

SAR Team
Health Records Department
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

MMA LEGAL
STOK
43-59 PRINCES STREET
STOCKPORT
SK1 1RY

Date: 28/05/2026
Your Ref: 100281
Our Ref: LAT/JM/AG/3108583158

Enquiries to: Allan
Direct Line: 0141 5327356

E-mail: alan.graham6@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: BRIAN MACKENZIE D.O.B: 31/08/1958

Thank you for your request received 11th May in which you seek a copy of your client's personal information.

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

**ROYAL ALEXANDRA HOSPITAL & INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS**

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

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

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

- patient health records, photographs or Radiology images;
- video/telephone recordings, including CCTV images;

- Witness Statements;
- Incident reports
- Complaints files
- Emails

The source of our data includes patients, General Practitioners, healthcare, social and welfare organisations, legal representatives and police forces.

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

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

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

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

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

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

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

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

- | | | | |
|-------------------------------------|--------------------------|-----------|--------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | | |
| ACS | <input type="checkbox"/> | | |
| BEATSON HOSPITAL | <input type="checkbox"/> | | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | | |
| DENTAL HOSPITAL | <input type="checkbox"/> | | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | | |
| INVERCLYDE ROYAL HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | | |
| PRINCESS ROYAL MATERNITY | <input type="checkbox"/> | | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | | |
| <u>Including:</u> | | | |
| BADGERNET | <input type="checkbox"/> | | |
| CAREVUE | <input type="checkbox"/> | | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | | |
| METAVISION | <input type="checkbox"/> | | |
| PHYSIOTHERAPY | <input type="checkbox"/> | | |
| RADIOLOGY | <input type="checkbox"/> | | |
| WEST MARC | <input type="checkbox"/> | | |
| LABS | <input type="checkbox"/> | | |

NEWS – National Early Warning Score



Name
Address

3108583158
MACKENZIE M
Brian 31/08/1958
22 LOMOND AVENUE
Renfrew, Renfrewshire PA4 0PG

CHI No.
DoB

	Date	Ward
Admitted	27/10/19	HC
Transferred		
Transferred		

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

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

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	<ul style="list-style-type: none"> Inform trained nurse. Trained Nurse assessment: <ul style="list-style-type: none"> Assess the patient Review frequency of monitoring required Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	<ul style="list-style-type: none"> Trained Nurse assessment. Inform medical team caring for the patient. Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	<ul style="list-style-type: none"> Trained Nurse to assess immediately. Inform medical team caring for the patient – this should be at least senior medical staff level. Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. Consider referral to high dependency or ITU.

KEY	DATE	Resp. Rate		SpO ₂	Temp.	Pulse	Blood Pressure		Alert	Verbal	Pain	NEWS SCORE	BM	Pain	Nausea	U/O	Obs due	Initials
		TIME		%														
2	3	35		94.95	39°	170	210	210	Alert									
		30		92.93	38.5°	160	200	200	Verbal									
		25		91.91	38°	150	190	190	Pain									
		20			37.5°	140	180	180	Unresp									
		16			37°	130	170	170										
		12			36.5°	120	160	160										
		8			36°	110	150	150										
		2-96			35.5°	100	140	140										
		94-95			35°	90	130	130										
		92-93				80	120	120										
		91				70	110	110										
		90				60	100	100										
		89				50	90	90										
		88				40	80	80										
		87				30	70	70										
		86				20	60	60										
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		2				0	0	0										
		1				0	0	0										
		0				0	0	0										


KEY 2 3

Alert Verbal Pain Unresp NEWS SCORE BM Pain Nausea Input U/O

Obs due Initials

Pressure Ulcer Daily Risk Assessment (PUDRA)



 3108583158 MACKENZIE Brian M 22 LOMOND AVENUE Renfrew, Renfrewshire 31/08/1958 PA4 0PG	Hospital: 12H Ward: HC	Points to consider: <ul style="list-style-type: none"> • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes.
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1 Pressure Damage N	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.
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Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Contenance	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Contenance	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
23/10/19	0900	N	N	N	N	N	N	4 hrly	<i>[Signature]</i>
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.




3108583158
Affix Ad MACKENZIE
Brian
Name: 22 LOMOND AVENUE 31/08/1958
CHI: Renfrew, Renfrewshire
DOB: PA4 0PG

Admission Checklist

Hospital: 12H	Consultant: MS CHONG	Date: 23/10/19																		
Proposed Operation:																				
Patient Questionnaire Completed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																		
Pre-Op assessment Completed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																		
Escort Details (responsible Adult) Name:	Telephone Number:																			
Confirm "Next of Kin" on pre-assessment (Yes) Name: MARGARET MACKENZIE	Telephone No: 0193435422																			
Interpreter Required? If "YES" confirmation of booking	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
Duration of booking (if known).....																				
Carer required to stay with patient?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
Date of LMP?	Date.....																			
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
Pregnancy test results	+VE	-VE																		
Group and save results checked	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> N/A																		
Date done.....																				
Anti D required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
Is the patient on Anti-Coag therapy? If "Yes" state type.....	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
Are INR results available within last 24hrs? If "No" INR taken datetime.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>																		
Result.....																				
Is the patient diabetic If "Yes"	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
BM on admission results.....	NIDD <input type="checkbox"/>	DD <input type="checkbox"/>																		
Urinalysis done Results.....	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> N/A																		
CJD single question asked	Yes <input type="checkbox"/>	DD <input type="checkbox"/>																		
Answer to CJD single question	At Increased Risk <input type="checkbox"/>	Not at increased Risk <input checked="" type="checkbox"/>																		
If CJD question has not been asked then ask the question "Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified	Comment if required																		
	No, I have not been notified																			
Alert Sticker (if required)	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>																		
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted: Yes N/A	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
Other Information- Document any other relevant information e.g. needle phobia, request for female practitioner 'Getting to know you' information.																				
Fit Form required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																		
Baseline Observations	<table border="1"> <tr> <td></td> <td>Time 0900</td> <td>Time.....</td> </tr> <tr> <td>SPO2</td> <td>97</td> <td></td> </tr> <tr> <td>BP</td> <td>111/91</td> <td></td> </tr> <tr> <td>HR</td> <td>61</td> <td></td> </tr> <tr> <td>Temp</td> <td>36.4</td> <td></td> </tr> <tr> <td>Staff Initials</td> <td>W</td> <td></td> </tr> </table>			Time 0900	Time.....	SPO2	97		BP	111/91		HR	61		Temp	36.4		Staff Initials	W	
	Time 0900	Time.....																		
SPO2	97																			
BP	111/91																			
HR	61																			
Temp	36.4																			
Staff Initials	W																			
Please print & sign name when checklist completed	Name: WILLIAMS	Time: 0900																		

GG&C Day Surgery/23 hour Care Plan
Admission Checklist




3108583158
MACKENZIE
Brian
22 LOMOND AVENUE
Renfrew, Renfrewshire
M
31/08/1958
PA4 0PG

Patient mode of transport to theatre Trolley Walking Chair

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

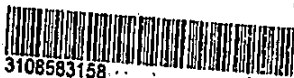
Preoperative Checks	Admission Check	Reception Check	N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Case Notes/Scanner Folder	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Addressograph Labels	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X-Rays and Scans - Hardcopy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Prescription Chart	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alert sticker		Please see page 1 Checked <input type="checkbox"/>		Please see page 1 Checked <input type="checkbox"/>
Consent / Incapacity (circle) Signed & Dated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Checked against theatre list	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check with: Patient/Incapacity/Consent (Circle)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Procedure and site for Surgery	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Correct site marked	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments & details eg Welfare Guardian/ Power of Attorney	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies/Sensitivities and Reactions	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please specify				
Fasted from - specify time (24hr clock)	Food: 22/10 08:00 Fluid: 23/10 05:30	Checked: 22/10 12:00 Food 23/10 05:30 Fluid 23/10 05:30		Checked: 22/10 17:00 Food 23/10 05:30 Fluid 23/10 05:30
Blood Glucose Score	Time: Score: N/A	Time: Score: N/A		Time: Score: N/A
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
If 'Yes' state location and type				
External prosthesis e.g. hair extensions, hair pieces.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
If left in situ, state location on patient				
If removed state where stored				
Jewellery/Body piercing removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
If 'Yes' state where stored.	at home			
Jewellery/Body piercing taped	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
If 'Yes' state Location on body				
Make-up/Nail polish removed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments				
False Nails	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments				
Loose Teeth /caps/crowns/bridges/Dental work	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
State Location:	on ward	on ward		
Dentures Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If 'Yes' state where stored:	in ward	in ward		
Spectacles/ contact lenses removed (circle) if 'Yes' state where stored:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	in ward	in ward		

GG&C Day Surgery/23 hour Care Plan
Admission Checklist


 No 3108583158
 CH MACKENZIE
 Brian
 DO 22 LOMOND AVENUE
 Renfrew, Renfrewshire
 M 31/08/1958
 PA4 0PG

Preoperative Checklist <i>continued</i>			
Pre-operative checks	Admission Check	Reception Check N/A	Anaesthetic Check
Hearing aid(s) Hearing aid(s) removed	R <input type="checkbox"/> L <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
If removed state where stored:	In situ <input type="checkbox"/> Removed <input type="checkbox"/>	In situ <input type="checkbox"/> Removed <input type="checkbox"/>	In situ <input type="checkbox"/> Removed <input type="checkbox"/>
CJD question asked		Please see page 1	Please see page 1
Answer to CJD question		Checked <input type="checkbox"/>	Checked <input type="checkbox"/>
If CJD question has not been asked then ask the question "Have you ever been notified that you are at an increased risk of CJD or vCJD or public health purposes?"		Please see page 1 Checked <input type="checkbox"/>	Please see page 1 Checked <input type="checkbox"/>
MRSA screen results (if applicable)	Positive <input type="checkbox"/> Results Pending <input type="checkbox"/>	Negative <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Comments if required:
Inhalers / Sprays with patient State Type	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Type: <i>Relvar ellipta, Ventolin</i>	
Anti-embolic/DVT Prophylaxis State Type	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Type: <i>TEDS</i>	
Paper Pants in situ	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Voided urine Catheter in situ/ Urostomy (circle)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked <input type="checkbox"/> <i>N/A</i>	See P1 Checked <input type="checkbox"/>
Is there any chance you are pregnant?		See P1 Checked <input type="checkbox"/> <i>N/A</i>	See P1 Checked <input type="checkbox"/>
Pregnancy test carried out		See P1 Checked <input type="checkbox"/> <i>N/A</i>	See P1 Checked <input type="checkbox"/>
Pregnancy test result		<i>N/A</i>	
Impound Removed Comments:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	See Admission Check Checked <input type="checkbox"/> <i>N/A</i>	See Admission Check Checked <input type="checkbox"/>
Local anaesthetic cream applied	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	If "Yes" time applied..... Site(s) applied..... <i>N/A</i>	If "Yes" time applied..... Site(s) applied.....
Pre-Medication Given	Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> <i>inhalers</i>	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> <i>Inhaler twice</i>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Trolley/Bed checked for head down tilt and O2/Accessories	Bed <input checked="" type="checkbox"/> Trolley <input type="checkbox"/> Operating Chair <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed <input type="checkbox"/> Trolley <input checked="" type="checkbox"/> Operating Chair <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed <input checked="" type="checkbox"/> Trolley <input checked="" type="checkbox"/> Operating Chair <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Any relevant medical history or other information			
Please print and sign name once the checklist is complete	Admission: <i>Kirstie Williams</i> Time: <i>09:00</i>	Reception: <i>Lynn</i> Time: <i>10:25</i>	Anaesthetic Assistant: <i>D.W.</i> Time: <i>10:45</i>

GG&C Day Surgery/23 hour Care Plan
Anaesthetics


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Surgical Brief					
Surgical Brief carried out:		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If 'No' please specify	
Baseline Observations Date & Time	Pulse:	60	BP:	173/94	Temp: 36.5
	SpO2:	94	Resps:		
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required:	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Available:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Or patient has been grouped and saved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
STOP BEFORE YOU BLOCK carried out Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
Anaesthetic Type - Please Tick all that apply					
General Anaesthetic <input checked="" type="checkbox"/>	Epidural <input type="checkbox"/>	Spinal <input type="checkbox"/>	Regional Block <input type="checkbox"/>	Throat Spray <input type="checkbox"/>	
Local Anaesthetic	Site:	Drug:		mls:	
Sedation	Drug:			mls:	
Skin Prep used for Anaesthetic Monitoring/Block(s)			This section NOT applicable <input type="checkbox"/>		
SPINAL/EPIDURAL	Yes <input type="checkbox"/>	Specify Prep:			
	N/A <input type="checkbox"/>				
REGIONAL BLOCK	Yes <input type="checkbox"/>	Specify Prep:			
	N/A <input type="checkbox"/>				
OTHER SPECIFY	Yes <input type="checkbox"/>	Specify Prep:			
	N/A <input type="checkbox"/>				
Blood Glucose Monitoring			This section NOT applicable <input type="checkbox"/>		
Time					
BM score					
Safe use of SpO2 probe to prevent injury			This section NOT applicable <input type="checkbox"/>		
SpO2 Probe rotated hourly		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial Position
Time Rotated					Right index finger
Probe Position					
Prevention of Eye Injury			This section NOT applicable <input type="checkbox"/>		
Eyes protected from injury during procedure		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Specify:	
		Taped with micropore			
Maintenance of Norm-thermia			This section NOT applicable <input type="checkbox"/>		
Actions taken to maintain the patient's Temperature	Yes <input checked="" type="checkbox"/>	Warm air blanket device - specify:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		Upper body wrap			
	No <input type="checkbox"/>	Warm Fluids	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		Warming Mat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		Thermal Hat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		IV fluid warmer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Other - specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Patients Temperature documented by Anaesthetist		(Yes)		No	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Anaesthetics

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Record of Anaesthetic Pump Infusion Device Numbers						This section NOT applicable <input checked="" type="checkbox"/>

Comments/Events

GG&C Day Surgery/23 hour Care Plan
Theatre

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Safe Positioning This section NOT applicable

Moving aids used to move patient	Yes <input checked="" type="checkbox"/>	Pat Slide <input checked="" type="checkbox"/>	Sliding sheet <input checked="" type="checkbox"/>	Roll Board <input type="checkbox"/>
	No <input type="checkbox"/>	Hover Mattress <input type="checkbox"/>	Other specify: <input type="checkbox"/>	

Pre-op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: 0 1 2 3	PU Grade: N/A 1 2 3 4
---	----------------------------	-----------------------

Area of concern identified (include area of body)	Actions Taken

Position 1


Time: 11:05	Positioning Devices	Pressure Relieving	Arm Position
Supine <input checked="" type="checkbox"/> Prone <input type="checkbox"/> Left Lateral <input type="checkbox"/> Right Lateral <input type="checkbox"/> Lloyd Davis <input type="checkbox"/> Jack-knife <input type="checkbox"/> Trendelenburg <input type="checkbox"/> Deckchair <input type="checkbox"/> Reverse Trendelenburg <input type="checkbox"/> Lower Limb Traction <input type="checkbox"/> Lithotomy <input type="checkbox"/> Other <input type="checkbox"/>	Head ring <input type="checkbox"/> Lateral supports <input type="checkbox"/> Pillows <input checked="" type="checkbox"/> Hydraulic leg supports <input type="checkbox"/> Straps <input type="checkbox"/> Limb Traction <input type="checkbox"/> Wedge <input type="checkbox"/> Side Supports <input type="checkbox"/> Sandbag <input type="checkbox"/> Bolster <input type="checkbox"/>	Gel Pads <input type="checkbox"/> Heel gel <input checked="" type="checkbox"/> Pads <input checked="" type="checkbox"/> Full gel mattress <input type="checkbox"/> Gel Wedge <input type="checkbox"/> Pillows <input type="checkbox"/>	R Arm Position At side <input checked="" type="checkbox"/> On boards <input type="checkbox"/> Across chest <input type="checkbox"/> Hand Table <input type="checkbox"/> Hand Traction <input type="checkbox"/> Secured with: Straps <input type="checkbox"/> J Board <input checked="" type="checkbox"/> Pressure Care: Gel / Foam Pads <input checked="" type="checkbox"/>
			L Arm Position At side <input checked="" type="checkbox"/> On boards <input type="checkbox"/> Across chest <input type="checkbox"/> Hand Table <input type="checkbox"/> Hand Traction <input type="checkbox"/> Secured with: Straps <input checked="" type="checkbox"/> J Board <input checked="" type="checkbox"/> Pressure Care: Gel / Foam Pads <input checked="" type="checkbox"/>

Position 2 This section NOT applicable

Time:	Positioning Devices	Pressure Relieving	Arm Position
Supine <input type="checkbox"/> Prone <input type="checkbox"/> Left Lateral <input type="checkbox"/> Right Lateral <input type="checkbox"/> Lloyd Davis <input type="checkbox"/> Jack-knife <input type="checkbox"/> Trendelenburg <input type="checkbox"/> Deckchair <input type="checkbox"/> Reverse Trendelenburg <input type="checkbox"/> Lower Limb Traction <input type="checkbox"/> Lithotomy <input type="checkbox"/> Other <input type="checkbox"/>	Head ring <input type="checkbox"/> Lateral supports <input type="checkbox"/> Pillows <input type="checkbox"/> Hydraulic leg supports <input type="checkbox"/> Straps <input type="checkbox"/> Limb Traction <input type="checkbox"/> Wedge <input type="checkbox"/> Side Supports <input type="checkbox"/> Sandbag <input type="checkbox"/> Bolster <input type="checkbox"/>	Gel Pads <input type="checkbox"/> Heel gel <input type="checkbox"/> Pads <input type="checkbox"/> Full gel mattress <input type="checkbox"/> Gel Wedge <input type="checkbox"/> Pillows <input type="checkbox"/>	R Arm Position At side <input type="checkbox"/> On boards <input type="checkbox"/> Across chest <input type="checkbox"/> Hand Table <input type="checkbox"/> Hand Traction <input type="checkbox"/> Secured with: Straps <input type="checkbox"/> J Board <input type="checkbox"/> Pressure Care: Gel / Foam Pads <input type="checkbox"/>
			L Arm Position At side <input type="checkbox"/> On boards <input type="checkbox"/> Across chest <input type="checkbox"/> Hand Table <input type="checkbox"/> Hand Traction <input type="checkbox"/> Secured with: Straps <input type="checkbox"/> J Board <input type="checkbox"/> Pressure Care: Gel / Foam Pads <input type="checkbox"/>

Electrosurgery This section NOT applicable

Monopolar Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Bipolar Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Site(s) of Monopolar electrode: RIGHT THIGH	
Skin site(s) assessed and meets safety criteria as per policy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If 'No' state reason:
Skin site(s) hair removal	Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If 'No' state reason and action:


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Tourniquets This section NOT applicable

Tourniquet equipment applied	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>			
Padding under tourniquet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>			
Cover over tourniquet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>			
Post op skin check(s) satisfactory	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'No' state reason and action:			
Site	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquets This section NOT applicable

Digit applied:	Time applied:	Time Removed:
Digit applied:	Time applied:	Time Removed:

Skin Preparation This section NOT applicable

Site	Clipped	Preparation solution used	
ABDOMEN	Yes <input checked="" type="checkbox"/>	Aqueous iodine based solution	Chlorhexidine solution <input type="checkbox"/>
	No <input type="checkbox"/>	Alcohol iodine based solution	Chlorhexidene acetate Solution <input type="checkbox"/>
	N/A <input type="checkbox"/>	Aqueous iodine and sodium chloride 50/50	Other Specify: chloraprep 2% <input checked="" type="checkbox"/>
Site	Clipped	Preparation solution used	
	Yes <input type="checkbox"/>	Aqueous iodine based solution	Chlorhexidine solution <input type="checkbox"/>
	No <input type="checkbox"/>	Alcohol iodine based solution	Chlorhexidene acetate Solution <input type="checkbox"/>
	N/A <input type="checkbox"/>	Aqueous iodine and sodium chloride 50/50	Other Specify:.....% <input type="checkbox"/>

Local Anaesthetic Infiltration to Wound This section NOT applicable

Site: ABDOMEN	Drug: CHIROCAINE 0.5%	Quantity: 20 mls
Site:	Drug:	Quantity:

Drains This section NOT applicable


Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) This section NOT applicable

Wound Closure used: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Wound Dressings: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
	Site	Wound closure	Dressings	Packing
1	ABDOMEN	3-0 velosorb tag	Non woven Dressing	
2		steri strips	Blue swabs, soft pad	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Theatre



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Urinary Catheter		Inserted prior to admission		This section NOT applicable <input checked="" type="checkbox"/>	
Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution	
		mls	mls		

Operation / Procedure Performed

UMBILICAL HERNIA REPAIR WITH MESH

Blood Tags This section NOT applicable

Blood Tags checked and dispatched appropriately: Yes No N/A


Post-op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: (0) 1 2 3	Pressure Ulcer Grade: (N/A) 1 2 3 4
--	------------------------------	-------------------------------------

Action taken if required

Notes / Comments / Events This section NOT applicable

Traceability Stickers



Basic General Pack
 2022-02-28 MBInlycke Health Care
 REF 97077022-00 LOT 19211605 .0032

IRH
 GGC GENERAL MEDIUM TRAY
 AACT0003/015


Premilene Mesh

DIM 5cm x 10cm REF 1084315
 LOT 116451
 2021-11-07

(01)04045439035304
 (17)211107(10)116451

GG&C Day Surgery/23 hour Care Plan
Immediate Post-op Recovery

23-10-19



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Post-Op Instructions e.g. sutures, physio, follow up appointments

Verbal Handover from Theatre to Recovery

Verbal handover given by: DR WEDDIE (ANAESTHETIST) To: S. HIGAN.

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin inspection score post-operative see page 9)

N/A

Area of Concern identified (include area of body)	Actions Taken


Notes / Comments / Events

This section NOT applicable

St-Surgeon SN (S-HAGAN)


GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery


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Post-operative Observations		Time	12 ⁰⁰	12 ¹⁰	12 ²⁰	12 ³⁰	12 ⁴⁰	12 ⁵⁰	1 ⁰⁰	1 ¹⁰
Arterial Room										
BP	173/94		140	130	130	130	130	130	130	130
P60	94		80	80	80	80	80	80	80	80
SpO ₂	94		97	96	97	98	98	96		
Resp. Rate			18	18	17	17	17	16		
CVP			NA	-	-	-	-	-		
Temp.	36.0		36.0	-	-	-	-	36.1		
Pain Score			5	5	7	7	4	3		
P.O.N.V.			0	0	0	0	0	0		
Sedation Score			0	0	0	0	0	0		
BM Score			NA	-	-	-	-	-		
HemoCue Score			NA	-	-	-	-	-		
Hourly Urine Vol.			2	2	2	2	2	2		
Total Urine Vol.			2	2	2	2	2	2		
Wound Score			0	0	0	0	0	0		
Wound Score			NA	-	-	-	-	-		
Wound Score			NA	-	-	-	-	-		
PV Staining			NA	-	-	-	-	-		
Circulation +ve/-ve			NA	-	-	-	-	-		
Sensation +ve/-ve			NA	-	-	-	-	-		
Movement +ve/-ve			NA	-	-	-	-	-		
Pedal Pulse - Left			NA	-	-	-	-	-		
Pedal Pulse - Right			NA	-	-	-	-	-		
Drain 1			NA	-	-	-	-	-		
Drain 2			NA	-	-	-	-	-		
Drain 3			NA	-	-	-	-	-		
Drain 4			NA	-	-	-	-	-		
Staff initials			SA	SA	SA	SA	SA	SA		

GG&C Day Surgery/23 hour Care Plan
Discharge Recovery


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23/10/19

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: _____ To: _____

Handover should include the following:
NEWS = 2 O2 therapy in progress (2)

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre Mobilisation Patient Checks


Time	Comments
BP	
HR	
SpO2	
Wound Site 1	
Wound Site 2	
Diet & Fluids tolerated	
Operated limb N/A <input type="checkbox"/>	
Colour Sensation Movement	

Signature: _____

Events / Comments This section NOT applicable

Events / Comments	Time	Signature

**GG&C Day Surgery/23 hour Care Plan
Discharge Criteria**



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Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit & walk unaided			
Stable Vital Signs			BP / HR SpO2 %
Sedation Score (alert & orientated)			
Pain Controlled (mild <3 to 0)			
Post - op Nausea & vomiting satisfactory			
Tolerating Food & Fluids			
voided Urine post-op			
Advice given if not voided urine post-op			
Wound site(s) checked & satisfactory 1. 2.			
CSM of operated limb checked & satisfactory			
IV Cannula removed			
ID bracelet/ECG electrodes removed			
Anti-D given			
Appliances given			
Post -Op discharge letter			
Follow up appointment arranged			By post <input type="checkbox"/> Given <input type="checkbox"/>
Practice/ District Nurse referral			
Post- Op Instructions given			
Discharge medication			
Responsible adult escort			
Responsible adult supervision overnight			
Any skin issues prior to discharge reported			
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.			
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient			
Patient met discharge criteria at hrs			By.....
Patient left DSU at.....			Destination.....
Discharged into the care of			Relationship.....

Notes

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23/10/19 12⁰⁰ Theatre Recovery: Patient transferred from theatre. Observations satisfactory. Dressing dry. Patient settled. - iv Paracetamol 1g given @ 12⁰⁰ hrs for pain. $\frac{5}{10}$
Patient continues to complain of pain:- (B HAGAN)
iv morphine 8 mgs given in increments. sleep $\frac{5}{10}$
1300 Patient returned to H/Centre following the lap Umbilical hernia repair with mesh. Pain score 4-5
NEWS - 4 Temp 35.5 Sats 95% on 3l/hw O₂
Wound dressing dry + intact
1500 NEWS 0 on charted -
Co-codamol given on discharge
Fit for home
1730 Discharged from H/Centre

Date 23/10/19

AC  3108583158 MACKENZIE M Brian 31/08/1958 DC 22 LOMOND AVENUE Renfrew, Renfrewshire PA4 0PG HC Ref: 1001100 WARD HC HOSPITAL RGH THEATRE 6	COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) - Signature & Print name
	PRE - OP SWAB COUNT	Victoria Laydon	Dulce Rega P. J.
	PRE - OP INSTRUMENT COUNT	Victoria Laydon	Dulce Rega P. J.
	FINAL COUNT	VICTORIA LAYDON	EGAUACHER EB
	FINAL INSTRUMENT COUNT	VICTORIA LAYDON	EGAUACHER EB
	FINAL DISPATCH COUNT	VICTORIA LAYDON	EGAUACHER EB
SCRUB PRACTITIONER VERIFICATION			
I have reviewed this count and can verify my count is correct SCRUB PRACTITIONER 1 - SIGNATURE: <i>V. Laydon</i> SCRUB PRACTITIONER 2 - SIGNATURE: To be signed by replacement scrub practitioner if applicable N/A <input type="checkbox"/>			

OPERATION: UMBILICAL HERNIA REPAIR WITH MESH

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A)

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time
			Circulating Practitioner (2) Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)		Pledgelets		Caesarean Roll		ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	10	Tapes		LIGHT COVERS	2	
Abdominal packs		Sloops/Slings				
Sutures	4+	Bulldogs				
Blades	3	Shods				
IV needles	1	Ports				
Syringes	1	Tibbs Cannula				
Discard-a-pad	1	Staple Gun Inserts				
Dialthemy pencil	1	Spears				
Dialthemy tips	1	Retrieval Bag (Bert)				
Scratch pad	1	Digital Tourniquets		Throat Pack IN		
Reals		Pen & Ruler		Throat pack OUT		
Pattles		BI-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A

DETAIL WHICH COUNT DISCREPANCY OCCURRED

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect
 Ensure Datix is Completed
 Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

CLINICAL NOTES - MEDICAL
 NURSING

Please tick appropriate directorate



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Date & Time		Signature, Print Name & Designation
01/10/19	L BLACK FMI - PRE-ASSESSMENT	
12:45		
	Brian Mackenzie - 61yo male	
	Procedure: Umbilical hernia repair.	
	(recurrent)	
	<u>PMH</u>	
	COPD	
	Gastritis	
	Depression + anxiety	
	Prev alcohol xs	
	Prev laparoscopic repair of umbilical	
	hernia under G/A - 20 yrs ago.	
	<u>DH</u>	
	Relvar Ellipta INH	
	Salbutamol INH	
	Allergies: NKDA	
	<u>SH</u>	
	Smoker	
	no alcohol	
	Self employed gardener	
	Smokes cannabis regularly -	
	advised to withhold 24hrs prior to procedure.	



3108583158

Sig MACKENZIE
Brian
22 LOMOND AVENUE
Renfrew, Renfrewshire

M
31/08/1958

PA4 OPG

Date & Time

Systemic enquiry

Gen: no fevers/coughs/cold.

neuro: nil

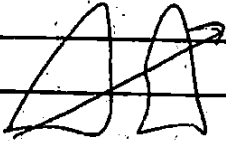
Resp: nil

Cvs: nil

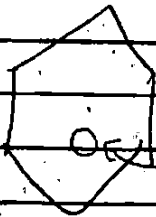
Gt: Discomfort 2° to hernia. no D+V.

Gru: nil

O/E:



HS 1+11+0.



umbilical hernia
mildly tender +
reducible.

23/10/19 OP NOTE

S Jolliffe

L Chung

Open repair of

Recurrent umbilical

hernia with mesh

Uncomplicated procedure

Post-op:

fit for procedure.

Also seen by Dr Staber

anaesthetist - happy to perform

under GA.

E+D, Mobilise,

(H) later, No follow up

MACKENZIE, Brian (Mr)
BORN 31-Aug-1958 (67y) GENDER Male
CHI 3108583158

Pre Op Assessment Form

Last updated by Jacqueline HORN (Jacqueline Horn2) on 01-Oct-2019 15:45 (v. 15)

Consent Withheld No

Sensitivity Sensitive

The information in this form can be shared with all health and care providers

The information in this form **will** be viewable by health and care providers across all specialties

Emergency Contact Details

Name MARGARET MACKENZIE
Address 22 LOMOND AVENUE
RENFREW
Landline NONE
Mobile 07973435422
Relationship Wife

Assessment

Assessment Nurse JACKIE HORN Grade 5
Consultant MS CHUNG Assessment Date 01-Oct-2019
Hospital Inverclyde Royal Hospital
Specialty General Surgery

Is the patient over 65years? No

Admission

Procedure umbilical hernia REPAIR UNDER G/A PROV 23/10/19

Availability

Are you available at short notice? No

Period of unavailability

Unavailable from — To —


Reasons for unavailability —

Further details —

Admission Date — Admission Time —

Hospital —

Patient Information Leaflet —

 Information. Please click here for the POA Guidelines

Anaesthetic

Previous GA	Yes	Previous GA Details	08/12/2014 Left Knee Arthroscopy and Partial Medial Meniscectomy UNDER G/A Haemorrhoidectomy, 15-Aug-1989 20 YRS LAPAROSCOPIC REPAIR OF UMBILICAL HERNIA UNDER G/A previous surgery to right thumb many years ago GLASS REMOVED FROM RIGHT HEEL UNDER G/A AS A CHILD NO PREVIOUS ISSUES WITH G/A
Dentition Risk	Yes	Dentition Risk Details	TOP PARTIAL DENTURE
Reduced Neck Movement	No		
Family History	No		
Other Risk	No		
Heartburn	Yes	Heartburn Details	Chronic gastritis Mild 29-Mar-1994 - NO RECURRENT ISSUES

Sickle Cell Disease

No


Are there risk factors for sickle cell disease? No

 Information Please click here for the POA Guidelines

Surgical

Affects Suitability For DSU Or SDA —

Any Serious Surgical Or Anaesthetic Complication No

 Information Please click here for the POA Guidelines

Cardiovascular

Hypertension No

Arrhythmias No


Palpitations / Blackouts No

Angina
Angina No

Heart Attack? No

Murmur No

Heart Failure No

 Information Please click here for the POA Guidelines

Respiratory

Do you have Asthma? No

Do you have COPD\Emphysema? Yes

COPD\Emphysema Details

Chronic obstructive pulmonary disease - 02-Jul-2018
4/6/18 pt last attended respiratory clinic- Chest x-ray had shown a diffuse lesion at the left base, which is confirmed on CT as a fat pad. Other than emphysema, the scan shows no other important abnormality and he was clearly relieved to hear this

tonight. Following these investigations he has stopped smoking and you have given him an inhaler, which he feels has helped substantially. On auscultation the lung fields are clear. I have discharged him from further review. Yours sincerely
 DR DAVID RAESIDE
 Consultant in Respiratory Medicine
 PT ATTENDED FOR SPIROMETRY 19/6/18-
 MODERATE OBSTRUCTIVE PULMONARY IMPAIRMENT, RESULTS CONSISTENT WITH COPD STAGE 2.

Have You Taken Oral Steroids In The Last Six Months? No

Oral Steroids Details

Frequency Of Flareups?

Once Every Six Months

Frequency of Flareups Details

PT WORKS OUTSIDE AND IS A GARDNER EXPERIENCES FLARE-UPS DURING WINTER MONTHS, CAN LIE FLAT WITHOUT EXPERIENCING ANY BREATHLESSNESS, BUT IN THE MORNING HAS A PRODUCTIVE COUGH AND HAS TO EXPECTORATE, PT STATES COUGHS UP CLEAR SPUTUM, BUT IT EVENTUALLY SETTLES

Grade Of Breathlessness?

Strenuous, Rapid Activity

Grade of Breathlessness Details

URTI

No



Information. Please click here for the POA Guidelines

Neurological

Stroke

No

Epilepsy

No

Neurological Disease

No

Physical Disability No

Haematological

Bleeding Disorder No

Previous DVT No

Anaemia No

Blood Products - If you ever need a blood transfusion or other blood products, would you refuse to receive them? No

Information Please click here for the POA Guidelines

Others

Kidney Disease No

Liver Disease /Jaundice No

Diabetes / No

Rheumatoid Arthritis No

Has The Patient Ever Been Notified That They Are At Risk Of CJD or vCJD For Public Health Purposes No

Any Serious Illness Not Already Mentioned? No

Information Please click here for the POA Guidelines

Exercise Tolerance

Level of fitness Climb stairs without stopping Additional information good exercise tolerance

Information Please click here for the POA Guidelines


Social:

Alcohol Alcohol > 30U No Units / Wk none Duration many years

Smoking	
Smokes	Yes
Cigs/Day	5-10
Ex Smoker	No

Drugs			
IV or Recreational Drug Abuser	Yes	IV or Recreational Drug Abuser Details	smokes cannabis regularly pt advised to withhold 24 hours prior surgery
Ex User	No		
Methadone Req	No		
Self-Admin	No		


Pregnancy	
Pregnant	No
LMP	N/A

 Information Please click here for the POA Guidelines

Drug History: Full Generic Name & Dose


Relvar Ellipta 92 micrograms + 22 micrograms/dose Dry Powder Inhaler ONE PUFF TO BE INHALED ONCE DAILY.
 Salbutamol 100 micrograms/puff Cfc-free inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

Allergies	
Allergies	No

 Information Please click here for the POA Guidelines

Prosthesis/Implants

Pacemaker No
 Prosthesis/Others No

 Information Please click here for the POA Guidelines

Examination

Weight not taken No

BMI	
Date Taken	01-Oct-2019
Height	1.75 m Actual
Weight	78.15 kg Actual
BMI	25.52 Calculated
Comments	—

Ranitidine 150MG X 2 tabs Dispensed As Per PGD 2018/1621	No
---	----

Vital Signs	
Pulse	58 bpm
Temperature	36 °C
Systolic BP	135 mmHg
Diastolic BP	68 mmHg
Resp rate	18 bpm
SaO2	97 %
Comments	—

Risk Of Sleep Apnoea	
Do You Suffer From Daytime Sleepiness, Restless Sleep Or Witnessed Breath Holding During Sleep?	No

 [Information Please click here for the POA Investigation Guidelines](#)

Investigations & Date Ordered

FBC	Yes	FBC Date	01-Oct-2019
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—
Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	No	Cross Match Date	—
Group & Save	No	Group & Save Date	—
Coag Screen	No	Coag Screen Date	—
U&Es	Yes	U&Es Date	01-Oct-2019
LFTs	Yes	LFTs Date	01-Oct-2019
TFT	No	TFT Date	—
Bone	No	Bone Date	—
ECG	Yes	ECG Date	01-Oct-2019
MRSA Screen	No	MRSA Screen Date	—

Echo No Echo Date —
Other —

MRSA Screening Clinical Risk Assessment (CRA)

A: Does the Patient require A Clinical Risk Assessment (For Patients > 23 Hours)

Yes

1. Has The Patient Ever Had A Previous Positive MRSA Result?

No

2. Has The Patient Been Admitted From A Care Home/Institutional Setting Or Another Hospital?

No

3. Does The Patient have A Wound/Ulcer Or Invasive Device Which Was Present Prior To Admission

No

If 'Yes' to any question or if the patient is within (or admitted to) a High Impact Speciality* complete section B ['Not known' = 'No']

Orthopaedics

—

B: MRSA Test?

No No

Date — Ward — Patient Refused —

DVT Risk Factors

VTE Risk	
Is The Patient At Risk Of DVT?	Yes
Do They Require Prophylaxis?	Yes
Comments	—

Day Surgery / Admission Criteria

Is this procedure suitable for day surgery? Yes

Essential criteria for day surgery admission

Q 1

On discharge you will require an escort home as you cannot travel alone even in a taxi. You can't drive, operate machinery or ride a bike for 24 hours following an anaesthetic. Do you have a responsible adult who can escort you home from the hospital the day of your surgery?

Yes

Q 2

Can that person, or another responsible adult, be with you for the remainder of the 24 hours following your anaesthetic?

Yes

Q 3

Do you have immediate access to a telephone?

Yes

Q 4

Do you have suitable access to toilet facilities?

Yes

Q 5

If you live more than 90 minutes drive away, could you stay with a responsible adult who would be with you for 24 hours following anaesthetic within 90 minutes drive? (this could include a hotel, B&B etc)

Yes

Q 6

If the answer to number 5 is no then do you live within 90 minutes of another hospital?
(POA Nurse to check if hospital has suitable provisions)

Yes

Give Details —

Admission Criteria

Appropriate admission based on nursing assessment

Day case in a day bed unit

Additional information —

Advice and Actions

Q 1 Advise to take usual anti-reflux medication	No
Q 2 Dispensed Ranitidine as per PGD directive	No
Q 3 Refer to smoking cessation clinic	No
Q 4 Advise not to take "intravenous or recreational drug(s)" during the 24 hours before surgery (related to Social - Drugs).	No
Q 5 Anticoagulant advice	No
Q 6 Clopidogrel advice	No
Q 7 Aspirin advice	No
Q 8 OCP advice	No
Q 9 Provide Herbal Medicine Advice	No
Q 10 Arrange for dialysis the day before surgery	No
Q 11 Ensure facilities for dispensing methadone are available, if the patient is taking methadone	No
Q 12 Fasting Information Discussed	Yes
Q 13 Dentition Risk Discussed	Yes

Pre-operative Assessment Summary

Assessor JACKIE HORN Grade 5

Pt preassessed today under the care of Ms Chung patient for REPAIR OF umbilical hernia . Pt reviewed by FY1, bloods and ECG obtained today.Fy1 clerk-in scanned on and available on clinical portal.

Attendance: Specialty - General Surgery; Clinic - BLLCHGS7-MS L CHUNG LARGS COLO CLINIC/ THURS AM|Date and Time of Appointment - 24/01/2019 10:50
Clinical Comments: Thank you for referring this 60 year old gentleman to the surgical clinic. He has a recurrent umbilical hernia. He cannot remember when his umbilical hernia was repaired but he believes it was repaired with sutures. He works as a gardener usually from March onwards until October and he feels that the hernia is causing him some discomfort and would like this repaired. On examination he looks short of breath at rest. He has a small umbilical hernia with a defect that measures approximately 2 cms. It is not fully reducible but appears soft and non tender. There is a supraumbilical scar which has healed up well. I have discussed the options of suture versus mesh repair and he would be keen for the repair that would last longer. I would therefore recommend a mesh repair as it has a lower recurrence rate compared with a suture repair. I have explained that putting in a mesh may increase the risk of an infection and also some abdominal wall stiffness or discomfort. He is happy with the discussion. He does appear short of breath at rest therefore there may be problems with a general anaesthetic. If the anaesthetists feel that he is not safe enough for a general anaesthetic then it will be feasible to repair his umbilical hernia with sutures only under a local anaesthetic. M.MacKenzie has asked to have his operation in October at the end of his working season. I think we should bring him for an anaesthetic assessment much sooner so that we can sort out any issues with his COPD earlier.
Yours sincerely Lucia Chung
Consultant Surgeon and Honorary Senior Clinical Lecturer
Electronically Signed: Ms Lucia Chung, Consultant

PAST HISTORY:

Attendance: Specialty - Respiratory Medicine; Clinic - SUDRREI-DR RAESIDE / CLINIC/
Date and Time of Appointment - 04/06/2018 17:50/ Clinical Comments:
Thank you for your urgent referral of this man to Chest Clinic./ Chest x-ray had shown a diffuse lesion at the left base, which is confirmed on CT as a fat pad. Other than emphysema, the scan shows no other important abnormality and he was clearly relieved to hear this tonight. Following these investigations he has stopped smoking and you have given him an inhaler, which he feels has helped substantially. On auscultation the lung fields are clear. I have discharged him from further review. Yours sincerely
DR DAVID RAESIDE
Consultant in Respiratory Medicine
PT ATTENDED FOR SPIROMETRY 19/6/18- MODERATE OBSTRUCTIVE PULMONARY IMPAIRMENT, RESULTS CONSISTENT WITH COPD STAGE 2

Chronic obstructive pulmonary disease - 02-Jul-2018
Umbilical hernia - 03-Jun-2014
Acute meniscal tear, medial - 19-Mar-2012
Neurotic depression reactive type and anxiety 27-Jul-2007
Chronic gastritis Mild 29-Mar-1994
Poisoning lithium 07-Jun-1984
Mental disorders 30-Apr-1981

Nondependent alcohol abuse, unspecified Start Date: 30/04/1981 30-Apr-1981
Misuse of drugs cannabis, cocaine, alcohol Start Date: 01/01/1972 01-Jan-1972

Past procedures

Posterior horn of medial meniscus (Left) - 20-Nov-2014
Haemorrhoidectomy 15-Aug-1989
20 YRS LAPAROSCOPIC REPAIR OF UMBILICAL HERNIA UNDER G/A
previous surgery to right thumb many years ago
GLASS REMOVED FROM RIGHT HEEL UNDER G/A AS A CHILD

LOOKS WELL / GOOD EXERCISE TOLERANCE /-SMOKER, pt refused referral to smoking cessation, NO RECENT EPISODES OF BREATHLESSNESS OR CHEST PAIN /NO PREVIOUS ISSUES WITH G/A /PT APPEARS TO MEET CRITERIA FOR SDA/DAY CASE IN A DAY BED UNIT

pt will require DRUG KARDEX WRITTEN ON ADMISSION
PART OF THE PATIENT QUESTIONNAIRE COMPLETED AND PT GIVEN PATIENT QUESTIONNAIRE TO TAKE HOME AND ADVISED TO BRING WITH THEM ON ADMISSION

PT REVIEWED TODAY BY DR STABER AS DR SCHWAB NOT AVAILABLE, HAPPY FOR PT TO PROCEED FOR SURGERY UNDER G/A, MS CHUNG'S SECRETARY AWARE OF SAME

Anaesthetic Assessment

Anaesthetist Dr Staber Grade Consultant

Patient works as a self-employed gardener, able to cut hedges cuts lawns despite having a recent diagnosis of emphysema, SaO2 is 97% on air, able to lie flat, denies any shortness of breath apart when doing heavy physical work. Suitable for hernia repair under general anaesthetic..

Recommended Admission Pathway

Review By			
Anaesthetist	Yes		
Other	—		
DSU/23hr Criteria Met	Yes	SDA Criteria Met	Yes
Referrals			
Smoking Cessation	No		
Other	No		

Amendments (1)
v.15 - FORM UPDATED
01-Oct-19 15:45 by Jacqueline HORN

MACKENZIE, Brian (Mr) - 3108583158 (CHI)

c24a0bc8-10ad-4946-94e6-c8c79176937a

CLINICAL NOTES - MEDICAL
NURSING



3108583158
MACKENZIE M
Brian 31/08/1958
22 LOMOND AVENUE
Renfrew, Renfrewshire
PA4 0PG

Please tick appropriate directorate

Date & Time		Signature, Print Name & Designation
01/10/19	L BLACK FY1 - PRE-ASSESSMENT	
12:45		
	Brian Mackenzie - 61yo male	
	Procedure: Umbilical hernia repair	
	(recurrent)	
	<u>PMH's</u>	
	COPD	
	Gastritis	
	Depression + anxiety	
	Prev alcohol xs.	
	Prev laparoscopic repair of umbilical	
	hernia under G/A - 20 yrs ago.	
	<u>DH's</u>	
	Relvar Ellipta INH	
	Salbutamol INH	
	Allergies: NKDA.	
	<u>SH's</u>	
	Smoker	
	no alcohol	
	self-employed gardener.	
	Smokes cannabis regularly -	
	advised to withhold 24hrs prior to procedure.	



3108583158

MACKENZIE

Brian

22 LOMOND AVENUE

Renfrew, Renfrewshire

M

31/08/1958

PA4 0PG

Date & Time

Sig

Systemic enquiry

Gen: no fevers/coughs/cold

neuro: nil

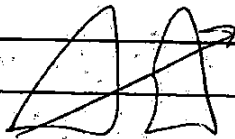
Resp: nil

Cvs: nil

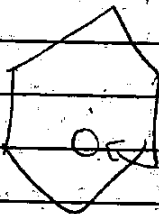
GI: Discomfort 2° to hernia. no D+V

GU: nil

O/E:



HS 1+11+0.



umbilical hernia
mildly tender +
reducible.

fit for procedure.

Also seen by Dr. Staber

anaesthetist - happy to perform
under GA.

Clinical letter - GP: discharge letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111
Physiotherapy
0141 207 2409
Renfrew HSWC
15/08/2024

Dr. Z Al-Najim
Clydeview Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

15/08/2024
15/08/2024

Dear ,

Brian MacKenzie; D.O.B: 31/08/1958; CHI: 3108583158
22 LOMOND AVENUE, Renfrew, Renfrewshire, PA4 0PG

GP Action Required: Nil

Presenting Condition: Left shoulder pain

Physiotherapy Comments:

Onset of symptoms - November 2023

Mechanism of onset - Fall

Diagnosis - Left SAPS

Treatment - initial assessment and HEP given to strengthen rotator cuff and scapular muscles.

Further Info - Patient cancelled their review appointment after initial a assessment.

Discharge Outcome:

The patient cancelled their review appointment with no further contact. The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Physiotherapist Paul Macdonald B5

Electronically Signed: ,

cc.

Final Discharge Letter



Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
01475 633777

Dr. Z Al-Najim
Clydeview Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

SURGERY
01475-504608
sandra.o'connor@ggc.scot.nhs.uk
25/10/2019
LC/SO
24/10/2019
24/10/2019

Dear Dr. Z Al-Najim,

Brian MacKenzie; D.O.B: 31/08/1958; CHI: 3108583158
22 LOMOND AVENUE, Renfrew, Renfrewshire, PA4 0PG

Admission: Specialty - General Surgery; Ward - IRH H CENTRE - General Surgery
Consultant - Ms Lucia Chung; Date of Admission - 23/10/2019
Date of Discharge - 23/10/2019; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:

Date of admission: 23/10/19

Date of discharge: 23/10/19

Reason for admission: arranged admission for an open mesh repair of recurrent umbilical hernia

Follow up: no routine follow up

This gentleman was admitted for the above procedure and had a recurrent umbilical hernia with a defect measuring just over 2 cms and a preperitoneal mesh was placed. I have not arranged for any routine follow up.

Yours sincerely

Lucia Chung

Consultant Surgeon and Honorary Senior Clinical Lecturer

Electronically Signed: Ms Lucia Chung, Consultant

cc.

Immediate Discharge Letter

Highly Sensitive: No
 Consent for Sharing Withheld: No

ZIAD AL-NAJIM Clydeview Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8RU



Main Switchboard:
 Date of Completion: 23-Oct-2019

Dear ZIAD AL-NAJIM,

Name	CHI	DoB	Address
Brian MacKenzie	3108583158	31-Aug-1958	22 LOMOND AVENUE, Renfrew, Renfrewshire, PA4 0PG

Admitted	Type	Discharged	Destination
03-Oct-2009 12:04	IP	23-Oct-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Orthopaedics	MARTIN, DAVID	S02	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
Umbilical hernia repair under G/A

Last Discharge Review: Jessica Elliott (Jessica Elliott - FY1) on 23 Oct 2019 13:40

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Co-codamol 30mg/500mg tablets	oral	2 tablets four times daily when required , TAKE 2 TABLETS UP TO 4 TIMES DAILY AS REQUIRED FOR PAIN , Fixed Period 1 Week(s) from 23 Oct 2019	Yes				Added
Fluticasone furoate 92microg/Vilanterol 22microg/dose	inhalation	ONE PUFF TO BE INHALED ONCE DAILY,	No	Patient's own drugs at home		Y	
Salbutamol 100micrograms/dose inhaler CFC free	inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY,	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:
Dear Doctor, Patient attended 23/10/19 for umbilical hernia repair with mesh, carried out under GA.

	No issues postoperatively, patient recovered well.
	PLAN: Home with 1 week analgesia. No follow-up required.
	Kind regards J Elliott FY1 General Surgery, IRH
Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Jessica Elliott

Prescription Review

Checked by: Kirstie Williamson (Staff Nurse Rehabilitation and Assessment)

Discharged by: Kirstie Williamson (Staff Nurse Rehabilitation and Assessment)

Letter to Patient:



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294
Pulmonary Rehab
0141 211 3392

Brian MacKenzie
22 LOMOND AVENUE
Renfrew
Renfrewshire
PA4 0PG

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 15/10/2025
Reference:
Dictated Date: 15/10/2025
Transcribed Date:

Dear Brian MacKenzie,

We have written to you previously to invite you to contact us if you would like to participate in our **8 week pulmonary rehabilitation programme** following a referral from your GP or Consultant.

If you wish to attend the programme please contact us to "Opt in" on 0141 211 3392 and leave a voicemail to confirm if you wish to attend.

Please leave your Name, CHI number and date of birth.

We will then place you on our waiting list and you will receive an appointment letter when available.

If there is no availability in your local area there is a chance that you will be offered an appointment at another hospital within Greater Glasgow and Clyde.

Please be aware that if we do not have a response from you within one week we will discharge you from this service and you will need to be re-referred by your GP or Consultant.

We look forward to hearing from you.

Yours sincerely,

Pulmonary Rehabilitation

Electronically Signed:

cc.

Letter to Patient:



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294
Pulmonary Rehabilitation
0141 211 3392

Brian MacKenzie
22 LOMOND AVENUE
Renfrew
Renfrewshire
PA4 0PG

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 18/09/2025
Reference:
Dictated Date: 18/09/2025
Transcribed Date:

Dear Brian MacKenzie,

You may be aware that your GP, Hospital Doctor or Respiratory Nurse has referred you to be assessed for a Pulmonary Rehabilitation Programme.

The Pulmonary Rehabilitation Programme, requires you to commit to an 8 week programme.

Before starting either programme, a member of the team will contact you to discuss the programme in more detail. This will then be followed by an assessment which will take place in a hospital near you, prior to the start of the 8 week programme.

If you are able to commit to the programme please contact us on 0141 211 3392.

When calling please leave a clear indication of name, date of birth and nearest hospital.

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

We look forward to hearing from you.

Yours sincerely

Pulmonary Rehabilitation Team

Electronically Signed :

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
ECG GGC Direct Access ECG	Consultant / receiving practitioner and/or specialty clinic
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	Hospital and hospital address Hospital location code: C418H Email address:
Urgency of referral Routine	Date sent 20-Oct-2025
Date of referral 20-Oct-2025	

PATIENT DETAILS		Patient's address
Surname MacKenzie		22 Lomond Avenue RENFREW PA4 0PG
Forename(s) Brian		
Title Mr		
Sex Male		Contact number(s)
Date of birth 31-Aug-1958		Voice: 07966154552
CHI no. 3108583158		
Area of Residence		

1010379890843	Unique Care Pathway Number: 1010379890843
-----------------	---

REGISTERED GP DETAILS		Practice address
Name Dr Ziad Al-Najim		Renfrew Health Centre 10 Ferry Road Renfrew Renfrew PA4 8RU
GMC code 5198897	GP code 39586	
Practice name Clydeview Medical Practice (14577)		Contact number(s)
Practice code 87700		Voice: 0141-207-7730 Facsimile: 0141-207-7740 E-mail: ggc.gp87700clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr. Ziad Al-Najim		Renfrew Health Centre 10 Ferry Road Renfrew PA4 8RU
GMC code 5198897	GP code 39586	
Practice name Clydeview Medical Practice (87700)		
Practice code 87700		

Contact number(s)

Voice: 0141 207 7730

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: As per Indication for Referral

Comment: New Hypertension

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
[D]Cough syncope	(twice since December 2023)	12-Feb-2024	12-Feb-2024
Umbilical hernia	-	24-Jan-2019	24-Jan-2019
Chronic obstructive pulmonary disease	-	14-Sep-2018	14-Sep-2018
Umbilical hernia	-	03-Jun-2014	03-Jun-2014
Acute meniscal tear, medial	-	19-Mar-2012	19-Mar-2012
Scarlet fever - scarlatina	-	31-Aug-2007	31-Aug-2007
Neurotic depression reactive type	and anxiety	27-Jul-2007	27-Jul-2007
Chronic gastritis	Mild Start Date: 29/03/1994	29-Mar-1994	29-Mar-1994
Poisoning	librium Start Date: 07/06/1984	07-Jun-1984	07-Jun-1984
Mental disorders NOS	Start Date: 30/04/1981	30-Apr-1981	30-Apr-1981
Nondependent alcohol abuse, unspecified	Start Date: 30/04/1981	30-Apr-1981	30-Apr-1981
Misuse of drugs NOS	cannabis, cocaine, alcohol Start Date: 01/01/1972	01-Jan-1972	01-Jan-1972

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Repair of umbilical hernia	-	23-Oct-2019	23-Oct-2019
[SO]Posterior horn of medial meniscus (Left)	-	20-Nov-2014	20-Nov-2014
Haemorrhoidectomy	Start Date: 15/08/1989	15-Aug-1989	15-Aug-1989

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	06-Jul-2007
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	06-Jul-2007

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Oct-2025	20-Oct-2025
Atorvastatin Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	16-Sep-2025	16-Sep-2025
Nacsys Effervescent tablets 600 mg	60	60 tablet	ONE TO BE TAKEN ONCE A DAY	-	08-Aug-2024	08-Jul-2025
Trimbaw Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE INHALED TWICE A DAY	-	13-May-2024	07-Oct-2025
Fexofenadine Hydrochloride Tablets 120 mg	56	56 tablet	ONE TABLET ONCE DAILY	-	24-Aug-2023	12-Sep-2025
	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED	-	11-Aug-2020	

Salbutamol Cfc-free
Inhaler 100
micrograms/puff

WHEN REQUIRED UP
TO FOUR TIMES A
DAY

12-
Sep-
2025

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS		22-Aug-2025	05-Sep-2025
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS		22-Aug-2025	05-Sep-2025

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
14-Oct-2025	148	90
15-Sep-2025	148	88
04-Sep-2025	162	80
15-Apr-2024	130	80
15-Feb-2024	128	82

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
15-Sep-2025	173	87	-
04-Sep-2025	173	-	-
15-Apr-2024	-	78	26.06
02-Jun-2023	-	77	25.73
27-Jan-2020	-	69	23.05

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		04-Sep-2025
Ex-cigarette smoker:		15-Apr-2024
Stopped smoking :	CXR, additional bloods in case of underlying malignancy, and recontact me in 7-10 days. SOB could be addressed subsequently. Note 5 years ago.	19-Feb-2024
Thinking about stopping smoking:		02-Jun-2023
Ex-smoker:		02-Jun-2023
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	06-Jul-2007
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	06-Jul-2007

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Primary Reason for ECG::Hypertension? LVH (Echocardiography is not indicated)

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
General Surgery GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	Hospital and hospital address Hospital location code. C418H Email address
Urgency of referral Routine	Date sent 27-Jul-2018
Date of referral 27-Jul-2018	

PATIENT DETAILS		Patient's address
Surname MacKenzie		22 Lomond Avenue RENFREW PA4 0PG
Forename(s) Brian		Contact number(s)
Title Mr		Voice: 07966154552
Sex Male		
Date of birth 31-Aug-1958		
CHI no. 3108583158		
Area of Residence		

1010166379183	Unique Care Pathway Number: 1010166379183
-----------------	---

REGISTERED GP DETAILS		Practice address
Name Dr Ziad Al-Najim		Renfrew Health Centre 10 Ferry Road Renfrew Glasgow PA4 8RU
GMC code 5198897	GP code 39586	Contact number(s)
Practice name Clydeview Medical Practice (14577)		Voice: 0141-207-7730
Practice code 87700		Facsimile: 0141-207-7740

REFERRING GP DETAILS		Practice address
Name Shannon Crawford		Contact number(s)
GMC code 7481079	GP code -	
Practice name -		
Practice code 87700		

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: umbilical hernia

Comment: Dear colleagues,

I would be grateful if you could review this pleasant 59 year old gentleman, with previous umbilical hernia repair. Presented with ~ 3 months symptoms of lump protruding from umbilicus, with occasional pain, no vomiting or constipation.

OE: reducible ~4cm umbilical hernia

He works as a gardener and feels heavy lifting is worsening symptoms. He is keen to explore repair. He would be fit for anaesthetic, with only PMH recent diagnosis of COPD.

Kind regards, Dr S Crawford (GPST1)

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Chronic obstructive pulmonary disease	-	02-Jul-2018	02-Jul-2018
Umbilical hernia	-	03-Jun-2014	03-Jun-2014
Acute meniscal tear, medial	-	19-Mar-2012	19-Mar-2012
Scarlet fever - scarlatina	-	31-Aug-2007	31-Aug-2007
Neurotic depression reactive type	and anxiety	27-Jul-2007	27-Jul-2007
Chronic gastritis	Mild Start Date: 29/03/1994	29-Mar-1994	29-Mar-1994
Poisoning	librium Start Date: 07/06/1984	07-Jun-1984	07-Jun-1984
Mental disorders NOS	Start Date: 30/04/1981	30-Apr-1981	30-Apr-1981
Nondependent alcohol abuse, unspecified	Start Date: 30/04/1981	30-Apr-1981	30-Apr-1981
Misuse of drugs NOS	cannabis, cocaine, alcohol Start Date: 01/01/1972	01-Jan-1972	01-Jan-1972

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
[SO]Posterior horn of medial meniscus (Left)	-	20-Nov-2014	20-Nov-2014
Haemorrhoidectomy	Start Date: 15/08/1989	15-Aug-1989	15-Aug-1989

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values; priority=2	06-Jul-2007
No family history diabetes	Disease: SPICE Basic Health Values; priority=2	06-Jul-2007

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fostair Cfc-free Inhaler 100 micrograms + 6 micrograms/dose	1	1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	27-Jul-2018	27-Jul-2018
Quinine Sulfate Tablets 300 mg.	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	27-Jul-2018	27-Jul-2018
	1	1 INHALER			02-Jul-2018	

Formoterol Easyhaler Dry Powder Inhaler 12 micrograms/actuation			ONE PUFF TO BE INHALED TWICE A DAY		02-Jul-2018
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	06-Jun-2018	06-Jun-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	18-May-2018	01-Jun-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
06-Jul-2007	146	100
06-Jul-2007	146	100

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
06-Jul-2007	173	65	

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:		10-Feb-2014
Current smoker 10 :		31-Jan-2014
Current smoker:	Disease: SPICE Basic Health Values, priority=2	19-Sep-2011
Current smoker:	priority=2	28-Oct-2010
Current smoker:	Disease: SPICE Basic Health Values, priority=2	06-Jul-2007
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	06-Jul-2007
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	06-Jul-2007

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

 Signature of referring doctor (or other professional) Date

Anaesthetic Record

antib.



Name Bria
 Hospital no. Wickham
 CHI no. 6107
 DoB / Age

Pre-op
 Procedure(s) umbilical hernia repair + mesh
 Anaesthetist(s)
 Surgeon(s)

Elective
 Urgent
 Immediate

C SAS ST CT PA

Date 25/10/19

Discussed with supervising consultant _____

SUMMARY

GA FM vent OK
 Spinal LMA OK
 Epidural Laryngoscopy gd
 Sedation
 Other LA

ASA 1 2 3 4 5
 Comment

Anaesthetist Sign / Print Dr McQuinn

ASSESSMENT

Airway / Dentition
 M-1
 C-MPA
 Top denture
 PARAL POOR POSITION
 REASON "SILLY POOR"
 USE OF YODANE
 IS FROM 600

RS WCCP Fraxipar
 • ketamine CT base lung
 • chronic productive cough
 • but no SOB/OE
 • works as a gardener

CVS

Ht 175
 Wt 78 kg
 BMI 25

BP /
 ECG sinus arrhythmia

Hb 13.9 Na 142
 WCC 6.3 K 4.5 BEFT
 Plts 347 U 3.3
 XMatch Cr 23
 Clotting Gluc

GI / Renal / CNS / Other
 - regular cannabis - 10 days ago
 - 20+ neurotic depression
 - mental health issues 8/1
 • absence of alcohol + cocaine + cannabis

Allergies / Reactions
 NKDA
 Current therapy
 • pain relief
 • SALBUTAMOL / RELVAN.

Previous anaesthesia / Family history
has been anaesthetized in the past

OK with NSAIDs

Risks discussed
 • Spinal block
 • mental health
 • pain / PAN
 • absence of pain relief

Assessor Sign / Print / Date _____



Anaesthetic Record

Equipment check performed

Regional Anaesthesia

Vascular access

Cannula 20G Dorsal @ hand

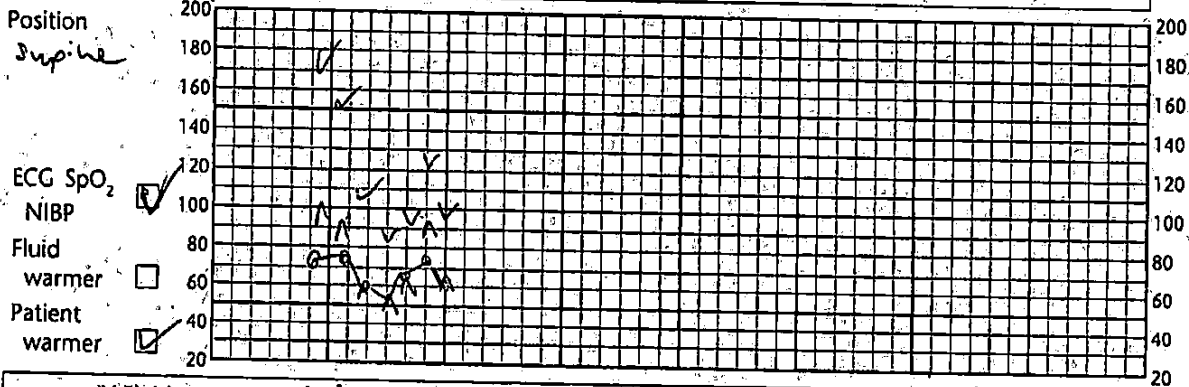
A line

CVP

Airway/Ventilation

FM Pre-ox
 LMA Cricoid P
 ETT # 8:0 SV
 Grade IPPV

ATRIAZOLAM (mg)	1								
FENTANYL (mcg)	75								
PROPOFOL (mg)	AW								
ROCURONIUM (mg)	40								
AMOXICILLIN (g)	1								
METOPROLOL (mg)	500								
GLUCAMINE (ml)	500								
Midazolam		4mg							
metoprolol			4mg						
metoprolol / labo									
Ephedrine (3mg)	30								
Time	11:00	11:00							



IV Fluids		Events	
FiO ₂	N ₂ O <input checked="" type="checkbox"/>	A 1.0	B 0.5
SpO ₂		97	99
ETCO ₂		4.2	4.7
ETAA		2.15	2.2
MAP		6.0	1.1

Eye care
 Pressure point care

- | | | |
|----------------|-------------|------|
| Events | IV fluids | |
| (A) Inhalation | (1) es L 12 | (9) |
| (B) KTS | (2) | (10) |
| (C) | (3) | (11) |
| (D) | (4) | (12) |
| (E) | (5) | (13) |
| (F) | (6) | (14) |
| (G) | (7) | (15) |
| (H) | (8) | (16) |

Operation note:

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
01475 633777
SURGERY

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 25/10/2019
Reference: LC/SO
Dictated Date: 23/10/2019
Transcribed Date: 24/10/2019

DATE OF OPERATION: 23/10/19
SURGEON: SAM JOLLIFFE
SUPERVISOR: LUCIA CHUNG
ANAESTHETIST: DR MARTIN SCHWAB, DAVID
MCDAID AND MANSOUR LATIF
OPERATION: OPEN MESH REPAIR OF
RECURRENT UMBILICAL HERNIA

Inverclyde Royal Hospital
Department: SURGERY

FINDINGS: recurrent umbilical hernia from a previous suture repair with a defect measuring just over 2 cms.

OP NOTE: patient supine under general anaesthetic. Abdomen was prepared and draped. An infraumbilical incision was made over the umbilical hernia. The hernia sac was identified and dissected free from the surrounding structures. The old suture repair which was superior to this area was removed. The hernia sac was dissected free around the neck and the excess sac was ligated and excised. The preperitoneal space was developed and a small piece of Premilene mesh was cut to size and placed in the preperitoneal space. The hernia defect was closed with a continuous 2/0 Surgipro suture taking sutures through the mesh to hold it in place. Haemostasis was satisfactory at the end of the procedure the wound was cleaned with Chlorhexidine solution and 20 mls of 0.5% Levobupivacaine was infiltrated into the wounds. The umbilicus was tacked down with 2/0 Polysorb and the skin was closed with subcuticular 3/0 Velosorb sutures. Steristrips and a dry dressing were applied.

MEDICINE

PRESCRIPTION FORM

Hospital Name:

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES

Date _____ Name (Print) _____

Date and time this form prepared: _____ Sheet No _____ 2nd Prescription in use YES NO

Time: _____

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
23/10	AMOXICILLIN	ly	IV	1105	[Signature]	PMW	1105
23/10	METFORMIN	500mg	SV	1105	[Signature]	PMW	1105
23/10	CLOMIPRINE	30mg	SV	1105	[Signature]	PMW	1105
23/10	PARALOGAMOL	ly	IV	1252	[Signature]	SH, KD	1252
23/10	MORPHINE	10mg	IV	1252	[Signature]	SH, KD	1252

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N _____

Print & Sign: _____

PATIENT DETAILS

Hospital Number: _____ Height: _____

DOB: _____ Weight: _____

Date of Admission: ____/____/____ Surface area: _____

Consultant Name: _____ Ward: _____

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

94 - 98%	88 - 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)
----------	---	---------------------------

iv
iv
iv
iv

		DATE																									
		MONTH																									
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y/N		RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																									
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y/N																											
SIGNATURE OF ASSESSOR																											
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																											
Parenteral Drugs : Regular Prescription																											
BEFORE ADMISSION <input type="checkbox"/>	A	DRUG																									
		DOSE	ROUTE	DATE	DATE:	Other time																				Patient's Own Medicine For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.	
						0700-0900																					
		NEW DOSE <input type="checkbox"/>					1200-1400																				
		NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)				1600-1800																				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400																							
BEFORE ADMISSION <input type="checkbox"/>	B	DRUG																									
		DOSE	ROUTE	DATE	DATE:	Other time																				For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.	
						0700-0900																					
		NEW DOSE <input type="checkbox"/>					1200-1400																				
		NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)				1600-1800																				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400																							
BEFORE ADMISSION <input type="checkbox"/>	C	DRUG																									
		DOSE	ROUTE	DATE	DATE:	Other time																				For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.	
						0700-0900																					
		NEW DOSE <input type="checkbox"/>					1200-1400																				
		NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)				1600-1800																				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2200-2400																							

REVIEW THE NEED FOR IV ANTI-BIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Oral and Other Drugs: Regular Prescription				DATE	Patient's Own Medicine	
				MONTH		
BEFORE ADMISSION <input type="checkbox"/>	M	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	
BEFORE ADMISSION <input type="checkbox"/>	N	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	
BEFORE ADMISSION <input type="checkbox"/>	P	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	
BEFORE ADMISSION <input type="checkbox"/>	R	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription				DATE	Patient's Own Medication	
				MONTH		
BEFORE ADMISSION <input type="checkbox"/>	X	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	
BEFORE ADMISSION <input type="checkbox"/>	Y	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	
BEFORE ADMISSION <input type="checkbox"/>	AA	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	
BEFORE ADMISSION <input type="checkbox"/>	BB	DRUG		Other time	For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900
		PRESCRIBER (PRINT & SIGN)		STOPPED DATE:		1200-1400
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:		1600-1800
NEW DOSE <input type="checkbox"/>				2200-2400	Date:	
NEW MEDICATION <input type="checkbox"/>				Other time	Assessed by:	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

BEFORE ADMISSION		RR		DRUG		STOPPED DATE: INITIALS: DATE:	DATE													For Use Y/N	
<input type="checkbox"/>	DOSE	ROUTE	INDICATION					TIME													Qty:
NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.					DOSE													Date:
NEW MEDICATION <input type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							GIVEN BY													Assessed by:
Ordered from Pharm.																					
BEFORE ADMISSION		SS		DRUG <th rowspan="4">STOPPED DATE: INITIALS: DATE:</th> <th>DATE</th> <th colspan="12"></th> <th>For Use Y/N</th>		STOPPED DATE: INITIALS: DATE:	DATE													For Use Y/N	
<input type="checkbox"/>	DOSE	ROUTE	INDICATION					TIME													Qty:
NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.					DOSE													Date:
NEW MEDICATION <input type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							GIVEN BY													Assessed by:
Ordered from Pharm.																					
BEFORE ADMISSION		TT		DRUG <th rowspan="4">STOPPED DATE: INITIALS: DATE:</th> <th>DATE</th> <th colspan="12"></th> <th>For Use Y/N</th>		STOPPED DATE: INITIALS: DATE:	DATE													For Use Y/N	
<input type="checkbox"/>	DOSE	ROUTE	INDICATION					TIME													Qty:
NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.					DOSE													Date:
NEW MEDICATION <input type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							GIVEN BY													Assessed by:
Ordered from Pharm.																					
BEFORE ADMISSION		VV		DRUG <th rowspan="4">STOPPED DATE: INITIALS: DATE:</th> <th>DATE</th> <th colspan="12"></th> <th>For Use Y/N</th>		STOPPED DATE: INITIALS: DATE:	DATE													For Use Y/N	
<input type="checkbox"/>	DOSE	ROUTE	INDICATION					TIME													Qty:
NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.					DOSE													Date:
NEW MEDICATION <input type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							GIVEN BY													Assessed by:
Ordered from Pharm.																					

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.



3108583158
MACKENZIE M
Brian 31/08/1958
22 LOMOND AVENUE
Renfrew, Renfrewshire

Name _____
CHI No _____
PA4 0PG

Drug Allergies / Sensitivities None Known Yes (provide details below)

Patient Agreement to Investigation or Treatment Consent Form



Patient details (or pre-printed label)	
Hospital / clinic / GP practice	<p>3108583158 MACKENZIE Brian M 22 LOMOND AVENUE Renfrew, Renfrewshire 31/08/1958 PA4 0PG</p>
Patient's surname / family name	
Patient's first name	
Date of birth	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner (to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Umbilical Hernia Repair
+/- Mesh

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

bleeding/haematoma	damage to adjacent structures
infection	CAF Risk
seroma	RYT/PE
recurrence	
scarring	
chronic pain	

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) S JOLLIFFE

Date 23/10/19

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

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

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following

Agree Disagree

to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Patient / parent agreement to treatment

Signature

B. M. Davies

Date

27/10/19

Name (print)

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, even if this results in death.

Signature

Date

Signature of practitioner

Date

MacKenzie, Brian

ID:3108583158

22-NOV-2025 16:44:21

GREATER GLASGOW SITE-RAHECT ROUTINE RECORD

31-AUG-1958 (67 yr)
Male Caucasian

Vent. rate	76	BPM
PR interval	140	ms
QRS duration	78	ms
QT/QTc	354/398	ms
P-R-T axes	46 -5	78

Normal sinus rhythm with sinus arrhythmia
Nonspecific T wave abnormality
Abnormal ECG

Room:
Loc:883

JP.
Confirmed by Pollock, Jude (2822) on 24/11/2025 08:17:57

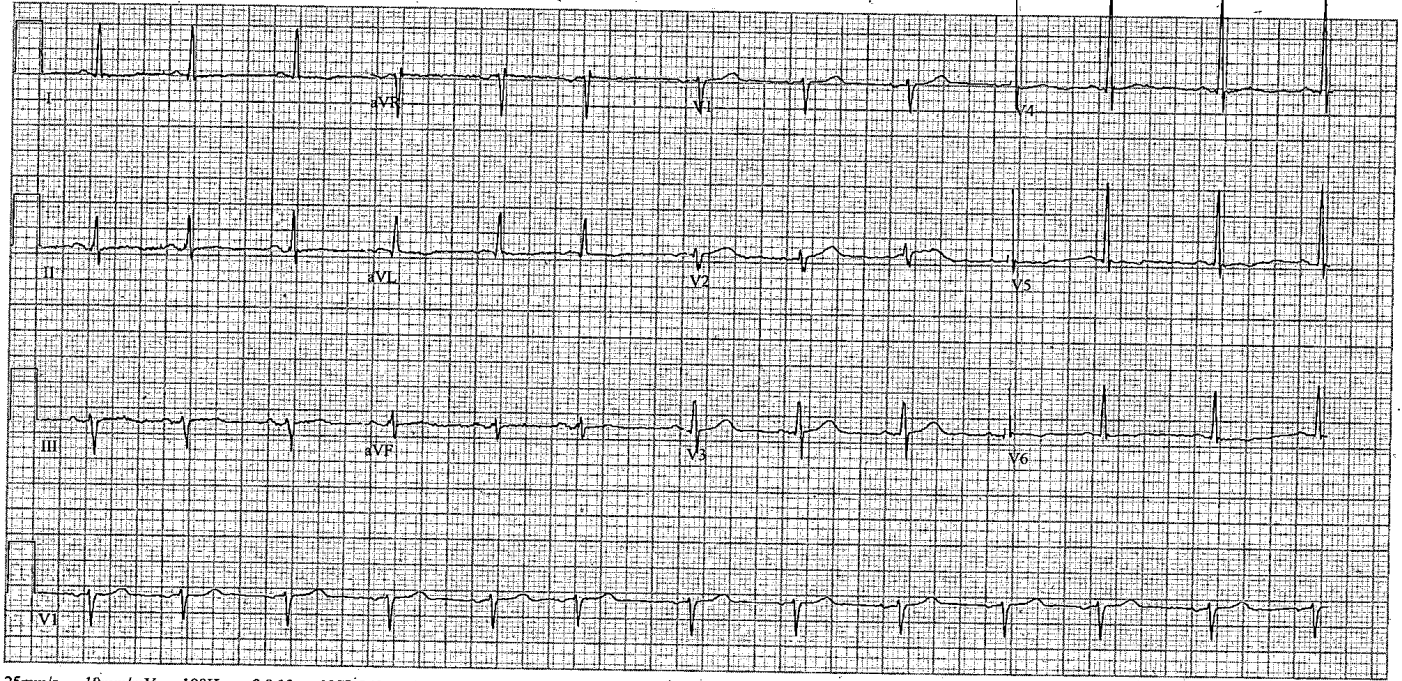
Technician: 889
Test ind: HYPERTENSION

Location: GPOP

Comments:

Referred by: GP

CONFIRMED ECG REPORT Jude Pollock



25mm/s 10mm/mV 100Hz 9.0.10 12SL 243 CID: 1801

SID: 2210206 EID: 2822 EDT: 08:17 24-NOV-2025 ORDER:

MacKenzie, Brian
31-AUG-1958 (61 yr)
Male Caucasian

ID:3108583158

01-OCT-2019 10:42:21

GREATER GLASGOW SITE- ROUTINE RECORD

Vent. rate	64	BPM
PR interval	140	ms
QRS duration	76	ms
QT/QTc	424/437	ms
P-R-T axes	57 12	55

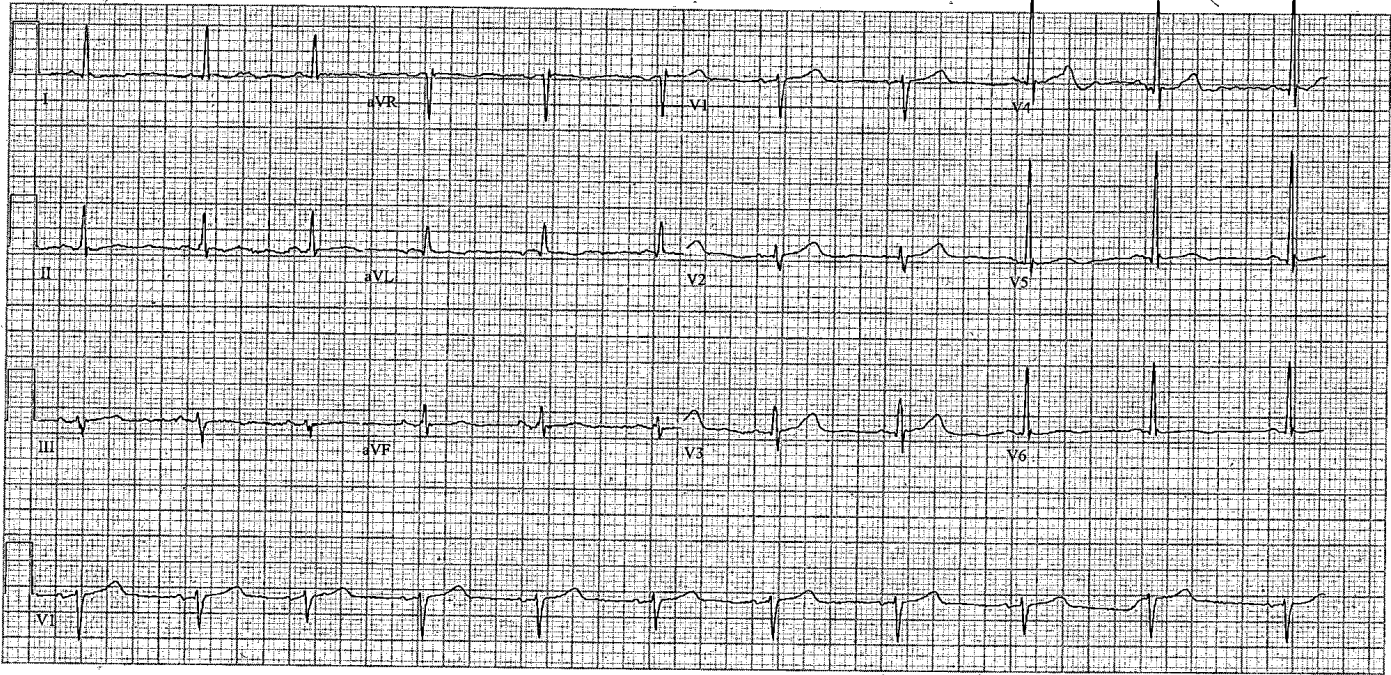
Normal sinus rhythm with sinus arrhythmia
Nonspecific T wave abnormality

Technician: 910
Test ind:ASSESS

Referred by: CHUNG

Unconfirmed

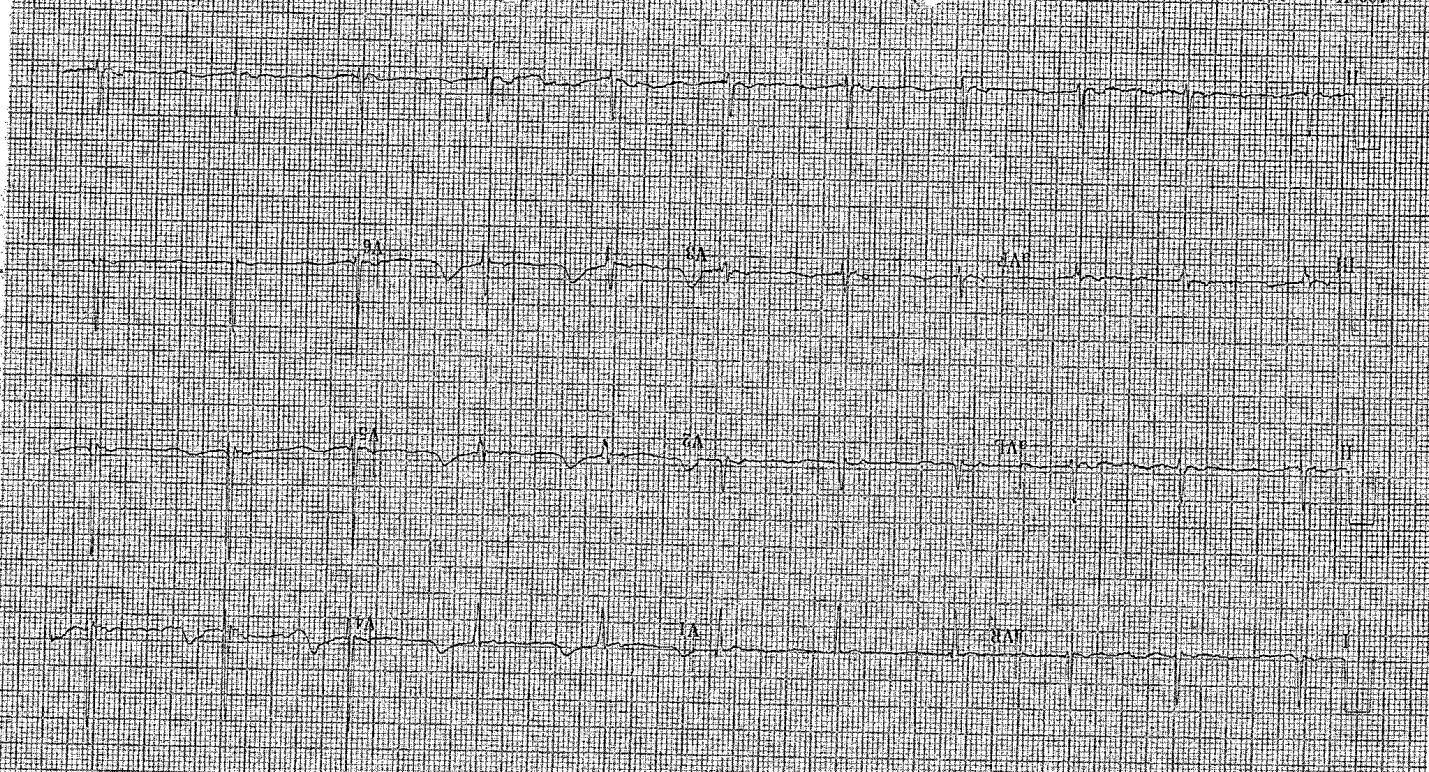
COMMENT:



25mm/s 10mm/mV 100Hz 9.04 12SL 237 CID: 180

SID: 2210206 EID: EDT: ORDER:

Page 1 of 1



COMMENT

Technician 910
Test and ASSES

Referred by: CHUNG

Unconfirmed

Unchanged from previous in 2014

Vent rate: 78 bpm
 PR interval: 140 ms
 QRS duration: 78 ms
 QT/QTc: 424/437 ms
 P-R-T axes: 57, 12, 56

Normal sinus rhythm with sinus arrhythmia
 Nonspecific T wave abnormality

US Testes

Performed	28-May-2013 13:30	Received	28-May-2013 14:38
Reported	28-May-2013 14:16	Order Number	C418H27939298
Status	Final	Source System	MiSys

US Testes

Final

Brian MacKenzie

Clinical History :

Kicked in groin last week. Sore lump there initially. Now lump above testis. Soft and cystic.
Cyst? Hernia?

US Testes :

Small simple cysts are seen in relation to both epididymal heads. These are all less than 5 mm in diameter. Otherwise, both epididymides outline normally. Both testes are normal in size and appearance.

US Groin Rt :

No significant abnormality is seen in relation to the right groin. In particular, there is no evidence of an inguinal or femoral hernia.

Reported by: Steven Griffiths (Sonographer)

Verified by: Steven Griffiths (Sonographer)

US Groin Rt

Performed	28-May-2013 13:30	Received	28-May-2013 14:38
Reported	28-May-2013 14:16	Order Number	C418H27939299
Status	Final	Source System	MiSys

US Testes

Final

Brian MacKenzie**Clinical History :**

Kicked in groin last week. Sore lump there initially. Now lump above testis. Soft and cystic.
Cyst? Hernia?

US Testes :

Small simple cysts are seen in relation to both epididymal heads. These are all less than 5 mm in diameter. Otherwise, both epididymides outline normally. Both testes are normal in size and appearance.

US Groin Rt :

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Reported by: Steven Griffiths (Sonographer)**Verified by:** Steven Griffiths (Sonographer)