230/120 mmHg)	Tick	Platelets <50 x 10^9/L	Tick	CNS or eye surgery within 1 month Discuss with relevant specialties	Tick
Untreated inherited disorders (e.g. Von Willebrand)	Tick	Acquired bleeding disorder e.g. liver failure, coagulopathy	Tick	Recent procedure with high bleeding risk	Tick

Other contraindication or reasons (e.g. needle phobia, refusal etc.) *state reason*

ACTION: YES TO ANY OF THE ABOVE, DO NOT PRESCRIBE ENOXAPARIN

Enoxaparin **NOT** Prescribed - Contraindication as above Tick

*Consider TED stockings**

Assessed by (name/grade): C. Mennie FY3 Signature:

ASSESSMENT COMPLETED FOR PATIENTS WITH A CONTRAINDICATION. PLEASE REVIEW AFTER 24 HOURS

Part 2: If no contraindication, consider RISK FACTORS for VTE

Age >60 years	Tick	BMI > 30 kg/m²	Tick	Fractures	Tick	Chronic inflammatory state (e.g. IBD, HIV, heart failure, diabetes)	Tick
Active malignancy	Tick	Reduced mobility	Tick	Systemic infection	Tick	Recent surgery/hospitalisation	Tick
Thrombophilia	Tick	Hormone therapy	Tick	Varicose veins	Tick	Previous history or family history with VTE	Tick

YES to any of the above
Go to Part 3

NO risk factors
Consider TED stockings. Go to the ACTION below

Part 3: Check weight and calculate creatinine clearance (CrCl) *(use MDCalc calculator-link below)*

Prescribe enoxaparin as per table below:

Weight	CrCl ≥ 30 mL/min		CrCl 15-29 mL/min		CrCl <15 mL/min	
<50 kg	20 mg once daily	Tick	20 mg once daily	Tick	For low to moderate thrombosis risk consider mechanical measures **20 mg once daily**	Tick
50-100 kg	40 mg once daily	Tick	20 mg once daily	Tick	For low to moderate thrombosis risk consider mechanical measures **20 mg once daily**	Tick
101-150 kg	40 mg twice daily	Tick	40 mg once daily	Tick	**40 mg once daily**	Tick
>150 kg	60 mg twice daily*	Tick	40 mg twice daily*	Tick	**40 mg once daily***	Tick

**Monitor LMW heparin assay*

For MDCalc https://www.mdcalc.com/calc/43/creatinine-clearance-cockcroft-gault-equation

ACTION: FOR ENOXAPARIN. PRESCRIBE CORRECT DOSE ON HEPMA Tick

Enoxaparin NOT prescribed - no significant risk factors Tick

Assessed by (name/grade): ..... Signature: .....

For full guideline, please refer to NHS Lothian Antithrombotic Guide Version 5.0 Section 2: Thromboprophylaxis: LMWH

***CONTRAINDICATIONS TO TEDS**

- Severe leg oedema
- Leg/foot ulcers
- Severe peripheral arterial disease
- Peripheral neuropathy
- Fragile skin
- Major limb deformity
- Cellulitis or dermatitis

NHS Lothian

Nursing Assessment Form
GP Interface

700927161K /E6264398 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

Date 31/12/2025	Time of Triage: 1745
Name of Nurse Completing Triage (Print Name): KF.	

Presenting Complaint: Hematoma	**Allergies:** Penicillin
	NEWS Score: **Escalate to medical team as per protocol**
Social Hx (inc mobility): Ind.	**Infection Control:** **Recent Travel** – Yes ☐ No ☑ **Fever** – Yes ☐ No ☑ **Cepheid required** - Yes ☐ No ☑

Diabetes	Is patient diabetic? (Y/N)		If Yes: T2.			
			BM		**Ketones**	

Enhanced Obs required Yes ☐ No ☐ N/A ☐

ESCALATION **DNAR - Y☐ N☐** **TEP - Y☐ N☐** **AWI - Y☐ N☐**

Nursing Admission Checklist		**Initial PVC Checklist(s)**
Standard Admission Procedures	**Sign**	**Triage PVC Checklist:** Venflon required? Yes ☐ No ☐ N/A ☐ Date and Time Inserted: __/__/____ __:__
Vital Signs Recorded: Yes ☑ No ☐	KF	
NEWS score recorded: Yes ☑ No ☐		
GCS Recorded : Yes ☐ No ☑		
Name Band Attached: Yes ☑ No ☐		**Further PVC Checklist:** Venflon required? Yes ☐ No ☐ N/A ☐ Date and Time Inserted: __/__/____ __:__
Relatives : In OPD 5 ☐ At Home ☐ Not Aware ☐		
ECG Completed: Yes ☑ No ☐		
Falls Risk Assessment Completed: Yes ☐ No ☑		

NHS Lothian

GP Interface Admission Care Plan / Care Rounding

Addressograph, or

Name:

DOB:

CHI No:

Date/Time	Progress Notes	Sign/Print Name

NHS Lothian

Care Rounding Frequency (Please Tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☐	RN Please print name and sign:

Time of Care Rounding													
PRESSURE AREA CARE (complete care interventions on P4 if appropriate)													
If Established pressure ulcer complete formal wound assessment on TRAK ☐													
Visual Skin Check? Y/N													
Outcome? (H)Healthy (R) Red (B) Broken													
Position? (R) or (L) side (B) Back (C) Chair													
Surface? (B) Bed (T) Trolley (C) Chair													
MOBILITY (tick one) (complete care interventions on P4 if appropriate)													
Identified falls risk ☐ **Complete top to toe if fall within department (\TTT)**													
Independent?													
Requires some assistance/ Requires walking aid													
NWB / Full Assistance required													
ELIMINATION (complete care interventions on P4 if appropriate)													
Independent ☐ Assistance required ☐ Incontinent ☐ Catheterised ☐													
Do you need the toilet? Y/N/NA													
Continence product changed / offered? Y/N/NA													
Catheter Emptied? Y/N/NA													
Bowels moved? Y/N/NA													
FOOD/FLUID/NUTRITION (complete care interventions on P4 if appropriate)													
If NBM consider IV Fluids, use TRAK icon													
Food Given? Y/N/(R)refused/ NBM													
Fluids Given? Y/N/(R)refused/ NBM													
Assistance required? Y/N													
PAIN (complete care interventions on P4 if appropriate)													
Consider use of Abbey Paint scale if unable to communicate needs													
Are you in Pain? Y/N													
RN Informed? Y/N													
OTHER (complete care interventions on P4 if appropriate)													
Type of personal care provided Independent ☐ Basin ☐ Bedbath ☐													
Oral hygiene Performed? Y/N													
Area tidy / De-cluttered? Y/N													
Anything else I can do for you? Y/N													
Patient / Relatives updated? Y/N													
PRINT INITIALS													

NHS Lothian

Care Interventions

PRESSURE AREA CARE
MOBILITY / FALLS
Yellow Blanket ☐ TRAK Icon ☐ Patient Placement in department ☐
ELIMINATION
FOOD/FLUID/NUTRITION
PAIN
OTHER

GP Interface to AMU/ED Handover					
NEWS	**Infection**	RR:	SPO2:	O2:	BP:
		HR:	Temp:	AVPU:	Cepheid: Y☐ N☐ N/A☐
Outstanding Jobs					
Diagnosis					
SBAR		S: B: A: R:			
NOK aware of transfer		Y☐ N☐			
Name of Nurse completing handover:					

700927161K /E6264398 M
ANDERSON Owen
09-Jun-72 **CHI:** 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

Blood Glucose Monitoring Record

NHS Lothian

This document is for patients who are **NOT on insulin treatment**
If the patient is on insulin, please use the Adult Insulin Prescription & Administration Record
For variable rate insulin infusion (VRIII), please use the VRIII chart

FOR PATIENTS NOT ON INSULIN

		Before Breakfast		Before Lunch		Before Evening Meal		Before Bed	
Date 4/1/26	Time			1150		1645			
	Blood glucose			6.4		10.1			
	Ketones								
Date 5/1/26	Time	0700							
	Blood glucose	7.8							
	Ketones								
Date ___/___/___	Time								
	Blood glucose								
	Ketones								
Date ___/___/___	Time								
	Blood glucose								
	Ketones								
Date ___/___/___	Time								
	Blood glucose								
	Ketones								

If the patient is unwell or has ketones above 0.6 mmol/L, seek medical advice-guidance available at **www.edinburghdiabetes.com/inpatientdiabetes**
For blood glucose readings less than 4 or more than 12 mmol/L, guidance available on pages 5 & 6 of the Adult Insulin Prescription & Administration Record

Ward: 208 Site: C Date: 4/1/26

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

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

Print name and sign

Addressograph, or

NHS

Name 700927161K /E6264398 M
ANDERSON Owen

DOB 09-Jun-72 CHI: 090 672 0559

77197 K Schuur
31 Laurel Bank Midlothian
Unit no. / C EH22 2JH

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	1230	1630	2230	0130	0430						
	08.00 am ◄ 24 hour period ► 07.00 am										
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review											
Waterlow 10+ - Visual Skin Check (tick)	✓	✓	✓	✓	✓						
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	NS	NS	NS						
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....										
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan											
Have you changed position since last CR?	Y	Y	Y	Y	Y						
Positioning (R) or (L) side (B) Back (C) Chair	B	L	B	R	B						
Mattress type / Cushion type	*please state type:*										
Elimination — Do you need the toilet?	Y	I	I	I	I						
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y						
Continence product changed/offered?	✓	✓	–	–	✓						
Catheter care performed?	✓	✓	–	–	✓						
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact											
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y						
Bowel function monitored	Observe bowel function and update daily										
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	Y	Y	Y	Y	Y						
Fluid Balance Chart (if clinically indicated)											
When did you last eat?	✓	✓	S	B	M						
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required											
Oral Hygiene Performed (ref to risk assessment)	Y	Y	Y	Y	Y						
Falls — Appropriate Footwear?	Y	Y	Y	Y	Y						
Walking aid available(and within reach)	NA	NA	NA	NA	NA						
Area de-cluttered?	Y	Y	Y	Y	Y						
Chair and bed height assessed?	Y	Y	Y	Y	Y						
Falls alarm in use and attached?	NA	NA	NA	NA	NA						
Glasses available for use? (if worn)	Y	Y	Y	Y	Y						
Hearing aid available for use? (if worn)	Y	Y	Y	Y	Y						
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐											
Pain — Are you in pain?	N	N	N	N	N						
Analgesia Given?											
General — Peripheral Venous Cannula observed?	NA	NA	N	N	N						
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**											
Are you comfortable? Y/N	Y	Y	Y	Y	Y						
Anything else I can do for you?	Y	Y	Y	Y	Y						
Buzzer within easy reach	Y	Y	Y	Y	Y						
Personal Care *Type* _____ *(specify)* **Time Given** _____											
Initials – document at time of care delivery	LB	LB									

Ward: 208 Site: RIE Date: 6/1/26

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

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

Print name and sign

Addressograph or

700927161K /E6264398 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0820	0950	1110	1300	1515	1520						
	08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review											
	Waterlow 10+ - Visual Skin Check (tick)	✓	✓	✓	✓	✓	✓					
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	NS	NS	NS	Bruised					
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other... L/R shin legs										
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan											
	Have you changed position since last CR?	N	Y	Y	N	N	Y					
	Positioning (R) or (L) side (B) Back (C) Chair	B	B	B	B	B	B					
	Mattress type / Cushion type	*please state type:* foam										
Elimination	Do you need the toilet?	N	N	N	N	N	N					
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y					
	Continence product changed/offered?	O	O	O	O	O	O					
	Catheter care performed?	NA	NA	NA	NA	NA	NA					
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact											
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y					
	Bowel function monitored	Observe bowel function and update daily										
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y	N	N	Y	N	N					
	Fluid Balance Chart (if clinically indicated)	✓	✓	✓	✓	✓	✓					
	When did you last eat?	B	B	B	L	L	L					
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required											
Falls	Oral Hygiene Performed (ref to risk assessment)	N	N	N	N	N	N					
	Appropriate Footwear?	Y	Y	Y	Y	Y	Y					
	Walking aid available(and within reach)	NA	NA	NA	NA	NA	NA					
	Area de-cluttered?	Y	Y	Y	Y	Y	Y					
	Chair and bed height assessed?	Y	Y	Y	Y	Y	Y					
	Falls alarm in use and attached?	NA	NA	NA	NA	NA	NA					
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	N/N	N/N	N/N	N/N	N/N	N/N					
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐											
Pain	Are you in pain?.	N	N	N	N	N	N					
	Analgesia Given?	N	N	N	N	N	N					
General	Peripheral Venous Cannula observed?	NA	NA	NA	NA	NA	NA					
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**											
	Are you comfortable? Y/N	Y	Y	Y	Y	Y	Y					
	Anything else I can do for you?	N	N	N	N	N	N					
	Buzzer within easy reach	Y	Y	Y	Y	Y	Y					
Personal Care *Type* _____ *(specify)*	**Time Given** _____											
Initials – document at time of care delivery	SB	SB	SB	SB	SB	SB						

PRESCRIPTION AND ADMINISTRATION RECORD

Long Stay

NHS Lothian

Hospital/Ward:	Consultant:
Weight:	Height:
If re-written, date:	
DISCHARGE PRESCRIPTION	
Date completed:	Completed by:

Na 700927161K /E6264398 M
ANDERSON Owen
Ch 09-Jun-72 **CHI:** 090 672 0559
D. 77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

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

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → / Time ↓

Medicine (Approved Name): Paracetamol
Dose: 1g | Route: oral | Quantity | For Use Date
Notes/Indication for antibiotic | Start Date: 1/1/26 | Stop Date
Prescriber - sign + print | Pharmacy
Times: 6, 8, 12, 14, 18, 22

Medicine (Approved Name): Enoxaparin
Dose: 40 mg | Route: SC | Quantity | For Use Date
Notes/Indication for antibiotic | Start Date: 1/1/26 | Stop Date
Prescriber - sign + print | Pharmacy
Times: 6, (8), 12, 14, (18), 22

Medicine (Approved Name): Hydroxycarbamide
Dose: 1g | Route: oral | Quantity | For Use Date
Notes/Indication for antibiotic | Start Date: 1/1/26 | Stop Date
Prescriber - sign + print | Pharmacy
Times: 6, (8), 12, 14, 18, 22

Medicine (Approved Name): Digoxin
Dose: 62.5 mcg | Route: oral | Quantity | For Use Date
Notes/Indication for antibiotic | Start Date: 1/1/26 | Stop Date
Prescriber - sign + print | Pharmacy
Times: 6, (8), 12, 14, 18, 22

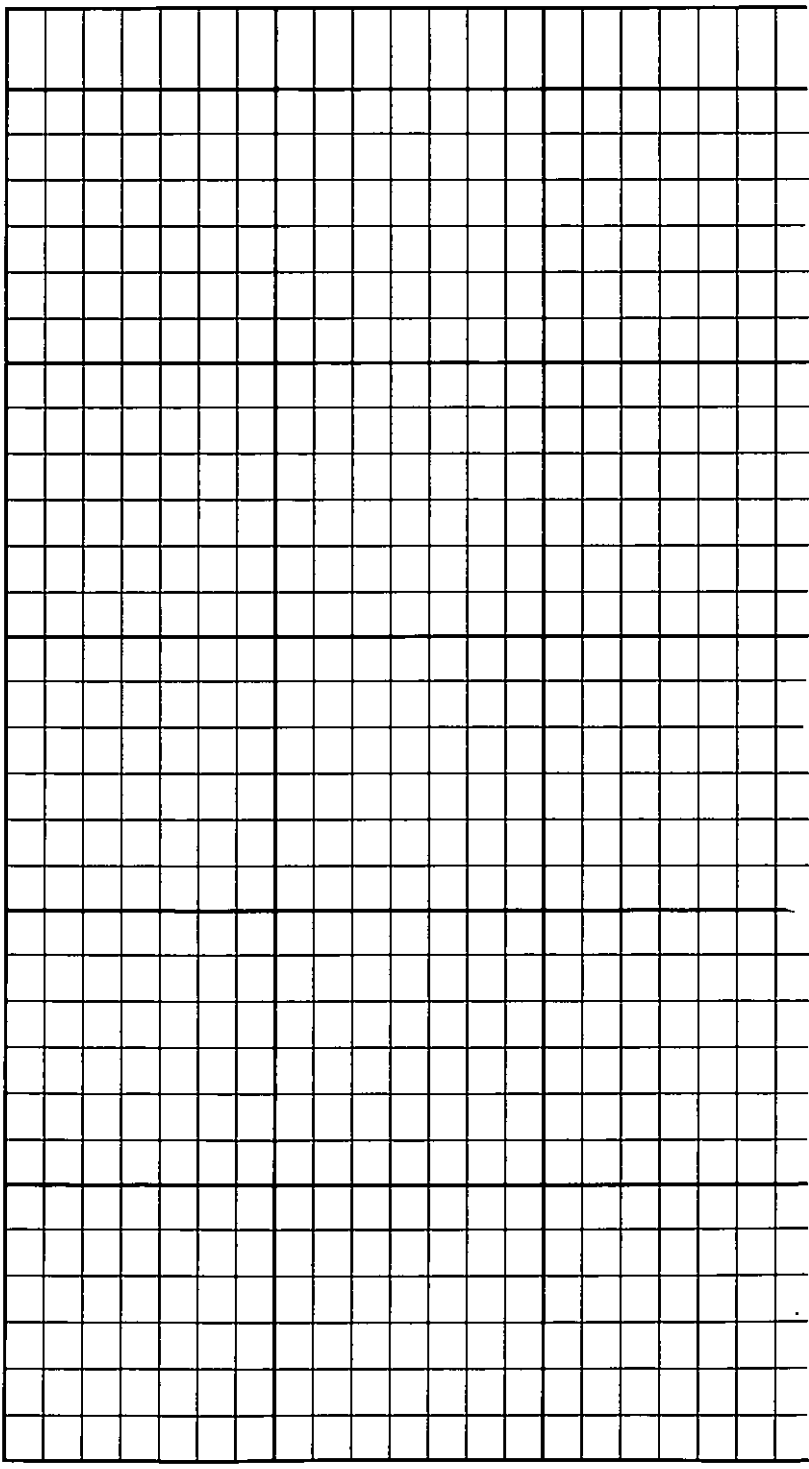
Medicine (Approved Name): Metformin
Dose: 500mg | Route: oral | Quantity | For Use Date
Notes/Indication for antibiotic | Start Date: 1/1/26 | Stop Date
Prescriber - sign + print | Pharmacy
Times: 6, (8), 12, 14, (18), 22

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



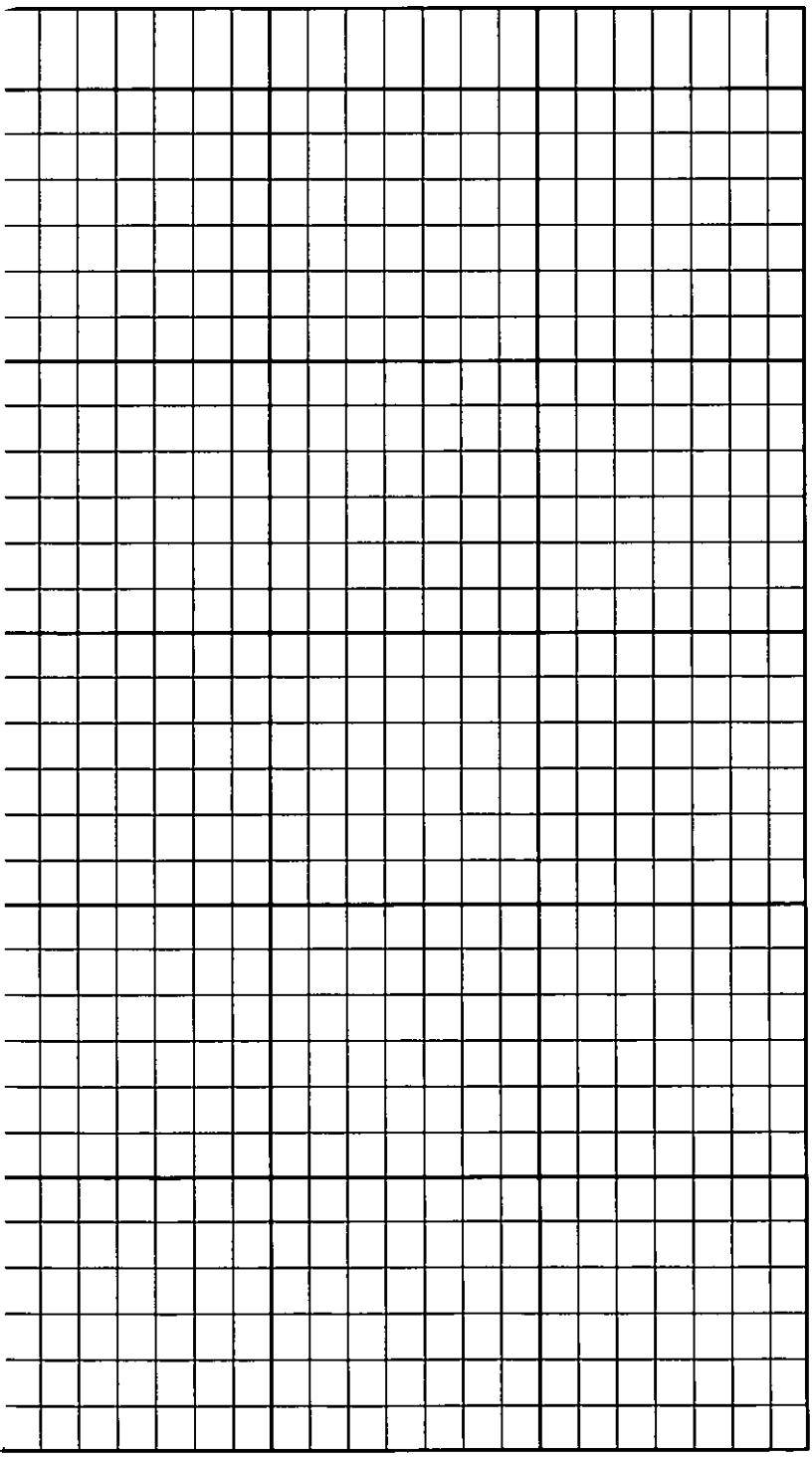
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



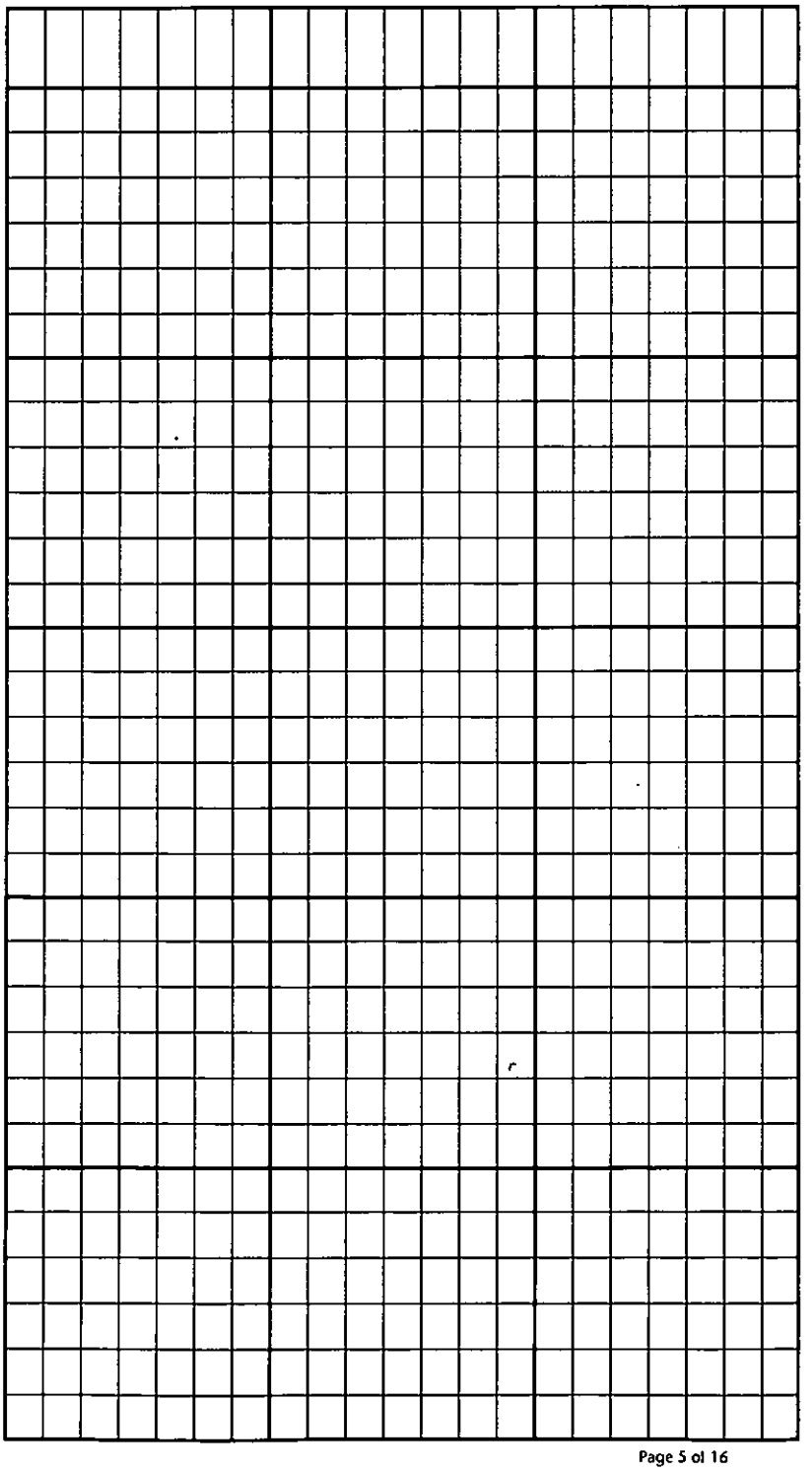
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses
2. Patient not present
3. Medicines not available – CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available – CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → / Time ↓

Medicine (Approved Name): Bisoprolol
Dose: 5 mg
Route: oral
Notes/Indication for antibiotic:
Start Date: 1/1/26
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date:
Quantity:
Times: 6, (8), 12, 14, 18, 22

Medicine (Approved Name): Lufa-bec 100/6
Dose: 2 puffs
Route: inh
Notes/Indication for antibiotic:
Start Date: 1/1/26
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date:
Quantity:
Times: 6, (8), 12, 14, (18), 22

Medicine (Approved Name): Furosemide
Dose: 40 mg
Route: oral
Notes/Indication for antibiotic:
Start Date: 1/1/26
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date:
Quantity:
Times: 6, (8), 12, 14, 18, 22

Medicine (Approved Name): Atorvastatin
Dose: 40 mg
Route: oral
Notes/Indication for antibiotic:
Start Date: 1/1/26
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date:
Quantity:
Times: 6, 8, 12, 14, 18, (22)

Medicine (Approved Name): Omeprazole
Dose: 20 mg
Route: oral
Notes/Indication for antibiotic:
Start Date: 1/1/26
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date:
Quantity:
Times: 6, (8), 12, 14, 18, 22

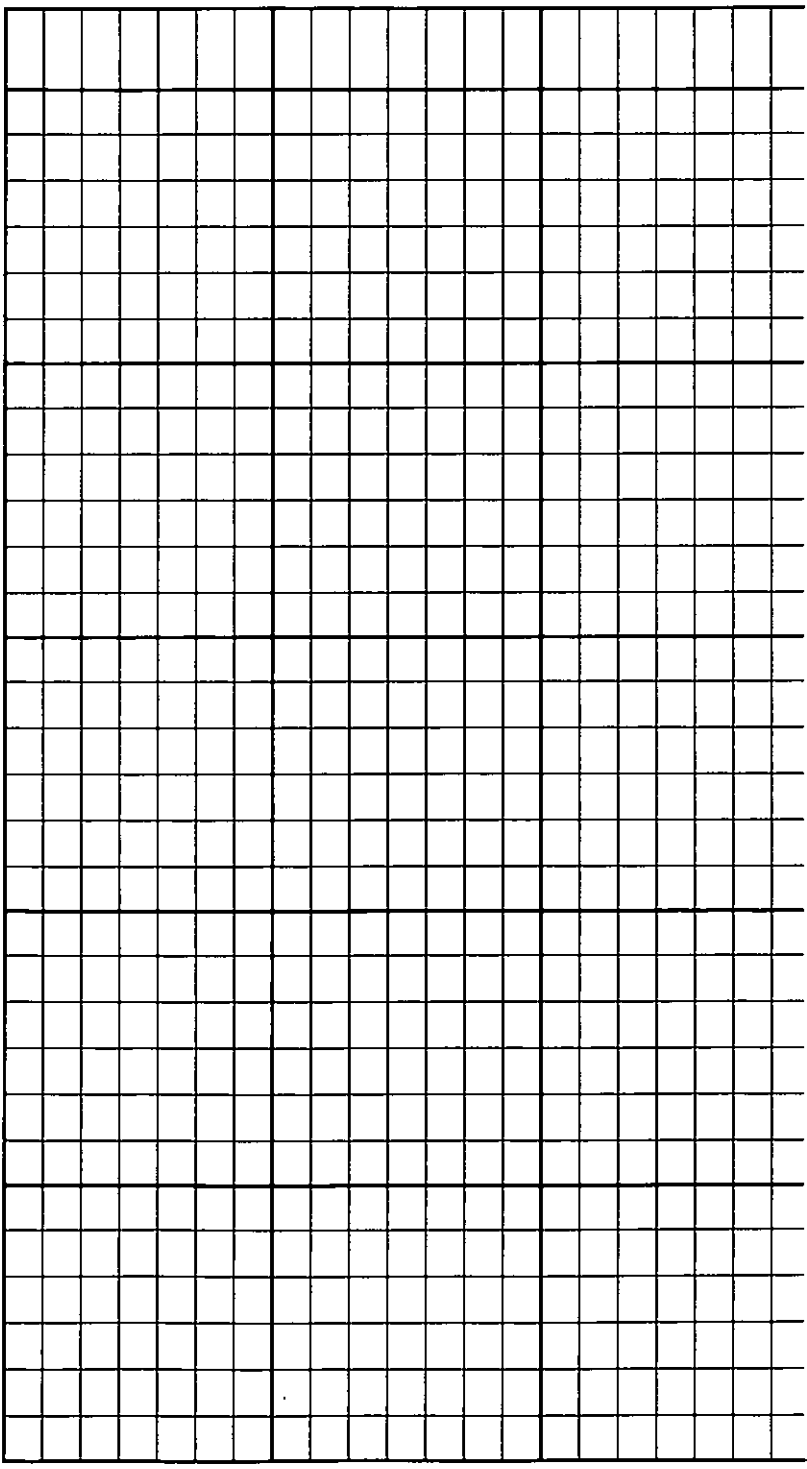
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



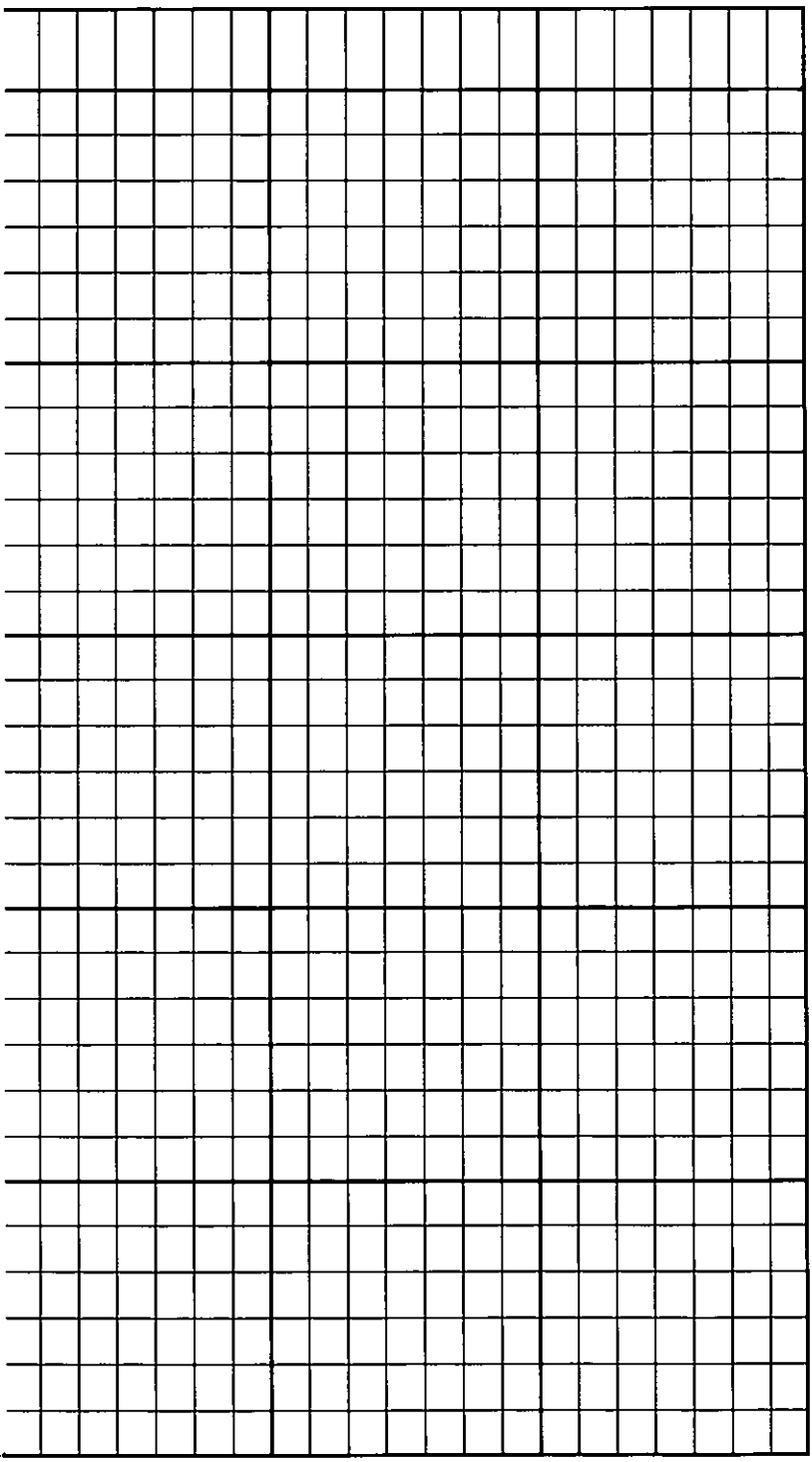
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



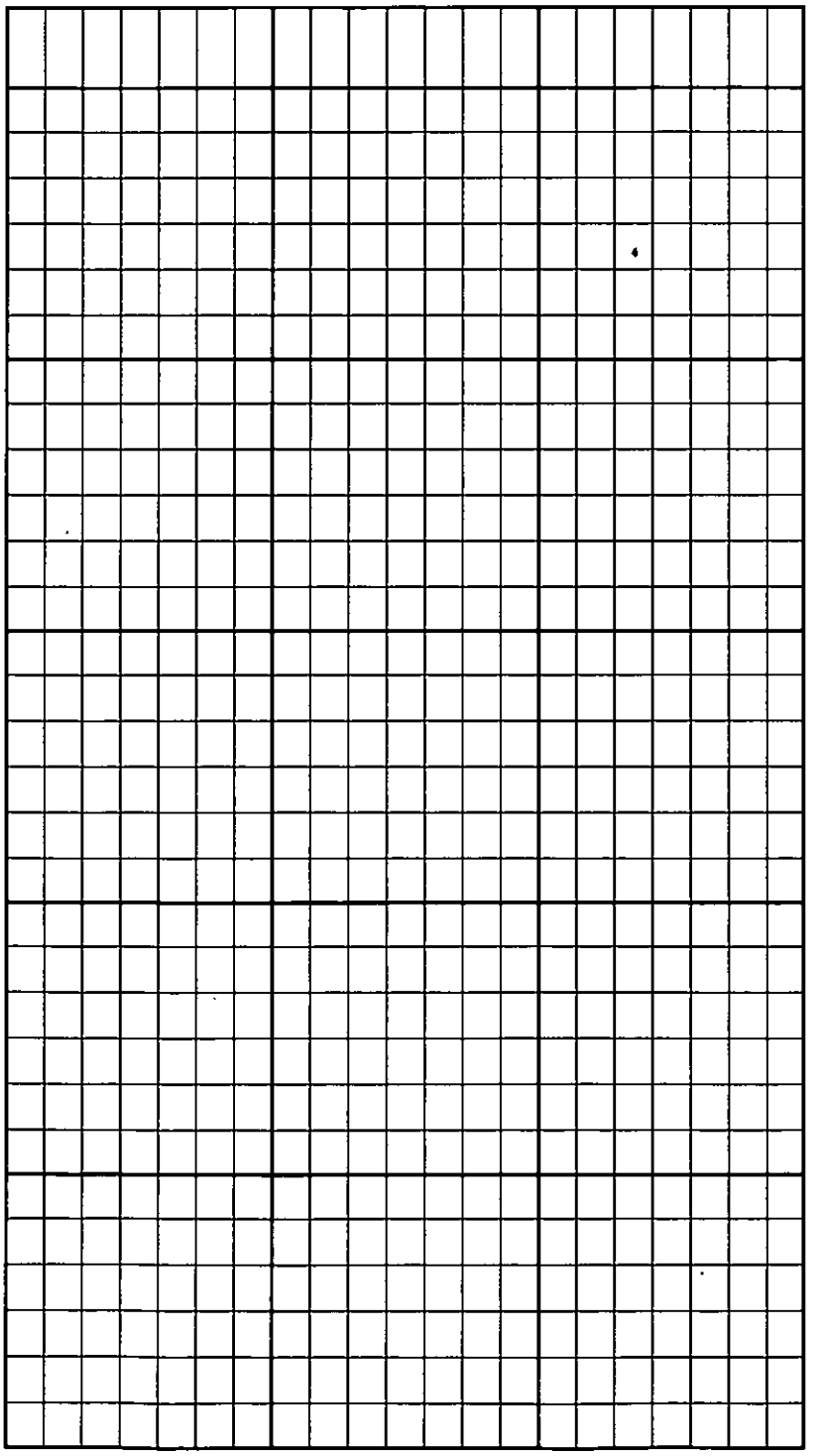
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses
2. Patient not present
3. Medicines not available – CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available – CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION			Patient's Own Medicine	Date → / Time ↓																						
Medicine (Approved Name)			For Use / Date	6																						
Dose	Route	Quantity		8																						
				12																						
Notes/Indication for antibiotic	Start Date	Stop Date		14																						
				18																						
Prescriber - sign + print		Pharmacy		22																						
Medicine (Approved Name)			For Use / Date	6																						
Dose	Route	Quantity		8																						
				12																						
Notes/Indication for antibiotic	Start Date	Stop Date		14																						
				18																						
Prescriber - sign + print		Pharmacy		22																						
Medicine (Approved Name)			For Use / Date	6																						
Dose	Route	Quantity		8																						
				12																						
Notes/Indication for antibiotic	Start Date	Stop Date		14																						
				18																						
Prescriber - sign + print		Pharmacy		22																						
Medicine (Approved Name)			For Use / Date	6																						
Dose	Route	Quantity		8																						
				12																						
Notes/Indication for antibiotic	Start Date	Stop Date		14																						
				18																						
Prescriber - sign + print		Pharmacy		22																						
Medicine (Approved Name)			For Use / Date	6																						
Dose	Route	Quantity		8																						
				12																						
Notes/Indication for antibiotic	Start Date	Stop Date		14																						
				18																						
Prescriber - sign + print		Pharmacy		22																						
Medicine (Approved Name)			For Use / Date	6																						
Dose	Route	Quantity		8																						
				12																						
Notes/Indication for antibiotic	Start Date	Stop Date		14																						
				18																						
Prescriber - sign + print		Pharmacy		22																						
Medicine (Approved Name)			For Use / Date	6																						
Dose	Route	Quantity		8																						
				12																						
Notes/Indication for antibiotic	Start Date	Stop Date		14																						
				18																						
Prescriber - sign + print		Pharmacy		22																						

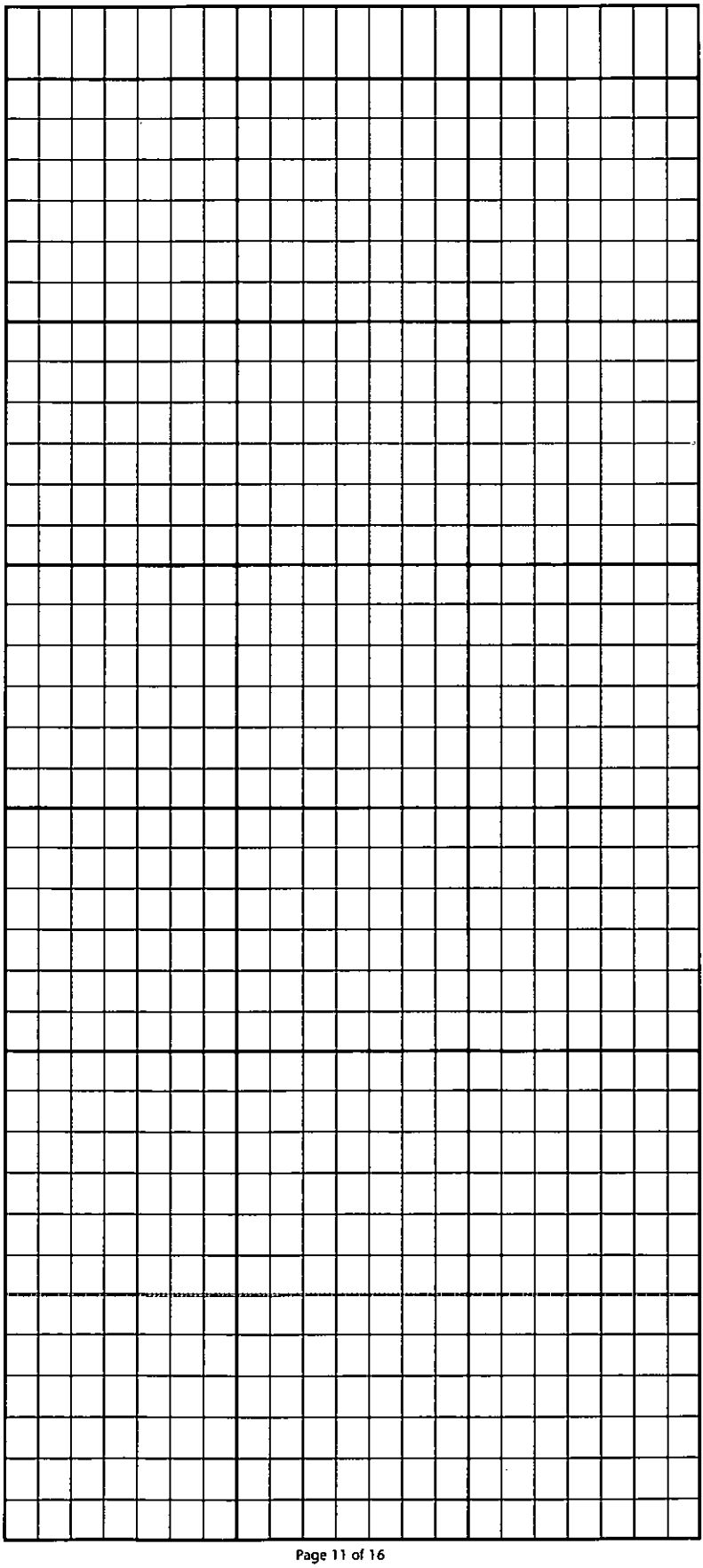
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



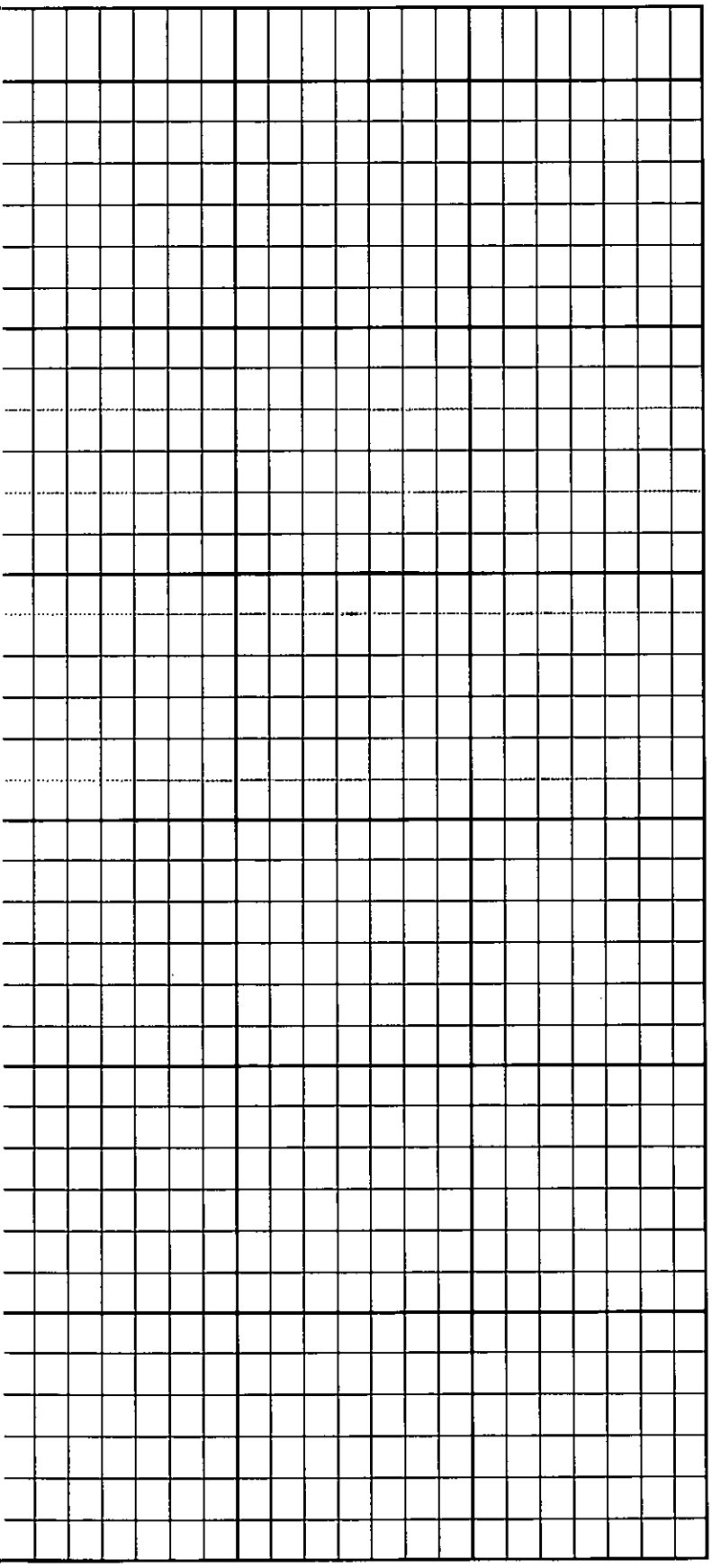
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



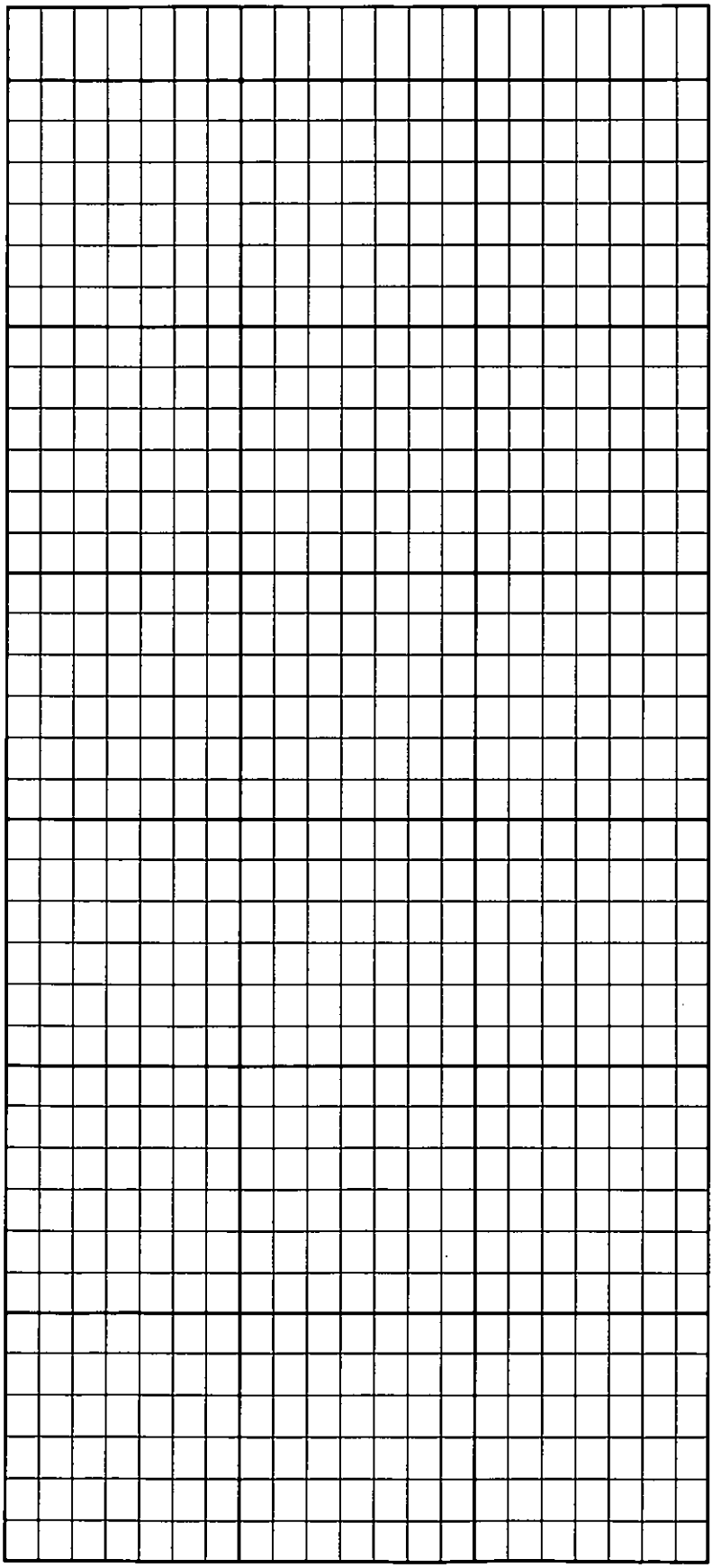
REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)



CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses
2. Patient not present
3. Medicines not available – CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available – CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicines												
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicines												
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicines												
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

Addressograph

700927161K /E6264398 M
ANDERSON Owen
09-Jun-72 **CHI:** 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

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

Previous Adverse Reactions	Weight	Date
Penicillin	kgs Actual / Estimate	31/12/2025

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
31/12	2010	PARACETAMOL	1g	PO	CASSIE	2030	MM	
31/12	2010	ENOXAPARIN	40mg	SC	CASSIE	2030	MM	
31/12	2010	ORAMORPH	20mg	PO	CASSIE	2030	MM	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																						
	Date:	31/12																				
	Time:																					
A+B Respirations Breaths/min	≥25										3											
	21-24										2											
	18-20	19																				
	15-17																					
	12-14																					
	9-11										1											
	≤8										3											
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	98																				
	94-95										1											
	92-93										2											
	≤91										3											
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2										3											
	95-96 on O_2										2											
	93-94 on O_2										1											
	≥93 on air																					
	88-92																					
	86-87										1											
	84-85										2											
	≤83										3											
Tick box if using SpO_2 Scale 2 Right:																						
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																				
	O^2 L/min or %										2											
	Device																					
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3											
	201-219																					
	181-200																					
	161-180																					
	141-160																					
	121-140	134																				
	111-120																					
	101-110	|									1											
	91-100	|									2											
	81-90																					
	71-80	77																				
	61-70										3											
	51-60																					
	≤50																					
C Pulse Beats/min Manual pulse	≥131										3											
	121-130										2											
	111-120																					
	101-110										1											
	91-100	97																				
	81-90																					
	71-80																					
	61-70																					
	51-60																					
	41-50										1											
	31-40										2											
	≤30										3											
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A																				
	New Confusion										3											
	V																					
	P																					
	U																					
E Temperature °C	≥39.1°										2											
	38.1-39.0°										1											
	37.1-38.0°																					
	36.1-37.0°	36.9																				
	35.1-36.0°										1											
	≤35.0°										3											
NEWS TOTAL		1																				
Monitoring frequency		2																				
Escalation of care Y/N		N																				
Blood Glucose reading or N/A		6.9																				
Pain score (0-10)		0																				
Initials		KG																				

Bm - 7.1
Kem - 0.1

Reproduced from Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017.

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

700927161K /E6264398 M
ANDERSON Owen
09-Jun-72 **CHI:** 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

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

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

Date																														
Time																														
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4																											
		To speech	3																											
		To pain	2																											
		None	1																											
	Best Verbal Response	Orientated	5																											
		Confused	4																											
		Inappropriate words	3																											
		Incomprehensible sounds	2																											
		None	1																											
	Best Motor Response	Obey commands	6																											
		Localise to pain	5																											
		Flexion to pain	4																											
		Abnormal flexion	3																											
		Extension to pain	2																											
		None	1																											
Total GCS Score																														
Right Pupil		Size																												
		Reaction																												
Left Pupil		Size																												
		Reaction																												
LIMB MOVEMENT	ARMS	Normal power																												
		Mild weakness																												
		Severe weakness																												
		Extension																												
		No response																												
	LEGS	Normal power																												
		Mild weakness																												
		Severe weakness																												
		Extension																												
		No response																												
Initials																														

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
c. eye closed

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

Pupil Scale mm 1 2 3 4 5 6 7 8

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

FOR PATIENTS NOT ON INSULIN

Name of patient Owen Anderson
Date of Birth
CHI 0906720559
(Attached printed label here)

Blood Glucose Monitoring Record

This document is for patients who are **NOT on insulin treatment**
If the patient is on insulin, please use the Adult Insulin Prescription & Administration Record
For variable rate insulin infusion (VRIII), please use the VRIII chart

NHS Lothian

Date		Before Breakfast		Before Lunch		Before Evening Meal		Before Bed	
31/12/25	Time			1				23.45	
	Blood glucose							8.5	
	Ketones								
01/01/26	Time			12.05				1938	
	Blood glucose			7.0				7.0	
	Ketones								
2/1/26	Time			1230		1645		22:30	
	Blood glucose			7.2		12		9.2	
	Ketones								
3/1/26	Time	0655		11:58		17:07			
	Blood glucose	7.2		8.5		7.9			
	Ketones								
4/1/26	Time	0650							
	Blood glucose	5.7							
	Ketones								

If the patient is unwell or has ketones above 0.6 mmol/L, seek medical advice-guidance available at **www.edinburghdiabetes.com/inpatientdiabetes**
For blood glucose readings less than 4 or more than 12 mmol/L, guidance available on pages 5 & 6 of the Adult Insulin Prescription & Administration Record

FOR PATIENTS NOT ON INSULIN

Name of patient

Date of Birth

CHI

(Attached printed label here)

Blood Glucose Monitoring Record

This document is for patients who *are* **NOT on insulin treatment**
If the patient is on insulin, please use the Adult Insulin Prescription & Administration Record
For variable rate insulin infusion (VRIII), please use the VRIII chart

NHS Lothian

Date ___/___/___		Before Breakfast		Before Lunch		Before Evening Meal		Before Bed	
	Time								
	Blood glucose								
	Ketones								
Date ___/___/___	Time								
	Blood glucose								
	Ketones								
Date ___/___/___	Time								
	Blood glucose								
	Ketones								
Date ___/___/___	Time								
	Blood glucose								
	Ketones								
Date ___/___/___	Time								
	Blood glucose								
	Ketones								

If the patient is unwell or has ketones above 0.6 mmol/L, seek medical advice-guidance available at **www.edinburghdiabetes.com/inpatientdiabetes**
For blood glucose readings less than 4 or more than 12 mmol/L, guidance available on pages 5 & 6 of the Adult Insulin Prescription & Administration Record

Ward: AMU 7 Site: RUH Date: 3/1/26

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

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

Print name and sign _____

Addressograph, or

Name OWKIN ANDERSON

OOB

Unit no. / CHI

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	2130											
	08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review											
	Waterlow 10+ - Visual Skin Check (tick)	✓										
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	WNL										
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....										
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan											
	Have you changed position since last CR?	Y										
	Positioning (R) or (L) side (B) Back (C) Chair	W										
	Mattress type / Cushion type	*please state type:*										
Elimination	Do you need the toilet?	I										
	Is the patient continent of urine? (at time of Care Rounding)	Y										
	Continence product changed/offered?	/										
	Catheter care performed?	PN										
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact											
	Is patient continent of faeces? (at time of Care Rounding)	Y										
	Bowel function monitored	Observe bowel function and update daily										
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	I										
	Fluid Balance Chart (if clinically indicated)	N										
	When did you last eat?	D										
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required											
Falls	Oral Hygiene Performed (ref to risk assessment)	Y										
	Appropriate Footwear?	Y										
	Walking aid available(and within reach)	—										
	Area de-cluttered?	Y										
	Chair and bed height assessed?	Y										
	Falls alarm in use and attached?	—										
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	N										
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐											
Pain	Are you in pain?	N										
	Analgesia Given?	N										
General	Peripheral Venous Cannula observed?	Y										
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**											
	Are you comfortable? Y/N	Y										
	Anything else I can do for you?	N										
	Buzzer within easy reach	/										

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery												

Ward:	Site:	Date:	Addressograph, or
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency. **1hrly 2 hrly 3 hrly _____hrly** (please circle/complete) **Print name and sign** _____			Name OOB Unit no. / CHI

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830													
	08.00 am ←				**24 hour period**							→	**07.00 am**

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review:
Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick)													
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister													
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Elimination

Have you changed position since last CR?													
Positioning (R) or (L) side (B) Back (C) Chair													
Mattress type / Cushion type	*please state type:*												
Do you need the toilet?													
Is the patient continent of urine? (at time of Care Rounding)													
Continence product changed/offered?													
Catheter care performed?													

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces? (at time of Care Rounding)													
Bowel function monitored	Observe bowel function and update daily												

Food, Fluid & Nutrition

Would you like a drink? Ensure fluids are within easy reach													
Fluid Balance Chart (if clinically indicated)													
When did you last eat?													

(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Oral Hygiene Performed (ref to risk assessment)													

Falls

Appropriate Footwear?													
Walking aid available(and within reach)													
Area de-cluttered?													
Chair and bed height assessed?													
Falls alarm in use and attached?													
Glasses available for use? (if worn) Hearing aid available for use? (if worn)													

Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐

Pain

Are you in pain?													
Analgesia Given?													

General

Peripheral Venous Cannula observed?													

Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**

Are you comfortable? Y/N													
Anything else I can do for you?													
Buzzer within easy reach													

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery													

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

General Medicine

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 31/12/2025

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	Ward 205 RIE	**Admission Date**	28/12/2025
Consultant	Dr Roy G Harris	**Discharge Date**	30/12/2025

Dear Dr Schuur

Allergen (Group to which Allergen belongs)	Reaction
phenoxymethylpenicillin	2 other adverse reaction - see TRAK

ACUTE AND GENERAL MEDICINE RIE DISCHARGE COMMUNICATION

Please note the patient self-discharged against medical advice

PRINCIPAL DIAGNOSIS
1. Bilateral leg haematomas

INFORMATION FOR PATIENT

1. Can you explain my diagnosis and what treatment did I receive?
You had a bruise on both your legs (known as a haematoma), which is very likely secondary to Warfarin. As you probably know, the anticoagulant you are on, Warfarin, thins your blood which makes you less prone to clots, but can sometimes make you bleed more.

2. What tests have I had and what were the results from these tests?
Blood tests showed you had anaemia and low platelets. Your renal function and liver function were normal on admission. Your INR (which is used to determine the dose of Warfarin) was within target. Later on the day you self-discharged, your renal function was a bit off and the INR was not withing range.

3. Do I need to contact my GP practice after discharge? If so, why and when?

You will need to go to Ambulatory Care for INR checks and then to your GP.

DISCHARGE MEDICATIONS

1. Medicines reconciled against ECS/other sources? Yes

2. ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin

3. Changes to drugs since admission (relative to ECS above and please include reason)
STOPPED: Nil
STARTED: Nil
CHANGED: Nil
WITHHELD: Warfarin was withheld on admission and has been restarted on the 30/12/25.

Pharmacist check: Name: Date: Time:
Nursing check:
Patients own medication / controlled drugs returned to patient: YES / NO / NA Signature:
Patients own medication / controlled drugs removed with consent: YES / NO / NA Signature:

INFORMATION FOR GP

ACTION REQUIRED IN COMMUNITY: Nil
HOSPITAL FOLLOW-UP ARRANGED: AMU on 31/12/25 at 10:00 for INR check.

BRIEF SUMMARY OF ADMISSION:
Owen Anderson was admitted on the 26/12/25 with worsening right buttock bruising. He has a PMHx of a mechanical MVR done in 2022 and AF and he is on Warfarin. He also has a PMHx of traumatic brain injury, SDH (ITU admission- 11/25), alcohol misuse, asthma, IHD, T2DM and polycythaemia vera. He was recently admitted for a right buttock haematoma also likely secondary to Warfarin and he self-discharged on the 19/12/25. He was assessed by the Orthopaedics team who ruled out compartment syndrome since there was no neurovascular signs and no pain at rest. On the 30/12/25 he discharged himself against medical advice, despite being explained he needed to remain in hospital for close INR monitoring, including the risk of bleeding and the risk of dying. He signed a DAMA (discharge against medical advice) form. He was advised him to come back on the 31/12/25 to AMU reception at 10.00 for a INR check and also advised to take Warfarin 6 mg on the night of the 30/12/25. Strong worsening advice was given.

SUMMARY OF INVESTIGATION RESULTS:
INR on admission was INR 3.5 (Target 2.5-3.5). Hb was 87 and MCV 106.
Bloods on the day of self-discharge against medical advice: Hb 88 (89); WCC 8.1 (7.8); Plat 347
CK 414 (357). INR 1.5

INFORMATION FOR RIE ADMIN TEAM
Outstanding results: Nil
Please cc this letter to: Nil

Analia Belen Nicolini
FY2
Acute and General Medicine, Royal Infirmary of Edinburgh

FDL Authorising Consultant: Dr Roy Harris Date: 31.12.25

For further information contact:
Acute and General Medicine Secretary
Phone: 0131 242 1441
E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Neurosurgery

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 05/01/2026

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI**	**0906720559**
		Date of Birth / Age	09/06/1972 (53 years)
		UHPI	700927161K
Ward	DCN Ward 230	**Admission Date**	22/11/2025
Consultant	Mr Khandkar Ali Kawsar	**Discharge Date**	24/11/2025

Dear Dr Schuur

DATE OF ADMISSION: 22/11/25
DATE OF DISCHARGE: 24/11/25
DIAGNOSIS: Traumatic brain injury with traumatic SAH, right orbital wall and right pterygoid wing fractures

SUMMARY: Owen was brought to hospital by ambulance on 21 November 2025 after being found unconscious in the street with facial injuries. In A&E, Owen was GCS 7 and agitated so was intubated to facilitate CT scan. This demonstrated a small volume traumatic subarachnoid haemorrhage with acute right inferior orbital floor and right lateral pterygoid plate fractures.

He was admitted to ITU overnight then extubated the next morning and stepped down to DCN. He was assessed by the TBI team on the 24 November 2025, and was found to be misusing alcohol. Alcoholic supportive services were offered but the patient declined these.

His Warfarin was stopped for 36 hours and the plan was to restart his usual dose with LMWH bridging (at therapeutic dose) until INR levels stable for 2 consecutive days. However, Mr Anderson self-discharged against medical advice on 24 November 2025. He was deemed to have capacity by the TBI and the neurosurgery teams. A course of LMWH and Warfarin have been prescribed and the GP contacted by phone to ensure INR levels are checked in the community.

CHANGES TO DRUGS SINCE ADMISSION (PLAN and REASON):
- Started: Enoxaparin 100mg twice daily (to continue while on Warfarin 5mg once daily until INR levels within range), Paracetamol 1g QDS
- Stopped:
- Changed:

ALLERGIES / ADVERSE DRUG REACTIONS:
Phenoxymethylpenicillin

FOLLOW UP:
- TBI nurse: Telephone follow up later in the week
- Max Fax: Will see in outpatient clinic

DVLA advice: Owen must not drive and must inform the DVLA of his injuries if he holds a driving license

CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN: Nil changes made

Certificate has been issued for : ___days/____weeks

Information contained in this letter has been discussed with patient/carer.

GP PLEASE CONSIDER THE FOLLOWING: Please monitor this gentleman's INR. Once his INR is in range for 2 consecutive readings the LMWH can be stopped and the Warfarin continued.

Thank you for your ongoing care of Owen.

Dr. Ines Sousa
Neurosurgery Clinical Fellow

FOR ANY ENQUIRIES CONTACT: Ward 230, RIE - 0131 312 0230

Checked and authorised by Mr K A Kawsar, Consultant Neurosurgeon

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

General Medicine

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 07/01/2026

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	Ward 208 RIE	**Admission Date**	31/12/2025
Consultant	Dr Ishwinder K Thethy	**Discharge Date**	06/01/2026

Dear Dr Schuur

Allergen (Group to which Allergen belongs)	Reaction
phenoxymethylpenicillin	2 other adverse reaction - see TRAK

ACUTE AND GENERAL MEDICINE RIE
DISCHARGE COMMUNICATION

PRINCIPAL DIAGNOSES:
1. Self discharge
2. New left thigh haematoma
3. Previous gluteal haematoma

---

1. Can you explain my diagnosis and what treatment did I receive?

2. What tests have I had and what were the results from these tests?

3. Do I need to contact my GP practice after discharge? If so, why and when?

---

1. Medicines reconciled against ECS/other sources? Yes/No

2. ALLERGIES / ADVERSE DRUG REACTIONS:

3. Changes to drugs since admission (relative to ECS above and please include reason)

STOPPED: Nil
STARTED: Nil
CHANGED: Nil
WITHHELD: Nil

INSULIN PREPARATION AND DOSE ON DISCHARGE: (if applicable - Please write out units in full do not abbreviate to u)

Pharmacist check: Name: Date: Time:
Nursing check:
Patients own medication / controlled drugs returned to patient: YES / NO / NA Signature:
Patients own medication / controlled drugs removed with consent: YES / NO / NA Signature:
_____

ACTION REQUIRED IN COMMUNITY:
Please arrange appointment in community for INR and titrate Warfarin.
Upon discussion with Haematology, Owen is on Hydroxycarbamide for Polcythemia vera and has DNA haematology appointment. We have been advised to WH Hydroxycarbamide while bleeding and to encourage Owen to attend Haematology appointment. Could he be referred in to Haematology for review of PCV, target haematocrit should be less than 45% when not bleeding.

HOSPITAL FOLLOW-UP ARRANGED: Nil

BRIEF SUMMARY OF ADMISSION:
Mr Anderson was reviewed following Ambulatory Care appointment with 2 day hx of left thigh swelling and worsening pain. This was thought to be new spontaneous haematoma in his left leg with potential signs of compartment syndrome. He is normally on Warfarin for metallic MVR.

He was admitted for monitoring and titration of anticoagulation on advice from Haematology. INR on admission was 1.4 and he was started on BD 40mg Enoxaparin. This was eventually escalated to 80mg BD prior to Mr Anderson self discharging.

Mr Anderson had elected to abscond off the ward and was not contactable. We have spoken to NOK to advise that he respond to calls and to ask that he restart his Warfarin and see his GP for INR check. Please arrange review of INR and titrate Warfarin in the community.

On last review prior to increase in Enoxaparin, Mr Andersons haematoma appeared to be stable and Hb had risen from 87 to 104.

SUMMARY OF INVESTIGATION RESULTS:
US thigh both
Left lateral thigh and right gluteal region scanned as per patient's sites of pain and swelling.

There is a large tear-shaped mixed-echogenic haematoma in the left posterolateral thigh. It is smaller proximally (depth 7mm) and lies superficially to the muscle, and widens (depth 4.5cm) distally with an intramuscular component. There are no active bleeding site, but surrounding inflamed muscle is hyperaemic.

The right medial gluteal region also contains a large rounded (5.3cm depth) mixed-echogenic haematoma deep to

the gluteus maximus. This was more difficult to visualise due to depth of the swelling, and there are no active bleeding sites.

Overlying soft tissue oedema in both sites.

FUTURE CARE PLAN (please update KIS - delete if not appropriate)

Changes to CPR status:
Treatment Escalation Plan/Ceiling of care:
Wishes around readmission/Preferred Focus of Care:

Outstanding results: Nil
Please cc this letter to: Nil

Yours sincerely,

JT Lim
CF
Acute and General Medicine, Royal Infirmary of Edinburgh

FDL Authorising Consultant: Date:

For further information contact:
Acute and General Medicine Secretaries
Phone: 0131 242 1440
E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

General Medicine

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 12/01/2026

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	WGH MAU Base 1	**Admission Date**	16/12/2025
Consultant	Dr Matthew RG King	**Discharge Date**	17/12/2025

Dear Dr Schuur

Allergen (Group to which Allergen belongs)	Reaction
phenoxymethylpenicillin	2 other adverse reaction - see TRAK

Diagnosis:

1) Spontaneous right buttock haematoma.
2) Mildly elevated INR.
3) Atrial fibrillation + metallic heart valve on Warfarin.
4) Ischaemic heart disease.
5) Type 2 diabetes mellitus.
6) Previous diagnosis of polycythaemia vera .
7) Recent traumatic brain injury with traumatic haemorrhage - november 2025.
8) Penicillin allergy.

Consultant comment:

Unfortunately Mr Anderson self discharged against medical advice (with full capacity). He was concerned about being so far from his home in Dalkeith and upset about not being in the Royal Infirmary of Edinburgh which would be much nearer. In addition he was frustrated at that the main stay of his management with simple observation in hospital without active intervention.

Mr Anderson has subsequently presented to The Royal infirmary of Edinburgh and you should receive further correspondence from them directly in due course if not already.

Please let us know if you have any further queries relating to his time at the Western General Hospital.

Many thanks,
Yours sincerely

E-signed by: Dr M King

Dr Matthew King
Consultant Physician
Western General Hospital

Any queries please contact 0131 537 2678

Patient has Discharged Against Medical Advice

PHARMACY CHECK YES / NO SIGNATURE .....

PATIENTS OWN MEDICATION (to be completed by nursing staff)
Patients own medication / controlled drugs returned to patient YES / NO / NA SIGNATURE .....
Patients own medication / controlled drugs removed with consent YES / NO / NA SIGNATURE .....

ABBREVIATED IMMEDIATE DISCHARGE LETTER

This is an abbreviated IDL from the Western General Hospital Admissions Unit. Only new drugs, or those that have been changed, are included in the list. Any medicines discontinued will be detailed. All other medicines are to continue as before.
This letter will only be generated for patients that are admitted for less than 48 hours and have less than 4 medication changes. That includes, stopping, changing the dose, withholding a drug or starting a drug.

PRINCIPAL DIAGNOSIS/PROCEDURE
sudden onset R gluteal swelling and pain - likely haematoma

TREATMENT
oral vit K

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Patient has DAMA
INR check booked at GP 18/12
Email sent to GP to make aware of the situation
Patient has been advised to attend RIE for inpatient monitoring

CHANGES TO DRUGS SINCE ADMISSION

ALLERGIES / ADVERSE DRUG REACTIONS
Penicillin

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil

CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN
Nil

GP to please consider the following...

Dear Doctor

Owen Anderson was admitted to WGH on 16/12/25 with acute sudden onset severe pain and swelling of right buttock. Mr Anderson was recently discharged from RIE following traumatic SAH and facial bone fracture after fall. He is on warfarin for Atrial fibrillation and has a metallic heart valve.

Past medical history includes IHD, T2DM, Metallic mitral heart valve 2022 and on warfarin, AF, and polycythaemia vera.

He was referred by GP for INR 6.9. Admission bloods showed INR 5.9, Hb 140, otherwise NAD.

On examination, 10cm x 10cm r gluteal tense swelling, overlying skin warm to touch. Very tender to touch. No bruising or erythema of overlying skin. No neurological compromise in lower limbs.

Haematology team advised warfarin reversal. 2mg of vitamin 6 was given and warfarin was withheld.

The orthopaedic team advised for conservative management with ice packs and warfarin reversal; monitor for neurovascular compromise or skin necrosis and for urgent CT angio if clinically worsening or limb-threatening with new neurovascular compromise.

Bloods 17/12 showed Hb 119 and INR 2.6.

Haematology were contacted again and advised to monitor as inpatient and for radiological identification of possible haematoma to determine management with anticoagulation.

Unfortunately Mr Anderson discharged against medical device despite being made aware of medical recommendation to remain in hospital because of anticoagulation complexity and observation of haematoma.

An email has been sent to GP to make them aware of the situation.

We have organised an INR check at GP on 18/12 and have advised Mr Anderson he should present to RIE for inpatient monitoring.

Many thanks for your ongoing care of this patient.

Should you need further information please contact... MAU Base 1

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely,

Priya Pall
FY1
General Medicine
WGH

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

General Medicine

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 13/01/2026

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	Ward 208 RIE	**Admission Date**	31/12/2025
Consultant	Dr Ishwinder K Thethy	**Discharge Date**	06/01/2026

Dear Dr Schuur

Allergen (Group to which Allergen belongs)	Reaction
phenoxymethylpenicillin	2 other adverse reaction - see TRAK

Differential Diagnoses:
1. Haematomas Left posterolateral thigh and Right Medial Gluteal Regions.
1.1 On Warfarin for Metallic Mitral Valve Replacement and Atrial Fibrillation.
1.2 Known Ischaemic Heart Disease.
1.3 History of Alcohol Dependence.
1.4 Traumatic Brain Injury - Subarachnoid Haemorrhage, and Right Orbital wall and Right Pterygoid wing fractures: November 2025.
2. Influenza A positive and Infective Exacerbation of known Asthma.
3. Polycythaemia.
4. Type 2 Diabetes.

GP Please: I would appreciate it if you could kindly:
a. Suspend Mr Anderson's Hydroxycarbamide prescription for now, and advise him NOT to take this, pending further advice from Dr Alice Klauser, Consultant Haematologist.
b. Explore Mr Anderson's Alcohol Dependence and encourage him seek support from liaison services.
c. Continue to manage Mr Anderson's anticoagulation and monitor his INR.
d. Consider review of Mr Anderson's medications and his understanding and compliance with these therapies by community pharmacy.
e. Discuss with Mr Andersons concerns of his high risk of harm to himself (due to reasons discussed below).
f. Consider referral to local Cardiology Services for follow up of valve replacement, AF and Ischaemic Heart

Disease.
g. Re-assess Mr Anderson's chest and consider a short course of Prednisolone +/- antibiotics, as indicated. He had had a review by the Respiratory Team during one of his presentations to advise on inhaler use and they had recommended trialling MART regime with Luforbec 100/6, and for Primary Care review of this with view to add in Montelukast if no improvement.

Many thanks for our discussion on the telephone today, the 8th January 2026, post Mr Anderson's self discharge from the Royal Infirmary Edinburgh on the 5th January 2026.

To summarise, Mr Anderson has had a number of admissions this year to secondary care:
a. November 2025, when he was found obtunded in the street, and diagnosed with a traumatic brain injury (Subarachnoid Haemorrhage), and Right Orbital wall and Pterygoid wing fractures.
b. December 2025: Repeated presentations with haematomas of Right Gluteal Muscle and Left postero-lateral thigh.
On all of these occasions, he has self-discharged against medical advice (having been deemed capacitous to do so), despite the need for inpatient monitoring of his anticoagulation balanced with bleeding risk.

During these presentations, the trend in his INRs are as below:
a. 21/11/25 on presentation with trauma it was 1.8, and on self discharge from hospital on 24/11/25 INR was 1.4.
b. When he presented on 16/12/25 with spontaneous right gluteal haematoma his INR was 7.0 and then 5.9. He received 2mg of vitamin K and his INR on 17/12/25 when he self discharged was 2.6.
c. When he represented on 18/12/25 his INR was 2.4, his haematoma and Hb were stable and he was, therefore, given his normal dose of Warfarin 5mg. His INR checks on 19/12/25 were not analysed due to insufficient sampling and he self discharged.
d. On 24/12/25: His INR checked was 7.8.
e. He represented on 26/12/25, with concerns of worsening of his bruising. The INR at the time was 5.1. No reversal was advised at this time, as there was no clinical indication of a life threatening bleed. The clinical teams had wanted to admit Mr Anderson, withhold his Warfarin, and re-image the legs to establish if ongoing bleeding. Unfortunately, Mr Anderson left the Emergency Department before this could be actioned.
f. He represented on 28/12/25. His INR was 3.5. He was admitted for monitoring. He stayed in hospital until 30/12/25. His INR on 29/12/25 was 2.0. On 30/12/25 it was 1.5, and the clinical team intended to restart Warfarin at 6mg. Mr Anderson self discharged that day, but was advised to take his Warfarin and asked to attend Ambulatory Care the next day for an INR check. His INR on 31/12/25 was 1.4, and he was re-admitted via the assessment area due to concerns of intermittent haematuria, worsening haematomas and pain. He was reviewed by Orthopaedics, who ruled out compartment syndrome. Haematology advised 40mg BD Enoxaparin to be instated instead and to admit for monitoring of bleeding, factor XA levels, and expansion of haematoma. He received 40mg BD of Enoxaparin between 1/1/26 to 3/1/26. The dose was increased under Haematology guidance to 60mg BD, on the 4th of January 2026, with a plan to increase to 80mg BD on the 5th January, at which point Mr Anderson left the ward again and was uncontactable. His INR was 1.3. During this admission he was also diagnosed with Influenza A and Infective Exacerbation of his asthma. He received Doxycycline 3 doses and we had intended to start Prednisolone on the 5th January.

During one of his admissions above, it was noted during the medication round that Mr Anderson was self administering his own medications in hospital. These were noted not to be in labelled packets or a dosette box, but from a pot he had prepared at home. He was reluctant to give the nurses the medications to store for him and administer these at medication round times, as prescribed. This may well explain the surge in his INRs to 5.9 or 7.8? It may be beneficial to consider review of his medications, his understanding of the prescriptions and compliance with the community pharmacist, if he is amenable to this.

Thank you for clarifying that Mr Anderson has been attending the Practice since his last self discharge on the 5th January 2026 from hospital and is currently receiving 18,000units of Dalteparin, with his normal Warfarin dose re-

instated, with plans to discontinue Dalteparin once his INR is within therapeutic range and provided there are no concerns with active bleeding.

Thank you also for:
a. Clarifying that Mr Anderson has been religiously taking Hydroxycarbamide, since his release from Prison, and this was started on his repeat prescription from August 2025. I appreciate you are unable to clarify what medications/medical input he was receiving in prison and whether his full blood count was being monitored regularly on it; and
b. Agreeing to suspend Mr Anderson's Hydroxycarbamide from his regular repeat prescriptions for now, pending further advice and discussion with Dr Alice Klauser, Haematology, regarding this. The advice from Dr Anderson, Consultant Haematologist, is that given the haematomas and recent bleeding with anaemia, this should definitely be suspended for now, and Mr Anderson should be advised not to take it. Dr Klauser can advise further regarding whether it should be re-instated, taking into consideration whether Mr Anderson will comply with follow up and the required regularly monitoring on it.

As discussed, Mr Anderson remains at high risk of harm by misadventure. He has repeatedly defaulted follow up from specialty in secondary care, and repeatedly self discharged from hospital against medical advice, despite best efforts from clinical teams to mitigate this risk. He requires Warfarin due to thrombotic risk of his metallic mitral valve, but at the same time he remains at risk of bleeding from continual alcohol dependence and trauma. Discussing this with him in Primary Care and encouraging him to seek assistance from the Alcohol Support services and Psychology teams may be beneficial. I have copied in Dr Linsay Brassington, who I note has previously reviewed Mr Anderson, to support him post his release from prison.

Lastly, I note Mr Anderson has not had any regular follow up for his cardiac condition in Edinburgh. I understand he was previously in Tayside, where his mitral valve was replaced? I am not sure if Primary Care had referred him to local services in Edinburgh. This may also be worth considering, if not already done so.

Many thanks for your continued care.

Yours sincerely,

Dr Ishwinder Thethy
Consultant Physician
Acute & General Medicine

Cc: Dr Julia Anderson, Consultant Haematologist, Haematology, OPD 2, RIE
Cc: Dr Alice Klauser, Consultant Haematologist, Haematology, OPD 2, RIE
Cc: Dr Linsay Brassington, Consultant Clinical Psychologist, Psychology, REH

Sent 13/01/26

GE Healthcare REF 2104772-001 CE PRINTED IN UK

ANDERSON, OWEN
Male
09.06.1972 (53 Years)

Vent. rate	159	BPM
PR interval	*	
QRS duration	90	ms
QT/QTc-Baz	294/478	ms
P-R-T axes	* 67	38

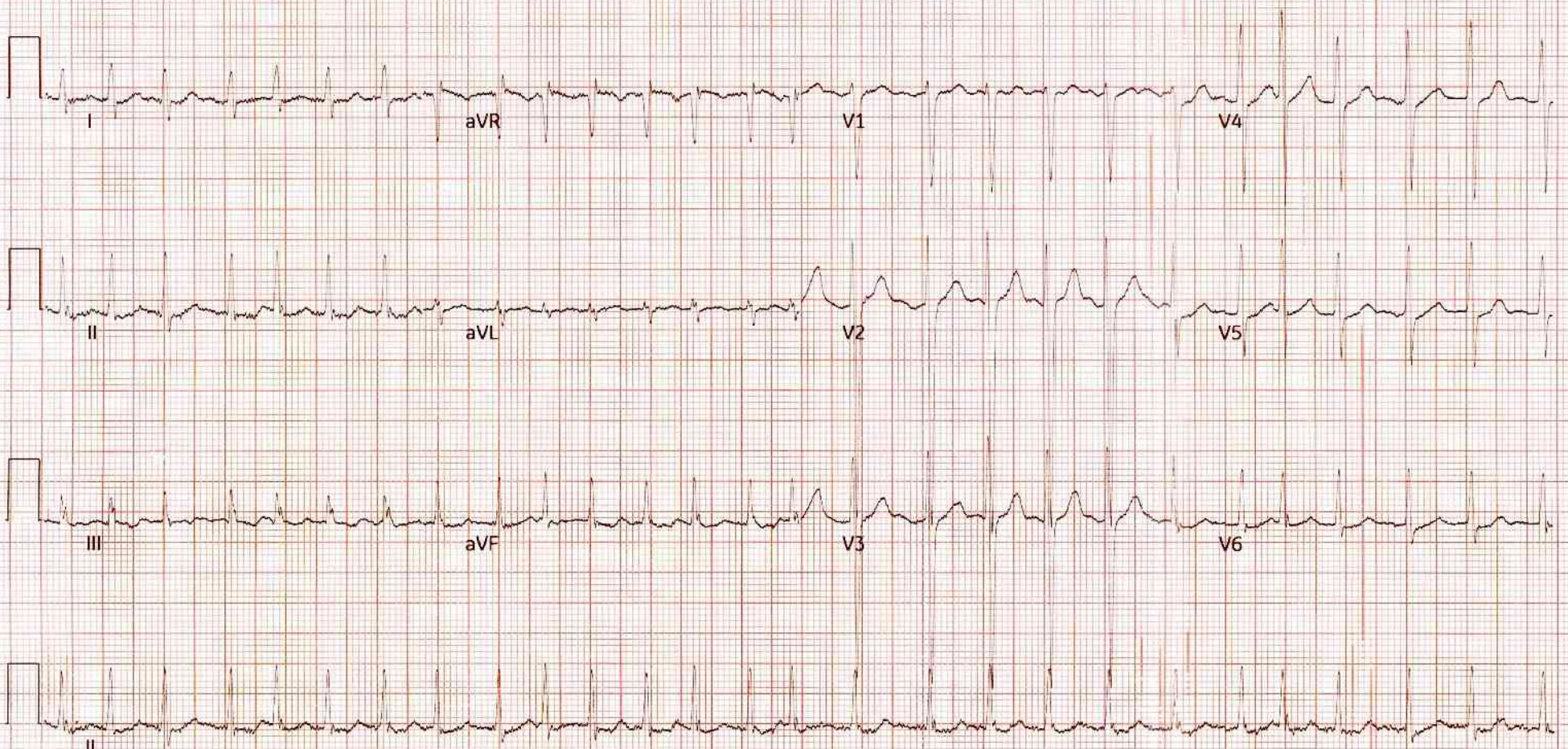
Patient ID: 0906720559

Atrial fibrillation with rapid ventricular response
Minimal voltage criteria for LVH, may be normal variant (Cornell product)
Nonspecific ST abnormality
Abnormal ECG

24.03.2026 15:11:24
Royal Inf of Edinburgh

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ VU360 1.02 SP01 12SL v23.1 4 by 2.5s + 1 rhythm Id

GE Healthcare
REF 2104772-001
CE
PRINTED IN UK

Patient ID: 0906720559

24.03.2026 21:09:56

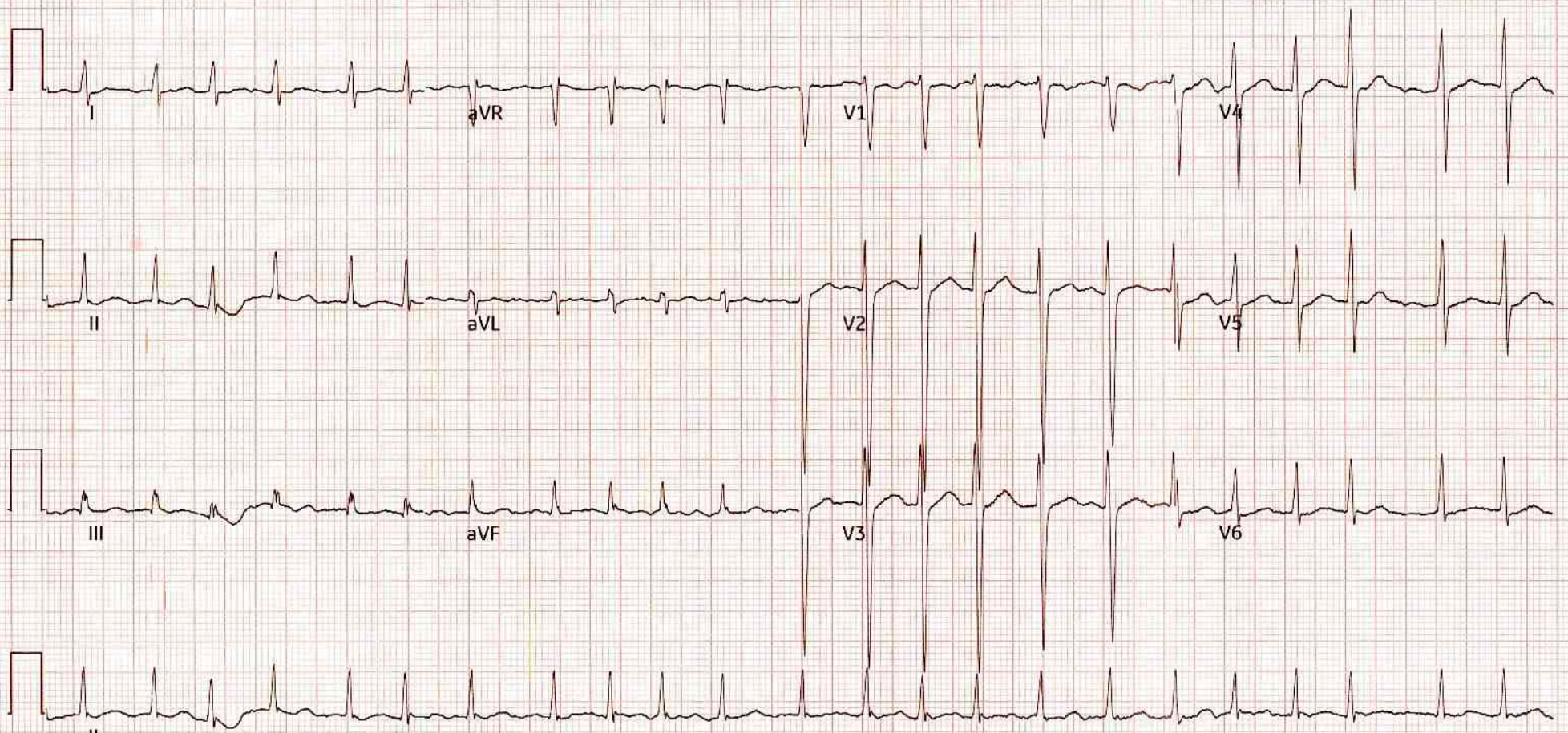
Royal Inf Edinburgh

Vent. rate	14(	M
PR interval		
QRS duration	90	ms
QT/QTc-Baz	316/482	ms
P-R-T axes	* 59	35

Atrial fibrillation with rapid ventricular response
Abnormal ECG

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ 7 1.00 SP07 12SL v23.1 4 by 2.5s + 1 rhythm ld

Transfusion Record

This is a permanent record of transfusion and must be filed or scanned into the nursing notes section of the patient's health records

NHS National Services Scotland

Hospital/Unit:	**Patient Details** /0092710IN/E054J841 M 09/08/1972 **Anderson, Owen J** 31 Laurel Bank, Dalkeith, Midlothian, EH22 2JH Surname: Date of birth: **CHI** 0906720559[redacted] 77197 K Schuur
Ward/Dept:	
Consultant:	
Patient's weight (kg):	

Section to be completed prior to prescribing/authorising blood components

If this patient is on a regular transfusion programme or has previously consented e.g. pre-operatively, is there evidence of consent for transfusion and previous discussion recorded in the patient's health record?

Yes ☐ Proceed to prescriber/authoriser signature No ☐ Complete checklist below

- Risks and benefits, alternatives and option to refuse discussed? Yes ☐ No ☐
- Patient offered a 'Receiving a Transfusion' patient information leaflet? Yes ☐ No ☐
- Reason for transfusion discussed with patient and documented in health records? Yes ☐ No ☐
- Has the patient experienced a previous transfusion reaction? Yes ☐ No ☐
- Does the patient consent to have a blood transfusion? Yes ☐ No ☐
- Is an advance directive (refusal of blood transfusion) document in place? Yes ☐ No ☐

If it is not possible to discuss with the patient, please give reason/details below:

It is the responsibility of the authoriser of blood components to ensure that any specific transfusion requirements are met (e.g. irradiated, CMV negative components, or use of a blood warmer).

Consider the risk of Transfusion Associated Circulatory Overload (TACO)

1. Consider if the patient has any of the following risks for TACO and tick as many as apply:

☐ Congestive cardiac failure, severe aortic stenosis, moderate to severe LV dysfunction?	☐ Positive fluid balance?
☐ Taking a regular diuretic?	☐ Receiving supplementary fluids either currently or in the last 24 hours?
☐ Pulmonary oedema?	☐ Peripheral oedema?
☐ Respiratory symptoms of unknown cause?	☐ Hypoalbuminaemia?
☐ Severe anaemia?	☐ Renal impairment?
☐ Other risk, please specify:	

If no, sign below and proceed.

If yes:

2. Does the benefit of the transfusion outweigh the risks? Yes ☐ No ☐

3. Can the transfusion be safely deferred? Yes ☐ No ☐

If proceeding with transfusion consider the patient's body weight before authorising the blood component, especially for low body weight adult patients, and consider prophylactic diuretic if medically indicated.

When authorising red cells authorisers should consider transfusion of a single unit for non bleeding patients and clinically reassess after each unit

I confirm that the patient has consented to transfusion and I have undertaken a TACO risk assessment

Signature: _____ **Print Name:** Breuther **Designation:** ST4 **Date:** 24/3

Blood component authorisation to be completed by medical staff or *designated* non-medical authoriser of blood components

Please note that red cell transfusion is usually not appropriate for the treatment of chronic iron deficiency anaemia, B12 or folate deficiency. Medications relating to blood transfusion such as diuretics or antipyretics must be in the patient's drug prescription chart.
For blood component dosing guidance consult local transfusion policy.

700927161K/E6345841 M 09/06/1972
Anderson, Owen J
31 Laurel Bank,
Dalkeith,
Midlothian, EH22 2JH

CHI 0906720559[redacted]
77197 K Schuur

The checklist for *each unit* must be completed and signed by member of staff administering the blood component

UNIT 1

Bedside verbal ID check	Patent cannula	Baseline obs (no more than 60 mins prior to start)	Ensure patient's ID details (on ID band) match the tag exactly	Component matches prescription	Inspect bag (expiry, condition)	Once checks complete, print name	Completed blue tag sent to lab	Date & time transfusion completed
☑	☑	☑	☑	☑	☑		☐	24/3/26 2100

Blood component	Unit or mls	Specific requirements/ Instructions (please tick)
RBCs	1	Irradiated ☐ CMV negative ☐ Blood warmer ☐ Other medication ☐

Donation No: G1016 26 094064 6
Component: 04333 Red Cells in Additive Solution(CPD/SAGM)
Signature 1: [signature] Date Given: 24/3
Signature 2: [signature] Time Given: 1830

Reason for transfusion: Acute blood loss ☑ Low platelet count ☐ Other:
Anaemia ☐ Abnormal coagulation ☐

Date	Duration	Authoriser's signature
24/3	2°	[signature] Breathnach.

UNIT 2

Bedside verbal ID check	Patent cannula	Baseline obs (no more than 60 mins prior to start)	Ensure patient's ID details (on ID band) match the tag exactly	Component matches prescription	Inspect bag (expiry, condition)	Once checks complete, print name	Completed blue tag sent to lab	Date & time transfusion completed
☐	☐	☐	☐	☐	☐		☐	

Blood component	Unit or mls	Specific requirements/ Instructions (please tick)
RBCs	1	Irradiated ☐ CMV negative ☐ Blood warmer ☐ Other medication ☐

Donation No: G1016 26 000263 B
Component: 04333 Red Cells in Additive Solution(CPD/SAGM)
Signature 1: [signature] Date Given: 25/3/26
Signature 2: [signature] Time Given: 0130

Reason for transfusion: Acute blood loss ☑ Low platelet count ☐
Anaemia ☐ Abnormal coagulation ☐

Date	Duration	Authoriser's signature
24/3	2°	[signature] Breathnach.

When authorising red cells authorisers should consider transfusion of a single unit for non bleeding patients and clinically reassess after each unit

General Guidance on Transfusion Observations

Record on a **National Early Warning System (NEWS)** chart (or local equivalent) and highlight as 'transfusion observations'
The **minimum*** transfusion observations for each unit are temperature, blood pressure, respiratory rate & pulse at:

- **Baseline** no more than **60 minutes prior** to the start of the unit
- **15 minutes after** the start
- **Hourly thereafter** until the unit is completed *
- At **the end** of each unit, within 60 minutes of completion of transfusion

NB All blood component transfusions must be completed within 4 hours of removal from controlled storage.

***In patients of all ages who are incapacitated it is more difficult to detect signs of early transfusion reactions therefore more frequent observations may be required. This includes those who are ventilated, confused, sedated or unconscious**

Blood component authorisation to be completed by medical staff or *designated* non-medical authoriser of blood components

Please note that red cell transfusion is usually not appropriate for the treatment of chronic iron deficiency anaemia, B12 or folate deficiency. Medications relating to blood transfusion such as diuretics or antipyretics must be in the patient's drug prescription chart.
For blood component dosing guidance consult local transfusion policy.

Affix label or write patient details:

Forename:

Surname:

Date of Birth:

CHI:

The checklist for *each unit* must be completed and signed by member of staff administering the blood component

UNIT 3

Bedside verbal ID check	Patent cannula	Baseline obs (no more than 60 mins prior to start)	Ensure patient's ID details (on ID band) match the tag exactly	Component matches prescription	Inspect bag (expiry, condition)	Once checks complete, print name	Completed blue tag sent to lab	Date & time transfusion completed
☐	☐	☐	☐	☐	☐	_____	☐	_____

Blood component	Unit or mls	Specific requirements/ Instructions (please tick)	*Complete & attach pink portion of compatibility label or complete:*
		Irradiated ☐ CMV negative ☐ Blood warmer ☐ Other medication ☐	

Reason for transfusion: Acute blood loss ☐ Low platelet count ☐ Other:
Anaemia ☐ Abnormal coagulation ☐

Date	Duration	Authoriser's signature

UNIT 4

Bedside verbal ID check	Patent cannula	Baseline obs (no more than 60 mins prior to start)	Ensure patient's ID details (on ID band) match the tag exactly	Component matches prescription	Inspect bag (expiry, condition)	Once checks complete, print name	Completed blue tag sent to lab	Date & time transfusion completed
☐	☐	☐	☐	☐	☐	_____	☐	_____

Blood component	Unit or mls	Specific requirements/ Instructions (please tick)	*Complete & attach pink portion of compatibility label or complete:*
		Irradiated ☐ CMV negative ☐ Blood warmer ☐ Other medication ☐	

Reason for transfusion: Acute blood loss ☐ Low platelet count ☐ Other:
Anaemia ☐ Abnormal coagulation ☐

Date	Duration	Authoriser's signature

When authorising red cells authorisers should consider transfusion of a single unit for non bleeding patients and clinically reassess after each unit.

Management of transfusion reactions:

Adverse reactions to blood components may manifest during the transfusion or up to 24 hours after the transfusion is completed.
It is recommended that patients, such as day cases, discharged within 24 hours of transfusion be issued with a contact card giving 24-hour access to clinical advice.

1. Refer to flow chart & contact medical staff (See page 4)
2. **Medical staff** contact Haematologist and Hospital Transfusion Laboratory for support (if appropriate)
3. **Medical/Nursing/Midwifery staff** complete local **adverse incident report and transfusion reaction form** to enable internal and external reporting of incident.(if applicable)

Resources

British Society for Haematology (BSH) Guidelines
http://www.b-s-h.org.uk/guidelines
Norfolk (ed) (2013) Handbook of Transfusion Medicine (5th ed)
http://www.transfusionguidelines.org.uk

Serious Hazards of Transfusion (SHOT) Annual Report
http://www.shotuk.org

Learnbloodtransfusion (LBT) Education Programme
http://www.learnbloodtransfusion.org.uk

Clinical flowchart for the Management of Acute Transfusion Reactions: (based on B-S-H Blood Transfusion Taskforce Guideline on the investigation and management of Acute Transfusion Reactions (May 2012)

PATIENT EXHIBITING POSSIBLE FEATURES OF AN ACUTE TRANSFUSION REACTION, WHICH MAY INCLUDE: Fever, chills, rigors, tachycardia, hyper- or hypotension, collapse, flushing, urticarial, pain (bone, muscle, chest, abdominal), respiratory distress, nausea, general malaise

STOP THE TRANSFUSION: undertake rapid clinical assessment, check patient ID/blood compatibility label, visually assess unit

Evidence of:

Life-threatening **A**irway and/or **B**reathing and/or **C**irculatory problems and/or wrong blood given and/or evidence of contaminated unit

Yes

Call for urgent medical help

SEVERE/LIFE-THREATENING

- Initiate resuscitation-ABC
- Is haemorrhage likely to be causing hypotension? If not –
- Maintain venous access
- Monitor patient: e.g. TPR, BP discontinue transfusion (do not discard implicated unit/s), urinary output, oxygen saturations

- If likely anaphylaxis/severe allergyfollow anaphylaxis pathway
- If bacterial contamination likely start antibiotic treatment
- Use BP, Pulse, urine output (catheterise if necessary) to guide intravenous physiological crystalloids administration
- Inform hospital transfusion laboratory
- Return unit (with administration set attached minus all sharps) to transfusion laboratory
- If bacterial contamination suspected return to transfusion laboratory who will contact blood service to discuss recall of associated components
- Perform appropriate investigations

- Review at Hospital Transfusion Committee (HTC)
- Report to SHOT/MHRA as appropriate Lab staff/TP)

No

Inform medical staff

MODERATE

- Temperature ≥ 39°C or rise ≥2°C and/or
- Other symptoms/signs apart from pruritus/rash only

- Consider bacterial contamination if the temperature rises as above and review patient's underlying condition and transfusion history
- Monitor patient more frequently e.g. TPR, BP, oxygen saturations, urinary output

- Not consistent with condition or history
- Discontinue (do not discard implicated unit/s)
- Perform appropriate investigations

- If consistent with underlying condition or transfusion history consider continuation of transfusion at a slower rate and appropriate symptomatic treatment

MILD

- Isolated temperature ≥38°C and rise of 1-2°C and/or
- Pruritus/rash only

- Recommence transfusion
- Consider symptomatic treatment
- Monitor patient more frequently as for moderate reactions
- If symptoms/signs worsen, manage as moderate/severe reaction

Continue Transfusion

Transfusion – related event

Transfusion – unrelated

Document in notes that no HTT/HTC review/SHOT report necessary

E6345841
E6344717
700927161K

Dr K Schuur

Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Anderson
Owen ,James F

31 Laurel Bank
Dalkeith
Midlothian

EH22 2JH 07396 725 905

09/06/1972

Unknown 53 Male

24/03/2026 15:13

:mergency Ambulance

999 Emergency

CLINICAL NOTES:
Clinical note: PC: PR bleeding and haematemesis

HPC:
- seen in OPD6 yesterday with leg pain and bilateral ataumatic bruising --> - thought to be multiple haematomas
- also c/o new black stool yesterday - PR exam showed melaena
- Owen discharged against medical advice prior to INR returning, INR sample then needed repeated but unfortunately medical staff were not able to get incontact with Owen to ask him to re-present

-BIBA today with further maelaena, haematemesis, tachycardia (HR 170) and hypotension (BP 98 systolic)

- PMH metalic heart valve on warfarin. Unsure when last INR check was or what it was
feels dizzy and lightheaded at present, denies chest pain / palpitations

PMH
AF
Mechanical mitral valve
Polycythemia
T2DM - non insulin dependent
Previous haematomas from elevated INR
IHD
Previous ETOH+

Meds
as per ECS- on warfarin
- warfarin

allergies: penicillin

SH
Smoker

E6345841
E6344717
700927161K

Dr K Schuur

Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Anderson
Owen ,James F

31 Laurel Bank
Dalkeith
Midlothian

EH22 2JH

07396 725 905

09/06/1972

Unknown

53 Male

24/03/2026 15:13

Emergency Ambulance

999 Emergency

Drinks alcohol - states 2 drinks on nigths that drinks, denies daily drinking
No recreational substances
Lives with brother
iADLs

NEWS 7 BP 98/66, HR 147, sats 100% on 15l
A - patent
B - chest harsh bilaterally, no focal sounds, no iwob at rest
C - cool to mid forearm, HS I+II+0, CRT 5-6 seconds, calves tender bilaterally with bilateral old bruises, appears pale,
D - alert and orientated
E - abdo snt, old bruising to right calf and left shin, no obvious peripheral oedema
PR exam - with SN Gemma as chaperone (many thanks) - malaena on glove

BLoods: pendinh
VBG Hb 100 (137), lactate 6.2
Repeat VBG following 1L IVI - lactate 5.2 (6.2) Hb 79 (104) H+ 45 (55)
CXR
ECG

Impression: likely UGI bleed secondary to high INR

Plan
- D.W GI
- DW haem - recommend reversal of warfarin
- chase bloods
- IV stat (recieved 2L plasmalyte so far)
- transfuse x2 units RBC

K Francis ACCS1

Breathnach ST4 EM

E6345841
E6344717
700927161K

Dr K Schuur

Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Anderson
Owen ,James F

31 Laurel Bank
Dalkeith
Midlothian

EH22 2JH 07396 725 905

09/06/1972

Unknown 53 Male

24/03/2026 15:13

:mergency Ambulance

999 Emergency

See haem note - for warfarin refersal and UGI endoscopy asap to enable restarting anticoag
Discussed with GI reg re this - PM reg will review. Can do scope asap this will likely be tomorrow as keen to reverse warfarin as much as porrible prior to scope. Plan as above - cont fluids/blood resus. Aiming for AMU monitored if dteriorates would be for ICU review.

Breathnach ST4 Update:
Remains stable in dept - lac falling, Hb also dropped ?dilutional.
Discussed with haem reg - for Vit K, prothrombin complex. INR taken when this was running was 5.9
- re-discussed, not for further and not for FFP unless usual transfusion threshold reached.

Discussion with medics and ICU - ultimately accepted to HDU

Discussion with cardio reg - nil for now but need GI to contact them re bridging anticoagulation

Note also re haematomas - pt has ongoing pain and swelling in Rt calf and LT upper arm - both are soft with limb neurovasularly intact distally not concerned re compartments. Swelling has not been increasing

Dr Katherine Francis Doctor

GI reg review (Hui)

53M p/w supratherapeutic INR and diffuse haemorrhage (GI, haematuria, right lower leg haematoma)
In context of mechanical MVR on warfarin

Medical Hx
Mechanical AVR
AF
Polycythemia
T2DM non insulin dependent
Previous haematomas from elevated INR

E6345841
E6344717
700927161K

Dr K Schuur

Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

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Owen ,James F

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53 Male

24/03/2026 15:13

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IHD

Social Hx
Smoker
Alcohol - possible alcohol excess. Reports 2 drinks on nights that drinks, non daily drinker

HOPC
Presented to Interface yesterday with lower limb haematoma. DAMA before full workup
Represents today with constellation of bleeding - melaena, haematuria, ongoing right lower limb haematoma
Re: GI bleeding has reported 3x episodes today, last at around lunchtime
No further melaena in department but has confirmed melaena on PR examination

O/e
soft abdomen, non tender
Rose coloured urine in IDC

Ix
Coag results noted - APTT/INR very high (no actual figure reported)
Hb 137 ->96
urea 17->26
LFTs normal

Impression
GI haemorrhage in the context of supratherapeutic INR. The likelihood of an endoscopically targetable lesion in these circumstances is low. Much more likely to note diffuse mucosal ooze, for which the management is correction of the coagulopathy
For warfarin reversal as per haematology

Plan
1) Keep clear fluids tonight
2) Recommend IV PPI for now
3) AMU vs HDU depending on clinical progress

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4) Will review progress tomorrow morning and discuss with consultant. If no further bleeding, could consider forging endoscopy and recommencing warfarin as soon as appropriate from INR perspective. If ongoing evidence of bleeding, may be reasonable to do a gastroscopy tomorrow to exclude endoscopically targetable lesion prior to recommencing warfarin.

Dr Samuel TH Hui Doctor

CRITICAL CARE REFERRAL & REVIEW (CCRR)
CRITICAL CARE CONSULTANT ON CALL: M Gillies
ASSESSING CRITICAL CARE TEAM MEMBER inc. GRADE: A Truelove SCF
Time of Referral: 1830
Time of Review: 1845
Time of Recommendation: 1900

REASON FOR REFERRAL: Large UGIB 2ry unrecordably high warfarin
RELEVANT CASE BACKGROUND:
Seen in OPD6 yesterday with leg pain + bruising + malaena
Hb stable, INR pending -> self-discharged
Called SAS due to haematemesis ++ and malaena o/n
fAF 180, NIBP 100/70 with SAS
Hb 100 -> 85 with 2L CSL, lac 7 -> 3.5
INR unreadably high -> PTC + vit K
Receiving 2x pRBCs now
Gastro -> likely mucosal oozing, for OGD tomorrow

PMHX:
mMVR (warfarin)
AF
T2DM (OHA)
Previous haematomas in legs from deranged clotting
IHD

E6345841
E6344717
700927161K

Dr K Schuur

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09/06/1972

Unknown 53 Male

24/03/2026 15:13

Emergency Ambulance

999 Emergency

BASLINE FUNCTIONAL STATUS:
Lives with brother
iADLs
Regular drinker, ~30U/week

ASSESSMENT:
Seen in resus
SV 2L NC, chest clear
HR 140 fAF, NIBP 100/75
Slightly cool peripherally, CRT <2s peripherally
E4V5M6
Abdo soft, mild tenderness

IMPRESSION:
UGIB 2ry warfarin toxicitiy, appropriately reversed
For OGD tomorrow

RECOMMENDATION:
Further filling
?for FFP/repeat INR - will need formal haem plan
ED to refer to medics

Addendum
AMU team unhappy to take
Admit to ICU as level 2
For art line
Haem plan
Further filling
OGD tomorrow - NBM from 2am

IS THE TREATMENT ESCALATION PLAN (TEP) DOCUMENTED?

E6345841

E6344717

700927161K

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Unknown 53 Male

24/03/2026 15:13

Emergency Ambulance

999 Emergency

Unless otherwise stated:
1) The patient remains the responsibility of the referring team until the patient arrives on Critical Care
2) There will be no routine re-review of patients.

In the event of deterioration or uncertainty prior to transfer please contact Critical Care.

Please contact the Critical Care Registrar if you have any questions or concerns or the Critical Care Coordinator for an update on admission timeframe.

Dr Adam Truelove Doctor

NHS Lothian

EMERGENCY DEPARTMENT
EDINBURGH ROYAL INFIRMARY
Nursing Admission, Care planning/rounding and Discharge Bundle

700927161K /E6345841 M
ANDERSON Owen
N. 09-Jun-72 CHI: 090 672 0559
77197 K Schuur
D(31 Laurel Bank Midlothian
EH22 2JH
Hc

Date: 24/03/26	Presenting complaint: DIB
I like to be called: Brief description of patient if required:	Name band YES ☑ NO ☐ Allergy band, if indicated YES ☐ NO ☐ N/A ☐ TRAK alerts checked ☐

Nursing Considerations (Please tick)

Does patient have a **DNAR** in place?	YES ☐	NO ☑	With Patient YES ☐ NO ☐
Does patient have an AWI?	YES ☐	NO ☑	With Patient YES ☐ NO ☐
Is patient considered to be palliative?	YES ☐	NO ☑	Consider informing Palliative Care team
Is patient at risk of absconding?	YES ☐	NO ☑	MH form completed YES ☐ NO ☐
Does patient want NOK informed?	YES ☑	NO ☐	NOK details on TRAK ☐
Is patient a falls risk? (As per ED SOP)	YES ☐	NO ☑	Falls bundle in place ☐
4AT required? (#NOF, new confusion, age >65)	YES ☐	NO ☑	4AT score _____ Recorded on TRAK ☐
Check regular medicines and liaise with Medical staff to prescribe. (As per Critical Medicines SOP) **(Think Parkinson's/Epilepsy/Diabetes)**	YES ☐	NO ☐	N/A ☐
Swallow screen completed within 4 hrs for patients presenting with stroke symptoms	YES ☐	NO ☐	PASS ☐ FAIL ☐ (If fail put NBM on TRAK)

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf	
Signed by patient:	**Date: ___/___/___**

OR

CLOTHING- please list all items below (in patient clothing bag and labelled)

Dentures	Top ☐ Bottom ☐ Both ☐ None ☐
Glasses	YES ☐ NO ☐
Hearing aid	Left ☐ Right ☐ None ☐
Medicines (in green bag and labelled)	YES ☐ NO ☐ None ☐

Valuables Record			**In ED safe?**
Purse/wallet	YES ☐ NO ☐		YES ☐ NO ☐
Cash	☐ Notes: _____ ☐ Coins: _____	Total amount: _____	YES ☐ NO ☐
Bank/credit/ID cards (document card numbers)	YES ☐ NO ☐		YES ☐ NO ☐
Keys	YES ☐ NO ☐		YES ☐ NO ☐
Phone (make and model)	YES ☐ NO ☐		YES ☐ NO ☐
Jewellery (Description including colour)	YES ☐ NO ☐		YES ☐ NO ☐
Smartsafe number	Affix sticker here		
Signature 1:		Signature 2:	

Please ensure safe paperwork is filled out correctly

TROLLEY RAIL RISK ASSESSMENT

(Please complete for all patients who are placed on a trolley for the duration of their stay in the emergency department)

MENTAL STATE	USE OF TROLLEY RAILS	PLEASE TICK
PATIENT IS CONFUSED/DISORIENTATED OR IMMOBILE	USE TROLLEY RAILS WITH CARE (PLACE WITHIN REACH OF CALL BELL; PLACE IN VISIBLE AREA IF NOT IN CUBICLE; CONSIDER 1:1; LOWER TROLLEY TO LOWEST HEIGHT)	☐
PATIENT IS DROWSY	TROLLEY RAILS RECOMMENDED	☐
PATIENT IS UNCONSCIOUS	TROLLEY RAILS RECOMMENDED	☐
PATIENT IS ORIENTATED AND ALERT	TROLLEY RAILS NOT RECOMMENDED	☑

Would patient like trolley rails used? YES ☐ NO ☐

Other relevant information

NHS Lothian

Adapted Waterlow Pressure Area Risk Assessment Chart (Adults)

Addressograph, or
Name
DOB
Unit No./CHI
Patient's location:

The primary aim of this tool is to assess the risks of a patient/client developing a pressure ulcer.
Undertake and document the risk assessment within 6 hours of admission or on first home visit.
Reassess if there is a change in the individual's condition and repeat regularly according to local procedures.

		SCORING	DATE				
			TIME	:	:	:	:
			INITIALS				
Sex	Male	1					
	Female	2					
Age	14 – 49	1					
	50 – 64	2					
	65 – 74	3					
	75 – 80	4					
	81+	5					
Build/weight for height (weight in kg/height in m^2)	Average BMI 20 – 24.9	0					
	Above average BMI 25 – 29.9	1					
	Obese BMI > 30	2					
	Below average BMI < 20	3					
Continence	Complete/catheterised	0					
	Incontinent urine	1					
	Incontinent faeces	2					
	Doubly incontinent (urine & faeces)	3					
Skin Type (Visual Risks Area)*	Healthy	0					
	Tissue paper (thin/fragile)	1					
	Dry (appears flaky)	1					
	Oedematous (puffy)	1					
	Clammy (moist to touch/pyrexia)	1					
	Discoloured (bruising/mottled)	2					
	Broken (established ulcer)	3					
Mobility	Fully mobile	0					
	Restless/fidgety	1					
	Apathetic (sedated/depressed/reluctant to move)	2					
	Restricted (restricted by severe pain or disease)	3					
	Bedbound (unconscious/unable to change position/ traction)	4					
	Chair bound (unable to leave chair without assistance)	5					
Nutritional Element*	**Unplanned weight loss in past 3-6 months:**						
	< 5% Score	0					
	5-10%	1					
	>10%	2					
	BMI >20	0					
	BMI 18.5 - 20	1					
	BMI < 18.5	2					
	Patient/client acutely ill or no nutritional intake > 5 days	2					

NHS Lothian

Adapted Waterlow Pressure Area Risk Assessment Chart (Adults)	Addressograph, or Name DOB Unit No./CHI Patient's location:

		DATE				
	SCORING	**TIME**	:	:	:	:
		INITIALS				
Special Risks (Tissue Malnutrition)*	Smoking	1				
	Anaemia = Hb < 8	2				
	Single organ failure e.g. cardiac, renal, respiratory	5				
	Peripheral vascular disease	5				
	Multiple organ failure/terminal cachexia	8				
Special Risks (Neurological Deficit)	Diabetes / MS /CVA / motor/ sensory / paraplegia (score dependant on condition stability/impact severity)	4-6				
Special Risks (Surgery/Trauma)*	Orthopaedic/below waist/spinal (up to 48 hours post op)	5				
	On table > 2 hours (up to 48 hours post op)	5				
	On table > 6 hours	8				
Special Risks (Medication)	Cytotoxic, anti-inflammatory, long term/high dose steroid	4				
		TOTAL SCORE:				

*More than one score can be used in some categories

How to Use the Tool: Use together with your clinical judgment.

An indication of risk should be followed with an action i.e. develop and implement a pressure ulcer prevention care plan.

The tool identifies three "at risk" categories-

1. A score of **10-14** indicates "**at risk**".
2. A score of **14-19** indicates "**high risk**".
3. A score of **20 and above** indicates "**very high risk**

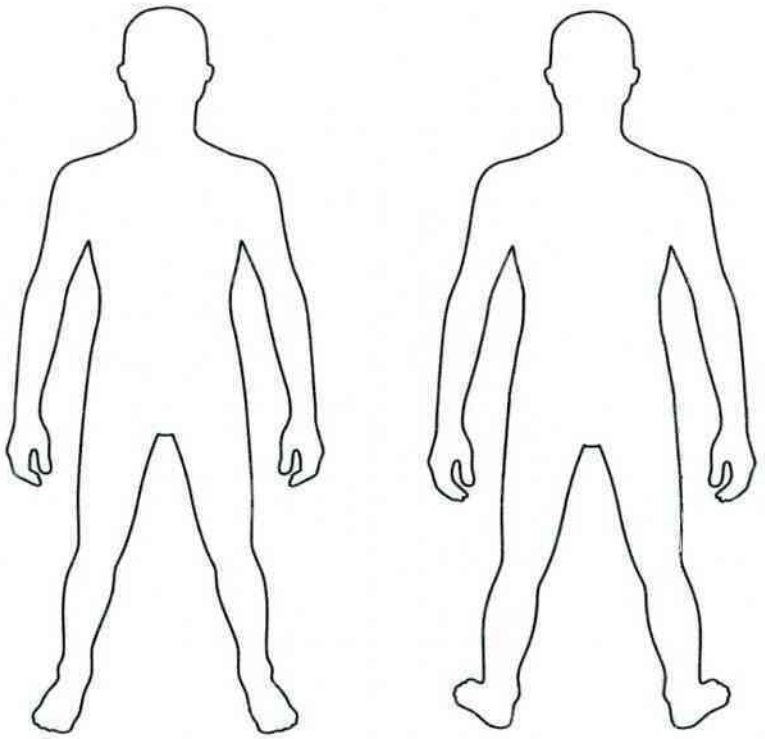
Updated from Risk Assessment Chart Waterlow v2.0
www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability.aspx

NHS Lothian

FRONT BACK

BODY MAP

Mark areas of concern with an X



Relevant information (Dressings, creams, TVN input, Datix submitted)

Urinary Catheter

Date: 24/03/26 Time: 17:20 Inserted by:

Clinical Indication for insertion:

Accurate fluid balance

Indication Fluid balance
Residual Volume (ml)
Colour of Urine dark yellow
Easy Insertion? Y (N) If No, why?
Pt movement
Name Gemma
Signed G Marr
Date 24/03/26

QTY: 1 2025-05-03 2030-04-30
CE 0124
Teleflex Medical Sdn. Bhd. Lot PT 2577, Jalan Perusahaan 4, 34800 Kamunting, Perak, Malaysia Made in Malaysia
EC REP Teleflex Medical IDA Business and Technology Park Dublin Road, Athlone Co. Westmeath, Ireland
STERILE EO STERILE
(01)24026704317718
(17)300430
(11)250503
(10)40E25D4648
Applies to content of prefilled s
Teleflex

Day/Date	1 __/__/__	2 __/__/__	__/__/__
Still required Y/N			
Catheter care Y/N			
Bag changed Y/N			
Removed Y/N			

NHS Lothian

Peripheral Venous Catheter

Date: 24/03/26 **Time:**

Inserted by: ReSuS

Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☑ Grey (16G) ☐ Orange (14G) ☐

Site: (Left)/Right ☐ Hand ☐ (ACF) ☐ Forearm ☐ Foot ☐ Other ☐

Procedure checklist:

Hand Hygiene ☐ Aseptic Insertion ☐

Skin Prep? ☐ Dressing dated ☐

Difficulties/Complications:

Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	5 __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

Peripheral Venous Catheter

Date: 24/03/26 **Time:**

Inserted by: ReSuS

Size: Blue (22G) ☐ Pink (20G) ☑ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐

Site: (Left)/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐

Procedure checklist:

Hand Hygiene ☐ Aseptic Insertion ☐

Skin Prep? ☐ Dressing dated ☐

Difficulties/Complications:

Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	5 __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

Peripheral Venous Catheter

Date: __/__/__ **Time:**

Inserted by:

Size: Blue (22G) ☐ Pink (20G) ☐ Green (18G) ☐ Grey (16G) ☐ Orange (14G) ☐

Site: Left/Right ☐ Hand ☐ ACF ☐ Forearm ☐ Foot ☐ Other ☐

Procedure checklist:

Hand Hygiene ☐ Aseptic Insertion ☐

Skin Prep? ☐ Dressing dated ☐

Difficulties/Complications:

Day/Date	1 __/__/__	2 __/__/__	3 __/__/__	4 __/__/__	5 __/__/__
Site assessed Y/N					
Still required Y/N					
PVC removed Y/N					
Initials (Please print)					

LBL032951 R01 (2023-01)

NHS Lothian

Care Rounding Frequency (Please tick)	1hr ☐	2hr ☐	3hr ☑	4hr ☐	RN please print name and sign: Gemma

Time of Care Rounding	16:29												
PRESSURE AREA CARE (complete Care Interventions on page 10 if appropriate)													
If established pressure ulcer complete formal Wound Assessment on TRAK ☐													
Visual Skin Check? Y/N	Y												
Outcome? (H) healthy (R) red (B) broken	Bruised												
Position? (R) or (L) side (B) back (C) chair	B												
Surface? (B) bed (T) trolley (C) chair	T												
MOBILITY (tick one) (complete Care Interventions on page 10 if appropriate)													
Identified falls risk ☐ Complete top to toe if fall within department (Backslash TTT)													
Independent?	Y												
Requires some assistance/ Requires walking aid													
NWB/Full assistance required													
ELIMINATION (complete Care Interventions on page 10 if appropriate)													
Independent ☑ Assistance required ☐ Incontinent ☐ Catheterised ☐ Stoma ☐													
Do you need the toilet? Y/N/NA	N												
Continence product changed/offered? Y/N/NA	NA												
Catheter emptied? Y/N/NA	NA												
Bowels moved? Y/N/NA	N												
FOOD/FLUID/NUTRITION (complete Care Interventions on page 10 if appropriate)													
If patient NBM consider IV fluids, Use TRAK icon													
Food given? Y/N/(R)refused/NBM	N												
Fluids given? Y/N/(R)refused/NBM	Y												
Assistance required? Y/N	N												
PAIN (complete Care Interventions on page 10 if appropriate)													
Consider use of Abbey pain scale if patient unable to communicate needs													
Are you in pain? Y/N	Y												
RN informed? Y/N	Y												
OTHER (complete Care Interventions on page 10 if appropriate)													
Type of personal care provided Independent ☑ Basin ☐ Bedbath ☐													
Oral hygiene performed? Y/N	N												
Area tidy/de-cluttered? Y/N	Y												
Anything else I can do for you? Y/N	Y												
Patient/relatives updated? Y/N	Y												
PRINT INITIALS	GM												

Care Rounding Frequency (Please tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☐	RN please print name and sign:

Time of Care Rounding													
PRESSURE AREA CARE (complete Care Interventions on page 10 if appropriate)													
If established pressure ulcer complete formal Wound Assessment on TRAK ☐													
Visual Skin Check? Y/N													
Outcome? (H) healthy (R) red (B) broken													
Position? (R) or (L) side (B) back (C) chair													
Surface? (B) bed (T) trolley (C) chair													
MOBILITY (tick one) (complete Care Interventions on page 10 if appropriate)													
Identified falls risk ☐ Complete top to toe if fall within department (Backslash TTT)													
Independent?													
Requires some assistance/ Requires walking aid													
NWB/Full assistance required													
ELIMINATION (complete Care Interventions on page 10 if appropriate)													
Independent ☐ Assistance required ☐ Incontinent ☐ Catheterised ☐ Stoma ☐													
Do you need the toilet? Y/N/NA													
Continence product changed/offered? Y/N/NA													
Catheter emptied? Y/N/NA													
Bowels moved? Y/N/NA													
FOOD/FLUID/NUTRITION (complete Care Interventions on page 10 if appropriate)													
If patient NBM consider IV fluids, Use TRAK icon													
Food given? Y/N/(R)refused/NBM													
Fluids given? Y/N/(R)refused/NBM													
Assistance required? Y/N													
PAIN (complete Care Interventions on page 10 if appropriate)													
Consider use of Abbey pain scale if patient unable to communicate needs													
Are you in pain? Y/N													
RN informed? Y/N													
OTHER (complete Care Interventions on page 10 if appropriate)													
Type of personal care provided Independent ☐ Basin ☐ Bedbath ☐													
Oral hygiene performed? Y/N													
Area tidy/de-cluttered? Y/N													
Anything else I can do for you? Y/N													
Patient/relatives updated? Y/N													
PRINT INITIALS													

CARE INTERVENTIONS

PRESSURE AREA CARE			
Date/ time	Waterlow Score	Equipment in use and interventions	PRINT INITIALS
MOBILITY/FALLS			
Yellow blanket ☐ TRAK icon ☐ Falls sticker ☐ Patient placement in department ☐			
			INITIAL
ELIMINATION			
			INITIAL
FOOD/FLUID/NUTRITION			
			INITIAL
PAIN			
			INITIAL
OTHER			
			INITIAL

HAS YOUR PATIENT DETERIORATED?
(NEWS INCREASE OF 3 OR MORE or CLINICAL CONCERN)

DATE/TIME	NEWS SCORE	PREVIOUS NEWS SCORE	IMMEDIATE ACTIONS	CP informed. If not available discuss with co-ordinator or EPIC	PLAN



Reference: NHS Lothian ED NEWS Escalation v3.0

Date/time	PROGRESS NOTES	Signature/print name

Date/time	PROGRESS NOTES	Signature/print name

Date/time	PROGRESS NOTES	Signature/print name

PRINT NAME	SIGN NAME	INITIALS

NHS Lothian

TRANSFER CHECKS

PATIENT MOVING TO WARD	Receiving ward:
Situation	
Background	
Assessment	
Recommendation	
Last NEWS score	
Staff escort (Print and sign)	

Please bring all equipment back to department (Mindray monitors, pumps, pillows)

TRANSFER TO ANOTHER HOSPITAL					
Destination:			Bed confirmed: ☐		Nursing Handover given: ☐
Time ambulance booked:		Response required:		Ambulance arrival time:	
Booking reference number:					
All property/meds with pt ☐		Documents for transfer (including DNAR form) ☐		Escort required ☐	
NOK aware ☐	Discharged by:			Time:	

Please phone receiving area when patient leaves the department

DISCHARGE TO HOME OR CARE HOME (Complete Discharge to Care Home Checklist from Right Decisions)			
Own transport ☐	PTS/SAS booked ☐ Ref_____	TTO's given ☐	POC restarted YES ☐ N/A ☐
PVC removed ☐	NOK informed ☐	Care Home informed ☐	Belongings ☐
Discharge advice/paperwork given to patient? (including DNAR) ☐			
Discharged by (print name):			Date: ___/___/___ Time:

Please phone care home when patient leaves department

700927161K /E6345841 M
ANDERSON Owen
09-Jun-72 **CHI:** 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

ADULT FLUID PRESCRIPTION CHART

Date 27/03/26 | Sheet no (1)

Ward 118 A

N.S Lothian

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutaneous fluids using SC guidelines *Use separate prescription chart if more bags are required Mark as 'Sheet 2'*

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

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

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

INTRAOPERATIVE CARE RECORD

Patient name:

CHI number:

Patient address:

Surgical Position Initials:		Equipment Used/Protection/Pressure Care	
Mobility Initials	Special Actions taken		
Diathermy Initials:	Position Problem/action taken		
Skin prep. Initials:	Details		
Skin closure Initials:	Details		
Dressings ☐ N/A Initials:	Details		
Drains ☐ N/A Initials:	Details		
Catheters ☐ N/A Initials:	Details Mls in balloon		
Specimens ☐ N/A Initials:	Details		
Packs ☐ N/A Initials:	Details		
Tourniquet ☐ N/A Initials:	Position Protection used	Pressure	Time on Time off
Comments: Signature: _____ Print name: _____			

INTRAOPERATIVE COUNTS

Patient name:

CHI number:

Patient address:

Post code

	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final count
Correct Signature					
Discrepancy and Action taken					
	Comments		Total blood loss		
Scrub nurse	1. Print_____ 2. Print _____		Sign_____ Sign_____		

HSDU LABELS – FROM PACKS/INSTRUMENTS USED

INTRAOPERATIVE COUNTS

Patient name:

CHI number:

Patient address:

Post code

IMPLANTS

OPERATION SUMMARY (surgeon or deputy to complete)	
Surgeon:	Assistants:
Drugs: Operation performed:	Diathermy used ☐
Postoperative instructions:	
Printed:	Signed:

COMPARTMENT PRESSURE MONITORING CHART

NAME & DOB	Owen Anderson 09/06/1972	DATE	25/03/26

DIFFERENCE	TIME																							
	0100	0200	0300	0400	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	0000	0100
60																								
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18																								
17																								
16																								
15																								
14																								
13																								
12 & UNDER																								
DIASTOLIC READING																			56					
METER READING																			9					
DIFFERENCE																								
C																								
S																								
M																								

ACTION TAKEN:

0200 Removed //

COMPARTMENT SYNDROME IS AN EMERGENCY. IF SUSPECTED INFORM MEDICAL STAFF - ENSURE 2181/6868 IS AWARE

RIE ED Pre-Alert

Keep original with notes

700927161K /E6345841 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

Date: 24/07 Time: 14:55 Call sign: 4425

Age: 53 M ☐ F ☐

MEDICAL

Medical complaint:

F AF

? PE

Pain (R) lower limb

TRAUMA

Time of incident: __ : __

Mechanism:

Injuries:

STROKE

Onset time: __ : __

On waking? Y ☐ N ☐

Symptoms:

Name:
DOB/CHI:

HELIPAD? S&R ☐ SAS ☐ Number of patients: Expected by:

Any infectious disease or decontamination concerns? Y ☐ N ☐

RR: 30

O2: 99 15L

Pulse: 169

BP: 152/105

GCS: 15

Temp: 36.0

BM: 12.8

Rhythm:

Treatment: 5mg Salbutamol

Mechanical CPR: Y ☐ N ☐

Airway in place: Y ☐ N ☐

ETA: 15 mins

Name:

PREPARATION Senior Doctor/NIC informed ☐

Trauma Team: ED ☐ Enhanced ☐ Code Red ☐

Stroke Team informed ☐ Radiology informed ☐ E-CPR Team informed ☐

ENDOSCOPY PATIENT CHECKLIST AND CARE PLAN

Date 26.3.26

Consultant

Endoscopist BS

Procedure Endoscopy

Ward 118 A

Patient Details

D.O.B. / Unit No. 700927161K /E6345841 M

Nam ANDERSON Owen

09-Jun-72 CHI: 090 672 0559

77197 K Schuur

31 Laurel Bank Midlothian

Addı EH22 2JH

NHS Lothian

Check	Ward Nurse YES	Ward Nurse NO	Endoscopy Nurse YES	Endoscopy Nurse NO	Comments
Correct patient, with correct name band?	✓		/		
Patient on anticoagulant / antiplatelet?		✓		/	If YES, what drug and when last taken? If on warfarin, last I.N.R.?
Any allergies? (Inc. Latex)		✓	/		List any allergies. Penicillin
Prophylactic Antibiotics required?		✓		/	Appropriate antibiotics given?
Procedure explained?	✓				Does patient understand what they are coming for?
Consent form signed?					
Incapacity form required?		✓		/	Needs to be completed on ward.
Venflon in situ?	✓		/		
Diabetic?	✓		/		BM: 6.9
Spectacles with patient?		✓		/	Please send reading glasses with patient.
Dentures with patient?		✓		/	
Crowns/caps?		✓		/	
Pacemaker?		✓		/	No metal implants
Bowel prep?		✓		/	
Last food Date: 25/3/26 Time: 1800			/		
Last drink Date: 26/3/26 Time: 0900			/		Sips water w/ meds.
Permission for students to be present?			/		
Documents with patient: Case notes:	✓				
Drug Kardex:		✓			
TPR Charts:		✓			

	Signature	Print name	Date
Ward Nurse	EWhatmore	E.W HATMORE	26/3/26.
Endoscopy Nurse	C	C Corona	26.3.26

Actual procedure: CMT SVT Ckg

Nurses present: OGD

Single use items:

Drug	Dose	Route	Time Given
O2	2L min	N	11[37]
Xylocaine	100 mg	O	11[38]
Midazolam	2 mg	IV	11[41]
Fortagyl	50 mg	IV	11[41]

SCOPE RECORD

Endoscopist's signature _____

Biopsies Taken

Oesophageal ☐ Gastric ☐ Duodenal ☐ Clo-test ☐ Colon ☐

Washings ☐ Brushings ☐ Lung ☐ FNA ☐

Other post

Intra and Post Procedural Observations and Sedation Score

Time	Pre-1040	11.45	11.57						
O2 saturation	99%	100%	99						
Amount of O_2 in situ	A	2L	2L						
Respiratory rate	14	15	14						
Pulse	73	82	73						
BP	107/51	103/59	106/52						
Sedation	0	0	0-1						
Blood Sugar	6.9	/							
Temp	36.5	/	/						

Sedation Score:

O = Awake S = Normal Sleep 1 = Drowsy, easy to rouse 2 = Sedated 3 = Difficult to rouse 4 = Unconscious

[redacted]

-- WASH CYCLE PASSED --

Cantel	RapidAER
Serial No	RA1165
Start	11h 06m
End	11h 29m
Date	26-03-2026
Cycle No	489
Load Operator	136
Name	Tarryn Walker
Unload Operator	52
Name	JOHN KENNEDY

-- Hookup --

Hookup No	340
Serial No	2
Barcode	

-- Endoscope --

FUJI	EG-760R
Serial No	1G402K457
Barcode	
Revision	[illegible]
IMS Verify	[illegible]
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SD	26-03-2026 at 05h 07m
Suction	Av Flow 857 ml
Biopsy	Av Flow 964 ml
Water	Av Flow 141 ml
Air	Av Flow 144 ml
Aux 1	Av Flow 131 ml
Aux 2	Not tested
RB	Not tested
Leak Test	Av Pres 196 mb

-- Conductivity --

Detergent	1607 uS
Disinfectant	1454 uS
Final Rinse	7 uS

-- Temperature --

Detergent	24.1 deg
Disinfectant	27.4 deg
Final Rinse	16.2 deg

-- Chemical Batch/Lot & Serial No --

Detergent	25001050/0000000883
Part B	26000104/B000002488
Part A	25000975/A000000641

NHS LOTHIAN
Emergency Department

NHS Lothian

Adult Majors
Prescription, Administration & Observation Record

700927161K/E6345841 M 09/06/1972
Anderson, Owen J
31 Laurel Bank,
Dalkeith,
Midlothian, EH22 2JH

CHI 0906720559[redacted]
77197 K Schuur

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

Previous Adverse Reactions	Weight	Date
Penicillin	kgs Actual / Estimate	24/03/26

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
24/3	16:05	ORAMORPH	10mg	ORAL	[signature]	16:12	GM	
24/3	16:07	Vitamin K	5mg	IV	[signature]	16:17	GM	[signature]
24/3	17:05	DIGOXIN	62.5	ORAL	[signature]	1730	[signature]	
24/3	1707	Prothrombin complex	5000 units	IV	[signature]	1800	K	SF
24/3	1800	Oramorph	5mg	PO	[signature]	1810	K	
24/3	1800	Pantoprazole	40mg	IV	[signature]	1820	K	M
24/3	2020	Oramorph	5mg	PO	[signature]	2045	TN	
24/3	2030	Paracetamol	1gram	PO	[signature]			

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

Continuation

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																						
	Date:	24/03/26					25															
	Time:	1547	1535	1606	1647		18	1845	1400													
A+B Respirations Breaths/min	≥25										3											
	21-24						21				2											
	18-20		19	19				20	19	20												
	15-17	16																				
	12-14																					
	9-11										1											
	≤8										3											
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	100	100	100			100	99	97	100												
	94-95										1											
	92-93										2											
	≤91										3											
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * **ONLY** use Scale 2 under the direction of a qualified clinician	≥97 on O_2										3											
	95-96 on O_2										2											
	93-94 on O_2										1											
	≥93 on air																					
	88-92																					
	86-87										1											
Tick box if using SpO_2 Scale 2 ☐	84-85										2											
Sign:	≤83										3											
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air																					
	O^2 L/min or %	15L	8L	8L			4L	4L	1L	4L	2											
	Device	NRB	VM	VM			VM	NM	VM	VM												
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3											
	201-219																					
	181-200																					
	161-180																					
	141-160																					
	121-140	115	113	116			110	120	131	133												
	111-120																					
	101-110	98									1											
	91-100										2											
	81-90																					
	71-80																					
	61-70	66	68	72				63		55	3											
	51-60						50															
	≤50																					
C Pulse Beats/min Manual pulse	≥131	147	148	143			165	136	132	147	3											
	121-130										2											
	111-120																					
	101-110										1											
	91-100																					
	81-90																					
	71-80																					
	61-70																					
	51-60																					
	41-50										1											
	31-40										3											
	≤30																					
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A	A			A	A	A	A												
	New Confusion										3											
	V																					
	P																					
	U																					
E Temperature °C	≥39.1°										2											
	38.1-39.0°										1											
	37.1-38.0°	36.8	36.6	36.8			36.0	36.8	36.9	36.9												
	36.1-37.0°																					
	35.1-36.0°										1											
	≤35.0°										3											
NEWS TOTAL		7	5	5			9	5	5													
Monitoring frequency		cont	cont	cont																		
Escalation of care Y/N		Y	Y	Y																		
Blood Glucose reading or N/A		14.8	/	/																		
Pain score (0-10)		9	5	4																		
Initials		GM	GM	GM			N	N	N													

Reproduced from Royal College of Physicians. *National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party.* London: RCP, 2017.

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																						
	Date:	24/03/26					25															
	Time:	1547	1535	1606	1647		18	1845	1400													
A+B Respirations Breaths/min	≥25										3											
	21-24						21				2											
	18-20		19	19				20	19	20												
	15-17	16																				
	12-14																					
	9-11										1											
	≤8										3											
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	100	100	100			100	99	97	100												
	94-95										1											
	92-93										2											
	≤91										3											
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * **ONLY** use Scale 2 under the direction of a qualified clinician	≥97 on O_2										3											
	95-96 on O_2										2											
	93-94 on O_2										1											
	≥93 on air																					
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Tick box if using SpO_2 Scale 2 ☐	84-85										2											
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Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air																					
	O^2 L/min or %	15L	8L	8L			4L	4L	1L	4L	2											
	Device	NRB	VM	VM			VM	NM	VM	VM												
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3											
	201-219																					
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	121-140	115	113	116			110	120	131	133												
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	71-80																					
	61-70	66	68	72				63		55	3											
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	61-70																					
	51-60																					
	41-50										1											
	31-40										3											
	≤30																					
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A	A			A	A	A	A												
	New Confusion										3											
	V																					
	P																					
	U																					
E Temperature °C	≥39.1°										2											
	38.1-39.0°										1											
	37.1-38.0°	36.8	36.6	36.8			36.0	36.8	36.9	36.9												
	36.1-37.0°																					
	35.1-36.0°										1											
	≤35.0°										3											
NEWS TOTAL		7	5	5			9	5	5													
Monitoring frequency		cont	cont	cont																		
Escalation of care Y/N		Y	Y	Y																		
Blood Glucose reading or N/A		14.8	/	/																		
Pain score (0-10)		9	5	4																		
Initials		GM	GM	GM			N	N	N													

Reproduced from Royal College of Physicians. *National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party.* London: RCP, 2017.

NEWS of 5 or more?
Think Sepsis!



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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

700927161K/E6345841 M 09/06/1972
Anderson, Owen J
31 Laurel Bank,
Dalkeith,
Midlothian, EH22 2JH

CHI 0906720559 [redacted]
77197 K Schuur

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

| | | |

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished
15:42	Plasmalyte	1000	Stat		15:42	GM		
1607	Plasmalyte	1000	Stat		1607	EB		
2020	~~Plasmalyte~~ Saline	500	Stat		2020	eb		

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total
1825	Plasmalyte	2000				1825	400	400		
						2015	320	720		

Drug Infusion

Drug Name:

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

Drug Name:

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

NHS Lothian Consent Form

NHS Lothian

Patient Name | DOB | CHI

700927161K /E6345841 M
ANDERSON Owen
09-Jun-72 CHI: 090 672 0559
77197 K Schuur
31 Laurel Bank Midlothian
EH22 2JH

Attach Label

Consultant or health professional responsible for your care

Name and job title: Dr Rahul Kalia (ors)

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT / RIGHT** side or **N/A**

Upper gastrointestinal endoscopy ± therapy

B Statement of health professional (details of treatment, risks and benefits)

1 With **appropriate knowledge of the proposed procedure**, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

diagnosis ± management of bleeding

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occuring risks including any risks that may be of specific concern to the patient:

Bleed | infection | dehiscence | failure

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion ☐ or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☑ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 26/5/26

Name (PRINT): SHANNON Time (24hr): 1130

Designation: CNS Contact/bleep no: 21600

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **YES / NO**

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **YES / NO**

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

a) **I agree** that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**
I have received the patient information sheet about the BioResource **YES / NO**

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

_____

_____

_____

_____

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): _____ Date: 26/3/26.

Name of patient (PRINT): Owen ANDERSON

If signing for a child or young person; delete if not applicable.

I confirm I am a person with **parental responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed:_____ Date:_____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment. (ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 3.0 Approved: Mar 2023 Review: Mar 2026

NHS Lothian

Royal Infirmary of Edinburgh

GASTROSCOPY REPORT

Name:	**Owen ANDERSON (M)**	Address:	**31 Laurel Bank**
Date of birth:	**09/06/1972**		**Dalkeith**
CHI No:	**0906720559**		**EH22 2JH**
Case note no.:	**0906720559**		

GP: **SCHUUR, KLAAS**
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Procedure date: **26th March 2026 (11:52)**
Priority: **Urgent**
Status: **Inpatient/NHS**
Hospital: **Royal Infirmary of Edinburgh**
Ward: **118**
Referring Cons: **Dr Rahul Kalla**

Indications
Melaena.
Clinically important comments: Melaena with supra-therapeutic INR.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
The whole upper gastro-intestinal tract was normal.
There were no peri-operative complications.

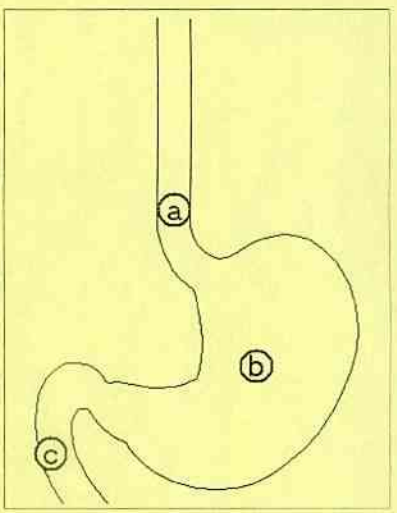
Advice/comments
Normal UGI endoscopy, recent bleeding was likely mucosal from supra-therapeutic INR.

Follow up
Return to the Ward.

Consultant/Endoscopist
List consultant: Dr Ben Shandro
Endoscopist No1: Dr Ben Shandro
Endoscopist No2: Dr Mark Jacunski
Nurses: S/N Sonia Walter
S/N Claire Buchan-McFarlane

Instrument
RIE K457 EG 760R IG402 K457

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 2 mg
Xylocaine (Spray) 200 mg



a: *Lower oesophagus (photographed)*
b: *Middle body (photographed)*
c: *Second part (photographed)*

Dr Ben Shandro
Consultant

NHS Lothian

Royal Infirmary of Edinburgh

GASTROSCOPY REPORT

Name:	**Owen ANDERSON (M)**	Address:	**31 Laurel Bank**
Date of birth:	**09/06/1972**		**Dalkeith**
CHI No:	**0906720559**		**EH22 2JH**
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Dalkeith Medical Practice
The Health Centre
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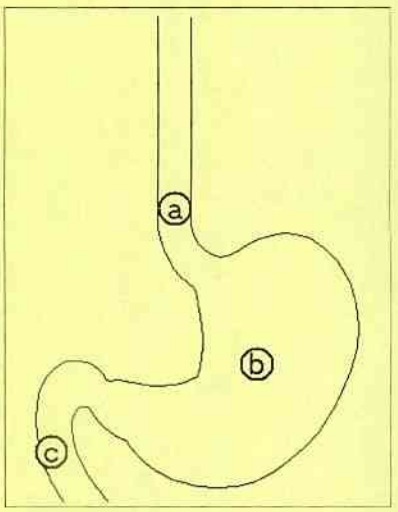
Advice/comments
Normal UGI endoscopy, recent bleeding was likely mucosal from supra-therapeutic INR.

Follow up
Return to the Ward.

Consultant/Endoscopist
List consultant: Dr Ben Shandro
Endoscopist No1: Dr Ben Shandro
Endoscopist No2: Dr Mark Jacunski
Nurses: S/N Sonia Walter
S/N Claire Buchan-McFarlane

Instrument
RIE K457 EG 760R IG402 K457

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 2 mg
Xylocaine (Spray) 200 mg



a: *Lower oesophagus (photographed)*
b: *Middle body (photographed)*
c: *Second part (photographed)*



Dr Ben Shandro
Consultant

NHS Lothian

Royal Infirmary of Edinburgh

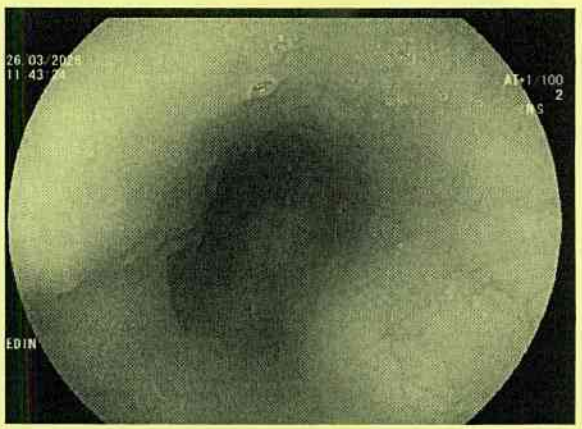
GASTROSCOPY REPORT

Name:	**Owen ANDERSON (M)**	Address:	**31 Laurel Bank**
Date of birth:	**09/06/1972**		**Dalkeith**
CHI No:	**0906720559**		**EH22 2JH**
Case note no.:	**0906720559**		

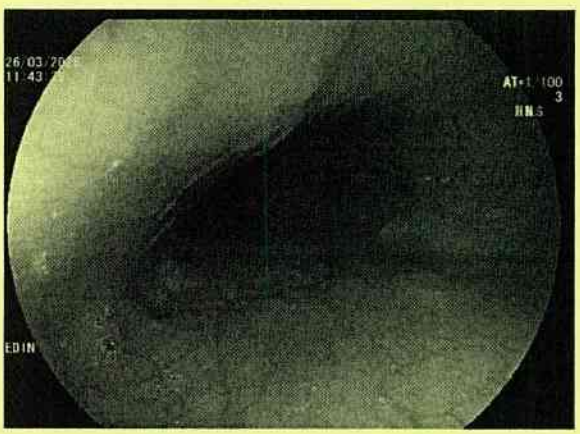
Procedure date: **26th March 2026 (11:52)**



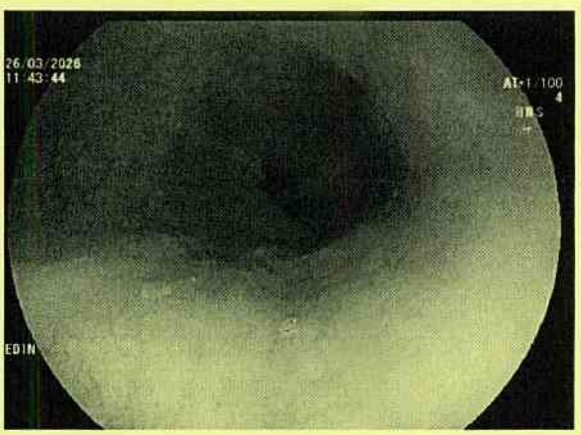
Site a: Lower oesophagus



Site a: Lower oesophagus



Site a: Lower oesophagus



Site a: Lower oesophagus

Dr Ben Shandro
Consultant

NHS Lothian

Royal Infirmary of Edinburgh

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GP: **SCHUUR, KLAAS**
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Procedure date:	**26th March 2026 (11:52)**
Priority:	**Urgent**
Status:	**Inpatient/NHS**
Hospital:	**Royal Infirmary of Edinburgh**
Ward:	**118**
Referring Cons:	**Dr Rahul Kalla**

Indications
Melaena.
Clinically important comments: Melaena with supra-therapeutic INR.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
The whole upper gastro-intestinal tract was normal.
There were no peri-operative complications.

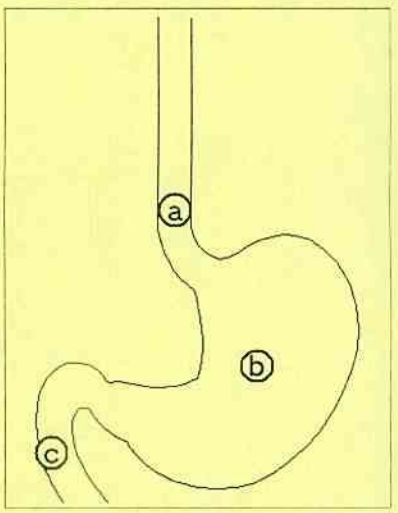
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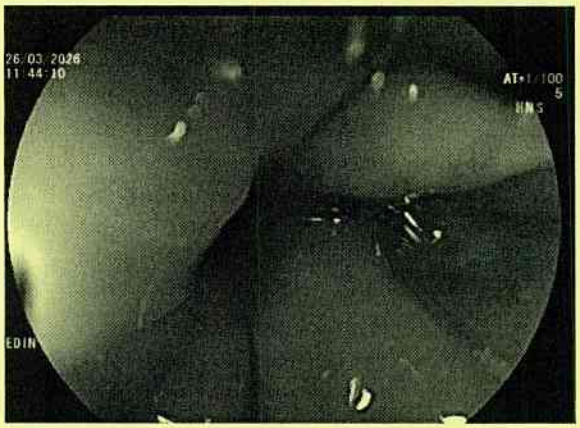
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b: *Middle body (photographed)*
c: *Second part (photographed)*

Dr Ben Shandro
Consultant

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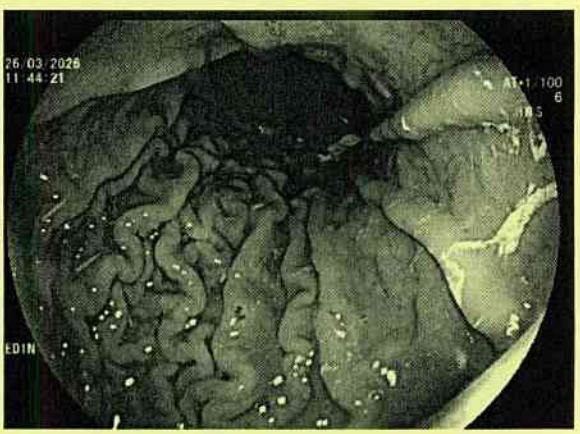
Site a: Lower oesophagus



Site a: Lower oesophagus



Site a: Lower oesophagus



Site b: Middle body

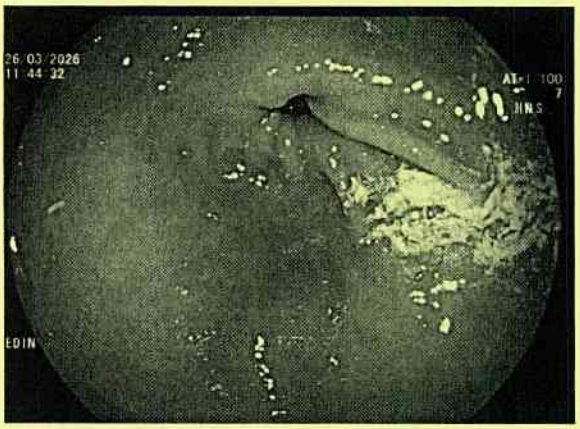
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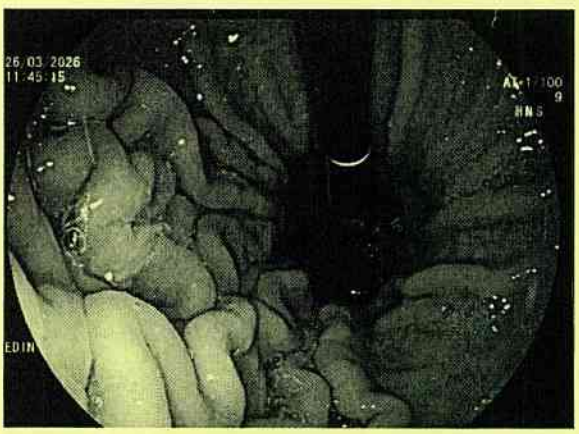
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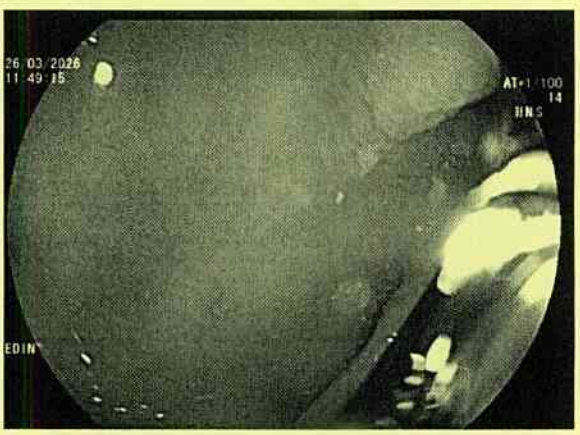
Site b: Middle body



Site b: Middle body



Site b: Middle body



Site c: Second part

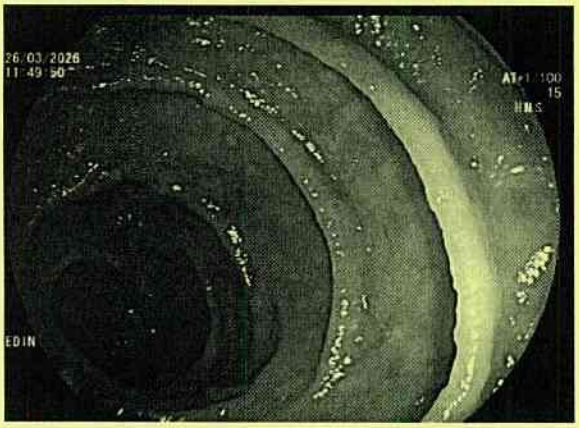
Dr Ben Shandro
Consultant

GASTROSCOPY REPORT

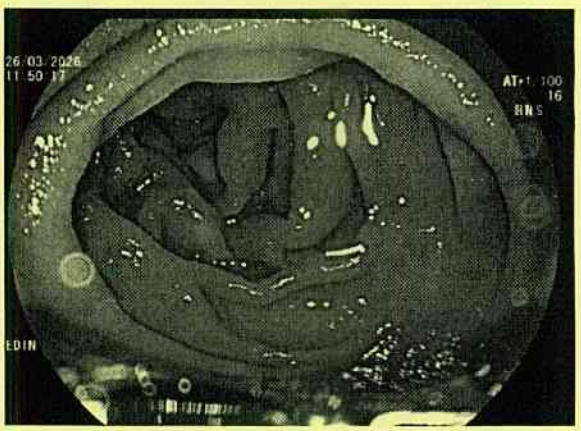
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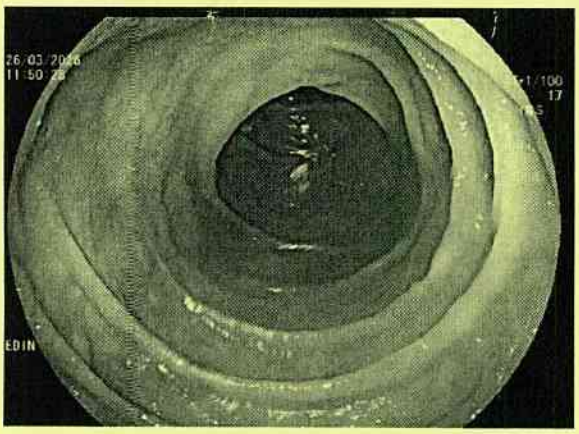
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Site c: Second part



Site c: Second part



Site c: Second part

Dr Ben Shandro
Consultant

Discharge Against Medical Advice

NHS Lothian

Name	700927161K M ANDERSON Owen	.....
DOB	09-Jun-72 CHI: 090 672 0559	.....
CHI	77197 K Schuur	.....
Addres	31 Laurel Bank Midlothian EH22 2JH	

I ..... (name)

Wish to take my discharge*
OR
I wish to discharge my..... *

I understand that this is against the advice and wishes of the consultant in charge or his deputy. I acknowledge that I have been informed of the dangers of doing so and I accept full responsibility for my actions and any consequences arising from them.

Signed .....

Date ...28/1/26.....
Patient*/Relationship to patient* .....

I confirm that I have explained to the patient/~~patients~~*

OWEN ANDERSON ..... (state relationship) the dangers that might arise out of his/her* decision to take his/her* own discharge.

Name of Healthcare professional: DR MONIKA BEATH

Signature of Healthcare professional: .....
Date: 28/1/26

Name of Witness: SEENA GUNHAM

Signature of Witness: Seena Gunham

Designation: ACCP
Date: 28/1/26
***DELETE AS APPROPRIATE**

Patient refused to sign self discharge form and/or would not wait to speak to medical staff or nursing staff.
Name of Healthcare professional: .....

Signature of Healthcare professional: .....
Date: ...../...../.....

Author:
Authorised by:
Date Authorised: Review Date:

Royal Infirmary of Edinburgh
Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111
General Critical Care (ward 116/8) – 0131 242 1181
St John's Hospital
Intensive Care Unit – 01506 524063
Western General Hospital
Critical Care Unit (Ward 20) - 0131 537 1664

Critical Care Notes Summary

Critical Care Discharge Details

Owen James F Anderson	
Likes to be known as:	
Date of Birth: 09/06/1972	**Age:** 53 years
CHI Number: 0906720559	**UHPI:** 700927161K
Hospital Admission Date and Time: 24/03/2026 21:16	
Critical Care Admission Date and Time: 24/03/2026 21:25	
Critical Care Discharge Date and Time: 28/03/2026 10:09	
Duration of Critical Care Stay: 4 days	
Discharge Destination: Home	
Discharging Nurse: Fleming, Kerris	**Discharging Doctor/ACCP:** Bailey, Jennifer
Discharging Critical Care Consultant: Craven, Thomas	

Daily Ward Round

Date	Consultant	Entry
27/03/2026 10:37	Beatty, Monika	Ward Round Assessment: 1. Making good progress 2. Keen to go home quite soon-will stay with neice in single story flat - Ward Round Plan: 1. Ward fit also likely to be home discharge fit soon but we would need a plan going forward for haematology-ask them if they could do this given delays in access to 207 beds 2. Physio to assess please and start mobilising in preparation for discharge 3. Restart metformin - PM / Evening Ward Round: Mobilising Note input from haem re anticoagulation -
26/03/2026 12:21	Craven, Thomas	Ward Round Assessment: endoscopy normal MVR high risk of thrombosis - Ward Round Plan: engage haem about re-anticoagulation which should start today ask ortho about stepdown and FU refer GM for stepdown thereafter stop IVI a line out venflons out LAMBFASTHUG - PM / Evening Ward Round: awaiting gen med haem have provided anticoag plan -
25/03/2026 11:55	Craven, Thomas	Ward Round Assessment: O/e: Calves soft posteriorly, compartment monitoring in place Reports pain in L shoulder, soft on palpation Has had digoxin this am, but not regular bisoprolol 1x episode of small volume melaena this am Hb stable on ABGs GCS 15 Main complaint in pain in R leg, managed with oramorph Apyrexial, no abx Lines - clean and working, within date

		No pharmaceutical VTE px at present - Ward Round Plan: 1. Can give regular bisoprolol, starting at lower dose 2.5mg 2. Ortho review today for plan re compartment monitoring 3. Change to IV PPI 4. Aim Hb >80 5. Clarify plan for scope - would ideally hold off on restarting anticoagulation until after scope 6. Haematology plan today for anticoagulation given MVR - PM / Evening Ward Round: scope planned tomorrow haem input noted thank you continue same overnight -

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St John's Hospital
Intensive Care Unit – 01506 524063
Western General Hospital
Critical Care Unit (Ward 20) - 0131 537 1664

Critical Care Discharge Summary

Dear Colleague,
Owen James F Anderson (UHPI 700927161K) was admitted to on 24/03/2026 21:25. They spent a total of 4 days in Critical Care. They were discharged on 28/03/2026 10:09 to Home.

Diagnoses and key issues during critical care stay:
Supratherapeutic INR and diffuse haemorrhage (GI. haematuria, right lower limb haematoma in the context of mechanical mitral valave)

Interventions in critical care:

Critical care related issues:

Current Issues:
1. Upper GI Bleed
-Aiming Hb>80
2. AF
- known
-Rate 120-40 on admission now 80-90
-on usual digoxin and half dose bisoprolol
3. INR unrecordable on warfarin - now 5.6 after PCC and Vit K
4. Swollen and painful R leg, Previous haematomas from elevated INR. History of trauma to foot
-Reviewed by ortho-compartment monitor removed 0200
-appears better this morning
5. Background:
Metallic Mitral Valve
AF
Polycythemia
T2DM non insulin dependent
Previous haematomas from elevated INR
IHD

Outstanding issues for consideration and action by receiving team:
-As per haematology plan on trak 25/3: prophylactic enoxaparin 40mg this evening. increase to twice daily tomorrow. We could then look to increase this up to intermediate dosing tomorrow afternoon and then move back to treatment dose enoxaparin.
-Ongoing monitoring for further signs of bleeding
- Follow up on discharge concerns raised by haematology: This gentleman is at extremely high risk of bleeding and even if compliant with warfarin his alcohol missuse can lead to both chronic enzyme inhibition and acute liver enzyme induction resulting in supratherapeutic INRs. We would suggest discussion with Cardiology for serious thought if he should be considered for metal valve removal and replacement with tissue valve to reduce his risk of

life threatening bleeding from supratherapeutic warfarinisation.

Treatment Escalation Plan:
Please review the Treatment Escalation Plan in Trakcare for plans regarding escalation and resuscitation.

Nursing discharge considerations:
self dicharged against medical advice
205 , already went home

Complex patients will have a narrative summary documented immediately below.
Further details of the patient admission are contained in this pdf document.
The complete record of the critical care stay is accessible via the ICCA system. If you require assistance in accessing ICCA, please contact the discharging critical care team.

Narrative Summary

Presented to Interface (23/3) with lower limb haematoma. Discharged against medical advice before full workup
Represented 24/3 with constellation of bleeding - melaena, haematuria, ongoing right lower limb haematoma
GI bleeding has reported 3x last at around lunchtime 24/3
No further melaena in ED confirmed melaena on PR examination
Admitted to critical care for monitoring
INR unrecordable > 20 improved to 5.6 post Vit K and beriplex
Given total of 4 units RCC on this admission (intially aiming Hb>80 now happy for Hb>70)
-Reviwed by orthro due to concerns of compartment syndrome compartment monitor placed for 24 hours and removed readings remain consistently in the green. No further ortho follow-up planned if any further concerns please recontact.
-OGD 26/3-noral upper GI endoscopy
-Accepted for stepdown to general medicine
-Prophylactic enoxaparin to start today and then please follow haematology plan as above

Discharging Nurse: Fleming, Kerris	**Discharging Doctor/ACCP:** Bailey, Jennifer
Discharging Critical Care Consultant: Craven, Thomas	

Critical Care Discharge Details

Owen James F Anderson	
Likes to be known as:	
Date of Birth: 09/06/1972	**Age:** 53 years
CHI Number: 0906720559	**UHPI:** 700927161K
Hospital Admission Date and Time: 24/03/2026 21:16	
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Critical Care Discharge Date and Time: 28/03/2026 10:09	
Duration of Critical Care Stay: 4 days	
Discharge Destination: Home	
Discharging Nurse: Fleming, Kerris	**Discharging Doctor/ACCP:** Bailey, Jennifer
Discharging Critical Care Consultant: Craven, Thomas	

Demographics

Address: 31 Laurel Bank, , Dalkeith, MIDLOTHI, EH22 2JH	
Primary Language:	**Religion:**
CHI Number: 0906720559	**UHPI:** 700927161K

Next Of Kin :
Stacey [redacted] [redacted]
[redacted]:

GP Details: K Schuur EH22 1AP
GP Code: 77197 GP Practice Code : 7131808

Anthropometry

Admission Weight: 101.6 kg	**Latest Weight:**
Height: 187.9 cm	**BMI (latest):** 28.8

Nursing Admission

Hearing Aids:	**Registered Deaf:** No
Contact Lenses: No contact lenses present	**Glasses:** Normally wears glasses
Registered Blind: No	**Dentures:** Yes

Pregnancy Test: Not applicable	
Urinalysis:	
Belongings:	
Valuables:	
Visitor Restriction: Visitor Password:	
Police Reference and Password: Police Password:	

Medical Admission

Hospital Specialty:	**Hospital Consultant:**
Admitted From: A. Emergency Department	
Admission Type: Medical	**Unplanned Readmission:**

Working Diagnosis at Admission:
Supratherapeutic INR and diffuse haemorrhage (GI. haematuria, right lower limb haematoma in the context of mechanical MVR on warfarin)

History of Presenting Complaint:
Presented to Interface yesterday (23/3) with lower limb haematoma. Discharged against medical advice before full workup
Represents today with constellation of bleeding - melaena, haematuria, ongoing right lower limb haematoma
Re: GI bleeding has reported 3x episodes today, last at around lunchtime
No further melaena in department but has confirmed melaena on PR examination

Relevant Investigation Findings at Admission:
INR unrecordable > 20
now 5.6 post Vit K and beriplex

Past Medical History:
Mechanical AVR
AF
Polycythemia
T2DM non insulin dependent
Previous haematomas from elevated INR
IHD

Medication History at Admission:
regular meds
warfarin 1mg /5mg
hydroxycarbamide 1000mg OD
Atorvastatin 40mg OD
Digoxin 62.5 OD
Metformin 500mg BD
Furosemide 40mg OD

Omeprazole 20mg OD Bisoprolol 5mg OD Alogliptin 25mg OD

Allergies:			
Allergen	**Severity**	**Reaction**	**Comment**
Penicillin			

Social History:
lives with brother independent with ADL's
Functional History:

Procedures Undertaken on ICU	**Date**
Percutaneous transluminal cannulation of artery	25/03/2026

Critical Care Timeline:
24/3 admitted to critical care with coagulopathy secondary to warfarin and GI bleed
Microbiology Timeline:
Interventions on Critical Care:
Critical Care Related Issues:

Devices Present on Discharge

Line type	Date of Insertion	Comments
IV: Right Hand (Back)	24 Mar 2026 01:00	
IV: Left Antecubital		
Art: Left Radial Artery	24 Mar 2026 01:00	

Drug History

Admission Medications
Acute Prescriptions: **Repeat Prescriptions:** warfarin-Most recent regime: 5mg daily for 4 days, then 6mg daily for 3 days -withheld (w) bisoprolol 5mg daily -w digoxin 62.5mcg daily-continue

metformin 1g in the morning and 500mg at teatime according to patient. He told me that he has been taking this dose for approx. 8 years. ECS/GP practice states 500mg twice daily. -w Luforbec 100/6 inhaler 2puffs twice daily furosemide 40mg in the morning-w atorvastatin 40mg at night-w omeprazole 20mg daily-continue
Changes to Baseline Medication: Bisoprolol 2.5mg (usually on 5mg) Warfarin wh
Pharmacy Discharge Handover: For patients discharged to wards in NHS Lothian, medications at discharge will be prescribed in HEPMA by the critical care team.

Patient Centered Care Plan

Domain	Entry
Key Information	SELF DISCHARGED TODAY @10.30 AM
	Discharge Details Self discharged against medical advice - was not on theraputic level of enoxaparin
Patient Centered Care Goal	**Goal**
	Discharge Details Stacey Anderson NOK (Niece) 07903194015 Lives with brother and niece in Dalkeith
Deterioration and Escalation	**Goal** For full escalation.
	Discharge Details Self ventilating on room air, achieving sats >96%, able to deep breathe and cough. Chest clear on auscultation. Cardiovascularly unsupported >48hrs, NIBP ~115/75(80) HR between AF, sinus arrythmia and sinus rhythm - AF is a longstanding problem, on meds for this. 70-95bpm. Apyrexic and afebrile today, max temp 36.9. Not on antimicrobials. 1x green PVC to L ACF - removed before SDC Peripherally warm and well perfused. Haematoma to lower R leg is causing pain and discomfort, though much improved compared to admission (Owen agrees, less painful than previously) T2DM. BM's stable.
Pressure Area and Wound Care	**Goal**
	Discharge Details Bruising to both inner arms, groin (very dark bruising), R shin and

	calf, L knee - all from admission, bloods and cannulas
Safer Mobility	**Goal** To maintian safe mobility.
	Discharge Details indep walking
Bladder and Bowel Function	**Goal** To maintain full bladder and bowel function
	Discharge Details Passing urine spontaneously into bottles.
Medicines Management	**Goal** To have all medications given correctly and on time.
	Discharge Details As charted.
Pain Management	**Goal** To maintain comfort and keep Owen pain free.
	Discharge Details Mentions pain in R calf from DVT. PRN oral morphone given hourly.
Infection Prevention and Control	**Goal** To remain free from infection
	Discharge Details Nursed on main unit. Apyrexic. Cannula site clean and dry.
Food, Fluid and Nutrition	**Goal** To return to normal diet and fluids
	Discharge Details Normal diet and fluids as able.
Altered State of Cognition	**Goal** To monitor conscious levels.
	Discharge Details GCS 15.
Vulnerable Patient	**Goal** NA
	Discharge Details
Stress and Distress	**Goal** To keep owen comfortable.
	Discharge Details stressed over medication and medics advice to stay

MDT Documentation

Dietetics	**Reviewing Dietician:** **Date of Review:** **Admission Weight:** 101.6 kg **Height:** 187.9 cm **BMI:** 28.8 **Nutritional History:**

	Route of Nutrition: **Energy Requirements:** **REE From Indirect Calorimetry:** **Protein Requirements:** **Bowels:** **Current Nutrition:** **Summary of Assessment:** **Dietetic Aim**: **Dietetic Plan**:
Physiotherapy	**Reviewed by: ,** **Subjective Assessment:** **Objective Assessment:** **Problem List:** **Treatment:** **Analysis:** **Plan:**
Speech & Language Therapy	**Observations: Diet Recommendations:** **Fluid Recommendations:** **Additional Advice:** **Communication advice:** **Plan:**
Occupational Therapy	**Reviewed by: Subjective Assessment**: **Objective Assessment: Analysis:** **Goals:** **Plan:**
Pain Team	**Pre-Admission Analgesia: Current Analgesia:** **Plan:** **Comment:**

Vital Signs

Time	HR	RR	NIBP	Arterial BP	Temp (˚C)	FiO2 %	O2 (L/min)	spO2 %	GCS
27/03 11:00	75		113/62 (79)		36.4	21%			
27/03 13:00									
27/03 15:00	92		111/64 (71)			21%		95	
27/03 16:00					36.5				
27/03 17:00									
27/03 20:00	99		102/67 (73)		36.8			98	15/15 (E4,V5,M6)
28/03 00:00									
28/03 02:00	87		103/58 (66)		36.5			98	
28/03 04:00									

28/03 06:00	75		114/62 (68)		36.8				
28/03 08:00	81		114/62 (68)		36.6				15/15 (E4,V5,M6)

***Above observations from 24hrs prior to time of discharge.**

Fluid Balance

Date/Time	Input (ml)	Output (ml)	Total Balance (ml)	Urine Output (ml)
24/03 00:00 --> 23:59	352	520	-167	520
25/03 00:00 --> 23:59	3132	2350	782	2350
26/03 00:00 --> 23:59	3655	1945	1710	1945
27/03 00:00 --> 23:59	1880	2156	-276	2156
28/03 00:00 --> 14:08	1530	1026	504	1026

Daily Ward Round

Date	Consultant	Entry
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		- Ward Round Plan: 1. Can give regular bisoprolol, starting at lower dose 2.5mg 2. Ortho review today for plan re compartment monitoring 3. Change to IV PPI 4. Aim Hb >80 5. Clarify plan for scope - would ideally hold off on restarting anticoagulation until after scope 6. Haematology plan today for anticoagulation given MVR - PM / Evening Ward Round: scope planned tomorrow haem input noted thank you continue same overnight -

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Intensive Therapy

Dr Schuur
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 28/03/2026

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	Ward 118 ICU RIE	**Admission Date**	24/03/2026
Consultant	Prof. Michael AM Gillies	**Discharge Date**	28/03/2026

Dear Dr Schuur

Allergen (Group to which Allergen belongs)	Reaction
phenoxymethylpenicillin	2 other adverse reaction - see TRAK

CRITICAL CARE IMMEDIATE DISCHARGE LETTER (CCIDL)
THIS IS A CORE CRITICAL CARE DISCHARGE DOCUMENT INTENDED FOR THE RECEIVING WARD AREA

DISCHARGE WARD: Home
DATE OF DISCHARGE: 28/03/26
DATE OF ICU ADMISSION/LENGTH OF STAY:

PRIMARY DIAGNOSIS:
1. Supratherapeutic INR and diffuse haemorrhage (GI. haematuria, right lower limb haematoma in the context of mechanical mitral valve)

CRITICAL CARE COMPLICATIONS:
Discharged against medical advice.

SIGNIFICANT PAST MEDICAL HISTORY:
PMH: T2DM, Asthma, Metallic Mitral Valve, Polycythaemia Vera

INTERVENTIONS IN CRITICAL CARE:
1. Monitoring

2. Compartment monitoring - for 24 hours
3. 4 units RCC
4. Upper GI Scope
5. Haematology input

CLINICAL PROGRESS / TIMELINE OF EVENTS:
Presented to Interface (23/3) with lower limb haematoma. Discharged against medical advice before full workup
Represented 24/3 with constellation of bleeding - melaena, haematuria, ongoing right lower limb haematoma
GI bleeding has reported 3x last at around lunchtime 24/3
No further melaena in ED confirmed melaena on PR examination

Admitted to critical care for monitoring
INR unrecordable > 20 improved to 5.6 post Vit K and beriplex
Given total of 4 units RCC on this admission (intially aiming Hb>80 now happy for Hb>70)

-Reviewed by ortho due to concerns of compartment syndrome compartment monitor placed for 24 hours and removed readings remain consistently in the green. No further ortho follow-up planned if any further concerns please recontact.

-OGD 26/3-normal upper GI endoscopy

-Accepted for stepdown to general medicine
- Discharged against medical advice on 28/03/26

PHYSIOTHERAPY STATUS : SEE TRAK ENTRY

NUTRITIONAL TEAM STATUS: SEE TRAK ENTRY

ALLERGY:
MEDICATIONS:
CONTINUED
warfarin 1mg /5mg
hydroxycarbamide 1000mg OD
Atorvastatin 40mg OD
Digoxin 62.5 OD
Metformin 500mg BD
Furosemide 40mg OD
Omeprazole 20mg OD
Bisoprolol 5mg OD
Alogliptin 25mg OD

KEY POINTS FOR REVIEW:
CONTINUED ISSUES
- High risk

MEDICATIONS
- Nil sent home as discharged against medical advice

INVESTIGATIONS / SPECIALTY REVIEWS
-As per haematology plan on trak 25/3: prophylactic enoxaparin 40mg this evening. increase to twice daily

tomorrow. We could then look to increase this up to intermediate dosing tomorrow afternoon and then move back to treatment dose enoxaparin.
-Ongoing monitoring for further signs of bleeding
- Follow up on discharge concerns raised by haematology: This gentleman is at extremely high risk of bleeding and even if compliant with warfarin his alcohol misuse can lead to both chronic enzyme inhibition and acute liver enzyme induction resulting in supratherapeutic INRs.

TEP COMPLETED: N/A

INFORMATION FOR GP
-Mr Anderson discharged himself against medical advice before he was re-established on warfarin. He was anticoagulated with dalteparin whilst in ICU. His INR will take some time to increase but there is considerable risk of over-anticoagulation-this should be taken into account with any dose adjustments.

NAME: Seona Graham
POSITION: ACCP
CONTACT: 0131 242 1181
PAGE: 5040

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Dalkeith
EH22 1AP

Date: 30/03/2026

Inpatient Discharge Summary

Patient	Owen Anderson 31 Laurel Bank Dalkeith EH22 2JH	**CHI** **Date of Birth / Age** **UHPI**	**0906720559** 09/06/1972 (53 years) 700927161K
Ward	Ward 118 ICU RIE	**Admission Date**	24/03/2026
Consultant	Dr M I Beatty	**Discharge Date**	28/03/2026

Dear Dr Schuur

This patient has been discharged from an NHS Lothian Critical Care unit.
Please check SciStore for the complete discharge summary.

If you require assistance in accessing the SciStore Discharge Summary please contact the discharging unit:

Royal Infirmary of Edinburgh
Cardiothoracic Critical Care (ward 111/2) 0131 242 1111 or 0131 242 1112
General Critical Care (ward 116/8) 0131 242 1186 (office hours) or 07976 067336 (out of hours)

St Johns Hospital
Intensive Care Unit 01506 524063

Western General Hospital
Critical Care Unit (Ward 20) - 0131 357 1664

Progress Notes

Patient & GP Information

UHPI Number	700927161K
CHI Number	0906720559
Episode Number	I0006360918
Surname/Forename	Anderson, Owen
Date of Birth	6/9/72
Sex	Male
Patient Address.	31 Laurel Bank Dalkeith EH22 2JH
Registered GP	K Schuur
GP Address.	Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

700927161K	700927161K
0906720559	0906720559
I0006378839	I0006381143
Anderson, Owen	Anderson, Owen
6/9/72	6/9/72
Male	Male
31 Laurel Bank Dalkeith EH22 2JH	31 Laurel Bank Dalkeith EH22 2JH
K Schuur	K Schuur
Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP	Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP

Patient & GP Information

700927161K	700927161K
0906720559	0906720559
I0006386423	I0006389398
Anderson, Owen	Anderson, Owen
6/9/72	6/9/72
Male	Male
31 Laurel Bank Dalkeith EH22 2JH	31 Laurel Bank Dalkeith EH22 2JH
K Schuur	K Schuur
Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP	Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP

Patient & GP Information

700927161K
0906720559
I0006449931
Anderson, Owen
6/9/72
Male
31 Laurel Bank Dalkeith EH22 2JH
K Schuur
Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Nurse 11/23/25 15:37 Mairi R Shanks	Owen has been transferred to ward 230. Introduced to staff and oriented to ward and call buzzer system. Refreshments provided. NEWS 0 (note pulse irregular with BG of known AF, ECGs obtained in ICU), GCS 14 (oriented to place but stated date was 28/10). PEARL (note extensive bruising to face and blood in R eye). Normal limb power bilaterally. Own medications locked in POD. Independently mobile, appears comfortable in chair. Medical staff bleeped to perform stepdown review.

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006360918 11/23/25 15:56	This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary, please contact the discharging unit: Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours) St John's Hospital Intensive Care Unit – 01506 524063 Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/23/25 16:58 Dr Omar Salim	Critical Care Step Down Review 53M BIBA to ED on 21/11 - found by passers by face down, unconscious on the street with obvious facial injuries. Recently released from prison. Background of AF and metallic mitral valve for which he takes bisoprolol, digoxin and warfarin. Reduced GCS - intubated in ED. CT head, facial bones and C-spine - small left parietotemporal SAH, likely contrecoup, a right orbital wall fracture and a right pterygoid wing fracture. Extubated following morning following sedation hold. Warfarin witheld for 36 hours after which started on SC heparin BD prophylactically. Obs RR 18 Sats 96% OA BP 117/73 HR 76 temp 36.6 O/E Alert, oriented. Nil complaints of pain No headaches, no nausea/vomiting. PU and BO A - patent B - chest clear C - WWP, CRT <2s, HS I+II+mechanical mitral valve click D - GCS 15 E - abdo SNT, calves SNT. Subconjunctival haemorrhage visible R eye with superficial injuries around R eye socket Neuro: CN II-XII grossly intact. PEARL Upper and lower limbs - normal tone, power 5/5 across all modalities. Outstanding issues: -pLMWH this evening -To commence bridging dose LMWH from tomorrow (deemed high risk given mechanical mitral valve and wt 101kg) with warfarin titration (out for bloods inc. INR in am) -Maxillofacial surgery aware of injuries - plan to review in trauma clinic as outpatient. No acute management needed otherwise. OS CDF

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/24/25 02:44 Hazel Reis	Person-Centred Care Owen was sleeping early. Deterioration and Escalation Observations stable apyrexial. GCS 15. Pressure Area Care bruising to right side of face. Mobility indpendent with mobility Bladder and Bowel Function no issues. Medicine Management as per hepma Pain Management refused analgesia. denies any pain Food Fluid and Nutrition normal fluids and diet Discharge Planning ongoing therapies. Facial fractures r/v as op in trauma clinc

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006360918 11/24/25 08:15	This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary, please contact the discharging unit: Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours) St John's Hospital Intensive Care Unit – 01506 524063 Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006360918 Dr David Cameron 11/24/25 08:18 Julie Fenton	This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary please contact the discharging unit: Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours) St John's Hospital Intensive Care Unit – 01506 524063 Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Dr Dean A Kerslake 11/22/25 04:03 Dr Mohammed S M Alhabibi	Neurosurgery review : Found lying face down with significant facial injuries No history available so mechanism unclear GCS 3 on SAS arrival Intubated by anaesthetics prior to my arrival due to agitation Report pre-intubation GCS 7 (E1 V1 M5) Moving all four limbs but right > left OE: Intubated GCS3/15 right side facial trauma with swelling and bruising CT head showed small trace of traumatic SAH. No signs of hydrocephalous as I understand patient on warfarin with INR 1.8 PLAN : keep hold warfarin hold sedation tomorrow morning evaluate him and repeat CT head in 3-4 days Mohammed alhabibi Neurosurgery SpR. DCN,RIE.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/24/25 08:59 Dr Ines Faria E Maia Almeida E Sousa	WR GMC Issues 1. Found unconscious in the street with obvious facial injuries - CT Head/facial bone/C-spine: small left parietotemporal SAH, likely contrecoup, right orbital wall fracture and right pterygoid wing fracture - Required intubation. ITU stepdown 23/11 - Just recently released from prison 2. Background of AF and metallic mitra valve on warfarin ITU Plan for anticoagulation His warfarin was witheld for 36 hours after which he was started on SC heparin BD prophylactically. He is to stop this and restart warfarin after a further 48 hours (on 25/11/25) TODAY Sat out on side of bed Head feels alright Has been able to see to text and read Explained rationale and porcess for warfarin bridging - explained this might take a couple of weeks Niece is a carer and can give LWMH injections NEWS 2 spO2 94 Temp 35.4 HEPMA Enoxaparin 100mg BD - Treatment dose No warfarin prescribed - previously 5mg OD Plan 1. To start warfarin from tomorrow with bridging LMWH - Discuss with pharmacy 2. Has been referred for neurorehab team 3. Maxfax follow-up as OP M Spittal FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/24/25 09:55 Mark Taylor (NMR)	ANP TRAK referral made to Neurorehabilitation team - likely for outreach nurse follow-up. M Taylor ANP

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/24/25 13:06 Mark Taylor (NMR)	IMMEDIATE DISCHARGE LETTER: A FURTHER LETTER MAY FOLLOW DIAGNOSIS: Traumatic brain injury with traumatic SAH, right orbital wall and right pterygoid wing fractures. SUMMARY: Owen was brought to hospital by ambulance on 21/11/25 after being found unconscious in the street with facial injuries. In A&E, Owen was GCS 7 and agitated so was intubated to facilitate CT scan. This demonstrated a small volume traumatic subarachnoid haemorrhage with acute right inferior orbital floor and right lateral pterygoid plate fractures. He was admitted to ITU overnight then extubated the next morning and stepped down to DCN. He was assessed by the TBI team on the 24/11/2025, and was found to be misusing alcohol. Alcoholic supportive services were offered but the patient declined these. His warfarin was stopped for 36 hours and the plan was to restart his usual dose with LMWH bridging (at therapeutic dose) until INR levels stable for 2 consecutive days. However, Mr. Anderson self-discharged against medical advice on the 24/11/2025. He was deemed to have capacity by the TBI and the neurosurgery teams. A course of LMWH and warfarin have been prescribed and the GP contacted by phone to ensure INR levels are checked in the community. CHANGES TO DRUGS SINCE ADMISSION (PLAN and REASON): - Started: Enoxaparin 100mg twice daily (to continue while on warfarin 5mg once daily until INR levels within range), paracetamol 1g QDS - Stopped: - Changed: ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin FOLLOW UP: - TBI nurse: Telephone follow up later in the week - Max Fax: Will see in outpatient clinic DVLA advice: Owen must not drive and must inform the DVLA of his injuries if he holds a driving license CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN: Nil changes made Certificate has been issued for : ___days/____weeks Information contained in this letter has been discussed with patient/carer. GP PLEASE CONSIDER THE FOLLOWING: Please monitor this gentleman's INR. Once his INR is in range for 2 consecutive readings the LMWH can be stopped and the warfarin continued. Thank you for your ongoing care of Owen, Dr. Ines Sousa Neurosurgery Clinical Fellow FOR ANY ENQUIRIES CONTACT: Ward 230, RIE - 0131 312 0230 This is an immediate discharge letter and a further letter may follow.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Nurse 11/24/25 14:38 Charlotte Jensen	Noted at 13:30 approx that Owen hads not returned to the ward after being outside with family, unable to contact Owen or Niece due to contact numbers being incorrect on TRAK. Contacted Brother Adam who said he has just dropped him off home with niece - both had told Adam that he was for d/c home. I asked if he could bring him back, Adam has said that he knows Owen will refuse. I had spoken to Neice as she was leaving the ward with Owen and explained that he will hopefully be for d/c today if TBI team and therapists d/c him, i explained that he also needed to have his wafrin dose sorted and will be going home on Enoxaparin so once we have this sorted and therapist are happy he can go home - She said she wouyld explain to him and bring him back to the ward after having a cigarette. Reg Gabriel and SCN Keira aware - awaiting plan from reg, Charlotte Jensen DCN

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/24/25 15:05 Dr Gabriel Metcalf Cuenca	Neurosurgery ST6 Metcalf-Cuenca Patient has self-discharged and is now home without having told nursing / medical staff. My feeling is that he has capacity for this decision and I have also discussed with my colleagues in the TBI rehabilitation team who feel the same. From a medical perspective the only risk is him not being on anticoagulation for his mechanical valve. The safest choice will be providing a discharge prescription for an appropriate amout of warfarin, enoxaparin and contacting his GP for ongoing INR checks and ensuring his bridging is completed in the community. We will contact the TBI specialist nurses regarding an outpatient follow-up later this week to ensure he remains well at home.

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006360918 Physiotherapist 11/24/25 15:09 Sophie R Dempsey	MAJOR TRAUMA REHABILITATION PLAN (RP): STAG Minimum Dataset (MDS) RP REQUIRED: Not required (Reason = no MT rehab required) Sophie Dempsey MT Rehab Coordinator 07816 257 717

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006360918 Dr Dean A Kerslake 11/22/25 11:20 Dr Mohamed Mohamed	Cardiology: Ali ST7 Could you please refer to haematology if you require advice re: anticoagulation with mechanical valve.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/24/25 15:49 Mark Taylor (NMR)	ANP Email sent to Max Fax to ensure that a Trauma clinic appt is being booked - ICU notes from 22/11/25 advise that plan was for Max Fax to see in Trauma clinic as an OP, but nil appt yet appearing on system. Advised that Owen no longer an inpatient so an appt letter being sent out would be useful. M Taylor ANP

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 11/24/25 16:22 Dr Ines Faria E Maia Almeida E Sousa	UPDATE Discharge letter completed with adequate anticoagulation Plan for anticoagulation as per discussion with Ciara (Ward Pharmacist): Enoxaparin 100mg BD + 5mg warfarin OD until INR within range for 2 consecutive days. Patient self-discharged before we could action this plan As requested by GMC I have: - requested that the GP check INR in the next few days and continue this until INR within range (phone call to practice and also emailed) - Emailed Wendy Young (TBI nurse) to arrange a telephone consultation for him later in the week I Sousa CDF

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Nurse 11/24/25 16:24 Charlotte Jensen	Spoken to Brother Adam over the phone, he is unable to collect medications and d/c letters this evening but will be in tomorrow approx 10:00 to collect letter, meds and sharps box. He was unable to give me Owen's number over the phone but will let us know in the morning. D/c letter sent out to GP. Charlotte Jensen DCN

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Nurse 11/24/25 18:42 Charlotte Jensen	Cousin Tracey arrived on the ward. Explained the below. She reports that Adam is a friend and not a brother. She has provided Owen's correct contact details - Trak updated. She reports that if there are any issues with Adam collecting meds etc then we can contact her tomorrow after 13:30 (she has a funeral in the morning). She reports that she is the probably the best person to contact - details updated on TRAK. Charlotte Jensen DCN

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 12/4/25 10:52 Norena Cullen	Brown envelope loose leaf sent to DCN for scanning - 04/12/25 - NC

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006360918 Mr Khandkar Ali Kawsar 1/5/26 11:56 Norena Cullen	DATE OF ADMISSION: 22/11/25 DATE OF DISCHARGE: 24/11/25 DIAGNOSIS: Traumatic brain injury with traumatic SAH, right orbital wall and right pterygoid wing fractures SUMMARY: Owen was brought to hospital by ambulance on 21 November 2025 after being found unconscious in the street with facial injuries. In A&E, Owen was GCS 7 and agitated so was intubated to facilitate CT scan. This demonstrated a small volume traumatic subarachnoid haemorrhage with acute right inferior orbital floor and right lateral pterygoid plate fractures. He was admitted to ITU overnight then extubated the next morning and stepped down to DCN. He was assessed by the TBI team on the 24 November 2025, and was found to be misusing alcohol. Alcoholic supportive services were offered but the patient declined these. His Warfarin was stopped for 36 hours and the plan was to restart his usual dose with LMWH bridging (at therapeutic dose) until INR levels stable for 2 consecutive days. However, Mr Anderson self-discharged against medical advice on 24 November 2025. He was deemed to have capacity by the TBI and the neurosurgery teams. A course of LMWH and Warfarin have been prescribed and the GP contacted by phone to ensure INR levels are checked in the community. CHANGES TO DRUGS SINCE ADMISSION (PLAN and REASON): - Started: Enoxaparin 100mg twice daily (to continue while on Warfarin 5mg once daily until INR levels within range), Paracetamol 1g QDS - Stopped: - Changed: ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin FOLLOW UP: - TBI nurse: Telephone follow up later in the week - Max Fax: Will see in outpatient clinic DVLA advice: Owen must not drive and must inform the DVLA of his injuries if he holds a driving license CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN: Nil changes made Certificate has been issued for : ___days/____weeks Information contained in this letter has been discussed with patient/carer. GP PLEASE CONSIDER THE FOLLOWING: Please monitor this gentleman's INR. Once his INR is in range for 2 consecutive readings the LMWH can be stopped and the Warfarin continued. Thank you for your ongoing care of Owen. Dr. Ines Sousa Neurosurgery Clinical Fellow FOR ANY ENQUIRIES CONTACT: Ward 230, RIE - 0131 312 0230 Checked and authorised by Mr K A Kawsar, Consultant Neurosurgeon

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006360918 Dr Dean A Kerslake 11/22/25 12:04 Dr Nimra Zafar	N Zafar Haematology ST5 . Thank you for your referral re anticoagulation. The decision to stop, restart or reverse anticoagulation lies with the parent team. Unsure how haematology can help here. It is reasonable to withold/reverse warfarin in an event of an acute bleed. NZ

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Note Details	Clinical Notes
Consultant Review Episode/Ref: I0006378839 Dr Matthew RG King 12/17/25 14:11 Dr Matthew RG King	WR MRGK History reviewed No preceding hx of traume that would expain present presentation In addition INR only moderately elevated O/e 10x10 cm bruise to lateral aspect of right buttock Tense and mildy swollen, very tender - some relief with oromorph 5mgs Radiology have suggested observation rather than US I dont think US will likely change present medical management (I am not concerned this could be abscess at this stage) Plan Morphine dose increased Ongoing monitoring and observation INR now therapeutic No warfarin tonight Recheck INR tomorrow and for treatement dose enoxaparin when sub theapeutoic However rediscuss with haem as suggested to check this plan Also does the haematoma itself need any further maagement other than observation and analgesia Check with haem +/- ortho ? Drainage indicated ? Risk of compartment syndrome MKING

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006378839 Dr Matthew RG King 12/17/25 14:42 Dr Elena Newman	UPDATE TRAK haem referral sent.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006378839 Dr Matthew RG King 12/17/25 15:02 Dr Amy McLean	Discussion with on call ortho Relayed history and examination findings - Compartment syndrome unlikely as rare in that area and pain has been manageable - Advised to monitor for pain and bruising - if static or improving then that is reassuring - If worsening and concerns of ongoing bleeding CT angio would be investigation of choice - Ortho may consider drainage if has compartment syndrome Has now self-discharged so will be unable to monitor as advised AM FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006378839 Dr Matthew RG King 12/17/25 15:05 Dr Nikhil Agarwal	Name Owen Anderson (53) CHI 0906720559 T&O ST2 N Agarwal #2181 Consultant on-call: Mr Mackenzie Referral of right thigh buttock haematoma - ? compartment syndrome Currently in MAU WGH with above Recently in RIE for fall with traumatic SAH and facial bone fracture. No preceding trauma re this buttock swelling Woke up at 01:30am with sudden onset gluteal pain and swelling. On warfarin (INR 7.0), has been reversed with vit K On warfarin for metallic heart valve Been advised tender clinically on palpation, but no pain at rest Patient keen to DAMA INR currently 2.6 Been advised that at present, pain is under control with analgesia. Is not worsening. Advised monitor at present and observe trend If no pain at rest when not moving buttock then unlikely for compartment syndrome If trend of worsening pain despite analgesia then more suspicious of compartment syndrome Rare for compartment syndrome to occur in buttock but may do so if ongoing bleeding into compartment. Monitor bruising and if worsening bruising and/or Hb dropping then consider CT angio to assess if any bleeding point present (may be amenable to IR) If any concerns re compartment syndrome please bleep back #2181 (junior reg on call) or #6868 (senior reg on call) NA

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006378839 Nurse 12/17/25 16:18 Lucas Fonseca	Written in retrospect due to clinical activity. Owen decided to discharge against medical advice. Reviewed by Dr who gave strong worsening advice and Owen discharged himself at 14:58. PVC to R) wrist removed prior to discharge. SN L. Fonseca

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006378839 Dr Timothy M Morse 12/16/25 20:13 Tim Morse	Ward Round Morse 53yr old man with acute severe pain and swelling in his right buttock This man was in RIE with SAH 2 weeks ago. He had a fall with trauma to his head and knee. No trauma to his buttocks. Acute pain and swelling started last night and became severe today. INR found to be 7.0. After discussion with haem reg for INR reversal with 2mg vit K. No neurovascular compromise. Clinically right buttock hard and painful ++ to touch. No bruising and no heat or erythema in the skin overlying. I agree that a spontaneous bleed does seem possible, his Hb has not dropped at all and clinical findings not entirely consistant. Reasonable to reverse anticoagulation and get an US scan of his buttock tomorrow to confirm if there is a haematoma. T M Morse

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006378839 Mohammed Reda Mahmoud Sewilam 12/17/25 16:53 Dr Mohammed Sewilam	M Sewilam ST4 Haem Remote entry - responding to TRAK referral 53 M Mechanical Mitral valve / AF on Warfarin Recent traumatic SAH (21/11/25) Hb drop 142 -> 119 in 1 day Suspected haematoma; not radiologically proven. Note patient self discharged I think in this situation ideally the patient should be an inpatient to monitor clinically as any theraputic anticoagulation could result in life threatening bleeding if there is an active haematoma. The balance of anticoagulation and risk of bleeding vs not to anticoagulate and risk of thrombosis will be based on the clinical picture and radiological evidence. Radiological identification of a possible haematoma would be paramount in this case as this would be treatment defining of choice of prophylactics vs treatment doses of Enoxaparin or if any at all. It is difficult to advice on what would be the best next step without having a solid conclusion to if there is any active bleeding, or a haematoma and whether to anticoagulate or not without the clinical and radiological parameters. If patient is admitted would be happy to be recontacted for further discussions if needed. MS

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Note Details	Clinical Notes
Consultant Review Episode/Ref: I0006378839 Dr Matthew RG King 12/17/25 17:09 Dr Matthew RG King	MRGK Cons Patient was spoken to by both myself and by Fy1 before self discharge Patient was clearly made aware that the medical recommendation was to remain in hospital because of the complexity of anticoagulation and for observation of haematoma size He signed a self diacharge form in full knwoledge of this so I dont think we could do anything else to persuade him to stay in hospital. I will email GP practice so they are aware of the situation MKING

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006378839 Dr Matthew RG King 12/17/25 19:21 Dr Priya Kaur Pall	Diagnosis: 1) Spontaneous right buttock haematoma. 2) Mildly elevated INR. 3) Atrial fibrillation + metallic heart valve – on Warfarin. 4) Ischaemic heart disease. 5) Type 2 diabetes mellitus. 6) Previous diagnosis of polycythaemia vera . 7) Recent traumatic brain injury with traumatic haemorrhage - november 2025. 8) Penicillin allergy. Consultant comment: Unfortunately Mr Anderson self discharged against medical advice (with full capacity). He was concerned about being so far from his home in Dalkeith and upset about not being in the Royal Infirmary of Edinburgh which would be much nearer. In addition he was frustrated at that the main stay of his management with simple observation in hospital without active intervention. Mr Anderson has subsequently presented to The Royal infirmary of Edinburgh and you should receive further correspondence from them directly in due course if not already. Please let us know if you have any further queries relating to his time at the Western General Hospital. Many thanks, Yours sincerely E-signed by: Dr M King Dr Matthew King Consultant Physician Western General Hospital Any queries please contact 0131 537 2678 ---------- Patient has Discharged Against Medical Advice PHARMACY CHECK YES / NO SIGNATURE ..... PATIENT'S OWN MEDICATION (to be completed by nursing staff) Patient's own medication / controlled drugs returned to patient YES / NO / NA SIGNATURE ..... Patient's own medication / controlled drugs removed with consent YES / NO / NA SIGNATURE ..... ABBREVIATED IMMEDIATE DISCHARGE LETTER This is an abbreviated IDL from the Western General Hospital Admissions Unit. Only new drugs, or those that have been changed, are included in the list. Any medicines discontinued will be detailed. All other medicines are to continue as before. This letter will only be generated for patients that are admitted for less than 48 hours and have less than 4 medication changes. That includes, stopping, changing the dose, withholding a drug or starting a drug. _____ _____ PRINCIPAL DIAGNOSIS/PROCEDURE sudden onset R gluteal swelling and pain - likely haematoma TREATMENT oral vit K FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL

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Note Details	Clinical Notes
	Patient has DAMA INR check booked at GP 18/12 Email sent to GP to make aware of the situation Patient has been advised to attend RIE for inpatient monitoring CHANGES TO DRUGS SINCE ADMISSION ALLERGIES / ADVERSE DRUG REACTIONS Penicillin SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS Nil CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN Nil GP to please consider the following... Dear Doctor Owen Anderson was admitted to WGH on 16/12/25 with acute sudden onset severe pain and swelling of right buttock. Mr Anderson was recently discharged from RIE following traumatic SAH and facial bone fracture after fall. He is on warfarin for Atrial fibrillation and has a metallic heart valve. Past medical history includes IHD, T2DM, Metallic mitral heart valve 2022 and on warfarin, AF, and polycythaemia vera. He was referred by GP for INR 6.9. Admission bloods showed INR 5.9, Hb 140, otherwise NAD. On examination, 10cm x 10cm r gluteal tense swelling, overlying skin warm to touch. Very tender to touch. No bruising or erythema of overlying skin. No neurological compromise in lower limbs. Haematology team advised warfarin reversal. 2mg of vitamin 6 was given and warfarin was withheld. The orthopaedic team advised for conservative management with ice packs and warfarin reversal; monitor for neurovascular compromise or skin necrosis and for urgent CT angio if clinically worsening or limb-threatening with new neurovascular compromise. Bloods 17/12 showed Hb 119 and INR 2.6. Haematology were contacted again and advised to monitor as inpatient and for radiological identification of possible haematoma to determine management with anticoagulation. Unfortunately Mr Anderson discharged against medical device despite being made aware of medical recommendation to remain in hospital because of anticoagulation complexity and observation of haematoma. An email has been sent to GP to make them aware of the situation. We have organised an INR check at GP on 18/12 and have advised Mr Anderson he should present to RIE for inpatient monitoring. Many thanks for your ongoing care of this patient. Should you need further information please contact... MAU Base 1 Information contained in this letter has been discussed with the patient/carer. Yours sincerely, Priya Pall FY1 General Medicine WGH

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006378839 Dr Matthew RG King 12/17/25 19:24 Dr Amy McLean	Tel call to Owen - Explained haematology advice - should be an inpatient so we can give LMWH and monitor for bleeding, delicate balance of preventing clots from valve and preventing further bleeding so should ideally be monitored in hospital - Advised to attend RIE A+E AM FY1

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006378839 Dr Claire F Gordon 12/17/25 03:14 Alister MacKenzie	Person-Centred Care Settled night for Owen. Slept overnight. Normally independent, has not been out of bed thus shift due to pain. Deterioration and Escalation NEWS as charted. BM stable Bladder and Bowel Function Continent, has not been to the toilet overnight so far Medicine Management Medication as per HEPMA Pain Management x1 PRN oramorph before bed, declined more overnight Food Fluid and Nutrition Normal D+F Discharge Planning Ongoing investigations

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006378839 12/17/25 09:45 Harry Young	Phar:1 inr Med Rec completed: Y Sources used (min.of 2): ECS, patient Allergies: Penicillin Referral code: Outstanding Med Rec issues: Not on H: Discrepancies: OTC/rec/herbal: Outstanding/ ongoing care issues: 1. vte prophylaxis -metalic valeve warfarfin inr 7 given vitamin K -ongoing monitoring last inr 2.6 target inr 2.5-3.5 2. heamatoma R buttock-felt not compartment syndrome as per ortho -on reg paracetamol+morphine bg T2DM -bms fine Changes to medication: New on H: Moprhine sulfate 10mg/5ml - 5mg oral solution PRN Withheld: Stopped: CrCl (if Cr >133micromoles/L): weight 101.2kg, 142mL/min Discharge/Compliance information: Independent BMs fine Pre-admission list of meds; Warfarin 6mg on Wednesday and 5mg for the rest of the week w Omeprazole 20mg g/r caps OD c Atorvastatin 40mg tab OD c Furosemide 40mg tab OD c Bisoprolol 5mg tab OD c Metformin 1g in the morning and 500mg at night c Digoxin 62.5mcg tab OD c Hydoroxycarbamide 1g caps OD c Salbutamol 100mcg inhaler PRN Lubrobed 100mcg/6mcg inahler 2 puffs bd paracetamol 1g QDS c

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006378839 Dr Claire F Gordon 12/17/25 09:46 Dr Amy McLean	WR Dr Jones Cons 53M admitted with sudden onset R gluteal swelling and pain 2/52 ago had fall and was admitted to RIE with traumatic SAH and facial bone fracture (fell onto L side) - warfarin withheld originally but restarted (has metallic mitral valve and AF) INR 6.9 Had some vit k last night PMH: IHD T2DM Metallic mitral valve 2022, on warfarin AF Polycythaemia vera Traumatic SAH and facial bone # Bloods yday: Hb 142, WCC 13 Renal function normal HEPMA: warfarin withheld, oramorph 5mg 6-8hrly NEWS 2 - sats 94% OA, HR 99, BP 146/94 Today: Would like oramorph more frequently, pain not controlled Explained we are waiting for scan today and INR then we can make plan for warfarin O/E: Firm lump on outer aspect of L thigh R buttock very tender and swollen, no erythema Plan: - Bloods including INR (missed phleb this morning) - Chase USS (ordered) - Increase frequency of PRN oramorph to 2 hourly - If oramorph not managing pain can try MST short term A McLean FY1

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006381143 Dr Lisa M Nicol 12/19/25 09:53 Dr Lisa M Nicol	WR NICOL CONS PTWR History as noted Pain ongoing in buttock, not had any analgesia Feels haematoma is no worse but skin now bruised over buttock Well otherwise Very keen for home today INR 2.4 yesterday, normal dose warfarin given lastnight MEWs 1 iMP - Right buttock haematoma due to warfarin Plan: AS per Haem INR today, if within range, patient can go home later today with worsening advice and on normal warfarin dose Analgesia as per WGH orthopaedic team advise: for conservative management with ice packs and warfarin reversal; monitor for neurovascular compromise or skin necrosis and for urgent CT angio if clinically worsening or limb-threatening with new neurovascular compromise.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006381143 Clinical Pharmacist 12/19/25 10:24 Zsofia Romvari	PHARMACY COMMENTS Patient tells me he takes metformin 1g in the morning and 500mg at teatime, please amend on Hepma. Noted no INR result today as underfilled sample, please repeat. If patient is for warfarin today, please prescribe on paper chart. Thank you, Zsofia R. Pharmacist #8038

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006381143 Dr Lisa M Nicol 12/19/25 12:06 Phabies Quintos	Nursing Owen has been settled this morning, he has taken his mediction himself. Bloods has been taken for INR then he started to verbalised that he is going home. Medics has been informed and they have attended to him but then he just left without any word again without signing the DAMA.

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006381143 Dr Lisa M Nicol 12/19/25 16:50 Emma Deacon	ACUTE AND GENERAL MEDICINE RIE DISCHARGE COMMUNICATION PRINCIPAL DIAGNOSIS Right buttock haematoma likely secondary to Warfarin _____ INFORMATION FOR PATIENT 1. Can you explain my diagnosis and what treatment did I receive? You were admitted to hospital with a collection of blood in your right buttock. However, we did not need to give you any specific treatment for this. 2. What tests have I had and what were the results from these tests? A chest X-ray was essentially normal. Blood tests were in keeping with your reason for admission. 3. Do I need to contact my GP practice after discharge? If so, why and when? No _____ DISCHARGE MEDICATIONS This is an abbreviated IDL. For patients who have had less than 4 medication changes during their admission: ONLY new medicines, or those that have been changed during this admission are prescribed in this IDL. All other medicines should be continued as before. 1. Medicines reconciled against ECS/other sources? Yes 2. ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin 3. Changes to drugs since admission (relative to ECS above and please include reason) STOPPED: Nil STARTED: Nil CHANGED: Nil WITHHELD: Nil Pharmacist check: Name: Date: Time: Nursing check: Patient's own medication / controlled drugs returned to patient: YES / NO / NA Signature: Patient's own medication / controlled drugs removed with consent: YES / NO / NA Signature: _____ INFORMATION FOR GP ACTION REQUIRED IN COMMUNITY: Nil HOSPITAL FOLLOW-UP ARRANGED: Nil BRIEF SUMMARY OF ADMISSION: This 53 year old who attended WGH but self discharged due to long waits and then self presented to RIE, was admitted to AMU with 3 days of sudden onset right buttock haematoma. He is on Warfarin for a metallic valve and was discussed with the Haematology team who were happy for him to remain on his maintenance dose and also discussed with the orthopaedic team who advised conservative management of his haematoma. Unfortunately Mr Anderson left the ward and did not sign a discharge against medical advice form. SUMMARY OF INVESTIGATION RESULTS: Admission bloods: Hb 119, neutro 8.35, GGT 242, CRP 53 FUTURE CARE PLAN • Changes to CPR status: Not discussed • Treatment Escalation Plan/Ceiling of care: Not discussed • Wishes around readmission/Preferred Focus of Care: Not discussed

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Note Details	Clinical Notes
	--- INFORMATION FOR RIE ADMIN TEAM Outstanding results: Nil Please cc this letter to: Nil Emma Deacon ANP Acute and General Medicine, Royal Infirmary of Edinburgh FDL Authorising Consultant: Date: --- For further information contact: Acute and General Medicine Secretaries Phone: 0131 242 2036 E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk ---

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006381143 Dr Lisa M Nicol 12/18/25 23:22 Dr Yashpreet Singh	AMU ADMISSION REVIEW Summary of ED/Interface presentation: 3/7 Hx of new sudden onset R-buttock hematoma - intially went to GP on Tuesday who advised to go WGH A&E - patient self-discharged from WGH due long wait - self-presented to RIE following telephone advice from WGH after self d/c - no recent Hx of trauma to the area of Sx Recent hx admission in Nov-25 following facial injury and small volueme traumatic SAH requiring 1d ITU stay - discharged with bridging of warfaring with LMWH BG: on warfarin for Metallic MVR (target range 2.5-3.5) - last dose at 6pm on 18/12/25 in ED (5mg) (previous dose to this was tuesday AM 5mg) on bisoprolol and digoxin for AF discussed w/ ortho: not for USS not for intervention at present discussion w/ haem: 1. If clinically worsening - then he is to have 2mg vitamin K and hold warfarin 2. If borderline or stable - then give the maintenance dose of warfarin that patient takes 3. Needs admission for 24-48hours to monitor the haematoma, bloods, INR and clinical direction this will take 4. If getting better then will not need anything else in meantime 5. we would not consider bridging until INR<2.0, in which case discuss with Haematology first. given the level of drop of Hb already, the risk of bridging may outweight benefit. ED Plan following review: as per Haem plan for maintenance dose of warfarin tonight (given) [Takes 5mg every day except 6mg on Wednesdays] Treatment given in ED: • Medication: • Fluids: Additional history available? Progress since ED: PMHx: DAMA yesterday from WGH (presented with Rt gluteal hematoma) Traumatic brain injery, SDH (ITU admission- 11/25) Alcohol misuse Asthma IHD T2DM Metallic MVR 2022, on warfarin AF Polycythaemia vera SHx (driving if relevant): NEWS: Focused examination: Bloods: INR 2.4 CRP 53 Hb 122 (142) Urea 4.7

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Note Details	Clinical Notes
	CXR and ECG: within normal Medicine: • Is medicine reconciliation complete: Y • ALLERGY: Pencillin • Is VTE risk assessed and prescribed: Y • For antibiotic starts/changes (hit space after): \antibstart \antibreview Problem lists: 1. sudden onset painful large hematoma of R buttock since 15/9/25 - went to see GP 16/12/25 and INR was 6.9 - today INR 2.4, as per haem plan to continue maintenance warfarin 5mg OD (except wednesdays) Plan: daily INRs continue maintenance dose warfarin as per haem advice analgesia mark site of hematoma to review if any changes tomorrow continue withholding as per WGH orthopaedic team advise: for conservative management with ice packs and warfarin reversal; monitor for neurovascular compromise or skin necrosis and for urgent CT angio if clinically worsening or limb-threatening with new neurovascular compromise. Is DNACPR/AWI completed if appropriate? (if capacity assessment is required use \capacity) Destination: Hospital@Home/Resp/Cardio/GI/GM/Neuro/Stroke/Frailty + CFScoring Name and designation: Yashpreet Singh, FY1 AMU Bays 1, 2, 3, 7 - Bleep 2241 AMU Bays 4, 5, 6, 8 - Bleep 2112

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006381143 Nurse 12/19/25 01:49 Janelle Bell	NURSING Patient moved from AMU Base 6 to Base 5 tonight EWS 1 Alert and orientated Patient independent with ADLs I advised Owen to let us know if he needs further analgesia. He stated he feels fine at the moment. I asked Owen if he would like to be wakened when he can next have his PRN analgesia, Owen asked to be left if sleeping. Medication given as per HEPMA All care given as planned. Settled overnight, no concerns.

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006381143 12/19/25 08:24 Lauren Gulland	Phar:1 Med Rec completed: Y Sources used (min.of 2): ECS/patient Outstanding Med Rec issues: metformin - pt reports takes 1g in the morning and 500mg at teatime - asked to amend on Hepma Outstanding/ ongoing care issues: 1. Metallic MVR - on warfarin, target INR 2.5-3.5, usual dose 5mg every day except 6mg on Wednesday - new haematoma on buttock, see haem input, awaiting INR for today - underfilled sample, asked NS to repeat - if for warfarin, needs paper chart - highlighted 2. Polycythemia vera - continues hydroxycarbamide as pre-admission 3. T2DM - continues metformin - dose needs amended on Hepma Changes to medication: New: prn oramorph Discharge/Compliance information: independent

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006381143 Nurse 12/19/25 09:11 Siobhan M Stanton	When doing the medication round this morning, I asked Owen if he had his own medication with him. He told me he had already taken it. I went through the list of meds so that i was aware of what he had taken. I then asked if I could put them in his locker, he said no and that he is going home soon, I explained it was hospital policy and its just to keep every one safe he said he doesnt care and will be going home in half an hour. The medication is not in labeled packets or a dossette, these are meds he has just put in a pot at home, I have not seen these medications, but have charted what he has said he took. He does not take the inhalor, and doesnt take the atorvistatin till night time.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006386423 Dr Scott Mackenzie 12/28/25 15:29 Rhoda Turbela	Person-Centred Care Admitted from A&E alert and orientated, NEWS 2 on arrival, tachycardic to 116, ECG was done and doctor was aware in A&E, Able to ttransfer from trolley to bed. Pressure Area Care All pressure areas intact but large hematoma noted on the lower back down to right leg. Mobility Normally mobile inside the house and outside. since the pain that started 2 days ago, mobility was limited. Bladder and Bowel Function Normally mobile and Independent with walking and going up and down the stairs. Food Fluid and Nutrition Independent with eating and drinking

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006386423 12/29/25 09:34 Lauren Gulland	Phar:1 Med Rec completed: Y Sources used (min.of 2): ECS/patient - clerking Outstanding Med Rec issues: nil Outstanding/ ongoing care issues: 1. Bilateral leg haematomas - MVR, on warfarin 5mg daily except Wednesday when it's 6mg. INR target 2.5-3.5. INR 3.5 yesterday - for INR and haematology input today. 2. Asthma - seen by resp, switched to MART 3. Polycythaemia vera - continues hydroxycarbamide Changes to medication: WH: warfarin New: oramorph Discharge/Compliance information: lives with brother

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006386423 Dr Scott MacKenzie 12/29/25 12:55 Elspeth Christie	Respiratory Nurse Specialist Asked to review re asthma. Current therapy luforbec 100/6 two puffs BD, and salbutamol 100mcgs two puffs prn. Admites to using luforbec rarely, relies heavily on SABA using multiple times per day. Discussed use of ICS/LABA to better control symptoms and rationale of MART therapy. Triggers exercise. no issues with dust, strong smells, animal dander. Smokes 20 per day, previously 40. Provided with spacer device and advice on tidal breathing. Happy to try this. HEPMA changed to luforbec 100/6 two puffs BD, and one puff prn up to 8 per day. Elspeth Christie Resp ANP ext 21878 29/12/25 @ 12.55

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006386423 Dr Scott MacKenzie 12/29/25 13:45 Dr Jenny Martin	POST TAKE WARD ROUND - Dr Mackenzie Issues: Bilateral leg haematomas Owen reports pain in leg first started one week ago Pain has worsened and bruising has become more apparent over the course of the week Recapped MVR - reports was a result of pneumonia and developed heart failure as a result Advised can be a balancing act when restarting warfarin and may need to bridge with heparin temporarily O/e Similar location of pain described as yesterday - antero-lateral aspect of L thigh and R buttock Weak dorsalis pedis pulse present bilaterally Sensation intact in both feet Motor function intact in both feet HS I+II+0 Cons impression: Bilateral leg haematomas Plan: 1. Repeat INR today - chase with lab to see if received 2. Continue Oramorph today for analgesia 3. Discuss with haematology once today's INR back 4. Gen Med - could board ECG seen: y/n VTE prophylaxis: N - requires discussion with haematology re ?bridging required AWI required? Escalation/DNACPR discussed? TEP completed? J Martin FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006386423 Nurse 12/29/25 14:12 Katie Winnington-Ingram	Nursing: Owen has had a settled day. Has been lying in bed for the most part, just up to pass urine occasionally. IND with ADLs. Remains in quite a lot of pain, maxing out oromorph prns throughout the day. NEWS as charted - no immediate cocnerns of deterioration. Medications as per hepma - no issues. Has own cytotoxic meds from home. Eating and drinking well and independently. BMs stable. Rx INR just collected as per medic request.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006386423 Dr Scott MacKenzie 12/29/25 16:31 Dr Jenny Martin	Discussion with haematology consultant Dr Alice Klauser - current INR 2.0, target 2.5 - 3.5 Advised need to clarify with Owen if pain is truly worsening and clarify with medical team if any concerns of ongoing bleeding. Hb is static but has only been so for last 24 hours. Imaging may be helpful to objectively quantify. If any concerns of ongoing bleeding then to fully reverse warfarin for 24 hours with 2mg Vitamin K. Would not suggest cover with enoxaparin and allow INR to come back up. If medical team feel bleeding is stable and haematoma spread is simply just blood tracking into leg compartment, then suggest restart at 6mg today and tomorrow + check INR daily. (Usual warfarin regimen 5mg daily, 6mg on a Wednesday). J Martin FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006386423 Dr Scott MacKenzie 12/29/25 18:02 Dr Jenny Martin	Discussion with Owen re pain Clarified with Owen timing course of pain. Reports still in significant pain (note NS have asked for increased analgesia today) however, clarified that pain has not worsened or changed course over the last four days. Owen feels bruising is improving. Reports swelling and tightness has increased in left thigh. Nil increase in pain, no paraesthesia or pallor. Foot warm and well perfused. Had a frank discussion about importance of remaining in hospital and asked if anything we can do to help. Aware has DAMA'd multiple times. --- Addendum 17:55 --- Discussed and reviewed with Dr Tiernan Owen reports bruising is much better, confirmed with comparison to image of R buttock haematoma at initial presentation. Some mild bruising tracking down R leg. Owen reports struggling to remain IP as recently released from prison and hospital environment is reminding him of prison. Again advised to let us know if we can do anything to help with this. Plan discussed with Dr Tiernan: 1. Withhold warfarin this evening, bleeding appears stable but reluctant to restart in the evening 2. Not for vitamin K this evening 3. Review tomorrow and consider restarting warfarin if bleeding haematoma remains stable 4. Not for further analgesia at present - appears comfortable on review J Martin FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006386423 Nurse 12/29/25 23:46 India Laurie	AMU nursing Owen has been settled since the start of the night Remains alert and orientated NEWS as charted Meds as charted via HEPMA PRN analgesia required INDEP mobile Continent For daily INRs due to warfarin prescription Handed over to 205

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006386423 Nurse 12/30/25 04:08 Sisasenkosi Ndebele	Nursing Owen was alert and oriented when transferred to the ward NEWS of 0 IND with his mobility For daily INRs

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006386423 Dr Scott MacKenzie 12/30/25 10:03 Dr Emmanuel Sandoval-Garcia	WR GM boarders Issues: 1. Bilateral leg haematomas Feels better Reports pain but not as bad as before No SOB No hemoptysis Passing urine No melena NEWS 0 Hb 88 (89); WCC 8.1 (7.8); Plat 347 CK 414 (357) INR 1.5 R gluteus bruising down to laterial -posterior region L thigh heamatoma improving Plan: -Re start Warfarin as per ham plan. Give 6 mg today and tomorrow. -INR daily -Repeat blods to monitor Hb -Consider further scan if any concern of infection or bigger haematoma E Sandoval (SAS) CONTACT DETAILS: • WEEKDAYS 9AM-5PM Medical Team bleeps: First floor wards 4139 Second floor wards 4111 • WEEKDAYS 5PM - 9PM & WEEKENDS 9AM - 9PM Both floors bleep: 4110 General Medicine@Boarders discharges, please use \IDLGM. Thank You!

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006386423 Dr Roy G Harris 12/30/25 13:16 Dr Emmanuel Sandoval-Garcia	Follow up After ward round patient wanted to self-discharge. Advised that his condition requires closely monitoring of heamatomas and INR as high risk of bleeding. Explained that there is a big risk of bleeding, infection or even death if not monitored as IP. He was adamant and wanted to leave and go home. He agreed to sign off discharge against medical advice form. On my return, patient has left the ward. Nurses informed me that he did not want to wait anymore. Case discussed with Dr Harris who recommended follow up INR levels in ambulatory care. Plan: -I have contacted patient and advised him to come back tomorrow to AMU reception at 10.00 for INR check. -Advised to take Warfarin 6 mg tonight -Strong worsening advice given E Sandoval (SAS) #4111

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006386423 Nurse 12/30/25 17:12 Della McKenzie	Nursing Owen self discharged this am as per below note.

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006386423 Dr Roy G Harris 12/31/25 15:54 Dr Analia NICOLINI	ACUTE AND GENERAL MEDICINE RIE DISCHARGE COMMUNICATION Please note the patient self-discharged against medical advice PRINCIPAL DIAGNOSIS 1. Bilateral leg haematomas _____ INFORMATION FOR PATIENT 1. Can you explain my diagnosis and what treatment did I receive? You had a bruise on both your legs (known as a haematoma), which is very likely secondary to Warfarin. As you probably know, the anticoagulant you are on, Warfarin, thins your blood which makes you less prone to clots, but can sometimes make you bleed more. 2. What tests have I had and what were the results from these tests? Blood tests showed you had anaemia and low platelets. Your renal function and liver function were normal on admission. Your INR (which is used to determine the dose of Warfarin) was within target. Later on the day you self-discharged, your renal function was a bit off and the INR was not withing range. 3. Do I need to contact my GP practice after discharge? If so, why and when? You will need to go to Ambulatory Care for INR checks and then to your GP. _____ DISCHARGE MEDICATIONS 1. Medicines reconciled against ECS/other sources? Yes 2. ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin 3. Changes to drugs since admission (relative to ECS above and please include reason) STOPPED: Nil STARTED: Nil CHANGED: Nil WITHHELD: Warfarin was withheld on admission and has been restarted on the 30/12/25. Pharmacist check: Name: Date: Time: Nursing check: Patient's own medication / controlled drugs returned to patient: YES / NO / NA Signature: Patient's own medication / controlled drugs removed with consent: YES / NO / NA Signature: _____ INFORMATION FOR GP • ACTION REQUIRED IN COMMUNITY: Nil • HOSPITAL FOLLOW-UP ARRANGED: AMU on 31/12/25 at 10:00 for INR check. BRIEF SUMMARY OF ADMISSION: Owen Anderson was admitted on the 26/12/25 with worsening right buttock bruising. He has a PMHx of a mechanical MVR done in 2022 and AF and he is on Warfarin. He also has a PMHx of traumatic brain injury, SDH (ITU admission- 11/25), alcohol misuse, asthma, IHD, T2DM and polycythaemia vera. He was recently admitted for a right buttock haematoma also likely secondary to Warfarin and he self-discharged on the 19/12/25. He was assessed by the Orthopaedics team who ruled out compartment syndrome since there was no neurovascular signs and no pain at rest. On the 30/12/25 he discharged himself against medical advice, despite being explained he needed to remain in hospital for close INR monitoring, including the risk of bleeding and the risk of dying. He signed a DAMA (discharge against medical advice) form. He was advised him to come back on the 31/12/25 to AMU reception at 10.00 for a INR check and also advised to take Warfarin 6 mg on the night of the 30/12/25. Strong worsening advice was given. SUMMARY OF INVESTIGATION RESULTS: INR on admission was INR 3.5 (Target 2.5-3.5). Hb was 87 and MCV 106. Bloods on the day of self-discharge against medical advice: Hb 88 (89); WCC 8.1 (7.8); Plat 347 CK 414 (357). INR 1.5

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Note Details	Clinical Notes
	--- INFORMATION FOR RIE ADMIN TEAM Outstanding results: Nil Please cc this letter to: Nil Analia Belen Nicolini FY2 Acute and General Medicine, Royal Infirmary of Edinburgh FDL Authorising Consultant: Dr Roy Harris Date: 31.12.25 --- For further information contact: Acute and General Medicine Secretary Phone: 0131 242 1441 E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk ---

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Note Details	Clinical Notes
Clerking Episode/Ref: I0006386423 Dr Scott MacKenzie 12/28/25 16:47 Helen Jafry	AMU ADMISSION REVIEW Summary of ED/Interface presentation: bilateral leg heamatoma's. PMH: Asthma IHD T2DM Metallic mitral valve 2022 - on warfarin AF Polycythaemia vera TBI november 2025. Released from prison 3 months ago, now lives with his brother. Had been in prison for 25 years and this may explain why he has been finding it challenging to stay in hospital for more than a few hours. Smokes and drinks moderately but not to excess. Has been on warfarin for 8 years follwoign a MVR, previously very well controlled. No previous issues with bleeding /haematoma's. Sustained a TBI with traumatic SAH. 10 days ago presented to WGH with spontaneous right buttock pain and swelling- diagnosed with haematoma, INR 6.7, given oral vit K then DAMA'd. Represented the following day to RIE and admitted to AMU but DAMA'd again the following day. Further presentation then self discharge 26/12. D/W haematology on each occassion with plan to admit, monitor hematoma and INR's daily bridge with enoxaparin if INR <2.5. Has not taken warfarin since the initial hamatoma developed. Represents today with new pain, swelling and bruising of left thigh. No history of trauma, no other abnormal bleeding. Struggling to mobilise due to pain. R/V'd by ortho in A/E- no evidence of compartment syndrome. Treatment given in ED: • Medication: oromorph and paracetamol. • Fluids:Nil. NEWS:2, HR 116. Focused examination: tachycardic, irregular rythm HS I+II+ chest clear abdomen soft right buttock firm and slightly tender, bruising down to behind knee left leg more swollen than right with, exquisitly tender, bruising down lateral aspect of thigh. feet warm bilaterally no changes in sensation able to weight bear with difficulty due to pain. Bloods:Hb 87, INR 3.5, CK 357 ECG:AF rate 118bpm Radiology: Medicine: • Is medicine reconciliation complete: Y • ALLERGY:Penicillin • Is VTE risk assessed and prescribed: no- warfarin withheld due to haematoma's • For antibiotic starts/changes (hit space after): Nil. \antibstart

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Note Details	Clinical Notes
	\antibreview Problem lists: 1) bilateral haematoma's 2) difficulty mobilising due to pain. Plan: 1) repeat INR and Hb tomorrow 2) regular paracetamol and PRN morphine for pain. 3) withold warfarin- INR 3.5 currently so need for Vit K or bridging with heparin currently. 4) Haematology review tomorrow 5) Monitor worsening swelling and re-refer to ortho if required. Is DNACPR/AWI completed if appropriate? (if capacity assessment is required use \capacity) Destination: Hospital@Home/Resp/Cardio/GI/GM/Neuro/Stroke/Frailty + CFScoring Name and designation:H Jafry ANP AMU Bays 1, 2, 3, 7 - Bleep 2241 AMU Bays 4, 5, 6, 8 - Bleep 2112

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006386423 Nurse 12/29/25 02:46 Amy Hay	Owen has slept for short periods overnight. NEWS as charted. Regular analgesia administered as per hepma. Mobilised independently to toilet.

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006386423 Dr Scott MacKenzie 12/29/25 07:53 Elspeth Christie	Respiratory RIE On-call Advice Marshall/McLean/Christie Respiratory Background: asthma luforbec 100/6 2 puffs BD, salbutamol prn Smoking status : 20 per fay Smoking pack years: Comorbidities: IHD T2DM Metallic mitral valve 2022 - on warfarin AF Polycythaemia vera TBI november 2025. Penicillin allergy? Yes. Consider penicillin delabelling. Functional Status: Escalation/Resuscitation: TEP needed?: Acute Symptoms: Admission review - referral for high use salb inhaler not related to admission sx/tx Examination: RR 18 Sa02 95% on RA BP 147/87 HR 108 Afebrile NEWS:2 Investigations: Hb 89 CK 357/414 Impression: No evidence asthma exacerbation. Tighter control asthma required from hx which can be managed in the community. Plan: - Smoking cessation referral advised - Start MART regimen 100/6 (luforbec can be used for this), GP to review if not improving on this to trial monteleukast - Re-contact resp if further advice required Is patient accepted to Respiratory?: No Oncall Reg Page 2832 RNS Mobile: 07977282716

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Note Details	Clinical Notes
Escalation Note Episode/Ref: I0006389398 Dr Laura Jane Reid 1/2/26 02:42 Evanna Byrne	Early Warning Score - Escalation Note: New Escalation Escalation Date/Time: 02/01/2026 02:40 Grade Escalated To: FY1/FY2 Escalation reason: EWS,Clinical concern Comments: Owens leg has doubled in size. Cannot tolerate it being touched or bend leg. Extremely tight the whole way down leg and new bruising present around knee. Escalated to medical team whom are going to review and review analegsia. Owen himself has said it has worsened. New 02 requirment also. SP02 88-90% on air. Now on 2L NC SP02 95%.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Laura Jane Reid 1/2/26 03:18 Dr Carole Manning	ATSP for pain - Manning GPST1 Issues noted: 1. New left leg swelling, pain and bruising - likely new haematoma 2. Right Gluteal Haematoma - improving - on warfarin for metallic mitral valve Admission 26/12 to 30/12 for management of gluteal haematoma on INR for metallic mitral valve under T+O On review: Pain ++ over tonight maybe 1-2 hours ago Left lateral thigh Now painful over the left anterior thigh and more +++pain in lateral comparment of leg which is tense in nature New left effusion to knee, able to flex to approx 40 degrees but limited by pain in DNVI Intact sensation bilaterally with soft touch in LL bilaterally Able to wiggle toes Also wosrening sob and now needing 2L oxygen to maintain sats CRP 43 yesterday Worsening cough OE: Wheezy but nil creps Good a/e throughout chest Plan: STAT oramorph 10mg now Have d/w ortho reg on call re above will kidnly come to review re ?lateral compartment syndrome Re chest for stat salbutamol and then oral doxy 200mg stat for ?chest infection

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006389398 Richard Huynh 1/2/26 03:34 Dr Richard Huynh	Trauma and Orthopaedics ST1 R Huynh #2181 Admitted to AMU with 2 day history of new left lateral thigh swelling. Suspected haematoma. Awaiting USS confirmation. Referred to orthopaedics ?compartment syndrome as Mr Anderson's pain had worsened. PMHx: Recent admission 26/12 for right gluteal haematoma managed conservatively with correction of deranged INR, metallic MVR on warfarin, alcohol excess, IHD, T2DM, AF, polycythaemia vera, SAH 2025. On examination: Appeared comfortable at rest in bed. Pain only exacerbated on movement and palpation of lateral left thigh. Swelling visualised on lateral aspect on left thigh. Begins at proximal 1/3rd of thigh and extends to knee. No erythema. Some brusing. Tender on palpation of swelling. Able to actively flex knee to 50 degrees and fully extend knee. Same range of motion on passive flexion of knee. Limited due to localised pain in lateral thigh. Anterior compartment of left thigh soft Distally neurovascularly intact. DP and PT pulses present. During admission, 4 doses of 5mg oramorph. Further STAT 10mg prescribed by AMU doctors to good effect. Bloods: Hb 90, WCC 9.6, PLT 395, eGFR >60, INR 1.6 Impression: No concern of compartment syndrome of left thigh at present. Requires imaging to further assess collection of left thigh. Likely haematoma given history of recurrent haematomas and other bleeds. No concerns regarding infection either. Plan: For serial review in 1 hour USS/CT left thigh to further assess collection within left thigh Rerefer to Orthopaedics via #2181/6868 if indicated after imaging No orthopaedic input required at present - continue conservative management of suspected haematoma Optimise analgesia - 5mg QDS PRN is too conservative given Mr Anderson's bodyweight and good renal function Monitor bloods for signs of infection RCH ST1 Serial review after 1 hour: Mr Anderson is fast asleep. His pain appears to be completely managed now. No concerns of compartment syndrome.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Laura Jane Reid 1/2/26 11:25 Dr Kaivalya Bhagat	WR N Haggarty ST5 AIM - on behalf of Dr Reid Issues 1) Bilateral spontaneous haematoma - warfarinsed for MVR - awaiting imaging 2) Metallic valve on warfarin - note discussions with haem - warfarin held and on BD LMWH NEWS: 5 Investigations: Bloods 02/01: Hb 91, INR 1.4 US thighs (both) authorised HEPMA reviewed (+VTE): Warfarin suspended, on enoxaparin 40mg BD (as per weight). Started on doxy today Morphine 5mg QDS and PRN - used 20mg/24h Blood Glucose chart: BMs 7-8.5 Today: Feeling pain better controlled analgesia taking edge off, managing to sleep No worsening swelling legs Cough since last night, coughing up green phlegm Chest feels tight/wheezy Speaking in full sentences O/E Bilateral thigh swelling with mixed bruising - marked on left, not extending Bilateral exp wheeze, no crackles Impression: 1. Bilateral thigh haematoma 2. Infective exacerbation of asthma Plan: - Continue on enoxaparin, warfarin suspended - If Hb stable/clinically unchanged could increment enoxaparin as per haematology - Await US/CT thigh (if US not happening today, will organise CT) - 5 days doxy and regular nebs. Can consider prednisolone if not improving - Sputum cultures, VTS - Continue current analgesia DESTINATION: Active until imaging CONTACT DETAILS: AMU Bays 1, 2, 3, 7 FY2/CT: 2241 Medical Registrar on call: 4110 For all IDLs@ General Medicine Boarders please use \IDLGM. Thank you

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 12/31/25 22:26 Siobhan M Stanton	Owen arrived in base 7. Given a jug of water but didnt want anything to eat. NEWS of 3, due to HR of 112 and sats of 95. On examination of Owens legs, the right lower back is bruised with swelling around the waiste band area. This area also does no apear to have bruising, the buising then covers his whole right buttock area, sacrum and down the back of his right leg to his ankle. The bruising has started to move to his left sacral area and down his left leg. His both ankles appear to be swollen and his left knee also appears swollen, and appears to have slight blue colouring to it. Owen says the bruising is not sore but the areas that do not appear bruised are sore to touch.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Laura Jane Reid 1/2/26 11:45 Dr Andrew Preston	Haematology History reviewed. Initially came in 17/12 with buttock pain, felt to be haematoma but self discharged, re-attended with worsening pain but I think seemed to have self discharged again. Assessment has been difficult due to these discharges so not really clear if getting better or worse - seemingly the gluteal pain is getting better but now the thigh pain is worse. This could be due to blood tracking down into the thighs, could be due to other haematomas in the thigh. Note getting imaging today, nothign previous to compare against but I think this will be helpful to see if there is active bleeding or the extent of the bleeding. Until imaging done I don't thinkw e can safely give any anticoagulation above thromboprophylaxis. Of note his Hb is stable, and doesn't seem to have been transfused so this would indicate improvement in bleeding. Depending on imaging results today, could consider incrementing dose of enox tomorrow. Andrew Preston ST6 Haematology

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/2/26 15:01 Maggie Maxwell	Nursing Dayshift OWen has been settled today, has been for CT scan. IND round base, been going to bathroom ind, no concerns voiced. Family into visit. VTS sent, need to obtain sputum. Meds taken as per HEPMA. NEWS stable as per chart, remains on 2L nc.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Laura Jane Reid 1/2/26 15:04 Dr Nicole Ann Haggarty	PM WR Reid/Haggarty Issues 1) Bilateral spontaneous haematoma - Warfarin for MVR US - bilateral haematomas No evidence active bleeding Hb static 2) Infective exac asthma - D1 Doxycycline Currently: Coughing up white phlegm Febrile this morning No change in leg pain/swelling O/E Looks well Talking in sentences Exp wheeze No change in appearance thigh swelling/haematoma Explained trying to get balance between bleeding and protecting Plan/ Rpt VTS, sputum C&S Continue regular nebs/doxy Rpt Hb tomorrow - increment LMWH if stable If worsening Hb/worsening swelling can d/w IR

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/3/26 02:04 Rebecca Crothers	Nursing: Owen has been settled overnight, only slept for short spells finds it difficult being in hospital Medication accepted as per hepma Observations as per chart, current news 3 temp 38.2 Repeat bloods, cultures and VTS obtained Encouraged oral fluids Eating and drinking well

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/3/26 09:10 Lois Fairley	Owen says he taked 100mg of metaform in morning, only prescribed 500mg. Also refused to take morning frusomide.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006389398 Dr Katharine F Strachan 1/1/26 02:26 Siobhan M Stanton	Person-Centred Care Owen arrived on base 7. chatting away with staff. Deterioration and Escalation NEWS score of 2, HR of 103 and sats of 95. T2DM BM of 8.5 Pressure Area Care Owen is independant with his preasure area care. He does have alot of bruising around his buttocks and legs. His skin is intact. Mobility Owen transfered to his bed indepedantly. Bladder and Bowel Function Owen is independant with his bladder and bowel needs. Medicine Management Medical team will prescribe Medication on HEPMA. Pain Management Owen has asked for pain killers. Just awaiting medical team to prescribe on HEPMA. Food Fluid and Nutrition Normal diet and fluids. Owne didnt wan't anything to eat when he came onto the ward. Altered Stage of Cognition Owen is alert and orientated. Vulnerable Person No nursing concerns Discharge Planning No current dishcharge plans in place.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006389398 Dr Laura Jane Reid 1/3/26 13:34 Caitriona M Ni Neachtain	AMU Ward Round Dr Veiraiah Issues 1) Bilateral spontaneous haematoma - Warfarin for MVR US - bilateral haematomas -> No evidence active bleeding -> Hb static 2) Infective exac asthma - D2 Doxycycline NEWS 4 on 4L 02 via nasal cannula Today - ongoing pain and swelling in thighs - describes stablesince yesterday OE right hip fluctuant swelling and significan bruising over Bloods: HB 87 (88) Urea 14.6 (15.8) Cephid screen negative Repeat viral throat swab in progress Blood cultures x 2 in progress Plan: - continue abx and nebs - wean 02 as able - dw haematology re ? enoxaparin increase / consider admitting under them - admit GM or Haem DNB K Francis ACCS1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/3/26 14:16 Robyn Motion	Nursing Owen has been independent with ADLs. Non-compliant with O2 at times Has been complaining of pain at times through the day, PRN pain relief given when possible BMs have been stable through the day No new concerns

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Laura Jane Reid 1/3/26 17:14 Dr Ankita Singh	Haematology Spr Ankita Clinical qs ; advise on enoxaparin dosing in contect of mettalic Mitral valve and B/L haematoma US thigh noted - 2 haematoma of 5.3 and 4.5 cm -We would advise to increase his dose to an intermidiate dose of 60 mg BD (check LMWH assay) provided no clinical concerns of expanding haematoma , any active bleeding or any Hb drop. -Please discuss this with your Consultant on Ward . - Happy to chat further (available thru switchboard)

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/4/26 02:52 Shamim Saleem	NURSING Owen has been settled through out night, has been independent with the mobility and toilet needs complaining of pain on legs oromroph administered regular and PRN for normal food and fluid intake NEWS 4 due to 02 support and HR 107bpm, non compliant to 02 take off couple of times during night SP02 drops to 88% on RA medication given as per HEPMA, refused for his laxatives over night no any concern noted

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/4/26 09:25 Hayley Macaskill	Transferred to RIE208 this morning Observations taken prior to move shows SATS 93%. Kenzie CNM transferring Owen upstairs and will connect to O2 when in ward 208. Unable to locate patients notes at time of writing. Verbal handover given to Claire. Update @ 10:35 - Owen's notes found - transferred up with his phone charger by SCN. Noted that Infection control have just put an entry in saying patient is Flu A positive. Patient had a negative CEPHID prior to transfer. SCN going to inform ward and CNM. Hayley A Macaskill Deputy Charge Nurse

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006389398 Infection Service 1/4/26 10:21 Jill Shepherd	Patient positive for influenza A virus. Appropriate infection control measures should be implemented if not already in place. If further advice or information is required, please see the Infection Prevention and Control webpage and contact your local IPCT if needed. http://intranet.lothian.scot.nhs.uk/Directory/InfectionPreventionAndControl/Pages/default.aspx Please consider antiviral treatment for patient and prophylaxis of contacts. https://rightdecisions.scot.nhs.uk/antimicrobial-prescribing-nhs-lothian/body-systems/respiratory-infections/

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Katharine F Strachan 1/4/26 11:44 Dr Sveva Monacelli	GENERAL MEDICINE WR Lead: Dr. Adam cons Issues: 1. Flu A positive 2. spontaneous B/L Leg haematoma - ortho rv: nil Comp. syndrome - haem opinion: increase dose to an intermidiate dose of 60 mg BD (check LMWH assay)- on this currently. Has metallic MV Progress since previous WR: FBC: Hb 87 (88) PT 14.6. INR 1.3 (1.4) NEWS: 2L NC 97% . 4. sbp: 10798 bpm; OE: Chest: wheeze, leg still sore, worse from yday Been on warfarin for 8-9 years. Last taken ~ 1/52 ago. target 2.5-3.5 R Leg: bruising from back to right tight to below knee. soft to touch, can move muscles. L leg: internal aspect fine to touch. external tender to touch but soft and can move muscles. Neurovascular intact hip joint fine -• VTE (is dose appropriate; check weight & renal function): • Kardex reviewed: • Blood Glucose chart: IMP: ? flu A causing INR derangement Plan: - continue enoxaparin at current dose - monitor progress - haem disc mane re re-introducing warfarin > could be candidate for flu trial- emerg med research group Discharge planning: Home PDD 05/01 Name and designation: SM F1 207 Bleep: 2415 208 Bleep: 2416 For all IDLs@GeneralMedicine, please use \IDLGM. Thank you

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/4/26 16:35 Anitha Roshan Joseph	Owen has been received to our base around 1200hrs from AMU. He has been settled, alert & oriented. He has been very rude at the beginning but had a conversation & much better now.Continent to urine & bowels. 95 % on RA. Weaned off. Had tolerated food & drinks. Has been independent with the mobility and toilet needs. Skin needs to be checked but stated as intact. But needs to be verified.Weight checked & recorded.Complaining of pain on legs oromroph administered regular. NEWS 1. All medication given as per HEPMA. No other concerns at this time of writting

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Katharine F Strachan 1/1/26 06:14 Dr Carole Manning	AMU ADMISSION CHECKLIST - C. Manning GPST1 To be used on arrival in AMU if patient has had a review by Acute & General Medicine or Frailty Team in ED/Interface Transferred to AMU from: Seen interface 6pm Time since last medical review (in hours): Seen approx 12 hours later Issues: - Improving right gluteal haematoma - New left thigh swelling, pain and bruising - likley new haematoma. Started before recommencing warfarin but has worsened in pain since - Metallic MVR on warfarin - D/w ortho, not felt to be comaprtment syndrome and not needing drained - D/w haematology re warfarin - advised for enoxaparin 40mg BD for now and hold warfarin and they will continue to review HPC from interface: - 53 yo male - Moved round from ambulatory care as arrived late and bloods not yet back - Admission 26/12 to 30/12 for management of gluteal haematoma on INR for metallic mitral valve - Feels this is getting better. Restarted warfarin this morning - But reports 2 day history of left thigh swelling and +++ pain, getting worse - Some intermittent haematuria past 24hrs also. First episode at end of voiding this morning. Since then some urine has been clear and some have had blood PMHx: - Metallic MVR - Alcohol excess - Asthma - IHD - T2DM - AF - Polycythaemia vera - SAH in 2025 Meds: - As per ECS - Includes warfarin (5mg daily except 6mg on Wed) Social Hx: - Lives with family - Smokes 20/day - Prev alcohol excess Progress since last review: Ongoing pain in left thigh - lateral aspect +++ on palpation Sore at rest but ++ pain on movement Able to mobilise but struggling given pain Nil paraesthesia in legs Able to move toes and ankles but pain with left knee flexion +++ Cough last few days Nil sob Nil wheeze/cp Nil dizziness Targeted examination: NEWS: 2 HR 103 Sats 95% RA BP 122/67 A - Talking in full setences B - Chest clear with nil wheeze but dry cough noted on review. Calves snt. Nil oedema C - WWP. HSDNM with metallic click noted in mitral area. Pulse reg and good volume D - GCS 15 E - Abdomen SNT. BS normal Treatments given in ED/Interface: Fluids: Nil Medications: parectamol, enoxaparin and oramorph 20mg

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Note Details	Clinical Notes
	Specialty input: Ortho impression: Not concerning for compartment syndrome Likely spontaneous haematoma No role for any drainage or orthopaedic input at present. Investigation of choice to further clarify size would be an ultrasound Likely to settle with warfarin and INR management. Happy to recontacted should any new concerns or changes aris. D/w Haem Reg Chris- INR 1.4 (had 5mg warfarin this morning, first dose in 5/7). Met MVR 2017. Suggests bd enoxaparin 40mg (as likely >100kg) and monitor for expanding haematoma. Medicine Reconciliation: Yes HEPMA completed: Yes VTE Prophylaxis: On enoxaprain BD as per haem Bloods: Hb 94 WCC 11 INR 1.4 Normal renal function CK 618 Imaging/procedures: Nil ECG: Nil TEP/DNACPR: For full resus AWI: Not indicated Ongoing plan: US left thigh ?hameatoma worth drainage Analgesia - reg paracetamol and prn morphine as needed Any worsening of pain for d/w ortho again please Ongoing haematology input re warfarin and enoxaparin plan, c/w bd 40mg enoxaparin at present Bloods today please to monitor Hb Specialty referral requested: Ongoing haem input Further imaging/bloods requested: US left thigh Bloods this morning Name: C. Manning Designation: GPST1 AMU Bays 1, 2, 3, 7 - Bleep 2241 AMU Bays 4, 5, 6, 8 - Bleep 2112 AMU Registrar: Bleep 4030

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/5/26 07:59 Katrina Foster	Nursing Owen appears to have had a settled night. Observations stable. This morning complaining of some chest tightness on first waking- Salbutamol neb adminitsered with good effect. Regular oramorph administered for ongoing complaints of pain to buttocks/legs around sites of haematoma. Independent with ADLs throughout the night. Slept for long periods. No further issues to report at time of writing.

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006389398 1/5/26 09:41 Zsofia Romvari	Phar:1 Med Rec completed: Y Sources used (min.of 2): ECS/IDL from 11/25/(patient - clerking) Outstanding Med Rec issues: salbutamol inhaler NoH Outstanding/ ongoing care issues: 1. Flu A +ve - superadded infection, on oral doxycycline for 5/7, salbutamol nebs 2. Bilateral leg haematomas - MVR, on warfarin 5mg OD except on Wednesdays 6mg, INR target 2.5-3.5. Seen bz haem, warfarin w/h and advised enoxaparin 6mg BD. Needs re-r/v. Hb 87 on 3/1/26. 3. Analgesia - started reg+PRN oramorph with senna/macrogol Changes to medication: New: senna/macrogol/oramorph/salb nebs Discharge/Compliance information: lives with family

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Note Details	Clinical Notes
Escalation Note Episode/Ref: I0006389398 Dr Katharine F Strachan 1/5/26 09:58 Sabrina Bannon	Early Warning Score - Escalation Note: Escalation Response Completed Comments:

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006389398 Dr Ishwinder K Thethy 1/5/26 11:54 Dr Ishwinder K Thethy	Ward Round Dr Thethy Working Differential Diagnosis: 1. Flu A Positive on BG of asthma (Infective exacerbation of asthma) 1.1 CXR: Nil focal on chest x-ray 1.2 WCC normal, CRP 81 1.3 Needed oxygen - weaned off now 2. Large tear-shaped mixed-echogenic haematoma in the left posterolateral thigh, and Right medial gluteal region also contains a large rounded (5.3cm depth) mixed-echogenic haematoma deep to the gluteus maximus. 2.1 Was on Warfarin for metallic AVR and AF 2.2 currently now on BD Enoxaparin 60mg as per haematology and needs his LMWH assay checked Current: - Hb reviewed, no large drop since admission on 31.12 - Ptnt has O/e: - R haematoma tender and sore this am, extending down leg for past 2/7 - L thigh soft, ptnt belivees L sided bruising to be worsening - No murmur, metallic valve click clear - Chest: widespread wheeze Plan: 1. Orthopaedics to rv right gluteal ?collection 2. Doxy, prednisolone, regular nebs (ipratrop and salbutamol) 3. Rediscuss with haem as bruising is worsening, first Factor Xa levels 4. Not fit for discharge

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006389398 Shehzad Hussain 1/5/26 13:46 Dr Shehzad Hussain	Shehzad Haematology ST4 -Discussed in Haem consultants ward round today -Plan was to escalte to therapeutic dose enoxaparin but noted from ward round today about worsening of bruising left side and tender hematoma Right , extending down the leg. Downtrending Hb , last 87g/L on 3/1/2026 -Called ward 208 and discussed with the Reg , trying to objectively assess clinically for worsening of bleeding (worening bruise may be tracking of blood rarther than worsening of bleed) and possibly repeat ultrasound and FBC to see Hb trend - Would be helpful to hae this clinical information before decision to escalate anticoagulation - Happy to chat if any questions SH/5817

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006389398 Dr Ishwinder K Thethy 1/5/26 16:02 Sabrina Bannon	Person-Centred Care Owen has been settled today , he has been sleeping off.on most of the day Owen has his mobile phone with him he has been calling friends and family Owen is indp with all of his ADL's No other concerns at time of writing Pressure Area Care Owen is inp with all of his ADL's he has declined having a shower today as he has worsing pain in his left thigh , Owen can however chnage position and releive his own pressure areas without assiistance from staff Mobility Indp with mobility , no walking aids required Bladder and Bowel Function Owen is indp and continent, his BO 4.1.26 No concerns raised with bladder or bowel function Pain Management Owen has PRN Oramorph for his pain , which he states does help Food Fluid and Nutrition Owen has no dietry restrictions, he is eating and drinking well Altered Stage of Cognition Owen is alert and orientated Stress and Distress Owen has been settled and relaxed today, no signs of distress Discharge Planning No PDD set at this time

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Ishwinder K Thethy 1/5/26 17:31 Dr Jas Tin Lim	Update JT Lim, CF Reviewed haematoma, unfortunately, this is first time seeing Owen. Right gluteal haematoma, tender to touch, Owen reports bruising at the gluteal region improving but bruising is tracking down Some pain on moving hip but nil on rest On left thigh, soft, but tender to touch, swelling does not appear to be enlarging Bruising spreading slightly beyond borders drawn No pain distally, able to flex knee and hip DP pulse palpable Discussed with haem with exam findings. Hb would be best marker for if he is actively bleeding If no evidence of bleeding, then advised to increase enoxaparin to 80mg BD and monitor response therapeutic dose would be 100mg BD Advised not for Anti Xa level if dose increased today as we need steady state first Will repeat bloods today, and if HB stable to increase enoxaparin dose to 80mg Note Patient on hydroxycarbamide which would contribute to anaemia, will discuss with haem re: stopping this

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/5/26 18:57 Sabrina Bannon	Nursing staff on Base C advised that Owen had left the ward @ 17.30 and had not returned , they had tried to call but he was not answering. I have called and asked him to please call the ward and advise his location and if intends to return or if he has self discharged

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/5/26 19:06 Sabrina Bannon	Advice taken from Site and Capactiy with regards to Owen not being on the ward and being unable to contact hi,. They advised to inform medical staff and leave a message for Owen that if he does not return within the next 1 hour his bed will be given up , and that he will need to see his own GP tomorrow

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006389398 Dr Ishwinder K Thethy 1/6/26 13:24 Dr Jas Tin Lim	ACUTE AND GENERAL MEDICINE RIE DISCHARGE COMMUNICATION PRINCIPAL DIAGNOSES: 1. Self discharge 2. New left thigh haematoma 3. Previous gluteal haematoma _____ 1. Can you explain my diagnosis and what treatment did I receive? 2. What tests have I had and what were the results from these tests? 3. Do I need to contact my GP practice after discharge? If so, why and when? _____ 1. Medicines reconciled against ECS/other sources? Yes/No 2. ALLERGIES / ADVERSE DRUG REACTIONS: 3. Changes to drugs since admission (relative to ECS above and please include reason) STOPPED: Nil STARTED: Nil CHANGED: Nil WITHHELD: Nil INSULIN PREPARATION AND DOSE ON DISCHARGE: (if applicable - Please write out units in full – do not abbreviate to “u”) Pharmacist check: Name: Date: Time: Nursing check: Patient’s own medication / controlled drugs returned to patient: YES / NO / NA Signature: Patient’s own medication / controlled drugs removed with consent: YES / NO / NA Signature: _____ • ACTION REQUIRED IN COMMUNITY: Please arrange appointment in community for INR and titrate Warfarin. Upon discussion with Haematology, Owen is on Hydroxycarbamide for Polcythemia vera and has DNA haematology appointment. We have been advised to WH Hydroxycarbamide while bleeding and to encourage Owen to attend Haematology appointment. Could he be referred in to Haematology for review of PCV, target haematocrit should be less than 45% when not bleeding. • HOSPITAL FOLLOW-UP ARRANGED: Nil BRIEF SUMMARY OF ADMISSION: Mr Anderson was reviewed following Ambulatory Care appointment with 2 day hx of left thigh swelling and worsening pain. This was thought to be new spontaneous haematoma in his left leg with potential signs of compartment syndrome. He is normally on Warfarin for metallic MVR. He was admitted for monitoring and titration of anticoagulation on advice from Haematology. INR on admission was 1.4 and he was started on BD 40mg Enoxaparin. This was eventually escalated to 80mg BD prior to Mr Anderson self discharging. Mr Anderson had elected to abscond off the ward and was not contactable. We have spoken to NOK to advise that he respond to calls and to ask that he restart his Warfarin and see his GP for INR check. Please arrange review of INR and titrate Warfarin in the community. On last review prior to increase in Enoxaparin, Mr Anderson’s haematoma appeared to be stable and Hb had risen from 87 to 104. SUMMARY OF INVESTIGATION RESULTS: US thigh both Left lateral thigh and right gluteal region scanned as per patient's sites of pain and swelling. There is a large tear-shaped mixed-echogenic haematoma in the left posterolateral thigh. It is smaller

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	proximally (depth 7mm) and lies superficially to the muscle, and widens (depth 4.5cm) distally with an intramuscular component. There are no active bleeding site, but surrounding inflamed muscle is hyperaemic. The right medial gluteal region also contains a large rounded (5.3cm depth) mixed-echogenic haematoma deep to the gluteus maximus. This was more difficult to visualise due to depth of the swelling, and there are no active bleeding sites. Overlying soft tissue oedema in both sites. FUTURE CARE PLAN (please update KIS - delete if not appropriate) • Changes to CPR status: • Treatment Escalation Plan/Ceiling of care: • Wishes around readmission/Preferred Focus of Care: _____ Outstanding results: Nil Please cc this letter to: Nil Yours sincerely, JT Lim CF Acute and General Medicine, Royal Infirmary of Edinburgh _____ FDL Authorising Consultant: Date: _____ For further information contact: Acute and General Medicine Secretaries Phone: 0131 242 1440 E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk _____

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Ishwinder K Thethy 1/6/26 13:26 Dr Jas Tin Lim	Documented in retrospect Attempted to speak to Owen today, did not respond to phone call Spoken to NOK, Stacey who advised he is at her parent's hourse. She will speak to him to try and convince him to see GP/respond to calls He will need to restart anticoagulation and I have sent an email to his GP asking for review of INR and warfarin

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006389398 Dr Katharine F Strachan 1/1/26 11:05 Mairi Thomson	PTWR AMU - Manohar IMT3 on behalf of Dr Inkster Issues 1. New left leg swelling, pain and bruising - likely new haematoma 2. Right Gluteal Haematoma - improving - on warfarin for metallic mitral valve News = 1 Bloods: INR: 1.4 Currently: Lying in bed - A&O in pain with new leg haematoma has been on warfarin for 8 years - gluteal haematoma happened 10 days ago No change in diet, not drinking more EtOH Had a fall 3 weeks ago without any major injury -haematomas came on 2 weeks later Smokes 20 cigarettes daily Note haematology input and advice - hold warfarin, start enoxaparin BD - will review Reports visible haematuria yesterday O/E: HS: I+II+metallic click Plan: - haematology review - cont. enoxaparin BD - PRN nebs - declined nicotine patch - monitor haematuria (states has resolved) - INR check today Chalmers FY2

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Dr Ishwinder K Thethy 1/6/26 16:08 Dr Jas Tin Lim	Update from haematology Upon discussion with haeamatology, Owen is on hydroxycarbamide for Polcythemia vera and has DNA haematology appointment. Advised to speak to GP to WH hydroxycarbamide while bleeding. He should be encouraged to attend follow up under haematology, barring this, his haematocrit should be <45% when not bleeding Attempted to phone Owen again, went to voicemail

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006389398 Shehzad Hussain 1/6/26 16:17 Dr Shehzad Hussain	Shehzad Haematology ST4 - remote review Response to TRAK referral PV - on Hydroxycarbamide MHV - mitral on warfarin was admitted with bleeding -> Warfarin reversed -> started on LMWH intermediate dose -> self discharged Parent team has tried to contact him / NOK and GP surgery for a well being home visit. He was discharged from Haem clinic due to non attendance and is being followed up by GP service, receiving hydroxycarbamide. Parent team wants to know whether hydroxycarbamide needs to be continued , informed that currently anemic due to bleeding and can be stopped now and restarted if Hct starts rising above 45% however needs follow up after stopping and restarting hydroxycarbamide and requires coordination with GP service, can re-refer Mr Anderson to Haematology clinic for follow ups if he agrees. Happy to chat if any questions SH/5817

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006389398 Dr Ishwinder K Thethy 1/8/26 15:42 Dr Ishwinder K Thethy	Differential Diagnoses: 1. Haematomas Left posterolateral thigh and Right Medial Gluteal Regions. 1.1 On Warfarin for Metallic Mitral Valve Replacement and Atrial Fibrillation. 1.2 Known Ischaemic Heart Disease. 1.3 History of Alcohol Dependence. 1.4 Traumatic Brain Injury - Subarachnoid Haemorrhage, and Right Orbital wall and Right Pterygoid wing fractures: November 2025. 2. Influenza A positive and Infective Exacerbation of known Asthma. 3. Polycythaemia. 4. Type 2 Diabetes. GP Please: I would appreciate it if you could kindly: a. Suspend Mr Anderson's Hydroxycarbamide prescription for now, and advise him NOT to take this, pending further advice from Dr Alice Klauser, Consultant Haematologist. b. Explore Mr Anderson's Alcohol Dependence and encourage him seek support from liaison services. c. Continue to manage Mr Anderson's anticoagulation and monitor his INR. d. Consider review of Mr Anderson's medications and his understanding and compliance with these therapies by community pharmacy. e. Discuss with Mr Anderson’s concerns of his high risk of harm to himself (due to reasons discussed below). f. Consider referral to local Cardiology Services for follow up of valve replacement, AF and Ischaemic Heart Disease. g. Re-assess Mr Anderson's chest and consider a short course of Prednisolone +/- antibiotics, as indicated. He had had a review by the Respiratory Team during one of his presentations to advise on inhaler use and they had recommended trialling MART regime with Luforbec 100/6, and for Primary Care review of this with view to add in Montelukast if no improvement. Many thanks for our discussion on the telephone today, the 8th January 2026, post Mr Anderson's self discharge from the Royal Infirmary Edinburgh on the 5th January 2026. To summarise, Mr Anderson has had a number of admissions this year to secondary care: a. November 2025, when he was found obtunded in the street, and diagnosed with a traumatic brain injury (Subarachnoid Haemorrhage), and Right Orbital wall and Pterygoid wing fractures. b. December 2025: Repeated presentations with haematomas of Right Gluteal Muscle and Left postero-lateral thigh. On all of these occasions, he has self-discharged against medical advice (having been deemed capacitous to do so), despite the need for inpatient monitoring of his anticoagulation balanced with bleeding risk. During these presentations, the trend in his INRs are as below: a. 21/11/25 on presentation with trauma it was 1.8, and on self discharge from hospital on 24/11/25 INR was 1.4. b. When he presented on 16/12/25 with spontaneous right gluteal haematoma his INR was 7.0 and then 5.9. He received 2mg of vitamin K and his INR on 17/12/25 when he self discharged was 2.6. c. When he represented on 18/12/25 his INR was 2.4, his haematoma and Hb were stable and he was, therefore, given his normal dose of Warfarin 5mg. His INR checks on 19/12/25 were not analysed due to insufficient sampling and he self discharged. d. On 24/12/25: His INR checked was 7.8. e. He represented on 26/12/25, with concerns of worsening of his bruising. The INR at the time was 5.1. No reversal was advised at this time, as there was no clinical indication of a life threatening bleed. The clinical teams had wanted to admit Mr Anderson, withhold his Warfarin, and re-image the legs to establish if ongoing bleeding. Unfortunately, Mr Anderson left the Emergency Department before this could be actioned. f. He represented on 28/12/25. His INR was 3.5. He was admitted for monitoring. He stayed in hospital until 30/12/25. His INR on 29/12/25 was 2.0. On 30/12/25 it was 1.5, and the clinical team intended to restart Warfarin at 6mg. Mr Anderson self discharged that day, but was advised to take his Warfarin and asked to attend Ambulatory Care the next day for an INR check. His INR on 31/12/25 was 1.4, and he was re-admitted via the assessment area due to concerns of intermittent haematuria, worsening haematomas and pain. He was reviewed by Orthopaedics, who ruled out compartment syndrome. Haematology advised 40mg BD Enoxaparin to be instated instead and to admit for monitoring of bleeding, factor XA levels, and expansion of haematoma. He received 40mg BD of Enoxaparin between 1/1/26 to 3/1/26. The dose was increased under Haematology guidance to 60mg BD, on the 4th of January 2026, with a plan to increase to 80mg BD on the 5th January, at which point Mr Anderson left the ward again and was uncontactable. His INR was 1.3. During this admission he was also diagnosed with Influenza A and Infective Exacerbation of his asthma. He received Doxycycline 3 doses and we had intended to start Prednisolone on the 5th January.

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	During one of his admissions above, it was noted during the medication round that Mr Anderson was self administering his own medications in hospital. These were noted not to be in labelled packets or a dosette box, but from a pot he had prepared at home. He was reluctant to give the nurses the medications to store for him and administer these at medication round times, as prescribed. This may well explain the surge in his INRs to 5.9 or 7.8? It may be beneficial to consider review of his medications, his understanding of the prescriptions and compliance with the community pharmacist, if he is amenable to this. Thank you for clarifying that Mr Anderson has been attending the Practice since his last self discharge on the 5th January 2026 from hospital and is currently receiving 18,000units of Dalteparin, with his normal Warfarin dose re-instated, with plans to discontinue Dalteparin once his INR is within therapeutic range and provided there are no concerns with active bleeding. Thank you also for: a. Clarifying that Mr Anderson has been religiously taking Hydroxycarbamide, since his release from Prison, and this was started on his repeat prescription from August 2025. I appreciate you are unable to clarify what medications/medical input he was receiving in prison and whether his full blood count was being monitored regularly on it; and b. Agreeing to suspend Mr Anderson's Hydroxycarbamide from his regular repeat prescriptions for now, pending further advice and discussion with Dr Alice Klauser, Haematology, regarding this. The advice from Dr Anderson, Consultant Haematologist, is that given the haematomas and recent bleeding with anaemia, this should definitely be suspended for now, and Mr Anderson should be advised not to take it. Dr Klauser can advise further regarding whether it should be re-instated, taking into consideration whether Mr Anderson will comply with follow up and the required regularly monitoring on it. As discussed, Mr Anderson remains at high risk of harm by misadventure. He has repeatedly defaulted follow up from specialty in secondary care, and repeatedly self discharged from hospital against medical advice, despite best efforts from clinical teams to mitigate this risk. He requires Warfarin due to thrombotic risk of his metallic mitral valve, but at the same time he remains at risk of bleeding from continual alcohol dependence and trauma. Discussing this with him in Primary Care and encouraging him to seek assistance from the Alcohol Support services and Psychology teams may be beneficial. I have copied in Dr Linsay Brassington, who I note has previously reviewed Mr Anderson, to support him post his release from prison. Lastly, I note Mr Anderson has not had any regular follow up for his cardiac condition in Edinburgh. I understand he was previously in Tayside, where his mitral valve was replaced? I am not sure if Primary Care had referred him to local services in Edinburgh. This may also be worth considering, if not already done so. Many thanks for your continued care. Yours sincerely, Dr Ishwinder Thethy Consultant Physician Acute & General Medicine Cc: Dr Julia Anderson, Consultant Haematologist, Haematology, OPD 2, RIE Cc: Dr Alice Klauser, Consultant Haematologist, Haematology, OPD 2, RIE Cc: Dr Linsay Brassington, Consultant Clinical Psychologist, Psychology, REH Sent 13/01/26

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006389398 Nurse 1/1/26 16:02 Irfana Rehmat	Nursing Owen has been settled in Amu . Alert and orientated News as charted IND with adls Eating and drinking well Has spent most of his day in bed Mobilsing upto the tiolet Bms are stable PRN analgesia given with good effects No other concerns at present

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006449931 3/26/26 13:15 Claire Hannah	Phar:1 ICCA Med Rec completed: N Sources used (min.of 2):ECS, patient Referral code: Outstanding Med Rec issues: Outstanding/ ongoing care issues:Supratherapeutic INR and diffuse haemorrhage (GI. haematuria, right lower limb haematoma in the context of mechanical MVR on warfarin) Changes to medication: GI: OGD on 26/03- normal. Team to liaise with Haematology regarding anticoagulation plan iv pantoprazole 40mg OD switched back to usual omeprazole 20mg OD Eating and drinking-restarted metformin at 500mg BD. CVS: usual digoxin 62.5mcg OD continues (Level <0.5ug/l on 26/03) and bisoprolol 2.5mg OD. Remains in AF, rate controlled at approx. 70bpm. Haematology: Plan to gradually titrate sc enoxaparin. Currently sc 40mg BD (27/03). See Trak note. Discharge/Compliance information: Can restart luforbec inhaler, atorvastatin. Review furosemide with medical team, currently withheld. warfarin-Most recent regime: 5mg daily for 4 days, then 6mg daily for 3 days -withheld (w) bisoprolol 5mg daily -continues at reduced dose of 2.5mg OD digoxin 62.5mcg daily-continue metformin 1g in the morning and 500mg at teatime according to patient. He told me that he has been taking this dose for approx. 8 years. ECS/GP practice states 500mg twice daily. -w. Blood glucose (arterial gas 6-9mmol/l today). Restarted on 27/03 Luforbec 100/6 inhaler 2puffs twice daily furosemide 40mg in the morning-w atorvastatin 40mg at night-w omeprazole 20mg daily- restarted

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006449931 Emily Rose Kerr 3/26/26 14:47 Dr Emily Kerr	E Kerr ST3 Haematology Thanks for phone call discussion. Admitted 24.03.26 with UGI Bleed and supratherapeutic INR. Mitral Metal Valve- I cannot see documentation as to which valve type this is. OGD was completed today - The whole upper gastro-intestinal tract was normal.no bleeding points. Hb appears stable at 83. urea downward trending. INR 1.1 Weight 105kg. egfr >60. Discussed with Dr Page. Suggests prophylactic enoxaparin 40mg this evening. increase to twice daily tomorrow. we could then look to increase this up to intermediate dosing tomorrow afternoon and then move back to treatment dose enoxaparin. with regards to restarting warfarin- this man has now had multiple admissions with supratherapeutic INRs and significant bleeding with UGI bleed and thigh haematomas. This gentleman is at extremely high risk of bleeding and even if compliant with warfarin his alcohol missuse can lead to both chronic enzyme inhibition and acute liver enzyme induction resulting in supratherapeutic INRs. We would suggest discussion with Cardiology for serious thought if he should be considered for metal valve removal and replacement with tissue valve to reduce his risk of life threatening bleeding from supratherapeutic warfarinisation. thanks ERK.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006449931 Prof. Michael AM Gillies 3/27/26 19:13 Dr Alasdair John Gray	Haematology advice Suspected GI bleeding secondary to supratherapeutic INR. Following on from prior advice (E Kerr 26/03). Metallic mitral valve and AF, in the short term there is an acute risk of thrombosis and in the absence of identifiable GI pathology on OGD then can continue to slowly escalate LMWH. Would advise the following if no bleeding recurrence: - 28/03: enoxaparin 60mg BD - 29/03; enoxaparin 80mg BD - 30/03 enoxaparin 100mg BD (treatment dose for weight and renal function) Enoxaparin is unlikely to be a medium to long term solution in this situation and clearly there are complicated compliance and alcohol issues in the background. As his most recent bleeding manifestation has been GI related I think it is most appropriate for them to deem whether there is any significant ongoing bleeding risk from this and therefore when to restart warfarin (caveat on advice below). In the background, as summarised before, he has had multiple bleeding issues recently and I have discussed with Dr Page, consultant haematologist again. We think it remains most important that cardiology/cardiothoracics are contacted and someone review him from one of those teams to make it absolutely clear to him the risk he is running or alternatively consider removal of his metallic valve for a tissue replacement sooner rather than later if this is the most appropriate course of action. AG ST5 #5817

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Note Details	Clinical Notes
Consultant Review Episode/Ref: I0006449931 Dr Monika Beatty 3/28/26 10:18 Dr Monika Beatty	ICU Cons D/w Owen who was requesting to discharge himself against advice Explored his reasons -He feels v frustrated and stressed in hospital and wants to be at home. This is a particular issue for him after a long time in prison -He feels he is able to adjust his warfarin and liaise with his GP as an outpatient I explained the risks -his valve may thrombose resulting in death or valve failure that may not be treatable -he may have another life threatening bleed and die as a result -he is still on LMWH injections and has yet to restart his warfarin which will make it difficult for the GP to titrate his warfarin dose Revisited Owen's understanding of our conversation and discussed next steps -he could repeat the risks I described and explain the implications (including the risk of death), but still wanted to self discharge -he meets the requirements for capacity -he has warfarin at home and will restart his warfarin at 4.5mg (his normal dose was 3.5-4.5mg before it was increased to 6mg in the community) -I explained that he should avoid any over the counter meds, any recreational drugs and decrease his alcohol intake to avoid interactions with warfarin/increasing the risk of bleeding -The fact he has self discharged, does not prevent him from returning to hospital in the event of a complication arising -he has informed me that he will be staying with his niece and will not be on his own Discharge against medical advice form completed and signed by Owen and med staff (myself) plus witness Dr Monika Beatty ICU Cons

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Note Details	Clinical Notes
Significant Information Episode/Ref: I0006449931 3/28/26 10:24 Dr Monika Beatty	Significant information -Repeated admissions with bleeding and elevated INR secondary to difficulties with warfarin dosing in community -Frequently discharges against medical advice before warfarin dosing has been re-stabilised

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006449931 Prof. Michael AM Gillies 3/28/26 19:55 Seona Graham	CRITICAL CARE IMMEDIATE DISCHARGE LETTER (CCIDL) ***THIS IS A CORE CRITICAL CARE DISCHARGE DOCUMENT INTENDED FOR THE RECEIVING WARD AREA*** DISCHARGE WARD: Home DATE OF DISCHARGE: 28/03/26 DATE OF ICU ADMISSION/LENGTH OF STAY: PRIMARY DIAGNOSIS: 1. Supratherapeutic INR and diffuse haemorrhage (GI. haematuria, right lower limb haematoma in the context of mechanical mitral valve) CRITICAL CARE COMPLICATIONS: Discharged against medical advice. SIGNIFICANT PAST MEDICAL HISTORY: PMH: T2DM, Asthma, Metallic Mitral Valve, Polycythaemia Vera INTERVENTIONS IN CRITICAL CARE: 1. Monitoring 2. Compartment monitoring - for 24 hours 3. 4 units RCC 4. Upper GI Scope 5. Haematology input CLINICAL PROGRESS / TIMELINE OF EVENTS: Presented to Interface (23/3) with lower limb haematoma. Discharged against medical advice before full workup Represented 24/3 with constellation of bleeding - melaena, haematuria, ongoing right lower limb haematoma GI bleeding has reported 3x last at around lunchtime 24/3 No further melaena in ED confirmed melaena on PR examination Admitted to critical care for monitoring INR unrecordable > 20 improved to 5.6 post Vit K and beriplex Given total of 4 units RCC on this admission (intially aiming Hb>80 now happy for Hb>70) -Reviewed by ortho due to concerns of compartment syndrome compartment monitor placed for 24 hours and removed readings remain consistently in the green. No further ortho follow-up planned if any further concerns please recontact. -OGD 26/3-normal upper GI endoscopy -Accepted for stepdown to general medicine - Discharged against medical advice on 28/03/26 PHYSIOTHERAPY STATUS : SEE TRAK ENTRY NUTRITIONAL TEAM STATUS: SEE TRAK ENTRY ALLERGY: MEDICATIONS: • CONTINUED warfarin 1mg /5mg hydroxycarbamide 1000mg OD Atorvastatin 40mg OD Digoxin 62.5 OD Metformin 500mg BD Furosemide 40mg OD Omeprazole 20mg OD Bisoprolol 5mg OD Alogliptin 25mg OD KEY POINTS FOR REVIEW: • CONTINUED ISSUES - High risk

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Episode Number	I0006360918

Note Details	Clinical Notes
	• MEDICATIONS - Nil sent home as discharged against medical advice • INVESTIGATIONS / SPECIALTY REVIEWS -As per haematology plan on trak 25/3: prophylactic enoxaparin 40mg this evening. increase to twice daily tomorrow. We could then look to increase this up to intermediate dosing tomorrow afternoon and then move back to treatment dose enoxaparin. -Ongoing monitoring for further signs of bleeding - Follow up on discharge concerns raised by haematology: This gentleman is at extremely high risk of bleeding and even if compliant with warfarin his alcohol misuse can lead to both chronic enzyme inhibition and acute liver enzyme induction resulting in supratherapeutic INRs. TEP COMPLETED: N/A INFORMATION FOR GP -Mr Anderson discharged himself against medical advice before he was re-established on warfarin. He was anticoagulated with dalteparin whilst in ICU. His INR will take some time to increase but there is considerable risk of over-anticoagulation-this should be taken into account with any dose adjustments. NAME: Seona Graham POSITION: ACCP CONTACT: 0131 242 1181 PAGE: 5040

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006449931 3/28/26 19:59	This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary, please contact the discharging unit: Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours) St John's Hospital Intensive Care Unit – 01506 524063 Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006449931 3/28/26 20:01	This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary, please contact the discharging unit: Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours) St John's Hospital Intensive Care Unit – 01506 524063 Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006449931 Dr M I Beatty 3/30/26 14:14 Julie Fenton	This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary please contact the discharging unit: Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours) St John's Hospital Intensive Care Unit – 01506 524063 Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006449931 Prof. Michael AM Gillies 3/25/26 02:19 Dr Nikhil Agarwal	Name Owen Anderson CHI 0906720559 T&O ST2 N Agarwal #2181 Consultant on-call: Mr Arthur ATSP for ? compartment syndrome Supratherapeutic INR with GI bleed, haematuria and lower leg calf haematoma HPC: Advised pain in calf since Tuesday. Noted bruising on right calf on Friday. Then since then, progressive pain and swelling in right calf. Hard to WB Admitted to hospital with haematemesis, melaena and haemodynamic instability. INR initially unrecordable. Given prothrombin complex to reverse warfarin Currently in ITU for INR monitoring and A line monitoring. PMH: AF, Mechanical mitral valve, Polycythemia, T2DM - non insulin dependent, Previous haematomas from elevated INR, IHD, Previous ETOH+ Significant DH: penicillin allergic. On warfarin SH: smoker, lives with brother, iADLs OE: Does not look acutely unwell Was initially sleeping prior to review Alert and orientated Appeared comfortable at bedside DP/SP/Tib sensation intact CP/Tib motor function intact Anterior, lateral and posterior compartments feel soft, comparable to contralateral side. Tender on palpation of posterior compartments, main tenderness is just superior to level of malleoli Foot WWP, CRT <2s Tender on passive stretch of toes, though pain is limited to ankle rather than calf when doing this Able to actively move toes, ankle and knee with minimal objective discomfort Given presentation, discussed for compartment monitoring with patient Monitor inserted into anterior compartment – opening pressure 7 Monitor in lateral compartment – opening pressure 4 Monitor in posterior compartment – opening pressure 17, delta P 43 Active trace for all Serial review done 30 mins later Sleeping peacefully, absolute pressure 13, delta P 47 IMP: no signs of compartment syndrome, responds to opioids, not out of proportion to haematoma, no pain of calf on passive stretch. Absolute pressure readings re assuring Please contact 2181/6868 if any ongoing concerns Will review again early morning --- Seen again Patient awake, alert and orientated Compartments soft No pain on passive stretch to calf or ankle Remains distally NVI Absolute pressure anterior compartment - 7, lateral compartment 3, posterior compartments 10 If any concerns please bleep back on 2181/6868 Consider removal of monitor in 24 hours if readings remain consistently in the green NA # 2181

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006449931 Prof. Michael AM Gillies 3/25/26 14:33 Dr Alasdair John Gray	Haematology advice, thanks for phonecall. Mechanical mitral valve, AF, known alcohol excess. Admitted with GI bleeding in context of supratherapeutic warfarin, awaiting OGD tomorrow. In the short term, until potential cause of bleeding identified/excluded then not for any anticoagulation. Combination of metallic mitral valve and AF does make this situation high risk so unless he can have OGD sooner then there is no role for anticoagulation until visualised. Post-procedure plan will be entirely dependent upon findings at OGD, further potential GI investigations, and risk of repeat bleeding. If there is no bleeding cause found then there may be a role for initial prophylaxis or IV heparin high risk and happy to discuss with the GI team for more details post-procedure. AG ST5 #5817

Surname/Forename	Anderson, Owen
UHPI Number	700927161K

Episode Number	I0006360918

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006449931 Prof. Michael AM Gillies 3/25/26 17:41 Dr Nahed Ismail	Retrograde documentation Patient seen at 11:30 and team was aware of the plan at time of review 53 yrs old M Presented with supratheraputic INR (Hematoma in the Rt leg, thigh, scrotal, hematurea, and melena) on warfarin for AVR dose has been changed 3 weeks ago, said by his GP not the first time to have high INR/ hematoma/ had at least 2 admission over the last 3/4 months no hx of new medication or change in his diet as per the ITU, had small evidence of meleana on wiping this morning NEWs:0 Lying comfortable in bed pale Abd: soft, lax, non tender PR: no melaena, empty rectum Bloods noted Plan: OGD IP to facilitate resatrting his anticaogulation Discuss with the hematology team please

Referrals

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Haematology LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	18/08/2023
Date submitted	18/08/2023
UCPN	1010305056520

PATIENT DETAILS

CHI number:	0906720559
Name:	Mr Owen Anderson
Date of birth:	09/06/1972
Sex:	Male

Contact Details

2 Damhead
Lothianburn
Midlothian
EH10 7DZ

Voice (Mobile) : 07999811594

REFERRING PRACTITIONER DETAILS

Name:	Dr Jemimah Attwell (GMC: 7540650)
Practice:	Roslin Medical Practice (77093)
Phone:	Voice : 0131 440 2043

Practice address

122 Penicuik Road
Roslin
EH25 9NT

CLINICAL INFORMATION

Reason for Referral: Polycythaemia

Main Referral Text:

Dear colleagues,

Owen is a 51 year old gentleman who was released from prison in July 2023, and was under care of NHS Tayside most recently. He is prescribed Hydroxycarbamide 1g daily since 2016 for a diagnosis of polycythaemia as per his most recent Kardex. I would be grateful for your advice regarding monitoring and follow up for him on this treatment. He has had a recent set of bloods in July 2023 showing a few FBC abnormalities including Lymphopenia, Neutrophilia, raised MCV, and wonder if these could be attributable to the polycythaemia?

He also takes warfarin (due to AF), digoxin, bisoprolol, furosemide, metformin and omeprazole.

Many thanks.

Examinations and Investigations

Description	Result	Date

Middle name : James

Referrals to Psychological Therapies Service

Prior to referring please consider:

- Have you considered relevant options, including substance misuse service, chronic pain service, cCBT, Guided Self-Help?
- Is this person motivated to engage in a collaborative and active therapy?
- Do they have access to a safe space and the ability to engage in weekly/regular sessions remotely or in person?
- Has there been a reasonable period of consolidation since the last piece of psychological work (3-6 months minimum). Or has this been discussed with PTS prior to referral?

Referral date: 14 September 2023
Referrer details: Nicola Walker, Justice Team

Patient Name: Owen Anderson
Patient CHI:
Peri-natal: no

Presenting difficulties (Current mental health difficulties and symptoms. Duration. Impact on life. Substance / alcohol misuse. Physical health problems)

Owen has had difficulties in his childhood and he was adopted at a young age. He served a significant custodial sentence (23 years) and he has been released recently. He is stable and he does not use substances or alcohol. He has stated that he would like to speak with a therapist because he can feel overwhelmed and that he has too many things running through his head to cope with. His aunt is in the later stages of her cancer diagnosis and she is receiving palliative care. She has been a consistently supportive to Owen and he states that he will be devastated when she dies. He has asked repeatedly to be referred for psychotherapy.

He does not have mobility problems but he is taking heart medication.

Significant relevant background: (Adverse life events / trauma, including rough timescale and how it impacts on their wellbeing now. Previous psychological treatments, when received and whether it was helpful or not)

Owen's biological mother left when he was 3 years old and he has stated that he can recall this event. He was then adopted at 5 years old. He reported that he was treated differently from his adoptive parent's biological son from the beginning of this placement.

Owen has recounted a memory where he was badly beaten by his adoptive father for lying when he stated that his adoptive father knew he was telling the truth.

He has been incarcerated for 23 years and this would have a significant impact on his mental health and well-being.

Any other professionals involved?

None

Risks: (Any risk to self / others / children / professions etc)

Owen has not presented challenges to his social workers or any person in the community but there are details on record that he was aggravated because a nurse within prison didn't give him his medication. He was verbally argumentative but he did not assault the female nurse. This took place before Covid-19 restrictions.

Owen is not assessed as a risk to professionals. He presents a medium risk of further general offending and he is on licence for life. His offence was committed against an adult male.

Aim / goals for therapy (what does the patient want from therapy? Why now? What are their initial goals?)

Owen would like to discuss his childhood and life experiences, to make sense of his life and to ease his anxiety, paranoia and relational difficulties.
Now that he has been released from prison he would like to make positive changes in his life.

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	15/01/2024
Date submitted	15/01/2024
UCPN	101031854376I

PATIENT DETAILS

CHI number:	0906720559
Name:	MR OWEN ANDERSON
Date of birth:	09/06/1972
Sex:	Male

Contact Details

2 PRIMROSE CRESCENT
DALKEITH
EH22 2JW

Voice (Mobile) : 07999811594
E-mail : owenanderson72@outlook.com

REFERRING PRACTITIONER DETAILS

Name:	Dr Alexandra Young (GMC: 7495802)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

INVESTIGATION REQUESTED

Test Requested:	**Ultrasound Upper abdomen (not asymptomatic abnormal LFTs)**
Reason for Request:	Derangement LFTs over last 6mo - raised GGT >400. Episode of abdo pain, now settled. Rarely drinks alc. Systemically well. BG polycythaemia, Type 2 diabetes and metallic heart valve warfarin. USS please to exclude gall stones/liver pathology. Liver screen negative.

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date
Middle name : JAMES		

Investigations

Description	Result	Date
Duration of Symptoms :	4wks	
Is the patient diabetic? :	Yes	
Is the patient allergic to Latex? :	No	
Does the patient have impaired renal function? :	No	
Does this patient weigh more than 20 stone? :	No	
Any previous imaging? :	No	

Additional information

Patient Weight in Kilograms:98
Patient Height in Metres:1.88
Patient BMI:27.7
Patient Blood Pressure (Systolic):143
Patient Blood Pressure (Diastolic):78
Smoking history (Screening):Cigarette smoker Date Recorded:22-Dec-2023
Smoking history (Encounters):Cigarette smoker Date Recorded:22-Dec-2023
Alcohol history (Screening):Drinks rarely Date Recorded:22-Dec-2023
Alcohol history (Encounters):Drinks rarely Date Recorded:22-Dec-2023

NHS Lothian - Referral Letter

Referral To	Western General Hospital Flow Centre Referral LI Flow Centre Referral
Urgency of referral	Urgent
Date of referral	16/12/2025
Date submitted	16/12/2025
UCPN	1010385384666

PATIENT DETAILS

CHI number:	0906720559
Name:	MR OWEN ANDERSON
Date of birth:	09/06/1972
Sex:	Male

Contact Details

31 LAURELBANK
DALKEITH
EH22 2JH

Voice (Home) : 0131 663 4484
Voice (Mobile) : 07396725905
E-mail : owenanderson72@outlook.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Klaas Schuur (GMC: 7131808)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

CLINICAL INFORMATION

Reason for Referral: ?haematoma on warfarin + INR 6.9

Main Referral Text:

Dear Team,

I would greatly appreciate your assessment of this patient. He is on warfarin for a metallic heart valve. He was recently discharged following a traumatic brain injury when his warfarin was withheld and was discharged on enoxaparin to bridge re-starting warfarin. He has some small bruises throught that process but INR last week was 2.6 so enoxaparin was stopped. He has now presented with sudden onset right gluteal swelling and pain since yesterday. Derm: diffuse firm, tender swelling to right gluteal region ~10cm
INR 6.9

Many thanks.

Dr K Schuur

Examinations and Investigations

Description	Result	Date

Middle name : JAMES

Investigations

Description	Result	Date
Receiving Specialty : Medicine		

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Computer summary updated			02/12/2025	02/12/2025
Nondependent alcohol abuse, unspecified			21/11/2025	21/11/2025
Fracture of face bones		; right orbital wall and pterygoid wing	21/11/2025	21/11/2025
Subarachnoid haemorrhage		traumatic	21/11/2025	21/11/2025
Notes summary on computer			10/01/2024	10/01/2024
Notes summary on computer		? paper records	19/09/2023	19/09/2023
Polycythaemia vera		- seen at Haematology	02/09/2023	02/09/2023
Polycythaemia vera			02/09/2023	02/09/2023
Type 2 diabetes mellitus			01/08/2023	01/08/2023
In prison			28/10/2022	28/10/2022
COVID-19 confirmed by laboratory test		+VE PCR test	31/03/2022	31/03/2022
H/O: deliberate self harm		- couple of years ago cut his wrists, denies it was an attempt at suicide	04/10/2021	04/10/2021
Ischaemic heart disease			25/02/2020	25/02/2020
Ischaemic heart disease			25/02/2020	25/02/2020
Asthma			13/03/2009	13/03/2009
Asthma			13/03/2009	13/03/2009

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Warfarin therapy started			21/07/2023	21/07/2023
Replacement of mitral valve	- mechanical and tricuspid valve repair. ? date of procedure		11/10/2022	11/10/2022
[SO]Mitral valve	; mechanical mitral valve replacement		09/10/2021	09/10/2021

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Warfarin 1mg tablets	tablet	AS DIRECTED AT 6PM		27/08/2025		10/12/2025
Warfarin 3mg tablets	tablet	AS DIRECTED AT 6PM		27/08/2025		10/12/2025
Hydroxycarbamide 500mg capsules	capsule	TWO CAPSULES ONCE DAILY		27/08/2025		10/12/2025
Digoxin 62.5microgram tablets	tablet	TAKE 1 TABLET ONCE A DAY		27/08/2025		10/12/2025
Metformin 500mg tablets	tablet	TAKE ONE TABLET TWICE DAILY W[more]		27/08/2025		10/12/2025
Bisoprolol 5mg tablets	tablet	1 TABLET ONCE DAILY		27/08/2025		10/12/2025

Luforbec 100micrograms/dose / 6micrograms/dose inhaler (Lupin Healthcare (UK) Ltd)	dose	TWO PUFFS TWICE A DAY (CARRY[more]	27/08/2025	10/12/2025
Furosemide 40mg tablets	tablet	TAKE 1 TABLET(S) EVERY DAY, S[more]	27/08/2025	10/12/2025
Atorvastatin 40mg tablets	tablet	1 TABLET ONCE A DAY	27/08/2025	10/12/2025
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY	27/08/2025	10/12/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Inhixa 100mg/1ml solution for injection pre-filled syringes (Techdow Pharma England Ltd)	pre-filled disposable injection	ONE TO BE INJECTED TWICE A DA[more]		24/11/2025		24/11/2025
Paracetamol 500mg tablets	tablet	TWO TO BE TAKEN FOUR TIMES A [more]		24/11/2025		24/11/2025
Warfarin 1mg tablets	tablet	AS DIRECTED AT 6PM		22/10/2025		22/10/2025
Prednisolone 5mg tablets	tablet	TAKE EIGHT TABLETS ONCE DAILY		16/10/2025		16/10/2025
Doxycycline 100mg capsules	capsule	TAKE TWO CAPSULES ON THE FIRS[more]		16/10/2025		16/10/2025

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.		21/07/2023	21/07/2023
Adverse reaction to penicillins	Drug code for allergy: Phenoxymethylpenicillin 125mg/5ml oral solution, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Moderate. NOTES: ; no record of symptoms.		31/07/2018	31/07/2018

Additional information

Patient Weight in Kilograms:103
Patient Height in Metres:1.88
Patient BMI:29.1
Patient Blood Pressure (Systolic):129
Patient Blood Pressure (Diastolic):78
Smoking history (Screening):Cigarette smoker Date Recorded:22-Oct-2025
Smoking history (Encounters):Cigarette smoker Date Recorded:22-Oct-2025
Alcohol history (Screening):Alcohol consumption Date Recorded:22-Oct-2025
Alcohol history (Encounters):Alcohol consumption Date Recorded:22-Oct-2025

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Flow Centre Referral LI Flow Centre Referral
Urgency of referral	Urgent
Date of referral	23/03/2026
Date submitted	23/03/2026
UCPN	101039446302L

PATIENT DETAILS

CHI number:	0906720559
Name:	MR OWEN ANDERSON
Date of birth:	09/06/1972
Sex:	Male

Contact Details

31 LAURELBANK
DALKEITH
EH22 2JH

Voice (Home) : 0131 663 4484
Voice (Mobile) : 07999266849
E-mail : owenanderson72@outlook.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Richard Conlan (GMC: 4548263)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

CLINICAL INFORMATION

Reason for Referral: Possible Rt calf DVT

Main Referral Text: Dear Dr
Thanks for seeing:
3/7 right tender leg swelling
-no trauma
-Circum 44cm vs 40cm
-Tender calf muscle+/ posterior leg
-No oedema/ VV
-Anterior shin yellow discoloration- suspect old bruise
- Wells =2
Also presents yellow bruises on limbs
-PMH alcohol abuse but denies recent alcohol or drug misuse
- states last drink 2cans beer 4 weeks ago
Also dark red blood on urination today
-no dysuria or freq

-no chills or abdo pain
-dipstix strongly positive for blood. MSU sent today
On warfarin for metallic valve
-DNA rpt blood appointments despite letter to pt
-Aware of grave risks with no INR monitoring
-last INR late Jan - 39mg warfarin/ week
Im grateful to you for considering bloods/ USS
With many thanks

Examinations and Investigations

Description	Result	Date
Middle name : JAMES		

Investigations

Description	Result	Date
Discussed with Receiving Service? : No		

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Computer summary updated			05/01/2026	05/01/2026
Haematoma NOS		; bilateral leg	28/12/2025	28/12/2025
Haematoma NOS		; right buttock likely secondary to warfarin	18/12/2025	18/12/2025
Nondependent alcohol abuse, unspecified			21/11/2025	21/11/2025
Fracture of face bones		; right orbital wall and pterygoid wing	21/11/2025	21/11/2025
Subarachnoid haemorrhage		traumatic	21/11/2025	21/11/2025
Notes summary on computer			10/01/2024	10/01/2024
Notes summary on computer		? paper records	19/09/2023	19/09/2023
Polycythaemia vera		- seen at Haematology	02/09/2023	02/09/2023
Polycythaemia vera			02/09/2023	02/09/2023
Type 2 diabetes mellitus			01/08/2023	01/08/2023
In prison			28/10/2022	28/10/2022
COVID-19 confirmed by laboratory test		+VE PCR test	31/03/2022	31/03/2022
H/O: deliberate self harm		- couple of years ago cut his wrists, denies it was an attempt at suicide	04/10/2021	04/10/2021
Ischaemic heart disease			25/02/2020	25/02/2020
Ischaemic heart disease			25/02/2020	25/02/2020
Asthma			13/03/2009	13/03/2009
Asthma			13/03/2009	13/03/2009

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Warfarin therapy started			21/07/2023	21/07/2023
Replacement of mitral valve	- mechanical and tricuspid valve repair. ? date of procedure		11/10/2022	11/10/2022
[SO]Mitral valve	; mechanical mitral valve replacement		09/10/2021	09/10/2021

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Warfarin 1mg tablets	tablet	AS DIRECTED AT 6PM		27/08/2025		10/12/2025
Warfarin 3mg tablets	tablet	AS DIRECTED AT 6PM		27/08/2025		10/12/2025
Digoxin 62.5microgram tablets	tablet	TAKE 1 TABLET ONCE A DAY		27/08/2025		10/12/2025
Metformin 500mg tablets	tablet	TAKE ONE TABLET TWICE DAILY W[more]		27/08/2025		10/12/2025
Bisoprolol 5mg tablets	tablet	1 TABLET ONCE DAILY		27/08/2025		10/12/2025
Luforbec 100micrograms/dose / 6micrograms/dose inhaler (Lupin Healthcare (UK) Ltd)	dose	TWO PUFFS TWICE A DAY (CARRY[more]		27/08/2025		10/12/2025
Furosemide 40mg tablets	tablet	TAKE 1 TABLET(S) EVERY DAY, S[more]		27/08/2025		10/12/2025
Atorvastatin 40mg tablets	tablet	1 TABLET ONCE A DAY		27/08/2025		10/12/2025
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		27/08/2025		10/12/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dalteparin sodium 18,000units/0.72ml solution for injection pre-filled syringes	pre-filled disposable injection	1 SUBCUTANEOUS INJECTION AS D[more]		21/01/2026		21/01/2026
Dalteparin sodium 18,000units/0.72ml solution for injection pre-filled syringes	pre-filled disposable injection	1 SUBCUTANEOUS INJECTION AS D[more]		07/01/2026		07/01/2026

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.		21/07/2023	21/07/2023
Adverse reaction to penicillins	Drug code for allergy: Phenoxymethylpenicillin 125mg/5ml oral solution, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Moderate. NOTES: ; no record of symptoms.		31/07/2018	31/07/2018

Additional information

Patient Weight in Kilograms:103
Patient Height in Metres:1.88
Patient BMI:29.1
Patient Blood Pressure (Systolic):129
Patient Blood Pressure (Diastolic):78
Smoking history (Screening):Cigarette smoker Date Recorded:22-Oct-2025
Smoking history (Encounters):Cigarette smoker Date Recorded:22-Oct-2025
Alcohol history (Screening):Alcohol consumption Date Recorded:22-Oct-2025
Alcohol history (Encounters):Alcohol consumption Date Recorded:22-Oct-2025

Lab & Radiology Reports

Cardiac enzymes

Description	Value	Range	Unit	Normalcy	Notes
CK	**618**	**40 - 320**	**U/L**	**R**	

Sample Comments

dr v pollard, 21297

Requestor Comments

on warfarin

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.9	2.5 - 6.6	mmol/L		
Creatinine	87	64 - 111	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

dr v pollard, 21297

Requestor Comments

on warfarin

Report Information

Requestor	Coull, Dr Andrew John
Requesting Location	(RIEAMBOP) Ambulatory Care OP Desk, RIE
Report Identifier	HB062342F
Sample Date	31/12/2025 16:16:00

First | Previous | Next | Last

Urine Albumin:Creatinine Ratio

Description	Value	Range	Unit	Normalcy	Notes
MicroalbuminACR	2.5	0 - 3.0	mg/mmol		(BUACR)
Urine Albumin	47		mg/L		
U. Creatinine	18.9		mmol/L		

Test Comments

(BUACR) Please note change in ACR reference range since May '23

Requestor Comments

New pt annual review.

Report Information

Requestor	(GPST1), Dr Jemimah K Attwell
Requesting Location	(GSROSMP) Roslin Medical Practice
Report Identifier	HB921189K
Sample Date	31/07/2023 09:08:00

First | Previous | Next | Last

HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	**42**	**20 - 41**	**mmol/mol**	**R**	(BHBAIF)

Test Comments

(BHBAIF) HbA1c result is in the High Risk range.
(BHBAIF) If this is new, consider referral to NHS Lothian Let's
(BHBAIF) Prevent Diabetes programme - see 'Pre-Diabetes'
(BHBAIF) section on RefHelp for further info.

Requestor Comments

HbA1c for monitoring
New pt annual review.

Report Information

Requestor	(GPST1), Dr Jemimah K Attwell
Requesting Location	(GSROSMP) Roslin Medical Practice
Report Identifier	HB917486A
Sample Date	31/07/2023 09:08:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	12	3 - 21	umol/L		
ALT	21	10 - 50	U/L		
Alk.Phos	75	40 - 125	U/L		
GGT	**121**	**10 - 55**	**U/L**		**R**

Requestor Comments

New pt annual review.

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	4.3		mmol/L		
HDL Chol.	1.0	0.9 - 1.4	mmol/L		
Chol:HDLC Ratio	4.3				
LDL Chol.	2.8		mmol/L		
Triglyceride	1.1	0.8 - 2.1	mmol/L		

Requestor Comments

New pt annual review.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	77	64 - 111	umol/L		
Sodium	142	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Requestor Comments

New pt annual review.

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Vitamin B12	514	180 - 2000	ng/L		
Serum Folate	5.9	2.8 - 20	ug/L		

Requestor Comments

New pt annual review.

Report Information

Requestor	(GPST1), Dr Jemimah K Attwell
Requesting Location	(GSROSMP) Roslin Medical Practice
Report Identifier	HB917554P
Sample Date	31/07/2023 09:08:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	149	130 - 180	g/L		
Red cell count	**4.47**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	0.453	0.40 - 0.52	ratio		
Mean cell volume	**101**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**33.3**	**27.0 - 32.0**	**pg**	**A**	
White cell count	10.9	4.0 - 11.0	10^9/L		
Neutrophil Count	**9.31**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.81**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.52	0.2 - 0.8	10^9/L		
Eosinophil Count	0.13	0.04 - 0.4	10^9/L		
Basophil Count	0.09	0.01 - 0.1	10^9/L		
Platelet count	339	150 - 400	10^9/L		
Mean cell Hb conc.	329	310 - 360	g/L		
Nucleated RBC count			10^9/L		

Requestor Comments

New pt annual review.

Report Information

Requestor	(GPST1), Dr Jemimah K Attwell
Requesting Location	(GSROSMP) Roslin Medical Practice
Report Identifier	HR376038M
Sample Date	31/07/2023 09:08:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**51.1**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	4.9		ratio		

Requestor Comments

On warfarin

New pt annual review.

Report Information

Requestor	(GPST1), Dr Jemimah K Attwell
Requesting Location	(GSROSMP) Roslin Medical Practice
Report Identifier	HR376014A
Sample Date	31/07/2023 09:08:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**14.0**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	1.3		ratio		

Requestor Comments

On warfarin

INR with coag check 1.4.

Report Information

Requestor	(ST1), Dr Craig Dale
Requesting Location	(GSROSMP) Roslin Medical Practice
Report Identifier	HR248922H
Sample Date	18/10/2023 11:14:00

First | Previous | Next | Last

HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	**47**	**20 - 41**	**mmol/mol**	**R**	

Requestor Comments

HbA1c for monitoring
r/v ihd, dm2, polycythemia.

Report Information

Requestor	Dahanayake, Dr Gune
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB941745D
Sample Date	29/12/2023 11:05:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	170	130 - 180	g/L		
Red cell count	5.63	4.5 - 6.5	10^12/L		
Haematocrit	**0.522**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	93	78 - 98	fL		
Mean Cell Hb	30.2	27.0 - 32.0	pg		
White cell count	**13.4**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**11.81**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.71**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.61	0.2 - 0.8	10^9/L		
Eosinophil Count	0.14	0.04 - 0.4	10^9/L		
Basophil Count	**0.17**	**0.01 - 0.1**	**10^9/L**	**R**	
Platelet count	**562**	**150 - 400**	**10^9/L**	**A**	
Mean cell Hb conc.	326	310 - 360	g/L		

Set Comments

```
Plts increased in number.
No significant change in results
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Requestor Comments

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r/v ihd, dm2, polycythemia.
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Report Information

Requestor	Dahanayake, Dr Gune
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HR315327D
Sample Date	29/12/2023 11:05:00

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	10	3 - 21	umol/L	
ALT	42	10 - 50	U/L	
Alk.Phos	101	40 - 125	U/L	
GGT	**460**	**10 - 55**	**U/L**	**R**

Requestor Comments

r/v ihd, dm2, polycythemia.

Serum lipids				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Cholesterol	**5.2**		**mmol/L**	**A**

Requestor Comments

r/v ihd, dm2, polycythemia.

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Creatinine	79	64 - 111	umol/L	
Sodium	138	135 - 145	mmol/L	
Potassium	**5.4**	**3.6 - 5**	**mmol/L**	**R**
eGFR (/1.73m2)	>60		ml/min	

Requestor Comments

r/v ihd, dm2, polycythemia.

Report Information

Requestor	Dahanayake, Dr Gune
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB941760F
Sample Date	29/12/2023 11:05:00

Urine Albumin:Creatinine Ratio

Description	Value	Range	Unit	Normalcy	Notes
MicroalbuminACR	**7.4**	**0 - 3.0**	**mg/mmol**	**R**	(BUACR)
Urine Albumin	14		mg/L		
U. Creatinine	1.9		mmol/L		

Test Comments

(BUACR) Creatinine suggests dilute urine:interpret with caution

(BUACR) Please repeat by sending an early morning urine sample.

Requestor Comments

`r/v ihd, dm2, polycythemia.`

Report Information

Requestor	Dahanayake, Dr Gune
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB941805R
Sample Date	29/12/2023 11:07:00

Parietal cell autoantibodies	
Gastric Parietal Cell	Negative

Requestor Comments

Abnormal LFTs
raised GGT.

Mitochondrial antbdy screen te	
Mitochondrial Antibody	Negative

Requestor Comments

Abnormal LFTs
raised GGT.

Anti smooth muscle autoantibod	
Smooth muscle Antibody	Negative

Requestor Comments

Abnormal LFTs
raised GGT.

Anti liver kidney micro ab lev	
LKM1	Negative

Requestor Comments

Abnormal LFTs
raised GGT.

Anti-nuclear factor	
Anti Nuclear Antibody	Negative

Requestor Comments

Abnormal LFTs
raised GGT.

Report Information

Requestor	Locum
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HI336006Z
Sample Date	05/01/2024 11:45:00

Hep B surface Antigen

Description	Value	Range	Unit	Normalcy	Notes
Hep B surface Ag qualitative	0.49	0.00 - 0.89	S/CO		(ZARBSQ)

Test Comments

(ZARBSQ) Hepatitis B surface Antigen : NEGATIVE
(ZARBSQ) ---------- ---------- ---------- ---------- ----------

Requestor Comments

raised GGT.

Hepatitis C antibody test

Description	Value	Range	Unit	Normalcy	Notes
Hepatitis C Antibody Index:	0.04	0.00 - 0.89			(ZARHCB)

Test Comments

(ZARHCB) Antibody to Hepatitis C Virus : NEGATIVE (Index <0.90)
(ZARHCB) HCV antibody may take up to 3 months to develop
(ZARHCB) following an at risk exposure.
(ZARHCB) ---------- ---------- ---------- ---------- ----------

Requestor Comments

raised GGT.

Report Information

Requestor	Locum
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	MS270859E
Sample Date	05/01/2024 11:45:00

Serum Protein EPH / IGs

Description	Value	Range	Unit	Normalcy	Notes
IgA	3.80	0.8 - 4.5	g/L		
IgG	11.12	6 - 15	g/L		
IgM	1.10	0.35 - 2.9	g/L		

Requestor Comments

RAISED GGT

Report Information

Requestor	Locum
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	QB159400N
Sample Date	05/01/2024 11:45:00

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Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Random)	**8.6**	**3.8 - 7.7**	**mmol/L**	**A**	

Requestor Comments

raised GGT.

Report Information

Requestor	Locum
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB945020N
Sample Date	05/01/2024 11:45:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	174	130 - 180	g/L		
Red cell count	5.76	4.5 - 6.5	10^12/L		
Haematocrit	**0.533**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	93	78 - 98	fL		
Mean Cell Hb	30.2	27.0 - 32.0	pg		
White cell count	**14.4**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**12.30**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.99**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.69	0.2 - 0.8	10^9/L		
Eosinophil Count	0.23	0.04 - 0.4	10^9/L		
Basophil Count	**0.19**	**0.01 - 0.1**	**10^9/L**	**R**	
Platelet count	**471**	**150 - 400**	**10^9/L**	**R**	
Mean cell Hb conc.	326	310 - 360	g/L		

Requestor Comments

raised GGT.

Report Information

Requestor	Locum
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HR249594H
Sample Date	05/01/2024 11:45:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**20.0**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	1.9		ratio		

Requestor Comments

On warfarin
raised GGT.

Report Information

Requestor	Locum
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HR249580N
Sample Date	05/01/2024 11:45:00

ESC Sendaway Tests	
Immunoglobulins	Send away test - WGH Biochemistry

Requestor Comments

raised GGT.

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	102	20 - 300	ug/L		

Requestor Comments

raised GGT.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	14	3 - 21	umol/L		
ALT	32	10 - 50	U/L		
AST	**52**	**10 - 45**	**U/L**	**R**	
Alk.Phos	114	40 - 125	U/L		
GGT	**429**	**10 - 55**	**U/L**	**R**	
Albumin	43	36 - 47	g/L		
FIB4	1.01	0 - 1.3			(BFIB4)

Test Comments

(BFIB4) <1.3 suggests no fibrosis

Requestor Comments

raised GGT.

Serum caeruloplasmin

Description	Value	Range	Unit	Normalcy	Notes
Caeruloplasmin	0.20	0.15 - 0.30	g/L		(BCER)

Test Comments

(BCER) This test is currently unaccredited to ISO 15189

Requestor Comments

raised GGT.

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	**5.8**		**mmol/L**	**A**	
HDL Chol.	1.2	0.9 - 1.4	mmol/L		
Chol:HDLC Ratio	4.7				

Requestor Comments

raised GGT.

Report Information

Requestor	Locum
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB944953R
Sample Date	05/01/2024 11:45:00

Coagulation/bleeding test	
Prothrombin Time	Underfilled Sample
INR (Warfarin)	Underfilled Sample

Report Information

Requestor	Charge, Doctor In
Requesting Location	(HMPS) HMP Saughton
Report Identifier	HR010866C
Sample Date	29/06/2025 15:00:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	6.4	2.5 - 6.6	mmol/L		
Creatinine	87	64 - 111	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	3.8	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Report Information

Requestor	Charge, Doctor In
Requesting Location	(HMPS) HMP Saughton
Report Identifier	HB614497H
Sample Date	10/07/2025 14:26:00

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Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**26.1**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	2.6		ratio		

Report Information

Requestor	Charge, Doctor In
Requesting Location	(HMPS) HMP Saughton
Report Identifier	HR839208F
Sample Date	11/08/2025 11:13:00

First | Previous | Next | Last

Urine Albumin:Creatinine Ratio

Description	Value	Range	Unit	Normalcy	Notes
MicroalbuminACR	2.0	0 - 3.0	mg/mmol		
Urine Albumin	16		mg/L		
U. Creatinine	8.2		mmol/L		

Requestor Comments

new pt annual diabetic statin warfarin CHD.

Report Information

Requestor	Schuur, Dr Klaas
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB957770P
Sample Date	22/10/2025 11:00:00

First | Previous | Next | Last

HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	34	20 - 41	mmol/mol		

Requestor Comments

HbA1c for monitoring
new pt annual diabetic statin warfarin CHD.

Report Information

Requestor	Schuur, Dr Klaas
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB957704S
Sample Date	22/10/2025 11:57:00

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	11	3 - 21	umol/L	
ALT	33	10 - 50	U/L	
Alk.Phos	83	40 - 125	U/L	
GGT	**231**	**10 - 55**	**U/L**	**R**

Requestor Comments

new pt annual diabetic statin warfarin CHD.

Serum lipids				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Cholesterol	4.1		mmol/L	
HDL Chol.	**1.6**	**0.9 - 1.4**	**mmol/L**	**R**
Chol:HDLC Ratio	2.5			
LDL Chol.	1.9		mmol/L	
Triglyceride	1.2	0.8 - 2.1	mmol/L	

Requestor Comments

new pt annual diabetic statin warfarin CHD.

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Creatinine	80	64 - 111	umol/L	
Sodium	140	135 - 145	mmol/L	
Potassium	4.0	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Requestor Comments

new pt annual diabetic statin warfarin CHD.

Report Information

Requestor	Schuur, Dr Klaas
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB957093C
Sample Date	22/10/2025 11:57:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	143	130 - 180	g/L		
Red cell count	**4.02**	**4.5 - 6.5**	**10^12/L**		**R**
Haematocrit	0.437	0.40 - 0.52	ratio		
Mean cell volume	**109**	**78 - 98**	**fL**		**A**
Mean Cell Hb	**35.6**	**27.0 - 32.0**	**pg**		**A**
White cell count	10.0	4.0 - 11.0	10^9/L		
Neutrophil Count	**7.62**	**2.0 - 7.5**	**10^9/L**		**R**
Lymphocyte Count	1.51	1.5 - 4.5	10^9/L		
Monocyte Count	0.59	0.2 - 0.8	10^9/L		
Eosinophil Count	0.20	0.04 - 0.4	10^9/L		
Basophil Count	0.10	0.01 - 0.1	10^9/L		
Platelet count	393	150 - 400	10^9/L		
Mean cell Hb conc.	327	310 - 360	g/L		
Referred to Clinician (FBC)	Yes				

Set Comments

Rbc macrocytic+
Rbc anisocytic+
A few oval macrocytes and occ right-shifted neutrophil seen. Suggest check B12/folate. RG

Requestor Comments

new pt annual diabetic statin warfarin CHD.

Report Information

Requestor	Schuur, Dr Klaas
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HR271543A
Sample Date	22/10/2025 11:57:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Random)	6.9	3.8 - 7.7	mmol/L		

Requestor Comments

new pt annual diabetic statin warfarin CHD.

Report Information

Requestor	Schuur, Dr Klaas
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HB957623E
Sample Date	22/10/2025 11:57:00

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CT Head

CT Head

Clinical History
ENHANCED TRAUMA = 53M found unconscious face down, signfiicant facial injuries. Brought in GCS3, ongoing GCS <7 some localisation; pupils unequal and sluggish , ?c-spine, ?head injury ?facial bony injury

9687666 21/11/2025 CT Head
9687668 21/11/2025 CT Facial Bones

Trace left parietal subarachnoid haemorrhage, likely traumatic contre coup in aetiology. Possible further small volume left occipital and right sylvian fissure traumatic subarachnoid haemorrhage (see key images).
No acute infarct or space-occupying lesion demonstrated.

Normal grey-white matter differentiation.
Asymmetry of the lateral ventricular volumes (smaller on the right, larger on the left), without demonstrable underlying parenchymal abnormality or significant oedema, probably suggesting this is constitutional (despite the right side being the injured side). No definite hydrocephalus. Otherwise normal appearance of the ventriculosulcal system for stated age.
Normal brain volume for suspected age.

Significant soft tissue swelling overlying right orbit and forehead. No demonstrated underlying globe injury. Normal appearance of the right orbital contents.

Undisplaced fracture of the right inferior orbital rim, extending into the right nasolacrimal canal and superior right maxillary sinus.
Acute minimally displaced fracture of the right lateral pterygoid plate.
Small volume dependent fluid within sphenoid sinus without demonstrable bony injury.

CT Spine Cervical:

Moderate C5/C6 degenerative change. Ankylosis of right C2/C3 facets.
No cervical spine fracture or dislocation demonstrated.

Midline sternotomy wires in situ.

ET tube in situ, tip 5 cm superior to carina.
Biapical interlobular septal and bilateral fissural thickening, in keeping with fluid overload.

2.5 cm peripherally calcified right lobe of thyroid nodule, not requiring follow-up. Otherwise unremarkable unenhanced soft tissues of the neck.

Opinion:
Small volume traumatic subarachnoid haemorrhage.
Acute right inferior orbital floor and right lateral pterygoid plate fractures as described (doesn't fit Le Fort classification).

___
Rory Weir. GMC 7711662
Radiology Registrar

Report verified by Dr Peter Abernethy, Consultant Radiologist

Reporting Radiologist: Dr Rory Weir

CT Facial Bones

CT Facial Bones

Clinical History

ENHANCED TRAUMA = 53M found unconscious face down, signfiicant facial injuries. Brought in GCS3, ongoing GCS <7 some localisation; pupils unequal and sluggish , ?c-spine, ?head injury ?facial bony injury

9687666 21/11/2025 CT Head
9687668 21/11/2025 CT Facial Bones

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Acute minimally displaced fracture of the right lateral pterygoid plate.
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CT Spine Cervical:

Moderate C5/C6 degenerative change. Ankylosis of right C2/C3 facets.
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Opinion:
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Acute right inferior orbital floor and right lateral pterygoid plate fractures as described (doesn't fit Le Fort classification).
___
Rory Weir. GMC 7711662
Radiology Registrar

Report verified by Dr Peter Abernethy, Consultant Radiologist

Reporting Radiologist: Dr Rory Weir

CT Spine Cervical

CT Spine Cervical

Clinical History
ENHANCED TRAUMA = 53M found unconscious face down, signfiicant facial injuries. Brought in GCS3, ongoing GCS <7 some localisation; pupils unequal and sluggish , ?c-spine, ?head injury ?facial bony injury

9687666 21/11/2025 CT Head
9687668 21/11/2025 CT Facial Bones

Trace left parietal subarachnoid haemorrhage, likely traumatic contre coup in aetiology. Possible further small volume left occipital and right sylvian fissure traumatic subarachnoid haemorrhage (see key images).
No acute infarct or space-occupying lesion demonstrated.

Normal grey-white matter differentiation.
Asymmetry of the lateral ventricular volumes (smaller on the right, larger on the left), without demonstrable underlying parenchymal abnormality or significant oedema, probably suggesting this is constitutional (despite the right side being the injured side). No definite hydrocephalus. Otherwise normal appearance of the ventriculosulcal system for stated age.
Normal brain volume for suspected age.

Significant soft tissue swelling overlying right orbit and forehead. No demonstrated underlying globe injury. Normal appearance of the right orbital contents.

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Acute minimally displaced fracture of the right lateral pterygoid plate.
Small volume dependent fluid within sphenoid sinus without demonstrable bony injury.

CT Spine Cervical:

Moderate C5/C6 degenerative change. Ankylosis of right C2/C3 facets.
No cervical spine fracture or dislocation demonstrated.

Midline sternotomy wires in situ.

ET tube in situ, tip 5 cm superior to carina.
Biapical interlobular septal and bilateral fissural thickening, in keeping with fluid overload.

2.5 cm peripherally calcified right lobe of thyroid nodule, not requiring follow-up. Otherwise unremarkable unenhanced soft tissues of the neck.

Opinion:
Small volume traumatic subarachnoid haemorrhage.
Acute right inferior orbital floor and right lateral pterygoid plate fractures as described (doesn't fit Le Fort classification).
___
Rory Weir. GMC 7711662
Radiology Registrar

Report verified by Dr Peter Abernethy, Consultant Radiologist

Reporting Radiologist: Dr Rory Weir

Report Information

Requestor	Ologunorisa, Dr Kemi Sophia
Requesting Location	(RIEAE1) RIE Resus A&E
Report Identifier	53894465
Sample Date	21/11/2025 22:47:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical History
New admission from ED with facial trauma. I+V. Previous MVR. CXR required to check position of ET tube please.

9687716 22/11/2025 XR Chest

ET tube, satisfactory position. Previous cardiac surgery. Lungs appear clear.

—
Dr Judith Anderson. GMC: 4197351
Consultant Radiologist.

Reporting Radiologist: Dr Judith Anderson

Report Information

Requestor	Bannister, Graham
Requesting Location	(RIED230) DCN Ward 230, RIE
Report Identifier	53894804
Sample Date	22/11/2025 01:11:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**17.4**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	1.6		ratio		(HINR)
APTT	**30**	**21.0 - 28.0**	**sec**	**R**	
APTT Ratio	1.2		ratio		
APTT (Mixture)	27		sec		
Fibrinogen (Clauss)	2.8	1.5 - 4.0	g/L		

Test Comments

(HINR) Please request INR only for patients on Warfarin

Sample Comments

21181..

Requestor Comments

?assult. red GCS, Subarrac

Report Information

Requestor	Kerslake, Dr Dean Anthony
Requesting Location	(RIE118) RIE Ward 118
Report Identifier	HR299129Q
Sample Date	22/11/2025 06:34:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	139	130 - 180	g/L		
Red cell count	**3.90**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	0.403	0.40 - 0.52	ratio		
Mean cell volume	**103**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.6**	**27.0 - 32.0**	**pg**	**A**	
White cell count	10.5	4.0 - 11.0	10^9/L		
Neutrophil Count	**7.94**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**1.41**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	**0.95**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.09	0.04 - 0.4	10^9/L		
Basophil Count	0.08	0.01 - 0.1	10^9/L		
Platelet count	396	150 - 400	10^9/L		
Mean cell Hb conc.	345	310 - 360	g/L		

Sample Comments

21181..

Requestor Comments

?assult. red GCS, Subarrac

Report Information

Requestor	Kerslake, Dr Dean Anthony
Requesting Location	(RIE118) RIE Ward 118
Report Identifier	HR299158X
Sample Date	22/11/2025 06:34:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	**1.98**	**2.2 - 2.6**	**mmol/L**	**R**	
Adjustd Calcium	**2.06**	**2.2 - 2.6**	**mmol/L**	**R**	
Phosphate	1.08	0.8 - 1.4	mmol/L		
Magnesium	0.81	0.7 - 1	mmol/L		
Albumin	**35**	**36 - 47**	**g/L**	**R**	
Alk.Phos	84	40 - 125	U/L		

Sample Comments

21181..

Requestor Comments

?assult. red GCS, Subarrac

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	7	3 - 21	umol/L		
ALT	29	10 - 50	U/L		

Sample Comments

21181..

Requestor Comments

?assult. red GCS, Subarrac

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.3	2.5 - 6.6	mmol/L		
Creatinine	91	64 - 111	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

21181..

Requestor Comments

?assult. red GCS, Subarrac

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	54	3 - 100	U/L		

Sample Comments

21181..

Requestor Comments

?assult. red GCS, Subarrac

Cardiac enzymes

Description	Value	Range	Unit	Normalcy	Notes
CK	180	40 - 320	U/L		(BCK)

Test Comments

(BCK) Note updated CK reference range from 10-12-2023

Sample Comments

21181..

Requestor Comments

?assult. red GCS, Subarrac

Report Information

Requestor Kerslake, Dr Dean Anthony

Requesting Location	(RIE118) RIE Ward 118
Report Identifier	HB343056C
Sample Date	22/11/2025 06:34:00

Urine Drugs of Abuse Screen		
Urine Benzos	Negative	(BBENZ)
Urine Opiates	Negative	
Urine Amphetamine	Negative	
U. Methadone Met.	Negative	
Urine Cocaine Met.	Negative	
Urine Gabapentin	Negative	
U. Norbuprenorphine	Negative	
Urine Pregabalin	Negative	(BUPGAB)

Set Comments

Note toxicology results should not be used for medicolegal purposes.

Test Comments

(BBENZ)	Benzo group includes: diazepam, temazepam,
(BBENZ)	nitrazepam, clonazepam, nordiazepam (chlordiazepoxide)
(BUPGAB)	Urine Pregabalin: Negative

Sample Comments

21181..

Requestor Comments

reduced GCS

Report Information

Requestor	Kerslake, Dr Dean Anthony
Requesting Location	(RIE118) RIE Ward 118
Report Identifier	HB642907V
Sample Date	22/11/2025 10:28:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	134	130 - 180	g/L		
Red cell count	**3.85**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	0.410	0.40 - 0.52	ratio		
Mean cell volume	**107**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**34.8**	**27.0 - 32.0**	**pg**	**A**	
White cell count	9.4	4.0 - 11.0	10^9/L		
Neutrophil Count	**7.96**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.61**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.62	0.2 - 0.8	10^9/L		
Eosinophil Count	0.09	0.04 - 0.4	10^9/L		
Basophil Count	0.07	0.01 - 0.1	10^9/L		
Platelet count	302	150 - 400	10^9/L		
Mean cell Hb conc.	327	310 - 360	g/L		

Sample Comments

21181..

Requestor Comments

SAH. T2dm Mitral valve replacement

Report Information

Requestor	Kerslake, Dr Dean Anthony
Requesting Location	(RIE118) RIE Ward 118
Report Identifier	HR115005W
Sample Date	23/11/2025 06:12:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**17.4**	**9.0 - 12.0**	**sec**		**A**
INR (Warfarin)	1.6		ratio		
APTT	**32**	**21.0 - 28.0**	**sec**		**R**
APTT Ratio	1.2		ratio		
APTT (Mixture)	28		sec		
Fibrinogen (Clauss)	3.7	1.5 - 4.0	g/L		

Sample Comments

21181..

Requestor Comments

SAH. T2dm Mitral valve replacement

Report Information

Requestor	Kerslake, Dr Dean Anthony
Requesting Location	(RIE118) RIE Ward 118
Report Identifier	HR114870J
Sample Date	23/11/2025 06:12:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	**1.99**	**2.2 - 2.6**	**mmol/L**	**R**	
Adjustd Calcium	**2.10**	**2.2 - 2.6**	**mmol/L**	**R**	
Phosphate	**0.57**	**0.8 - 1.4**	**mmol/L**	**R**	
Magnesium	0.71	0.7 - 1	mmol/L		
Albumin	**33**	**36 - 47**	**g/L**	**R**	
Alk.Phos	74	40 - 125	U/L		

Sample Comments

21181..

Requestor Comments

SAH. T2dm Mitral valve replacement

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	15	3 - 21	umol/L		
ALT	24	10 - 50	U/L		

Sample Comments

21181..

Requestor Comments

SAH. T2dm Mitral valve replacement

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.0	2.5 - 6.6	mmol/L		
Creatinine	71	64 - 111	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	3.8	3.6 - 5	mmol/L		
TCO2	26	22 - 30	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Sample Comments

21181..

Requestor Comments

SAH. T2dm Mitral valve replacement

Report Information

Requestor	Kerslake, Dr Dean Anthony
Requesting Location	(RIE118) RIE Ward 118
Report Identifier	HB185279N
Sample Date	23/11/2025 06:12:00

First | Previous | Next | Last

Blood Transfusion - Immunohaematology Report

Status: Final - Results stored and verified

Automated Antibody Screen	Negative
Patient Blood Group	ABO : O
Rhesus of patient	Rh D : Positive
Antibody status	Antibody Status : NAD (No Antibodies Detected)
Patient Blood Group	O POSITIVE

Report Information

Requestor

Requesting Location

Report Identifier 10320105283230

Sample Date 23/11/2025 11:18:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.3	2.5 - 6.6	mmol/L		
Creatinine	80	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

Omar Salim

Requestor Comments

Monitoring

Report Information

Requestor	(Locum), Mr Khandkar Ali KAWSAR
Requesting Location	(RIED230) DCN Ward 230, RIE
Report Identifier	HB343717T
Sample Date	24/11/2025 07:59:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	145	130 - 180	g/L		
Red cell count	**4.14**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	0.432	0.40 - 0.52	ratio		
Mean cell volume	**104**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.0**	**27.0 - 32.0**	**pg**	**A**	
White cell count	9.5	4.0 - 11.0	10^9/L		
Neutrophil Count	**8.11**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.65**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.51	0.2 - 0.8	10^9/L		
Eosinophil Count	0.11	0.04 - 0.4	10^9/L		
Basophil Count	0.07	0.01 - 0.1	10^9/L		
Platelet count	376	150 - 400	10^9/L		
Mean cell Hb conc.	336	310 - 360	g/L		

Sample Comments

Omar Salim

Requestor Comments

Monitoring

Report Information

Requestor	(Locum), Mr Khandkar Ali KAWSAR
Requesting Location	(RIED230) DCN Ward 230, RIE
Report Identifier	HR299817R
Sample Date	24/11/2025 07:59:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**14.9**	**9.0 - 12.0**	**sec**		**A**
INR (Warfarin)	1.4		ratio		
APTT	**29**	**21.0 - 28.0**	**sec**		**R**
APTT Ratio	1.2		ratio		
APTT (Mixture)	27		sec		
Fibrinogen (Clauss)	**4.6**	**1.5 - 4.0**	**g/L**		**R**

Sample Comments

Omar Salim

Requestor Comments

Monitoring

Report Information

Requestor	(Locum), Mr Khandkar Ali KAWSAR
Requesting Location	(RIED230) DCN Ward 230, RIE
Report Identifier	HR299812K
Sample Date	24/11/2025 07:59:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**64.2**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	7.0		ratio		

Requestor Comments

On warfarin

Coagucheck INR 6.8 haematoma buttock.

Referred coagulation clinician

Description	Value	Range	Unit	Normalcy	Notes
Referred to Clinician (Coag)	Yes				
INR (Warfarin)	7.0		ratio		

Set Comments

Significantly prolonged INR, note haematoma in buttock. Suggest holding warfarin for now, consider need for warfarin reversal based on patient's clinical state and symptoms. APP

Requestor Comments

On warfarin

Coagucheck INR 6.8 haematoma buttock.

Report Information

Requestor	Schuur, Dr Klaas
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HR323741C
Sample Date	16/12/2025 13:06:00

First | Previous | Next | Last

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	6.6		mmol/L		
Spec type Rand/Fast	Unknown				

Sample Comments

31335..

Requestor Comments

. . . . . .

Report Information

Requestor	given, Not
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB047303Y
Sample Date	16/12/2025 15:52:00

First | Previous | Next | Last

Bone Group				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Calcium	2.33	2.2 - 2.6	mmol/L	
Adjustd Calcium	2.35	2.2 - 2.6	mmol/L	
Albumin	40	36 - 47	g/L	
Alk.Phos	119	40 - 125	U/L	

Sample Comments

31335..

Requestor Comments

. . . . . .

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	13	3 - 21	umol/L	
ALT	21	10 - 50	U/L	

Sample Comments

31335..

Requestor Comments

. . . . . .

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Urea	5.2	2.5 - 6.6	mmol/L	
Creatinine	76	64 - 111	umol/L	
Sodium	140	135 - 145	mmol/L	
Potassium	4.3	3.6 - 5	mmol/L	
TCO2	23	22 - 30	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Sample Comments

31335..

Requestor Comments

. . . . . .

Serum C reactive protein level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
C-Reactive Prot	**21**	**0 - 5**	**mg/L**	**R**

Sample Comments

31335..

Requestor Comments

. . . . . .

Report Information

Requestor	given, Not
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB047300N
Sample Date	16/12/2025 15:52:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	142	130 - 180	g/L		
Red cell count	**3.96**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	0.404	0.40 - 0.52	ratio		
Mean cell volume	**102**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.9**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**13.1**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**11.04**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.96**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.76	0.2 - 0.8	10^9/L		
Eosinophil Count	0.21	0.04 - 0.4	10^9/L		
Basophil Count	**0.12**	**0.01 - 0.1**	**10^9/L**	**R**	
Platelet count	338	150 - 400	10^9/L		
Mean cell Hb conc.	351	310 - 360	g/L		

Sample Comments

31335..

Requestor Comments

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Report Information

Requestor	given, Not
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB047297N
Sample Date	16/12/2025 15:52:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**56.0**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	5.9		ratio		
APTT	**52**	**21.0 - 28.0**	**sec**	**R**	
APTT Ratio	**2.2**		**ratio**	**A**	
APTT (Mixture)	29		sec		
Fibrinogen (Clauss)	3.6	1.5 - 4.0	g/L		
D-Dimer	**354**	**0 - 250**	**ng/ml**	**R**	

Sample Comments

31335..

Requestor Comments

. . . . . .

Report Information

Requestor	given, Not
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB047298Q
Sample Date	16/12/2025 15:57:00

Transfusion

Status: Final - Results stored and verified

Patient Blood Group	ABO : O RhD Positive	(ABO)

Test Comments

(ABO) LTG Comment: ~Sample suitable for electronic issue of blood.~

Report Information

Requestor

Requesting Location (WGHARAUT) WGH MAU Emergency

Report Identifier TW617999J_20251216

Sample Date 16/12/2025 20:00:00

First | Previous | Next | Last

Transfusion

Status: Final - Results stored and verified

Patient Blood Group	ABO : O RhD Positive	(ABO)

Test Comments

(ABO) LTG Comment: ~2nd sample needed prior to transfusion except emergency~

Report Information

Requestor

Requesting Location (WGHARAUT) WGH MAU Emergency

Report Identifier TW617998M_20251216

Sample Date 16/12/2025 20:00:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.7	2.5 - 6.6	mmol/L		
Creatinine	74	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5	mmol/L		
TCO2	**21**	**22 - 30**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

31335..

Requestor Comments

MONITOR.

Report Information

Requestor	Gordon, Dr Claire F
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB047806W
Sample Date	17/12/2025 07:01:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**26.8**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	2.6		ratio		

Sample Comments

31335..

Requestor Comments

MONITOR.

Report Information

Requestor	Gordon, Dr Claire F
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB047805Y
Sample Date	17/12/2025 07:01:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**119**	**130 - 180**	**g/L**	**A**	
Red cell count	**3.39**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.344**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**102**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.1**	**27.0 - 32.0**	**pg**	**A**	
White cell count	10.0	4.0 - 11.0	10^9/L		
Neutrophil Count	**8.35**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.87**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.48	0.2 - 0.8	10^9/L		
Eosinophil Count	0.23	0.04 - 0.4	10^9/L		
Basophil Count	**0.11**	**0.01 - 0.1**	**10^9/L**	**R**	
Platelet count	273	150 - 400	10^9/L		
Mean cell Hb conc.	346	310 - 360	g/L		

Sample Comments

31335..

Requestor Comments

MONITOR.

Report Information

Requestor	Gordon, Dr Claire F
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB047804H
Sample Date	17/12/2025 07:01:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical History
53 yrs old Came with chest pain , SOB and high INR, need to r/o CAP/ hemothrax

9753958 18/12/2025 XR Chest

Comparison: Chest X-ray 22/11/2025

Lungs are clear.
Heart size is upper limit of normal. Mediastinal contours are otherwise normal. Mitral valve replacement and probable tricuspid valve repair.
No concerning bony lesion.

Dr Sarah Sanders. GMC: 7912144
Radiology Registrar

Checked by Dr Pablo Penalver Calero, Consultant Radiologist

Reporting Radiologist: Dr Sarah Victoria Sanders

Report Information

Requestor	Ismail, Nahed Ragab Ibrahem
Requesting Location	(RIEAE8) RIE8-GP Interface Service, A&E
Report Identifier	54152712
Sample Date	18/12/2025 10:03:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**25.0**	**9.0 - 12.0**	**sec**		**A**
INR (Warfarin)	2.4		ratio		
APTT	**39**	**21.0 - 28.0**	**sec**		**R**
APTT Ratio	**1.5**		**ratio**		**A**
APTT (Mixture)	28		sec		
Fibrinogen (Clauss)	**5.3**	**1.5 - 4.0**	**g/L**		**R**

Sample Comments

21335..

Requestor Comments

haematoma

Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) RIE8-GP Interface Service, A&E
Report Identifier	HR131159J
Sample Date	18/12/2025 10:36:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.34	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.37	2.2 - 2.6	mmol/L		
Albumin	39	36 - 47	g/L		
Alk.Phos	101	40 - 125	U/L		

Sample Comments

21335..

Requestor Comments

haematoma

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	17	3 - 21	umol/L		
ALT	16	10 - 50	U/L		
GGT	**242**	**10 - 55**	**U/L**		**R**

Sample Comments

21335..

Requestor Comments

haematoma

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.7	2.5 - 6.6	mmol/L		
Creatinine	76	64 - 111	umol/L		
Sodium	136	135 - 145	mmol/L		
Potassium	4.4	3.6 - 5	mmol/L		
TCO2	25	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

21335..

Requestor Comments

haematoma

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**53**	**0 - 5**	**mg/L**		**R**

Sample Comments

21335..

Requestor Comments

haematoma

Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) RIE8-GP Interface Service, A&E
Report Identifier	HB053292P
Sample Date	18/12/2025 10:36:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**122**	**130 - 180**	**g/L**	**R**	
Red cell count	**3.43**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.353**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**103**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.6**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**12.4**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**10.58**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**0.83**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.74	0.2 - 0.8	10^9/L		
Eosinophil Count	0.21	0.04 - 0.4	10^9/L		
Basophil Count	0.08	0.01 - 0.1	10^9/L		
Platelet count	323	150 - 400	10^9/L		
Mean cell Hb conc.	346	310 - 360	g/L		

Sample Comments

21335..

Requestor Comments

haematoma

Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) RIE8-GP Interface Service, A&E
Report Identifier	HR131161E
Sample Date	18/12/2025 10:36:00

First | Previous | Next | Last

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	**7.4**		**mmol/L**	**A**	

Sample Comments

21335..

Requestor Comments

haematoma

Plasma lactate level

Description	Value	Range	Unit	Normalcy	Notes
Lactate	1.4	0.6 - 2.4	mmol/L		

Sample Comments

21335..

Requestor Comments

haematoma

Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) RIE8-GP Interface Service, A&E
Report Identifier	HB053291Y
Sample Date	18/12/2025 10:36:00

Coagulation/bleeding test	
Prothrombin Time	Underfilled Sample
INR (Warfarin)	Underfilled Sample
APTT	Underfilled Sample
APTT Ratio	Underfilled Sample
Fibrinogen (Clauss)	Underfilled Sample

Sample Comments

AMU....

Requestor Comments

Monitor.

Report Information

Requestor	given, Not
Requesting Location	(RIECAA6) AMU Bay 6
Report Identifier	HR131727L
Sample Date	19/12/2025 03:29:00

Coagulation/bleeding test	
Prothrombin Time	Underfilled Sample
INR (Warfarin)	Underfilled Sample
APTT	Underfilled Sample
APTT Ratio	Underfilled Sample
Fibrinogen (Clauss)	Underfilled Sample

Sample Comments

AMU....

Requestor Comments

Monitor.

Report Information

Requestor	given, Not
Requesting Location	(RIECAA6) AMU Bay 6
Report Identifier	HR131668X
Sample Date	19/12/2025 03:29:00

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Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**108**	**130 - 180**	**g/L**	**A**	
Red cell count	**3.04**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.314**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**103**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.5**	**27.0 - 32.0**	**pg**	**A**	
White cell count	8.1	4.0 - 11.0	10^9/L		
Neutrophil Count	6.32	2.0 - 7.5	10^9/L		
Lymphocyte Count	**0.95**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.55	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	275	150 - 400	10^9/L		
Mean cell Hb conc.	344	310 - 360	g/L		

Sample Comments

AMU....

Requestor Comments

Monitor.

Report Information

Requestor	given, Not
Requesting Location	(RIECAA6) AMU Bay 6
Report Identifier	HR131667R
Sample Date	19/12/2025 03:29:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.8	2.5 - 6.6	mmol/L		
Creatinine	70	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	3.8	3.6 - 5	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

AMU....

Requestor Comments

Monitor.

Report Information

Requestor	given, Not
Requesting Location	(RIECAA6) AMU Bay 6
Report Identifier	HB053848B
Sample Date	19/12/2025 03:29:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**109**	**130 - 180**	**g/L**	**A**	
Red cell count	**3.07**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.330**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**108**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.5**	**27.0 - 32.0**	**pg**	**A**	
White cell count	9.6	4.0 - 11.0	10^9/L		
Neutrophil Count	7.49	2.0 - 7.5	10^9/L		
Lymphocyte Count	**1.14**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.64	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.10	0.01 - 0.1	10^9/L		
Platelet count	**444**	**150 - 400**	**10^9/L**	**R**	
Mean cell Hb conc.	330	310 - 360	g/L		

Requestor Comments

Coagucheck INR over 8.

Report Information

Requestor	Murray, Dr Cathy C
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HR334646Q
Sample Date	24/12/2025 08:58:00

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Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**87.3**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	7.8		ratio		

Requestor Comments

On warfarin

Coagucheck INR over 8.

Report Information

Requestor	Murray, Dr Cathy C
Requesting Location	(GSDALKE) Dalkeith Medical Ctr.,Dalkeith
Report Identifier	HR334615Q
Sample Date	24/12/2025 08:58:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**56.5**	**9.0 - 12.0**	**sec**		**A**
INR (Warfarin)	5.1		ratio		
APTT	**54**	**21.0 - 28.0**	**sec**		**R**
APTT Ratio	**2.1**		**ratio**		**A**
APTT (Mixture)	30		sec		
Fibrinogen (Clauss)	**4.5**	**1.5 - 4.0**	**g/L**		**R**

Sample Comments

Y.El Shafei 23811

Requestor Comments

monitor

Report Information

Requestor	given, Not
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	HR136237B
Sample Date	26/12/2025 19:54:00

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	15	3 - 21	umol/L	
ALT	18	10 - 50	U/L	
Alk.Phos	110	40 - 125	U/L	

Sample Comments

Y.El Shafei 23811

Requestor Comments

monitor

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Urea	5.6	2.5 - 6.6	mmol/L	
Creatinine	104	64 - 111	umol/L	
Sodium	141	135 - 145	mmol/L	
Potassium	4.1	3.6 - 5	mmol/L	
TCO2	22	22 - 30	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Sample Comments

Y.El Shafei 23811

Requestor Comments

monitor

Serum C reactive protein level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
C-Reactive Prot	**22**	**0 - 5**	**mg/L**	**R**

Sample Comments

Y.El Shafei 23811

Requestor Comments

monitor

Report Information

Requestor	given, Not
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	HB058967K
Sample Date	26/12/2025 19:54:00

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Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**94**	**130 - 180**	**g/L**	**A**	
Red cell count	**2.65**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.279**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**105**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.5**	**27.0 - 32.0**	**pg**	**A**	
White cell count	9.2	4.0 - 11.0	10^9/L		
Neutrophil Count	7.11	2.0 - 7.5	10^9/L		
Lymphocyte Count	**1.16**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.64	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.08	0.01 - 0.1	10^9/L		
Platelet count	**427**	**150 - 400**	**10^9/L**	**R**	
Mean cell Hb conc.	337	310 - 360	g/L		

Sample Comments

Y.El Shafei 23811

Requestor Comments

monitor

Report Information

Requestor	given, Not
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	HR136232T
Sample Date	26/12/2025 19:54:00

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XR Chest

XR Chest

Clinical History
53M INR 8, spontaneous bruising, hoarseness and sob chest clear anteriorly any evidence of haemothorax

9770675 26/12/2025 XR Chest

Comparison: Chest X-ray 18/12/2025

Lungs are clear. No pleural effusions.
Normal cardiac and mediastinal contours.
No concerning bony lesions. Prosthetic cardiac valves and sternotomy wires in situ.

Dr Sarah Sanders. GMC: 7912144
Radiology Registrar

Checked by Dr James Gordon-Smith, Consultant Interventional Radiologist

Reporting Radiologist: Dr Sarah Victoria Sanders

Report Information

Requestor	Shafei, Dr Yousuf El
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	54221785
Sample Date	26/12/2025 20:14:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**38.6**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	3.5		ratio		

Sample Comments

21171..

Requestor Comments

?new bruising

Report Information

Requestor	given, Not
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	HR137023P
Sample Date	28/12/2025 06:13:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	15	3 - 21	umol/L		
ALT	15	10 - 50	U/L		
Alk.Phos	95	40 - 125	U/L		

Sample Comments

21171..

Requestor Comments

?new bruising

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.9	2.5 - 6.6	mmol/L		
Creatinine	65	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	3.6	3.6 - 5	mmol/L		
TCO2	22	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

21171..

Requestor Comments

?new bruising

Cardiac enzymes

Description	Value	Range	Unit	Normalcy	Notes
CK	**357**	**40 - 320**	**U/L**	**R**	

Sample Comments

21171..

Requestor Comments

?new bruising

Report Information

Requestor	given, Not
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	HB059853P
Sample Date	28/12/2025 06:13:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**87**	**130 - 180**	**g/L**	**A**	
Red cell count	**2.44**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.258**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**106**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.7**	**27.0 - 32.0**	**pg**	**A**	
White cell count	8.0	4.0 - 11.0	10^9/L		
Neutrophil Count	6.32	2.0 - 7.5	10^9/L		
Lymphocyte Count	**0.88**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.58	0.2 - 0.8	10^9/L		
Eosinophil Count	0.17	0.04 - 0.4	10^9/L		
Basophil Count	0.09	0.01 - 0.1	10^9/L		
Platelet count	386	150 - 400	10^9/L		
Mean cell Hb conc.	337	310 - 360	g/L		
Referred to Clinician (FBC)	Yes				

Set Comments

Polychromasia+
Basophilic stippling++
Rbc macrocytic+
Wbc neutrophil right shift+
Referred to Haem medical staff for further comment:-
Anemia - dimorphic red cells,polychromasia, basophilic stippling and
 occasional nRBC seen. Adv hematinic screen and rule out
occult/overt bleeding. SH

Sample Comments

21171..

Requestor Comments

?new bruising

Report Information

Requestor	given, Not
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	HR137003W
Sample Date	28/12/2025 06:13:00

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Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**89**	**130 - 180**	**g/L**	**A**
Red cell count	**2.44**	**4.5 - 6.5**	**10^12/L**	**R**
Haematocrit	**0.263**	**0.40 - 0.52**	**ratio**	**R**
Mean cell volume	**108**	**78 - 98**	**fL**	**A**
Mean Cell Hb	**36.5**	**27.0 - 32.0**	**pg**	**T**
White cell count	7.8	4.0 - 11.0	10^9/L	
Neutrophil Count	6.33	2.0 - 7.5	10^9/L	
Lymphocyte Count	**0.76**	**1.5 - 4.5**	**10^9/L**	**R**
Monocyte Count	0.49	0.2 - 0.8	10^9/L	
Eosinophil Count	0.20	0.04 - 0.4	10^9/L	
Basophil Count	0.06	0.01 - 0.1	10^9/L	
Platelet count	347	150 - 400	10^9/L	
Mean cell Hb conc.	338	310 - 360	g/L	

Sample Comments

21428..

Requestor Comments

on warfarin for
MVR, bilateral haenatomas

Report Information

Requestor	given, Not
Requesting Location	(RIECAA2) AMU Bay 2
Report Identifier	HR137725W
Sample Date	29/12/2025 04:16:00

Cardiac enzymes

Description	Value	Range	Unit	Normalcy	Notes
CK	414	40 - 320	U/L	R	

Sample Comments

21428..

Requestor Comments

on warfarin for
MVR, bilateral haenatomas

Report Information

Requestor	given, Not
Requesting Location	(RIECAA2) AMU Bay 2
Report Identifier	HB060584D
Sample Date	29/12/2025 04:16:00

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Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**16.7**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	1.5		ratio		
APTT	**34**	**21.0 - 28.0**	**sec**	**R**	
APTT Ratio	**1.3**		**ratio**	**A**	
APTT (Mixture)	28		sec		
Fibrinogen (Clauss)	**5.6**	**1.5 - 4.0**	**g/L**	**R**	

Sample Comments

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Requestor Comments

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Report Information

Requestor	given, Not
Requesting Location	(RIECAA2) AMU Bay 2
Report Identifier	HR336722H
Sample Date	30/12/2025 06:38:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**88**	**130 - 180**	**g/L**	**A**
Red cell count	**2.46**	**4.5 - 6.5**	**10^12/L**	**R**
Haematocrit	**0.275**	**0.40 - 0.52**	**ratio**	**R**
Mean cell volume	**112**	**78 - 98**	**fL**	**A**
Mean Cell Hb	**35.8**	**27.0 - 32.0**	**pg**	**A**
White cell count	8.1	4.0 - 11.0	10^9/L	
Neutrophil Count	6.73	2.0 - 7.5	10^9/L	
Lymphocyte Count	**0.72**	**1.5 - 4.5**	**10^9/L**	**R**
Monocyte Count	0.43	0.2 - 0.8	10^9/L	
Eosinophil Count	0.15	0.04 - 0.4	10^9/L	
Basophil Count	0.06	0.01 - 0.1	10^9/L	
Platelet count	369	150 - 400	10^9/L	
Mean cell Hb conc.	320	310 - 360	g/L	

Sample Comments

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Requestor Comments

. . . . . .

Report Information

Requestor	given, Not
Requesting Location	(RIECAA2) AMU Bay 2
Report Identifier	HR336730G
Sample Date	30/12/2025 06:38:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	**15.1**	**9.0 - 12.0**	**sec**	**A**	
INR (Warfarin)	1.4		ratio		

Sample Comments

dr v pollard, 21297

Requestor Comments

on warfarin

Report Information

Requestor	Coull, Dr Andrew John
Requesting Location	(RIEAMBOP) Ambulatory Care OP Desk, RIE
Report Identifier	HR139190J
Sample Date	31/12/2025 16:16:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**94**	**130 - 180**	**g/L**	**A**	
Red cell count	**2.66**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.292**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**110**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**35.3**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**11.1**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**8.58**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**1.05**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	**1.12**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.10	0.01 - 0.1	10^9/L		
Platelet count	**500**	**150 - 400**	**10^9/L**	**R**	
Mean cell Hb conc.	322	310 - 360	g/L		

Sample Comments

dr v pollard, 21297

Requestor Comments

on warfarin

Report Information

Requestor	Coull, Dr Andrew John
Requesting Location	(RIEAMBOP) Ambulatory Care OP Desk, RIE
Report Identifier	HR139199N
Sample Date	31/12/2025 16:16:00