Referrals

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Elbow & Shoulder L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	01/11/2012
Date submitted	05/11/2012
UCPN	101004432354V

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

126 Moredun Park Road
Edinburgh
EH17 7HT

Voice (Home) : 07927 685594

REFERRING PRACTITIONER DETAILS

Name:	Dr. Azhar Afzal (GMC: 6077291)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Bilateral tennis elbow

Main Referral Text:

Dear Doctor

Many thanks for seeing this 44-year-old gentleman who works as a Caretaker in a block of flats. He has had problems with bilateral tennis elbow for over three months now. He was given anti-inflammatories and advised to see a Physiotherapist, which he has done and has splints for this. Unfortunately, there is no improvement in his symptoms and he is struggling to cope with his work. He has classical signs and symptoms in both elbows and I would be grateful for your further assessment and advice.

Many thanks.

Yours sincerely

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Leg pain			29/10/2012	29/10/2012
Acute exacerbation of asthma			14/08/2003	14/08/2003
[X]Depression NOS			01/03/2003	01/03/2003
Minor head injury			19/01/2003	19/01/2003
H/O: asthma			01/01/1993	01/01/1993
Fracture of tibia and fibula		Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Diclofenac Sodium E/c tablets 50 mg	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		29/10/2012	42 Days	29/10/2012

Diclofenac Sodium E/c tablets 50 mg	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	03/08/2012	28 Days	03/08/2012

Additional information

Smoking history (Encounters):Heavy smoker - 20-39 cigs/day Date recorded:29-Oct-2012
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:69
Patient Height in Metres:170

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Vascular Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	01/11/2012
Date submitted	05/11/2012
UCPN	101004432424W

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

126 Moredun Park Road
Edinburgh
EH17 7HT

Voice (Home) : 07927 685594

REFERRING PRACTITIONER DETAILS

Name:	Dr. Azhar Afzal (GMC: 6077291)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Right leg pain on walking

Main Referral Text:

Dear Doctor

Many thanks for seeing this 44-year-old gentleman who complains of right leg pain on exercise. This started approximately four months ago and his symptoms were quite mild back then. His pain in his leg has got worse since then and he tells me that on walking approximately 150 yards he gets quite intense gnawing pain in his whole leg from his hip down to his foot and he has to stop and rest before he can continue again. He has been a heavy smoker for 20 years and continues to smoke.

On examination his popliteal pulse was not palpable and his pedal pulse was very faintly palpable.

Given his smoking history and description of his symptoms, I wonder if he perhaps has claudication type symptoms as he also mentioned that he has to keep his leg out of the duvet cover at night.

He complains of no back pain and certainly no hip pain or stiffness.

I would be grateful for your further assessment.

Yours sincerely

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Leg pain			29/10/2012	29/10/2012
Acute exacerbation of asthma			14/08/2003	14/08/2003
[X]Depression NOS			01/03/2003	01/03/2003
Minor head injury			19/01/2003	19/01/2003
H/O: asthma			01/01/1993	01/01/1993
Fracture of tibia and fibula		Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Diclofenac Sodium E/c tablets 50 mg	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		29/10/2012	42 Days	29/10/2012
Diclofenac Sodium E/c tablets 50 mg	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		03/08/2012	28 Days	03/08/2012

Additional information

Smoking history (Encounters):Heavy smoker - 20-39 cigs/day Date recorded:29-Oct-2012
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:69
Patient Height in Metres:170

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Rapid Access Chest Pain Clinic L Rapid Access Chest Pain
Urgency of referral	Urgent
Date of referral	16/07/2013
Date submitted	16/07/2013
UCPN	101005656514J

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

126 Moredun Park Road
Edinburgh
EH17 7HT

Voice (Mobile) : 07955 333 874

REFERRING PRACTITIONER DETAILS

Name:	Dr. Azhar Afzal (GMC: 6077291)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Episodic chest pain

Main Referral Text:

Dear Doctor

Many thanks for seeing this 45-year-old gentleman. He is well known at the Surgery where in recent times he has been referred to the Vascular Surgeons with claudication pain in his legs. He used to be a heavy smoker and has now reduced this to about five to 10 cigarettes per day. He has been put on Aspirin from the Vascular Clinic.

In recent weeks, he describes a run of episodic chest pain which classically happens when he is exerting himself. There was one occasion when he had the pain while lying in bed. The most recent episode of chest pain was on Sunday where he was cleaning the bath and started to get tightness across his chest, radiating up to his jaw, this lasted for about five to 10 minutes and eased on resting.

On examination today, his blood pressure was 136/85 and his heart sounds were normal with no murmurs. Pulse rate was 80 and was in sinus rhythm.

Given his smoking history and claudicant symptoms, I think he is at high risk for coronary artery diease and I would therefore be grateful for your further assessment and advice.

Many thanks for seeing him on Tuesday 16 July 2013 at 2.00 pm in OPD 3.

Yours sincerely

Dr Azhar Afzal

Investigations

Description	Result	Date
Tick to confirm that appointment has been made BEFORE this referral is sent :	true	
Date and time of appointment :	Tuesday 16 July 2013 at 2.00 pm	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Acute exacerbation of asthma			14/08/2003	14/08/2003
[X]Depression NOS			01/03/2003	01/03/2003
Minor head injury			19/01/2003	19/01/2003
H/O: asthma			01/01/1993	01/01/1993
Fracture of tibia and fibula		Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		23/04/2013
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2 INHAL	2 Puffs Twice daily		19/12/2012		23/04/2013
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		23/04/2013
Simvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN AT NIGHT		08/11/2012		23/04/2013
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		08/11/2012		23/04/2013

Additional information

Smoking history (Encounters):Light smoker - 1-9 cigs/day Date recorded:16-Jul-2013
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:69
Patient Height in Metres:170

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Vascular Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	20/09/2013
Date submitted	20/09/2013
UCPN	1010059948821

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

126 Moredun Park Road
Edinburgh
EH17 7HT

Voice (Home) : 0131 308 1467
Voice (Mobile) : 07873 621 244

REFERRING PRACTITIONER DETAILS

Name:	Dr. Anthony Simon (GMC: 7015923)
Practice:	Forniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Forniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Worsening leg pain

Main Referral Text:

Dear Team

Many thanks for seeing this 45-year-old man again who was previously known to Mr Burns. He tells me that despite cutting down quite markedly in his smoking and managing as able with exercise, he is getting worsening problems with his symptoms.

On examination today, there is no sign of critical limb but, as per your letter, I would be grateful if you would see him with a view to investigations and intervention.

Yours sincerely

Dr Anthony Simon

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
[X]Depression NOS			01/03/2003	01/03/2003
Minor head injury			19/01/2003	19/01/2003
H/O: asthma			01/01/1993	01/01/1993
Fracture of tibia and fibula		Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

Adizem-Xl M/R capsules 200 mg	56 capsule	ONE DAILY	24/07/2013	20/09/2013
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2 spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN	19/07/2013	06/08/2013
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn	19/12/2012	06/08/2013
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2 INHAL	2 Puffs Twice daily	19/12/2012	06/08/2013
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY	08/11/2012	06/08/2013
Simvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN AT NIGHT	08/11/2012	06/08/2013
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY	08/11/2012	06/08/2013

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Co-Codamol 15/500 Tablets	100 tablet	TWO TO BE TAKEN FOUR TIMES A DAY FOR PAIN		13/09/2013	42 Days	13/09/2013

Additional information

Smoking history (Encounters):Light smoker - 1-9 cigs/day Date recorded:16-Jul-2013
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:69
Patient Height in Metres:170

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Cardiology L General Cardiology
Urgency of referral	Routine
Date of referral	28/11/2014
Date submitted	01/12/2014
UCPN	1010083162110

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

126 Moredun Park Road
Edinburgh
EH17 7HT

Voice (Home) : 0131 261 7583
Voice (Mobile) : 07873 621 244

REFERRING PRACTITIONER DETAILS

Name:	Dr. Azhar Afzal (GMC: 6077291)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Increase in anginal symptoms

Main Referral Text:

Dear Dr Behan,

You may remember this 46 year old gentleman who you saw at your clinic last year who was found to have angiographically normal coronary arteries.

He continues on aspirin and statins long term and is still under review of the vascular surgeons where he has very significant peripheral vascular disease and awaits possible surgical intervention for this.

He has done very well in reducing for 30 cigarettes a day down to 5 cigarettes a day however I have strongly urged him to discontinue completely with the help of the smoking cessation nurse.

He was in seeing the nurse for his annual review and had expressed that he was getting several episodes of angina on a weekly basis, sometimes up to four or five in a day lasting from between 2-10 minutes with classic central chest tightness which is relievEd by GTN. He strangely has been having symptoms overnight as well and on questioning him more, they do not appear to be reflux related as his Omeprazole has kept those symptoms at bay.

His blood pressure was high when he saw the nurse at 166/90, however the two readings I took today were fairly normal at 139/89. Therefore I did not add Amlodopine to his current list of medications, however I have introduced Isosorbide Mononitrate 10mg BD taken asymmetrically.

Given his increase in anginal symptoms, I would be grateful for your further advice. If you feel this is best done via a clinic appointment then I would be grateful if you could arrange to see him. Otherwise I'm more than happy for you to advise on medical therapy which I would be willing to initiate with him should his symptoms not settle with his current Isosorbide.

Many thanks for your ongoing support.

Yours sincerely,

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003

[X]Depression NOS		01/03/2003	01/03/2003
Minor head injury		19/01/2003	19/01/2003
H/O: asthma		01/01/1993	01/01/1993
Fracture of tibia and fibula	Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		27/11/2014
Co-Codamol 30/500 Tablets	56 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		15/07/2014		18/11/2014
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		15/10/2014
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2 spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		19/07/2013		15/10/2014
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		15/10/2014
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		15/10/2014
Simvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN AT NIGHT		08/11/2012		15/10/2014
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		08/11/2012		18/11/2014

Additional information

Smoking history (Encounters):Trying to give up smoking	Date recorded:25-Nov-2014
Alcohol history (Encounters):Alcohol units per week, 14 U/week	Date recorded:27-Nov-2014
Exercise history (Encounters):Avoids even trivial exercise	Date recorded:17-Jul-2003
Patient Weight in Kilograms:70	
Patient Height in Metres:170	

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Vascular Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	18/03/2015
Date submitted	19/03/2015
UCPN	1010089089827

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 308 0798
Voice (Mobile) : 07873 621 244

REFERRING PRACTITIONER DETAILS

Name:	Dr. Paul Stephen (GMC: 6148184)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Worsening peripheral vascular disease

Main Referral Text: REFERRAL FOR MR P BURNS

Dear Mr Burns

This gentleman is under your care and was last seen in December 2014 for his peripheral vascular disease. I have attached his last Clinic letter.

He complains of a four-week history of worsening pain in his right calf and thigh at night and has new broken veins over his right lower leg. He has a history of peripheral vascular disease and can normally walk about 100 metres and stated that this distance has not reduced. He denies any colour change in his foot and is currently on Aspirin.

On examination, he was tender in his right calf and he had broken veins in the right anterior lower leg. I was unable to feel pulses in his right foot, however foot was warm with good capillary refill. In view of his calf tenderness, I referred him to exclude a DVT and his D-Dimer was negative.

It appears that his peripheral vascular disease is becoming worse and I know he did recently see you in Clinic, however was unable to tell me whether his worsening pain was addressed at this appointment.

Yours sincerely

Dr Paul Stephen

ATTACHED: Correspondence

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Calf pain			10/03/2015	10/03/2015
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
[X]Depression NOS			01/03/2003	01/03/2003
Minor head injury			19/01/2003	19/01/2003
H/O: asthma			01/01/1993	01/01/1993
Fracture of tibia and fibula		Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		17/02/2015
Co-Codamol 30/500 Tablets	56 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		15/07/2014		17/02/2015
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		15/10/2014
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2 spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		19/07/2013		17/02/2015
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		15/10/2014
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		10/03/2015
Simvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN AT NIGHT		08/11/2012		15/10/2014
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		08/11/2012		18/11/2014

Additional information

Smoking history (Encounters):Cigarette smoker, 5 cigarettes/day Date recorded:10-Mar-2015
Alcohol history (Encounters):Alcohol units per week, 14 U/week Date recorded:27-Nov-2014
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:70
Patient Height in Metres:170

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	08/04/2015
Date submitted	09/04/2015
UCPN	1010090232560

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 308 0798
Voice (Mobile) : 07873 621 244

REFERRING PRACTITIONER DETAILS

Name:	Dr. Paul Stephen (GMC: 6148184)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Donated left kidney in 1997

Main Referral Text: REFERRAL FOR TRANSPLANT CLINIC

Dear Doctor

This gentleman donated his left kidney in 1997 and was previously seen at the Live Kidney Donor follow up clinic for annual reviews. He mentioned that he had not been seen for a number of years and the last correspondence I can find regarding this is 2008. He did tell me that he changed his address and likely failed to inform you.

His last blood pressure was 119/79. His recent bloods showed a urea of 4.0, creatinine of 80. His haemoglobin in November was 149.

I wonder whether you wish to see this gentleman in Clinic again.

Yours sincerely

Dr Paul Stephen

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
[X]Depression NOS			01/03/2003	01/03/2003
Minor head injury			19/01/2003	19/01/2003
Asthma			01/01/1993	01/01/1993
Fracture of tibia and fibula		Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		07/04/2015
Co-Codamol 30/500 Tablets	56 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		15/07/2014		07/04/2015
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		15/10/2014
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2 spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		19/07/2013		17/02/2015
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		15/10/2014
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		07/04/2015
Simvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN AT NIGHT		08/11/2012		15/10/2014
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		08/11/2012		18/11/2014

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ramipril Capsules 2.5 mg	28 capsule	ONE TO BE TAKEN EACH DAY		07/04/2015	28 Days	07/04/2015
Ramipril Capsules 1.25 mg	28 capsule	1 DAILY		18/03/2015	42 Days	18/03/2015

Additional information

Smoking history (Encounters):Cigarette smoker, 5 cigarettes/day	Date recorded:10-Mar-2015
Alcohol history (Encounters):Alcohol units per week, 14 U/week	Date recorded:27-Nov-2014
Exercise history (Encounters):Avoids even trivial exercise	Date recorded:17-Jul-2003
Patient Weight in Kilograms:70	
Patient Height in Metres:170	

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	28/05/2015
Date submitted	28/05/2015

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 308 0798
Voice (Mobile) : 07873 621 244

REFERRING PRACTITIONER DETAILS

Name:	Dr. Paul Stephen (GMC: 6148184)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	Patient has attended today with history of cough with green sputum for 2/7. Coughed up blood-stained sputum x 3 today - fresh blood. He complains of right posterior chest pain under scapula. No immobility, recent surgery, recent flights, calf swelling or pain.Chest xray please in view of haemopysis and smoking history. Yours sincerely, Dr Paul Stephen

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chest signs :	true	
Chronic Cough :	true	
Please provide smoking status :	Smoker	
Could the patient be pregnant? :	Blank	

Registration Details - Patient No: 16465

Personal details...		Address details...	
Date of birth	28/12/1967	Post Code	EH17 7DQ
Sex	M	House Name Flat No	
Surname	Lewis	No and Street	158 Moredun Park Road
Previous Surname		Village	
Forenames	Bernard	Town	Edinburgh
Calling Name	Bernard	County	
Title	Mr		
Birth Surname			
Marital Statue	Married		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Lothian	Home Tel No	308 0798
Registered GP	Dr Sobia Mirza	Work Tel No	
Usual GP	Dr Paul Stephen	Mobile Tel No	07873 621 244
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	2812671297		
NHS Number	S685/6/1968/15		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Forniehill Surgery	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	17/06/2015		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
05/07/2016	[D]Haemoptysis	Dr Afzal	R063
29/06/2016	[D]LFT's abnormal	Dr Skinner	R148-1
01/11/2013	Peripheral vascular disease NOS	Dr Afzal	G73z
20/09/2013	Medication requested	Dr Simon	8B3H
19/07/2013	Angina pectoris	Dr Afzal	G33
14/08/2003	Acute exacerbation of asthma	UnknownUser	H333
01/03/2003	[X]Depression NOS	tamr	Eu32z
19/01/2003	Minor head injury	tamr	S6460
30/09/1997	Total nephrectomy L side - for donation	tamr	7B01
01/01/1993	Asthma	Ms Conaghan	H33
24/05/1988	Fracture of tibia and fibula Left	tamr	S33

Past Problems		Authorised By	Code

Due Diary Entries		Authorised By	Code
03/03/2017	Asthma annual review	Ms Robertson	66YJ.
20/12/2016	Coronary heart disease monitoring 1st letter	Miss McLeish	9Ob3.
27/09/2016	Influenza vaccination	Dr Stephen	65E..
01/09/2016	Peripheral vascular disease annual review	Ms Cowan	EMISNQPE9

Overdue Diary Entries		Authorised By	Code
17/02/2016	Medication review OVERDUE	Dr Afzal	8B314

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Health Status	
22/12/2015	Height 170 cm
22/12/2015	Weight 70 Kg
22/12/2015	Body Mass Index 24.22 kg/m2
22/12/2015	Blood pressure reading 132/79 mm Hg
21/08/2015	Blood pressure reading O/E - BP reading
16/02/2016	Smoking Status Cigarette smoker, 10 cigarettes/day
17/07/2003	Exercise grading Avoids even trivial exercise
22/12/2015	Alcohol consumption 12 units/week

Consultations

05/07/2016 10:41 Dr Azhar Afzal at Ferniehill Surgery

Problem (FIRST): **[D]Haemoptysis**

History: cough for 2/12 now in last 2 weeks coughing up clots of blood, occ right lower chest pain when coughing, tightness radiating to back, no pleuritic pain, getting more dyspnoea, been heavy smoker past known to vascular surgeons, cut to 5 a day now, on inhalers for asthma, note recent deterioration to LFT's not been to see us about this in recent times therefore not investigations organised but patinet advised for today needs hosp review then can follow up with us unless wgh arrange Ix.

Examination: alert gcs 15, sats 98%, looks well, not sob, rr 18, rs clear apex to base, pulse 78 sr

Comment: given smoking hist and new hamoptysis admit wgh

29/06/2016 08:45 Dr Lesley Skinner at Data Entry

Problem (FIRST): **[D]LFT's abnormal**

History: note deterioration - don't think has had liver U/S - invite to surgery

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27/06/2016 10:58 Ms Cassie Muir at Ferniehill Surgery

Test Request: Cholesterol - *Completed*, LFTs - *Completed*

31/05/2016 14:03 Dr Paul Stephen at Medication Request

70164 S Mirza
620106899H/E3312324 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

Problem (REVIEW)	**Medication requested**
History	increased number of cocodamol 30/500 per script on rpt.
Medication	Co-Codamol 30/500 Tablets *224 TABLET 1-2 QDS*
-	—
31/05/2016 12:18	Ms Cassie Muir at Fernielhill Surgery
Comment	can he have more than 56 cocodamnols at a time pls? also needs some more cm.

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
28/04/2016	**Atorvastatin Tablets 40 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	28/04/2016P	Dr Lesley Skinner	REPEAT
16/11/2015	**Fluoxetine Hydrochloride Capsules 20 mg** 3 DAILY 168 CAPSULE	03/05/2016P	Dr Lesley Skinner	REPEAT
03/08/2015	**Ramipril Capsules 10 mg** 1 DAILY 56 capsule	12/05/2016P	Dr Paul Stephen	REPEAT
27/11/2014	**Isosorbide Mononitrate Tablets 10 mg** ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM) 112 TABLET	18/04/2016P	Dr Paul Stephen	REPEAT
15/07/2014	**Co-Codamol 30/500 Tablets** 1-2 ODS 224 TABLET	31/05/2016P	Dr Paul Stephen	REPEAT
27/09/2013	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** TWO PUFFS TO BE INHALED TWICE A DAY 2 inhaler	02/10/2015P	Dr Paul Stephen	REPEAT
19/07/2013	**Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)** 1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN 2 spray	10/03/2016P	Dr Paul Stephen	REPEAT
19/12/2012	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs prn 2 INHAL	10/03/2016P	Dr Paul Stephen	REPEAT
08/11/2012	**Aspirin Dispersible tablets 75 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	12/05/2016P	Dr Paul Stephen	REPEAT
08/11/2012	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	12/05/2016P	Dr Paul Stephen	REPEAT

70164 S Mirza

620106899H/E3312324 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical L GI - Upper (AN)
Urgency of referral	Urgent
Date of referral	18/08/2016
Date submitted	18/08/2016
UCPN	101011970776B

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 308 0798
Voice (Mobile) : 07873 621 244

REFERRING PRACTITIONER DETAILS

Name:	Dr. Azhar Afzal (GMC: 6077291)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Daily vomiting

Main Referral Text:

Dear Doctor

Many thanks for seeing this 48-year-old gentleman who has been drinking alcohol excessively in the last few years. More recently he was admitted to the Western General with haemoptysis and at that time his chest x-ray was clear, however they arranged an abdominal ultrasound scan as he had deranged LFTs. There were no signs of cirrhosis on his liver ultrasound, however he continues to vomit on a daily basis but luckily has stopped vomiting blood.

I am concerned that he may have had variceal bleeding in the past which has perhaps eased off and would be most grateful for your urgent assessment. In the meantime, I have increased his Omeprazole to 40 mg once daily.

Many thanks for seeing him.

Yours sincerely

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Vomiting symptoms			03/08/2016	03/08/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
[X]Depression NOS			01/03/2003	01/03/2003
Minor head injury			19/01/2003	19/01/2003
Asthma			01/01/1993	01/01/1993
Fracture of tibia and fibula		Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		26/07/2016
Fluoxetine Hydrochloride Capsules 20 mg	168 CAPSULE	3 DAILY		16/11/2015		15/08/2016
Ramipril Capsules 10 mg	56 capsule	1 DAILY		03/08/2015		06/07/2016
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		06/07/2016
Co-Codamol 30/500 Tablets	224 TABLET	1-2 QDS		15/07/2014		15/08/2016
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		02/10/2015
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2 spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		19/07/2013		10/03/2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		15/08/2016
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		06/07/2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	112 CAPSULE	2 OD		08/11/2012		15/08/2016

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Prochlorperazine Maleate Tablets 5 mg	28 tablet	ONE TO BE TAKEN THREE TIMES A DAY		15/08/2016	42 Days	15/08/2016
Ranitidine Tablets 150 mg	60 tablet	ONE TO BE TAKEN TWICE A DAY		03/08/2016	30 Days	03/08/2016
Prochlorperazine Maleate Tablets 5 mg	28 tablet	ONE TO BE TAKEN THREE TIMES A DAY		03/08/2016	9 Days	03/08/2016

Additional information

Smoking history (Encounters):Cigarette smoker, 10 cigarettes/day	Date recorded:16-Feb-2016
Alcohol history (Encounters):Alcohol units per week, 24 U/week	Date recorded:16-Feb-2016
Exercise history (Encounters):Avoids even trivial exercise	Date recorded:17-Jul-2003
Patient Weight in Kilograms:70	
Patient Height in Metres:170	

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neuroradiology L Neuroradiology
Urgency of referral	Routine
Date of referral	14/11/2016
Date submitted	14/11/2016

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 308 0798

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catherine Briscoe (GMC: 6134593)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral:	MRI Lumbar Spine
Main Referral Text:	Longstanding pain R thigh>lower leg on walking, some lower R sided back pain. reviewed by vascular & pain not thought to be related to peripheral vascular disease ? referred from back. o/e Normal tone/power & reflexes in both lower legs. SLR +ve on Right. ? prolapsed L5/S1 disc **patient advises metal pin in left lower leg following previous fracture** also, previous nephrectomy (donar to brother) but normal renal function when last checked

Investigations

Description	Result	Date
Side of symptoms :	Right	
Is there any history of renal impairment :	No	
Cardiac Pacemaker :	No	
Intracranial Surgery / Aneurysm Clip :	No	
Cochlear Implants :	No	
Ferrous metal in the body/orbits :	Yes	
Could the patient be pregnant? :	No	

Additional information

Smoking history (Encounters):Cigarette smoker, 10 cigarettes/day	Date recorded:16-Feb-2016
Alcohol history (Encounters):Alcohol units per week, 24 U/week	Date recorded:10-Nov-2016
Exercise history (Encounters):Avoids even trivial exercise	Date recorded:17-Jul-2003
Patient Weight in Kilograms:70	
Patient Height in Metres:170	

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	13/02/2018
Date submitted	13/02/2018

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 2814362

REFERRING PRACTITIONER DETAILS

Name:	Dr Susan Henderson (GMC: 4697851)
Practice:	Ferniehill Surgery(19164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
EDINBURGH
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Ultrasound Testes**
Reason for Request:	Swelling right scrotum intermittently for last month. No symptoms or signs of infection. No obvious hydrocele. Tender over epididymis. ? epididymitis ?small hydrocele

CLINICAL INFORMATION

Investigations

Description	Result	Date
Duration of Symptoms :	1 month	
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does this patient weigh more than 20 stone? :	No	

Additional information

Smoking history (Encounters):Cigarette smoker, 10 cigarettes/day Date recorded:16-Feb-2016
Alcohol history (Encounters):Alcohol units per week, 24 U/week Date recorded:10-Nov-2016
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:70
Patient Height in Metres:170

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 LP Skinner
158 Moredun Park Road
EH17 7DQ

Registration Details - Patient No: 16465

Personal details...		Address details...	
Date of birth	28/12/1967	Post Code	EH17 7DQ
Sex	M	House Name Flat No	
Surname	Lewis	No and Street	158 Moredun Park Road
Previous Surname		Village	
Forenames	Bernard	Town	Edinburgh
Calling Name	Bernard	County	
Title	Mr		
Birth Surname			
Marital Status	Married		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Lothian	Home Tel No	2814382
Registered GP	Dr Lesley Skinner	Work Tel No	
Usual GP	Dr Sarah Warwick	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	2812671297		
NHS Number	S685/6/1968/15		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Femiehill Surgery	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	27/04/2017		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
17/04/2018	Swollen legs	Dr Pirie	N2470-3
06/04/2018	[D]Paraesthesia	Dr Blyth	R0207
21/10/2016	Medication requested	Dr Pirie	8B3H
04/10/2016	Gastritis unspecified noted on endoscopy	Ms Conaghan	J155
04/10/2016	Hiatus hernia noted on endoscopy	Ms Conaghan	J34-1
01/11/2013	Peripheral vascular disease NOS	Dr Afzal	G73z
19/07/2013	Angina pectoris	Dr Afzal	G33
14/08/2003	Acute exacerbation of asthma	UnknownUser	H333
01/03/2003	[X]Depression NOS	tamr	Eu32z
19/01/2003	Minor head injury	tamr	S6460

30/09/1997	Total nephrectomy L side - for donation	temr	7B01
01/01/1993	Asthma	Ms Conaghan	H33
24/05/1988	Fracture of tibia and fibula Left	tamr	S33

Past Problems	Authorised By	Code

Alerts	Authorised By	Code

None

Drug Allergies	Authorised By	Code

None

Non Drug Allergies	Authorised By	Code

None

Health Status	
22/12/2015	Height 170 cm
22/12/2015	Weight 70 Kg
22/12/2015	Body Mass Index 24.22 kg/m2
22/12/2015	Blood pressure reading 132/79 mm Hg
21/08/2015	Blood pressure reading D/E - BP reading
16/02/2018	Smoking Status Cigarette smoker, 10 cigarettes/day
17/07/2003	Exercise grading Avoids even trivial exercise
22/12/2015	Alcohol consumption 12 units/week

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 LP Skinner
158 Moredun Park Road
EH17 7DQ

Consultations	
17/04/2018 16:36	Dr Alison Pirie at Ferniehill Surgery
Problem (FIRST)	Swollen legs
History	Left leg swollen and painful 4-5 days. No recent injury but previous fracture on this side when aged 21. No recent travel. No FH DVT/PTE. No pleuritic pain.
Examination	Left leg slightly swollen cf right. Left 37cm right 36cm. Swelling mostly anterior shin on left, firm, slightly tender but no erythema. Calf overall feels soft and not tender. Peripheral pulses palpable. Sats 98% HR 98/min
Comment	?DVT. Referred ambulatory care who will see tomorrow 12noon WGH. Advised if worsening or any pleuritic pain overnight to attend A&E.
Medication	Hydrocortisone And Miconazole Cream 1 % + 2 % 30 gram *APPLY TWICE A DAY*

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
17/04/2018	Hydrocortisone And Miconazole Cream 1 % + 2 % APPLY TWICE A DAY 30 gram	17/04/2018P	Dr Alison Pirie	ACUTE
15/08/2017	Sertraline Hydrochloride Tablets 100 mg ONE TO BE TAKEN EACH DAY 56 TABLET	04/01/2018P	Dr Azhar Afzal	REPEAT
15/08/2017	Co-Codamol 30/500 Tablets TWO TO BE TAKEN FOUR TIMES A DAY FOR PAIN 448 tablet	09/04/2018P	Dr Azhar Afzal	REPEAT
25/05/2017	Lansoprazole Capsulee (Gastro-Resistant) 15 mg ONE TO BE TAKEN EACH DAY 56 CAPSULE	09/04/2018P	Dr Azhar Afzal	REPEAT
	Glyceryl Trinitrate Pump spray 400 micrograms/dose			

tds every

18/08/2016	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS OIRECTED FOR CHEST PAIN 2*200 OOSE	09/04/2018P	Dr Azhar Afzal	REPEAT
28/04/2016	**Atorvastatin Tablets 40 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	23/02/2018P	Dr Azhar Afzal	REPEAT
03/08/2015	**Ramipril Capsules 10 mg** 1 DAILY 56 capsule	09/04/2018P	Dr Azhar Afzel	REPEAT
27/11/2014	**Isosorbide Mononitrate Tablets 10 mg** ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM) 112 TABLET	09/04/2018P	Dr Azhar Afzal	REPEAT
27/09/2013	**Fostair Cfc-free Inhaler 100 micrograms + 6 micrograms/dose** TWO PUFFS TO BE INHALED TWICE A DAY 2 inhaler	09/04/2018P	Dr Azhar Afzal	REPEAT
19/12/2012	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs prn 2 INHAL	09/04/2018P	Dr Azhar Afzal	REPEAT
08/11/2012	**Aspirin Dispersible tablets 75 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	09/04/2018P	Dr Azhar Afzal	REPEAT

620106899H M
LEWIS Bernard
28-Dec-67 CHI:281 267 1297
70164 LP Skinner
158 Moredun Park Road
EH17 7DQ

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	01/11/2018
Date submitted	01/11/2018

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 281 0617
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Anderson (GMC: 7131987)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	Many tanks for performing a chest XR on this 50 year old man who is a smoker of 10 cigarettes a day. He has been having recurrent problems with hiccups, which can often be quite persistent, and given his smoking history I feel like it is important to rule out any lung pathology causing these symptoms. Yours Sincerely Dr Jennifer Anderson

CLINICAL INFORMATION

Investigations

Description	Result	Date
Please provide smoking status :	Smoker	
Could the patient be pregnant? :	Blank	

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	04/02/2019
Date submitted	04/02/2019

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 281 0617
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr. Sarah Warwick (GMC: 3565665)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Pelvis/Hips**
Reason for Request:	Left hip x-ray. This 51 year old gentleman with no history of trauma has experienced increasing groin pain with development of a limp and restricted ROM of his hip over the last six weeks. Many thanks for your help with this gentleman Yours sincerely, Dr Sarah Warwick

CLINICAL INFORMATION

Investigations

Description	Result	Date
Could the patient be pregnant? :	Blank	

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Cardiology L General Cardiology
Urgency of referral	Urgent
Date of referral	30/10/2019
Date submitted	30/10/2019
UCPN	101019924501M

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr. Azhar Afzal (GMC: 6077291)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Angiogram

Main Referral Text:

Dear Doctor,

I would be grateful if you could see this 51 year old patient on an urgent basis.

He has avascular necrosis of his hip and I suspect he is due to undergo surgery soon. We had a note from a Dr Scopazzini at WGH advising that the GP should request an urgent angiogram.

This gentleman does have known peripheral vascular disease and angina and was last seen by cardiology back in 2016.

I would be grateful if you could arrange this for him.

If you require any further details, I am sure you could liaise with Dr Scopazzini from WGH who has requested this.

Many thanks.

Yours sincerely,

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Postoperative wound infection, unspecified			28/10/2019	28/10/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		08/10/2019
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		23/09/2019
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		17/09/2019
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		08/10/2019
Ramipril Capsules 10 mg	56 capsule	1 DAILY		03/08/2015		17/09/2019
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		30/08/2019
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		05/08/2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		05/08/2019
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		08/10/2019
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		05/08/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Flucloxacillin Capsules 500 mg	56 capsule	TWO TO BE TAKEN FOUR TIMES A DAY		28/10/2019	7 Days	28/10/2019
Lactulose Solution 3.1-3.7 g/5 ml	500 ml	20ML BD		18/10/2019	42 Days	18/10/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		09/10/2019	42 Days	09/10/2019
Ferrous Fumarate Tablets 210 mg	168 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		25/09/2019	56 Days	25/09/2019
Lactulose Solution 3.1-3.7 g/5 ml	500 ml	20ML BD		08/08/2019	42 Days	08/08/2019
Senna Tablets 7.5 mg	60 tablet	TAKE 2 AT NIGHT		08/08/2019	42 Days	08/08/2019
Morphine Sulfate Oral solution 10 mg/5 ml	500 ML	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN		06/08/2019	125 Days	28/10/2019
Mst Continus M/R tablets 60 mg	84 TABLET	TAKE THREE TABLET TWICE DAILY		19/07/2019	140 Days	25/10/2019
Morphine Sulfate Oral solution 10 mg/5 ml	300 ml	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN.		09/07/2019	97 Days	02/09/2019

Additional information

Smoking history (Encounters):Trying to give up smoking Date recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week Date recorded:15-Jan-2019
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:75
Patient Height in Metres:170
Patient BMI:25.95
Patient Blood Pressure (Systolic):116
Patient Blood Pressure (Diastolic):62

Radiology Request Form

NHS Lothian

11/12

START DRINK 1000

Produced By: Marcello Scopazzini
Run on: 13/11/2019 13:49:34

UHPI	620106899H	**DOB**	28/12/67
Name	**Lewis, Bernard**	**CHI No**	2812671297
Address	158 Moredun Park Road	**Sex**	Male
		Visit No	34316870
	Edinburgh	**Episode No**	O0017652484
	EH17 7DQ	**Episode Type**	O
Order Location	WGH Ward 41 Outpatients	**Consultant**	Dr Elham Khatamzas (Reg)

Order Item	Order Status	Request Date	Priority	Requested By	Mob	Hot Report	Preferred Radiologist	Auth By	Appt Date	Appt Time
CT Chest/Abdo/ Pelvis/ With Contrast	Ord	13/11/2019	Routine	Marcello Scopazzini					Fri 29/11/19	1045 - 1115

GFR 760 13/11/19

RADIOLOGY REQUEST INFORMATION

Clinical Details for Radiology	**progressive weight loss, night sweats and intermittent fevers at home on a background of AVN left hip underinvestigation by orthopaedics and newly diagnosed NTM disease (one sample, no further samples yet, not referred to respiratory yet). Significant co-morbidities: IHD with escalating chest pain requiring OPD cardiology investigations; COPD; heavy smoker; previous ETOH excess. CT CAP to rule out any underlying crhonic infection/malignancy given weight loss and night sweats and also to evaluate chest in view of NTM disease.**
Method of Transportation	**Walking**
Nurse Escort Required	**No**
Previous History of Contrast Reactions	**No**
Is the Patient on Metformin	**No**
What is the Patients eGFR	**Over 30**
If the eGFR is <30 and contrast is required, do you feel the benefits of this investigation outweigh the increased risks of contrast induced nephropathy?	**Not Relevant**
Please enter then name and grade of most senior clinician involved in the above decision.	**Scopazzini SPr**

GENERAL INFORMATION

Requestor Name and Bleep / Contact Number / Alternative Contact Details / Ward Phone No	**Scopazzini SpR**
Please confirm that this is the correct patient for the examination requested.	**Yes**

+ oral

Do you suffer from (YES√ NO X)

Hayfever ☒ Asthma ☑ Allergies ☒
Diabetes ☒ Diabetes Monitor ☒ Kidney problems ☒

I understand the risks & benefits of the CT scan & agree to the intravenous injection of contrast agent.

Patient's signature .....
(Or Guardian)
Date 29-11-2019

C?

Previous X-Rays

Radiographer 46F / MB230

Room

Contrast Details

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	10/12/2019
Date submitted	10/12/2019

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery(19164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
EDINBURGH
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Knee left**
Reason for Request:	Probable AVN of left hip, seeing orthopaedics. Now increasing pain in left knee. Previous trauma to left knee with metalwork at the time ?since removed. On examination no effusion. Reduced ROM left knee. Tender medial joint line. Well healed scars from previous surgery ?deterioration from previous films.

CLINICAL INFORMATION

Investigations

Description	Result	Date
Could the patient be pregnant? :	Blank	

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Medicine L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	27/12/2019
Date submitted	27/12/2019
UCPN	101020333818N

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Hip pain, avascular necrosis, night sweats, raised inflammatory markers

Main Referral Text:

Dear Colleague,

This 51 year old man has been unwell for over 18 months with symptoms of night sweats and weight loss. He has also had significant pain in his hip and knee and has been diagnosed with avascular necrosis of his left hip. Unfortunately due to his systemic symptoms and raised inflammatory markers he has been unable to have any operative treatment for his left hip and he continues on high doses of opiate pain relief for this.

Due to his raised inflammatory markers and his systemic symptoms he has been seen by infectious diseases and I attach their clinic letter from the 15th October and the 13th November for information. They have arranged a number of investigations to try and determine the cause of his symptoms including a CT of chest, abdomen and pelvis which did not reveal any deep seated infection or malignancy.

He had some sputum samples sent which had shown acid fast bacilli on one occasion but mycobacteria culture was negative. He has also had surgery under orthopaedics to aspirate his hip but this did not reveal any significant growth. Infectious diseases feel they have reached the limits of their investigation but wonder if he ultimately will have a diagnosis for non-tuberculosis mycobacteria.

I believe they have therefore referred him on to respiratory for an opinion but they suggested that we might ask for some input from the general medicine team to review the various outstanding investigations and to help co-ordinate his ongoing care.

As things stand he is waiting to see orthopaedics again to decide if indeed he can have any operative treatment for his hip. I have just referred him to the pain team to review of his ongoing high doses of opiates and also for spirometry because we wonder if he may have underlying diagnosis of COPD in addition to known asthma. We are also awaiting a cardiology opinion as he's been experiencing chest pain in association with known ischaemic heart disease and they are due to see him in January.

I wondered if you might consider reviewing him given the complex nature of his case as I feel it would be helpful for a secondary care physician to co-ordinate all the various teams involved in his care.

Many thanks.

Yours sincerely,

Dr Pirie

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded

Knee joint pain		10/12/2019	10/12/2019
Acute exacerbation of asthma		01/11/2019	01/11/2019
Avascular necrosis of bone	L hip	09/04/2019	09/04/2019
Gastritis unspecified	noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia	noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS		01/11/2013	01/11/2013
Angina pectoris		19/07/2013	19/07/2013
Acute exacerbation of asthma		14/08/2003	14/08/2003
Asthma		01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		12/11/2019
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		12/11/2019
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		12/11/2019
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		08/10/2019
Ramipril Capsules 10 mg	56 capsule	1 DAILY		03/08/2015		28/11/2019
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		12/11/2019
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		12/11/2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		02/12/2019
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		08/10/2019
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		12/11/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 60 mg	126 tablet	THREE TO BE TAKEN TWICE DAILY		17/12/2019	42 Days	17/12/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		12/12/2019	42 Days	12/12/2019
Amitriptyline Hydrochloride Tablets 10 mg	56 tablet	ONE OR TWO TO BE TAKEN AT NIGHT		12/12/2019	42 Days	12/12/2019
Nystatin Oral suspension 100,000 units/ml	30 ML	USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS		11/11/2019	42 Days	11/11/2019
Prednisolone Tablets 5 mg	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING		01/11/2019	5 Days	01/11/2019
Flucloxacillin Capsules 500 mg	56 capsule	TWO TO BE TAKEN FOUR TIMES A DAY		28/10/2019	7 Days	28/10/2019
Lactulose Solution 3.1-3.7 g/5 ml	500 ml	20ML BD		18/10/2019	42 Days	18/10/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		09/10/2019	42 Days	09/10/2019

Morphine Sulfate Oral solution 10 mg/5 ml	500 ML	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN	06/08/2019	182 Days	24/12/2019
Mst Continus M/R tablets 60 mg	84 TABLET	TAKE THREE TABLET TWICE DAILY	19/07/2019	181 Days	05/12/2019

Additional information

Smoking history (Encounters):Trying to give up smoking	Date recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week	Date recorded:15-Jan-2019
Exercise history (Encounters):Avoids even trivial exercise	Date recorded:17-Jul-2003
Patient Weight in Kilograms:75	
Patient Height in Metres:170	
Patient BMI:25.95	
Patient Blood Pressure (Systolic):116	
Patient Blood Pressure (Diastolic):62	

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Medicine L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	27/12/2019
Date submitted	27/12/2019
UCPN	101020333818N

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Hip pain, avascular necrosis, night sweats, raised inflammatory markers

Main Referral Text:

Dear Colleague,

This 51 year old man has been unwell for over 18 months with symptoms of night sweats and weight loss. He has also had significant pain in his hip and knee and has been diagnosed with avascular necrosis of his left hip. Unfortunately due to his systemic symptoms and raised inflammatory markers he has been unable to have any operative treatment for his left hip and he continues on high doses of opiate pain relief for this.

Due to his raised inflammatory markers and his systemic symptoms he has been seen by infectious diseases and I attach their clinic letter from the 15th October and the 13th November for information. They have arranged a number of investigations to try and determine the cause of his symptoms including a CT of chest, abdomen and pelvis which did not reveal any deep seated infection or malignancy.

He had some sputum samples sent which had shown acid fast bacilli on one occasion but mycobacteria culture was negative. He has also had surgery under orthopaedics to aspirate his hip but this did not reveal any significant growth. Infectious diseases feel they have reached the limits of their investigation but wonder if he ultimately will have a diagnosis for non-tuberculosis mycobacteria.

I believe they have therefore referred him on to respiratory for an opinion but they suggested that we might ask for some input from the general medicine team to review the various outstanding investigations and to help co-ordinate his ongoing care.

As things stand he is waiting to see orthopaedics again to decide if indeed he can have any operative treatment for his hip. I have just referred him to the pain team to review of his ongoing high doses of opiates and also for spirometry because we wonder if he may have underlying diagnosis of COPD in addition to known asthma. We are also awaiting a cardiology opinion as he's been experiencing chest pain in association with known ischaemic heart disease and they are due to see him in January.

I wondered if you might consider reviewing him given the complex nature of his case as I feel it would be helpful for a secondary care physician to co-ordinate all the various teams involved in his care.

Many thanks.

Yours sincerely,

Dr Pirie

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded

Knee joint pain		10/12/2019	10/12/2019
Acute exacerbation of asthma		01/11/2019	01/11/2019
Avascular necrosis of bone	L hip	09/04/2019	09/04/2019
Gastritis unspecified	noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia	noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS		01/11/2013	01/11/2013
Angina pectoris		19/07/2013	19/07/2013
Acute exacerbation of asthma		14/08/2003	14/08/2003
Asthma		01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		12/11/2019
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		12/11/2019
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		12/11/2019
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		08/10/2019
Ramipril Capsules 10 mg	56 capsule	1 DAILY		03/08/2015		28/11/2019
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		12/11/2019
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		12/11/2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		02/12/2019
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		08/10/2019
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		12/11/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 60 mg	126 tablet	THREE TO BE TAKEN TWICE DAILY		17/12/2019	42 Days	17/12/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		12/12/2019	42 Days	12/12/2019
Amitriptyline Hydrochloride Tablets 10 mg	56 tablet	ONE OR TWO TO BE TAKEN AT NIGHT		12/12/2019	42 Days	12/12/2019
Nystatin Oral suspension 100,000 units/ml	30 ML	USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS		11/11/2019	42 Days	11/11/2019
Prednisolone Tablets 5 mg	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING		01/11/2019	5 Days	01/11/2019
Flucloxacillin Capsules 500 mg	56 capsule	TWO TO BE TAKEN FOUR TIMES A DAY		28/10/2019	7 Days	28/10/2019
Lactulose Solution 3.1-3.7 g/5 ml	500 ml	20ML BD		18/10/2019	42 Days	18/10/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		09/10/2019	42 Days	09/10/2019

Morphine Sulfate Oral solution 10 mg/5 ml	500 ML	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN	06/08/2019	182 Days	24/12/2019
Mst Continus M/R tablets 60 mg	84 TABLET	TAKE THREE TABLET TWICE DAILY	19/07/2019	181 Days	05/12/2019

Additional information

Smoking history (Encounters):Trying to give up smoking	Date recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week	Date recorded:15-Jan-2019
Exercise history (Encounters):Avoids even trivial exercise	Date recorded:17-Jul-2003
Patient Weight in Kilograms:75	
Patient Height in Metres:170	
Patient BMI:25.95	
Patient Blood Pressure (Systolic):116	
Patient Blood Pressure (Diastolic):62	

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	27/12/2019
Date submitted	27/12/2019
UCPN	101020333536V

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Poorly controlled pain

Main Referral Text:

Dear Colleagues,

I would be grateful for your input for this 55 year old man who has significant pain in his left hip and knee. Hes been seeing orthopaedics this year with a diagnosis of avascular necrosis of his left hip but unfortunately he has not been able to have any operations on his hip due to systemic symptoms of unknown origin. Hes been seeing infectious diseases who presume that he may have an underlying diagnosis of non-tuberculosis microbacteria and as things stand he is still waiting to see respiratory for further review of this.

Unfortunately this means that orthopaedics are not willing to operate on his hip but he is still in significant pain relating to this. He has required quite high doses of opiates to control his pain and is currently taking MST MR 180mg twice daily. In addition to this he can take up to 90mls of oramorph daily. However when we have tried to adjust this MST up this does not seem to have any additional benefit to his pain therefore he continues using the oramorph for breakthrough pain. We also introduced some gabapentin which he takes three times a day and he is also taking regular paracetamol.

I realise that these are very high doses of opiates and I had previously contacted one of the pain team consultants for advice. My hope had been that he would have operative treatment for his hip and therefore his pain levels would be much reduced and we could wean him from his opiate but it looks like there may be further delay before this can happen. I would be very grateful for some further input to see if we can optimise his analgesia.

Many thanks

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	
What is your primary expectation of referral? :	Medical Management	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Knee joint pain			10/12/2019	10/12/2019
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013

Acute exacerbation of asthma	14/08/2003	14/08/2003
Asthma	01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		12/11/2019
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Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		12/11/2019
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		08/10/2019
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Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		12/11/2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		02/12/2019
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		08/10/2019
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		12/11/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 60 mg	126 tablet	THREE TO BE TAKEN TWICE DAILY		17/12/2019	42 Days	17/12/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		12/12/2019	42 Days	12/12/2019
Amitriptyline Hydrochloride Tablets 10 mg	56 tablet	ONE OR TWO TO BE TAKEN AT NIGHT		12/12/2019	42 Days	12/12/2019
Nystatin Oral suspension 100,000 units/ml	30 ML	USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS		11/11/2019	42 Days	11/11/2019
Prednisolone Tablets 5 mg	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING		01/11/2019	5 Days	01/11/2019
Flucloxacillin Capsules 500 mg	56 capsule	TWO TO BE TAKEN FOUR TIMES A DAY		28/10/2019	7 Days	28/10/2019
Lactulose Solution 3.1-3.7 g/5 ml	500 ml	20ML BD		18/10/2019	42 Days	18/10/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		09/10/2019	42 Days	09/10/2019
Morphine Sulfate Oral solution 10 mg/5 ml	500 ML	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN		06/08/2019	182 Days	24/12/2019
Mst Continus M/R tablets 60 mg	84 TABLET	TAKE THREE TABLET TWICE DAILY		19/07/2019	181 Days	05/12/2019

Additional information

Smoking history (Encounters):Trying to give up smoking Date recorded:15-Jan-2019

Alcohol history (Encounters):Alcohol consumption, 12 units/week Date recorded:15-Jan-2019

Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:75
Patient Height in Metres:170
Patient BMI:25.95
Patient Blood Pressure (Systolic):116
Patient Blood Pressure (Diastolic):62

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Respiratory Physiology L Primary Care Spirometry
Urgency of referral	Routine
Date of referral	27/12/2019
Date submitted	27/12/2019
UCPN	101020333672X

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07850231736

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: ?COPD

Main Referral Text:

Dear Colleagues,

This 51 year old man has history of asthma but is also a long term smoker. Hes been seen with recent episodes of wheeze and has had investigations which have shown some emphysema on his chest x-ray. I wonder if therefore he has a mix of COPD and Asthma I would be grateful if a spirometry could be arranged to see if he does match the criteria for COPD.

Many thanks.

Yours sincerely,

Dr A Pirie

Investigations

Description	Result	Date
I authorise any required tests for this patient, including all required medicines for the test to be administered by qualified NHS Staff? :	true	
If asthma is suspected, I authorise the Respiratory Physiologist to proceed to a Challenge test if deemed appropriate. This involves inhalation of a maximum cumulative dose of 635mg Mannitol as per protocol? :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Knee joint pain			10/12/2019	10/12/2019
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded

Total nephrectomy	L side - for donation	30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		12/11/2019
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		12/11/2019
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		12/11/2019
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		08/10/2019
Ramipril Capsules 10 mg	56 capsule	1 DAILY		03/08/2015		28/11/2019
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		12/11/2019
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013		12/11/2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn		19/12/2012		02/12/2019
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		08/10/2019
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		12/11/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 60 mg	126 tablet	THREE TO BE TAKEN TWICE DAILY		17/12/2019	42 Days	17/12/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		12/12/2019	42 Days	12/12/2019
Amitriptyline Hydrochloride Tablets 10 mg	56 tablet	ONE OR TWO TO BE TAKEN AT NIGHT		12/12/2019	42 Days	12/12/2019
Nystatin Oral suspension 100,000 units/ml	30 ML	USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS		11/11/2019	42 Days	11/11/2019
Prednisolone Tablets 5 mg	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING		01/11/2019	5 Days	01/11/2019
Flucloxacillin Capsules 500 mg	56 capsule	TWO TO BE TAKEN FOUR TIMES A DAY		28/10/2019	7 Days	28/10/2019
Lactulose Solution 3.1-3.7 g/5 ml	500 ml	20ML BD		18/10/2019	42 Days	18/10/2019
Gabapentin Capsules 300 mg	100 capsule	TAKE ONE TABLET THREE TIMES A DAY		09/10/2019	42 Days	09/10/2019
Morphine Sulfate Oral solution 10 mg/5 ml	500 ML	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN		06/08/2019	182 Days	24/12/2019
Mst Continus M/R tablets 60 mg	84 TABLET	TAKE THREE TABLET TWICE DAILY		19/07/2019	181 Days	05/12/2019

Additional information

Smoking history (Encounters):Trying to give up smoking Date recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week Date recorded:15-Jan-2019
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:75
Patient Height in Metres:170
Patient BMI:25.95
Patient Blood Pressure (Systolic):116

Patient Blood Pressure (Diastolic):62

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Respiratory Medicine L Basic SIGN Referral
Urgency of referral	Urgent
Date of referral	15/06/2020
Date submitted	15/06/2020
UCPN	101021171098P

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07368 583 194

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Referral

Main Referral Text:

Dear colleagues,

Please find attached a thorough summary of this 52 year old man who is attending Dr Thethy's general medical clinic.

As you can see from Dr Thethy's letter, he requested that I might expedite respiratory input with a view to considering whether PFT's could be arranged.

I had referred Mr Lewis for pulmonary function testing earlier this year, but this was deferred due to the COVID-19 outbreak.

I understand that Mr Lewis is shortly going to be admitted as an inpatient for his hip operation under orthopaedics. I wonder whether respiratory review and possibly PF testing could be considered whilst he is an inpatient.

I would be grateful for your input in his care.

Yours faithfully,

Dr Alison Pirie

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		09/06/2020
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		08/06/2020
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		08/06/2020
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		08/06/2020
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		08/06/2020
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		08/06/2020
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		08/06/2020
Ramipril Capsules 10 mg	56 capsule	1 DAILY		03/08/2015		30/03/2020
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		08/06/2020
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		07/05/2020
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		08/06/2020

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Nicotine Oromucosal Spray Sugar Free 1 mg/dose	13.2 ML	USE AS DIRECTED ON PACK INSTRUCTIONS		09/06/2020	42 Days	09/06/2020
Nicotinell Tts 20 Transdermal patches 35 mg (14 mg/24 hours)	14 PATCH	1 PATCH DAILY REMOVE AFTER 24 HOURS- REMOVE OVERNIGHT IF HAVING NIGHTMARES		09/06/2020	42 Days	09/06/2020
Amoxicillin Capsules 500 mg	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS		15/04/2020	42 Days	15/04/2020
Morphine Sulfate Oral solution 10 mg/5 ml	2000 ml	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR		20/03/2020	119 Days	05/06/2020

		BREAKTHROUGH PAIN. PLEASE DISPENSE 500MLS (FIVE HUNDRED MILLILITRES) WEEKLY			
Amitriptyline Hydrochloride Tablets 10 mg	84 TABLET	3 TABS AT NIGHT	05/03/2020	138 Days	09/06/2020
Mst Continus M/R tablets 60 mg	168 TABLET	THREE TO BE TAKEN TWICE DAILY	17/12/2019	217 Days	09/06/2020
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY	27/09/2013		08/06/2020
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHAL	2 Puffs prn	19/12/2012		30/03/2020

Additional information

Smoking history (Encounters):Trying to give up smoking Date recorded:15-Jan-2019

Alcohol history (Encounters):Alcohol consumption, 12 units/week Date recorded:15-Jan-2019

Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003

Patient Weight in Kilograms:79.4

Patient Height in Metres:166.5

Patient BMI:28.64

Patient Blood Pressure (Systolic):116

Patient Blood Pressure (Diastolic):62

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Flow Centre Referral L Flow Centre Referral
Urgency of referral	Routine
Date of referral	03/07/2020
Date submitted	03/07/2020
UCPN	101021255599C

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07368 583 194

REFERRING PRACTITIONER DETAILS

Name:	Dr Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery(19164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
EDINBURGH
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Hip pain post excision arthroplasty, CRP 117

Main Referral Text:

Dear Colleagues,

As discussed, thank you for assessing this 52 year old man who had a left sided excision arthroplasty of his hip on 16th June. Since discharge he has been struggling with significant pain in both his hip and knee on the left side. Our DNs have been visiting him and are incredibly concerned with the amount of pain he is in. He is feeling generally unwell due to lack of sleep, and has ongoing sweats. His chronic sweating is under investigation with the medical and respiratory teams.

His wound looks clean. There is some slight swelling posterior to the wound. He has been afebrile, HR 103 yesterday.

Bloods were taken which show CRP has increased to 117.

I am concerned he may have some infection within the tissues surrounding the hip and I would be grateful for your assessment today.

Many thanks,

Dr Alison Pirie
GP Ferniehill

Investigations

Description	Result	Date
Discussed with Receiving Service? :	Yes	
Receiving Specialty :	Ortho	
Specialty Contact Information :	Tom Carter ortho reg	
Have there been any changes to medicines/dosage in the past two weeks? :	Yes	
If Yes, please specify: :	PRN oramorph increased to 80mg prn. Also amitriptyline dose increased to 30mg nocte.	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019

Gastritis unspecified	noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia	noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS		01/11/2013	01/11/2013
Angina pectoris		19/07/2013	19/07/2013
Acute exacerbation of asthma		14/08/2003	14/08/2003
Asthma		01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		24/06/2020
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020		24/06/2020
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		09/06/2020
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		08/06/2020
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		08/06/2020
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		08/06/2020
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		08/06/2020
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		08/06/2020
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		08/06/2020
Ramipril Capsules 10 mg	56 capsule	1 DAILY		03/08/2015		30/03/2020
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		08/06/2020
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		08/11/2012		07/05/2020
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		08/06/2020

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dalteparin Sodium Injection 5,000 units/0.2 ml pre-filled syringe	18 pre-filled disposable injection	INJECT THE CONTENTS OF ONE SYRINGE ONCE DAILY TO COMPLETE 28 DAY COURSE		24/06/2020	42 Days	24/06/2020
Niquitin Clear Transdermal patches 14 mg/24 hrs	14 patch	APPLY ONE PATCH DAILY		24/06/2020	42 Days	24/06/2020
Nicotine Oromucosal Spray Sugar Free 1 mg/dose	13.2 ML	USE AS DIRECTED ON PACK INSTRUCTIONS		09/06/2020	42 Days	09/06/2020
Nicotinell Tts 20 Transdermal patches 35 mg (14 mg/24 hours)	14 PATCH	1 PATCH DAILY REMOVE AFTER 24 HOURS- REMOVE OVERNIGHT IF HAVING NIGHTMARES		09/06/2020	42 Days	09/06/2020

Amoxicillin Capsules 500 mg	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	15/04/2020	42 Days	15/04/2020
Morphine Sulfate Oral solution 10 mg/5 ml	2000 ml	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN. PLEASE DISPENSE 500MLS (FIVE HUNDRED MILLILITRES) WEEKLY	20/03/2020	143 Days	29/06/2020
Amitriptyline Hydrochloride Tablets 10 mg	84 TABLET	3 TABS AT NIGHT	05/03/2020	138 Days	09/06/2020
Mst Continus M/R tablets 60 mg	168 TABLET	THREE TO BE TAKEN TWICE DAILY	17/12/2019	217 Days	09/06/2020
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY	27/09/2013		08/06/2020

Additional information

Smoking history (Encounters):Trying to give up smoking Date recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week Date recorded:15-Jan-2019
Exercise history (Encounters):Avoids even trivial exercise Date recorded:17-Jul-2003
Patient Weight in Kilograms:79.4
Patient Height in Metres:166.5
Patient BMI:28.64
Patient Blood Pressure (Systolic):116
Patient Blood Pressure (Diastolic):62

NHS Lothian - Referral Letter

Referral To	Western General Hospital Urology LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	16/12/2021
Date submitted	16/12/2021
UCPN	101025119404U

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: BPH with failure to respond to treatment in primary care

Main Referral Text:

Dear colleague,

This 53 year old patient has presented with many months history of lower urinary tract symptoms.

He has symptoms of incomplete emptying, straining and nocturia.

I had asked him to complete an IPSS score but on review it looks like he has never handed this in to us. He did however have a PSA blood test checked earlier this year which was normal at 0.6

He also had an examination of his prostate in July which revealed a smooth, enlarged prostate.

We initially tried him with Tamsulosin where he had some modest improvement but he still had ongoing urinary symptoms in August 2021 at which point we added in Finasteride.

He had been on this regularly since with no real improvement in his symptoms. These symptoms do still seem to be predominantly voiding in nature.

I wondered therefore if he could be offered a review to see if he needs any more definitive treatment for presumed BPH.

Yours sincerely,

Dr Alison Pirie

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013

Acute exacerbation of asthma	14/08/2003	14/08/2003
Asthma	01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/08/2021		29/11/2021
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		29/11/2021
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/02/2021		29/11/2021
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT		03/08/2020		29/11/2021
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		29/11/2021
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020		07/09/2021
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		29/11/2021
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		29/11/2021
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		07/09/2021
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		29/11/2021
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		29/11/2021
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		29/11/2021
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		29/11/2021
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		29/11/2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		29/11/2021

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 60 mg	14 tablet	ONE TO BE TAKEN TWICE A DAY		10/12/2021		10/12/2021
Mst Continus M/R tablets 60 mg	112 TABLET	TWO TWICE DAILY		22/03/2021		14/12/2021
Morphine Sulfate Oral	1200 ML	UP TO 30MG/15MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN. PLEASE		20/03/2020		14/12/2021

solution 10 mg/5 ml	DISPENSE 300MLS (THREE HUNDRED MILLILITRES) WEEKLY

Additional information

Patient Weight in Kilograms:79.4
Patient Height in Metres:166.5
Patient BMI:28.64
Patient Blood Pressure (Systolic):119
Patient Blood Pressure (Diastolic):76

Smoking history (Screening):Trying to give up smoking	Date Recorded:15-Jan-2019
Smoking history (Encounters):Trying to give up smoking	Date Recorded:15-Jan-2019
Alcohol history (Screening):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Exercise history (Screening):Avoids even trivial exercise	Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise	Date Recorded:17-Jul-2003

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical LI Iron Deficiency Anaemmia
Urgency of referral	Urgent
Date of referral	30/08/2022
Date submitted	30/08/2022
UCPN	101027272163M

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	R Parker (GMC: 0)
Practice:	Forniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Forniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral:	IDA
Main Referral Text:	Mr Lewis is a 54 year old man who was originally referred for upper and lower scopes by General Medicine in May 2020 following a 3 to 4 year history of night sweats, weight loss, dysphagia and a new diagnosis of IDA. Mr Lewis was booked in for scopes in Aug 2021 but unfortunately DNA'd these appointments. His symptoms all continue and his IDA remains with a Ferritin of 13 and an Hb of 101. He is now willing to attend for scopes if indicated.

Investigations

Description	Result	Date
1. Has the Haemoglobin been tested? :	Yes	
2. Has Ferritin been tested? :	Yes	
3. Is Ferritin low? :	Yes	
4. Have FASTING Iron and Transferrin been tested? :	Yes	
5. Is Iron low? :	Yes	
6. Is Transferrin >3.0? :	Yes	
7. Are there any GI symptoms (inc. overt GI blood loss)? :	No	
8. Is the patient vegetarian/vegan? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Paronychia			08/08/2022	08/08/2022
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Medication review				15/08/2022	15/08/2022
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 60 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY - TOTAL 60 MG BD DECREASING MONTHLY DOSE		01/04/2022		25/08/2022
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/08/2021		26/07/2022
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		26/07/2022
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/02/2021		25/07/2022
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT		03/08/2020		23/08/2022
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		28/03/2022
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020		07/09/2021
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		25/07/2022
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		26/07/2022
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		26/07/2022
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		25/07/2022
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		25/07/2022
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		25/07/2022
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		25/07/2022
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		25/07/2022
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		25/07/2022

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Flucloxacillin Capsules 500 mg	28 capsule	ONE TO BE TAKEN FOUR TIMES A DAY		08/08/2022		08/08/2022
Mst Continus M/R tablets 10 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY TO MAKE TOTAL DOSE 70MG BD DECREASING DOSE		01/04/2022		22/07/2022

Morphine Sulfate Oral solution 10 mg/5 ml	1200 ML	UP TO 30MG/15MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN. PLEASE DISPENSE 300MLS (THREE HUNDRED MILLILITRES) WEEKLY	20/03/2020	11/08/2022

Additional information

Patient Weight in Kilograms:79.4
Patient Height in Metres:166.5
Patient BMI:28.64
Patient Blood Pressure (Systolic):119
Patient Blood Pressure (Diastolic):76

Smoking history (Screening):Trying to give up smoking	Date Recorded:15-Jan-2019
Smoking history (Encounters):Trying to give up smoking	Date Recorded:15-Jan-2019
Alcohol history (Screening):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Exercise history (Screening):Avoids even trivial exercise	Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise	Date Recorded:17-Jul-2003

NHS Lothian - Referral Letter

Referral To	Western General Hospital Urology LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	08/11/2022
Date submitted	08/11/2022
UCPN	101027906265J

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Please see main referral text

Main Referral Text:

Dear Colleagues,

Please find attached the referral from December 2021 regarding this 54 year old man who has persistent urinary symptoms.

Unfortunately he failed to attend an appointment this year which he says is due to not receiving the appointment which may have been lost by his sister. He would be grateful if a further appointment could be sent to him to see if there is anything that would help manage his urinary symptoms.

Yours sincerely,

Dr Alison Pirie

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded

Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left	02/11/2020	02/11/2020
Total nephrectomy	L side - for donation		30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/08/2021		07/11/2022
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		01/11/2022
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/02/2021		01/11/2022
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT		03/08/2020		01/11/2022
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		01/11/2022
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		01/11/2022
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		01/11/2022
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		07/11/2022
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		01/11/2022
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		07/11/2022
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		01/11/2022
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		01/11/2022
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		01/11/2022
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		01/11/2022

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 10 mg	120 tablet	TWO TO BE TAKEN TWICE A DAY - TOTAL DOSE 50MG BD		07/11/2022		07/11/2022
Mst Continus M/R tablets 30 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY - TOTAL DOSE 50MG BD		07/11/2022		07/11/2022
Co-Amoxiclav 500/125 Tablets	21 TABLET	ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS (PYELONEPHRITIS)		29/09/2022		29/09/2022
Mst Continus M/R tablets 30 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY - TOTAL DOSE 50MG BD		16/09/2022		16/09/2022
Mst Continus M/R tablets 10 mg	120 tablet	TWO TO BE TAKEN TWICE A DAY - TOTAL DOSE 50MG BD		16/09/2022		16/09/2022
Mst Continus M/R tablets 60 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY - TOTAL 60 MG BD DECREASING MONTHLY DOSE		01/04/2022		25/08/2022

Morphine Sulfate Oral solution 10 mg/5 ml	1200 ML	UP TO 20MG/10MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN. PLEASE DISPENSE 300MLS (THREE HUNDRED MILLILITRES) WEEKLY	20/03/2020	13/10/2022

Additional information

Patient Weight in Kilograms:79.4

Patient Height in Metres:166.5

Patient BMI:28.64

Patient Blood Pressure (Systolic):119

Patient Blood Pressure (Diastolic):76

Smoking history (Screening):Trying to give up smoking	Date Recorded:15-Jan-2019
Smoking history (Encounters):Trying to give up smoking	Date Recorded:15-Jan-2019
Alcohol history (Screening):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Exercise history (Screening):Avoids even trivial exercise	Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise	Date Recorded:17-Jul-2003

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk in
Urgency of referral	Routine
Date of referral	21/11/2022
Date submitted	21/11/2022
UCPN	101028033246N

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Pelvis/Hips**
Reason for Request:	Previous AVN with total hip replacement in May 2021. Now return of pain in left hip and lower back. No systemic upset. ?loosening or change to hip replacement

CLINICAL INFORMATION

Investigations

Description	Result	Date
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Lauriston Building	8:30am - 4:00pm
Leith Community Treatment Centre	8:30am - 4:00pm
Midlothian Community Hospital	9:15am - 12:30pm
East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm
Royal Hospital for Sick Children - **Children Only**	9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh	9:00am - 4:30pm
St John's Hospital	8:30am - 5:00pm
Western General Hospital	8:00am - 5:00pm (Main xray Department)

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Astley Ainslie Hospital LI Physiotherapy Physio @ Home
Urgency of referral	Routine
Date of referral	10/05/2024
Date submitted	10/05/2024
UCPN	101033006719M

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

158 Moredun Park Road
Edinburgh
EH17 7DQ

Voice (Home) : 0131 283 1382
Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Chantal Llano (GMC: 6129656)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral:	See main referral text
Main Referral Text:	Thanks for seeing Mr Lewis at home He has a history of bilateral hip replacement and motorbike accident with chronic knee injury. Mobility is very poor now. Housebound mainly. Very limited ROM knees and hips. Physio to help improve mobility and strength/

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Has the patient Severe unremitting pain? :	true	
Time since onset? (Weeks) :	12 or more weeks	
Does the patient live alone? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Varicose veins of the legs			25/04/2024	25/04/2024
Hip pain			06/12/2022	06/12/2022
O/E - a lump			29/09/2022	29/09/2022
Paronychia			08/08/2022	08/08/2022
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Oedema			14/06/2021	14/06/2021
O/E - dry skin			06/05/2021	06/05/2021
Urinary symptoms			06/05/2021	06/05/2021
Heel pain			01/12/2020	01/12/2020
Emphysema			01/07/2020	01/07/2020
Iron deficiency anaemia NOS			11/03/2020	11/03/2020
Septic arthritis		L hip	25/02/2020	25/02/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Knee joint pain			10/12/2019	10/12/2019
Acute exacerbation of asthma			01/11/2019	01/11/2019

Postoperative wound infection, unspecified		28/10/2019	28/10/2019
Avascular necrosis of bone	L hip	09/04/2019	09/04/2019
Night sweats	High CRP - unclear cause	19/03/2019	19/03/2019
[D]Groin pain		04/02/2019	04/02/2019
Allergic rhinitis		09/08/2018	09/08/2018
Swollen legs		17/04/2018	17/04/2018
CTS - Carpal tunnel syndrome		17/04/2018	17/04/2018
Athlete's foot		17/04/2018	17/04/2018
[D]Paraesthesia		06/04/2018	06/04/2018
Epididymitis (Right)		13/02/2018	13/02/2018
Gastritis unspecified	noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia	noted on endoscopy	04/10/2016	04/10/2016
Vomiting symptoms		03/08/2016	03/08/2016
[D]Haemoptysis		05/07/2016	05/07/2016
[D]LFT's abnormal		29/06/2016	29/06/2016
Headache		09/12/2015	09/12/2015
Viral upper respiratory tract infection NOS		16/11/2015	16/11/2015
Dizziness symptom		17/08/2015	17/08/2015
Irritable - symptom		03/08/2015	03/08/2015
Backache		03/08/2015	03/08/2015
Chest infection		27/05/2015	27/05/2015
Calf pain		10/03/2015	10/03/2015
Otitis externa NOS		24/06/2014	24/06/2014
Infection ear		22/04/2014	22/04/2014
Shingles		17/03/2014	17/03/2014
Peripheral vascular disease NOS		01/11/2013	01/11/2013
Chesty cough		27/09/2013	27/09/2013
Angina pectoris		19/07/2013	19/07/2013
Leg pain		29/10/2012	29/10/2012
Tennis elbow (Bilateral)		19/06/2012	19/06/2012
Chest pain		26/03/2012	26/03/2012
Cough		10/01/2012	10/01/2012
Infected sebaceous cyst		10/01/2012	10/01/2012
Acute exacerbation of asthma		14/08/2003	14/08/2003
[X]Depression NOS		01/03/2003	01/03/2003
Minor head injury		19/01/2003	19/01/2003
Asthma		01/01/1993	01/01/1993
Fracture of tibia and fibula	Left	24/05/1988	24/05/1988

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Medication review				15/08/2022	15/08/2022
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Excision arthroplasty of hip (Left)	with washout and debridement	Left		16/06/2020	16/06/2020
Biopsy admin	Biopsy L hip			21/10/2019	21/10/2019
Gamma - G.T. level				16/02/2016	16/02/2016
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		02/04/2024
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		02/04/2024

Additional information

Patient Weight in Kilograms:79.4

Patient BMI:28.64
Patient Blood Pressure (Systolic):119
Patient Blood Pressure (Diastolic):76
Smoking history (Screening):Trying to give up smoking Date Recorded:15-Jan-2019
Smoking history (Encounters):Trying to give up smoking Date Recorded:15-Jan-2019
Alcohol history (Screening):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019
Exercise history (Screening):Avoids even trivial exercise Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date Recorded:17-Jul-2003

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose and Throat (ENT) - Ear LI ENT - Ear Basic
Urgency of referral	Routine
Date of referral	07/06/2024
Date submitted	07/06/2024
UCPN	101033283076L

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Chantal Llano (GMC: 6129656)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Chronic Otitis Externa

Main Referral Text: Thank you for your assessment and management of Bernard. He has a history of bilateral chronically discharging ears for about 1-2 years, which is mainly at night time with green discharge. He denies pain but feels some hearing loss to both ears.

He does have poor health suffers with COPD Angina and PVD as well as back pain and mobility troubles.

Examining him he had no tragal tenderness no changes to the skin of his pinna and surrounding ear. Both his EAMs were very narrowed but did not appear inflamed or with debris. I could not see his tympanic membrane with the otoscope.

Swabs have grown some organisms including staph aureus so I have commenced him on doxycycline for 7 days/

I suspect a cholesteatoma versus chronic OE and would be grateful for your ongoing assessment and management.

Investigations

Description	Result	Date
Clinical Examination Findings :	Narrowed external auditory meati both ears unable to visualise tympanic membrane Swabs have grown strep agalactiae Pastuerella Cani and staph aureus.	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Multiple symptoms			30/05/2024	30/05/2024
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/08/2021		14/05/2024
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		14/05/2024
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/02/2021		14/05/2024
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT		03/08/2020		14/05/2024
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		02/04/2024
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020		02/04/2024
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		14/05/2024
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		14/05/2024
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		14/05/2024
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		14/05/2024
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		14/05/2024
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		14/05/2024
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		14/05/2024
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		14/05/2024
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		14/05/2024

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Doxycycline Hyclate Capsules 100 mg	8 capsule	TWO TO BE TAKEN ON DAY 1 THEN ONE TO BE TAKEN DAILY FOR A FURTHER 6 DAYS		04/06/2024		04/06/2024
Phenoxymethylpenicillin Tablets 250 mg	56 tablet	TWO TO BE TAKEN FOUR TIMES A DAY FOR FIVE DAYS FOR TONSILLITIS		04/06/2024		04/06/2024
Mst Continus M/R tablets 5 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY		09/01/2024		03/06/2024

Additional information

Patient Weight in Kilograms:79.4

Patient Height in Metres:166.5
Patient BMI:28.64
Patient Blood Pressure (Systolic):138
Patient Blood Pressure (Diastolic):80
Smoking history (Screening):Trying to give up smoking Date Recorded:15-Jan-2019
Smoking history (Encounters):Trying to give up smoking Date Recorded:15-Jan-2019
Alcohol history (Screening):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019
Exercise history (Screening):Avoids even trivial exercise Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date Recorded:17-Jul-2003

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose and Throat (ENT) - Ear LI ENT - Ear Basic
Urgency of referral	Routine
Date of referral	07/06/2024
Date submitted	07/06/2024
UCPN	101033283286G

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Chantal Llano (GMC: 6129656)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: See main referral text

Main Referral Text: Thank you for your assessment and management of Bernard. He has a history of bilateral chronically discharging ears for about 1-2 years, which is mainly at night time with green discharge. He denies pain but feels some hearing loss to both ears.

He does have poor health suffers with COPD Angina and PVD as well as back pain and mobility troubles.

Examining him he had no tragal tenderness no changes to the skin of his pinna and surrounding ear. Both his EAMs were very narrowed but did not appear inflamed or with debris. I could not see his tympanic membrane with the otoscope.

Swabs have grown some organisms including staph aureus so I have commenced him on doxycycline for 7 days/

I suspect a cholesteatoma versus chronic OE and would be grateful for your ongoing assessment and management.

Investigations

Description	Result	Date
Clinical Examination Findings :	Narrowed external auditory meati both ears unable to visualise tympanic membrane Swabs have grown strep agalactiae Pastuerella Cani and staph aureus.	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Multiple symptoms			30/05/2024	30/05/2024
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/08/2021		14/05/2024
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		14/05/2024
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/02/2021		14/05/2024
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT		03/08/2020		14/05/2024
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020		02/04/2024
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		02/04/2024
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		14/05/2024
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		14/05/2024
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		14/05/2024
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		14/05/2024
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		14/05/2024
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		14/05/2024
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		14/05/2024
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		14/05/2024
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		14/05/2024

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Phenoxymethylpenicillin Tablets 250 mg	56 tablet	TWO TO BE TAKEN FOUR TIMES A DAY FOR FIVE DAYS FOR TONSILLITIS		04/06/2024		04/06/2024
Doxycycline Hyclate Capsules 100 mg	8 capsule	TWO TO BE TAKEN ON DAY 1 THEN ONE TO BE TAKEN DAILY FOR A FURTHER 6 DAYS		04/06/2024		04/06/2024
Mst Continus M/R tablets 5 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY		09/01/2024		03/06/2024

Additional information

Patient Weight in Kilograms:79.4

Patient Height in Metres:166.5
Patient BMI:28.64
Patient Blood Pressure (Systolic):138
Patient Blood Pressure (Diastolic):80
Smoking history (Screening):Trying to give up smoking Date Recorded:15-Jan-2019
Smoking history (Encounters):Trying to give up smoking Date Recorded:15-Jan-2019
Alcohol history (Screening):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019
Exercise history (Screening):Avoids even trivial exercise Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date Recorded:17-Jul-2003

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Vascular Surgery LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	19/07/2024
Date submitted	19/07/2024
UCPN	101033672172Q

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Chantal Llano (GMC: 6129656)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: refer for assessment and management of possible peripheral vascular disease

Main Referral Text:

Dear Colleague

Thank you for seeing Bernard. He is a smoker.

Recent ABPI requested for a large varicose vein on his L leg has highlighted low parameters (Left 0.78 and right 0.8)

He complains of calf claudication after 20-30 yards enough to make him stop and rest some 5-10 mins. Occasionally has pain at rest. Denies night pain but usually sleeps with his feet out the bed. With the claudication on exercise will have pins and needles. The skin on his feet never change colour.

He also has a history of IHD and angina that at the moment seems to be well controlled. He denies SOB and only uses his GTN approx. 2 x month.
He also has COPD and is under investigation since 2022 for an iron deficiency anaemia. His chronic back pain limits him in amount of exercise he can manage.

On examination of his lower limbs he has spider veins and stigmata of venous insufficiency. Feet were warm and well perfused. Peripheral pulses were easily palpable. Capillary refill time < 2s.

I had requested doppler hoping I could get some compression stockings to help his varicose veins but given his medical history and current symptoms I would be grateful for your ongoing assessment and management of his vascular disease. We are working on him to stop smoking!

Thank you for seeing.

Kind regards

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016

Peripheral vascular disease NOS	01/11/2013	01/11/2013
Angina pectoris	19/07/2013	19/07/2013
Acute exacerbation of asthma	14/08/2003	14/08/2003
Asthma	01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ramipril Capsules 2.5 mg	56 CAPSULE	ONE TO BE TAKEN DAILY. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		14/06/2024		14/06/2024
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/08/2021		02/07/2024
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		02/07/2024
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/02/2021		02/07/2024
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT		03/08/2020		02/07/2024
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		02/07/2024
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020		02/04/2024
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		02/07/2024
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		02/07/2024
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020		03/07/2024
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		02/07/2024
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		03/07/2024
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		02/07/2024
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		02/07/2024
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		02/07/2024
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		02/07/2024

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

Doxycycline Hyclate Capsules 100 mg	8 capsule	TWO TO BE TAKEN ON DAY 1 THEN ONE TO BE TAKEN DAILY FOR A FURTHER 6 DAYS	04/06/2024	04/06/2024
Phenoxymethylpenicillin Tablets 250 mg	56 tablet	TWO TO BE TAKEN FOUR TIMES A DAY FOR FIVE DAYS FOR TONSILLITIS	04/06/2024	04/06/2024
Mst Continus M/R tablets 5 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY	09/01/2024	26/06/2024

Additional information

Patient Weight in Kilograms:79.4

Patient Height in Metres:166.5

Patient BMI:28.64

Patient Blood Pressure (Systolic):107

Patient Blood Pressure (Diastolic):75

Smoking history (Screening):Trying to give up smoking Date Recorded:15-Jan-2019

Smoking history (Encounters):Trying to give up smoking Date Recorded:15-Jan-2019

Alcohol history (Screening):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019

Alcohol history (Encounters):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019

Exercise history (Screening):Avoids even trivial exercise Date Recorded:17-Jul-2003

Exercise history (Encounters):Avoids even trivial exercise Date Recorded:17-Jul-2003

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical LI Iron Deficiency Anaemmia
Urgency of referral	Urgent - Suspected Cancer
Date of referral	06/11/2024
Date submitted	06/11/2024
UCPN	1010347072401

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr Polly Dunne (GMC: 7328909)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral:	awaiting Ix for IDA
Main Referral Text:	This 56yo male is under Dr Fraser for Ix of IDA. An email was sent in July by my colleague to Dr Fraser asking if the virtual colonscopy that he missed in April could be rescheduled as the patient is very keen to engage with this. Im not sure if this has been missed and thought sci would be a more robust way to request this. He is also waiting to hear about a small bowel capsule endoscopy also. Many thanks

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

Ramipril Capsules 2.5 mg	56 CAPSULE	ONE TO BE TAKEN DAILY. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	14/06/2024	07/10/2024
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY	19/08/2021	07/10/2024
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY	20/07/2021	07/10/2024
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY	19/02/2021	07/10/2024
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT	03/08/2020	01/11/2024
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY	24/06/2020	07/10/2024
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY	24/06/2020	02/04/2024
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY	09/06/2020	07/10/2024
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED	15/04/2020	07/10/2024
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS	07/04/2020	19/08/2024
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY	20/06/2019	07/10/2024
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY	15/08/2017	07/10/2024
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY	25/05/2017	07/10/2024
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY	28/04/2016	07/10/2024
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	27/11/2014	07/10/2024
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN	18/08/2016	07/10/2024

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Otomize Spray	2 spray	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY		09/10/2024		09/10/2024
Ferrous Fumarate Tablets 210 mg	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY		07/10/2024		07/10/2024
Mst Continus M/R tablets 5 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY		09/01/2024		15/10/2024

Additional information

Patient Weight in Kilograms:79.4

Patient Height in Metres:166.5

Patient BMI:28.64

Patient Blood Pressure (Systolic):107

Patient Blood Pressure (Diastolic):75

Smoking history (Screening):Trying to give up smoking Date Recorded:15-Jan-2019

Smoking history (Encounters):Trying to give up smoking Date Recorded:15-Jan-2019

Alcohol history (Screening):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019

Alcohol history (Encounters):Alcohol consumption, 12 units/week Date Recorded:15-Jan-2019

Exercise history (Screening):Avoids even trivial exercise Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise Date Recorded:17-Jul-2003

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Urgent
Date of referral	20/10/2025
Date submitted	20/10/2025
UCPN	101037991794U

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Forniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Forniehill Road
Edinburgh
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Pelvis/Hips**
Reason for Request:	Dear Colleagues, Thanks for updating hip x-ray for this 57 year old patient. He previously had AVN of his left hip and had THR in 2020. Over the past few months his pain has increased to the level he experienced prior to his surgery. He is systemically well ?xray changes Many thanks

CLINICAL INFORMATION

Investigations

Description	Result	Date
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments – to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	0131 536 6400
Lauriston Building	8:30am - 4:00pm	0131 536 6400
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	9:15am - 4:00pm	0131 536 6400
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 536 6400
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 536 6400
St John's Hospital	8:30am - 5:00pm	0131 536 6400
Western General Hospital	8:30am - 5:00pm	0131 536 6400

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedics - Arthroplasty Hip LI Basic Sign Referral
Urgency of referral	Urgent
Date of referral	20/10/2025
Date submitted	20/10/2025
UCPN	1010379918512

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: FAO Mr MacPherson

Main Referral Text:

Dear Mr MacPherson,

You might remember this 57 year old man, who had left hip AVN with associated systemic upset in 2019. He had an excision arthroplasty in June 2020 and left THR in November 2020.

He's presented with severe left hip pain, worsening over the past few months. He is not experiencing any of the systemic symptoms he had back in 2019.

He is walking with an antalgic gait and has tenderness of his left hip. Movements of his hip are restricted due to discomfort.

I've asked for an updated hip x-ray but I'd also be grateful if he could be reviewed again in the orthopaedic clinic given his background.

Many thanks,

Dr Alison Pirie

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Shoulder pain			20/10/2025	20/10/2025
BPH - benign prostatic hypertrophy			20/07/2021	20/07/2021
Emphysema			01/07/2020	01/07/2020
Knee arthritis NOS		mild left	21/01/2020	21/01/2020
Acute exacerbation of asthma			01/11/2019	01/11/2019
Avascular necrosis of bone		L hip	09/04/2019	09/04/2019
Gastritis unspecified		noted on endoscopy	04/10/2016	04/10/2016
Hiatus hernia		noted on endoscopy	04/10/2016	04/10/2016
Peripheral vascular disease NOS			01/11/2013	01/11/2013
Angina pectoris			19/07/2013	19/07/2013
Acute exacerbation of asthma			14/08/2003	14/08/2003
Asthma			01/01/1993	01/01/1993

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Total prosthetic replacement of hip joint NOS (Left)	under spinal	Left		02/11/2020	02/11/2020
Total nephrectomy	L side - for donation			30/09/1997	30/09/1997

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mst Continus M/R tablets 10 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY		20/10/2025		20/10/2025
Ferrous Fumarate Tablets 322 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		03/10/2025		03/10/2025
Ramipril Capsules 2.5 mg	56 CAPSULE	ONE TO BE TAKEN DAILY. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		14/06/2024		03/10/2025
Finasteride Tablets 5 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/08/2021		03/10/2025
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56 CAPSULE	ONE TO BE TAKEN EACH DAY		20/07/2021		03/10/2025
Aspirin Dispersible tablets 75 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		19/02/2021		03/10/2025
Amitriptyline Hydrochloride Tablets 10 mg	84 tablet	3 AT NIGHT		03/08/2020		03/10/2025
Thiamine Hydrochloride Tablets 100 mg	168 tablet	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020		03/10/2025
Laxido Orange Oral Powder Sachets Sugar Free	120 sachet	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020		06/08/2025
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	60 DOSE	INHALE ONE PUFF ONCE A DAY		09/06/2020		03/10/2025
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	2 inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020		03/10/2025
Paracetamol Tablets 500 mg	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019		03/10/2025
Sertraline Hydrochloride Tablets 100 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		15/08/2017		25/09/2025
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		25/05/2017		03/10/2025
Atorvastatin Tablets 40 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		28/04/2016		03/10/2025
Isosorbide Mononitrate Tablets 10 mg	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014		03/10/2025
Glyceryl Trinitrate Pump spray 400 micrograms/dose	2*200 DOSE	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016		03/10/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ciprofloxacin And Dexamethasone Ear drops 0.3 % + 0.1 %	5 ml	FOUR DROPS TWICE DAILY FOR 7 DAYS TO LEFT EAR		20/10/2025		20/10/2025

Mst Continus M/R tablets 5 mg	60 TABLET	ONE TO BE TAKEN TWICE A DAY	09/01/2024	26/09/2025
Ferrous Fumarate Tablets 210 mg	168 tablet	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS	07/04/2020	07/08/2025

Additional information

Patient Weight in Kilograms:79.4

Patient Height in Metres:166.5

Patient BMI:28.64

Patient Blood Pressure (Systolic):107

Patient Blood Pressure (Diastolic):75

Smoking history (Screening):Trying to give up smoking	Date Recorded:15-Jan-2019
Smoking history (Encounters):Trying to give up smoking	Date Recorded:15-Jan-2019
Alcohol history (Screening):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Alcohol history (Encounters):Alcohol consumption, 12 units/week	Date Recorded:15-Jan-2019
Exercise history (Screening):Avoids even trivial exercise	Date Recorded:17-Jul-2003
Exercise history (Encounters):Avoids even trivial exercise	Date Recorded:17-Jul-2003

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedics - Soft Tissue and Bone Sarcoma LI Sarcoma Pathway
Urgency of referral	Urgent
Date of referral	20/10/2025
Date submitted	20/10/2025
UCPN	101037991968L

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Alison Pirie (GMC: 7039034)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Growing and painful lump

Main Referral Text: Dear Colleagues,

This 57 year old patient has presented with a growing lump, which is increasingly painful. This first appeared a few months ago, but has grown significantly over the past few weeks. It is sore to touch the lump and he avoids putting pressure on his arm as a result.

O/E Lump in left upper arm. Approx 2x3cm, tender. No evidence of infection.

Thanks for your further assessment.

Dr Alison Pirie

Investigations

Description	Result	Date
Nature of suspected tumour: :	suspected soft tissue tumour	
Site :	Left upper arm	
Depth: :	Deep	
Estimated Size (cm) :	2x3cm	
Rapidly growing: :	Yes	
Painful: :	Yes	

Pre-existing conditions (High & Medium Priority)

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Exercise history (Encounters):Avoids even trivial exercise Date Recorded:17-Jul-2003

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Routine
Date of referral	22/12/2025
Date submitted	22/12/2025
UCPN	101038593017A

PATIENT DETAILS

CHI number:	2812671297
Name:	Mr Bernard Lewis
Date of birth:	28/12/1967
Sex:	Male

Contact Details

25 Hyvot Loan
Edinburgh
EH17 8FX

Voice (Mobile) : 07368 583 194
E-mail : lewisbernard27@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Anderson (GMC: 7131987)
Practice:	Ferniehill Surgery (70164)
Phone:	Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	57 yo smoker of at least 20/day for a long time. Chronic cough for the last 4-5 months. Feels getting deeper and sounding wet. CXR to look for cause. Many thanks Dr J Anderson

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chronic Cough :	true	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments – to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	0131 536 6400
Lauriston Building	8:30am - 4:00pm	0131 536 6400
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	9:15am - 4:00pm	0131 536 6400
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 536 6400
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 536 6400
St John's Hospital	8:30am - 5:00pm	0131 536 6400
Western General Hospital	8:30am - 5:00pm	0131 536 6400

Historic Case Notes

O.P. CLINICAL NOTES

(Medical)

NUMI 620106899H M 28/12/1967
Lewis, Bernard
NAM 126 Moredun Park Road,
Edinburgh,
EH17 7HT

CHI 2812671297
70164 A Afzal

PAGE

HEIGHT	163	
WEIGHT	71.	

DATE

12/03/15 47yo

chest pain at rest.

sitting or wake from sleep. Sharp, across middle of chest

Pain into jaw.

Uses GTN spray – taken away pain in 5 mins. – 10 mins (not instant)

occurs 4–5 × / week.

Longest 15 mins.

No nausea / vomiting / sweaty. Nil autonomic

Ass c SOB.

No palps.

ET 50 m – limited by leg pain (PVD)

No cl on walking

PMH/ PVD 18mths ago – (N coronary arteries.

Angina

Asthma

↑ chol

nephrectomy (donated to brother)

DH/ Ismn 10 mg 8 am & 2pm

Co-codamol prn

Fostair inh Simvastatin 40

GTN spray Omeprazole 20

Salbutamol inh

Aspirin 75

LOT 103

DATE

Smokes 5-6/day.
Not working currently.

OE bp 120/66
JVP NE
HS 1+11+0
Chest clear
Abo.

CP D/W Dr Behan
Start ACEi - ramipril, titrate ↑
Check renal function (note nephrectomy) 2/52.
Echo for prognostication
See back 1 year

V Patterson

72.9kg

NHS Lothian

Addressograph or Forename Surname Unit number Address *(including Postcode)* **Preferred Name**	620106899H M 28/12/1967 **Lewis, Bernard** 158 Moredun Park Road, Edinburgh, EH17 7DQ "Bernie" **CHI** 2812671297 70164 A Afzal
Tel. number 0131 308 0798	
Next of Kin: Name/address CANINA NERI – PARTNER PETER – STEP SON Tel. number(s):home 07923 188 524 mobile 0131 3080798	
ALLERGIES: NKDA document if pt has no known allergies/sensitivities	

Arrived in 4-10-16 unit for procedure Date: & time: 8:55	
GP Name DR AFZAL Address FERNIEHILL ROAD EDINBURGH	
Religion N/A	Ethnic Origin
Consultant: **Proposed Procedure: with Sedation** Yes ☑ No ☐ ☐ Colonoscopy ..... ☑ Endoscopy ..... ☐ Flexible Sigmoidoscopy ..... ☐ Pouch Endoscopy ..... ☐ *Other* ..... **Other** ☐ ..... Proposed date: & time: Date confirmed by patient as suitable ☐	

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature	date
1	CAILEANOR	SN	CC		04/10/16
2	N. P. ANUCHA	S/N	NPA		4/10/16
3	N BERNARD	SN			04/10/16
4	EMMA O'BRIEN	SN	EO		4/10/16
5					
6					
7					
8					

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter
N ☑, Y ☐ *specify* .....

b) **OVERNIGHT CARE** N/A ☐, or Escort (Y) N (who) AS ABOVE ..... Transport CAR
24hr Care (Y) N (who) AS ABOVE ..... I/P bed required Yes ☐, No ☐
PHONE NUMBER AS ABOVE

c) **MOBILITY**: Wheelchair Y / (N) Walking Aid Y / (N) ☐. requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y / (N)

d) **HOSPITAL TRANSPORT**: Required N ☑, Y ☐. If Yes, reason why .....
If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.

Clinicians are free to exercise their own professional judgements as appropriate.

Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

620106899H M 28/12/1967
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severity, frequency, duration, recent changes : what where how etc .

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:	No	Yes	Nurse comments in shaded areas
1. Heart attack or Stroke	☑	☐	
2. Angina / Chest Pains on exercise or at night	☐	☑	GTN SPRAY
3. Heart murmur	☑	☐	
4. Heart Valve replacement	☑	☐	
5. Do you have a Pacemaker	☑	☐	
6. High Blood Pressure	☐	☑	on medication
7. Asthma or Bronchitis	☐	☑	on inhalers
8. Shortness of Breath	☐	☑	
9. Diabetes	☑	☐	If YES: Insulin ☐, Diet ☐, or Tablets ☐ — Nurse record of BM [redacted]
10. Epilepsy	☑	☐	
11. Glaucoma	☑	☐	
12. Could you be pregnant?	☑	☐	
13. Do you use recreational drugs	☑	☐	
14. Any noticeable weight loss over last 3-6 months?	☐	☑	Approx 1 stone +
15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldJacob disease)for public health purposes?	☑	☐	

Are you taking any of the following medication:	No	Yes	
i) Clopidogrel	☑	☐	
ii) Warfarin	☑	☐	If YES: INR result
iii) other anticoagulants (blood thinning drugs)	☐	☑	
If yes, did you receive instructions about stopping?	☑	☐	NOT HAD ASPIRIN 75MG THIS MORNING

What were they?.....

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 Asparin	75mg		7 GTN Spray		
2 Atorvastatin	40mg		8 Salbutamol	100mcg	
3 Fluoxetine	20mg		9 Omeprazole	20mg	
4 Ramipril	10mg		10 Prochlorperazine	5mg	
5 Isosorbide Mononitrate	10mg		11 Ranitidine	150mg	
6 Co-Codamol	30/500mg		12		

* * **Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover** * *

Have you had previous operations (including what, where, dates etc) & were there any complications

NO

Please list any other health problems

- Haemoptysis
- weight loss
- Vomiting on daily basis

? Variceal bleeding

Would you like any information to be discussed in private YES ☑ NO ☐

Admitting Nurse initials GC date 4-10-16 time 09:20

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PRE-PROCEDURE CHECKS

4/10/16

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart – p.7

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	(Y)	N			
Patient identification checked & name band(s) applied	(Y)	N	(Y)	N	
ALLERGIES RE-CHECKED (same as on front cover)	(Y)	N	(Y)	N	NKDA
Correct procedure	(Y)	N	(Y)	N	
Pre, Peri and Post procedure care explained	(Y)	N			
Explanation of withdrawing consent during procedure .	(Y)	N	Y	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	(Y)	N			
Last food: date 3/10/16 time 20.00	(Y)	N			
Last drink: date 4/10/16 time 08.45?	(Y)	N			WATER + COFFEE @ 07.00am
Bowel prep taken / phosphate enema given or N/A ☑	✓	N	Y	N	
Taken routine drug therapy	Y	(N)			
Any limitations to movement identified: *If YES, Specify*	Y	(N)	Y	N	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☐	(Y)	N	Y	N	
Belongings secured	Y	(N)			
Hearing Aids in situ: L R or N/A ☑	✓	N	Y	N	
Dentures in situ: (Top) / Bottom / Full or N/A ☐	(Y)	N	Y	N	NOT VERY SECURE.
Glasses sent with patient or N/A ☐	Y	(N)	Y	N	
Spare Stoma bag sent or N/A ☐	Y	(N)	Y	N	
Ask patients permission for presence of medical student / work experience student	Y				
Consent signed	Y	(N)	(Y)	N	

Pre procedure Nurse check: initials* CC date 4/10/16 time 08.45

Endoscopy Nurse initials* NPA date 4/10/16 time 11.55

intials can be used **IF** the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

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Pre-, Peri-, Post-procedural observations

date 4/10/16

Ht (m)	Wt(kg)	BMI
	72.9	

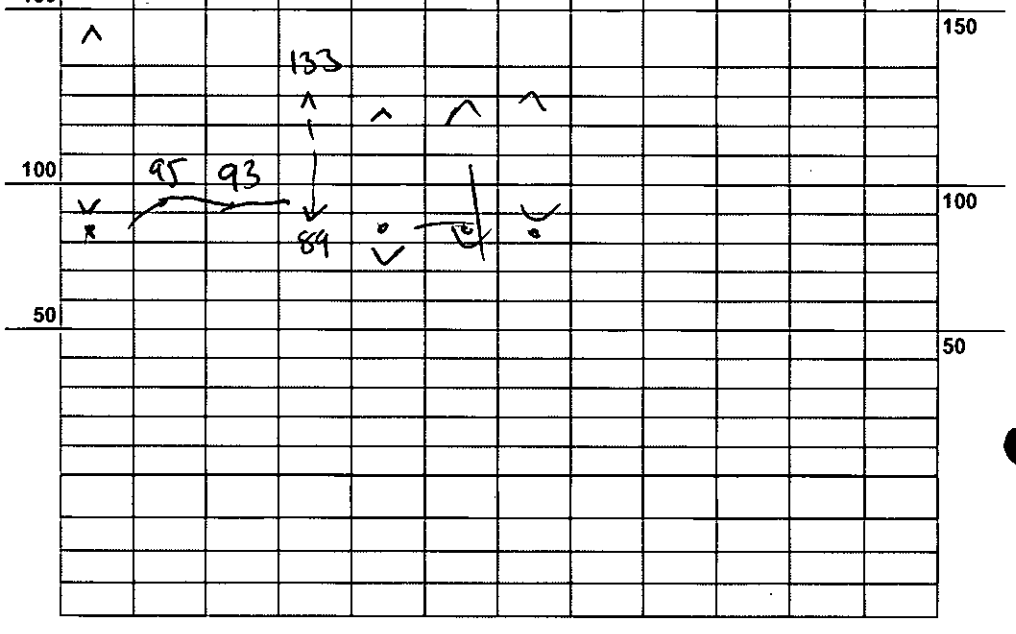
Time

Hr : min	O/A	1155	1205	1210	1215	1220	1305					
Oral Airway or N/A ☐	SV	SV	SV	SV	SV	SV	SV					
Oxygen Therapy (L / Min) or N/A ☐	RA	AVC	2L	AVC	RA	AVC	RA					
Oxygen Saturation or N/A ☐	98	98	99	97	97	98	99					
Respiration or N/A ☐	12	AVC	—	14	13	↑	13					
Sedation Score or N/A ☐	0	0	0	0	0	0	0					
Pain Score or N/A ☐	0	0	0	0	0	0	0					
Nausea Score or N/A ☐	0	0	0	0	0	0	0					
Procedure site checked or N/A ☑		—	—	—	—	✓	✓					
Blood Loss or N/A ☑		—	—	—	—	✓	✓					
Blood sugar or N/A ☑		—	—	—	—	✓	✓					
Temp or N/A ☐	36.0	—	✓	✓	36.5		36.8					

SCORING SYSTEM
see table below

Pain: - use 0 – 10 scoring system

0 NONE
Continue to assess pain with every set of observations
1-3 MILD
Continue to assess pain with Every set of observations
4-5
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient. REVIEW
6-10
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient. REVIEW



Blood Loss or N/A ☐
0 None
1 Slight
2 Heavy

[Record 'Drugs given' on table across]

	Sedation		Nausea
0	None, patient alert	0	None
1	Mild, occasionally drowsy, easy to rouse	1	Mild nausea, no treatment required
2	Moderate, frequently drowsy, easy to rouse	2	Nausea/vomiting helped by Rx
3	Severe, somnolent, difficult to rouse	3	Persistent nausea / vomiting despite Rx
S	Normal, sleep, stirs to light touch	S	Score S if sleeping normally

Endoscope label

```
**********************
**   Labcaire - ESC   **
**  3 Day Endoscope   **
**  Storage Cabinet   **
**                    **
** S/N: ESC0000400.   **
**                    **
**      BOOK OUT      **
**     Record copy    **
** Date: 04/10/2016.  **
** Time: 10:42.       **
**********************
Hook -07- Book Out.

Model - Olympus GIFH260.
Serial- 2244092.
Booked in 03/10/2016.
at 15:58.

By[Name] LAURINE MORRISO
  N.
  [ID]      38.
Booked out 04/10/2016.
at 10:42.
By[Name] L BENDO.
  [ID]      43.
Status=OK.
```

-- WASH CYCLE PASSED --	
Cantel	RapidAER
Serial No	RA0067
Start	15h 25m
End	15h 45m
Date	03-10-2016
Cycle No	951
Load Operator	38
Name	jackie
Unload Operator	8
Name	laurine
-- Hookup --	
CANTEL	RAH017
Serial No	000622
GS1	
-- Endoscope --	
OLYMPUS	GIF H260
Serial No	2244092
GS1	
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SO	03-10-2016 at 06h 11m
Suction	Av Flow 1495 ml
Biopsy	Av Flow 905 ml
Water	Av Flow 158 ml
Air	Av Flow 163 ml
Aux 1	Not tested
Aux 2	Not tested
RB	Not tested
Leak Test	Av Pres 193 mb
-- Conductivity --	
Detergent	1253 uS
Disinfectant	863 uS
Final Rinse	2 uS
-- Temperature --	
Detergent	26.1 deg
Disinfectant	28.0 deg
Final Rinse	24.1 deg
-- Chemical Batch/Lot & Serial No --	
Detergent	10000016/D0000000163
Part B	10000009/B0000001924
Part A	10000011/A0000000591

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
Nan
Dot
Uni CHI 2812671297
70164 A Afzal

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area 2

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
04/10/16		OXYGEN	2 L	(NASAL)/ORAL		12^{00}	
04/10/16		Xylocaine throatspray	100mg	TOP	TKINGSREE	11^{57}	
04/10/16		Midazolam	2.5mg	IV	TKINGSREE	12^{00}	

PERI-PROCEDURE CARE

	time, initials
Cannula site L hand Size 22g Skin Prep ☑ Handwash ☑ Gloves ☑ Aseptic Insertion ☑ Dressing labelled ☑ Difficulties/complication/deviation from standard technique Y (N)	NPA
BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☑ CLO TEST ☐ COLON ☐ POLYP/S ☐ OTHER ☐	
Oral Suction required Y ☐ or N/A ☑	
Diathermy: none required ☑ Monopolar ☐, Bipolar ☐ site	

Patient Nurse: initials* NPA date 4/10/16

Endoscopy Nurse initials* [illegible] date 04/10/16

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy ☑ Colonoscopy ☐ Flexible Sigmoidoscopy ☐
ERCP ☐ Other (please specify)

PROCEDURE SUMMARY: procedure comfort mild ☑, moderate ☐, severe ☐
Mild anal gastritis

Follow-up required: N/A ☑, Yes ☐ If YES, *specify*
Please refer to discharge summary Y ☐ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK Y ☑ NO ☐ after 30 mins ☐
Patient can EAT Y ☑ NO ☐ after 30 mins ☐
Suitable for NURSE-LED DISCHARGE YES / NO

Endoscopist print TKINGSREE signature
designation NGENDOSCOPY date 4/10/16 time

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POST PROCEDURE and DISCHARGE CRITERIA

POST PROCEDURE			initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	(Y) N/A	initials	
2	**Observations** recorded:			
	on return *time* 12.15	(Y) N/A	SC	
	at 30mins	(Y) N/A	UA	
	after 1 hour	(Y) N/A		

NOTE: Obs regime to follow is O_2 sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]

DISCHARGE CRITERIA			initials	Comment overleaf
1.	Discharged by Endoscopist	(Y) N/A	initials	
2.	Transport home arranged collection time: 1345	(Y) N/A	UA initials	
3.	Vital signs stable & satisfactory	(Y) N/A	initials	
4.	Alert & orientated (as on admission)	(Y) N/A	initials	
5.	Pain controlled	(Y) N/A	initials	
6.	Nausea controlled, no vomiting	(Y) N/A	initials	
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	(Y) N/A	initials	
8.	Mobilising as on admission	(Y) N/A	initials	
9.	Patient told if further pathological specimens will be available, from whom and when	(Y) N/A	initials	
10.	Discharge information given	(Y) N/A	initials	
11.	Out Patient appointment given	Y (N/A)	initials	
12.	IV cannula removed	(Y) N/A	initials	
13.	Has passed urine	(Y) N/A	initials	
14.	Identity bracelet removed	(Y) N/A	initials	
15.	Collected by a responsible adult	(Y) N/A	initials	
16.	Responsible adult at home for first 24h	(Y) N/A	initials	
	Discharge Criteria met ? Yes ☑ No ☐* (record as variance)		initials	
	Patient discharged, or, back to Relative/Carer/Support person ☑ or N/A ☐		initials	
	Time patient left department ...1350...		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: **all staff to identify & record variances** *further Variance Sheet are available*

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
Nam EH17 7DQ
Dob
Uni CHI 2812671297 70164 A Afzal

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + signature, print name & designation

VARIANCES: **all staff to identify & record variances** *further Variance Sheet are available*

Types of Variance: please note the Variance code letter where possible
A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
N
D
UCHI 2812671297
70164 A Afzal

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + signature, print name & designation

Surgical Safety Checklist

(adapted for Endoscopy Unit, WGH NHS Lothian)

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
CHI 2812671297

70164 A Afzal

DATE	04/10/16
ROOM	2
SITE	WGH
OPERATOR	T Kingstree
PROCEDURE	UGiE

Please complete ALL boxes

SIGN IN (To be read out loud)

Pre-procedure

Member verbally confirms with the team:	YES	NO
All staff followed hand hygiene protocol?	☑	☐
Patient confirmed his/her identity, procedure and consent	☑	☐
Discussion with patient raising R. arm to withdraw consent during procedure	☑	☐
Correct case notes available?	☐	☑
Confirmed scope number and label match and scope within time limit	☑	☐
Confirm endoscopist & nurse checked medication	☑	N/A ☐
Confirm with endoscopist amount given	☑	N/A ☐

Initial or Signature: MD

SIGN OUT (To be read out loud)

Post-procedure

Member verbally confirms with the team:	YES	NO
All staff followed hand hygiene protocol?	☑	☐
Have the specimens been labelled correctly	☑	N/A ☐
Is a follow up appointment required?	☐	N/A ☑
Patient follow up details placed in relevant sheet in secretary's office	☐	N/A ☑
Confirm amount medication being discarded	☑	N/A ☐

Initial or Signature: MD

Please record any issues identified

Await pathology

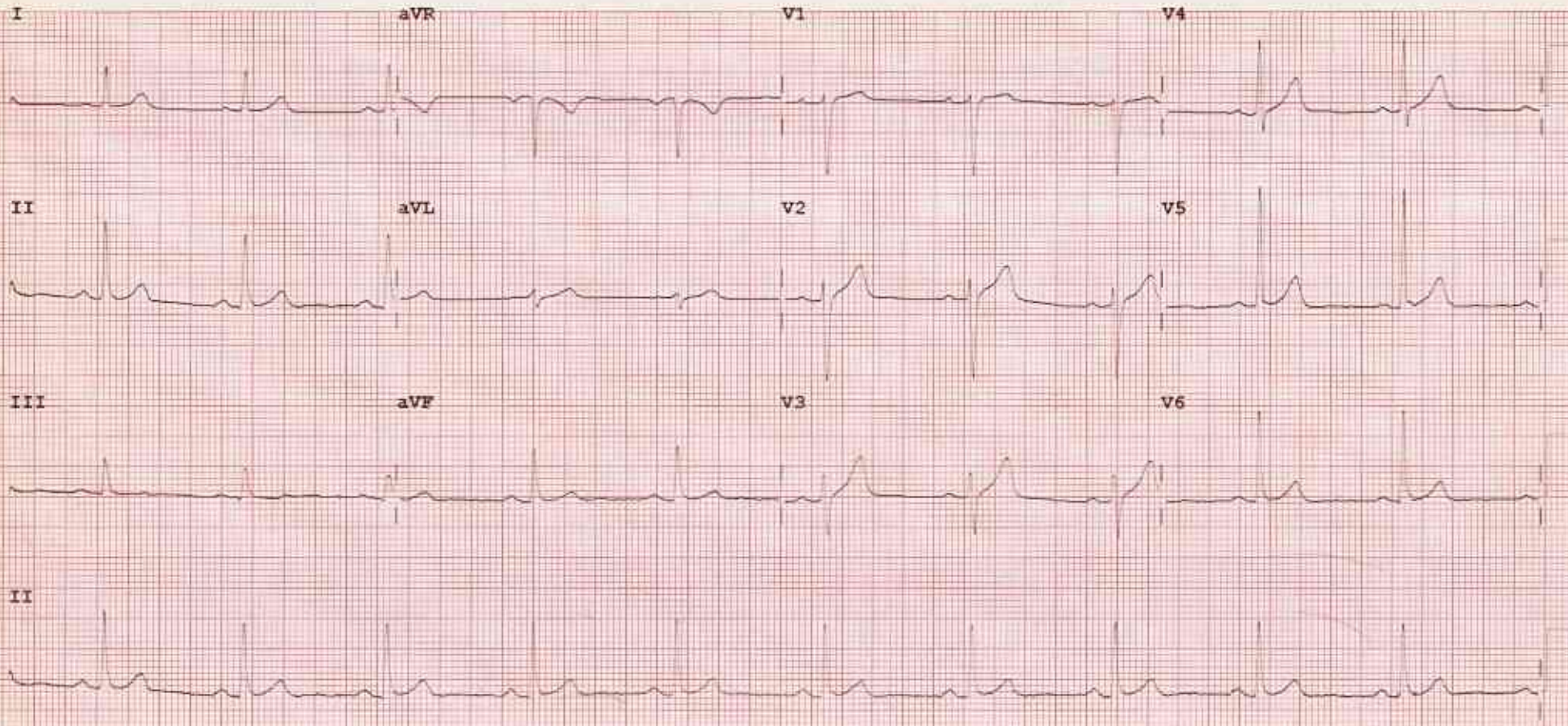
2812671297 12/03/2015 15:21:20 Lewis, Bernard RIE (1)
Born 28/12/1967 Male Dept: ECG OPD3 (2)

Oper: lisa

Rate 64

PR 157
QRSD 86
QT 363
QTc 375

--AXIS--
P 68
QRS 61
T 32



Dev: 51913 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH10 CL P?

32401 MEDGRAPHICS LTD

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 A Afzal

NHS
Lothian
Consent Form
Patient agreement to endoscopic investigation or treatment

Name of procedure/s *(include a brief explanation if the medical term is not clear)*

Oesophago-Gastro Duodenoscopy (OGD)

Investigation of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy, photography)

Biopsy samples will be retained

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

I would like to have: **local anaesthetic throat spray** ☐ **sedation** ☑ ~~Please tick box~~

Signed (patient) _____ ***Date*** _____

Name (print in capitals) _____

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(to be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed _____ ***Date*** 4/10/16
Name (print in capitals) T KINGSTREE ***Designation*** NURSE ENDOSCOPIST

(If your patient requires further information please complete page 3 of this consent form)

NHS Lothian

GASTROSCOPY REPORT

Name:	**Bernard LEWIS, 28/12/1967 (M)**	Address:	158 Moredun Park Road
CHI No:	**2812671297**		Edinburgh
Case note no.:	**620106899H**		EH17 7DQ

Procedure date
4th October 2016

GP: Dr A Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Priority: Urgent
Status: Outpatient/NHS
Hospital: Royal Infirmary of Edinburgh

Referring Cons: GP (Direct Referral)

Indications
Abdominal pain, nausea and/or vomiting and weight loss.
Potentially damaging drug: Aspirin.
No allergy.

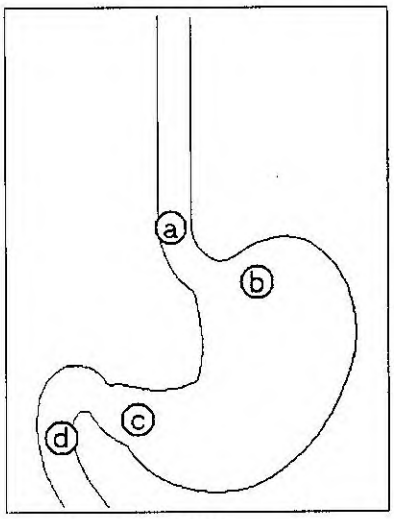
Consultant/Endoscopist
Tammy Kingstree
Nurses: Nathalie Bernard
Ms Nancy Faulkner

Report
The procedure was completed successfully.
Apparent mucosal junction at 39cm from the incisors.
STOMACH. Hiatus hernia: sliding of length 2 cm within (b).

Instruments
WGH 092 GIF-H260 2244092
Disposable forceps

Premedication
Midazolam (IV) 2.5 mg
Xylocaine (Spray) 100 mg

Diagnosis
OESOPHAGUS. Hiatus hernia.
STOMACH. Gastritis.
DUODENUM. Normal.



a: *Lower oesophagus (photographed)*
b: *Upper body (photographed)*
c: *Antrum (photographed)*
d: *Second part (photographed)*

Follow up
Awaiting pathology results. Return to the referring GP.

Advice/comments
Normal findings in the oesophagus do not exclude a diagnosis of reflux disease, 2cm HH evident. Slightly erratic GOJ but no true barretts.
Mild antral gastritis.
No focal abnormalities seen under WLE within the duodenum, D2 Bx taken in view of patients weight loss - await pathology.
Suggest discussion with GP in regards to PPI medication and anti emetics if required.

Tammy Kingstree
Nurse Endoscopist
c.c. Lewis, Bernard

Specimens taken
Biopsy (x4 site d)

NHS Lothian

Name: Bernard LEWIS
CHI No: 2812671297

Address: 158 Moredun Park Road
Edinburgh

Date of birth: 28/12/1967
Case note No: 620106899H

EH17 7DQ

Procedure date: 4th October 2016

Lower oesophagus

STOMACH. Hiatus hernia: sliding of length 2 cm in the upper body.

STOMACH. Hiatus hernia: sliding of length 2 cm in the upper body.

STOMACH. Hiatus hernia: sliding of length 2 cm in the upper body.

NHS Lothian

Name: Bernard LEWIS
CHI No: 2812671297

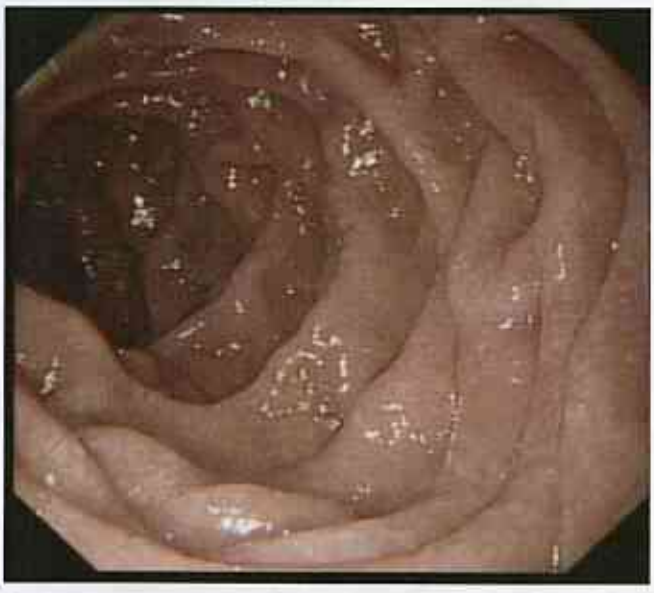
Address: 158 Moredun Park Road
Edinburgh

Date of birth: 28/12/1967
Case note No: 620106899H

EH17 7DQ

Procedure date: 4th October 2016

Antrum



Second part

PATHOLOGY

NHS Lothian, University Hospitals Division, Western General Hospital, Edinburgh EH4 2XU
Telephone: 0131 537 1962
Fax: 0131 537 3618

LEWIS, BERNARD
CHI Number 2812671297
Patient Number 2812671297
Date of Birth 28/12/1967
Date Received 04/10/2016

Specimen: UB067177B/16
Cons Not Known
WGH GI Outpatient Dept

Date Reported 10/10/2016
Time Reported 08:47

Clinical Summary

Abdominal pain, nausea and/or vomiting and weight loss. Endoscopy - 2 cm hiatus hernia, gastritis and normal duodenum.

Specimen

D2 biopsies.

Macroscopy

Six tissue fragments measuring up to 6 mm. All taken.

Microscopy

This consists of normal duodenal mucosa with a well developed villous architecture. There is no evidence of coeliac disease in the sections examined.

Duodenum (biopsy) - Normal

Pathologists
GI Pathology Team
Dr David A Dorward
Dr David K Worrall

Clinically Approved
Approved for printing by: Dr David K Worrall

11 OCT 2016

TK 14/10/16

Advanced BSE Accredited Department
Royal Infirmary of Edinburgh
Echocardiogram Report

Name: Lewis, Bernard
Date of Birth: 28/12/1967
CHI: 2812671297

Ward/Dept: Cardio
Operator: Boubert, Marje

Date: 12/03/2015
Reported By: Boubert, Marje
Ref. Doc: Behan

Ref. Reasons:
Ongoing chest pain. Assess LV function.

LV FUNCTION	
IVSd	1.0 cm
LVIDd	4.0 cm
LVPWd	0.9 cm
LVIDs	2.5 cm
%FS	38 %
LA Diam	3.1 cm

LV Function Findings:
Apical IV septum appears mildly hypokinetic. Remaining segments are seen to contract.
Normal LV size.

MITRAL VALVE	
MV E Vel	0.79 m/s
MV DecT	184 ms
MV Dec Slope	4.3 m/s²
MV A Vel	0.64 m/s
MV E/A Ratio	1.23
E'	0.11 m/s
E/E'	7.10

Mitral Valve Description:
Very small deposit of calcium seen on anterior leaflet tip.
LA normal size.
No obvious MR detected.

AORTIC VALVE	
LVOT Vmax	1.00 m/s
LVOT maxPG	4.01 mmHg
AV Vmax	1.19 m/s
AV maxPG	5.64 mmHg

Aortic Valve Description:
Structurally normal.
No obvious AR detected.

TRICUSPID VALVE:

RIGHT HEART:
Visually, normal right heart size.
Good RV function.
No obvious TR detected.
Poor sub-costal images.

CONCLUSIONS:

Apical IV septum appears mildly hypokinetic. Overall, LV systolic function is good.
Normal LA size.

In Patient Records

NHS Lothian

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

Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 19/09/2013

Inpatient Discharge Summary

Patient	Bernard Lewis 126 Moredun Park Road Edinburgh EH17 7HT	**CHI** **Date of Birth / Age** **UHPI**	**2812671297** 28/12/1967 (45 years) 620106899H
Specialty	Cardiology	**Admission Date**	09/09/2013
Ward	Medical Day Case RIE		
Consultant	Dr Miles WH Behan	**Discharge Date**	09/09/2013

Dear Dr Afzal

MB/MT - 19.9.13

This gentleman attended for routine coronary angiography as planned.

I am pleased to say that this gentleman has angiographically normal coronary arteries.

He does have peripheral vascular disease so I think he should remain on Aspirin and a statin long term. He can stop his Diltiazem.

I have not arranged to see him again. I have stressed the importance of his stopping smoking.

DRUGS ON DISCHARGE:
Aspirin 75mg once daily, Simvastatin 40mg once daily, Omeprazole 20mg once daily, Clenil and Salbutamol Inhalers.

Best Wishes

Yours sincerely

Dr Miles Behan
Consultant Cardiologist

NHS
Lothian

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

GJM 20/08

Orthopaedic Pre-operative Assessment Screening Form

56"

BP 142/84	Weight (kg) 72kg	Height (m) 1.68	BMI 26

		YES	NO
BP	Blood pressure above 160 (systolic) or 100 (diastolic) mmHg?		✓
Diabetes	Does patient have diabetes (includes diet-, tablet-, or insulin-controlled diabetes)?		✓
CJD	Have you ever been notified that you are at risk of CJD or vCJD for public health purposes?		✓

If the answer to any of the above questions is YES action is required – see below

☐ If BP high, please tick this box to confirm advice has been given to attend GP and that BP information/instruction sheet has been given to the patient to take to GP.

☐ If patient diabetic, please tick this box to confirm advice has been given to attend GP and that diabetes information/instruction sheet has been given to the patient to take to GP.

If CJD answer is YES, or proposed operation involves the spinal cord, fill in the supplementary CJD sheet overleaf.

Form completed by:	(PRINT) F. RAEBURN	(signature)
Date: 20/8/19		

File this sheet in patient's notes. Do not send to preoperative assessment clinic.

2812671297 20/09/2019 10:47:22 lewis, bernard
Born 28/12/1987 Male

Royal Infirmary of Edinburgh (R>
Dept: W109, Pre-Asses>

Oper: kb

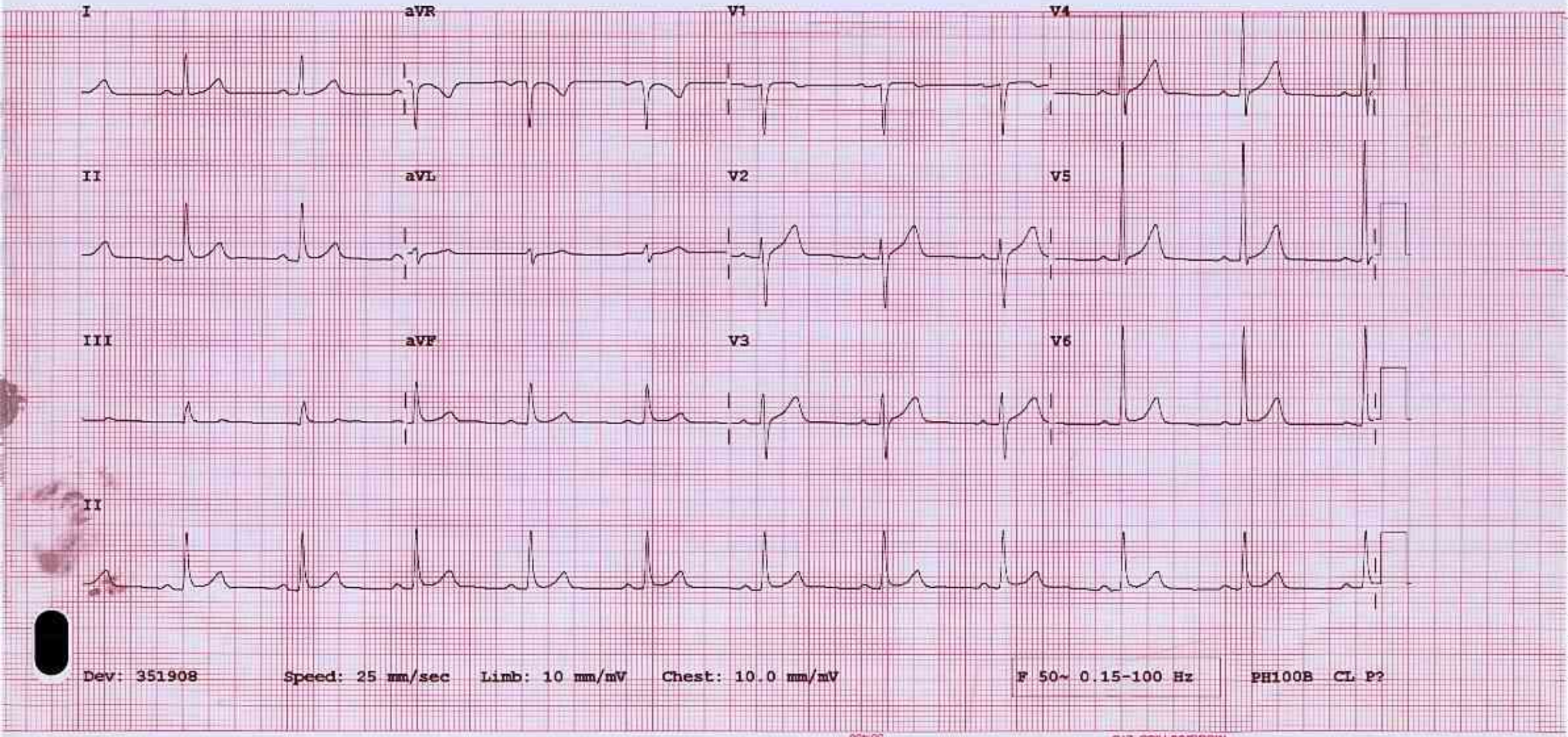
Rate 66 . Sinus rhythm.....normal P axis, V-rate 60- 99
. ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 159
QRSD 86
QT 382
QTc 401

--AXIS--
P 45
QRS 58
T 39

- NORMAL ECG -

Unconfirmed Diagnosis



Dev: 351908 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH100B CL P?

Consent Form

Medical or Dental Investigation, Treatment or Operation

620106899H M 28/12/1967
Name Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
DOB EH17 7DQ

CHI 2812671297
Unit No./CHI

NHS Lothian

To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

Left Hip aspiration and biopsy

Relevant written information outlining risks given to patient (tick box) **Yes** ☐ **No** ☐

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature ..... Date 20/9/19
Name and Status of Practitioner DAVIDSON ST7

Reconfirmation of Consent on the day of admission:

Signature ..... Date .....
Name and Status of Practitioner .....

Medical Students

Tick relevant box	YES	NO
I agree to allow students to be present in theatre:		
I agree to be examined by a medical student whilst under general anaesthesia:		

To the patient (or Parent or Guardian if appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient / parent / guardian (delete as necessary)
I agree - to what is proposed which has been explained to me by the practitioner above
I understand - that anaesthesia (general/regional/local) or sedation will be needed
- the procedure may not be done by the practitioner who has treated me so far
- any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first
.....
.....
.....

Signature ..... Name BERNARD LEWIS
Date 20-9-19

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

The health practitioners are here to help you. He or she will explain the proposed treatment and what other alternatives exist. You can ask any questions and seek further information. You can also refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition and proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present. It is important that you understand all the information given to you. Please ask for clarity if something is not clear.

Your treatment may provide an important opportunity for training doctors, dentists, nurses and other health professionals. Such training is under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

Tick relevant box	**YES**	**NO**
For my medical records for the purpose of diagnosis and treatment		
For the purpose of teaching and education		
For the purpose of publication		
To be shown to other patients as an example		

Laboratories Division RIE **Biochemistry / Haematology Add On Request Form**

AFFIX PRINTED LABEL OR WRITE CLEARLY

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

Sex *: M / F

* Denotes Mandatory Data Set

IF CHI NOT AVAILABLE

DoB *

Postcode

SENDER / REPORTING DETAILS

Return report to:

Hospital RIE LF

Ward / Dept ORPA C

Consultant M R McPherson

Requestor ..... Bleep/Tel .....

SPECIMEN DETAILS

Date original sample taken:

20 / 9 / 19

Laboratory Specimen No(s):

HB 3 1 2 2 8 5 T

HR 3 1 2 2 8 5 T

It is essential to provide the laboratory specimen number.

Please DO NOT use the Trak number.

INVESTIGATIONS REQUIRED

PLEASE WRITE TEST CLEARLY

Blood Film
Iron Stores
Ferritin
TFTs
B12/Folate
PPE/Igs

GP req to repeat.

Specimens for add-on tests may often be locked into analysers during processing for upwards of 1 hour. If results are required urgently, it is advisable to send a new specimen to avoid any such delays.

For Office Use this side

NHS Lothian

Preoperative assessment document 1: ELECTIVE

Pre-operative assessment for elective surgery	620106899H M 28/12/1967 Lewis, Bernard 158 Moredun Park Road, Edinburgh, EH17 7DQ
Date	Name DoB Unit n CHI CHI 2812671297

ADVERSE REACTIONS / ALLERGIES (Describe reaction)

* NKDA'S *

Reason for admission / Planned surgery or procedure .....

Planned date of surgery ..21../..10.../..19... Advised time of admission 07:30

Day of surgery admission ☑ other admission date ...../...../.....

Predicted length of stay Day case ☑ 23h stay ☐ ..... days ☐

Who will bring you in .....

Who will take you home .....

Consultant.....Mr Macpherson.....

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
1. Jennifer Ferris	Receptionist	JF	Jennifer Ferris	20.9.19
2. Sara Alexander	SN	SA		20/9/19
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COMMON ABBREVIATIONS USED IN THIS DOCUMENT

BM	Measure of glucose level	**Ht**	height	**R/O**	Removal of
BMI	Body Mass Index	**IV**	Intravenous	**RA**	Rheumatoid arthritis
BP	Blood pressure	**ICP**	Integrated Care Pathway	**RF**	Renal failure
C&S	Culture and Sensitivity	**kg**	Kilograms	**RR**	Respiratory Rate
cm	Centimetre	**LMP**	Last menstrual period	**SEWS**	Standardised Early Warning Score
COPD	Chronic Obstructive Pulmonary Disease	**MI**	Myocardial infarction		
		MUST	Malnutrition Screening Tool	**TB**	Tuberculosis
DoS	Day of surgery	**N/A**	Not applicable	**Temp**	Temperature
DVT	Deep vein thrombosis	**NOK**	Next of kin	**U&E**	Urea and electrolytes
ECG	Electrocardiograph	**OA**	Osteo arthritis	**VTE**	Venous thromboembolism
EDD	Estimated Date of Discharge	**OPD**	Out patient department	**Wt**	Weight
ERAS	Enhanced Recovery After Surgery	**P**	Pulse		
FBC	Full blood count	**PE**	Pulmonary embolus		
HRT	Hormone replacement therapy	**PMHx**	Past medical history		

Please fill out in black ink and bring to Pre-Admission

NHS

Preoperative assessment document 1: ELECTIVE

620106899H M 28/12/1967

Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

70164 AM Pirie

PRE-OPERATIVE ASSESSMENT

Date ..... Adm. type: **ELECTIVE**

Assessing hospital: ..... site.....

Check registration details : correct ☐ changed ☐

Name
DoB
Unit no.
CHI

PATIENT DETAILS

TITLE: Mr / ~~Mrs / Miss / Ms~~ / Other BERNARD LEWIS Marital Status: SINGLE - HAVE GIRLFRIEND

Age: 51 Occupation: NONE

Prefers to be known as BERNIE

Tel. Nos. Home 0131 283 1382

Work .....

Mobile 07850 231736

GP DR SARAH WARWICK

GP Address FERNIGHILL ROAD EDINB

GP tel no. 0131 664 2166

Ethnic Origin: ..... First Language: English ☑ Other ☐ .....

Interpreter Required : Yes ☐ No ☑ (0131 226 5036)

Religion: NONE ..... *(If Jehovah's Witness attach appropriate form)*

Request for visit from hospital chaplain / minister of religion: Yes ☐ No ☑

NEXT OF KIN

Name: CARINA NERI

Relationship: PARTNER

Address: 126 MORNINGSIDE PARK ROAD EDINBURGH

~~07927270163~~

Contact nos: Home 0131 283 1382

Work .....

Mobile 07927270163

Aware of admission Yes ☑ No ☐

SECOND CONTACT (If required)

Name: .....

Relationship: .....

Address: .....

.....

.....

Contact nos: Home .....

Work .....

Mob .....

Aware of admission Yes ☑ No ☐

Who to Contact in Emergency

CARINA NERI .....

HOUSING

House ☑ Bungalow ☐ Ground Floor Flat ☐ Flat ☐ on .....floor

Residential / Part IV ☐ Nursing Home ☐ Hostel ☐ No Fixed Abode ☐

Bedroom: upstairs ☑ downstairs ☐ Bathroom: upstairs ☑ downstairs ☐

STAIRS: None ☐

Outside: 3 (number) Inside: 16 (number) Lift ☐

Does patient have any difficulty with the stairs? Yes ☑ *(specify)* PROBLEM GETTING UP OR DOWN THEM No ☐

EQUIPMENT None: ☐

Toilet aids ☐ Shower cubicle ☑ Shower over bath ☐ Bath aids ☐ Bath only ☐

Bed Rail ☐ Trolley ☐ Dressing Aids ☐ Commode ☐ High Chair ☐

If Yes to any please specify level of independence.....

ARE YOU A CARER FOR ANYONE? (specify) Yes ☐ ..... No ☑

Do you live with Husband / Wife / Partner / Other (specify) ☑ PARTNER ..... Alone ☐

LOT 939 - July 2015

PRE-OPERATIVE ASSESSMENT SHORT STAY

A 70164 AM Pirie
620106899H M 28/12/1967
N **Lewis, Bernard**
158 Moredun Park Road,
Edinburgh,
E EH17 7DQ

C **CHI** 2812671297

Medical History	Yes	No	Comments
CHEST PAIN ON EXERCISE OR AT NIGHT / ANGINA / MI	X		Angina Peripheral vascular disease.
ANY HEART PROBLEMS / HEART MURMUR / RHEUMATIC FEVER			
DO YOU HAVE A PACEMAKER		X	
HIGH BLOOD PRESSURE		X	
BRONCHITIS / TB / COPD		X	
ASTHMA / OTHER BREATHING PROBLEMS e.g. SLEEP APNOEA	X		Asthma, COPD CPAP machine ☐ PAT test Ref no:
PE / DVT		X	
STROKES, CVA, TIAs		X	
HEADACHES OR MIGRAINES	X		Frequently.
CONVULSIONS / FITS / EPILEPSY		X	
HISTORY OF FAINTING / DIZZINESS - WEAKNESS OF MUSCLES / TINGLING		X	
JAUNDICE OR YELLOWNESS		X	
VOMITING BLOOD / UNEXPECTED WEIGHT LOSS / LOSS APPETITE	X		1-2 Stone Past 6 months
INDIGESTION OR HEARTBURN/		X	
BOWEL PROBLEMS INCLUDING BLEEDING / BLACK STOOL / DIARRHOEA	X		Constipation.
ANAEMIA OR OTHER BLOOD PROBLEMS / EXCESSIVE BLEEDING		X	

PRE-OPERATIVE ASSESSMENT SHORT STAY

620106899H M 28/12/1967
Lewis, Bernard
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CHI 2812671297
70164 -- AM Pirie

Medical History	Yes	No	Comments
KIDNEY OR URINARY / BLADDER PROBLEMS	X		1 Kidney donated other to brother
ARTHRITIS OR NECK PROBLEMS		X	
CANCER		X	
DIABETES		X	
THYROID PROBLEMS		X	
SKIN PROBLEMS		X	
ANY OTHER ILLNESSES?			Avascular Necrosis Tibial # 30 yrs ago (R) leg Pulse weak.

Have you ever had :	Yes	No	Please list :
ANY SURGICAL OPERATIONS?		X	
ANY ANAESTHETIC OR SURGICAL PROBLEMS?		X	
IS THERE A FAMILY HISTORY OF ANAESTHETIC PROBLEMS/ SERIOUS ILLNESS?		X	

PRE-OPERATIVE ASSESSMENT SHORT STAY

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Do you take any Medicines?					Yes	No
Drug	route	form	dose	frequency	Comments/stop date	

Patient advised to take medication morning of operation? Yes ☐ No ☐ Green bag given Yes ☐ No ☐

FUNCTIONAL CAPACITY

Patient's occupation / former occupation ... unemployed

Maximum equivalent activity (Please ring number in box, = MET Score) :

1	2	3	4	5	6	7	8	9	10
Walking around house		200 yards on flat, slowly		Brisk walking		Walk uphill		Brisk swim	
	Eating, dressing		One flight of stairs		Carry shopping upstairs		Two flights of stairs		Jogging

Estimated MET score.....3..... *(highest ringed number)*

What limits activity?	Comments
Nil	
Arthritis / leg pain / back pain	
Angina	
Shortness of breath	
Other	

Sight	Glasses	Hearing	Good
Communication	Good	Cognition	Alert & Orientated

COGNATIVE ASSESSMENT

Cognitive assessment Y ☐ N/A ☐ If yes notify wards Y ☐

If Yes information leaflet and guidance given ☐

PRE-OPERATIVE ASSESSMENT SHORT STAY

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CHI 2812671297
70164 Chr. A.M.Pirie

FALLS ASSESSMENT	Yes	total
History of falls or recent fall	1	
Confused or agitated	1	
Function impaired by poor vision	1	
Frequent toileting	1	
Help to transfer/walk	1	
Complete checklist only if scorer 2 or more (AT RISK)	**FALLS SCORE :**	

N/A

	Yes	No
Do you smoke ? Not wanting referred to stop. How many cigarettes (or ounces of tobacco) per day? 20 per day.	X	
Do you drink alcohol ? How many units per week ? 3 cans per night. Lager.	X	
Do you taken any mood altering substances? If so what?		
FEMALE PATIENTS ONLY — **Could you be pregnant?** N/A		
Date of LMP..... — Preganacy test required on admission?		
Do you take the contraceptive pill?		

DOES PATIENT APPEAR TO HAVE COMPLICATED DENTITION: YES / NO

Dentition – patient reports

R																L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

D: Denture L: Loose teeth/filling
B: Bridge V: Veneer
C : Crown

Dental abcess / issues: Yes / No

AIRWAY ASSESSMENT

1. Patient able to flex and extend neck normally? Yes / No
2. Patient able to open mouth > 3cms (3 finger breadths) Yes / No
3. Previous history of difficult intubation Yes / No
4. Thyromental distance > 6.5cm Yes / No
5. Mallampati Classification:

Class I	Class II	Class III	Class IV

6. If necessary and if practical, ask an anaesthetist to assess airway at this time Yes / N/A

PRE-OPERATIVE ASSESSMENT SHORT STAY	Ad 620106899H M 28/12/1967 Lewis, Bernard Na 158 Moredun Park Road, Edinburgh, EH17 7DQ DO CH CHI 2812671297 70164 A M Pirie

Risk Assessment for Venous Thromboembolism (VTE

All patients are at risk of thromboembolism and should receive a risk assessment within 24 hours of admission then multi-modal thromboprophylaxis according to protocol unless contraindicated.

Departmental assessment and treatment protocols are available at
http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/Haematology

PART A: RISK ASSESSMENT Please answer ALL questions in Part A and Part B

1. Pre-existing thrombosis risk or other risk factors for VTE	NO ☐	If YES specify:
2. Contra-indication to ANY part of prophylaxis regime e.g. bleeding risks, renal function, peripheral circulation	NO ☐	If YES specify: See Trak
3. VTE risk & plan discussed and agreed with patient	YES ☐	If NO, give reason:
4. Does VTE Risk Assessment need to be highlighted to Responsible Medical Staff because of risk factors or contraindications	NO ☐	If YES, give reason:
5. Multi-modal regime by departmental protocol indicated	YES ☐ NO ☐ Based on risk assessment	

Date of assessment _____ Assessed by _____ Designation _____

PART B: MULTIMODAL REGIME BY DEPARTMENTAL PROTOCOL

Drug Thromboprophylaxis prescribed by assessor according to protocol	YES ☐ NO ☐	If NO, Dr informed that prescription required	YES ☐ NO ☐
		Name of Dr informed _____	

PART C: RE-ASSESSMENT OF RISK – RECORD IN INTEGRATED CARE PATHWAY (ICP)

Patient should be reassessed every 48 hours or sooner if condition changes or if having surgical procedure.

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Thrombosis risk factors	
1. Age	> 60
2. Obesity	BMI ≥ 30
3. Active cancer	
4. Previous VTE	
5. Family history of VTE:	1 first degree relative suffered VTE at age <50 years *or* > 1 first degree relative with VTE history regardless of age
6. Varicose veins (for major general or orthopaedic surgery, low risk after varicose vein surgery)	
7. Known thrombophilia (no need to repeat thrombophilia screen)	
8. Other thrombotic states including Metabolic syndrome, chronic HIV infection, inflammatory bowel disease, nephrotic syndrome, sickle cell trait & sickle cell disease, myeloproliferative disease, paraproteinaemias, Bechet's disease, paroxysmal nocturnal haemoglobinuria **And the following, which are likely to preclude elective surgery:** Heart failure, recent myocardial infarction, recent stroke, severe acute infection e.g. pneumonia	
9. Hormone therapy (inc combined OCP, HRT, tamoxifen, raloxifen)	
10. Pregnancy, *or* < 6 weeks since delivery (See Royal College of Obstetrics and Gynaecologists (RCOG) guidelines at Intranet>Healthcare>A-Z>Haematology>HaematologyDocs> Policy Documents>Obstetric VTE Prophylaxis & Treatment Policy)	
11. Combined anaesthesia and surgery time > 90 mins	
12. Pelvic or lower limb surgery and combined anaesthesia and surgery time > 30 mins	
13. Post operative immobility	

Prescribing VTE prophylaxis is the responsibility of Medical Staff: see local or specialty guidelines

Bleeding risk factors	
If anticoagulation is contra-indicated prophylaxis with mechanical methods such as graduated elastic compression stockings should be considered.	
A. Bleeding disorder (eg haemophilia, von Willebrand's disease)	
B. Coagulopathy , including warfarin or heparin therapy	
C. Thrombocytopenia <70 x 10^9 /L	
D. Active peptic ulcer	
E. Actual or potential bleeding site (inc planned neuro, spinal, eye, or thyroid surgery)	
F. Acute stroke (seek advice)	*or* CNS surgery within last 3 months
G. Spinal or epidural anaesthesia possible (consult anaesthetist if in doubt)	
H. Severe uncontrolled hypertension (≥ 230 / 120 mmHg)	
I. Severe liver disease	
J. Renal failure (see over)	
K. Previous history of heparin induced thrombocytopenia (HIT) For more information including prescribing in renal failure and the detection of HIT see NHWS Lothian antithrombotic guide at Intranet>Healthcare>A-Z/Haematology>PolicyDocuments>AntithromboticGuideline	

Contraindications and cautions to graduated elastic compression stockings	
L. Massive leg oedema	M. Major leg deformity
N. Peripheral neuropathy	O. Dermatitis (active/severe)
P. Severe peripheral arterial disease	Q. Pulmonary oedema

PRE-OPERATIVE ASSESSMENT SHORT STAY	Adc 620106899H M 28/12/1967 Nan **Lewis, Bernard** 158 Moredun Park Road, Edinburgh, DOI EH17 7DQ CHI CHI 2812671297

OBSERVATIONS See NEWS

Ht _____(cms) Wt _____(kg) BMI _____ Must Score ____ Chart started: Y ☐ N/A ☐

Pulse _____ B.P. _____ _____ _____ Sats O_2 _____

ASU _____ Sent to lab Yes ☐ No ☐ Waterlow Score _____

RECORD any BLOOD TESTS done below				**MRSA screeing**	
FBC ☐	TFT ☐	Glucose ☐	Gp & Save ☐	Nose ☐ Throat ☐ Groin ☐	
U&Es ☐	ESR ☐	HbA1c ☐	Other: See front sheet.	Wound ☐	
LFTs ☐	CRP ☐	Coag/INR ☐	.....	**ECG**	Yes ☐ N/A ☐
Loose Stool Assessment for CDI / Norovirus		Yes ☐ N/A ☐		**CPE Screening**	Yes ☐ N/A ☐

Do they need old notes Yes / No If so when requested and where from?

12/23 hr PATIENT AGREES TO PRIOR TO DISCHARGE	**Yes**	**No**
Journey home < 90 minutes	X	
Patient agrees to be accompanied home by a responsible adult in private transport	X	
Responsible adult will be home with patient, at least overnight	X	
Patient advised not to drive or operate machinery within 24 hours of operation	X	
Patient advised not to drink alcohol within 24 hours of operation.	X	
Does the patient have stairs at home? If so how many? .....19.....	✓	

The following criteria are potential exclusions to Day Surgery

1. Some ASA 3, and 4 (significant medical problems)
2. Operation likely to exceed two hours.
3. Hypertension (diastolic = > 100mmHg)
4. Severe gastric / oesophageal reflux disease (lying flat or bending).
5. Poorly controlled diabetes on oral hypoglycaemic or diet controlled with BM stix > 11mmol / litre.
6. History of anaesthetic complications, cervical spine or mandible problems and certain drugs i.e Warfarin.
7. Poorly controlled asthma.
8. Sickle positive (sickle trait O.K.)
9. Significant and prolonged analgesic requirements

PRE-OPERATIVE ASSESSMENT SHORT STAY

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THIS PATIENT IS ACCEPTABLE FOR DAY CASE ANAESTHESIA Yes / No		
Refer to anaesthetist YES NO	Refer to GP YES NO	Refer as inpatient YES NO
Reasons for referral / cancellation:		

PRE-ADMISSION NURSE

Signature/ Print Sara Heads Designation SIN Date 20/9/19

Leaflets: Admission ☐ Operation ☐ Anaesthetic ☐ MRSA ☐ DVT ☐ Other .....

Date Time	ADDITIONAL INFORMATION & Variance recording	Signature/Designation Print Name	Var. code
20/9/19	Patient advised to omit Ramipril & Aspirin DOS as per protocol		
23/9/19	GP contacted to repeat FBC U+Es + Bone anaemia P/W blood screen.		
25/9/19	Results received. GP to commence oral iron. Proceed as planned.		

1	PATIENT	When patient cannot follow ICP due for example to existing medical condition, attitude, physically frail
2	MEDICAL	When the patient is unable to follow ICP due to medical problems, for example; low Hb, pyrexia, nausea
3	WOUND	For example; excess soakage, infection, haematoma
4	NURSING	Goals not met; indicate reason
5	PHYSIOTHERAPY	Goals not met; indicate reason
6	OCCUPATIONAL THERAPY	Goals not met; indicate reason
7	SOCIAL	For example; transport, support network, family /carer
8	OUTCOMES	When patient achieves outcome earlier than anticipated
9	OTHER	For example; public holiday weekend, staff shortages
10	THEATRE	For example; lack of theatre time, theatre equipment, theatre staff

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General ☐
Gynae/ **210** ☐
Ortho DSU/ DOSA ☐

PAC Date 20/9/19 D.O.S 21/10/19

ANAESTHETIC CLINIC ONLY ☐ No D.O.S ☐

INVESTIGATION	*Ordered*	*Reviewed*	INVESTIGATION	*Ordered*	*Reviewed*
FBC Hb	✓	AZ	URINALYSIS		
U&E	✓	AZ	ECG	✓	VD
LFT			ECHO		
GGT			PFT		
COAG			MRSA 1		
HbA1c			MRSA 2		
Glucose			MRSA 3		
TFT			CPE		
Calcium					
Group & Save CRP	✓		ANAEMIA **Red** / **Blue** / **Green** (circle)	Blue	Fan 17 T.Sat 97%
Albumin					
CA125/ CEA					

Date	Additional comments (e.g. action required)	Initial
20/9/19	Further bloods req as per protocol	AZ
23/9/19	Contacted GP and PT to have bloods done as per protocol (Blue anaemia) pathway. Please Follow up / review Bloods when available	AZ

TRIAGE : TELEPHONE UPDATE ☐ WAITING LIST REMARKS UPDATED ☐

FACE TO FACE ☐

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	51	Warwick, Sarah	Fernielhill Surgery	70164

Allergies

Description	Date Recorded	Comments
No ECS data exists		

Sources: [1] ECS [ ] Patient's Drugs [ ] Referrer Kardex [ ] GP Practice [ ] TRAK
[ ] Patient [ ] Relative / Carer [ ] Referrer Letter [ ] Comm Pharmacy [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 80MG/40MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN		06/08/2019	17/09/2019	1						
Mst Continus	60 mg M/R tablets	TAKE FOUR TABLET TWICE DAILY		19/07/2019	10/09/2019	1						
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN.		09/07/2019	02/09/2019	1						
Lactulose	3.1-3.7 g/5 ml Solution	20ML BD		08/08/2019	08/08/2019	1						rep
Senna	7.5 mg Tablets	TAKE 2 AT NIGHT		08/08/2019	08/08/2019	1						rep
Amitriptyline Hydrochloride	10 mg Tablets	ONE OR TWO TO BE TAKEN AT NIGHT		26/07/2019	26/07/2019	1						
Morphine Sulfate	60 mg M/ R capsules	TAKE ONE CAPSULE TWICE A DAY IN ADDITION TO 120MG CAPSULE		09/07/2019	18/07/2019	1						

4 x 60mg morning & Night MST

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	51	Warwick, Sarah	Ferniehill Surgery	70164

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
		(TOTAL 180MG TWICE DAILY)										
Morphine Sulfate	120 mg M/ R capsules	ONE TWICE A DAY - TOTAL DOSE 120MG BD		01/05/2019	09/07/2019	1						✓
Morphine Sulfate	10 mg/5 ml Oral solution	20ML UP TO FOUR TIMES DAILY FOR BREAKTHROUGH PAIN		03/04/2019	02/07/2019	1						
Aciclovir	5 % Cream	APPLY THREE TIMES A DAY		27/06/2019	27/06/2019	1						
Amitriptyline Hydrochloride	10 mg Tablets	ONE OR TWO TO BE TAKEN AT NIGHT		20/06/2019	20/06/2019	1						
Lactulose	3.1-3.7 g/5 ml Solution	20ML BD		01/05/2019	05/06/2019	1						
Morphine Sulfate	10 mg/5 ml Oral solution	5 TO 10 MLS TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.		24/04/2019	28/05/2019	1						As req
Senna	7.5 mg Tablets	TAKE 2 AT NIGHT		01/05/2019	01/05/2019	1						reg
Morphine Sulfate	90 mg M/ R capsules	TAKE ONE TABLET TWICE DAILY		24/04/2019	24/04/2019	1						
Morphine Sulfate	30 mg M/R tablets	ONE TO BE TAKEN TWICE A DAY		05/04/2019	05/04/2019	1						
Morphine Sulfate	10 mg M/R tablets	ONE TO BE TAKEN TWICE A DAY		05/04/2019	05/04/2019	1						
Amitriptyline Hydrochloride	10 mg Tablets	ONE TO BE TAKEN AT NIGHT		12/03/2019	03/04/2019	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	51	Warwick, Sarah	Femiehill Surgery	70164

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
In Practice	Ramipril	10 mg Capsules	1 DAILY		03/08/2015	17/09/2019		1						✓ omit 0.05
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		25/05/2017	17/09/2019		1						✓ req
In Practice	Isosorbide Mononitrate	10 mg Tablets	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014	30/08/2019		1						✓ req
In Practice	Paracetamol	500 mg Tablets	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019	30/08/2019		1						req
In Practice	Salbutamol	100 micrograms/puff Cfc-free inhaler	2 Puffs prn		19/12/2012	05/08/2019		1						✓ req
In Practice	Fostair	100 micrograms + 6 micrograms/ dose Cfc-free inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013	05/08/2019		1						✓ req
In Practice	Glyceryl Trinitrate	400 micrograms/ dose Pump spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016	05/08/2019		1						✓ As req.
In Practice	Sertraline Hydrochloride	100 mg Tablets	ONE TO BE TAKEN EACH DAY		15/08/2017	27/06/2019		1						✓ req
In Practice	Atorvastatin	40 mg Tablets	ONE TO BE TAKEN EACH DAY		28/04/2016	27/06/2019		1						✓ req

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	51	Warwick, Sarah	Fernielhill Surgery	70164

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
In Practice	Aspirin	75 mg Dispersible tablets	ONE TO BE TAKEN EACH DAY		08/11/2012	27/06/2019		1						✓ Omit DOS.

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number

Reviewed by	Designation	Grade	Date	Time	Contact Number

Key Information Summary

No KIS data recorded

Addressograph

Name:

DOB:

CHI:

NEWS of 5 or more?

Think Sepsis!

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

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of ..... or individual parameter of .....
is acceptable for this patient because .....

Please escalate if .....

Print ..... Sign ..... Designation .....

Date ..... Time ..... *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 **Urgent response threshold**	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more **Emergency response threshold**	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	**RM**	reservoir mask
N	nasal cannula (document in litres)	**TM**	tracheostomy mask
SM	simple mask	**CP**	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	**H**	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	**OTH**	Other specify

Date / Time																			
Circulation																			
Sensation																			
Movement																			

| NEWS Key 0 1 2 3 | | | | | | | | | | | | | | | | | | |

Continuation

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

70164 AM Pirie
620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

BMI/25.74 H=170 W=74.4

Date chart commenced:

This is chart number of this admission

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

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

Conscious Level Chart to be completed when clinically indicated

| | | |

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

70164 AM Pirie
620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

BMI/25.74 H=170 W=74.4

Date chart commenced:

This is chart number of this admission

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

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
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Conscious Level Chart to be completed when clinically indicated

| | | |

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

Mycobacteria Laboratory (inc Scottish Mycobacteria Reference Lab)
Royal Infirmary of Edinburgh, 51 Little France Crescent,
EDINBURGH EH16 4SA

PIN/CHI: 2812671297 / 2812671297	**D.O.B:** 28/12/1967	**Tel:**	0131 242 6016
Patient: LEWIS, BERNARD	**Sex:** Male	**Dr Laurenson:**	0131 242 6079
		Dr Moncayo:	0131 242 6070
Report to: Cons Not Known		**Date Taken:**	21/10/2019
		Time Taken:	u/k
Address: RIE Theatre 22		**Date Received:**	23/10/2019
		Time Received:	09:24
		Date Reported:	17/12/2019
		Time Reported:	11:34

Lab number : MM028750R
Specimen Type: Tissue reamings
Your Number :

Mycobacteria Microscopy
No acid fast bacilli seen

Mycobacteria Culture
No Mycobacteria isolated after 8 weeks incubation

All reports authorised by, or on behalf of, Dr I.F. Laurenson, Dr O. Moncayo and Dr D. Inverarity
Please contact the laboratory if further advice required.

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, Royal Infirmary of Edinburgh
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 2812671297 / 2812671297	**D.O.B:** 28/12/1967	**Tel:**	0131 536 3373 Internal 633373
Patient: LEWIS, BERNARD	**Sex:** Male		
Report to: Cons Not Known		**Taken:**	21/10/2019 12:00
Address: RIE Theatre 22		**Received:**	21/10/2019 15:20
	Clinical Details: Night sweats tb ?	**Date Reported:**	23/10/2019

Lab. Ref. No.:MG641125X Spec.:Tissue reamings

Culture and Sensitivities
No growth so far. A report will follow if growth is obtained

Lab. Ref. No.:MG641126D Spec.:Aspirate left hip

Microscopy
Volume: <0.25 mL received
Appearance: blood stained fluid
Microscopy :
Insufficient specimen for microscopy
Insufficient sample to inoculate into blood culture bottles

Culture and Sensitivities
in progress

Authorised by : Background Authorisation for Dr I F Laurenson

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51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 2812671297 / 2812671297	**D.O.B:** 28/12/1967	**Tel:**	0131 536 3373 Internal 633373
Patient: LEWIS, BERNARD	**Sex:** Male		
Report to: Cons Not Known		**Taken:**	21/10/2019 12:00
Address: RIE Theatre 22		**Reeeived:**	21/10/2019 15:20
	Clinical Details: Night sweats tb ?	**Date Reported:**	22/10/2019

Lab. Ref. No.:MG641125X Spec.:Tissue reamings

Culture and Sensitivities
in progress

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Microscopy :
Insufficient specimen for microscopy
Insufficient sample to inoculate into blood culture bottles

Culture and Sensitivities
No growth so far. A report will follow if growth is obtained

Mycobacteria culture and microscopy in progress - see sample MM028749W

Authorised by : Dr Elzbieta Czarniak

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, Royal Infirmary of Edinburgh
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 2812671297 / 2812671297	**D.O.B:** 28/12/1967	**Tel:**	0131 536 3373 Internal 633373
Patient: LEWIS, BERNARD	**Sex:** Male		
Report to: Cons Not Known		**Taken:**	21/10/2019 12:00
Address: RIE Theatre 22		**Received:**	21/10/2019 15:20
	Clinical Details:	**Date Reported:**	28/10/2019
	Night sweats tb ?		

Lab. Ref. No.:MG641125X Spec.:Tissue reamings

Culture and Sensitivities
THIS AMENDED REPORT REPLACES ANY PREVIOUSLY RECEIVED
Amended (FURTHER) report:
The ORIGINAL report if in the patients notes should be marked as AMENDED and referred to this report.
It should however not be destroyed as it is already part of the patient record

No growth on Primary Culture
Broth culture:
Staphylococcus capitis isolated

Ciprofloxacin S	Fusidic Acid R
Clarithromycin S	Gentamicin S
Clindamycin S	Rifampicin S
Doxycycline S	Vancomycin S
Flucloxacillin S	

Lab. Ref. No.:MG641126D Spec.:Aspirate left hip

Microscopy
Volume: <0.25 mL received
Appearance: blood stained fluid
Microscopy :
Insufficient specimen for microscopy
Insufficient sample to inoculate into blood culture bottles

Culture and Sensitivities
No growth so far. A report will follow if growth is obtained

Mycobacteria culture and microscopy in progress - see sample MM028749W

Authorised by : Dr Elzbieta Czarniak

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Address: RIE Theatre 22		**Date Received:**	23/10/2019
		Time Received:	09:23
		Date Reported:	17/12/2019
		Time Reported:	11:34

Lab number : MM028749W
Specimen Type: Aspirate left hip
Your Number :

Mycobacteria Microscopy
Insufficient specimen for microscopy

Mycobacteria Culture
No Mycobacteria isolated after 8 weeks incubation

All reports authorised by, or on behalf of, Dr I.F. Laurenson, Dr O. Moncayo and Dr D. Inverarity
Please contact the laboratory if further advice required.

PREOPERATIVE ASSESSMENT

Date 21/5/18 Adm. type: **ELECTIVE**

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 S Warwick

Assessing hospital: ..... Clinic .....

Patient present ☐ Telephone assessment ☐

PRE-OP ASSESSMENT WAS DONE ON 20/9/17

Check registration details: correct ☐ changed ☐

Reason for admission / Planned surgery or procedure

(L) Hip Aspiration + bcopsy

...s when on holiday / not available

Planned date of surgery ... / ... / ... Consultant .....

Day case ☑ 23h stay ☐ Expected stay ..... days ☐

Day of surgery admission ☑ Other admission date ... / ... / ...

Admission time 0840

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
1. E COCOZZA	SN	EC	E Cocozza	21/5/18
2.				
3.				
4.				
5.				
6.				

ADVERSE REACTIONS / ALLERGIES Describe reaction

NKDA

Preoperative assessment for elective surgery

Date 21/5/19

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 S Warwick

PATIENT's DETAILS

TITLE: (Mr) / Mrs / Miss / Ms / Other ..... Marital Status: ~~Sgl~~ Partner

Age: 51yrs Occupation: unemployed

Prefers to be known as .....

Tel. Nos. Home .....
Work .....
Mobile 07850231726

GP FERNIEHILL
GP Address .....
GP tel no. 664 2166

Ethnic Origin: ..... First Language: English ☐ Other ☐ .....

Interpreter Required: Yes ☐ No ☐
(see Intranet > Healthcare > A-Z > Translation, Interpretation & Communication Support)

Religion: ..... *(If Jehovah's Witness attach appropriate form)*

Request for visit from hospital chaplain / minister of religion: Yes ☐ No ☐

NEXT OF KIN

Name: Carson Nesi

Relationship: Partner

Address: .....

Contact nos: Home .....
Work .....
Mobile 07922270163

Aware of admission Yes ☑ No ☐

SECOND CONTACT (if required)

Name: .....

Relationship .....

Address: .....

Contact nos: Home .....
Work .....
Mob .....

Aware of admission Yes ☐ No ☐

Who to contact in an emergency

.....

COMMON ABBREVIATIONS USED IN THIS DOCUMENT

BM	Capillary blood glucose (aka cBG)	Ht	height	R/O	Removal of
BMI	Body Mass Index	IV	Intravenous	RA	Rheumatoid arthritis
BP	Blood pressure	ICP	Integrated Care Pathway	RF	Renal failure
C&S	Culture and Sensitivity	kg	Kilograms	RR	Respiratory Rate
cm	Centimetre	LMP	Last menstrual period	SEWS	Standardised Early Warning Score
COPD	Chronic Obstructive Pulmonary Disease	MI	Myocardial infarction	TB	Tuberculosis
DoS	Day of surgery	MUST	Malnutrition Screening Tool	Temp	Temperature
DVT	Deep vein thrombosis	N/A	Not applicable	U&E	Urea and electrolytes
ECG	Electrocardiograph	NOK	Next of kin	VTE	Venous thromboembolism
EDD	Estimated Date of Discharge	OA	Osteo arthritis	Wt	Weight
ERAS	Enhanced Recovery After Surgery	OPD	Out-patient department		
FBC	Full blood count	P	Pulse		
HRT	Hormone replacement therapy	PE	Pulmonary embolus		
		PMHx	Past medical history		

PRE-OPERATIVE ASSESSMENT SHORT STAY

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 S Warwick

Medical History	Yes	No	Comments
CHEST PAIN ON EXERCISE OR AT NIGHT / ANGINA / MI	✓		GTN Spray Well controlled.
ANY HEART PROBLEMS / HEART MURMUR / RHEUMATIC FEVER	✓		? Heart disease
DO YOU HAVE A PACEMAKER		✓	Cardiovascular disease
HIGH BLOOD PRESSURE		✓	
BRONCHITIS / TB / COPD		✓	
ASTHMA / OTHER BREATHING PROBLEMS e.g. SLEEP APNOEA	✓		Inhalers. CPAP machine ☐ PAT test Ref no:
PE / DVT		✓	
STROKES, CVA, TIAs		✓	
HEADACHES OR MIGRAINES		✓	
CONVULSIONS / FITS / EPILEPSY		✓	
HISTORY OF FAINTING / DIZZINESS / WEAKNESS OF MUSCLES / TINGLING		✓	
JAUNDICE OR YELLOWNESS		✓	
VOMITING BLOOD / UNEXPECTED WEIGHT LOSS / LOSS APPETITE		✓	
INDIGESTION OR HEARTBURN		✓	
BOWEL PROBLEMS INCLUDING BLEEDING / BLACK STOOL / DIARRHOEA		✓	
ANAEMIA OR OTHER BLOOD PROBLEMS / EXCESSIVE BLEEDING	✓		On iron supplements

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Medical History	Yes	No	Comments
KIDNEY OR URINARY / BLADDER PROBLEMS	✓		one kidney - donor
ARTHRITIS OR NECK PROBLEMS		✓	
CANCER		✓	
DIABETES		✓	
THYROID PROBLEMS		✓	
SKIN PROBLEMS		✓	
ANY OTHER ILLNESSES?	✓		

Have you ever had:	Yes	No	Please list:
ANY SURGICAL OPERATIONS?	✓		1 kidney - nephrectomy # leg 30yrs
NY ANAESTHETIC OR SURGICAL PROBLEMS?		✓	
THERE A FAMILY HISTORY OF AESTHETIC PROBLEMS/ SERIOUS ILLNESS?		✓	

PRE-OPERATIVE ASSESSMENT SHORT STAY

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Do you take any Medicines? Yes No

Drug	route	form	dose	frequency	Comments/stop date

Patient advised to take medication morning of operation? Yes ☐ No ☐ Green bag given Yes ☐ No ☐

INCTIONAL CAPACITY

atient's occupation / former occupation .....

Maximum equivalent activity (Please ring number in box, = MET Score)

Walking around house | 200 yards on flat, slowly | Brisk walking | Walk uphill | Brisk swim

1 2 3 4 5 6 7 8 9 10

Eating, dressing | One flight of stairs | Carry shopping upstairs | Two flights of stairs | Jogging

stimated MET score ..... *(highest ringed number)*

What limits activity?

Nil
Arthritis / leg pain / back pain
Angina
Shortness of breath
Other

Comments

Sight	Hearing
Communication	Cognition

COGNATIVE ASSESSMENT

Cognitive assessment Y ☐ N/A ☐ If yes notify wards Y ☐

If Yes information leaflet and guidance given ☐

	Name DOB CHI/Unit no.

FALLS ASSESSMENT	Yes	total
History of falls or recent fall	1	
Confused or agitated	1	
Function impaired by poor vision	1	
Frequent toileting	1	
Help to transfer/walk	1	
Complete checklist only if scored 2 or more (AT RISK)	FALLS SCORE :	

	Yes	No
Do you smoke ? How many cigarettes (or ounces of tobacco) per day?		
Do you drink alcohol ? How many units per week ?		
Do you taken any mood altering substances? If so what?		
FEMALE PATIENTS ONLY Could you be pregnant?		
Date of LMP ..... Preganacy test required on admission?		
Do you take the contraceptive pill?		

DOES PATIENT APPEAR TO HAVE COMPLICATED DENTITION: YES / NO

Dentition – patient reports

R																L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

D: Denture
B: Bridge
C: Crown
L: Loose teeth/filling
V: Veneer

Dental abcess / issues: Yes / No

AIRWAY ASSESSMENT

1. Patient able to flex and extend neck normally? Yes / No
2. Patient able to open mouth > 3cms (3 finger breadths) Yes / No
3. Previous history of difficult intubation Yes / No
4. Thyromental distance > 6.5cm Yes / No
5. Mallampati Classification:

Class I	Class II	Class III	Class IV

6. If necessary and if practical, ask an anaesthetist to assess airway at this time Yes / N/A

PRE-OPERATIVE ASSESSMENT SHORT STAY	Addressograph label or, Lothian Name DOB CHI/Unit no.

Risk Assessment for Venous Thromboembolism (VTE

All patients are at risk of thromboembolism and should receive a risk assessment within 24 hours of admission then multi-modal thromboprophylaxis according to protocol unless contraindicated.

Departmental assessment and treatment protocols are available at
http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/Haematology

PART A: RISK ASSESSMENT Please answer ALL questions in Part A and Part B

1. Pre-existing thrombosis risk or other risk factors for VTE	NO ☐	If YES specify:
2. Contra-indication to ANY part of prophylaxis regime e.g. bleeding risks, renal function, peripheral circulation	NO ☐	If YES specify:
3. VTE risk & plan discussed and agreed with patient	YES ☒	If NO, give reason:
4. Does VTE Risk Assessment need to be highlighted to Responsible Medical Staff because of risk factors or contraindications	NO ☐	If YES, give reason:
5. Multi-modal regime by departmental protocol indicated	YES ☐ NO ☐	Based on risk assessment

Date of assessment _____ Assessed by _____ Designation _____

PART B: MULTIMODAL REGIME BY DEPARTMENTAL PROTOCOL

Drug Thromboprophylaxis prescribed by assessor according to protocol	YES ☐ NO ☐	If NO, Dr informed that prescription required	YES ☐ NO ☐
		Name of Dr informed _____	

PART C: RE-ASSESSMENT OF RISK – RECORD IN INTEGRATED CARE PATHWAY (ICP)

Patient should be reassessed every 48 hours or sooner if condition changes or if having surgical procedure.

	Name DOB CHI/Unit no.

Thrombosis risk factors	
1. Age	> 60
2. Obesity	BMI ≥ 30
3. Active cancer	
4. Previous VTE	
5. Family history of VTE.	1 first degree relative suffered VTE at age <50 years *or* > 1 first degree relative with VTE history regardless of age.
6. Varicose veins (for major general or orthopaedic surgery, low risk after varicose vein surgery)	
7. Known thrombophilia (no need to repeat thrombophilia screen)	
8. Other thrombotic states including Metabolic syndrome, chronic HIV infection, inflammatory bowel disease, nephrotic syndrome, sickle cell trait & sickle cell disease, myeloproliferative disease, paraproteinaemias, Bechet's disease, paroxysmal nocturnal haemoglobinuria And the following, which are likely to preclude elective surgery: Heart failure, recent myocardial infarction, recent stroke, severe acute infection e.g. pneumonia	
9. Hormone therapy (inc combined OCP, HRT, tamoxifen, raloxifen).	
10. Pregnancy, *or* < 6 weeks since delivery (See Royal College of Obstetrics and Gynaecologists (RCOG) guidelines at Intranet>Healthcare>A-Z>Haematology>HaematologyDocs> Policy Documents>Obstetric VTE Prophylaxis & Treatment Policy)	
11. Combined anaesthesia and surgery time > 90 mins	
12. Pelvic or lower limb surgery and combined anaesthesia and surgery time > 30 mins.	
13. Post operative immobility	

Prescribing VTE prophylaxis is the responsibility of Medical Staff: see local or specialty guidelines

Bleeding risk factors	
If anticoagulation is contra-indicated prophylaxis with mechanical methods such as graduated elastic compression stockings should be considered.	
A. Bleeding disorder (eg haemophilia, von Willebrand's disease)	
B. Coagulopathy, including warfarin or heparin therapy	
C. Thrombocytopenia <70 x 10^9 /L	
D. Active peptic ulcer	
E. Actual or potential bleeding site (inc planned neuro, spinal, eye, or thyroid surgery)	
F. Acute stroke (seek advice)	*or* CNS surgery within last 3 months
G. Spinal or epidural anaesthesia possible (consult anaesthetist if in doubt)	
H. Severe uncontrolled hypertension (≥ 230 / 120 mmHg)	
I. Severe liver disease	
J. Renal failure (see over)	
K. Previous history of heparin induced thrombocytopenia (HIT) For more information including prescribing in renal failure and the detection of HIT see NHWS Lothian antithrombotic guide at Intranet>Healthcare>A-Z/Haematology>PolicyDocuments>AntithrombticGuideline	

Contraindications and cautions to graduated elastic compression stockings	
L. Massive leg oedema	M. Major leg deformity
N. Peripheral neuropathy	O. Dermatitis (active/severe)
P. Severe peripheral arterial disease	Q. Pulmonary oedema

PRE-OPERATIVE ASSESSMENT SHORT STAY

	Name
	DOB
	CHI/Unit no.

OBSERVATIONS

Ht _____(cms) Wt _____(kg) BMI _____ Must Score ____ Chart started Y ☐ N/A ☐

Pulse _____ B.P. _____ _____ _____ Sats O_2 _____

ASU _____ Sent to lab Yes ☐ No ☐ Waterlow Score _____

RECORD any BLOOD TESTS done below				**MRSA screening**	
FBC ☐	TFT ☐	Glucose ☐	Gp & Save ☐	Nose ☐ Throat ☐ Groin ☐	
U&Es ☐	ESR ☐	HbA1c ☐	Other	Wound ☐	
LFTs ☐	CRP ☐	Coag/INR ☐		**ECG**	Yes ☐ N/A ☐
e.Stool Assessment for CDI / Norovirus		Yes ☐ N/A ☐		**CPE Screening**	Yes ☐ N/A ☐

they need old notes Yes / No If so when requested and where from?

12/23 hr PATIENT AGREES TO PRIOR TO DISCHARGE	**Yes**	**No**
Journey home < 90 minutes		
Patient agrees to be accompanied home by a responsible adult in private transport		
Responsible adult will be home with patient at least overnight		
Patient advised not to drive or operate machinery within 24 hours of operation		
Patient advised not to drink alcohol within 24 hours of operation		
Does the patient have stairs at home? If so how many?		

The following criteria are potential exclusions to Day Surgery

1. Some ASA 3, and 4 (significant medical problems)
2. Operation likely to exceed two hours.
3. Hypertension (diastolic = > 100mmHg)
4. Severe gastric / oesophageal reflux disease (lying flat or bending).
5. Poorly controlled diabetes on oral hypoglycaemic or diet controlled with BM stix > 11mmol / litre.
6. History of anaesthetic complications, cervical spine or mandible problems and certain drugs i.e Warfarin.
7. Poorly controlled asthma.
8. Sickle positive (sickle trait O.K.)
9. Significant and prolonged analgesic requirements

	Name DOB CHI/Unit no.

THIS PATIENT IS ACCEPTABLE FOR DAY CASE ANAESTHESIA Yes / No		
Refer to anaesthetist YES NO	Refer to GP YES NO	Refer as inpatient YES NO
Reasons for referral / cancellation		

PRE-ADMISSION NURSE

Signature/ Print _____ Designation _____ Date _____

Leaflets: Admission ☐ Operation ☐ Anaesthetic ☐ MRSA ☐ DVT ☐ Other .....

Date Time	ADDITIONAL INFORMATION & Variance recording	Signature/Designation Print Name	Ver. code

PATIENT	When patient cannot follow ICP due for example to existing medical condition, attitude, physically frail
MEDICAL	When the patient is unable to follow ICP due to medical problems, for example, low Hb, pyrexia, nausea
WOUND	For example; excess soakage, infection, haematoma
NURSING	Goals not met; indicate reason
PHYSIOTHERAPY	Goals not met; indicate reason
OCCUPATIONAL THERAPY	Goals not met; indicate reason
SOCIAL	For example; transport, support network, family /carer
OUTCOMES	When patient achieves outcome earlier than anticipated
OTHER	For example; public holiday weekend, staff shortages
THEATRE	For example; lack of theatre time, theatre equipment, theatre staff

70164 S.Warwick

NHS Lothian University Hospitals Division
Royal Infirmary of Edinburgh

Generic Orthopaedic Integrated Care Pathway 12/23 hour Unit

620106899H M 28/12/1967
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CHI 2812671297

70164 S.Warwick

Planned Procedure;

Date of Surgery: 21.10.13.
Anticipated date of discharge: as above ☐ or ...../...../.....

Consultant Surgeon

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
1. L Cocozza	SN	LC	L Cocozza	21/10/13
2.				
3.				
4.				
5.				
6.				
7.				
8.				

A care pathway is intended as a guide to treatment and an aid to documenting patient's progress. Clinicians are free to exercise their own professional judgements as appropriate. However any alteration to the practice identified within this care pathway should be noted in free text on continuation sheet.

Common Abbreviations Used

BMI	BODY MASS INDEX	LMP	LAST MENSTRUAL PERIOD
BP	BLOOD PRESSURE	NA	NOT APPLICABLE
CM	CENTIMETRES	NOK	NEXT OF KIN
CSM	COLOUR SENSITIVITY AND MOVEMENT		
ECG	ELECTROCARDIOGRAPH	OPD	OUT PATIENT DEPARTMENT
FBC	FULL BLOOD COUNT	P	PULSE
HRT	HORMONE REPLACEMENT THERAPY	R	RESPIRATIONS
I.V.	INTRAVENOUS	R/O	REMOVAL OF
KG	KILOGRAMS	T	TEMPERATURE
		U+E	UREA AND ELECTROLYTES

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PERI-OPERATIVE RECORD

EXPECTED LENGTH OF STAY: Day case/23hr

DAY OF SURGERY PRE-OPERATIVE RECORD

CATEGORY	DATE 21/10/19	Initial
EDUCATION/ DISCHARGE PLANNING	Patient orientated to ward Pathway discussed Special needs assessed Remaining questions answered	CM...
MEDICAL STAFF	Consent Form signed Surgeon- Review Anaesthetist- review	.....
MEDICATION	Patient has taken regular medication ☐ N/A (No) Patient has discontinued appropriate medication ☐ N/A (Yes) **Administer premedication** ☒ N/A **Allergies/sensitivities noted on pink perioperative record** **Red Bracelet insitu** ☐ Yes ☒ N/A	....
THROMBO EMBOLIC PROPHYLAXIS	Refer to POA document regarding recommendation. Address with anaesthetist if indicated at pre-admission assessment Not applicable ☐	.....
VITAL SIGNS (Chart)	(TPBP) OA NEWS chart. Please record results on **pink perioperative sheet**	.....
PREPARATION FOR THEATRE	**Complete checklist in perioperative record**	.....
FLUIDS/IV THERAPY (Chart)	N/A	
MOBILITY/ EXERCISES	Bedrest once premed given YES ☐ N/A ☑	.....
ADMIN	Valuables Listed ☐ Not applicable ☑	.....

SIGN/PRINTNAME: ..... Date/time 21/10/19 0845

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PERI-OPERATIVE RECORD

PREOPERATIVE CHECK LIST	Ward Initials YES	Ward Initials NO	Theatre Initials YES	Theatre Initials NO
Correct patient / correct procedure?	✓		✓	
Bracelet in situ with name, date of birth, ward and unit number?	✓		✓	
Teeth, dentures and crowns : In ☑ / Out ☐ Comments: Top partial plate	✓		✓	
Operation consent form signed?	✓		✓	
Operation site marked if applicable?	✓		✓	
Prescribed pre-medication given? Given as per discussion		✓		
Taken routine drug therapy? with Anaesthetist + ECS check. ✓	✓	~~✓~~		
Removed: make-up ☐ contact lenses ☐ glasses ☐ hearing aid				✓
Jewellery (incl. body piercing items) ☐ rings taped ☐ hairclips ☐		✓		
Items accompanying patient to theatre: metal pin (L) leg. Wigs ☐ hearing aids ☐ prosthesis ☐ ~~glasses~~ ☐ other.....	✓		✓	
Has patient passed urine?	✓			
Urinalysis (if not recently tested at pre-admission ie<3mths) NAD ☐ protein ☐ glucose ☐ ketones ☐ blood ☐		✓		
LMP:..... N/A ☐ ~~Quickvue test~~ ☐				
Dressed for theatre?	✓			
Anti-embolic stocking – N/A ☐, Yes ☐ ~~size~~ ..39cm	✓			
Waterlow score recorded		✓		
MRSA ☐ CPE ☐ Any other infection risk ☐.....		✓		
Last food? Date 20/10/19 Time 2100	✓		✓	
Last drink? Date 20/10/19 Time ~~0000~~ 1000	✓		✓	
Documents accompanying patient with meds. All medical notes ☐ ICP ☐ X-rays ☐ Drug Chart ☐ Blood results ☐ Crossmatched ☐ Other ☐	✓			

Asthma, Angina - does not have sprays.

Ward Nurse SIGN/PRINT: L Cowan RN.

Theatre Practitioner SIGN/PRINT .....

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DAY OF SURGERY/ POST-OPERATIVE CARE

Return to ward @.....1355..... EXPECTED LENGTH OF STAY 12 ☐ 23hr ☐ 48hr ☐

CATEGORY	DATE 21/10/19		Time	Initia
MEDICAL STAFF	Reviewed by Surgeon. Completed Discharge Summary, discharge prescription and nurse-led discharge (p6) Check & Update all charts. **Mobilisation**: Please complete yellow physio sheet if appropriate or If non-routine, record instructions on additional information sheet		1640	[illegible]
MEDICATION	Check / administer regular medication	Rec E L	1640	[illegible]
PAIN MANAGEMENT (SEWS chart)	RecordPain Sedation Nausea Score	Rec E L	1355	[illegible]
	Administer analgesia / anti-emetic as prescribed	Rec E L	1640	[illegible]
	Routine check of Pain score 30 min post analgesia	Rec E L	1640	[illegible]
VITAL SIGNS (SEWS chart)	**TPR BP** CSM monitored and evaluated Please tick and,on completion of each section, initial appropriate line. ½ hrly for 2 hours Further observations as dictated by clinical need: .....hourly for .. ..hours .....hourly for .....hours		1355	[illegible]
	Oxygen administration ...2.....L/min via N/A ☐		1355	[illegible]
OUTPUT(SEWS)	Passed urine post-op ☑ Yes ☐ No 757.			
FLUIDS/ IV THERAPY (CHART)	When patient able encourage fluids		1355	[illegible]
	IV THERAPY AS CHARTED - N/A	Rec E L	1640	[illegible]
DIET	When patient wishes - Resume **light** diet		1640	[illegible]
SPECIALTY OBSERVATION (chart)	NB blood loss in theatre Check Wound dressing intact-NAD+IV cannula check-drain ☐ Yes ☐ N/A	Rec E L	1355	[illegible]
ACTIVITIES OF DAILY LIVING	On return to ward – provide assistance with basic hygiene Independent Hygiene / dressing			
MOBILITY/EXERCISE	**Check indications/contraindications (as per protocol)** **Refer to physiotherapy instruction**			
EDUCATION/ DISCHARGE PLANNING	Patient meets discharge criteria on day of surgery ☐ N/A Outpatient appointment actioned (if applicable) 4/52 Issue / explain discharge information re wound care, activities GP letter issued		1355	[illegible]
ADMIN	Complete discharge documentation Valuables returned ☑ Yes ☐ N/A Notify support services as appropriate i.e. Practice Nurse ☐ Yes ☐ N/A			

WARD.....L Cooper SN.....sign/print name

PLEASE RECORD DEVIATIONS FROM PATHWAY ON ADDITIONAL INFORMATION SHEET

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DAY OF SURG

Overnight admission

CATEGORY	DATE / /		TIME	INITIAL
MEDICAL STAFF	Patient reviewed ☐ N/A		.....	.....
MEDICATION	Check / administer regular medication	ND E	....	....
PAIN MANAGEMENT (SEWS chart)	Record Pain Sedation Nausea Score	ND E	....	....
	Administer analgesia / anti-emetic as prescribed	ND E	....	....
	Routine check of Pain score 30 min post analgesia	ND E	....	....
VITAL SIGNS (SEWS chart)	**Monitor and evaluate TPR BP** CSM as dictated by clinical need Please tick and, on completion of each section, initial appropriate line .....Hrly .....☐ .....hrly ☐ .....hrly ☐ .....hrly ☐		.....	.....
	Oxygen administration .....L/min via N/A ☐		.....	.....
OUTPUT(Chart)	Passed urine post-op ☐ Yes ☐ No		.....	.....
TEST/INVESTIG(CHART				
FLUIDS/ IV THERAPY (CHART)	When patient able encourage fluids		.....	.....
	IV THERAPY AS CHARTED	ND E	....	....
DIET	When patient wishes - Resume **light** diet		.....	.....
SPECIALTY OBSERVATION (chart)	CheckWound dressing intact-NAD+IVcannula check-drain ☐ Yes ☐ N/A	ND E	....	....
ACTIVITIES OF DAILY LIVING	On return to ward – provide assistance with basic hygiene Independent Hygiene / dressing		....	....
Mobility/exercise	**Check indications/contraindications (as per protocol)** **Refer to physiotherapy instruction**			
EDUCATION/ DISCHARGE PLANNING	Patient meets discharge criteria N/A ☐ Outpatient appointment actioned (if applicable) Issue / explain discharge information (eg wound care, activities, pain management) GP letter issued		....	....
ADMIN	Complete discharge documentation Valuables returned ☐ Yes ☐ N/A Notify support services as appropriate i.e. Practice Nurse ☐ Yes ☐ N/A		....	....

WARD.....sign/print name

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Nurse Discharge Protocol

This protocol is designed to facilitate the smooth discharge of post-operative patients.

The Nurse in Charge may discharge patients who meet the discharge criteria.

For this to take place it is essential that all patients are seen by the surgeon post-operatively on the ward. He / she must complete a discharge summary / instructions and give authorisation for nurse discharge.

It is imperative that discharge drugs are prescribed at this point

If the patient does not meet the discharge criteria, the nurse will contact the appropriate member of the medical team to reassess the patient.

For those patients who insist on seeing a member of the medical staff before discharge, the nurse should be given a contact name / bleep number by the discharging surgeon.

I authorise Nurse Discharge from DSU if patient meets the stated Discharge Criteria.

Signature of Doctor	**Print Name** BRANDSON
Oate 21/10/19 **Time** 12.00	**Oesignation** ST7
Contact name	**Bleep no.**

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DISCHARGE CRITERIA

DATE: 21/10/19

	DISCHARGE CRITERIA	Yes	No	Comments
				Refer to post-op Obs.
1	Vital signs stable & satisfactory	✓		
2	Wound check satisfactory, dressings provided	✓		
3	Alert & orientated (as on admission)	✓		
4	Pain controlled	✓		
5	Nausea controlled, no vomiting	✓		
6	Tolerating fluids	✓		
7	Has passed urine	✓		
8	Normal mobilisation achieved	✓		
9	Written and verbal discharge information provided	✓		
10	Pain medication given with instructions (including any other medications)	✓		
11	IV Cannula removed	✓		
12	Ring tape: identity bracelet removed	✓		
13	Collected by a responsible adult	✓		wife +
14	Responsible adult at home for first 24h	✓		family
15	Patient issued with medical certificate		✓	

Was patient discharged as planned ie 1 On day of surgery? Yes ☑ No ☐
2 After one overnight stay Yes ☐ No ☐

If No, please record variance below. Commence new post-operative care record if indicated

Mr. Lewis met the Discharge Criteria, & was discharged home from ward ORO,
on (date): 21/10/19 at (time): 1643
Accountable Nurse:
Signed JStark date: 21/10/19 time: 1650
Printed: JSTARK Designation SIN

Patient offered next day phone call? Yes ☐, No ☐
Name of staff member to make call :

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Date /Time	Additional Information/variance recording	Signature/Designation Print Name

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Date /Time	Additional Information/variance recording	Signature/Designation Print Name

WHO Surgical Safety Checklist

(adapted for Orthopaedic Surgery NHS Lothian 21.06.2010)

NHS Lothian

[redacted]
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*DATE 21/6/19

*THEATRE 22

*SITE RIE

*OPERATING/SUPERVISING CONSULTANT MR MacPherson

*PROCEDURE (L) Hip Biopsy + Aspiration

Please complete ALL boxes

SIGN IN (To be read out loud)
Before commencement of anaesthesia

Member verbally confirms with the team:

	Yes	No	N/A
Patient confirmed his/her identity, site, procedure and consent	✓		
Correct opereting table?	✓		
Surgical site/side marked	✓		
Are prophylectic antibiotics required?			
Does the patient have a:			
Known Allergy?	✓		
Difficult eirway/espiration risk?		✓	
Complete case notes available?	✓		
Estimated blood loss > 500ml?		✓	
If yes, adequate IV eccess/fluid warming/cell salvage planned?			
Negative pregnancy test documented?			✓
Blood results available?	✓		
Group & Save available?			✓

Patient temperature (°C) 37.1°C.

	Yes	No
Patient diabetic?		✓

If yes, BM (millimoles) ____

	Yes	No
Patient on Beta blockade?		✓
If yes, Beta blockade given?		

If not given, state reason omitted:

Name: D. CANNON

Signature:

TIME OUT BY SURGEON (To be read out loud)
Before start of surgical intervention

Member verbally confirms with the team:

	Yes	No	N/A
Team members introduce themselves by name and role	✓		
Correct patient?	✓		
Correct procedure/consent?	✓		
Correct site/side marked?	✓		
Correct positioning?	✓		
Does the patient have a known allergy?		✓	
Essential imaging displayed	✓		
Has OVT prophylaxis been undertaken?	✓		
Antibiotic prophylaxis administration complete?	✓		✓

Name: [redacted]

Signature:

Please record any Problems Identified overleaf

www.patientsafetyalliance.scot.nhs.uk/programme

SIGN OUT (To be read out loud)
Before patient leaves operating room

Member verbally confirms with the team:

	Yes	No	N/A
Has the operation/procedure summary been completed?	✓		
Have blood tags been completed?			✓
Regular DVT prophylaxis prescribed?			✓
Further antibiotic doses prescribed?			✓
Please ensure all *asterix boxes have been completed	✓		

Name: [redacted]

Signature:

RECOVERY AREA (On arrival:)

Patient temperature (°C) 36.6

Patient BM if diabetic (millimoles) N/A ✓

Name: [redacted]

Signature:

LOTHIAN UNIVERSITY HOSPITALS DIVISION

INTRAOPERATIVE CARE RECORD

ORTHO/TRAUMA THEATRES

NHS Lothian

DATE 21/10/19 PT 623583

SURGICAL POSITION	POSITION AIDS USED	PATIENT DETAILS
☐ LATERAL ☐ RIGHT ☐ LEFT ☑ HIP TABLE ☐ DECK CHAIR ☐ PRONE ☑ SUPINE ☐ OTHER.....	☐ HAND TABLE ☑ GK EXT ☑ SUPPORTS ☐ PELVIC FRAME ☐ SANDBAG ☐ ARMREST	70164 S Warwick 620106899H M 28/12/1967 N Lewis, Bernard 158 Moredun Park Road, D Edinburgh, EH17 7DQ C CHI 2812671297 70164 S Warwick

PRESSURE RELIEVING MEASURES PATIENT WARMING	☑ GELPADS ☐ PREVENT PAD ☑ PILLOWS ☐ OTHER..... ☑ BAIR HUGGER ☐ OTHER.....
DIATHERMY ☑ NIL	☑ RT THIGH ☐ LT THIGH ☐ BUTTOCK ☐ OTHER..... PROBLEM/ACTION TAKEN..... ☐ SITE CHECK
TOURNIQUET ☑ N/A	☐ THIGH ☐ UPPER ARM PRESSURE ☐ RIGHT ☐ LEFT ☐ BILATERAL PROTECTION USED TIME/DURATION
SKIN PREP	☐ BETADINE ☑ CHLORHEXIDINE ☐ OTHER.....
SPECIMENS ☐ NIL	☑ BACTERIOLOGY x2 ☑ PATHOLOGY x1 ☐ OTHER.....
DRAINS ☑ NIL	☐ REDIVAC ☐ OTHER.....
PACKS	☐ TYPE ..... ☑ NONE
SKIN CLOSURE	☑ CLIPS ☐ SUBCUTICULAR ABSORBABLE ☐ NON ABSORBABLE ☑ FORMAL SKIN CLOSURE FULL / PARTIAL ☐ WOUND LEFT OPEN
DRESSINGS	☐ TULLEGRAS ☑ BLUE SWAB ☐ SOFFBAN ☐ BANDAGE ☐ MEFIX ☐ MEPORE ☑ OTHER TEGEDERM
CATHETERS ☑ N/A	TYPE .....SIZE ..... BALLOON CAPACITY .....MLS
PLASTERS/SPLINTS ☑ N/A	☐ RIGHT ☐ LEFT ☐ BILATERAL ☐ LOWER LEG SLAB ☐ FOREARM SLAB ☐ VOLAR SLAB ☐ OTHER.....

COMMENTS 20 mls 0.5% bupivicaine hydrochloride infiltrated by Mr Davidson.

PRINT NAME Hazel Samuels SIGNED H Samuels

CANNULATED SCREW SET 7mm (SMITH & NEPHEW)
ID- A024845
2019.10.12 ORT382
Edinburgh Royal Infirmary

MAJOR BASIC TRAY
D- A002044
2019.10.19 ORT069
Edinburgh Royal Infirmary

A056781
19.10.17 ORT505
Edinburgh Royal Infirmary

INTRAOPERATIVE COUNTS

	INTIAL COUNT	INTRAOPERATIVE	INTRAOPERATIVE	INTRAOPERATIVE	FINAL COUNT
CORRECT					
SIGNATURE	MTFeD				

COMMENTS — DISCREPANCIES/ACTION TAKEN — TOTAL BLOOD LOSS = Minimal

SCRUB STAFF SIGNATURE	PRINT	SIGN
	1. Hazel Sammels	1. HSammels
	2.	2.

IMPLANTS/INSTRUMENTS

OPERATION SUMMARY. TO BE COMPLETED BY SURGICAL TEAM

SURGEON Miss E Davidson **ASSISTANTS**

ANTIBIOTICS - YES ☐ NO ☑ **& DURATION** _____

OPERATION PERFORMED **DIATHERMY USED** YES ☐ NO ☐

Biopsy + Aspiration Left hip

POST OP INSTRUCTIONS- HOME TODAY? YES ☑ NO ☐

when safe

ROS 10-14 days

to GJM clinic 2wks

MOBILITY STATUS - FWB ☐ PWB ☐ NWB ☐

HIP PRECAUTIONS - YES ☐ NO ☐ N/A ☑

DVT PROPHYLAXIS - YES ☐ NO ☑ **& TYPE** _____ **DURATION** _____

S/T

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ADULT FLUID PRESCRIPTION CHART

N.S Lothian

Date	Sheet no
Ward	

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutaneous fluids using SC guidelines *Use separate prescription chart if more bags are required Mark as 'Sheet 2'*

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

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

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

Date___/___/___

ADULT FLUID BALANCE CHART

Name: _____ **Total Input Goal:** _____ml in 24hr

CHI/Unit No. **Today's PEG/NG Feed:** _____ml/24hr **TPN** _____ml/24hr **Fluid Restriction:** _____ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00			H20	750			/				
15.00							/				
16.00							757	757			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES									24 Hr Balance		

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

PRESCRIPTION AND ADMINISTRATION RECORD

NHS Lothian

Standard C 620106899H M 28/12/1967

Hospital/Ward: Consultant:

Weight: Height:

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed: Completed by:

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D.O.:
CHI 2812671297

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☑			
		Medicine / Agent	Description of reaction		21/10/19

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

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
21/10/19	09:20	LANSOPRAZOLE	15mg	ORAL	CARVER	0940	
21/10/19	09:20	MORPHINE MST M/R	180mg	ORAL	CARVER	1000	
21/10/19	PRN	IPRATROPIUM up to 20mg IV					
21/10/19	15:50	ISOSORBIDE MONONITRATE	10mg	ORAL	CARVER	1600	

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

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

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

TURN OVER →

AS REQUIRED THERAPY

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70164 S Warwick

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name) PARACETAMOL		For Use	Date	21/10											
			Time	12⁰⁰											
Dose + frequency + max 1g 4-6°	Route PO	Quantity	Dose	1g											
			Initials	AM											
Indication + notes PAIN	Start Date 21/10/19	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name) ORAMORPH		For Use	Date												
			Time												
Dose + frequency + max 10-20mg 1°	Route PO	Quantity	Dose												
			Initials												
Indication + notes PAIN	Start Date 21/10/19	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name) ONDANSETRON		For Use	Date												
			Time												
Dose + frequency + max 4mg 6°	Route PO/IV	Quantity	Dose												
			Initials												
Indication + notes NAUSEA	Start Date 21/10/19	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name) CYCLIZINE		For Use	Date												
			Time												
Dose + frequency + max 50mg 8°	Route PO/IV	Quantity	Dose												
			Initials												
Indication + notes NAUSEA	Start Date 21/10/19	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

70164 S Warwick
620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

Date chart commenced: 21/10/19

This is chart number (1) of this admission

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

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

Pain and Symptom Assessment and Management

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

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

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

↓

Call Medical Staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

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

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

Conscious Level Chart to be completed when clinically indicated

| | | |

Addressograph

Name:

DOB:

CHI:

NEWS of 5 or more?

Think Sepsis!

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

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____
is acceptable for this patient because _____

Please escalate if _____

Print _____ Sign _____ Designation _____

Date _____ Time _____ *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 **Urgent response threshold**	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more **Emergency response threshold**	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	**RM**	reservoir mask
N	nasal cannula (document in litres)	**TM**	tracheostomy mask
SM	simple mask	**CP**	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	**H**	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	**OTH**	Other specify

Date / Time																	
Circulation																	
Sensation																	
Movement																	

| NEWS Key | | | | | | | | | | | | | | | | |

21/10/2019 09:27:43

Royal Infirmary of Edinbu> (RIE)

Day Surgery Unit

Rate	71	. AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION
RR	845	. INCOMPLETE ANALYSIS DUE TO MISSING DATA IN PRECORDIAL LEAD(S)
PR	164	. SINUS RHYTHM.....normal P axis, V-rate 60- 99
QRSD	80	. MISSING LEAD(S): V2
QT	364	
QTc	396	

--AXIS--	
P	33
QRS	57
T	31

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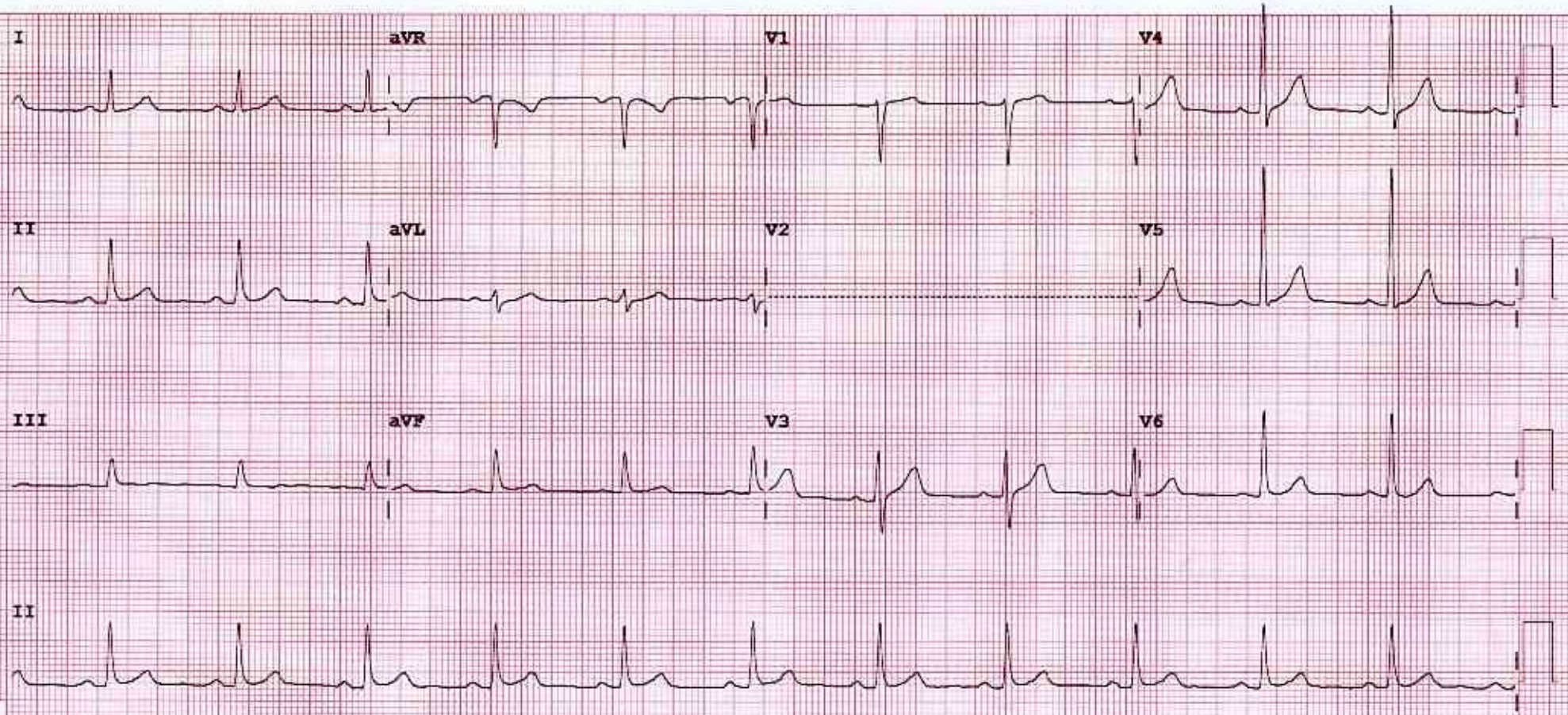
- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: 354897 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV Elect. Off F 50~ 0.15-100 Hz PH090A CL P?

21/10/19.

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 12:38 TIME OUT: 1350

Discharge criteria met? 1335 Y ☑ N ☐

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51yo
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EVENTS

A LMA extracted
B
C
D
E
F
G
H

TIME	38	45	50	55	00	05	10	20	30	40	50
Airway	LMA	LMA	LMA	SV	SV	SV	SV	SV	SV	SV	SV
Oxygen Therapy	SL	SL	SL	4L	4L	4L	4L	4L	4L	2L	
S_pO_2	100	100	100	100	99	98	99	98	99	100	
Respiration	10	10	9	16	16	16	16	14	15	16	
PAIN Severe 6-10											
PAIN Moderate 4-5											
PAIN Mild 1-3				✓	0	0	0	0	0		
PAIN None 0											
Nausea Score				0	0	0	0	0	0		
Sedation Score	U	U	U	2	1	1	1	1	S	S	
Urine Volume	0	0	0	0	0	0	0	0	0		
Wound Check (x1)		✓dry							✓dry		
~~Drains~~ N/A											
Temperature		✓PW		36.6					✓PW		
									✓		
									✓		

SBP - v
MAP - x
DBP - ^
Pulse - •

200 / 150 / 100 / 50

Events	A
Fluids	
Drugs	

PAIN SCORE
0 NONE. Continue to assess pain with every set of observations
1-3 MILD Continue to assess pain with every set of observations
4-5 MODERATE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 SEVERE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

RECOVERY COMMENTS

- Taken biopsy of aspirate + bone.
- Top plate dentures back in situ.
- on 4L O_2 = NEWS of (2).
- Tolerating sips of water.

Name (print) LJ. Robb Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☑
Oxygen 4L removed
Monitoring
Fluids ORH As charted ☐
Analgesia As charted ☑
Anti-emetics As charted ☑
Special Instructions (including expected return of power & sensation after RA):

Destination Day case ☑ Ward ☐ HDU ☐ ITU ☐

Name (print) Signature
Contact No. 27121

NHS LOTHIAN — ANAESTHESIA RECORD

620106899H M 28/12/1967
Lewis, Bernard
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CHI 2812671297
70164 S Warwick

Proposed operation: (L) Hip Aspiration +/- Biopsy
Date: 21/10/19 Side: (L)
NCEPOD: Ele ☐ Exp ☑ Urg ☐ Imm ☐

PRE-OP ASSESSMENT

Assessor: D. GARNER CONS ☐ SAS ☐ ST__ ☐ CT__ ☐ Other ☑ FYI
Date: 21/10/19. Location: Consent form signed and checked ☐

History / Examination (& see care pathway)

ANGINA → Last chest pain 6 days at rest → relieved with 2x GTN
Asthma → Never hospitalised w/ it
Peripheral Vascular Disease → can walk c. Pm. before symptoms
Avascular Necrosis (L) hip

Exercise tolerance 25m on flat can only manage 1 flight stairs

HR
BP
Weight (kg) Not had at home
Height (m) Prescribed once only this admission
. Can tolerate NSAIDs

Medications (including herbal)

Aspirin
Atorvastatin.
Paracetamol
Sertraline.
✓ Lansoprazole.
Ramipril
ISMN
GTN
SALBUTAMOL
FOSTAIR
Amitriptyline
✓ MST 60mg BD
ORAMORPH 30mg 6 hrly PRN

Allergies & adverse reactions

NKDA

ASA Grade

1 2 (3) 4 5 6 E

Airway Assessment

MP 1
MO ✓
Neck FROM
LRD/R A
Teeth Plate removable

Previous Anaesthesia

GA. Leg #

Uneventful Y ☑ N ☑ N/A ☐

Family History

Nil known.

Alcohol 10-15 units/wk.
Smoking 15 a day. 30 yrs.
Drugs X
Reflux / GORD Nil
Fasted Food 21:00 H_2O 2100.

Investigations

FBC Hb 120 WCC 8.6 PLT 334
U&E's / eGFR Ur 5.4 eGFR >60
G+S / e-Release / X-match
ECG Sinus ? LVH Echo 3/4/14 Normal.
CXR

Information Given to Patient

	Y	N	N/A
Intended anaesthetic technique discussed	☐	☐	
Regional / local anaesthetic technique discussed	☐	☐	☐
Risks of regional anaesthesia discussed:			☐
PDPH	☐	☐	☐
Failure	☐	☐	
Temporary nerve damage	☐	☐	
Permanent nerve damage	☐	☐	
Post-operative analgesia discussed	☐	☐	
Consent for PR drug administration	☐	☐	

Pre-op Instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☐	☐
Give charted medication	☐	☐	☐
Omit anticoagulant	☐	☐	☐
Keep dentures in	☐	☐	☐

Fasting: Solids_____hrs Clear fluids_____hrs
(or state times)
Other:

Post-operative Remarks

	Y	N
Uneventful anaesthetic	☐	☐

* Significant events
* Critical incident
* Warnings / Hazards

Name (print) Signature
Contact No

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ANAESTHETIST(S) MICHS CARRON
GRADE CONS R1
SUPERVISING CONSULTANT:
INFORMED Yes ☐ No ☐

OPERATION PERFORMED:
LOCATION: Th 22
SURGEON: DAWSON

DATE:
START TIME:
END TIME:
TRAINED ASSISTANT PRESENT ☑

AIRWAY

Induction
Pre O_2 ☑ RSI ☐ Cricoid ☐
MIDAZOLAM 2
FENTANYL 100
PROPOFOL 150+50

Maintenance
O2/AIR/SEVO

Reversal

Face Mask ☐
Oral Airway ☐
Nasal Airway ☐
LMA ☐
Type Unique
Size 5
ETT ☐
Cuff ☐
Type
Size

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit C
Ventilator
Gas flow 1L
Filter /Humidifier ☑
S.V. ☑
I.P.P.V. ☐
Throat Pack In ☐ Out ☐

Easy to hand ventilate Y ☑ N ☐ N/A ☐

VASCULAR ACCESS

Cannula(e) Site
20 G DORSUM

A – line ☐
CVP ☐

Y N
Ultrasound guidance ☐ ☐

MONITORING

Machine checks
Anaesthetic room ☑
Theatre ☑
Monitor used Mandray

ECG	☑	P_{aw}	☑
S_pO_2	☑	Disconnect	☑
NIBP	☑	NMB	☐
F_iO_2	☑	Steth	☐
F_ECO_2	☑	Temp	☐
Agent	☑	Urine	☐
Anaesthetic depth			☐

POSITION

Patient / limb position
SUPINE

PROPHYLAXIS

	Y	N	N/A
Eye care	☑		
Pressure care	☑		
Fluid warmer			
Warming blanket	☑		
DVT TED	☑	☐	☐
Antibiotics	☐	☐	☑
PONV	☑	☐	☐

REGIONAL TECHNIQUE

Type of block	20ml 0.5% L-bupiv by surgeons.
Consent	☐
Awake	☐
Asleep	☐
Stimulator	☐
Ultrasound guidance	☐
Catheter	☐
Entry site	
Needle used	
Drugs given	
Technique	

EVENTS

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V

TIME 11 15 30 1200 30

S_pO_2	100	98	99	99	99	98
F_ECO_2	5	5.5	5-7	5-7	4-7	5
F_iO_2	1.0	.7	.45	.44	.42	.47
F_EAn	1.8	2	2-1	1.9	2.4	2.7
P_{aw}						

CVP
Urine Output
Blood loss
Temperature

200 / 150 / 100 / 50
SBP - v
MAP - x
DBP - ^
Pulse - •

Events: A B
Fluids: 600

HYPOTENSION	10	5	5		5
PARACETAMOL			1g		
CLONIDINE				30mcg	30mcg
ORANSETRON					4

FLUIDS

1	PL 1000
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

TOTAL FLUIDS 1600
TOTAL BLOOD LOSS
TOTAL URINE

Consent Form

Medical or Dental Investigation, Treatment or Operation

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158 Moredun Park Road,
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CHI 2812671297
70164 S Warwick Hospital

NHS Lothian

To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

Left hip aspiration and biopsy

Relevant written information outlining risks given to patient (tick box) **Yes** □ **No** □

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature ..... Date 21/10/19
Name and Status of Practitioner RAW FDSRCS ST7

Reconfirmation of Consent on the day of admission:

Rewritten as RAC missing

Signature ..... Date .....
Name and Status of Practitioner .....

Medical Students

Tick relevant box	YES	NO
I agree to allow students to be present in theatre:		
I agree to be examined by a medical student whilst under general anaesthesia:		

To the patient (or Parent or Guardian if appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient / parent / guardian (delete as necessary)
I agree - to what is proposed which has been explained to me by the practitioner above
I understand - that anaesthesia (general/regional/local) or sedation will be needed
- the procedure may not be done by the practitioner who has treated me so far
- any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first
.....
.....
.....

Signature ..... Name BERNARD LEWIS
Date 21-10-2019

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

The health practitioners are here to help you. He or she will explain the proposed treatment and what other alternatives exist. You can ask any questions and seek further information. You can also refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition and proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present. It is important that you understand all the information given to you. Please ask for clarity if something is not clear.

Your treatment may provide an important opportunity for training doctors, dentists, nurses and other health professionals. Such training is under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

Tick relevant box	**YES**	**NO**
For my medical records for the purpose of diagnosis and treatment		
For the purpose of teaching and education		
For the purpose of publication		
To be shown to other patients as an example		

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN:

TIME OUT:

Discharge criteria met? Y ☐ N ☐

Name:

Hospital Number:

Date of Birth:

Affix Label

EVENTS

A

B

C

D

E

F

G

H

PAIN SCORE
0 NONE. Continue to assess pain with every set of observations
1-3 MILD Continue to assess pain with every set of observations
4-5 MODERATE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 SEVERE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

TIME		
Airway		
Oxygen Therapy		
S_pO_2		
Respiration		
PAIN	Severe 6 - 10	
	Moderate 4 - 5	
	Mild 1 - 3	
	None 0	
Nausea Score		
Sedation Score		
Urine Volume		
Wound Check		
Drains		
Temperature		
SBP - v	200	
MAP - x		
	150	
DBP - ^		
Pulse - •	100	
	50	
Events		
Fluids		
Drugs		

RECOVERY COMMENTS

Name (print) Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☐

Oxygen

Monitoring

Fluids As charted ☐

Analgesia As charted ☐

Anti-emetics As charted ☐

Special Instructions (including expected return of power & sensation after RA):

Destination Day case ☐ Ward ☐ HDU ☐ ITU ☐

Name (print) Signature

Contact No.

NHS LOTHIAN — ANAESTHESIA RECORD

Proposed operation: Arthroscopic Hip

Date: Side:

NCEPOD: Ele ☐ Exp ☐ Urg ☐ Imm ☐

Name: 620106899H M 28/12/1967
Ho: **Lewis, Bernard**
158 Moredun Park Road,
Dat Edinburgh,
EH17 7DQ
CHI **CHI** 2812671297
Ger 70164 AM Pirie

Affix Label

PRE-OP ASSESSMENT

Assessor: CONS ☐ SAS ☐ ST__ ☐ CT__ ☐ Other ☐

Date: Location: Consent form signed and checked ☐

History / Examination (& see care pathway)

Prev kidney donor.
Chest pain.
PVD

HR

BP

Weight (kg)

Height (m)

Medications (including herbal)

Ramipril ○
Amitriptyline ○
Morphine ○
Omeprazole ○
Isosorbide ○
Simvastatin ○
Bendroflumethiazide ○
Atenolol ○
Aspirin ○
Co-codamol ○

Allergies & adverse reactions

ASA Grade
1 2 3 4 5 6 E

Airway Assessment

Teeth

Previous Anaesthesia

Uneventful Y ☐ N ☐ N/A ☐

Family History

Alcohol +

Smoking Yes -

Drugs

Reflux / GORD

Fasted

Investigations

FBC 116/8.4/308
U&E's / eGFR 5.1/136/3.9 (83)
G+S / e-Release / X-match
ECG SR + RBBB. (CHTD) (N)
CXR

CRP ≈ 20

Information Given to Patient

	Y	N	N/A
Intended anaesthetic technique discussed	☐	☐	
Regional / local anaesthetic technique discussed	☐	☐	☐
Risks of regional anaesthesia discussed:			☐
PDPH	☐	☐	☐
Failure	☐	☐	
Temporary nerve damage	☐	☐	
Permanent nerve damage	☐	☐	
Post-operative analgesia discussed	☐	☐	
Consent for PR drug administration	☐	☐	

Pre-op Instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☐	☐
Give charted medication	☐	☐	☐
Omit anticoagulant	☐	☐	☐
Keep dentures in	☐	☐	☐

Fasting: Solids_____hrs Clear fluids_____hrs
(or state times)
Other:

Post-operative Remarks

	Y	N
Uneventful anaesthetic	☐	☐

* Significant events
* Critical incident
* Warnings / Hazards

Name (print) Signature
Contact No

Name:
Hospital Number:
Date of Birth:
Affix Label

ANAESTHETIST(S) GRADE

SUPERVISING CONSULTANT:
INFORMED Yes ☐ No ☐

OPERATION PERFORMED:

LOCATION:

SURGEON:

DATE:
START TIME:
END TIME:

TRAINED ASSISTANT PRESENT ☐

CONDUCT OF ANAESTHETIC

Induction
Pre O_2 ☐ RSI ☐ Cricoid ☐

Maintenance

Reversal

AIRWAY

Face Mask ☐
Oral Airway ☐
Nasal Airway ☐
LMA ☐
Type _____
Size _____
ETT ☐
Cuff ☐
Type _____
Size _____

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit _____
Ventilator _____
Gas flow _____
Filter /Humidifier ☐
S.V. ☐
I.P.P.V. ☐
Throat Pack In ☐ Out ☐

Easy to hand ventilate Y ☐ N ☐ N/A ☐

VASCULAR ACCESS

Cannula(e)	Site

A – line ☐
CVP ☐

	Y	N
Ultrasound guidance	☐	☐

MONITORING

Machine checks
Anaesthetic room ☐
Theatre ☐
Monitor used _____

ECG	☐	P_{aw}	☐
S_pO_2	☐	Disconnect	☐
NIBP	☐	NMB	☐
F_iO_2	☐	Steth	☐
F_ECO_2	☐	Temp	☐
Agent	☐	Urine	☐
Anaesthetic depth			☐

POSITION

Patient / limb position

PROPHYLAXIS

	Y	N	N/A
Eye care			
Pressure care			
Fluid warmer			
Warming blanket			
DVT	☐	☐	☐
Antibiotics	☐	☐	☐
PONV	☐	☐	☐

REGIONAL TECHNIQUE

Type of block
Consent ☐
Awake ☐
Asleep ☐
Stimulator ☐
Ultrasound guidance ☐
Catheter ☐
Entry site
Needle used
Drugs given
Technique

EVENTS

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V

TIME
S_pO_2
F_ECO_2
F_iO_2
F_ENO
P_{aw}
CVP
Urine Output
Blood loss
Temperature

200
150
SBP - v
MAP - x
100
DBP - ^
Pulse - •
50

Events
Fluids

FLUIDS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

TOTAL FLUIDS

TOTAL BLOOD LOSS

TOTAL URINE

ROYAL INFIRMARY OF EDINBURGH

IMMEDIATE DISCHARGE LETTER **IN CONFIDENCE**

WHITE COPY - GIVEN TO PATIENT FOR DELIVERY TO GP PINK COPY - CASENOTES BLUE COPY - PHARMACY

NAME & ADDRESS OF GENERAL PRACTITIONER:

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 S Warwick

ALS

UNIT No:

DATE OF BIRTH:

HOSPITAL: WARD/DEPT.: CONSULTANT:

DISCHARGE:

Your Patient { Attended / Was admitted } on _____ and was discharged on _____ { Home / To } _____

PRINCIPAL DIAGNOSIS/OPERATION:

TREATMENT/COMMENTS:

DRUG SENSITIVITY

DIAGNOSIS DISCUSSED	
G.P.	
Patient	
Next of Kin	

FOLLOW-UP

HOSPITAL

Further Review { Place / Date / Time }

Further Investigations Pending:

G.P.
Further Treatment Advised:

To attend G.P. Surgery	
Unable to attend Surgery	
Follow-up not required	

DOMICILIARY SUPPORT

Recommended:

Arranged by Hospital:

MEDICATION ON DISCHARGE A 7 day supply will be dispensed unless otherwise requested.

	Medicine	Form	Dose	Administration Times					Additional Instructions	Quantity Supplied	Pharmacy Comments	Pharmacy Sig.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Prescribed by: _____ Date: _____ Dispensed by: _____ Date: _____

Pharmacist check: _____ Date: _____ Final check by: _____ Date: _____

LHB 2808

GJM 25/02 Afm 12

NHS Lothian

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 - A Afzal

GJM 25/02

Orthopaedic Pre-operative Assessment Screening Form

BP 148/90	Weight (kg) 77	Height (m) 167	BMI

		YES	NO
BP	Blood pressure above 160 (systolic) or 100 (diastolic) mmHg?		✓
Diabetes	Does patient have diabetes (includes diet-, tablet-, or insulin-controlled diabetes)?		✓
CJD	Have you ever been notified that you are at risk of CJD or vCJD for public health purposes?		✓

If the answer to any of the above questions is YES action is required – see below

☐ If BP high, please tick this box to confirm advice has been given to attend GP and that BP information/instruction sheet has been given to the patient to take to GP.

☐ If patient diabetic, please tick this box to confirm advice has been given to attend GP and that diabetes information/instruction sheet has been given to the patient to take to GP.

If CJD answer is YES, or proposed operation involves the spinal cord, fill in the supplementary CJD sheet overleaf.

Form completed by:	(PRINT) K. WEIR	(signature) K. Weir
Date: 25.02.20		

File this sheet in patient's notes. Do not send to preoperative assessment clinic.

CJD Risk Assessment Tool

It is now a mandatory requirement that all patients who are about to undergo an operative procedure must be asked the question shown on the Health Screen Document over leaf

If the answer to the question is:-

Is "NO" record as such and no further action is required.

- Ask for further explanation
- Inform Infection control special precautions may need to be undertaken

If the patient is unable to respond or does not know the answer, then record on the health screen. No futher action is required UNLESS the surgery involves the dura mater of the brain or spinal cord (see below).

All patients who are scheduled to undergo SPINAL or TUMOUR surgery should be asked the questions shown below:-

Q1	Have you any history of CJD or other prion disease in your family ☐ Y ☐ N	Q2	Have you ever received genetic testing which indicates you are risk of developing CJD or other prion diseases ☐ Y ☐ N
Q3	Is a blood relative known to have e genetic mutation indicative of CJD ☐ Y ☐ N	Q4	Heve you two or more relatives affected by CJD or other prion diseases ☐ Y ☐ N
Q5	Have you ever received growth hormone or gonadotrophin treatment ☐ Y ☐ N	Q6	Was the hormone derived from human pituitary gland ☐ Y ☐ N
Q7	State year of treatment	Q8	Was the treatment in the UK or elsewhere? ☐ Y ☐ N
Q9	Have you had surgery on your brain or spinal cord at enytime in the past? ☐ Y ☐ N		

After the assessment has been completed, add to patient health record. If there is a section for CJD risk assessment on the care pathway for this patient, ensure that it has been completed

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

VA chart for Alcohol withdrawal

Notes:

Do not use this chart if starting new treatment with regular fixed-dose diazepam

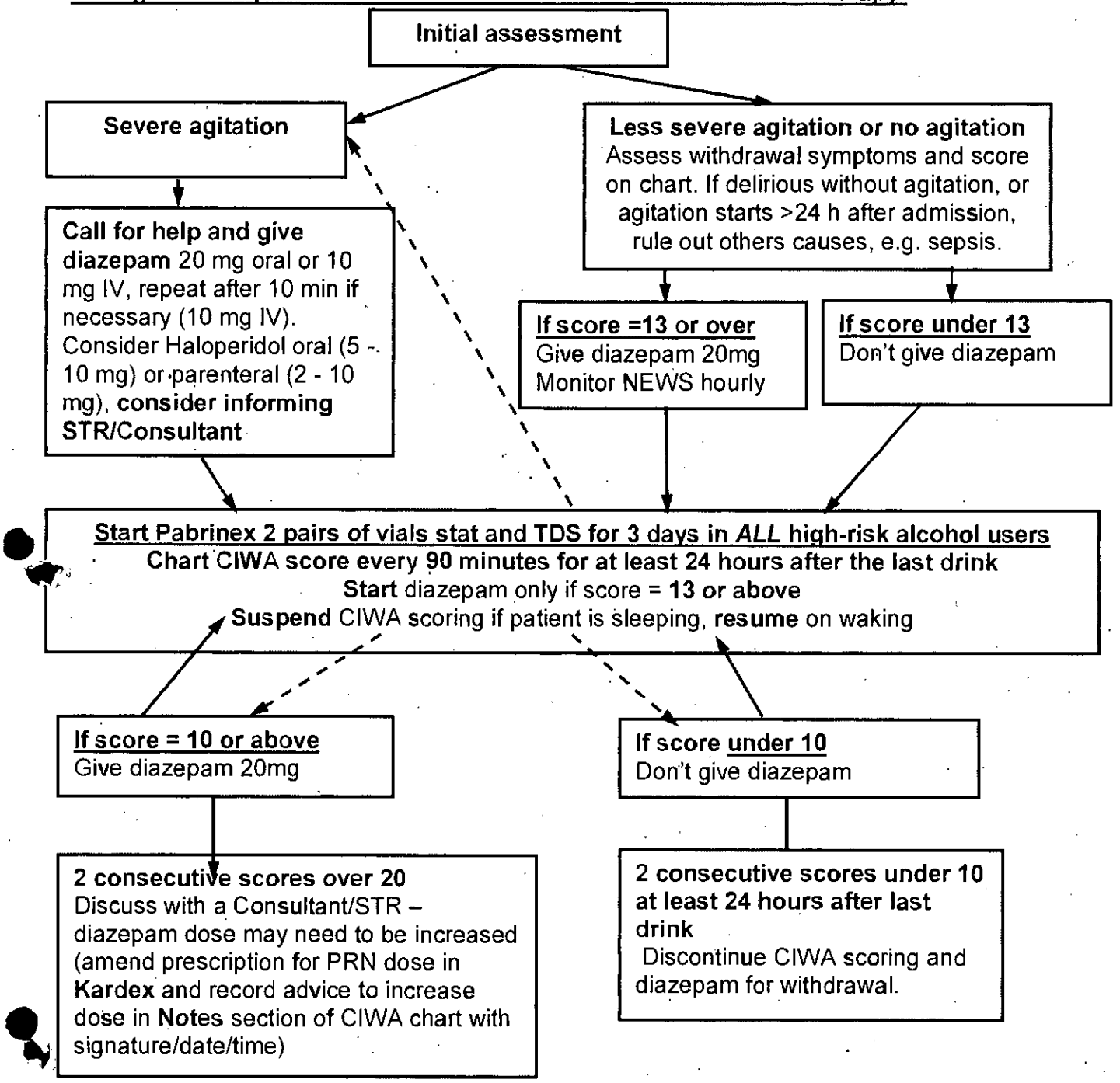
Date	15/6	16/6										
Time	2130											
Assess and rate each of the following (CIWA Scale):												
Nausea/vomiting (0 - 7) 0 - none; 1 - mild nausea ,no vomiting; 4 - intermittent nausea; 7 - constant nausea , frequent dry heaves & vomiting.	0	0										
Tremors (0 - 7) 0 - no tremor; 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended.	0	0										
Anxiety (0 - 7) 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; 7 - equivalent to acute panic state	0	0										
Agitation (0 - 7) 0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety/restless; 7 - paces or constantly thrashes about	0	0										
Paroxysmal Sweats (0 - 7) 0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweat	0	0										
Orientation (0 - 4) 0 - oriented; 1 - uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person	0	0										
Tactile Disturbances (0 - 7) 0 - none; 1 - very mild itch, P&N, ,numbness; 2-mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning ,numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 – extremely severe hallucinations; 7 - continuous hallucinations	0	0										
Auditory Disturbances (0 - 7) 0 - not present; 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous.hallucinations	0	0										
Visual Disturbances (0 - 7) 0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations	0	0										
Headache (0 - 7) 0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe	0	0										
Total CIWA score:	/	0										
Pulse	/											
Blood Pressure	/											
PRN Diazepam — **Dose given (mg):**												
Route:	/	/										
Time of administration:	/	/										
RN Initials	ah	ah										

Scale for Scoring:
Total Score
0 – 9: absent or minimal withdrawal
10 – 19: mild to moderate withdrawal
20 or over: severe withdrawal

Indications for PRN medication:
a. Total CIWA-AR score 13 or higher on initial assessment
b. Total CIWA-AR score 10 or higher on subsequent assessments

Discuss with Consultant/STR if:
- Two consecutive scores above 20
- If more than 20 mg diazepam x 3hr required
- Respiratory distress or hypoxia

Management of patients who meet criteria for alcohol withdrawal therapy:



***Discuss all difficult cases (e.g. non-English speakers, hypoactive delirium) with Consultant/STR or (in office hours) the Alcohol Liaison service* Tel: 0796 781 1470**

Escalate to Charge Nurse & STR/Consultant if:

- 2 consecutive CIWA scores >20, O_2 sats low, or NEWS>3

Prescribe:

- Diazepam 20 mg oral or IV every 90 minutes PRN. In 'Notes', write "See CIWA chart"
- Diazepam 20 mg IV / rectal PRN. In 'Notes', write "For seizure"
- Any regular doses of benzodiazepines that the patient has been receiving. Diazepam 20mg for withdrawal symptoms will be in addition to ongoing prescriptions.
- **Pabrinex 2 pairs of vials stat and three times daily for 3 days**
- **Avoid glucose infusions before administering Pabrinex, monitor for anaphylaxis**
- Prescribe thiamine 300 mg stat and then once daily once Pabrinex course complete or at discharge

Please KEEP **IN NOTES**, not at end of bed

Approved by UHD D&TC 2 Dec 2016 Review date 2 Dec 2018 Author: A Veiraiah

THEATRE PATIENT CARE PLAN

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

PRE-OPERATIVE ASSESSMENT: Pre-operative visit performed? Yes ☐ No ☐

Signature: **Name (print):** **Date:**

Identified Problems	Planned Nursing Care

PRE-OPERATIVE CHECKLIST:

Check	Ward Nurse		Theatre Nurse		Comments
	Y	N	Y	N	
Correct patient?	✓	☐	✓	☐	
Correct proeedure?	✓	☐	✓	☐	
All braeelets in situ with name, date of birth, ward, unit number, gender & CHI number?	✓	☐	✓	☐	
Operation eonsent form signed?	✓	☐	✓	☐	
Operation site & side marked?	✓	☐	✓	☐	
Preseribed pre-medieation given?	☐	✓	☐	☐	
Routine drug therapy taken?	✓	☐	☐	☐	
Make up removed as required?	✓	☐	☐	☐	
Jewellery (inel body piereings) & hairclips removed, rings taped?	✓	☐	✓	☐	
Items aeeompanying patient to theatre? (eg wigs, hearing aids, prosthesis ete)	☐	✓	☐	☐	
Dressed for theatre?	✓	☐	☐	☐	
Does the patient have any allergies?	☐	✓	☐	✓	
Has the patient passed urine?	✓	☐	☐	☐	
Urinalysis results reeorded?	☐	☐	☐	☐	
Date of last menstrual period?	—				
Last food? 15/6/20 Date: Time: 1700	✓	☐	✓	☐	
Last drink? 16/6/20 Date: Time: 0600	☐	☐	✓	☐	SIPS
Documents aeeompanying patient? Healtheare reeord ✓ ICP (if separate) ☐ Xrays ☐ Drug ehart ☐ Blood results ☐ Cross matehed ☐	✓	☐	☐	☐	

	Signature	Print name	Date
Ward Nurse	Susan Reid	SUSAN REID	16/6/20
Theatre Praetitioner			16/6/20

INTRAOPERATIVE CARE RECORD

Patient name:

CHI number:

Patient address:

Surgical Position Initials:		Equipment Used/Protection/Pressure Care	
Mobility Initials	Special Actions taken		
Diathermy Initials:	Position Problem/action taken		
Skin prep. Initials:	Details		
Skin closure Initials:	Details		
Dressings ☐ N/A Initials:	Details		
Drains ☐ N/A Initials:	Details		
Catheters ☐ N/A Initials:	Details Mls in balloon		
Specimens ☐ N/A Initials:	Details		
Packs ☐ N/A Initials:	Details		
Tourniquet ☐ N/A Initials:	Position Protection used	Pressure	Time on Time off
Comments: Signature: _____ Print name:_____			

INTRAOPERATIVE COUNTS

Patient name:

CHI number:

Patient address:

Post code

	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final count
Correct Signature					
Discrepancy and Action taken					
Scrub nurse	Comments 1. Print_____ 2. Print _____		Total blood loss Sign_____ Sign_____		

HSDU LABELS - FROM PACKS/INSTRUMENTS USED

INTRAOPERATIVE COUNTS

Patient name:

CHI number:

Patient address:

Post code

IMPLANTS

OPERATION SUMMARY (surgeon or deputy to complete)

Surgeon:	Assistants:
Drugs: Operation performed:	Diathermy used ☐
Postoperative instructions:	
Printed:	Signed:

LOTHIAN UNIVERSITY HOSPITALS DIVISION

INTRAOPERATIVE CARE RECORD

ORTHO/TRAUMA THEATRES

NHS Lothian

DATE 16/6/20

SURGICAL POSITION	POSITION AIDS USED	PATIENT DETAILS/ADDRESSOGRAPH
☑ LATERAL ☑ RIGHT ☐ LEFT ☐ HIP TABLE ☐ DECK CHAIR ☐ PRONE ☐ SUPINE ☐ OTHER.....	☐ HAND TABLE ☐ GK EXT ☑ SUPPORTS ☐ PELVIC FRAME ☐ SANDBAG ☑ ARMREST	620106899H M LEWIS Bernard 28-Dec-67 CHI: 281 267 1297 70164 AM Pirie 158 Moredun Park Road EH17 7DQ

PRESSURE RELIEVING MEASURES PATIENT WARMING	☐ GELPADS ☐ PREVENT PAD ☐ PILLOWS ☑ OTHER..... ☑ BAIR HUGGER ☐ OTHER.....
DIATHERMY ☐ NIL	☑ RT THIGH ☐ LT THIGH ☐ BUTTOCK ☐ OTHER..... PROBLEM/ACTION TAKEN..... ☐ SITE CHECK
TOURNIQUET ☑ N/A	☐ THIGH ☐ UPPER ARM PRESSURE ☐ RIGHT ☐ LEFT ☐ BILATERAL PROTECTION USED TIME/DURATION
SKIN PREP	☐ BETADINE ☑ CHLORHEXIDINE ☐ OTHER..... Pink.
SPECIMENS NIL	☑ BACTERIOLOGY ☑ PATHOLOGY ☐ OTHER.....
AINS NIL	☐ REDIVAC ☐ OTHER.....
CKS	☐ TYPE ..... ☐ NONE
SKIN CLOSURE	☐ CLIPS ☑ SUBCUTICULAR ABSORBABLE ☐ NON ABSORBABLE ☐ FORMAL SKIN CLOSURE FULL / PARTIAL ☐ WOUND LEFT OPEN
DRESSINGS	☐ TULLEGRAS ☑ BLUE SWAB ☐ SOFFBAN ☐ BANDAGE steristrip. ☐ MEFIX ☐ MEPORE ☑ OTHER Tegaderm
CATHETERS ☑ N/A	TYPE .....SIZE ..... BALLOON CAPACITY .....MLS
PLASTERS/SPLINTS ☑ N/A	☐ RIGHT ☐ LEFT ☐ BILATERAL ☐ LOWER LEG SLAB ☐ FOREARM SLAB ☐ VOLAR SLAB ☐ OTHER.....

COMMENTS

PRINT NAME C. PEPPER SIGNED C Pepper.

RIE H.S.D.U. EDINBURGH EH16 4SU TEL: 0131 2428100 USE BY 28/05 21 00671
RIE H.S.D.U. EDINBURGH EH16 4SU TEL: 0131 2428100 USE BY 12 06 21 55618 LOT
A066409 20 06 11 ORT591 Edinburgh Royal Infirmary
D. A002817 20 06 11 ORT159 Edinburgh Royal Infirmary

STRUMENTS
A011871
10/05 IS ORT215
Edburgh Royal Infirmary

INTRAOPERATIVE COUNTS

	INTIAL COUNT	INTRAOPERATIVE	INTRAOPERATIVE	INTRAOPERATIVE	FINAL COUNT
CORRECT					
SIGNATURE	B. Allen			B. Allen	B. Allen
COMMENTS	DISCREPANCIES/ACTION TAKEN			TOTAL BLOOD LOSS =	960 mls.
SCRUB STAFF SIGNATURE	PRINT 1. C. PEPPER 2.			SIGN 1. C Pepper 2.	

IMPLANTS/INSTRUMENTS

OPERATION SUMMARY. TO BE COMPLETED BY SURGICAL TEAM

SURGEON MacPherson

ASSISTANTS R Brown

ANTIBIOTICS - YES ☐NO ☐ & DURATION _____

OPERATION PERFORMED

Left hip excision arthroplasty.

DIATHERMY USED YES ☐NO ☐

POST OP INSTRUCTIONS- HOME TODAY? YES ☐NO ☐

1. Dalteparin 6pm
2. Bloods tomorrow
3. Close micro/pathology
4. If any queries, please contact Dr Laurence (FB Specialist) — 26079
5. Pain team r/v - note high preop dose opiod.

MOBILITY STATUS - FWB ☐ PWB ☐ NWB ☐

HIP PRECAUTIONS - YES ☐NO ☐ N/A ☐

DVT PROPHYLAXIS - YES ☐NO ☐ & TYPE_____ **DURATION**_____

WHO Surgical Safety Checklist

(adapted for Orthopaedic Surgery NHS Lothian 21.06.2010)

NHS Lothian

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

Last Name
First Name
Date of Birth
CHI Number

*DATE 16/6/20
*THEATRE THU
*SITE RIE

*OPERATING/SUPERVISING CONSULTANT

*PROCEDURE

Please complete ALL boxes

SIGN IN (To be read out loud)
Before commencement of anaesthesia

Member verbally confirms with the team:

	Yes	No	N/A
Patient confirmed his/her identity, site, procedure and consent	✓		
Correct operating table?	✓		
Surgical site/side marked	✓		
Are prophylactic antibiotics required?			✓
Does the patient have a:			
Known Allergy?			
Difficult airway/aspiration risk?		✓	
Complete case notes available?	✓		
Estimated blood loss > 500ml?		✓	
If yes, adequate IV access/fluid warming/cell salvage planned?			
Negative pregnancy test documented?			✓
Blood results available?	✓		
Group & Save available?			

Patient temperature (°C) _____

	Yes	No
Patient diabetic?		✓

If yes, BM (millimoles) _____

	Yes	No
Patient on Beta blockade?		
If yes, Beta blockade given?		

If not given, state reason omitted:

Name: [signature]
Signature:

TIME OUT BY SURGEON (To be read out loud)
Before start of surgical intervention

Member verbally confirms with the team:

	Yes	No	N/A
Team members introduce themselves by name and role			
Correct patient?	✓		
Correct procedure/consent?	✓		
Correct site/side marked?	✓		
Correct positioning?	✓		
Does the patient have a known allergy?		✓	
Essential imaging displayed	✓		
Has DVT prophylaxis been undertaken?	✓		
Antibiotic prophylaxis administration complete?	✓		

Name: [signature]
Signature:

Please record any Problems Identified overleaf

www.patientsafetyalliance.scot.nhs.uk/programme

SIGN OUT (To be read out loud)
Before patient leaves operating room

Member verbally confirms with the team:

	Yes	No	N/A
Has the operation/procedure summary been completed?			
Have blood tags been completed?			
Regular DVT prophylaxis prescribed?			
Further antibiotic doses prescribed?			
Please ensure all *asterix boxes have been completed			

Name:
Signature:

RECOVERY AREA (On arrival:)

Patient temperature (°C) _____

Patient BM if diabetic (millimoles) _____ N/A

Name:
Signature:

FASTING FLUIDS

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

Date 15/06 | Sheet no (1)

Ward 108

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg) _____ Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutaneous fluids using SC guidelines *Use separate prescription chart if more bags are required Mark as 'Sheet 2'*

Type + Additions	***Vol (ml)***	***IV/ SC***	***Rate (ml/hr)***	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
PLASMALYTE	1000	IV	85	1616 06[00]		Dr Paula Stefanowska GMC:7635109	ak
PLASMALYTE	500	IV	85			Dr Paula Stefanowska GMC:7635109	

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

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

Date 15/06/20.
Name: Bernard Lewis
CHI/Unit No

ADULT FLUID BALANCE CHART

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

Total Input Goal: _____ ml in 24hr
Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00			Water (10g) 500ml				/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES									24 Hr Balance		

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

Name Bernard Lewis

Date of Birth 28·12·67

CHI/Unit No

ADULT FLUID PRESCRIPTION CHART

Date 16/06/20. Sheet no 1

Ward RE-108.

NHS Lothian

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

_____

Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutaneous fluids using SC guidelines *Use separate prescription chart if more bags are required Mark es 'Sheet 2'*

Type + Additions	*Vol (ml)*	*IV/ SC*	*Rate (ml/hr)*	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
PLASMALYTE	1000	IV	85				

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

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

Date 6/10/20.
Name: Bernard Lewis
CHI/Unit No.

ADULT FLUID BALANCE CHART

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

Total Input Goal: _____ ml in 24hr
Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00	Plasmalyte (1000)	85.	NBM				/				
07.00		85					/				
08.00		85					/				
09.00		85					/				
10.00		85	NBM				/				
11.00	IV Discontinued						/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00		Water (200) 200.					/				
14.00							/				
15.00		Juice (200) 200					/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							NPO'd.				
19.00		Juice (200) 200mls.					/				
20.00		Tea 200					800mls.				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	

NOTES

24 Hr Balance

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

Name Bernard Lewis

Date of Birth 28.12.67.

CHI/Unit No

ADULT FLUID PRESCRIPTION CHART

Date 17.06.20 | Sheet no 1

Ward RIE - 108.

NHS Lothian

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg) _____ Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutaneous fluids using SC guidelines *Use seperate prescription chart if more bags ere required Mark as 'Sheet 2'*

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

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

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

Date 17/06/20
Name: Bernard Lowis
CHI/Unit No

ADULT FLUID BALANCE CHART

Today's PEG/NG Feed: _____ml/24hr TPN _____ml/24hr

Total Input Goal: _____ml in 24hr
Fluid Restriction: _____ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00	IV Pabrinex	100						/			
07.00			izixido	150.				/			
08.00			COFFEE	200				/			
09.00			WATER	200				/			
10.00			Coffee/200	200			500.	/			
11.00								/			
12.00			Milk/200	200				/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00			CLOTTING JUICE CUP					/			
14.00			Coffee/200	200				/			
15.00								/			
16.00			COFFEE (100)	150				/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00			WATER	100				/			
18.00								/			
19.00								/			
20.00								/			
21.00							450	/			
22.00								/			
23.00								/			
24.00								/			
01.00								/			
02.00								/			
03.00								/			
04.00								/			
05.00								/			
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	

NOTES

24 Hr Balance

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

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

Date 18/06/20 | Sheet no

Ward 108

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutenaous fluids using SC guidelines *Use separete prescription chert if more bags are required Mark as 'Sheet 2'*

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

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

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

Date 18/09/20

Name: Bernard Lewis

CHI/Unit No.

ADULT FLUID BALANCE CHART

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

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00								/			
07.00								/			
08.00			Tea	200			pad	/			
09.00			Water	400				/			
10.00								/			
11.00								/			
12.00								/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00								/			
14.00								/			
15.00								/			
16.00								/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00								/			
18.00								/			
19.00								/			
20.00								/			
21.00								/			
22.00								/			
23.00								/			
24.00								/			
01.00								/			
02.00								/			
03.00								/			
04.00								/			
05.00								/			
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES									24 Hr Balance		

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

Ward: 108 Site: NRIE Date: 15/6/20.

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

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

Print name and sign S Read

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	01A 15 45	21	15 01	30									
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	NS	NS	NS	✓								
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	/	*	—	H							
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other: *PT reports											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y	Y	Y	Y								
	Positioning (R) or (L) side (B) Back (C) Chair	B	I	I	L								
	Mattress type / Cushion type	*please state type:* Pentaflex											
Elimination	Do you need the toilet?	N	I	I	N								
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y								
	Continence product changed/offered?	—	NA	NA	/								
	Catheter care performed?	—	NA	NA	/								
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y Big today	Y	Y	Y								
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y	N	N	NBM								
	Fluid Balance Chart (if clinically indicated)	—	NA	NA	Y								
	When did you last eat?	B	S	S	NBM								
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	N	N	N	N								
Falls	Appropriate Footwear?	Y	Y	Y	Y								
	Walking aid available(and within reach)	Y	Y	Y	Y								
	Area de-cluttered?	Y	Y	Y	Y								
	Chair and bed height assessed?	Y	Y	Y	Y								
	Falls alarm in use and attached?	—	NA	NA	/								
	Glasses available for use? (if worn)	Y	Y	Y	Y								
	Hearing aid available for use? (if worn)	—	NA	NA	/								
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☑												
Pain	Are you in pain?	Y	N	N	N								
	Analgesia Given?	Y	N	N	N								
General	Peripheral Venous Cannula observed?	N/A	NA	NA	Y								
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y	Y	Y								
	Anything else I can do for you?	N	N	N	N								
	Buzzer within easy reach	Y	Y	Y	Y								

Personal Care *Type* / *(specify)* **Time Given** 1

Initials – document at time of care delivery	15⁴⁵												

Ward: 108 Site: RIC Date: 16/06/20

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

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

Print name and sign 16/06/20

Addressograph, or

Name Bernard Lewis

DOB 28.12.67.

Unit no. / CHI

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	08 00	11 30	12 00	15 45	18 45	20 30	00 30	03 30	06 00				
	08.00 am ◄				24 hour period								► 07.00 am

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)	N/S		Y	Y		✓	✓	NS	✓				
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	N/S		H	H	NB	H	SW	–	SW				
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Y		Y from	Y from	N	Y from Y		NS	Y				
Positioning (R) or (L) side (B) Back (C) Chair	B		B	B	B	B	B	B	B				
Mattress type / Cushion type	*please state type:* pentaflex												

Elimination

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

Food, Fluid & Nutrition

Would you like a drink? Ensure fluids are within easy reach	NBN		Y	Y	W	N	WR	WR	WR				
Fluid Balance Chart (if clinically indicated)	Y		Y	Y	Y	Y	Y	Y	Y				
When did you last eat?	15/6 1700		15/6	L	D	S	S	B	B				
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	N		N	N	N	N	N	NS	N				

Falls

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

Pain

Are you in pain?	N		N	N	N	N	Y	NS	Y				
Analgesia Given?	N		N	N	N	N	Y	N	Y				

General

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

Personal Care *Type* Independent *(specify)* **Time Given** 0800

Initials – document at time of care delivery	SR	SR/M	SR	CW	CT	MB	MB	MB				

Ward: 108 Site: RIE Date: 17.06.20

Addressograph, or

Name Bernard Lewis

DOB 28.12.1967.

Unit no. / CHI

NHS Lothian

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

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

Print name and sign

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0925	1240	1625	2130	0130	0630						
	08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review											
	Waterlow 10+ - Visual Skin Check (tick)	NS	NS	NS	NS	NS	NS					
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	✓	✓	✓	✓	✓	✓					
	Vulnerable areas? (circle areas of damage)	Heel (L),(R), Hips (L) (R), Sacrum, Spine, Other.....										
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan											
	Have you changed position since last CR?	Y	Y	Y	Y	Y	Y					
	Positioning (R) or (L) side (B) Back (C) Chair	C	C	B	B	B	B					
	Mattress type / Cushion type	*please state type:*										
Elimination	Do you need the toilet?	I	I	I	I	I	I					
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y					
	Continence product changed/offered?	NA	NA	NA	N/A	N/A	N/A					
	Catheter care performed?	NA	NA	NA	N/A	N/A	N/A					
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact											
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y					
	Bowel function monitored	Observe bowel function and update daily										
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	I	I	I	W	W	W					
	Fluid Balance Chart (if clinically indicated)	Y	Y	Y	Y	Y	Y					
	When did you last eat?	B	L	S	D	D	D					
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required											
Falls	Oral Hygiene Performed (ref to risk assessment)	I	I	I	I	I	I					
	Appropriate Footwear?	Y	Y	Y	Y	Y	Y					
	Walking aid available(and within reach)	Y	Y	Y	Y	Y	Y					
	Area de-cluttered?	Y	Y	Y	Y	Y	Y					
	Chair and bed height assessed?	Y	Y	Y	Y	Y	Y					
	Falls alarm in use and attached?	NA	NA	NA	N/A	N/A	N/A					
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y	Y	Y	Y	Y	Y					
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐											
Pain	Are you in pain?	N	N	N	N	AS	N					
	Analgesia Given?	N	N	N	N	N	N					
General	Peripheral Venous Cannula observed?	Y	Y	Y	Y	Y	Y					
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**											
	Are you comfortable? Y/N	Y	Y	Y	Y	AS	Y					
	Anything else I can do for you?	N	N	Y	N	AS	N					
	Buzzer within easy reach	Y	Y	Y	Y	Y	Y					

Personal Care *Type* BASIN (IND) *(specify)* **Time Given** 09:15

Initials – document at time of care delivery	VS	VS	VS									

Ward: 108 Site: RIE Date: 18/06/20

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

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

Print name and sign

Addressograph or

620106899H M

Name - LEWIS Bernard

28-Dec-67 CHI: 281 267 1297

70164 AM Pirie

DOB 158 Moredun Park Road

EH17 7DQ

Unit no

HS thian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0915	1400	1700	2000	0000	0600						
	08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review											
	Waterlow 10+ - Visual Skin Check (tick)	Y	Y		N	N	N						
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H			-	-	-						
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y	Y	Y	Y	Y	Y						
	Positioning (R) or (L) side (B) Back (C) Chair	B	Mario B	B	B	B	B						
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	Y	N	N	N	N	N						
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y						
	Continence product changed/offered?	NA	NA	NA	-	-	-						
	Catheter care performed?	NA	NA	NA	-	-	-						
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y						
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y	Y	Y	Y	Y	Y						
	Fluid Balance Chart (if clinically indicated)	NA	NA	NA	-	-	-						
	When did you last eat?	B	L	L	S	S	S						
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	Y	N	N	N	N	N						
Falls	Appropriate Footwear?	Y	Y	Y	Y	Y	Y						
	Walking aid available(and within reach)	Y	Y	Y	Y	Y	Y						
	Area de-cluttered?	Y	Y	Y	Y	Y	Y						
	Chair and bed height assessed?	Y	Y	Y	Y	Y	Y						
	Falls alarm in use and attached?	NA	NA	NA	-	-	-						
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y	Y	Y	Y	Y	Y						
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	Y	Y	Y	N	N	Y						
	Analgesia Given?	R	R	R	N	N	N						
General	Peripheral Venous Cannula observed?	N	N	N	Y	N	N						
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y	Y	Y	Y	Y						
	Anything else I can do for you?	N	N	N	N	N	N						
	Buzzer within easy reach	Y	Y	Y	Y	Y	Y						

Personal Care *Type* Basin *(specify)* **Time Given** 0915

Initials – document at time of care delivery	R	BR	BR	BR	BR							

Ward: 108 Site: RIE Date: 19/6/20

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

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

Print name and sign [signature]

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0820	1310	0°	2140	0115	0535						
	08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review											
	Waterlow 10+ - Visual Skin Check (tick)	✓	✓		N	N	N					
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	H	NS	✓	✓	✓					
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....										
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan											
	Have you changed position since last CR?	Y	Y	Y	Y	Y	Y					
	Positioning (R) or (L) side (B) Back (C) Chair	B	B	B	B	B	B					
	Mattress type / Cushion type	*please state type:* Pegasus Hop										
Elimination	Do you need the toilet?	Y	Y	N	I	I	Y/I					
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y					
	Continence product changed/offered?	✓	✓	✓	✓	✓	✓					
	Catheter care performed?	✓	✓	✓	✓	✓	✓					
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact											
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y					
	Bowel function monitored	Observe bowel function and update daily										
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y	Y	Y	Y	Y	Y					
	Fluid Balance Chart (if clinically indicated)	✓	✓	✓	✓	✓	✓					
	When did you last eat?	B	L	L	D	D	D					
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required											
	Oral Hygiene Performed (ref to risk assessment)	Y	N	N	N	N	N					
Falls	Appropriate Footwear?	Y	Y	Y	Y	Y	Y					
	Walking aid available(and within reach)	GF	GF	Y	Y	Y	Y					
	Area de-cluttered?	Y	Y	Y	Y	Y	Y					
	Chair and bed height assessed?	Y	Y	Y	Y	Y	Y					
	Falls alarm in use and attached?	✓	✓	✓	✓	✓	✓					
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	✓	✓	✓	✓	✓	✓					
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐											
Pain	Are you in pain?	N	N	N	N	N	N					
	Analgesia Given?	N	N	N	N	N	N					
General	Peripheral Venous Cannula observed?	✓	✓	✓	✓	✓	✓					
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**											
	Are you comfortable? Y/N	Y	Y	Y	Y	Y	Y					
	Anything else I can do for you?	N	N	N	N	N	N					
	Buzzer within easy reach	Y	Y	Y	Y	Y	Y					
Personal Care *Type* Independent *(specify)* **Time Given** 0810												
Initials – document at time of care delivery	of	of	of	BB	BB	BB						

Ward: C08 Site: RIE Date: 20/6/20

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

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

Print name and sign

Addressograph, or

620106899H M
N LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
D 158 Moredun Park Road
EH17 7DQ

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0930	1300											
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓	Y										
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	H (sw)										
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	I	UP										
	Positioning (R) or (L) side (B) Back (C) Chair	C	B										
	Mattress type / Cushion type	*please state type:* Pawhex											
Elimination	Do you need the toilet?	I	R										
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y										
	Continence product changed/offered?	NA	NA										
	Catheter care performed?	NA	NA										
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y										
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	I	WR										
	Fluid Balance Chart (if clinically indicated)	N	N										
	When did you last eat?	B	L										
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	I	R										
Falls	Appropriate Footwear?	Y	Y										
	Walking aid available(and within reach)	Y	E/C										
	Area de-cluttered?	Y	Y										
	Chair and bed height assessed?	Y	Y										
	Falls alarm in use and attached?	NA	NA										
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	NA	NA										
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	Y										
	Analgesia Given?	N	Seg										
General	Peripheral Venous Cannula observed?	NA	NA										
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y										
	Anything else I can do for you?	N	N										
	Buzzer within easy reach	Y	Y										

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

Initials – document at time of care delivery	N	NB											

Please fill out in black ink and bring to Pre-Admission

NHS Lothian

Preoperative assessment document 1: ELECTIVE

PRE-OPERATIVE ASSESSMENT

Date ..... Adm. type: **ELECTIVE**

Assessing hospital: ..... site.....

Check registration details : correct ☐ changed ☐

addressograph label, *or,*

Name

DoB

Unit no.

CHI

PATIENT DETAILS

TITLE: Mr / ~~Mrs / Miss / Ms / Other~~ B. LEWIS Marital Status: SINGLE/PARTNER

Age: 52 Occupation: .....

Prefers to be known as BERNIE

Tel. Nos. Home 0131 283 1382 GP DR ALISON PEARE

Work ✓ GP Address FERNIEHILL ROAD

Mobile 07517832850 GP tel no. 0131 664 2166

Ethnic Origin: WHITE/SCOTTISH First Language: English ☑ Other ☐ .....

Interpreter Required : Yes ☐ No ☑ (0131 226 5036)

Religion: NONE *(If Jehovah's Witness attach appropriate form)*

Request for visit from hospital chaplain / minister of religion: Yes ☐ No ☑

NEXT OF KIN

Name: CARINE NGRI

Relationship: PARTNER

Address: 126 MOREDUN PARK ROAD EDINBURGH EH17 7HT

Contact nos: Home 0131 283 1382

~~Work~~ 07927270163

Mobile ~~07[illegible]~~

Aware of admission Yes ☑ No ☐

SECOND CONTACT (If required)

Name: KATHLEAN LEWIS

Relationship: SISTER

Address: 158 MOREDUN PARK ROAD EDINBURGH EH17 7DQ

Contact nos: Home ✓

Work ✓

Mob 07894755817

Aware of admission Yes ☑ No ☐

Who to Contact in Emergency

CARINA NGRI 07927270163

HOUSING

House ☑ Bungalow ☐ Ground Floor Flat ☐ Flat ☐ on .....floor

Residential / Part IV ☐ Nursing Home ☐ Hostel ☐ No Fixed Abode ☐

Bedroom: upstairs ☑ downstairs ☐ Bathroom: upstairs ☐ downstairs ☑

STAIRS: None ☐

Outside: 52 (number) Inside: 15 (number) Lift ☐

Does patient have any difficulty with the stairs? Yes ☑ *(specify)* GETTING UP / DOWN No ☐

EQUIPMENT None: ☐

Toilet aids ☐ Shower cubicle ☐ Shower over bath ☑ Bath aids ☐ Bath only ☐

Bed Rail ☐ Trolley ☐ Dressing Aids ☐ Commode ☐ High Chair ☐

If Yes to any please specify level of independence.....

ARE YOU A CARER FOR ANYONE? (specify) Yes ☐ ..... No ☑

Do you live with Husband ~~/ Wife~~ / Partner / ~~Other~~ (specify) ☑ PARTNER SOMETIMES Alone ☐

For Office Use this side

NHS Lothian

Preoperative assessment document 1: ELECTIVE

Pre-operative assessment for elective surgery	addressograph label, or,
Date	Name DoB Unit no. CHI

ADVERSE REACTIONS / ALLERGIES (Describe reaction)

.....

.....

.....

Reason for admission / Planned surgery or procedure .....

Planned date of surgery ...../ ...../ ..... Advised time of admission .....:.....

Day of surgery admission ☐ other admission date ...../ ...../ .....

Predicted length of stay Day case ☐ 23h stay ☐ ..... days ☐

Who will bring you in .....

Who will take you home .....

Consultant.....

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COMMON ABBREVIATIONS USED IN THIS DOCUMENT

BM	Measure of glucose level	**Ht**	height	**R/O**	Removal of
BMI	Body Mass Index	**IV**	Intravenous	**RA**	Rheumatoid arthritis
BP	Blood pressure	**ICP**	Integrated Care Pathway	**RF**	Renal failure
C&S	Culture and Sensitivity	**kg**	Kilograms	**RR**	Respiratory Rate
cm	Centimetre	**LMP**	Last menstrual period	**SEWS**	Standardised Early Warning Score
COPD	Chronic Obstructive Pulmonary Disease	**MI**	Myocardial infarction		
		MUST	Malnutrition Screening Tool	**TB**	Tuberculosis
DoS	Day of surgery	**N/A**	Not applicable	**Temp**	Temperature
DVT	Deep vein thrombosis	**NOK**	Next of kin	**U&E**	Urea and electrolytes
ECG	Electrocardiograph	**OA**	Osteo arthritis	**VTE**	Venous thromboembolism
EDD	Estimated Date of Discharge	**OPD**	Out patient department	**Wt**	Weight
ERAS	Enhanced Recovery After Surgery	**P**	Pulse		
FBC	Full blood count	**PE**	Pulmonary embolus		
HRT	Hormone replacement therapy	**PMHx**	Past medical history		

Pre-Admission Unit
Musculoskeletal Services
Edinburgh Royal Infirmary
Little France

The purpose of your Pre-Admission Clinic appointment is:-

- Ensure that you are properly prepared for your operation.

- Carry out a series of pre-op investigations which may include
  - A blood test
  - A ECG or Heart Trace
  - A fresh X-Ray (if required)
  - Height, weight and blood pressure, etc.
  - Check a urine sample (you do not need to bring one with you)

All these tests are to ensure your "fitness" for your operation

- Meet some of the staff that will be responsible for your stay while you are in hospital. These staff will explain their roles in your care to you.

- Please schedule the period of three hours for the visit to the Pre-Admission Clinic – in many instances your visit will be quicker than this!

- It would be helpful if you would bring a list of the medication that you are taking at the moment.

Thank you

We hope that you agree that the Pre-Admission Clinic is a sensible idea and we look forward to meeting you at the Clinic.

Patient Transport Service

Information for patients who need medical/clinical support to get to/from their healthcare appointments.

Who can request Patient Transport?

Patient Transport is available for patients who:

- require assistance from skilled ambulance staff e.g. require access to oxygen whilst travelling
- have a medical condition that would prevent them from travelling to hospital by any other means
- have a medical condition that might put them at risk from harm if they were to travel independently
- have treatment with side effects that requires support from skilled ambulance staff.

How do I request Patient Transport?

You can request Patient Transport up to 28 days in advance of your appointment date by calling our booking line on:

0300 123 1236*

If you are hard of hearing, deaf or speech impaired, you can contact the Service through Text Relay on:

18001-0300 123 1236*

*Calls will be charged at local rates for mobiles and landlines.

You can also ask your family member or carer to make the phone call on your behalf, although they should be in a position to answer questions relating to your need for Patient Transport.

When you call our booking line you will be asked for your CHI number. This is a unique health number which contains your DOB. You will usually find this at the top of your appointment letter. Do not worry if you cannot find this number as we can still book transport without it.

Our staff will go through our Patient Needs Assessment with you by asking questions relating to your medical/clinical needs. This assessment will help us understand what your needs are and what support you may require.

Whilst we appreciate that getting to and from hospital isn't always straightforward, it is important that you only call if you feel you have a medical/clinical need for Patient Transport as you may be preventing another patient from receiving transport.

Traveline Scotland, who can be contacted on **0871 200 22 33** can help you find alternative transport options.

How do I cancel my Patient Transport?

It is very important to contact us if you no longer need Patient Transport. As you can appreciate, not cancelling arranged transport impacts on other people with arrangements in place on that day and may prevent others from getting Patient Transport. You can cancel your Patient Transport by telephoning: **0800 389 1333 - Free 24 Hour Answering Service**. Please leave your CHI number if you have it, your name, the hospital and clinic and/or ward you are attending along with the date and time of your appointment.

Who can I travel with?

An escort can travel with you if you require them to be with you during your hospital appointment/treatment. Assistance dogs are also welcome to travel with you to and from your appointment.

Can I bring any luggage?

Due to limited space on the ambulance, you will only be able to travel with one piece of hand luggage. If you have a walking aid, it is essential that you inform us when you book to enable us accommodate this on the day of your journey.

For more info:

www.scottishambulance.com/WhatWeDo/pts.aspx

NHS SCOTLAND

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Allergies

Description	Date Recorded	Comments
No ECS data exists		

Sources: [1] ECS [2] Patient's Drugs [ ] Referrer Kardex [ ] GP Practice [ ] TRAK
[3] Patient [ ] Relative / Carer [ ] Referrer Letter [ ] Comm Pharmacy [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Mst Continus	60 mg M/R tablets	THREE TO BE TAKEN TWICE DAILY		17/12/2019	09/06/2020	1	2		✓			
Amitriptyline Hydrochloride	10 mg Tablets	3 TABS AT NIGHT		05/03/2020	09/06/2020	1	2		✓			
Nicotine	1 mg/dose Oromucosal Spray Sugar Free	USE AS DIRECTED ON PACK INSTRUCTIONS		09/06/2020	09/06/2020	1	2		✓			
Nicotinell Tts 20	35 mg (14 mg/24 hours) Transdermal patches	1 PATCH DAILY REMOVE AFTER 24 HOURS- REMOVE OVERNIGHT IF HAVING NIGHTMARES		09/06/2020	09/06/2020	1	✓ 2		✓			After op
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN. PLEASE DISPENSE 500MLS (FIVE HUNDRED MILLILITRES) WEEKLY		20/03/2020	05/06/2020	1	✓	3	✓			30ml ; Usually no more than TDS
Amoxicillin	500 mg Capsules	ONE TO BE TAKEN THREE		15/04/2020	15/04/2020	1	✓				✓	

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
		TIMES A DAY FOR 5 DAYS										
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN.		05/03/2020	16/03/2020	1						
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN		06/08/2019	27/02/2020	1						
Lactulose	3.1-3.7 g/5 ml Solution	20ML BD		17/02/2020	17/02/2020	1						
Amitriptyline Hydrochloride	10 mg Tablets	ONE OR TWO TO BE TAKEN AT NIGHT		12/12/2019	06/02/2020	1						
Gabapentin	300 mg Capsules	TAKE ONE TABLET THREE TIMES A DAY		06/02/2020	06/02/2020	1	✓				✓	Did not like how felt after this
Prednisolone	5 mg Tablets	EIGHT TO BE TAKEN IN THE MORNING		06/02/2020	06/02/2020	1						
Amoxicillin	500 mg Capsules	ONE TO BE TAKEN THREE TIMES A DAY		06/02/2020	06/02/2020	1						
Paracetamol	500 mg Tablets	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		31/12/2019	31/12/2019	1						
Gabapentin	300 mg Capsules	TAKE ONE TABLET THREE TIMES A DAY		12/12/2019	12/12/2019	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
In Practice	Trelegy Ellipta	92 micrograms + 55 micrograms + 22 micrograms/ dose Dry Powder Inhaler	INHALE ONE PUFF ONCE A DAY		09/06/2020	09/06/2020		1	V	3	V			
In Practice	Atorvastatin	40 mg Tablets	ONE TO BE TAKEN EACH DAY		28/04/2016	08/06/2020		1	½		V			
In Practice	Glyceryl Trinitrate	400 micrograms/ dose Pump spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016	08/06/2020		1	V	3	V			
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		25/05/2017	08/06/2020		1	½		V			
In Practice	Sertraline Hydrochloride	100 mg Tablets	ONE TO BE TAKEN EACH DAY		15/08/2017	08/06/2020		1	½		V			
In Practice	Paracetamol	500 mg Tablets	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019	08/06/2020		1	½		V			
In Practice	Ferrous Fumarate	210 mg Tablets	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020	08/06/2020		1	½		V			TDS

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
In Practice	Ventolin Evohaler	100 micrograms/puff Cfc-free inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020	08/06/2020		1	V 2		V			
In Practice	Isosorbide Mononitrate	10 mg Tablets	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014	08/06/2020		1	V 2		V			
In Practice	Aspirin	75 mg Dispersible tablets	ONE TO BE TAKEN EACH DAY		08/11/2012	07/05/2020		1	V 3		V			
In Practice	Ramipril	10 mg Capsules	1 DAILY		03/08/2015	30/03/2020		1	~~8~~		V			

Compliance Device	Name and telephone number for community pharmacy
NIL	

Completed by	Designation	Grade	Date	Time	Contact Number
RUTH HUDSON	PHARMACY TECH		16/6/20	09.00	5121
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**
Ralph	pharmacist		17/6/20	1	6630

1 of 2 chart

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward: RIE 1 Consultant: MR Macpherson

Weight: Height:

If re-written, date: —

DISCHARGE PRESCRIPTION

Date completed: Completed by:

620106899H M

LEWIS Bernard

28-Dec-67 CHI: 281 267 1297

70104 AM Pirie

158 Moredun Park Road

EH17 7DQ

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☑		Dr Paola Stefanowicz GMC: 7[illegible]	15/06
15/06	CIWA	Medicine / Agent	Description of reaction		

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:

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

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
16/6/20	20:00	MORPHINE SULPHATE MR	240mg	PO		2010	JW/MB
17/6/20	08:00	MORPHINE SULPHATE MR	240mg	PO	GRANT	0830	MJ/EL
17/6/20	20:00	MORPHINE SULPHATE MR	240mg	PO		2015	JW/EG
18/6/20	08:00	MORPHINE SULPHATE MR	240mg	PO		0730	R

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

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

PRESCRIPTION

Patient's Own Medicine

Date → 15/06 | 16/6/20 | 17/6 | 18/6/20 | 19/6 | 20/6

Time ↓

Medicine (Approved Name): TRELEGY ELLIPTA 92/55/22
For Use: Y
Date: 16/6
Dose: 1 PUFF
Route: INH
Quantity: ORDERED 16/6
Notes/Indication for antibiotic:
Start Date: 09/06
Stop Date:
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109
Pharmacy: DHz 9/17/16

Time						
8	(3) SR	EL	✓	SCR	SdB	

Medicine (Approved Name): ATORVASTATIN
For Use: Y
Date: 16/6
Dose: 40 mg
Route: ORAL
Quantity: 27
Notes/Indication for antibiotic:
Start Date: 15/06
Stop Date:
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109
Pharmacy: DHz 9/17/16

Time						
22	ok	MB	SG	✓	✓	

Medicine (Approved Name): LANSOPRAZOLE
For Use: Y
Date: 16/6
Dose: 15 mg
Route: ORAL
Quantity: 27
Notes/Indication for antibiotic:
Start Date: 15/06
Stop Date:
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109
Pharmacy: DHz 9/17/16

Time						
8	SR	EL.	✓	✓	MB	

Medicine (Approved Name): SERTRALINE
For Use: Y
Date: 16/6
Dose: 100 mg
Route: ORAL
Quantity: 27
Notes/Indication for antibiotic:
Start Date: 15/06
Stop Date:
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109
Pharmacy: DHz 9/17/16

Time						
8	SR	EL.	✓	✓	MB	

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION	Patient's Own Medicine	Date → / Time ↓	15/6/20	16/6/20	17/6/20	18/6/20	19/6	20/6
Medicine (Approved Name): PARACETAMOL Dose: 1 g; Route: ORAL Notes/Indication for antibiotic: ; Start Date: 15/06 Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109	For Use / Date Quantity: PREPACK Stop Date: Pharmacy: 6/1/16	6 8 12 14 18 22		SR EA 9 8 MB EA 2 ot MB HH SR MK SP 8 ot MB SG				
Medicine (Approved Name): FERROUS FUMARATE Dose: 210 mg; Route: ORAL Notes/Indication for antibiotic: with meals; Start Date: 15/06 Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109	For Use: Y 16/6 / Date Quantity: 82 Stop Date: Pharmacy: 6/1/16	6 8 12 14 18 22		SR EA 9 8 MB MK 2 ot MB HH SR MK 9 8				
Medicine (Approved Name): ISOSORBITE MONONITRATE Dose: 10 mg; Route: ORAL Notes/Indication for antibiotic: ; Start Date: 15/06 Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109	For Use: Y 16/6 / Date Quantity: 56 Stop Date: Pharmacy: 6/1/16	6 8 12 14 18 22		(9) Give EA 9 8 MB MK 2 ot MB restart SR post op				
Medicine (Approved Name): ASPIRIN Dose: 75 mg; Route: ORAL Notes/Indication for antibiotic: ; Start Date: 15/06 Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109	For Use / Date Quantity: PREPACK Stop Date: Pharmacy: 6/1/16	6 8 12 14 18 22		(10) Give SR EA 9 8 MB				
Medicine (Approved Name): RAMIPRIL Dose: 10 mg; Route: ORAL Notes/Indication for antibiotic: ; Start Date: 15/06 Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109	For Use: Y 16/6 / Date Quantity: 28 Stop Date: Pharmacy: 6/1/16	6 8 12 14 18 22		(9) Give EA 9 8 MB restart post op				
Medicine (Approved Name): MACROGOL Dose: 1 SATCHET; Route: ORAL Notes/Indication for antibiotic: ; Start Date: 15/06 Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109	For Use / Date Quantity: PREPACK Stop Date: Pharmacy: 6/1/16	6 8 12 14 18 22		(1) SR EA 9 8 MB HH (1) SR MK 9 8				

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name) DIAZEPAM		For Use	Date											
			Time											
Dose + frequency + max 20 mg + every 90 min	Route ORAL/IV	Quantity	Dose											
			Initials											
Indication + notes See CIWA chart	Start Date 15/06	Date	Date											
			Time											
Prescriber - sign + print Dr Paula Stefanowska GMC:7635109		Pharmacy	Dose											
			Initials											
Medicine (Approved Name) DIAZEPAM		For Use	Date											
			Time											
Dose + frequency + max 20 mg + PRN	Route IV/PR	Quantity	Dose											
			Initials											
Indication + notes For seizure	Start Date 15/06	Date	Date											
			Time											
Prescriber - sign + print Dr Paula Stefanowska GMC:7635109		Pharmacy	Dose											
			Initials											
Medicine (Approved Name) ORAMORPH		For Use	Date	17/6	17/6									
			Time	0015	0520									
Dose + frequency + max 60mg 1°	Route PO	Quantity	Dose	60mg	60mg									
			Initials											
Indication + notes PAIN NB- Used dose for patient	Start Date 16/6/20	Date	Date											
			Time											
Prescriber - sign + print [illegible]		Pharmacy	Dose											
			Initials											
Medicine (Approved Name) ORAMORPH		For Use	Date	17/6	17/6	17/6	18/6	18/6	19/6	19/6	20/6			
			Time	1200	1818	0010	1852	2010	1336	2315	1005			
Dose + frequency + max 40mg 1hrly	Route ORAL	Quantity	Dose	40mg	40mg	30mg	10	40mg	40mg	20mg	40mg			
			Initials			16	8/6							
Indication + notes Pain	Start Date 17/6/20	Date	Date											
			Time											
Prescriber - sign + print [illegible]		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max /	Route	Quantity	Dose											
			Initials											
Indication + notes /	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION | Patient's Own Medicine | Date → 15/6 16/6 17/6 18/6 19/6 20/6 | Time ↓

Medicine (Approved Name): SENNA
Dose: 15 mg | Route: ORAL | For Use / Date | Quantity: PREPACK
Notes/Indication for antibiotic | Start Date: 15/06 | Stop Date
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109 | Pharmacy
22: dr MB SG JW JW

Medicine (Approved Name): DALTEPARIN
Dose: 5000 UNITS | Route: SC | For Use / Date | Quantity: PREPACK
Notes/Indication for antibiotic | Start Date: 15/06 | Stop Date
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109 | Pharmacy
18: HN SR 19\ SR 16 BCLB MB

Medicine (Approved Name): MORPHINE SULFATE MR ~~IR~~
Dose: 180 mg | Route: ORAL | For Use PRN / 16/6 Date | Quantity: 60 x 60mg
Notes/Indication for antibiotic: THIS is patient's usual dose (home) | Start Date: 15/06 | Stop Date
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109 | Pharmacy ~~DHR~~
8: see front of Kardex CU (8) (8) BT 3n/6
12: (TAKE FOR WOUND ASTEP)
~~18~~ 20: AM/8 (8) (8) SC JW SF

Medicine (Approved Name): AMITRIPTYLINE
Dose: 30 mg | Route: ORAL | For Use PRN Y / 16/6 Date | Quantity: 25 x 10mg
Notes/Indication for antibiotic | Start Date: 15/06 | Stop Date
Prescriber - sign + print: ~~Dr Paula Stefanowska~~ GMC:7635109 | Pharmacy DHR
22: dr MB SG JW JW

Medicine (Approved Name): NICOTINE PATCH
Dose: 14 mg | Route: TOP | For Use PRN Y / 16/6 Date | Quantity: 14
Notes/Indication for antibiotic: Change every 24 hours | Start Date: 15/06 | Stop Date
Prescriber - sign + print: ~~Dr Paula Stefanowska~~ GMC:7635109 | Pharmacy DB
8: (1) SF & MB
12: Patient wants to start post op

Medicine (Approved Name): PABRINEX
Dose: (1+11) x2 | Route: IV | For Use / Date | Quantity: WARD STOCK
Notes/Indication for antibiotic | Start Date: 15/06 | Stop Date
Prescriber - sign + print: Dr Paula Stefanowska GMC:7635109 | Pharmacy
6: Review & start thiamine
8: MB SG JW 16/6
12: Step down to Thiamine
14: JW
22: MB SG JW

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name)		For Use	Date											
GTN SPRAY		Y BM	Time											
Dose + frequency + max	Route	Quantity	Dose											
1 PUFF + PRN	SL	1p	Initials											
Indication + notes	Start Date	Date	Date											
CHEST PAIN	15/06	16/6/20	Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
SALBUTAMOL		Y BM	Time											
Dose + frequency + max	Route	Quantity	Dose											
2 PUFFS + PRN	INH	1p	Initials											
Indication + notes	Start Date	Date	Date											
SOB	15/06	16/6/20	Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
MICOLETTE ENEMA			Time											
Dose + frequency + max	Route	Quantity	Dose											
1 enema + MAY OD	PR		Initials											
Indication + notes	Start Date	Date	Date											
CONSTIPATION	15/06		Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
CYCLIZINE			Time											
Dose + frequency + max	Route	Quantity	Dose											
50 mg + MAX TDS	ORAL		Initials											
Indication + notes	Start Date	Date	Date											
N&V	15/06		Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
OXYCODONE IR			Time											
Dose + frequency + max	Route	Quantity	Dose											
60mg + 1 HRLY	ORAL		Initials											
Indication + notes	Start Date	Date	Date											
PAIN; this is patient's usual dose	15/06		Time											
Prescriber - sign + print		Pharmacy	Dose											
Dr Paula Stefanowska GMC:7635109			Initials											
Medicine (Approved Name)		For Use	Date											
NICOTINE SPRAY		Y BM	Time											
Dose + frequency + max	Route	Quantity	Dose											
1 SPRAY + PRN	ORAL	1p	Initials											
Indication + notes	Start Date	Date	Date											
NRT	15/06	16/6/20	Time											
Prescriber - sign + print		Pharmacy	Dose											
Dr Paula Stefanowska GMC:7635109			Initials											

2 of 2 charts

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward: RIE

Consultant: Mr [redacted] Macpherson

Weight:

Height:

If re-written, date: —

DISCHARGE PRESCRIPTION

Date completed:

Completed by:

620106899H M
Na LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
CH 70164 AM Pirie
D. 158 Moredun Park Road
EH17 7DQ

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☑		[redacted]	18/06
15/06	CIWA	Medicine / Agent	Description of reaction	Cleary	
					/

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:

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

  Never abbreviate ORAL or INTRATHECAL
  Specify RIGHT or LEFT for eye and ear preparations

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By

REGULAR THERAPY

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

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

PRESCRIPTION

Patient's Own Medicine

Date → 18/6 19/6 20/6

Time ↓

Medicine (Approved Name): Thiamine
Dose: 100 mg
Route: Oral
Notes/Indication for antibiotic:
Start Date: 18/6/20
Stop Date:
Prescriber - sign + print: nmp365 C Keogh
Pharmacy:
For Use Date
Quantity:

Time	18/6	19/6	20/6
6			
8	X	✓	NMS
12			
14	✓	✓	NMS
18			
22	✓	✓	

Medicine (Approved Name):
Dose:
Route:
Notes/Indication for antibiotic:
Start Date:
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date
Quantity:

Medicine (Approved Name):
Dose:
Route:
Notes/Indication for antibiotic:
Start Date:
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date
Quantity:

Medicine (Approved Name):
Dose:
Route:
Notes/Indication for antibiotic:
Start Date:
Stop Date:
Prescriber - sign + print:
Pharmacy:
For Use Date
Quantity:

REGULAR THERAPY

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

REGULAR THERAPY

620106899H M
Na LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
CH 70164 AM Pirie
158 Moredun Park Road
D EH17 7DQ

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

TURN OVER →

AS REQUIRED THERAPY

Name 620106899H M
LEWIS Bernard
CHI I 28-Dec-67 CHI: 281 267 1297
70164 AM Pine
D.O 158 Moredun Park Road
EH17 7DQ

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

620106899H M
LEWIS Bernard
28-Dec-67 **CHI:** 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

NEWS of 5 or more?

Think Sepsis!

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

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____
is acceptable for this patient because _____

Please escalate if _____

Print _____ Sign _____ Designation _____
Date _____ Time _____ *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	RM	reservoir mask
N	nasal cannula (document in litres)	TM	tracheostomy mask
SM	simple mask	CP	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other specify

Date / Time	16/6/20 1200	1540
Circulation	✓	✓
Sensation	✗	✓returning
Movement	✗	✓

| NEWS Key | Date: | 01A. 15/6/20 | 16/6/20 | | | 17/6/20 | | |

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

Addressograph

Name:

DOB:

CHI:

Date chart commenced:

This is chart number ____ of this admission

Conscious Level Chart to be completed when clinically indicated

| | | |

NHS Lothian Consent Form

NHS Lothian

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

DOB 28/12/67

CHI 2812671297

Consultant or health professional responsible for your care

Name and job title: IAIN MURRAY

(ST8 ORTHOPAEDICS)

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT / RIGHT** side or **N/A**

EXCISION ARTHROPLASTY LEFT HIP

B Statement of health professional (details of treatment, risks and benefits)

1 With **appropriate knowledge of the proposed procedure**, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

- TO MANAGE ONGOING INFECTION
- TO REDUCE PAIN

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occuring risks including any risks that may be of specific concern to the patient:

Persisting infection, new infection, neurovascular injury
Medical complications including DVT/PE, Stroke, MI, death
↑ risk of complications and death in setting of COVID

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion ☐ or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☐ **Sedation** ☐ None ☐

Signed (Health professional): _____ Date: 15/06/20

Name (PRINT): MUKERJI ST8 Time (24hr): 1600

Designation: _____ Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **YES / NO**

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **YES / NO**

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

a) **I agree** that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**
I have received the patient information sheet about the BioResource **YES / NO**

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

_____

_____

_____

_____

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): B _____ Date: 15/06/20

Name of patient (PRINT): BERNARD LEWIS

If signing for a child or young person; delete if not applicable.

I confirm I am a person with **parental responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed:_____ Date:_____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional):_____ Date: 16/6/20

Name (PRINT): R - Robson Job title: ST4

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment.
(ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 2.0 Authorised: Dec 2019 Review: Dec 2022

2812671297 15/06/2020 16:42:45 Lewis, Bernard RIE
Born 28/12/1967 Dept: Ward 106

Rate 91 . Sinus rhythm.....normal P axis, V-rate 60- 99

PR 169
QRSD 83
QT 335
QTc 413

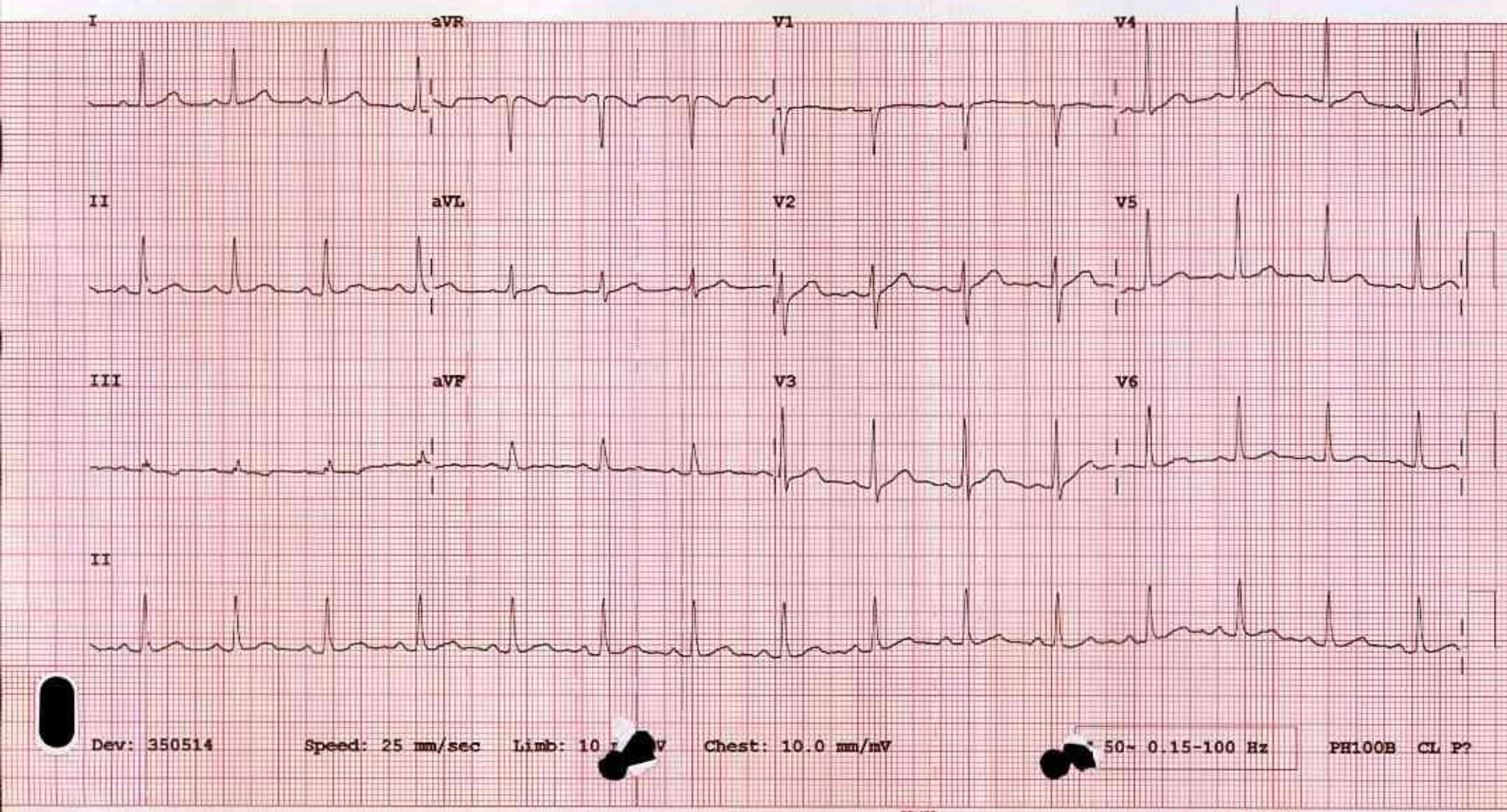
--AXIS--
P 56
QRS 44
T 13

- NORMAL ECG -

Sinus rhythm

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Fife
158 Moredun Park Road
EH17 7DQ

Unconfirmed Diagnosis



Dev: 350514 Speed: 25 mm/sec Limb: 10 [redacted]V Chest: 10.0 mm/mV [redacted] 50~ 0.15-100 Hz PH100B CL P?

RECOVERY ROOM* (→ WARD on day of surgery)

Name:

Hospital Number:

Date of Birth:

TIME IN: 1130 TIME OUT: 1200

Discharge criteria met? Y ☑ N ☐

EVENTS

A

B

C

D

E

F

G

H

PAIN SCORE
0 NONE. Continue to assess pain with every set of observations
1-3 MILD Continue to assess pain with every set of observations
4-5 MODERATE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 SEVERE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

TIME	1130	35	40	45	50	55
Airway	V	SV	SV	SV	SV	SV
Oxygen Therapy	RA	RA	RA	RA	RA	RA
S_pO_2	98	98	96	98	97	98
Respiration	13		12		11	11
PAIN Severe 6 - 10						
PAIN Moderate 4 - 5						
PAIN Mild 1 - 3						
PAIN None 0	0	0	0	0	0	0
Nausea Score	0	0	0	0	0	0
Sedation Score	0	0	0	0	0	0
Urine Volume						
Wound Check						
Drains						
Temperature	36.2					
~~BP~~ C		R ✓	L ✓			
M		X	X			

SBP - v
MAP - x
DBP - ^
Pulse - •

200 150 100 50

Events						
Fluids						
Drugs						

RECOVERY COMMENTS

Patient arrived in recovery 1130
Patient tolerating sips of water
Patient maintaining own airway
Patient appears comfortable and no complaints about pain or nausea.
Ready to leave recovery 1155

Name (print) L. HAFTHORSDOTTIR Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☐
Oxygen As needed for sats >, 96%
Monitoring Routine
Fluids Usual As charted ☐
Analgesia As charted ☑
Anti-emetics As charted ☑
Special Instructions (including expected return of power & sensation after RA):
Haemovac in recovery please.

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name (print) Contact No. Signature

NHS LOTHIAN ANAESTHESIA RECORD

Proposed operation:
(L) excision arthroplasty (L) hip

Date: Side: LEFT

NCEPOD: Ele ☐ Exp ☐ Urg ☐ Imm ☐

Name 620106899H M
Hospl LEWIS Bernard
Date 28-Dec-67 CHI: 281 267 1297
CHI 70164 AM Pirie
Gend 158 Moredun Park Road
EH17 7DQ

PRE-OP ASSESSMENT

Assessor: [redacted] CONS ☑ SAS ☐ ST__ ☐ CT__ ☐ Other ☐
Date: 15/6/20 Location: 108 Rm 14 Consent form signed and checked ☐

History / Examination (& see care pathway)

52 ♂ avascular necrosis / chronic infection (L) hip
- for excision arthroplasty.

PMH
recent Rx chest symptoms/weight loss/sweats
- CT scan → emphysema
? non TB mycobacterial infect?
- fe def. anaemia (chronic inf? / ? GI origin) - need Ix
- single (R) kidney ((L) nephrectomy) for donation
- IHD / MI 2013 x 2 stent / PVD.

HR
BP
Weight (kg)
Height (m)

Medications (including herbal)
MST 180mg BD
Oramorph 60mg PRN
GTN → 4-5 times/week.
[redacted] 300mg TDS
Atorvastatin
Ramipril
Bisoprolol
Sertraline
Bypran

Allergies & adverse reactions
NKDA

ASA Grade
1 2 (3) 4 5 6 E

Airway Assessment
Mallampati 2.

Teeth
Partial plate
Removing teeth post Ganglion

Previous Anaesthesia
hip aspiration 2019.
(L) tibial nail 30yrs ago.

Uneventful Y ☑ N ☐ N/A ☐

Family History

Alcohol 6 cans beer every 3-4 days
Smoking 15 / day.
Drugs
Reflux / GORD nil
Fasted

Investigations
Needs repeat bloods
FBC 11/3/20 Hb 114 WCC 11.6 plat 295
U&E's / eGFR U3.7 Cr 68 Na 133 K 4.1
G+S / e-Release / X-match
ECG 15-6-20 Hr 127 QRSc 10 PCT 281 ECHO Sept 19 (N) biventricular funct (N) atria / (N) valves.
CXR wog / Utd (N)

Information Given to Patient Spinal, F.I. block

	Y	N	N/A
Intended anaesthetic technique discussed	☑	☐	
Regional / local anaesthetic technique discussed	☑	☐	☐
Risks of regional anaesthesia discussed:			☐
PDPH	☑	☐	☐
Failure	☑	☐	
Temporary nerve damage	☑	☐	
Permanent nerve damage	☑	☐	
Post-operative analgesia discussed	☐	☐	
Consent for PR drug administration	☐	☐	

Pre-op Instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☐	☐
Give charted medication	☐	☐	☐
Omit anticoagulant	☐	☐	☐
Keep dentures in	☐	☐	☐

Fasting: Solids_____hrs Clear fluids_____hrs
(or state times)
Other:

Post-operative Remarks

Uneventful anaesthetic Y ☐ N ☐

* Significant events
* Critical incident
* Warnings / Hazards

Name (print) Signature
Contact No

Name:
Hospital Number:
Date of Birth:
Affix Label

ANAESTHETIST(S) A. Grant - Con
GRADE

SUPERVISING CONSULTANT:
INFORMED Yes ☐ No ☐

OPERATION PERFORMED: (L) Hip excision arthroplasty
LOCATION: RIE Th.21
SURGEON: G. MacKenzie

DATE: 16-6-20
START TIME:
END TIME:

TRAINED ASSISTANT PRESENT ☒

CONDUCT OF ANAESTHETIC

Induction
Pre O_2 ☐ RSI ☐ Cricoid ☐
Spinal sedation

Maintenance

Reversal

AIRWAY

Face Mask ☑
Oral Airway ☐
Nasal Airway ☐
LMA ☐
Type
Size
ETT ☐
Cuff ☐
Type
Size

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit
Ventilator
Gas flow
Filter /Humidifier ☐
S.V. ☐
I.P.P.V. ☐
Throat Pack In ☐ Out ☐

Easy to hand ventilate Y ☐ N ☐ N/A ☐

VASCULAR ACCESS

Cannula(e) Site
18G Dorsum in-situ

A – line ☐
CVP ☐

Y N
Ultrasound guidance ☐ ☐

[redacted]

MONITORING

Machine checks
Anaesthetic room ☑
Theatre ☑

Monitor used Monitoring

ECG	☑	P_{aw}	☐
S_pO_2	☑	Disconnect	☐
NIBP	☑	NMB	☐
F_IO_2	☑	Steth	☐
F_ECO_2	☑	Temp	☐
Agent	☐	Urine	☐
Anaesthetic depth			☐

POSITION

Patient / limb position
(R) lateral

PROPHYLAXIS

		Y	N	N/A
Eye care	☐			
Pressure care	☑			
Fluid warmer	☐			
Warming blanket	☑			
DVT		☐	☑	☐
Antibiotics		☑	☐	☐
PONV		☑	☐	☑

REGIONAL TECHNIQUE

Type of block: Spinal Setting: aseptic.
Consent ☐: Skin clean chlorhexamine + alcohol → air dry.
Awake ☐: Gloves, gown, mask, hat.
Asleep ☐:
Stimulator ☐:
Ultrasound guidance ☐: L3/4 space. 25 G needle.
Catheter ☐: CSF @ 2nd pass.
Entry site: Injected 3ml 0.5% hyperbaric
Needle used: plus 300mcg diamorphine.
Drugs given: F.L Hall US guidance. Aspsis as above
Technique: 4ml 0.25% levobupivacaine

EVENTS

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
.V

TIME 09 30 10 00 10 30 11 00 11 30

S_pO_2	99	99	98	100	100	100	100	100	
F_ECO_2									
F_IO_2	21	21	21	26	26	26	21	26	
F_EAn									
P_{aw}									

CVP
Urine Output
Blood loss 960ml
Temperatura

200 / 150 / 100 / 50

SBP - v
MAP - x
DBP - ^
Pulse - •

Events
Fluids
TRANEXAMIC ACID 1g
DEXAMETHASONE 3.3mg
CEFUROXIME 1.5g (After micro samples taken)
ZOPICLONE 7.5
HYPNOVEL 1.5 — 0.7 —

FLUIDS

1 PL 1000ml
2 PL 1000ml
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

TOTAL FLUIDS
TOTAL BLOOD LOSS
TOTAL URINE

PATHOLOGY

NHS Lothian, University Hospitals Division, 51 Little France Crescent, Edinburgh EH16 4SA
RIE: 0131 242 7145/7147/7148
RHSC: 0131 242 7169

LEWIS, BERNARD

CHI Number 2812671297
Patient Number 2812671297
Date of Birth 28/12/1967
Date Received 17/06/2020

Specimen: UB009108C/20

Mr Gavin John MacPherson
RIE Ward 108

Date Reported 10/07/2020
Time Reported 08:40

Clinical Summary

Background of positive acid-fast bacilli. Unexplained left hip pain ?infection.
Intraoperatively synovitic but no gross infection.
Provisional diagnosis: likely avascular necrosis.

Specimen

Femoral head

Macroscopy

Received is half a femoral head (other half been sent to Microbiology). This measures 65 x 55 x 35 mm. The proximal margin has a clean cut surface - no definite evidence of fracture site is seen. The articular surface appears distorted with areas of roughening and possible eburnation. On section, the inner intramedullary bone appears extensively necrotic with early separation and partial collapse of the overlying cartilage. This area measures 45 x 30 mm and appears well demarcated from the surrounding proximal bone and is clear from the margin by approximately 25 mm.

Blocks: (A-F) full face with area of possible necrosis.

Specimen trimmed by: Dr J Davey

Microscopy

This shows a well defined area of subchondral necrosis formed of trabeculated with empty lacunae and showing focal separation of the overlying cartilage. The marrow cavity shows fibrosis, fat necrosis and focal areas of irregular calcification. There is evidence of new bone formation over necrotic trabeculae at the edge of the infarct. The overlying cartilage shows focal fragmentation and thinning in keeping with a degree of coexisting degenerative joint disease. No well formed granulomas are seen and there is no evidence of atypical mycobacteria on special stains although correlation with microbiology is advised. There is no evidence of malignancy.

In keeping with avascular necrosis

Pathologists
OA/Soft Tissue Pathology Team

LEWIS, BERNARD **Specimen No: UB009108C/20**
CHI Number: 2812671297

Dr Jonathan Davey

Clinically Approved
Approved for printing by: Jonathan Davey

University Hospitals Division

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

NHS Lothian

Department of Trauma and Orthopaedic Surgery

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date First Created : 19/06/2020
Date Authorised :
Date/Time Printed : 20/06/2020 16:38
Our Ref : 620106899H
CHI : 2812671297

Patient: Bernard Lewis
158 Moredun Park Road
Edinburgh
EH17 7DQ

UHPI: 620106899H
Date of Birth: 28/12/1967

Ward: Ward 108 RIE

Consultant: Mr Gavin J Macpherson

Admission Date: 15/06/2020
Discharge Date: 20/06/2020

Discharge Medication	Dose	Frequency	Duration	Additional Info
Amitriptyline Tablets	30 MG	ONCE DAILY	Long Term	13 tablet (10 mg)
Aspirin Dispersible Tablets	75 MG	ONCE DAILY	Long Term	24 tablets
Atorvastatin Tablets	40 MG	At NIGHT	Long Term	23 tablets
Dalteparin	5000 UNITS	ONCE DAILY	4 Weeks	10 injections.
Ferrous Fumarate Tablets	210 MG	THREE times DAILY	Long Term	56 tablets
Isosorbide Mononitrate Tablets	10 MG	TWICE DAILY.	Long Term	48 tablets
Lansoprazole Capsules	15 MG	ONCE DAILY	Long Term	23 capsules
Macrogol 3350 Compound	1 SACH(S)	TWICE DAILY	Long Term	20 sachets
Morphine Sulphate M/R Tablets 60mg	180 MG	TWICE DAILY	Long Term	please supply 42 (forty two) tablets. Also 60 tablets (60 mg). Patient's own supply return to . patient.
Morphine Sulphate Solution 10mg/5ml	40 MG	Every FOUR to SIX hours PRN. Max 4 doses in 24hrs	Short Term	200ml

Prescribed By ..... Date..... Print Name.....
Dispensed By ..... Date..... Print Name.....
Pharmacist Check..... Date..... Print Name.....
Final Check. ..... Date..... Print Name.....

Orthopaedics
Mr I Ahmed
Mr A Amin
Mr C Adams
Prof SJ Breusch
Mr I Brown
Mr R Burnett
Mr N Clement
Mr A Duckworth
Mr E Garrido
Mr P Gaston
Mr C Howie
Mr J F Keating
Mr G Keenan
Mr G M Lawson
Mr GJ Macpherson
Miss J M McBirnie
Mr J McKinley
Mr S Molyneux
Mr M Moran
Ms C Scott
Mr J T P Patton
Mr J T Reid
Mr C M Robinson
Mr H S Shalaby
Prof ARHW Simpson
Mr P Simpson
Mr T Tsirikos
Mr F A Wade
Mr T O White

Appointment Enquiries:
Tel: 0131 242 3451
0131 242 3529
0131 242 3543

Arthroplasty Practitioner Enquiries:
Tel: 0131 536 3724

Trauma Nurse Practitioners:
Tel: 0131 242 3410

Inpatient Discharge Summary

Discharge Medication	Dose	Frequency	Duration	Additional Info
Nicotine Patches 14mg/24hrs	1 PATCH	ONCE DAILY	Short Term	11 patches
Paracetamol Tablets	1000 MG	FOUR times daily	Short Term	98 tablets.
Ramipril Capsules	10 MG	ONCE DAILY	Long Term	24 capsules
Senna Tablets	15 MG	ONCE DAILY	Short Term	20 tablets
Sertraline Tablets	100 MG	ONCE DAILY	Long Term	23 tablets
Thiamine Hcl Tablets	100 MG	THREE times DAILY	Long Term	1 bottle
Trelegy Ellipta 92mcg / 55mcg / 22mcg	1 PUFF(S)	ONCE DAILY	Long Term	1

Drug Questions:
Weight (Kg): 81
Renal Function (eGFR ml / min): >60
LMWH Indication: Post-op
LMWH Duration: 4 weeks

Prescribed By ..... Date..... Print Name.....
Dispensed By ..... Date..... Print Name.....
Pharmacist Check..... Date..... Print Name.....
Final Check. ..... Date..... Print Name.....

Dear Doctor,

PRINCIPAL DIAGNOSIS/PROCEDURE
1. Left hip septic arthritis
2. Excision arthroplasty with washout and debridement left hip 16/06/20
3. Possible TB in hip - cultures awaited

TREATMENT
Mr Lewis was admitted electively to Orthopaedics on 15/06/20 for the above procedure, secondary to chronic left hip pain/septic arthritis. He was taken to theatre for the above procedure, during which samples were taken and sent for culture/pathology due to some concern over a possible TB infection. These cultures remain in progress. As he engaged well with physio/OT, and was otherwise stable, he has been deemed fit for discharge.

During admission he received extensive input from the pain team, who have altered his analgesia, and he has been discharged with the regime as detailed below.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Follow-up in Mr MacPherson's clinic in 8 weeks time (to allow for cultures to be processed fully)

CHANGES TO DRUGS SINCE ADMISSION
- Morphine suplhate 180mg BD (longstanding)
- Breakthrough Oramorph reduced to 40mg PRN, 4-6 hourly, max QDS
- Thiamine 100mg TDS
- dalteparin 4 weeks

ALLERGIES / ADVERSE DRUG REACTIONS
NKDA

Inpatient Discharge Summary

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil changes

CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING
Nil changes

Med 3 Certificate has been issued for: n/a

GP to please consider the following: please review analgesia, and wean as appropriate prior to likely re-admission in 6-8 weeks for definitive management. Many thanks for your ongoing care.

Should you need further information please contact Mr MacPherson's team, Orthopaedics, RIE.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely,
Scott Smith
FY2
Orthopaedics, RIE

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

RIE Orthopaedic Senior D/C Approval	
Date	26/6/20
Signature	
Name/Level	O'Neill Nm St
Outcome	Auth / New dictation on G2

NHS Lothian

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

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 30/06/2020

Inpatient Discharge Summary

Patient	Bernard Lewis 126 Moredun Park Road Edinburgh EH17 7DQ	**CHI** **Date of Birth / Age** **UHPI**	**2812671297** 28/12/1967 (52 years) 620106899H
Specialty	Orthopaedics	**Admission Date**	15/06/2020
Ward	Ward 108 RIE		
Consultant	Mr Gavin J Macpherson	**Discharge Date**	20/06/2020

Dear Dr Pirie

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Amitriptyline Tablets	30 MG	ONCE DAILY	Long Term	13 tablet (10 mg)
Aspirin Dispersible Tablets	75 MG	ONCE DAILY	Long Term	24 tablets
Atorvastatin Tablets	40 MG	At NIGHT	Long Term	23 tablets
Dalteparin	5000 UNITS	ONCE DAILY	4 Weeks	10 injections.
Ferrous Fumarate Tablets	210 MG	THREE times DAILY	Long Term	56 tablets
Isosorbide Mononitrate Tablets	10 MG	TWICE DAILY	Long Term	48 tablets
Lansoprazole Capsules	15 MG	ONCE DAILY	Long Term	23 capsules
Macrogol 3350 Compound	1 SACH(S)	TWICE DAILY	Long Term	20 sachets
Morphine Sulphate M/R Tablets 60mg	180 MG	TWICE DAILY	Long Term	please supply 42 (forty two) tablets. Also 60 tablets (60 mg). Patient's own supply return to patient.
Morphine Sulphate Solution 10mg/5ml	40 MG	Every FOUR to SIX hours PRN.	Short Term	200ml

		Max 4		
Nicotine Patches 14mg/24hrs	1 PATCH	ONCE DAILY	Short Term	11 patches
Paracetamol Tablets	1000 MG	FOUR times daily	Short Term	98 tablets.
Ramipril Capsules	10 MG	ONCE DAILY	Long Term	24 capsules
Senna Tablets	15 MG	ONCE DAILY	Short Term	20 tablets
Sertraline Tablets	100 MG	ONCE DAILY	Long Term	23 tablets
Thiamine Hcl Tablets	100 MG	THREE times DAILY	Long Term	1 bottle
Trelegy Ellipta 92mcg / 55mcg / 22mcg	1 PUFF(S)	ONCE DAILY	Long Term	1

Drugs Questions:
Weight (Kg): 81
Renal Function (eGFR ml / min): >60
LMWH Indication: Post-op
LMWH Duration: 4 weeks

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- dalteparin 4 weeks

ALLERGIES / ADVERSE DRUG REACTIONS
NKDA

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil changes

CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING
Nil changes

Med 3 Certificate has been issued for: n/a

GP to please consider the following: please review analgesia, and wean as appropriate prior to likely re-admission in 6-8 weeks for definitive management. Many thanks for your ongoing care.

Should you need further information please contact Mr MacPherson's team, Orthopaedics, RIE.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely,

Scott Smith
FY2
Orthopaedics, RIE

FINAL DISCHARGE AUTHORISED BY MR O KEENAN ON 26 06 20.

2812671297 02/10/2020 10:50:20 LEWIS, BERNARD
Born 28/12/1967 Male

Royal Infirmary of Edinburgh (R>
Dept: W109, Pre-Asses>

Oper: MG

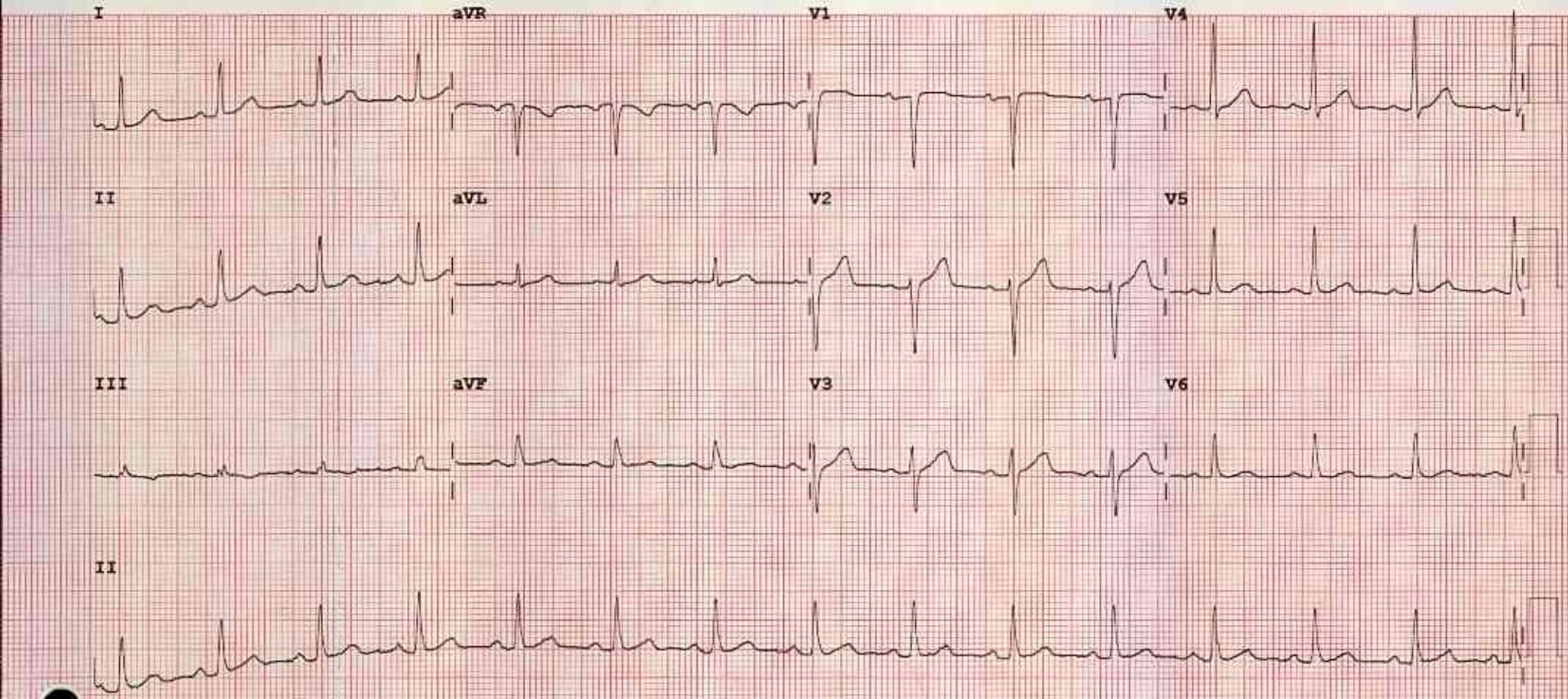
Rate 86 . Sinus rhythm.....normal P axis, V-rate 60- 99
. ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 164
QRSD 87
QT 345
QTc 413

--AXIS--
P 59
QRS 41
T 20

- NORMAL ECG -

Unconfirmed Diagnosis



Dev: 92037947 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH100B CL P?

NHS Lothian Consent Form

NHS Lothian

620106899H M 28/12/1967
Pa Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

DOB

CHI

Att CHI 2812671297
70164 AM Pirie

Consultant or health professional responsible for your care

Name and job title: Gavin Macpherson - Consultant Surgeon

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT** / ~~**RIGHT**~~ side or **N/A**

Left Total Hip Replacement

B Statement of health professional (details of treatment, risks and benefits)

1 With **appropriate knowledge of the proposed procedure**, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

Pain Relief

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occuring risks including any risks that may be of specific concern to the patient:

Blood loss, Infection, Pain, Stiffness, Limp, fracture, DVT, PE dislocation, leg length discrepancy, neurovascular injury, aseptic loosening, death, revision surgery, CovID-19

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

No surgery = ongoing pain

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion ☑ or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☑ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 2/10/20

Name (PRINT): MACPHERSON Time (24hr): 10:00

Designation: CONSULTANT Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **YES** / (**NO**)

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **YES** / (**NO**)

Medical Training

I agree to the involvement of medical and other students as part of their formal training.
YES (NO)

Use of Tissue

a) **I agree** that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES** (NO)
I have received the patient information sheet about the BioResource **YES** (NO)

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES** (NO)

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

_____

_____

_____

_____

I **confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): B [redacted] Date: 2/10/20

Name of patient (PRINT): [redacted]

If signing for a child or young person; delete if not applicable.

I confirm I am a person with **parental responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed:_____ Date:_____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional):_____ Date: 2/11/20

Name (PRINT): Jabbal Job title: ST

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment.
(ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 2.0 Authorised: Dec 2019 Review: Dec 2022

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
0131 242 7501

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:
LEWIS, BERNARD
158 MOREDUN PARK ROAD

EDINBURGH, EH17 7DQ
Sex: Male
D.O.B.: 28/12/1967 CHI / Unit No.: 2812671297

EDD / Gest^{n}: weeks

Date Specimen Received: 02/10/2020 14:30

Report Date: 02/10/2020

SNBTS No.: 1001795525

Results for Sample Number: 10320076447526
Date Drawn: 02/10/2020 12:00 Date Received: 02/10/2020 14:30

ABO : O
Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Other results:

Comments:

Signed: Dufedune,

Report Destination:

DOCTOR IN CHARGE
ORTHO PRE-ADMISSION CLINIC
Royal Infirmary Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh, EH16 4SA

Copies of Report to:

BLOOD BANK
Royal Infirmary Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh, EH16 4SA

UKAS MEDICAL
8633

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
126 Moredun Park Road
EH17 7DQ

ANAESTHETIST(S) GRADE
A. Gibson Cons

SUPERVISING CONSULTANT:
INFORMED Yes ☐ No ☐

OPERATION PERFORMED: (L) THR

LOCATION: TH 22 R15

SURGEON: MacPherson

DATE: 2/11/20
START TIME:
END TIME:

TRAINED ASSISTANT PRESENT ☑

CONDUCT OF ANAESTHETIC

Induction
Pre O_2 ☐ RSI ☐ Cricoid ☐

Maintenance
Spinal + propofol TCI sedation

Reversal
N/A.

AIRWAY

Face Mask ☑
Oral Airway ☐
Nasal Airway ☐
LMA ☐
Type
Size
ETT ☐
Cuff ☐
Type
Size

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit Capnomask
Ventilator Assys
Gas flow 4L/min
Filter /Humidifier ☐
S.V. ☑
I.P.P.V. ☐
Throat Pack In ☐ Out ☐

Easy to hand ventilate Y ☐ N ☐ N/A ☑

VASCULAR ACCESS

Cannula(e) Site
20G DLH

A – line ☐
CVP ☐

Ultrasound guidance Y ☐ N ☐

MONITORING

Machine checks
Anaesthetic room ☑
Theatre ☑
Monitor used Minoray

ECG	☑	P_{aw}	☑
S_pO_2	☑	Disconnect	☑
NIBP	☑	NMB	☐
F_iO_2	☑	Steth	☐
F_ECO_2	☑	Temp	☐
Agent	☑	Urine	☐
Anaesthetic depth			☐

POSITION

Patient / limb position
R lateral

PROPHYLAXIS

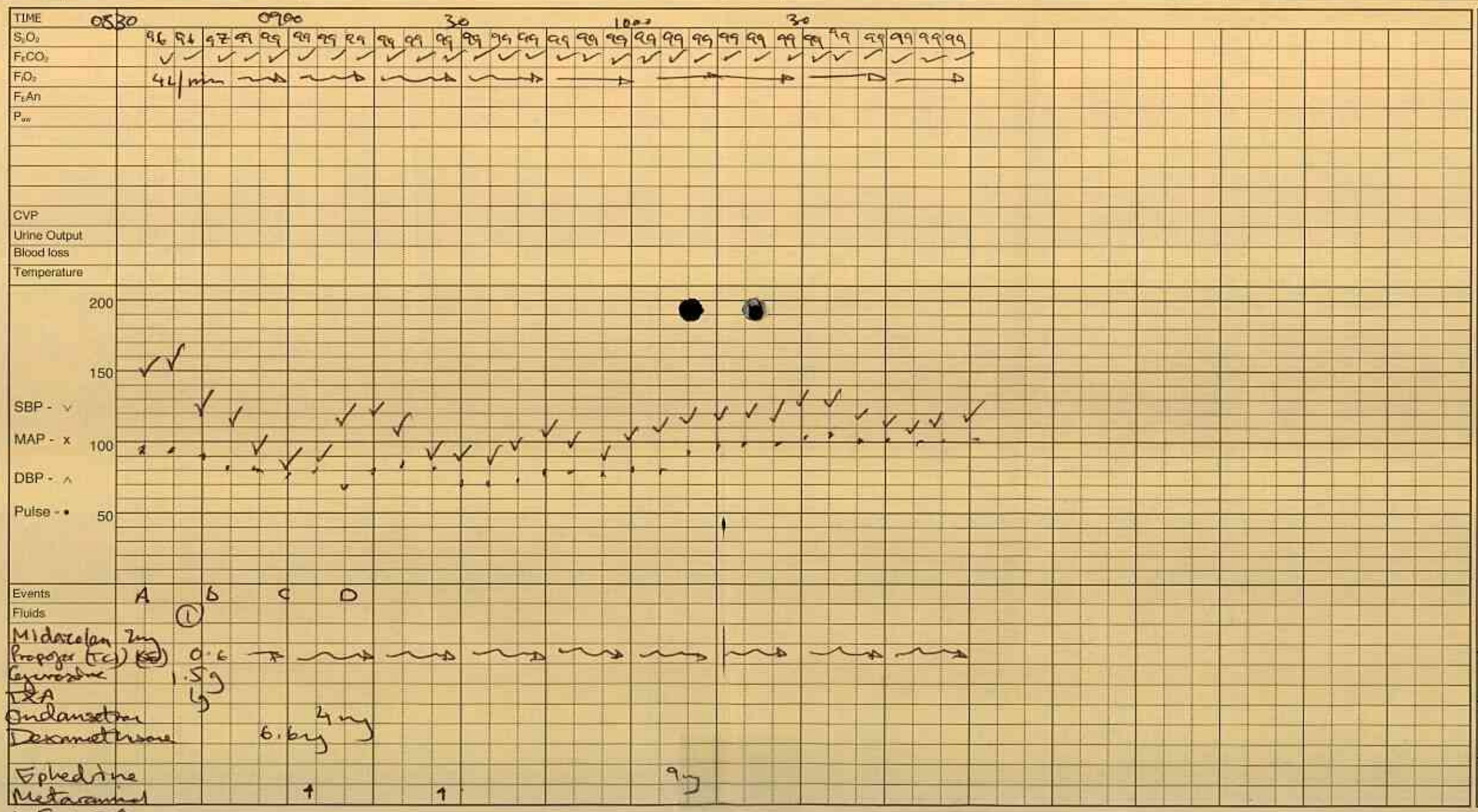
		Y	N	N/A
Eye care	☐			
Pressure care	☑			
Fluid warmer	☐			
Warming blanket	☑			
DVT		☐	☑	☐
Antibiotics		☑	☐	☐
PONV		☑	☐	☐

REGIONAL TECHNIQUE

Type of block SPINAL (AG)
Consent ☑ • Full asepsis G,G,H,M
Awake ☑ • Chlorhexidine to skin (allowed to dry)
Asleep ☐ • 2mls 0.5%, bupivacaine to skin.
Stimulator ☐ • 24G sp needle.
Ultrasound guidance ☐
Catheter ☐
Entry site • L3/4. • 1st pass. Clear CSF.
Needle used • 3mls 0.5% bupivacaine
Drugs given • No pain or paraesthesia.
Technique • Good block @ 5 minutes.

EVENTS

A SPINAL
B POSITIONING
C TH
D KTS.
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V



FLUIDS

1 PL 1481000mls
2 PL 1481000mls
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

TOTAL FLUIDS
TOTAL BLOOD LOSS
TOTAL URINE

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 1118 TIME OUT:

Discharge criteria met? 1200 Y ☑ N ☐

Awaiting bed 1300 (OCN)

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
126 Moredun Park Road
EH17 7DQ

EVENTS

A RR + consent
B Spinal site cleared
C TED boots applied
D Xray
E Ted stockings removed (before PR)
F NEWS = 4
G Sps q wade
H FBC sent

PAIN SCORE
0 NONE. Continue to assess pain with every set of observations
1-3 MILD Continue to assess pain with every set of observations
4-5 MODERATE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 SEVERE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

TIME	1120	1125	1130	1135	1140	1145	1150	1200	10	20	30	45	1300	15	30	1245	1145	1445
Airway	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV
Oxygen Therapy	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l	2l
S_pO_2	99	100	99	99	100	100	99	99	99	99	99	99	99	100	99	100	99	99
Respiration	10	12	14	15	11	11	13	14	20	20	11	16	13	12	12	14	13	12
PAIN																		
Nausea Score	0	0	0	0	0		S	S	S	S	S	S	0	0	0	S	S	0
Sedation Score	1	1	1	1	1		S	S	S	S	S	S	0	0	0	S	S	0
Urine Volume	ITNPU																	
Wound Check	Intact						S/T						wound reapplied					✓
Drains	NIL																	
Temperature	37.1						36.5						36.8			36.8		36.5
(R+L) C	✓												✓			✓		✓
S	x												x			SW		✓
M	x												x			✓		✓

SBP - v MAP - x DBP - ^ Pulse - •

200 150 100 50

Events: A B C D E (F)
Fluids: IV plasmalyte 80ml TIH (completed 1345) drip 150ml/hr 150ml 150ml
Drugs:

RECOVERY COMMENTS

FBC 80ml TIH -1600mls

L THR Sp + S.

Anaesth handed over pt does not require haemaque in recovery but Dr asked to do full FBC this evening. Tachycardic at times, anaesth will accept <120.

Anaesth has contacted pain team for late review.

NEWS = 4 @ 1200

Name (print) WOW Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☑
Oxygen keep Sp2 >92%.
Monitoring Routine
Fluids D+D As charted ☐
Analgesia As charted ☑
Anti-emetics As charted ☑
Special Instructions (including expected return of power & sensation after RA): Return of power + sensation within 6 hours

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name (print) Grason Signature

Contact No. 07764486066

NHS LOTHIAN — ANAESTHESIA RECORD

Proposed operation: (L) Total Hip Replacement.

Date: 2/11/20 Side: LEFT

NCEPOD: Ele ☑ Exp ☐ Urg ☐ Imm ☐

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
CHI 2812671297
70164 AM Pirie

Sticky Label

PRE-OP ASSESSMENT

Assessor: Grason CONS ☑ SAS ☐ ST__ ☐ CT__ ☐ Other ☐

Date: 2/11/20 Location: DOSA Consent form signed and checked ☑

History / Examination (& see care pathway)

IHD - Stable angina - Stents x2.
Severe PVD with claudication → 20 feet walking distance.
Opioid dependency.
COPD.

HR
BP
Weight (kg)
Height (m)

Medications (including herbal)

MST 180mg b.d.
Oral morphine solution 60mg daily.
Amitriptyline
ISMN
Statin
Lansoprazole
Paracetamol x
Ventolin CTN
Ellipta
Sertraline Ferrous Fumarate
Lemipril
Aspirin Thiamine

Allergies & adverse reactions

NKDA

ASA Grade

1 2 (3) 4 5 6 E

Airway Assessment

MP2
mo ✓
TM >6.5cm
From neck.
Teeth
Partial upper plate.

Previous Anaesthesia

Spinal.

Uneventful Y ☑ N ☐ N/A ☐

Family History

Nil.

Alcohol – Moderate.
Smoking – 15 cpd.
Drugs – No
Reflux / GORD – No on PPI.
Fasted 2100 1/11/20.

Investigations

FBC
U&E's / eGFR
G+S / e-Release / X-match
ECG
CXR

Information Given to Patient Spinal / sedation

	Y	N	N/A
Intended anaesthetic technique discussed	☑	☐	
Regional / local anaesthetic technique discussed	☑	☐	☐
Risks of regional anaesthesia discussed:			☐
PDPH	☑	☐	☐
Failure	☑	☐	
Temporary nerve damage	☑	☐	
Permanent nerve damage	☑	☐	
Post-operative analgesia discussed	☑	☐	
Consent for PR drug administration	☐	☑	

Pre-op Instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☐	☐
Give charted medication	☐	☐	☐
Omit anticoagulant	☐	☐	☐
Keep dentures in	☐	☐	☐

Fasting: Solids 6 hrs Clear fluids 2 hrs
(or state times)
Other:

Post-operative Remarks

	Y	N
Uneventful anaesthetic	☐	☐

* Significant events
* Critical incident
* Warnings / Hazards

Name (print) Grason Signature
Contact No 07764486066

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
126 Moredun Park Road
EH17 7DQ

ANAESTHETIST(S) GRADE
A. Gibson Cons

SUPERVISING CONSULTANT:
INFORMED Yes ☐ No ☐

OPERATION PERFORMED: (L) THR
LOCATION: TH 22 R15
SURGEON: MacPherson

DATE: 2/11/20
START TIME:
END TIME:

TRAINED ASSISTANT PRESENT ✓

CONDUCT OF ANAESTHETIC

Induction
Pre O_2 ☐ RSI ☐ Cricoid ☐

Maintenance
Spinal + propofol TCI sedation

Reversal
N/A

AIRWAY

Face Mask ✓
Oral Airway ☐
Nasal Airway ☐
LMA ☐
Type
Size
ETT ☐
Cuff ☐
Type
Size

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit Capnomask
Ventilator Aisys
Gas flow 4L/min
Filter /Humidifier ☐
S.V. ✓
I.P.P.V. ☐
Throat Pack In ☐ Out ☐

Easy to hand ventilate Y ☐ N ☐ N/A ✓

VASCULAR ACCESS

Cannula(e) Site
20G DLH

A – line ☐
CVP ☐

Ultrasound guidance Y ☐ N ☐

MONITORING

Machine checks
Anaesthetic room ✓
Theatre ☐
Monitor used MINDRAY

ECG ✓ P_{aw} ✓
S_pO_2 ✓ Disconnect ✓
NIBP ✓ NMB ☐
F_iO_2 ✓ Steth ☐
F_ECO_2 ✓ Temp ☐
Agent ✓ Urine ☐
Anaesthetic depth ☐

POSITION

Patient / limb position
R lateral

PROPHYLAXIS

Eye care ☐
Pressure care ✓
Fluid warmer ☐
Warming blanket ✓

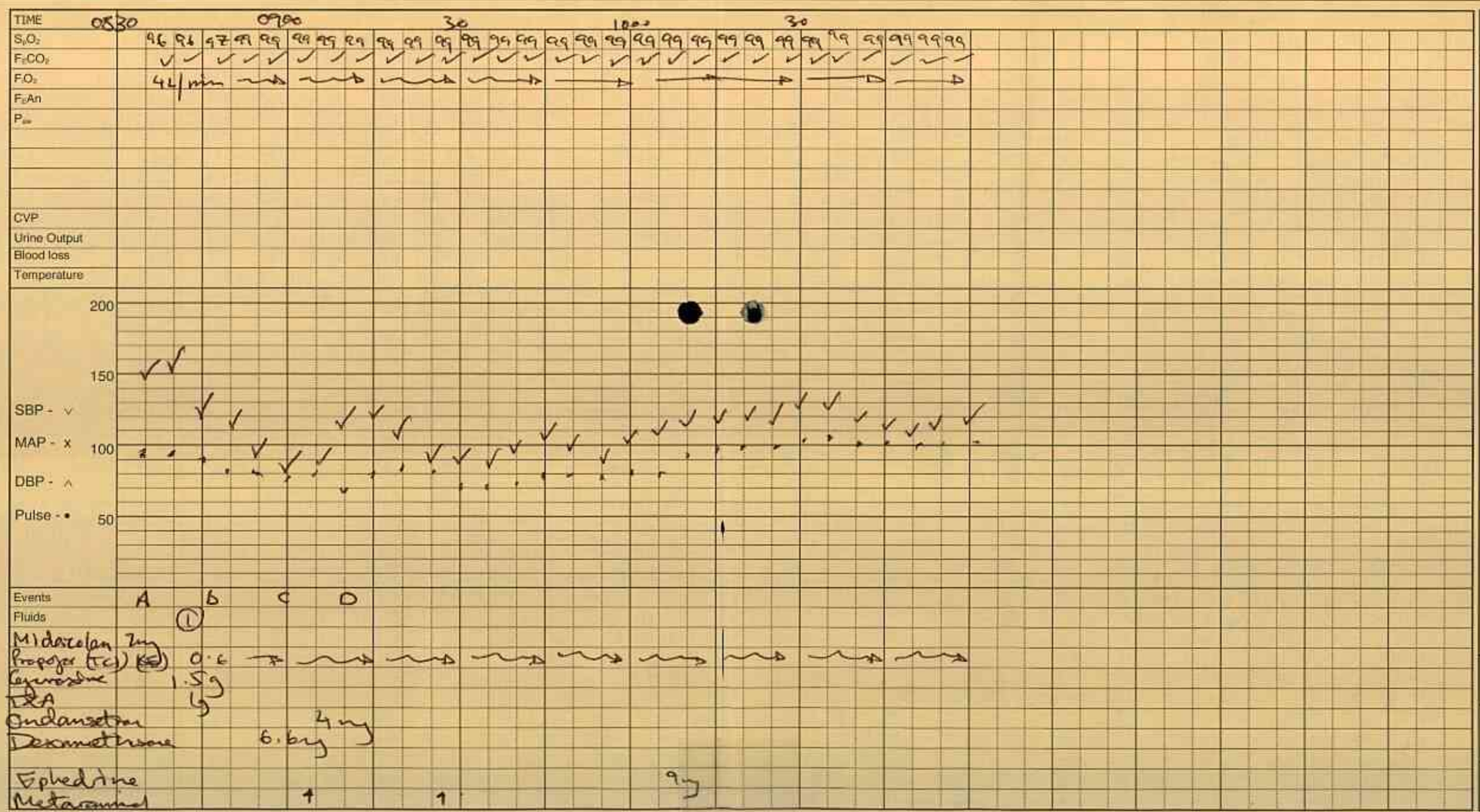
	Y	N	N/A
DVT	✓	☐	☐
Antibiotics	✓	☐	☐
PONV	☐	☐	☐

REGIONAL TECHNIQUE

Type of block SPINAL (AG)
Consent ✓ 1. Full asepsis G,G,H,M
Awake ✓ 1. Chlorhexidine to skin (allowed to dry)
Asleep ☐ 1. 2mls 0.5% bupivacaine
Stimulator ☐ to skin.
Ultrasound guidance ☐ 1. 24G sp atte.
Catheter ☐
Entry site 1. L3/4. 1st pass. Clear CSF.
Needle used 1. 3mls 0.5% bupivacaine
Drugs given 1. No pain or paraesthesia.
Technique 1. Good block @ 5 minutes.

EVENTS

A SPINAL
B POSITIONING
C TH
D KTS.
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V



FLUIDS

1 PL 1480 1000mls
2 PL 1480 1000mls
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

TOTAL FLUIDS
TOTAL BLOOD LOSS
TOTAL URINE

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 1118 TIME OUT:

Discharge criteria met? 1200 Y ☑ N ☐

Awaiting bed 130 (ACN)

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
126 Moredun Park Road
EH17 7DQ

EVENTS

A MPZ + compont
B Spinal site checked
C TED boots applied
D Xray
E Ted stocking removed (severe PVD)
F NEWS = 4
G Sps q wate
H FBC sent

TIME	1120	1125	1130	1135	1140	1145	1150	1200	10	20	30	45	1300	15	1330	1345	1445	1445
Airway	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV
Oxygen Therapy	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L
S_pO_2	99	100	99	99	100	100	99	99	99	99	99	99	99	100	99	100	99	99
Respiration	10	12	14	15	11	11	13	14	20	20	11	16	13	12	12	14	13	12
PAIN: Severe 6 - 10																		
PAIN: Moderate 4 - 5																		
PAIN: Mild 1 - 3																		
PAIN: None 0	0	0	0	0	0		5	5	5	5	5	5	0	0	0	5	5	0
Nausea Score	0	0	0	0	0		5	5	5	5	5	5	0	0	0	5	5	0
Sedation Score	1	1	1	1	1		5	5	5	5	5	5	0	0	0	5	5	0
Urine Volume	IMDV																	
Wound Check	Juncture						S/T						wound reported.					✓
Drains	N/A																	
Temperature	37						36.5						36.8			36.8		36.5
(R+L) C	✓												✓			✓		✓
S	xx												xx			sw		✓
M	xx												xx			✓		✓

SBP - v
MAP - x
DBP - ^
Pulse - •

200 / 150 / 100 / 50

Events	A	B	C	D	E	(F)												
Fluids	IV plasmalyte 10ml TH								(completed 13:45)									
Drugs																		

PAIN SCORE
0 NONE. Continue to assess pain with every set of observations
1-3 MILD Continue to assess pain with every set of observations
4-5 MODERATE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 SEVERE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

RECOVERY COMMENTS

ERL IOM TH -1600mls

LTHR Sp + S.

Anaesth handed over pt does not require haemaque in recovery but IOR asked to do pull FBC this evening. Tachycardic at times, anaesth will accept < 120.

Anaesth has contacted pain team for late review.

NEWS = 4 @ 1200

Name (print) WOW Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☑
Oxygen Keep Sp02 >92%.
Monitoring Routine
Fluids E+D As charted ☐
Analgesia As charted ☑
Anti-emetics As charted ☑
Special Instructions (including expected return of power & sensation after RA):
Return of power + sensation within 6 hours

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name (print) Gibson Signature

Contact No. 07764486066

NHS LOTHIAN — ANAESTHESIA RECORD

Proposed operation: (L) Total Hip Replacement.

Date: 2/11/20 Side: LEFT

NCEPOD: Ele ☑ Exp ☐ Urg ☐ Imm ☐

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
CHI 2812671297
70164 AM Pirie

Sticker Label

PRE-OP ASSESSMENT

Assessor: Gibson CONS ☑ SAS ☐ ST__ ☐ CT__ ☐ Other ☐

Date: 2/11/20 Location: DOSA Consent form signed and checked ☑

History / Examination (& see care pathway)

IHD - Stable angina - Stents x2.
Severe PVD with claudication → 20 yard walking distance.
Opioid dependency.
COPD.

HR
BP
Weight (kg)
Height (m)

Medications (including herbal)

MST 180mg b.d.
Oral morphine solution 60mg daily.
Amitriptyline
ISMN
Statin
Lansoprazole
Paracetamol x
Ventolin CTN
Ellipta
Sertraline Ferrous Fumarate
Lemipril
Aspirin Trimine

Allergies & adverse reactions

NKDA

ASA Grade

1 2 (3) 4 5 6 E

Airway Assessment

MPZ ✓
mon ✓
JP ✓
Tm 6.5cm
From neck.
Teeth
Partial upper plate

Previous Anaesthesia

Spinal.

Uneventful Y ☑ N ☐ N/A ☐

Family History

Nil.

Alcohol – Moderate
Smoking – 15 cpd.
Drugs – No
Reflux / GORD – No
Fasted on PPI. 2100 1/11/20.

Investigations

FBC
U&E's / eGFR
G+S / e-Release / X-match
ECG
CXR

Information Given to Patient Spinal | sedation

	Y	N	N/A
Intended anaesthetic technique discussed	☑	☐	
Regional / local anaesthetic technique discussed	☑	☐	☐
Risks of regional anaesthesia discussed:			☐
PDPH	☑	☐	☐
Failure	☑	☐	
Temporary nerve damage	☑	☐	
Permanent nerve damage	☑	☐	
Post-operative analgesia discussed	☑	☐	
Consent for PR drug administration	☐	☑	

Pre-op instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☐	☐
Give charted medication	☐	☐	☐
Omit anticoagulant	☐	☐	☐
Keep dentures in	☐	☐	☐

Fasting: Solids 6 hrs Clear fluids 2 hrs
(or state times)
Other:

Post-operative Remarks

	Y	N
Uneventful anaesthetic	☐	☐

* Significant events
* Critical incident
* Warnings / Hazards

Name (print) Gibson Signature

Contact No 07764486066

OPERATION PERFORMED:

DATE:
START TIME:
END TIME:

LOCATION:

SURGEON:

TRAINED ASSISTANT PRESENT ☐

MONITORING

Machine checks
- Anaesthetic room ☐
- Theatre ☐

Monitor used

ECG	☐	P_{aw}	☐
S_pO_2	☐	Disconnect	☐
NIBP	☐	NMB	☐
F_IO_2	☐	Steth	☐
F_ECO_2	☐	Temp	☐
Agent	☐	Urine	☐
Anaesthetic depth			☐

POSITION

Patient / limb position

PROPHYLAXIS

Eye care	☐
Pressure care	☐
Fluid warmer	☐
Warming blanket	☐

	Y	N	N/A
DVT	☐	☐	☐
Antibiotics	☐	☐	☐
PONV	☐	☐	☐

REGIONAL TECHNIQUE

Type of block

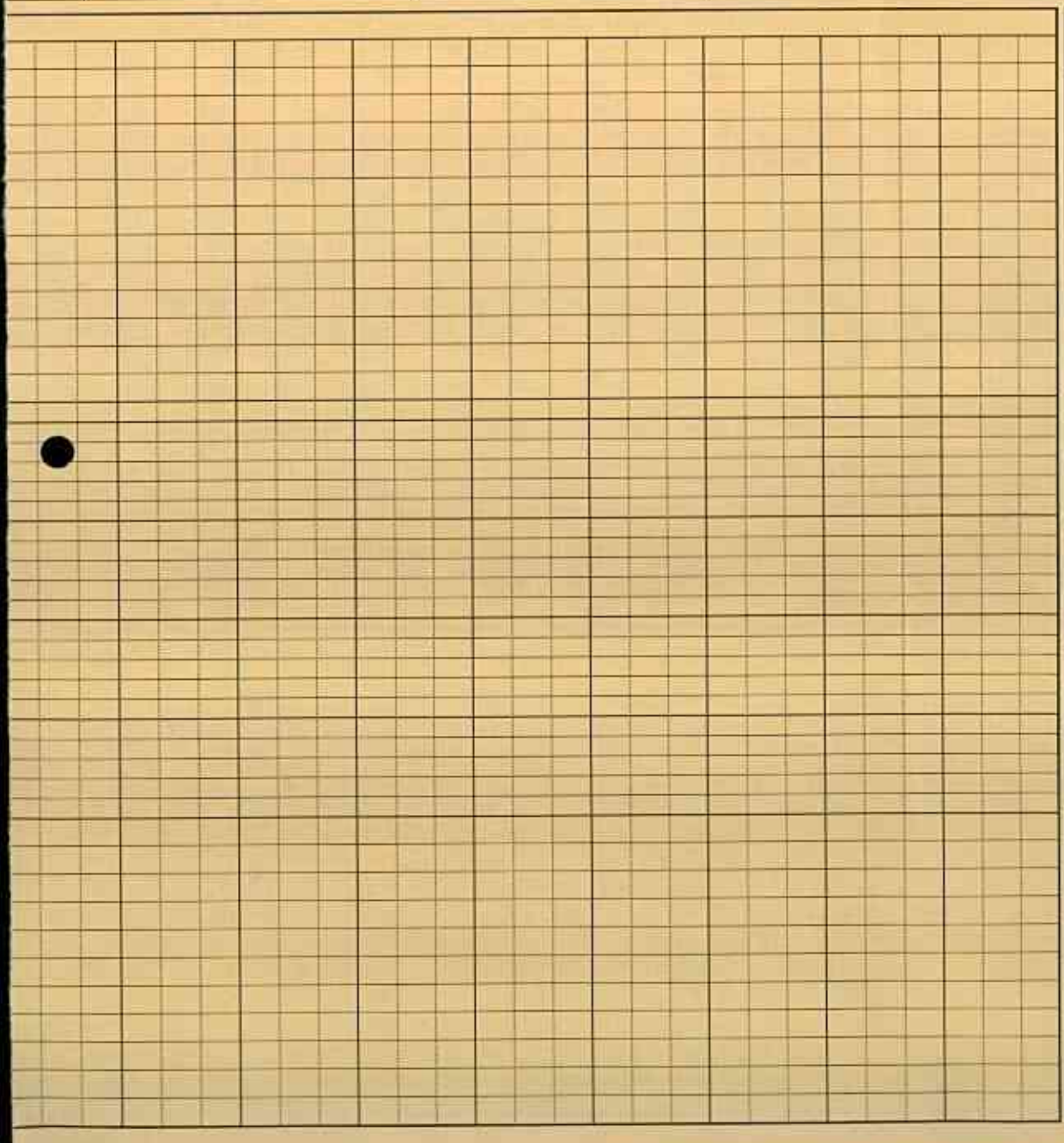
Consent	☐
Awake	☐
Asleep	☐
Stimulator	☐
Ultrasound guidance	☐
Catheter	☐

Entry site

Needle used

Drugs given

Technique



FLUIDS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

TOTAL FLUIDS

TOTAL BLOOD LOSS

TOTAL URINE

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
126 Moredun Park Road
EH17 7DQ

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: TIME OUT:

Discharge criteria met? Y ☐ N ☐

EVENTS

A
B
C
D
E
F
G
H

PAIN SCORE
0 **NONE.** Continue to assess pain with every set of observations
1-3 **MILD** Continue to assess pain with every set of observations
4-5 **MODERATE** Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 **SEVERE** Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

TIME		1545	1545	1615
Airway		SV	SV	SV
Oxygen Therapy		2l	RA	RA
S_pO_2		98	97	96
Respiration		14	12	15
PAIN	Severe 6 - 10			
	Moderate 4 - 5		✓	✓
	Mild 1 - 3			
	None 0	S		
Nausea Score		S	0	
Sedation Score		S	0	
Urine Volume		HNAV	✓	
Wound Check				
Drains		—		
Temperature			36.8	
(R+L)	C		✓	
	S		✓	
	M		✓	
SBP - v	200			
MAP - x				
	150			
DBP - ^				
Pulse - •		✓	✓	✓
	100			
		^	^	^
	50			
Events			H.	
Fluids				
Drugs			oral 150ml	
Oxycodon			15mg	
Isosorbide mononitrate			40mg	
Tramadol			100mg	

RECOVERY COMMENTS

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☐
Oxygen
Monitoring
Fluids As charted ☐
Analgesia As charted ☐
Anti-emetics As charted ☐
Special Instructions (including expected return of power & sensation after RA):

Destination Day case ☐ Ward ☐ HDU ☐ ITU ☐

Name (print) Signature

Name (print) Signature

Contact No.

WHO Surgical Safety Checklist

(adapted for Orthopaedic Surgery NHS Lothian 21.06.2010)

NHS Lothian

Last Name	620106899H M LEWIS Bernard
First Name	28-Dec-67 CHI: 281 267 1297
Date of Birth	70164 AM Pirie
CHI Number	126 Moredun Park Road EH17 7DQ

*OATE 2/4/20

*THEATRE 22

*SITE RIE

*OPERATING/SUPERVISING CONSULTANT Macpherson

*PROCEOURE THR LEFT

Please complete ALL boxes

SIGN IN (To be read out loud)
Before commencement of anaesthesia

Member verbally confirms with the team:

	Yes	No	N/A
Patient confirmed his/her identity, site, procedure and consent	✓		
Correct operating table?	✓		
Surgical site/side marked	✓		
Are prophylactic antibiotics required?	✓		
Does the patient have a:			
Known Allergy?		✓	
Difficult airway/aspiration risk?		✓	
Complete case notes available?	✓		
Estimated blood loss > 500ml?		✓	
If yes, adequate IV access/fluid warming/cell salvage planned?			
Negative pregnancy test documented?			✓
Blood results available?	✓		
Group & Save available?	✓		
Patient temperature (°C)	37.0°c		
Patient diabetic?		✓	
If yes, BM (millimoles)			
Patient on Beta blockade?		✓	
If yes, Beta blockade given?			
If not given, state reason omitted:			

Name: A. Gibson

Signature:

TIME OUT BY SURGEON (To be read out loud)
Before start of surgical intervention

Member verbally confirms with the team:

	Yes	No	N/A
Team members introduce themselves by name and role	✓		
Correct patient?	✓		
Correct procedure/consent?	✓		
Correct site/side marked?	✓		
Correct positioning?	✓		
Does the patient have a known allergy?		✓	
Essential imaging displayed	✓		
Has OVT prophylaxis been undertaken?	✓		
Antibiotic prophylaxis administration complete?	✓		

Name: A. Gibson

Signature:

Please record any Problems Identified overleaf

www.patientsafetyalliance.scot.nhs.uk/programme

SIGN OUT (To be read out loud)
Before patient leaves operating room

Member verbally confirms with the team:

	Yes	No	N/A
Has the operation/procedure summary been completed?	✓		
Have blood tags been completed?			✓
Regular DVT prophylaxis prescribed?	✓		
Further antibiotic doses prescribed?	✓		
Please ensure all *asterix boxes have been completed	✓		

Name:

Signature:

RECOVERY AREA (On arrival:)

Patient temperature (°C) 37.1

Patient BM if diabetic (millimoles) N/A ✓

Name:

Signature:

LOTHIAN UNIVERSITY HOSPITALS DIVISION

INTRAOPERATIVE CARE RECORD

ORTHO/TRAUMA THEATRES

NHS Lothian

DATE 2/11/20 # 904848

SURGICAL POSITION	POSITION AIDS USED	PATIENT DETAILS/ADDRESSOGRAPH
☑ LATERAL ☑ RIGHT ☐ LEFT ☐ HIP TABLE ☐ DECK CHAIR ☐ PRONE ☐ SUPINE ☐ OTHER.....	☐ HAND TABLE ☐ GK EXT ☑ SUPPORTS ☐ PELVIC FRAME ☐ SANDBAG ☐ ARMREST	620106899H M Name: LEWIS Bernard 28-Dec-67 CHI: 281 267 1297 D.o.B: 70164 AM Pirie 126 Moredun Park Road CHI N EH17 7DQ

PRESSURE RELIEVING MEASURES PATIENT WARMING	☐ GELPADS ☐ PREVENT PAD ☑ PILLOWS ☐ OTHER..... ☑ BAIR HUGGER ☐ OTHER.....
DIATHERMY ☐ NIL	☑ RT THIGH ☐ LT THIGH ☐ BUTTOCK ☐ OTHER..... PROBLEM/ACTION TAKEN..... ☑ SITE CHECK
TOURNIQUET ☑ N/A	☐ THIGH ☐ UPPER ARM PRESSURE ☐ RIGHT ☐ LEFT ☐ BILATERAL PROTECTION USED TIME/DURATION
SKIN PREP	☐ BETADINE ☑ CHLORHEXIDINE ☐ OTHER.....
SPECIMENS ☐ NIL	☐ BACTERIOLOGY ☐ PATHOLOGY ☐ OTHER.....
DRAINS ☑ NIL	☐ REDIVAC ☐ OTHER.....
PACKS	☐ TYPE ..... ☐ NONE
SKIN CLOSURE 210 pdsplus	☐ CLIPS ☑ SUBCUTICULAR ABSORBABLE ☐ NON ABSORBABI ☐ FORMAL SKIN CLOSURE FULL / PARTIAL ☐ WOUND LEFT OPEN
DRESSINGS	☐ TULLEGRAS ☐ BLUE SWAB ☐ SOFFBAN ☐ BANDAGE ☐ MEFIX ☐ MEPORE ☐ OTHER: TEGADERM 7 Skin Glue
CATHETERS ☑ N/A	TYPE .....SIZE ..... BALLOON CAPACITY .....MLS
PLASTERS/SPLINTS ☑ N/A	☐ RIGHT ☐ LEFT ☐ BILATERAL ☐ LOWER LEG SLAB ☐ FOREARM SLAB ☐ VOLAR SLAB ☐ OTHER.....

COMMENTS

PRINT NAME Gillies SIGNED

EXETER TRAY No 2 - MARK 2
ID- A070877 2020/10/21 ORT48 Edinburgh Royal Infirmary
A002321 2020/10/28 ORT159 Edinburgh Royal Infirmary
EXETER TRAY 40 - Primary
RT237 Edinburgh Royal Infirmary
STRYKER CONTEMPORARY CUP INSTRUMENTS ID- A042752 2020/10/24 ORT215 Edinburgh Royal Infirmary
EXETER RASP TRIAL TRAY A060529 2020/10/28 ORT020 Edinburgh Royal Infirmary
MAJOR BASIC TRAY ID- A002056 2020/10/21 ORT069 Edinburgh Royal Infirmary

EXETER TRAY No 1 - PINK
A002821
20/10/23 ORT159
Edinburgh Royal Infirmary

EXETER TRAY No 2 - MARK 2
ID- A070877
2020-10/21 ORT048
Edinburgh Royal Infirmary

INTRAOPERATIVE COUNTS

	INTIAL COUNT	INTRAOPERATIVE	INTRAOPERATIVE	INTRAOPERATIVE	FINAL COUNT
CORRECT					
SIGNATURE					PB

COMMENTS — DISCREPANCIES/ACTION TAKEN — TOTAL BLOOD LOSS = 1600mls.

SCRUB STAFF SIGNATURE

PRINT
1. L HAFTHORSDOTTIR
2.

SIGN
1.
2.

IMPLANTS/INSTRUMENTS

EXETER® CONTEMPORARY™ Flanged cup — 2024-06

OD mm	ID mm
48	28

REF 6309-4-848
LOT G7683036
STRYKER ORTHOPAEDICS

-CHANGE™ ledial wall mesh

SZE
SM

REF 0942-8-025

stryker Howmedica OSTEONICS — CE 0086
REF 0939-0-114 STERILE R LOT X31SM L9579
EXETER 2.5mm

EXE ER® V40™ Cemented Hip Stem — 2025-05-24

OFFST	SZE	STM LNTH	TPR
44	N°1	150mm	V40™

REF 0580-1-441
LOT G7908874
STRYKER ORTHOPAEDICS

STRYKER V40™ Femoral Head — 2025-06-14

OD	OFFST	TPR
28mm	0mm	V40™

REF 6364-2-128
LOT G7920414
STRYKER ORTHOPAEDICS

OPERATION SUMMARY. TO BE COMPLETED BY SURGICAL TEAM

SURGEON: Mc Pherson
ASSISTANTS: Jabbal

ANTIBIOTICS - YES ☐ NO ☐ & DURATION: 3 x Cef

OPERATION PERFORMED: Left THR

DIATHERMY USED YES ☐ NO ☐

POST OP INSTRUCTIONS- HOME TODAY? YES ☐ NO ☑
check Xray in recovery
routine
Hb this eve

MOBILITY STATUS - FWB ☑ PWB ☐ NWB ☐

HIP PRECAUTIONS - YES ☐ NO ☐ N/A ☑

DVT PROPHYLAXIS - YES ☑ NO ☐ & TYPE: Dalteparin DURATION: 6/52.

EXETER PLUG TRIALS
A066366
20/10/23 ORT217
Edinburgh Royal Infirmary

STRYKER CONTEMPORARY CUP
INSTRUMENTS
ID- A042752
2020-10/24 ORT215
Edinburgh Royal Infirmary

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

Date	Sheet no
Ward	

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

_____

Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutaneous fluids using SC guidelines *Use separate prescription chart if more bags are required Mark as 'Sheet 2'*

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

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

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

Date 2/11/20

ADULT FLUID BALANCE CHART

Name: _____

CHI/Unit No.

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

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume TOTAL	Volume	Running Total	Volume	Volume	Volume
06.00								/			
07.00								/			
08.00								/			
09.00								/			
10.00							160cc ml	Blood loss			
11.00								/			
12.00	IN THEATRE			PLASMALYTE		2000		/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00								/			
14.00								/			
15.00								/			
16.00	RETURN FROM THEATRE							/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00	CEFUROXIME	100				2100	PU	✓	560		
18.00			A·V (85) × 2			2270		/			
19.00								/			
20.00			C					/			
21.00			coffee	(200)		2470		/			
22.00								/			
23.00			Juice	(200)		2670		/			
24.00			water	(200)		2870		/			
01.00								/			
02.00								/			
03.00								/			
04.00								/			
05.00								/			
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES									24 Hr Balance		

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

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

Name	Date	Sheet no
Date of Birth	Ward	
CHI/Unit No		

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

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

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

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg) _____ Essential

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

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

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

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

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

Prescribe subcutaneous fluids using SC guidelines *Use separete prescription chart if more bags are required Mark as 'Sheet 2'*

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

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

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

620106899H M 28/12/1967 31/12/10

D Lewis, Bernard
N 158 Moredun Park Road,
C Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

ADULT FLUID BALANCE CHART

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

Total Input Goal: _____ ml in 24hr
Fluid Restriction: _____ ml in 24hr

	IVIDS	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00			H_2O (200)				/				
08.00			Juice (200)				/				
09.00			Coffee (200)				/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show raview conducted, ☐ and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES									24 Hr Balance		

STOPED

Ward: 130 Site: RIE DCN Date: 2/11/20

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

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

Print name and sign

Addressograph, or

620106899H M 28/12/1967

Name Lewis, Bernard

158 Moredun Park Road, Edinburgh,

DOB EH17 7DQ

CHI 2812671297

Unit n 70164 AM Pirie

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	2300	0220	0600										
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)	✓	NS	✓										
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	—	H										
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Y	Y	Y										
Positioning (R) or (L) side (B) Back (C) Chair	B	B	B										
Mattress type / Cushion type	*please state type:*												
Elimination — Do you need the toilet?	N	N	N										
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y										
Continence product changed/offered?	N	N	N										
Catheter care performed?	N	N	N										
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y										
Bowel function monitored — Observe bowel function and update daily													
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	Y	WR	Y										
Fluid Balance Chart (if clinically indicated)	Y	Y	Y										
When did you last eat?	S	S	S										
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance — Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	Y	N	N										
Falls — Appropriate Footwear?	N	Y	Y										
Walking aid available(and within reach)	N	Y	Y										
Area de-cluttered?	Y	Y	Y										
Chair and bed height assessed?	Y	Y	Y										
Falls alarm in use and attached?	N	—	/										
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	N	—	/										
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain — Are you in pain?	N	AS	N										
Analgesia Given?	N	|	N										
General — Peripheral Venous Cannula observed?	Y	|	Y										
Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily		|											
Are you comfortable? Y/N	Y	|	Y										
Anything else I can do for you?	N	↓	N										
Buzzer within easy reach	Y	Y	Y										
Personal Care *Type* ___ *(specify)* **Time Given** ___													
Initials – document at time of care delivery	SS	SS	Y										

Ward: 120 Site: KIE Date: 3/11/20

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

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

Print name and sign

Addressograph, or

620106899H M 28/12/1967

Name Lewis, Bernard
158 Moredun Park Road,
Edinburgh,

DOB EH17 7DQ

Unit no. CH1 2812671297
70164 AM Pirie

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0900	1300	22	02	10	06							
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)	✓	✓											
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	SW	SW											
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	N	Y	Y	Y	Y								
Positioning (R) or (L) side (B) Back (C) Chair	B	B	B.	B.	B.								
Mattress type / Cushion type	*please state type:*												
Elimination — Do you need the toilet?	N	N	N	N	N								
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y								
Continence product changed/offered?	/	/	/	/	/								
Catheter care performed?	/	/	/	/									
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Cere Rounding)	Y	Y	Y.	Y.	Y.								
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	WR	WR	Y	N	N								
Fluid Balance Chart (if clinically indicated)	Y	Y	Y	N	Y								
When did you last eat?	B	L	D	D	D								
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	N	N	N	N	N								
Falls — Appropriate Footwear?	Y	Y	Y	Y	Y								
Walking aid available(and within reach)	M2F	Y	Y	Y	Y								
Area de-cluttered?	Y	Y	Y	Y	Y								
Chair and bed height assessed?	Y	Y	Y	Y	Y								
Falls alarm in use and attached?	/	/	/	/	/								
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y	Y	Y.	Y	Y.								
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain — Are you in pain?	Y	N	N	N	Y								
Analgesia Given?	Y	N	N	N	Y								
General — Peripheral Venous Cannula observed?	Y	Y	N	N	N								
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	N	N	Y	Y	Y								
Anything else I can do for you?	Y	Y	N	Y	N								
Buzzer within easy reach	Y	Y	Y	Y	Y								
Personal Care *Type* _____ *(specify)* **Time Given** _____													
Initials — document at time of care delivery			✓	N	✓								

Ward: 130 Site: DCN Date: 4/11/20

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

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

Print name and sign

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0800	1100	1300										
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓	✓	✓									
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	SW	SW	SW									
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y	Y	Y									
	Positioning (R) or (L) side (B) Back (C) Chair	B	C	B									
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	N	N	N									
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y									
	Continence product changed/offered?	/											
	Catheter care performed?	/	/	/									
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y									
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y	Y	Y									
	Fluid Balance Chart (if clinically indicated)	N	N	N									
	When did you last eat?	B	B	L									
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	Y	Y	Y									
Falls	Appropriate Footwear?	Y	Y	Y									
	Walking aid available(and within reach)	Y	Y	Y									
	Area de-cluttered?	Y	Y	Y									
	Chair and bed height assessed?	Y	Y	Y									
	Falls alarm in use and attached?	/	/	/									
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y	Y	Y									
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	N										
	Analgesia Given?	N	N	N									
General	Peripheral Venous Cannula observed?	/	/	/									
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y	Y									
	Anything else I can do for you?	N	N	N									
	Buzzer within easy reach	Y	Y	Y									
Personal Care *Type* _____ *(specify)* **Time Given** _____													
Initials – document at time of care delivery	RB	RB	RB										

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

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

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

Print name and sign _____

NHS Lothian

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

Time of Care Rounding Document the exact time care rounding took place e.g. 0830													
	08.00 am ←			**24 hour period**								→ **07.00 am**	

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)													
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister													
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?													
Positioning (R) or (L) side (B) Back (C) Chair													
Mattress type / Cushion type	*please state type:*												

Elimination

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

Food, Fluid & Nutrition

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

Falls

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

Pain

Are you in pain?													
Analgesia Given?													

General

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

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

Initials – document at time of care delivery													

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

Name: **CHI:** **Date of Admission**

	Date 2/11	Date 3/11	Date	Date			
Hygiene Requirements							
Independent with washing							
Assistance of 1 nurse to wash/shower							
Full assistance required	✓	✓					
2 hourly eye and mouth care required							
Mobility							
Independent of nurses							
Transfer with 1 or 2 nurses (state number)	✓ +2	✓ x 2					
Transfer with 2 nurses / Stand Aid							
Hoist Transfer							
Bed Rest							
2 Hourly position changes and pressure checks (record on repositioning chart)							
Physiotherapy referral	☑	✓					
Constant Care due to absconsion (risk assessment Completed action plan in place)							
Falls Risk Assessment Completed – Action plan In place	✓	✓					
Day Shift Signature							
Night Shift Signature							

Name: CHI: Date of Admission

	Date 2/11	Date___	Date___	Date___	Date___	Date___	Date___
Observations and Vital Signs							
½ hour neuro/spinal obs + vitals + wound							
1 hour neuro/spinal obs + vitals + wound							
2 hour neuro/spinal obs + vitals + wound	✓						
4 hour neuro/spinal obs + vitals + wound	+post op						
BD neuro obs/spinal + vital signs + wound							
Daily neuro obs/spinal + vital signs + wound							
Drain / EVD							
Dressing Requirements							
Independent with dressing							
Assistance required with lower garments	✓						
Full assistance required							
OT referral for dressing assessment							
Pain Assessment							
Assess pain frequently	✓						
Assess effectiveness of current therapy	✓						
Liaise with medical staff if pain persists	✓						
Referral to Pain Team							
PCA Checks							
Day Shift Signature							
Night Shift Signature	VS						

Name: CHI: Date of Admission

	Date 2/11	Date 3/11	Date___	Date___	Date___	Date___	Date___
Elimination							
Independent							
Using bottles/commode at bedside		✓					
Urinary catheter: Type							
Size ..... Date inserted							
Six hourly catheter volumes							
Record on fluid balance chart							
Pad and pants							
Urosheath							
Bowel movement (date of last motion)	☐	1/11					
Nutrition							
Nutritional Assessment completed	✓	✓					
Nil by mouth/Fasting							
Requires assistance to feed							
NG/PEG feed as per dietician regime							
Other e.g. diabetes?							
Cognition							
Adults with Incapacity documentation completed							
Date valid							
"All about me" completed							
Day Shift Signature		[illegible]					
Night Shift Signature	[illegible]	[illegible]					

Name: **CHI:** **Date of Admission**

	Date 2/11	Date 3/11	Date___	Date___	Date___	Date___	Date___
Hydration							
Fluid Balance Chart	✓	✓					
Oral fluid Independently	✓	✓					
Assistance required with oral fluids							
NG tube PH tested and recorded on chart							
NG/PEG regime							
Dietician referral							
IV Fluid as per prescription chart	✓						
Airway Management							
Oxygen therapy	NA	RA					
Liaise with Physiotherapy							
Monitor oxygen saturations		NEWS					
Trachaeostomy							
Inner Tube cleaning 4 hourly + PRN							
Suction							
Bagging							
Day Shift Signature		IIIII SR					
Night Shift Signature	US						

Bristol Stool Chart

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
CHI 2812671297
70164 AM. Pirie

Name
DOB
Unit No. / CHI

NHS Lothian

Type 1 Separate hard lumps, like nuts (hard to pass)	Type 2 Sausage-shaped but lumpy
Type 3 Like a sausage but with cracks on its surface	Type 4 Like a sausage or snake, smooth and soft
Type 5 Soft blobs with clear-cut edges (passed easily)	Type 6 Fluffy pieces with ragged edges, a mushy stool
Type 7 Watery, no solid pieces. **Entirely Liquid**	Reproduced with kind permission of Dr KW Keaton, Reader in Medicine at the University of Bristol.

Date	Time	Colour	Type	Amount	Blood	Mucous	Comments	Initials
2/11	Stokes BO		this morning					
3/11								

Elective Orthopaedic Pre-Operative Checklist

NHS Lothian

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road.
Edinburgh,
EH17 7DQ
CHI 2812671297
70164 AM Pirie

Name
DOB
Unit No. /C
Operatic...

Consultant MK MacPherson
Ward
Date 02/11/20

Category	Checks	Please tick box	Time	Dept	Initials
Consults	Reviewed by Anaesthetist?	Y ☐ N ☐ N/A ☐			
	Consent form signed?	Y ☑ N ☐	07.30	SC	
	Adults with Incapacity form required?	Y ☐ N ☐ N/A ☐			
	Operation Site marked by medical staff?	Y ☐ N ☐			
Medication	Allergies? Y ☐ N ☐ N/A ☐		07.30	SC	
	Allergy wristband in place?	Y ☐ N ☐ N/A ☑			
	Identification Band in Place?	Y ☑ N ☐			
	Identification Band Correct?	Y ☑ N ☐			
	Medication taken?	Y ☑ N ☐ N/A ☐	07-30	SC	
	Own medication obtained	Y ☐ N ☐ N/A ☐			
	Pre-Medication checked/administered/ recorded?	Y ☐ N ☐ N/A ☐	07-30	SC	
Vital Signs NEWS	T 37 P 83 BP 155/74 O2 Sats 98 % on RA				
	NEWS Score 0		07-30	SC	
Tests/ Investigations	Blood Results (if applicable)	Y ☐ N ☐ N/A ☑			
	INR _____ Blood Glucose _____				
	ECG	Y ☑ N ☐ N/A ☐			
	G & S taken	Y ☐ N ☐ N/A ☐	07-30	SC	
	Pregnancy Test performed Y ☐ N/A ☑	Pos ☐ Neg ☐ Refused ☐			
Nutrition	Fasting from: Last Meal (date/time) 01/11/20 21-00hrs				
	Last Drink (date/time) 02/11/20 05-30hrs		07-30	SC	
	Pre- Op Drink (date/time) _____				
	Dentures to remain in situ upper	Y ☑ N ☐ N/A ☐			
	Crowns/Caps or loose teeth?	Y ☐ N ☐ N/A ☐			
Fluids/IV Therapy					
Elimination	Bladder empty? ☑ Catheter in Situ? ☐		07-30	SC	
Activities of Daily Living	Shower taken? ☐ Nail polish/make-up removed? ☐				
	Jewellery removed? ☐ taped ☐ N/A ☑ (remove if on op limb)		07-30	SC	
	Hearing aid in situ? ☐ removed? ☐ N/A ☑ (label and send to theatre)				
Mobility/ Exercises	Mobility Assessment completed?	Y ☐ N ☐ N/A ☐			
	Falls Bundle completed?	Y ☐ N ☐ N/A ☐			
	Independent ☐ Assistance reqd ☑				
	Aids Wheelchair + Zimmer onsite		07-30	SC	
	Bedrest needed after Pre Med given?	Y ☐ N ☐ N/A ☐			
	VTE Risk Assessment completed (TRAK) ☐				
	Anti-Embolism Stockings applied (if reqd)	Size _____			
	Both Legs ☐ Operative Leg ☐ N/A ☐				
Infection	MRSA ☐ CPE ☐ Other Infection Risk ☐	N/A	07-30	SC	
Education / Psychological Needs	Surgery/complications explained/	Y ☑ N ☐ N/A ☐			
	understood and questions answered?	Y ☑ N ☐ N/A ☐	07-30	SC	
	Hospital Chaplain/Own Faith Visit reqd?	Y ☐ N ☐ N/A ☐			
Admin	Documentation/Notes checked and sent to theatre	Y ☐ N ☐			
	X-rays available on PACS System ☐				

Ward/OAU Signature: S Christie PRINT: S CHRISTIE

Theatre Signature: PRINT: [illegible]

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

General ☐
Gynae/ 210 ☐
Ortho ☑

2.10.20
18.9.20
PAC Date 11.9.20

2.11.20
D.O.S: 15.10.20

No D.O.S: ☐

INVESTIGATION	*Ordered*	*Reviewed*	INVESTIGATION	*Ordered*	*Reviewed*
FBC	✓	✓	URINALYSIS		
U&E	✓	✓	ECG	✓	
LFT			ECHO		
GGT			PFT's		
COAG			MRSA	SC	
HbA1c			CPE		
Glucose					
TFT ESR, CRP	✓	✓	ANAEMIA (please note pathway colour)		
Calcium	✓				
Group & Save	✓				

Date	Additional comments (e.g. action required)	Initial
2/10/20	for anaesthetic r/v see notes	SC
14.10.20	OK TO PROCEED.	LJ

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Fernielhill Surgery	70164

Allergies

Description	Date Recorded	Comments
No ECS data exists		

Sources: [1] ECS [ ] Patient's Drugs [ ] Referrer Kardex [ ] GP Practice [ ] TRAK
[ ] Patient [ ] Relative / Carer [ ] Referrer Letter [ ] Comm Pharmacy [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN.		05/03/2020	16/03/2020	1						
Mst Continus	60 mg M/R tablets	THREE TO BE TAKEN TWICE DAILY		17/12/2019	12/03/2020	1						
Amitriptyline Hydrochloride	10 mg Tablets	ONE OR TWO TO BE TAKEN AT NIGHT		05/03/2020	05/03/2020	1						
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN		06/08/2019	27/02/2020	1						
Lactulose	3.1-3.7 g/5 ml Solution	20ML BD		17/02/2020	17/02/2020	1						
Gabapentin	300 mg Capsules	TAKE ONE TABLET THREE TIMES A DAY		06/02/2020	06/02/2020	1						
Prednisolone	5 mg Tablets	EIGHT TO BE TAKEN IN THE MORNING		06/02/2020	06/02/2020	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Amoxicillin	500 mg Capsules	ONE TO BE TAKEN THREE TIMES A DAY		06/02/2020	06/02/2020	1						
Amitriptyline Hydrochloride	10 mg Tablets	ONE OR TWO TO BE TAKEN AT NIGHT		12/12/2019	06/02/2020	1						
Paracetamol	500 mg Tablets	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		31/12/2019	31/12/2019	1						
Gabapentin	300 mg Capsules	TAKE ONE TABLET THREE TIMES A DAY		12/12/2019	12/12/2019	1						
Mst Continus	60 mg M/R tablets	TAKE THREE TABLET TWICE DAILY		19/07/2019	05/12/2019	1						
Nystatin	100,000 units/ml Oral suspension	USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS		11/11/2019	11/11/2019	1						
Prednisolone	5 mg Tablets	EIGHT TO BE TAKEN IN THE MORNING		01/11/2019	01/11/2019	1						
Flucloxacillin	500 mg Capsules	TWO TO BE TAKEN FOUR TIMES A DAY		28/10/2019	28/10/2019	1						
Lactulose	3.1-3.7 g/5 ml Solution	20ML BD		18/10/2019	18/10/2019	1						
Gabapentin	300 mg Capsules	TAKE ONE TABLET THREE TIMES A DAY		09/10/2019	09/10/2019	1						
Ferrous Fumarate	210 mg Tablets	ONE TO BE TAKEN THREE TIMES A DAY		25/09/2019	25/09/2019	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
In Practice	Sertraline Hydrochloride	100 mg Tablets	ONE TO BE TAKEN EACH DAY		15/08/2017	12/03/2020		1						
In Practice	Atorvastatin	40 mg Tablets	ONE TO BE TAKEN EACH DAY		28/04/2016	03/03/2020		1						
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		25/05/2017	03/03/2020		1						
In Practice	Aspirin	75 mg Dispersible tablets	ONE TO BE TAKEN EACH DAY		08/11/2012	03/03/2020		1						
In Practice	Fostair	100 micrograms + 6 micrograms/ dose Cfc-free inhaler	TWO PUFFS TO BE INHALED TWICE A DAY		27/09/2013	03/03/2020		1						
In Practice	Isosorbide Mononitrate	10 mg Tablets	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014	03/03/2020		1						
In Practice	Salbutamol	100 micrograms/puff Cfc-free inhaler	2 Puffs prn		19/12/2012	17/02/2020		1						
In Practice	Glyceryl Trinitrate	400 micrograms/ dose Pump spray	1-2 SPRAYS AS REQUIRED UNDER THE		18/08/2016	17/02/2020		1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
			TONGUE AS DIRECTED FOR CHEST PAIN											
In Practice	Paracetamol	500 mg Tablets	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019	31/01/2020		1						
In Practice	Ramipril	10 mg Capsules	1 DAILY		03/08/2015	30/01/2020		1						

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number

Reviewed by	Designation	Grade	Date	Time	Contact Number

Key Information Summary

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

Is there a DNACPR Form in Place?

Is there a CYPADM Form in Place? No

Special Note

Date: Expiry Date:

Anticipatory Care Plan

No data recorded

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Allergies

Description	Date Recorded	Comments
No ECS data exists		

Sources: [1] ECS [ ] Patient [ ] Patient's Drugs [ ] Relative / Carer [ ] Referrer Kardex [ ] Referrer Letter [ ] GP Practice [ ] Comm Pharmacy [ ] TRAK [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Amitriptyline Hydrochloride	10 mg Tablets	3 AT NIGHT		03/08/2020	27/08/2020	1						
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN. PLEASE DISPENSE 500MLS (FIVE HUNDRED MILLILITRES) WEEKLY		20/03/2020	24/08/2020	1						
Mst Continus	60 mg M/R tablets	THREE TO BE TAKEN TWICE DAILY		23/07/2020	13/08/2020	1						
Niquitin Clear	21 mg/24 hrs Transdermal patches	APPLY ONE PATCH DAILY		17/07/2020	17/07/2020	1						
Nicotine	1 mg/dose Oromucosal Spray Sugar Free	USE AS DIRECTED ON PACK INSTRUCTIONS		09/06/2020	17/07/2020	1						
Amitriptyline Hydrochloride	10 mg Tablets	3 TABS AT NIGHT		05/03/2020	08/07/2020	1						
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR		03/07/2020	06/07/2020	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
		BREAKTHROUGH PAIN										
Dalteparin Sodium	5,000 units/0.2 ml pre-filled syringe Injection	INJECT THE CONTENTS OF ONE SYRINGE ONCE DAILY TO COMPLETE 28 DAY COURSE		24/06/2020	24/06/2020	1						
Niquitin Clear	14 mg/24 hrs Transdermal patches	APPLY ONE PATCH DAILY		24/06/2020	24/06/2020	1						
Mst Continus	60 mg M/R tablets	THREE TO BE TAKEN TWICE DAILY		17/12/2019	09/06/2020	1						
Nicotinell Tts 20	35 mg (14 mg/24 hours) Transdermal patches	1 PATCH DAILY REMOVE AFTER 24 HOURS- REMOVE OVERNIGHT IF HAVING NIGHTMARES		09/06/2020	09/06/2020	1						
Amoxicillin	500 mg Capsules	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS		15/04/2020	15/04/2020	1						
Morphine Sulfate	10 mg/5 ml Oral solution	UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN.		05/03/2020	16/03/2020	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
In Practice	Isosorbide Mononitrate	10 mg Tablets	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)		27/11/2014	12/08/2020		1						
In Practice	Atorvastatin	40 mg Tablets	ONE TO BE TAKEN EACH DAY		28/04/2016	12/08/2020		1						
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		25/05/2017	12/08/2020		1						
In Practice	Paracetamol	500 mg Tablets	TWO TO BE TAKEN FOUR TIMES A DAY		20/06/2019	12/08/2020		1						
In Practice	Ventolin Evohaler	100 micrograms/puff Cfc-free inhaler	TWO PUFFS TO BE INHALED WHN REQUIRED		15/04/2020	12/08/2020		1						
In Practice	Trelegy Ellipta	92 micrograms + 55 micrograms + 22 micrograms/ dose Dry Powder Inhaler	INHALE ONE PUFF ONCE A DAY		09/06/2020	20/07/2020		1						
In Practice	Sertraline Hydrochloride	100 mg Tablets	ONE TO BE TAKEN EACH DAY		15/08/2017	20/07/2020		1						
In Practice	Ramipril	10 mg Capsules	1 DAILY		03/08/2015	20/07/2020		1						
In Practice	Aspirin	75 mg Dispersible tablets	ONE TO BE TAKEN EACH DAY		08/11/2012	20/07/2020		1						
In Practice	Thiamine Hydrochloride	100 mg Tablets	ONE TO BE TAKEN THREE TIMES A DAY		24/06/2020	24/06/2020		1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
In Practice	Laxido Orange	Oral Powder Sachets Sugar Free	ONE SACHET TO BE TAKEN TWICE DAILY		24/06/2020	24/06/2020		1						
In Practice	Ferrous Fumarate	210 mg Tablets	TAKE ONE TABLET TWO TO THREE TIMES A DAY WITH MEALS		07/04/2020	08/06/2020		1						
In Practice	Glyceryl Trinitrate	400 micrograms/ dose Pump spray	1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN		18/08/2016	08/06/2020		1						

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number

Reviewed by	Designation	Grade	Date	Time	Contact Number

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Lewis Bernard	2812671297	28/12/1967	52	Pirie, Alison	Ferniehill Surgery	70164

Key Information Summary

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

Is there a DNACPR Form in Place?

Is there a CYPADM Form in Place? No

Medical History

Date Recorded	Diagnosis
30/09/1997	Total nephrectomy
19/07/2013	Angina pectoris
01/11/2013	Peripheral vascular disease NOS
01/01/1993	Asthma
04/10/2016	Hiatus hernia
09/04/2019	Avascular necrosis of bone
21/01/2020	Knee arthritis NOS
01/07/2020	Emphysema

Special Note

52 year old man with complex medical background. Excision arthroplasty 16/6/20 for presumed septic arthritis/AVN. Longstanding systemic symptoms of sweats and raised inflammatory markers. Some sputum showing AFB but negative culture. Resp think mycobacterial infection unlikely. Hip has been sent for culture. Home since 20/6/20 and in significant pain despite incredibly high opiate doses (was on high doses pre operatively due to pain). CRP 117 so discussed with ortho reg who offered to see patient today. Patient refusing to attend. Aware of risks and has capacity.

Date: 03/07/2020 Expiry Date: 31/12/2099

Anticipatory Care Plan

No data recorded

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70164 AM Pirie

Pre-operative assessment for elective surgery

Date

Name
DoB
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ADVERSE REACTIONS / ALLERGIES (Describe reaction)
none known

Reason for admission / Planned surgery or procedure (L) THR
Planned date of surgery 02/11/20 Advised time of admission 07:15
Day of surgery admission ☐ other admission date ...../...../.....
Predicted length of stay Day case ☐ 23h stay ☐ 2-5 days ☐
Who will bring you in Partner
Who will take you home Partner
Consultant MR MACILHERSON

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
1.				
2. S CHRISTIE	SIN	SC	S Christie	2/10/20
3. Maria Gaynor	CSW	MG	M Gaynor	2/10/20
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COMMON ABBREVIATIONS USED IN THIS DOCUMENT

BM	Measure of glucose level	**Ht**	height	**R/O**	Removal of
BMI	Body Mass Index	**IV**	Intravenous	**RA**	Rheumatoid arthritis
BP	Blood pressure	**ICP**	Integrated Care Pathway	**RF**	Renal failure
C&S	Culture and Sensitivity	**kg**	Kilograms	**RR**	Respiratory Rate
cm	Centimetre	**LMP**	Last menstrual period	**SEWS**	Standardised Early Warning Score
COPD	Chronic Obstructive Pulmonary Disease	**MI**	Myocardial infarction		
		MUST	Malnutrition Screening Tool	**TB**	Tuberculosis
DoS	Day of surgery	**N/A**	Not applicable	**Temp**	Temperature
DVT	Deep vein thrombosis	**NOK**	Next of kin	**U&E**	Urea and electrolytes
ECG	Electrocardiograph	**OA**	Osteo arthritis	**VTE**	Venous thromboembolism
EDD	Estimated Date of Discharge	**OPD**	Out patient department	**Wt**	Weight
ERAS	Enhanced Recovery After Surgery	**P**	Pulse		
FBC	Full blood count	**PE**	Pulmonary embolus		
HRT	Hormone replacement therapy	**PMHx**	Past medical history		

PRE-OPERATIVE ASSESSMENT

Date ..... Adm. type: **ELECTIVE**

Assessing hospital: ..... site.....

Check registration details : correct ☐ changed ☐

620106899H M 28/12/1967 - ian

Name Lewis, Bernard

DoB 158 Moredun Park Road, Edinburgh, EH17 7DQ

Unit no.

CHI CHI 2812671297

164 AM Pirie

PATIENT DETAILS

TITLE: (Mr) / Mrs / Miss / Ms / Other.. BERNARD LEWIS Marital Status: COT PARTNER

Age: ..52..... Occupation: ..UNEMPLOYD.....

Prefers to be known as ....BERNIE.....

Tel. Nos. Home ..0131 2381382..... GP AL PIRIE.....

Work ..... GP Address ...FERNIEHILL SURGERY

Mobile ..... GP tel no. 0131 664 2166.....

Ethnic Origin: ..... First Language: English ☑ Other ☐ .....

Interpreter Required : Yes ☐ No ☑ (0131 226 5036)

Religion: .....NONE..... *(If Jehovah's Witness attach appropriate form)*

Request for visit from hospital chaplain / minister of religion: Yes ☐ No ☐

NEXT OF KIN

Name: ..CARINA NERI.....

Relationship: ...PARTNER.....

Address: ..126 MOREDUN

...PARK ROAD.....

.....

Contact nos: Home .....

Work .....

Mobile 07927270163

Aware of admission Yes ☑ No ☐

SECOND CONTACT (If required)

Name: .....

Relationship: .....

Address: .....

.....

.....

Contact nos: Home .....

Work .....

Mob .....

Aware of admission Yes ☐ No ☐

Who to Contact in Emergency

.....

.....

HOUSING

House ☑ Bungalow ☐ Ground Floor Flat ☐ Flat ☐ on .....floor

Residential / Part IV ☐ Nursing Home ☐ Hostel ☐ No Fixed Abode ☐

Bedroom: upstairs ☑ downstairs ☐ Bathroom: upstairs ☐ downstairs ☑

STAIRS: None ☐

Outside: ...8.... (number) Inside: ..15.... (number) Lift ☐

Does patient have any difficulty with the stairs? Yes ☑ *(specify)* ...CAN'T LIFT MY LEG.....No ☐

EQUIPMENT None: ☐

Toilet aids ☐ Shower cubicle ☐ Shower over bath ☑ Bath aids ☐ Bath only ☐

Bed Rail ☐ Trolley ☐ Dressing Aids ☐ Commode ☐ High Chair ☐

If Yes to any please specify level of independence.....

ARE YOU A CARER FOR ANYONE? (specify) Yes ☑ ..... No ☑

Do you live with Husband / Wife / Partner / Other (specify) ☑ ...PARTNER..... Alone ☐

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Pre-operative assessment for elective procedure

Nursing & Social Assessment (1)

Summarise actions in "Summary of Assessment"

Name
DoB
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LEARNING DISABILITIES Yes ☐ No ☐
If Yes, refer to Learning Disabilities Liaison Nurse: *Contacted Yes / No detail outcome*

HEALTH PROMOTION

CIGARETTE SMOKING Non smoker ☐ Recent ex-smoker ☐ stopped ..... (date)

Smoker ☑ Number of cigarettes smoked per day ..... 15 ..... Ever tried to stop? Yes ☐ No ☐

Advised of the value of stopping and the risks to health of continuing to smoke cigarettes ☐

Interested at all in stopping now? Yes ☐ No ☑ ..... very anxious .....

If would like to stop, detail information given to assist .....

ALCOHOL INTAKE or None ☐

Daily intake .....units OR Weekly intake ..... 10 .....units

(1 unit of alcohol = small glass of wine, or 25 ml pub measure of spirit, or half pint of ordinary strength lagar/beer/cider
Current daily guidelines for sensible drinking: man 3 – 4 Units per day or less, woman 2 – 3 Units per day or less.

Any patient concerns about his/her alcohol intake? .....

If yes, detail information given to assist .....

OTHER Mood Altering Substances: or None ☑

or, Other (please note) .....

Any patient concerns about substances currently used? .....

If yes, detail information given to assist .....

WEIGHT CONCERNS or None ☐

Any patient concerns about his / her weight? .....

If yes, detail information given to assist .....

COMMUNICATION & PERCEPTION

SIGHT:	No aids ☐	Glasses ☑	Contact Lenses ☐	Registered Blind ☐
HEARING:	Satisfactory ☐	Difficulties ☑		Hearing Aid(s) ☐
SPEECH:	Normal ☑	Impaired (eg after stroke) ☐		Sign Language ☐
	Interpreter ☐	Other aid or assistance ☐		

Please ensure patients consent obtained before contacting any of the below

Patients Signature _____

HOME SUPPORT	N/A	MON	TUES	WED	THUR	FRI	SAT	SUN	CONTACT NAME/NUMBER
District Nurse									
Health Visitor									
Social Worker									
Stoma Therapist									
Dietician									
Home Help									
Private Home Care									
CPN									
Day Centre									
Day Hospital									
Other1 *specify*									
Other2 *specify*									

620106899H M 28/12/1967

Pre-operative assessment for elective procedure

History (1)

"

Name Lewis, Bernard
DoB 158 Moredun Park Road,
Unit no. Edinburgh,
CHI EH17 7DQ

CHI 2812671297
70164 AM Pirie

MEDICATION HISTORY (prescription, over the counter, homeopathic, herbal. etc)

(Remember inhalers / eyedrops / creams / injections)

If diabetic, include Diabetes ICP in notes

MEDICINE (approved name)	Strength	Dose	Route	Frequency	**COMMENTS**
1.					
2.					
3.					
4.					see BCS
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

How was medication history obtained? *(Must be by two methods)*

N/A ☐ GP letter ☐ medications available ☐ patient ☐ relative / carer ☐ prescription ☐

Pharmacy-supplied Dosette box (or other compliance aid)? ☐

Community Pharmacy ☐ name ..... tel. number .....

Informed of use of own medicines: Yes ☑ No ☐ N/A ☐

'Use of own medicines' form completed: Yes ☐ No ☐ N/A ☐

Advised of LUHD's use of supplementary prescribers? Yes ☐ No ☐ N/A ☐

Green Bag given Yes ☑ No ☐ N/A ☐

Advised to stop medication

Approved name RAMIPRIL On: 02/11/20

Name: ..... On .....

Name: ..... On .....

ADVERSE REACTIONS / ALLERGIES – ensure recorded on p2

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Lewis, Bernard
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Pre-operative assessment for elective surgery

History (2)

Date

Name
DoB
Unit no. CHI 2812671297
CHI 70164 AM Pirie

PRESENTING COMPLAINT / HISTORY

pain in hip.

Patient aware of condition? Yes ☑ No ☐ *Detail awareness of eg, malignancy etc)*

Mood / Concerns with regard to current treatment plan? no concerns

PAST Medical history (include year and place)

? emphysema
(L) nephrectomy for donation
THD
Peripheral vascular disease
Gastritis
depression

PREVIOUS Operations (include year and place)

I/O debridement (L) hip 16/06/20
(L) tibial IM nail

(or: nil of note☐)

Any problems with surgery or anaesthesia **in the past**? *(Include details of airway problems, if any)*

(or: nil of note☑)

Any significant **family** (blood relatives) medical / surgical / anaesthetic history we should know about?

(or: nil of note ☑)

NHS Lothian

Pre-operative assessment for elective surgery

REVIEW OF SYSTEMS (1)

SUMMARISE ACTIONS IN "SUMMARY OF ASSESSMENT"

If **YES** is circled for any main question, expand on severity / frequency / duration / recent changes – what, when, how, etc

Name: 620106899H M 28/12/1967 Lewis, Bernard
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FUNCTIONAL CAPACITY

Patient's occupation / former occupation .....

Maximum equivalent activity (Please ring number in box, = MET Score) :

1	2	3	4	5	6	7	8	9	10
Walking around house		200 yards on flat, slowly			Brisk walking		Walk uphill		Brisk swim
	Eating, dressing		One flight of stairs	Carry shopping upstairs		Two flights of stairs		Jogging	

Estimated MET score..... 1 ..... *(highest ringed number)*

What limits activity?	Comments
Nil	
Arthritis / leg pain / back pain	✓ due to ↓ mobility & pain
Angina	
Shortness of breath	
Other	

CARDIOVASCULAR SYSTEM

Any history of: high blood pressure ☑ angina ☑ heart murmur ☐ MI ☒ Rhm. Fever ☐ DVT / PE ☐ stroke or TIA ☐

Do you get

- Chest pain Yes ☑ No ☐ uses GTN 3 times a week.
- Short of breath Yes ☑ No ☐
- Ankle swelling Yes ☐ No ☑

Can you climb stairs without becoming breathless Yes ☐ No ☐ unable to use stairs due to hip

requires medical referral? Yes ☐ No ☐

RESPIRATORY SYSTEM

Any history of: asthma ☐, TB ☐, COPD ☑ has inhalers

Do you / have you

- A cough? Yes ☐ No ☑
- Sputum or phlegm Yes ☐ No ☑
- Coughed up blood Yes ☐ No ☑
- Get wheezy Yes ☐ No ☑

requires medical referral? Yes ☐ No ☐

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CHI 70164 AM Pirie

Pre-operative assessment for elective surgery

Review Of Systems (2)

Summarise actions In "Summary of Assessment"
If YES is circled for any main question, expand on severity / frequency / duration / recent changes – what, when, how, etc

SLEEPING / LYING FLAT

Sleep: well ☐, disturbed ☑ *describe* ..... due to Pain .....
Any sleeping medication / treatment Yes ☑ ..... amitriptyline ..... No ☐
Are you able to lie flat comfortably: Yes ☑ No ☐ *describe* .....

Sleep Apnoea Yes ☐ No ☑
CPAP machine used Yes ☐ No ☐
If more than 1 year since PAT test contact Estates ☐ ref. no. .....

DIGESTIVE SYSTEM *see also 'Nutrition'*

History of jaundice? ☐

Do you / have you
Any recent weight loss Yes ☐ No ☑
Any recent appetite changes Yes ☐ No ☑
Vomited any blood Yes ☐ No ☑
Heartburn / indigestion
[including when lying flat] Yes ☑ No ☐ on PPI
Stomach pain Yes ☐ No ☑
Changes in bowel movements,
black or bloody stools Yes ☐ No ☑ ..... takes laxatives .....

requires medical referral? Yes ☐ No ☐

ENDOCRINE system

Diabetes mellitus ☐ Type 1 ☐ Type 2 ☐
treatment: insulin ☐, tablets ☐, diet ☐, other ☐
Thyroid condition ☐
Other endocrine condition ☐ ..... NK .....
.....

requires medical referral? Yes ☐ No ☐

SKIN

Any history of skin conditions ☐ .....
Previous leg ulcers/pressure sores ☐ .....
Circulation problems ☐ ..... NK .....
Dressings if applicable (including frequency of changes, by whom etc).....

requires medical referral? Yes ☐ No ☐(*describe any action required on page 16)*

NERVOUS system

Any history of epilepsy ☐, "blackouts" ☐
If Yes, describe
..... NK .....

Do you get
Severe headaches, migraines Yes ☐ No ☑
Eye problems Yes ☐ No ☑
Faints, dizziness, muscle weakness
or tingling sensations Yes ☐ No ☑

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Pre-operative assessment for elective surgery

Review Of Systems (3)

Summarise actions In "Summary of Assessment"
If **YES** is circled for any main question, expand on severity / frequency / duration / recent changes – what, when, how, etc

Name
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GENITO-URINARY system

URINE SAMPLE SENT FOR C & S Yes ☐, or, N/A ☐

Any history of Renal conditions / intervention ☐ nil of note ☐

When passing urine, do you

Pass blood or have pain	Yes ☐ No ☑
Need to pass urine very frequently	Yes ☐ No ☑
Find your sleep disturbed by having to pass urine frequently	Yes ☐ No ☑
Experience difficulty – slow to start, dribble etc	Yes ☐ No ☑
Have you ever been catheterisation:	Yes ☐ No ☑

requires medical referral? Yes ☐, No ☐

Female patients only

Date of LMP ..... Details of last period ..... Details of cycle ..... days
(normal, light, heavy)

Date of last cervical smear .....Method of contraception ..... or N/A ☐ . Parity .....

Pregnancy test conducted* ☐ - positive ☐ , negative ☐, declined ☐ post-menopause ☐

**If <50yrs or within 2 years of any bleeding.*

BLOOD DISORDERS

Any history of Anaemia ☑, other Blood Disorders ☐

If Yes, describe Takes ferrous fumarate

OTHER ILLNESSES: e.g. any history of Cancer ☐, Arthritis: OA ☑, RA ☐

or, nil of note ☐

BASIC OBSERVATIONS

Urinalysis		SpO_2.....% (on air)
Pulse rate ..... / min	BP ..... Ref Rdgs .....mmHg	Temp .....°C

- ☐ Full Blood Count
- ☐ Group & Save
- ☐ Cross Match No of units .....
- ☐ U & Es
- ☐ LFTs
- ☐ TFT
- ☐ ESR
- ☐ Glucose
- ☐ INR/Clotting
- ☐ Tumour Markers
- ☐ CA 125
- ☐ CEA
- ☐ CRP
- ☐ Hb A1C

- ☐ Audiogram
- ☐ Cardiac Echo, Why? .....
- ☐ HCG
- ☐ ECG
- ☐ CXR
- ☐ Pulmonary Function
- ☐ MRSA screening If Yes, tick swab sites

Nose ☐, Throat ☑, Groin ☐,
If applicable – Wound ☐ list site (s)

Urine if catheterised ☐, sputum if expectorating ☐
Other ☐
Specify .....
Specify .....

Observations/investigations taken by Name.....Sig.....Date.....
* Initials are acceptable **IF** an entry has been completed on pg 2

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

Pre-operative assessment for elective surgery

Airway Assessment

(For completion only by anaesthesia or pre-admission staff)

Name
DoB
Unit no.
CHI

CHI 2812671297
70164 AM Pirie

Where appropriate, record more fully in 'Summary of Assessment'

DOES THE PATIENT APPEAR TO HAVE COMPLICATED DENTITION: Yes ☐ No ☐

DENTITION – patient reports

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
R																	L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

D: Denture
B: Bridge
C: Crown

Mark
L: loose teeth/filling
upper

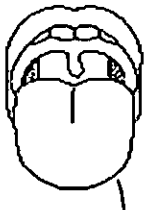
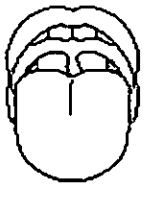
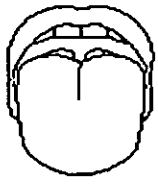
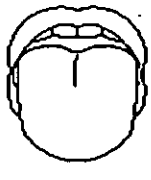
Dental abscess / issues: No ☐, Yes ☐

AIRWAY ASSESSMENT

1. Patient can flex and extend neck normally?	Yes ☑ No ☐
2. Patient can open mouth >3cms (2 finger breadths)?	Yes ☐ No ☐
3. Patient can protrude jaw so that lower teeth are in front of upper teeth?	Yes ☑ No ☐
4. Thyro-mental distance >6.5cm?	Yes ☑ No ☐
5. Previous history of difficult intubation?	Yes ☐ No ☐

6. Mallampati classification:

Seated patient protrudes tongue as far as possible. From patient eye level, assess pharyngeal structures.

Class I	Class II	Class III	Class IV
☐  has 2 broken teeth lower	☐ 	☐ 	☐ 
Soft palate, uvula, fauces and pillars all visible.	Soft palate, uvula, & fauces visible, pillars obscured.	Only soft palate visible.	Soft palate not visible.

If the faucial pillars (palatoglossal & palatopharyngeal arches) & uvula cannot be seen (because they are obscured behind the base of the tongue, grades III & IV), visualisation of the glottis at laryngoscopy is likely to be more difficult

The following airway findings require referral to anaesthetist:

See local / specialty specific guidelines

Pre-operative assessment for elective surgery

Risk Assessment for Venous Thromboembolism (VTE)

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
Name
DoB
Unit no.
CHI
CHI 2812671297

All patients are at risk of thromboembolism and should receive a risk assessment within 24 hours of admission then multi-modal thromboprophylaxis according to protocol unless contraindicated.

Departmental assessment and treatment protocols are available at
http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/Haematology

PART A: RISK ASSESSMENT Please answer ALL questions in Part A and Part B

1. Pre-existing thrombosis risk or other risk factors for VTE	NO ☐	If YES specify:
2. Contra-indication to ANY part of prophylaxis regime e.g. bleeding risks, renal function, peripheral circulation	NO ☐	If YES specify:
3. VTE risk & plan discussed and agreed with patient	YES ☐	If NO, give reason:
4. Does VTE Risk Assessment need to be highlighted to Responsible Medical Staff because of risk factors or contraindications	NO ☐	If YES, give reason:
5. Multi-modal regime by departmental protocol indicated	YES ☐ NO ☐	Based on risk assessment

Date of assessment _____ **Assessed by** _____ **Designation** _____

PART B: MULTIMODAL REGIME BY DEPARTMENTAL PROTOCOL

Drug Thromboprophylaxis prescribed by assessor according to protocol — YES ☐ NO ☐

If NO, Dr informed that prescription required — YES ☐ NO ☐

Name of Dr informed _____

PART C: RE-ASSESSMENT OF RISK – RECORD IN INTEGRATED CARE PATHWAY (ICP)

Patient should be reassessed every 48 hours or sooner if condition changes or if having surgical procedure.

620106899H M 28/12/1967

Pre-operative assessment for elective surgery

Risk Assessment for Venous Thromboembolism (VTE)

Name: Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

DoB:

Unit no. CHI: CHI 2812671297 70164 AM Pirie

Prescribing VTE prophylaxis is the responsibility of Medical Staff: see local or specialty guidelines

Thrombosis risk factors	
1.	Age > 60
2.	Obesity BMI ≥ 30
3.	Active cancer
4.	Previous VTE
5.	Family history of VTE: 1 first degree relative suffered VTE at age <50 years *or* > 1 first degree relative with VTE history regardless of age
6.	Varicose veins (for major general or orthopaedic surgery, low risk after varicose vein surgery)
7.	Known thrombophilia (no need to repeat thrombophilia screen)
8.	Other thrombotic states including Metabolic syndrome, chronic HIV infection, inflammatory bowel disease, nephrotic syndrome, sickle cell trait & sickle cell disease, myeloproliferative disease, paraproteinaemias, Bechet's disease, paroxysmal nocturnal haemoglobinuria **And the following, which are likely to preclude elective surgery:** Heart failure, recent myocardial infarction, recent stroke, severe acute infection e.g. pneumonia
9.	Hormone therapy (inc combined OCP, HRT, tamoxifen, raloxifen)
10.	Pregnancy, *or* < 6 weeks since delivery (See Royal College of Obstetrics and Gynaecologists (RCOG) guidelines at Intranet>Healthcare>A-Z>Haematology>HaematologyDocs> Policy Documents>Obstetric VTE Prophylaxis & Treatment Policy)
11.	Combined anaesthesia and surgery time > 90 mins
12.	Pelvic or lower limb surgery and combined anaesthesia and surgery time > 30 mins
13.	Post operative immobility

Bleeding risk factors	
If anticoagulation is contra-indicated prophylaxis with mechanical methads such as graduated elastic compression stockings should be considered.	
A.	Bleeding disorder (eg haemophilia, von Willebrand's disease)
B.	Coagulopathy , including warfarin or heparin therapy
C.	Thrombocytopenia <70 x 10^9 /L
D.	Active peptic ulcer
E.	Actual or potential bleeding site (inc planned neuro, spinal, eye, or thyroid surgery)
F.	Acute stroke (seek advice) *or* CNS surgery within last 3 months
G.	Spinal or epidural anaesthesia possible (consult anaesthetist if in doubt)
H.	Severe uncontrolled hypertension (≥ 230 / 120 mmHg)
I.	Severe liver disease
J.	Renal failure (see over)
K.	Previous history of heparin induced thrombocytopenia (HIT) For more information including prescribing in **renal failure** and the detection of **HIT** see NHWS Lothian antithrombotic guide at Intranet>Healthcare>A-Z/Haematology>PolicyDocuments>AntithromboticGuideline

Contraindications and cautions to graduated elastic compression stockings	
L. Massive leg oedema	M. Major leg deformity
N. Peripheral neuropathy	O. Dermatitis (active/severe)
P. Severe peripheral arterial disease	Q. Pulmonary oedema

Lothian

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Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

Pre-operative assessment for elective surgery

Examination by medical staff

Summarise actions in "Summary of Assessment"

Name
DoB
Unit no
CHI

PHYSICAL EXAMINATION

Pale Cyanosed Clubbed Jaundiced

Lymphoedenopathy

Hydration

Skin

Thyroid

Breasts

Any fevers/chills recently?

CVS

Pulse

BP (Erect/Supine)

JVP (Jugular Venous Pressure)

Apex Beat

Heart Sounds

Oedema

PHYSIOLOGY SCORE
Please tick
Cardiac*
- No failure
- CVS drugs
- Peripheral oedema
- Warfarin therapy
- Raised JVP

ECG*
- Normal
- Atrial Fibrillation
- Abnormal rhythm

RS

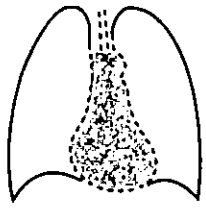
Respiratory Rate

Trachea

Expansion

PN (Percussion Notes)

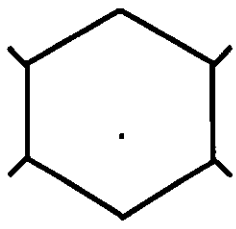
BS (Breath Sounds)



Respiratory*
- Nil
- SOBOE
- Limiting dyspnoea
- Dyspnoea at rest

CxR*
- Normal
- Borderline CM
- Cardiomegaly
- Mild COAO
- Moderate COAO
- Fibrosis

Abdomen:



Masses
Liver
Spleen / Kidneys
Bowel sounds
Herniae
Genitalia
PR
FOB

Vaginal Examination: (if indicated)

Rectal Examination (if indicated)

CNS/Locomotor

Assessing Doctor: signature / initial * print name:

date: time: designation

*** Initials may be used where the clinician has completed an entry in the Signature table on page 2**

620106899H M [redacted] 28/12/1967

Pre-Operative Assessment for Elective procedure

Overall Summary of Assessment

Name Lewis, Bernard
DoB 158 Moredun Park Road, Edinburgh, EH17 7DQ
Unit no. CHI 2812671297
CHI 70164 AM Pirie

Medical Referral Required No ☐ Yes ☐ Surgeon ☐ Anaesthetist ☑ GP ☐ other ☐

If Yes, reason ..... Uses GTN >3 weekly due to SOB .....

Name of doctor spoken to ..... has 2 broken lower teeth .....

Information ie medical notes / care pathway / results referred to anaesthetist No ☐ Yes ☐

Discussion with anaesthetist required: No ☐ Yes ☐ Seen by Anaesthetist No ☐ Yes ☐

Referral reason .....

Name of consultant anaesthetist spoken to / contacted

INFORMATION Leaflets given: Operation ☐ Pain relief ☐ In patient booklet ☐

Visiting Hours ☐ 'You and your anaesthetic' ☐ 'DVT info sheet' ☐

MRSA Booklet ☐ Other (specify) ☐ .....

INTEGRATED CARE PATHWAY

If to be commenced on an ICP, specify which major: .....

Any supplementary ones? .....

Risk-assessment Bundle commenced ☐ .....

TRANSPORT Ambulance required ☐ Date/time.....
Date of booking \ Order ref no..... \ .....

OPERATIVE PREPARATION Skin Prep Required Yes ☐ , No ☐ Glycerine Suppositories Yes ☐ , No ☐

Other (specify) .....

NURSE SPECIALIST REFERRALS tick if applicable & give details

Stoma Nurse contacted ☐ ..... (if applicable, insert Stoma Care plan in Booklet)

Other Nurse Specialist contacted ☐ (specify) .....

OVERALL SUMMARY OF ASSESSMENT

☐ Proceed to book for surgery
☐ Further review/investigations required before final decision

Assessing Doctor: Signature .....Print Name:.....

Date: ..... time: ..... designation .....

Date/time	SUMMARY NOTES	Initials
2/10/15	patient attended Clinic in wheelchair unable to walk any distance uses GTN Spray at least >3 weekly. fasting written information provided & coming BP meds on day of surgery given, advised to take controlled drugs prior to coming in to hospital	PTO

Pre-Operative Assessment for Elective procedure

Summary Notes Continued

Name Lewis, Bernard
DoB 28/12/1967
Unit no. 620106899H M
CHI 2812671297
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
70164 AM Pirie

Date/time	SUMMARY NOTES	Initials
	but to leave them at home due to not having anywhere in Dora to store them as per hospital policy. Bloods & ECG obtained for anaesthetic review	SC
14.10.20	HISTORY APPEARS UNCHANGED SINCE LAST PROCEDURE. JUNE 2020	
	ANAES RECORD PRINTED AND RENEWED.	U
	OK TO PROCEED.	

Whether for an ICP or Management Plan, give details in space for further 'Summary' notes

Pre-Admission Nurse

Signature / Print: _____ Designation: _____ Date: _____

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward: Consultant:	Name: 620106899H M 28/12/1967 Lewis, Bernard CH 158 Moredun Park Road, Edinburgh, D.O.B. EH17 7DQ CHI 2812671297
Weight: Height:	
If re-written, date:	
DISCHARGE PRESCRIPTION	
Date completed: Completed by:	70164 AM Pirie

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☑		Gibson	2/11/20
		Medicine / Agent	Description of reaction		

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:

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

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
2/11/20	0845	CEFUROXIME	1.5g	IV	Gibson	0845	
2/11/20	1700	CEFUROXIME	750mg	IV	S. Amoxicillin FY2	17.40	
3/11/20	0100	CEFUROXIME	750mg	IV	S. Mukherjee FY2	0100	MB/M

REGULAR THERAPY

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
126 Moredun Park Road
EH17 7DQ

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

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

PRESCRIPTION

Patient's Own Medicine

Date → 2/11/20 | 3/11/20 | 4/11

Time ↓

Medicine (Approved Name): DALTEPARIN
Dose: 5,000 Units
Route: SC
Notes/Indication for antibiotic: DVT PROPHYLAXIS
Start Date: 2/11/20
Stop Date:
Prescriber - sign + print: Gibson
Pharmacy:
For Use Date:
Quantity:

Time	2/11/20	3/11/20	4/11
6	usually given Spiriva, restarted as after 48h of dalteparin.		
8			
12			
14			
18		HV	
22	HS		

Medicine (Approved Name): MST
Dose: 180mg
Route: ORAL
Notes/Indication for antibiotic:
Start Date: 2/11/20
Stop Date:
Prescriber - sign + print: Gibson
Pharmacy:
For Use Date:
Quantity:

Time	2/11/20	3/11/20	4/11
6			
8			
12			
14			
18	HS		
22			

Medicine (Approved Name): Paracetamol
Dose: 1g
Route: ORAL
Notes/Indication for antibiotic:
Start Date: 2/11/20
Stop Date:
Prescriber - sign + print: Gibson
Pharmacy:
For Use Date:
Quantity:

Time	2/11/20	3/11/20	4/11
6			
8			
12			
14			
18	HS		
22	HS		

Medicine (Approved Name): AMITRIPTYLINE
Dose: 30mg
Route: ORAL
Notes/Indication for antibiotic:
Start Date: 2/11/20
Stop Date:
Prescriber - sign + print: Gibson
Pharmacy:
For Use Date:
Quantity:

Time	2/11/20	3/11/20	4/11
6			
8			
12			
14			
18			
22	HS		

REGULAR THERAPY

N 620106899H M
LEWIS Bernard
C 28-Dec-67 CHI: 281 267 1297
70164 AM Pine
D 126 Moredun Park Road
EH17 7DQ

PRESCRIPTION	Patient's Own Medicine	Date / Time	2/11/20	3/11/20	4/11
Medicine (Approved Name): THIAMINE Dose: 100mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: [signature] GRASSL Pharmacy:	For Use / Date Quantity	6			
		(8)		[signature]	WD
		12			
		(14)	ISSS WD	WP [signature]	[signature]
		18			
		(22)	WP [signature]		
Medicine (Approved Name): Ferrous Fumarate Dose: 210mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: [signature] GRASSL Pharmacy:	For Use / Date Quantity	(6)		[signature]	WD
		8			
		12			
		14			
		(18)	D [signature]		
		22			
Medicine (Approved Name): Senna Dose: 15mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: [signature] GRASSL Pharmacy:	For Use / Date Quantity	6			
		8			
		12			
		14			
		18			
		(22)	WP (1)		
Medicine (Approved Name): LAXIDO Dose: 1 SACHET Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: [signature] GRASSL Pharmacy:	For Use / Date Quantity	(6)		[signature]	WD
		8			
		12			
		14	D		
		(18)	D [signature]		
		22			
Medicine (Approved Name): TEDS Dose: LEFT leg only Route: Notes/Indication for antibiotic: Start Date: 2/11/20. Stop Date: Prescriber - sign + print: J. TAM Pharmacy:	For Use / Date Quantity	6			
		8		[signature]	KD
		12			
		14			
		18			
		22			
Medicine (Approved Name): Dose: Route: Notes/Indication for antibiotic: Start Date: Stop Date: Prescriber - sign + print: Pharmacy:	For Use / Date Quantity	6			
		8			
		12			
		14			
		18			
		22			

TURN OVER →

AS REQUIRED THERAPY

620106899H M
Na LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
Cl 70164 AM Pine
126 Moredun Park Road
D. EH17 7DQ

PRESCRIPTION

Patient's Own Medicine

Medicine (Approved Name): SALBUTAMOL
For Use
Dose + frequency + max: 2 PUFFS PRN | Route: INH
Quantity
Indication + notes: WHEEZE / SOB | Start Date: 2/11/20
Date
Prescriber - sign + print: GIBSON
Pharmacy

Date / Time / Dose / Initials

Medicine (Approved Name): GTN
For Use
Dose + frequency + max: 1 PUFF PRN | Route: SUBLINGUAL
Quantity
Indication + notes: Angina | Start Date: 2/11/20
Date
Prescriber - sign + print: GIBSON
Pharmacy

Date / Time / Dose / Initials

Medicine (Approved Name): ORAL MORPHINE SOLUTION
For Use
Dose + frequency + max: 15mg 1° | Route: ORAL
Quantity
Indication + notes: Pain | Start Date: 2/11/20
Date
Prescriber - sign + print: GIBSON
Pharmacy

Date	2/11/20	3/11	3/11
Time	1545	0230	09.15
Dose	15mg	15	15mg
Initials	KD	US	

Medicine (Approved Name): DIHYDROCODEINE
For Use
Dose + frequency + max: 30mg 6° | Route: ORAL
Quantity
Indication + notes: PAIN | Start Date: 2/11/20
Date
Prescriber - sign + print: GIBSON
Pharmacy

Date	3/11
Time	09.15
Dose	30mg
Initials	

Medicine (Approved Name): TRAMADOL
For Use
Dose + frequency + max: 50mg 4° | Route: ORAL
Quantity
Indication + notes: Pain | Start Date: 2/11/20
Date
Prescriber - sign + print: GIBSON
Pharmacy

Date / Time / Dose / Initials

Medicine (Approved Name): Ondansetron
For Use
Dose + frequency + max: 4mg 8° | Route: IV
Quantity
Indication + notes: Nausea | Start Date: 2/11/20
Date
Prescriber - sign + print:
Pharmacy

Date / Time / Dose / Initials

REGULAR THERAPY

620106899H M
N: LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
C: 70164 AM Pirie
126 Moredun Park Road
D: EH17 7DQ

PRESCRIPTION	Patient's Own Medicine	Date / Time	2/11	3/11/20	4/11/20
Medicine (Approved Name): ISOSORBIDE MONONITRATE Dose: 10mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: GIBSON Pharmacy:	For Use / Date Quantity	6 8 12 14 18 22		PM WS ISSUED	
Medicine (Approved Name): ATORVASTATIN Dose: 40mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: GIBSON Pharmacy:	For Use / Date Quantity	6 8 12 14 18 22	WS		
Medicine (Approved Name): LANSOPRAZOLE Dose: 15mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: GIBSON Pharmacy:	For Use / Date Quantity	6 8 12 14 18 22		PM WS	
Medicine (Approved Name): 92/55/22 TRELEGY ELLIPTA (mcg) Dose: 1 PUFF Route: INH Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: GIBSON Pharmacy:	For Use / Date Quantity	6 8 12 14 18 22		PM SOB	
Medicine (Approved Name): SERTRALINE Dose: 100mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: GIBSON Pharmacy:	For Use / Date Quantity	6 8 12 14 18 22		PM WS	
Medicine (Approved Name): RAMIPRIL Dose: 10mg Route: ORAL Notes/Indication for antibiotic: Start Date: 2/11/20 Stop Date: Prescriber - sign + print: GIBSON Pharmacy:	For Use / Date Quantity	6 8 12 14 18 22	X	X	X EV

AS REQUIRED THERAPY

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name) ORAL MORPHINE SOLUTION		For Use	Date	3/11	3/11	4/11	4/11								
			Time	18:55	00:15	06:50	13:15								
Dose + frequency + max 25mg PO	Route ORAL	Quantity	Dose	25mg	25mg	25	25mg								
			Initials	LLH	LS	LS	AF								
Indication + notes for severe pain	Start Date 03/11/20	Date	Date												
			Time												
Prescriber - sign + print PBrennan (BRENNAN 224)		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												

Addressograph

Name:

DOB:

CHI:

NEWS of 5 or more?

Think Sepsis!

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

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____
is acceptable for this patient because _____

Please escalate if _____

Print _____ Sign _____ Designation _____

Date _____ Time _____ *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart			
A	breathing air	RM	reservoir mask
N	nasal cannula (document in litres)	TM	tracheostomy mask
SM	simple mask	CP	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other (specify)

Date / Time																																
Circulation																																
Sensation																																
Movement																																

NEWS Key 0 1 2 3	Date:	2/10		2												3/11		3/11														Date
	Time:	1030	0730	1830	1200	1900	1740	1840	2300	0000	0200	0600	1000	1025	1140			1400	1854	22	0630	1000	1515									Time
A+B Respirations Breaths/min	≥25																															≥25
	21-24																															21-24
	18-20	18	18																													18-20
	15-17				15	18	18		15	18		16	17	17	17			M	16	16		15	16									15-17
	12-14			14																												12-14
	9-11																															9-11
	≤8																															≤8
A+B SpO₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	97	98	99	97	98	97	99	98	97	98	98	98					96	97	95	96	97	98									≥96
	94-95																															94-95
	92-93																															92-93
	≤91																															≤91
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O₂																															≥97 on O₂
	95-96 on O₂																															95-96 on O₂
	93-94 on O₂																															93-94 on O₂
	≥93 on air																															≥93 on air
	88-92																															88-92
	86-87																															86-87
	84-85																															84-85
	≤83																															≤83
*ONLY use Scale 2 under the direction of a qualified clinician				RECOVERY																												
Tick box if using SpO₂ Scale 2 Sign																																
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A	A		A	A	A	A	A	A	A	A	A					A	A	A	A	A	A									A = Air
	O² L/min or %			2L																												O² L/min or %
	Device			SM																												Device
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220																															≥220
	201-219																															201-219
	181-200							160																								181-200
	161-180		155				156																									161-180
	141-160	125			136																	143	127									141-160
	121-140			105					124	125	129	140	128					116	111		108											121-120
	111-120																															111-120
	101-110																															101-110
	91-100																															91-100
	81-90				87	81	94	72		73	67	88	80									89	82									81-90
	71-80																															71-80
	61-70	87	74															68	64		80											61-70
	51-60																															51-60
	≤50																															≤50
C Pulse Beats/min Manual pulse	≥131																															≥131
	121-130																															121-130
	111-120				110	120	115																									111-120
	101-110	96		97					110		101		101					98	92		106		107									101-110
	91-100		93							93		92										94										91-100
	81-90																															81-90
	71-80																															71-80
	61-70																															61-70
	51-60																															51-60
	41-50																															41-50
	31-40																															31-40
	≤30																															≤30
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A	A	A	A	A	A	N	A	A	A						A	A	A	A	A	A									Alert
	New Confusion																															New Confusion
	V																															V
	P																															P
	U																															U
E Temperature °C	≥39.1°																															≥39.1°
	38.1-39.0°																															38.1-39.0°
	37.1-38.0°	37	37	36.5	37	37	37	37	37.6			37.1	37.2					37.0	37.1	37.3		37											37.1-38.0°
	36.1-37.0°																															36.1-37.0°
	35.1-36.0°																															35.1-36.0°
	≤35.0°																															≤35.0°
NEWS TOTAL		1	0	4		2	2	1	1	0	1	1	1					1	1	1	2	1	1									Total
Monitoring frequency				15m	2hr	30m	30m	4hr	2hr	1hr	2hr	4hr	4hr					4hr	4hr	4hr	2hr	4hr	4hr									Monitoring
Escalation of care Y/N				N	N	N	N	N	N	N	N	N	N					N	N	N	N	N	N									Escalation
Initials				RB	RB	RB	RB	RB	RB	RB	RB	RB	RB					RB	RB	RB	RB	RB	RB									Initials
Urine output recorded Y/N				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y					Y	Y	Y	Y	Y	Y									Urine output
Blood Glucose level or N/A				N	N	N	N	N	N	N	N	N	N					N	N	N	N	N	N									Blood Glucose
Pain score (0-10)				0	0	0	0	0	0	0	0	0	0					0	0	0	0	0	0									Pain
Nausea score (0-3)				0	0	0	0	0	0	0	0	0	0					0	0	0	0	0	0									Nausea
Motor Block score (0-4) or N/A				N	N	N	N	N	N	N	N	N	N					N	N	N	N	N	N									Motor Block

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

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

(H) 167.6 (W) 76

Date chart commenced:

This is chart number ____ of this admission

Conscious Level Chart to be completed when clinically indicated

| | | |

University Hospitals Division

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

NHS Lothian

Department of Trauma and Orthopaedic Surgery

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date First Created : 04/11/2020
Date Authorised :
Date/Time Printed : 18/12/2020 08:50
Our Ref : 620106899H
CHI : 2812671297

Patient:	Bernard Lewis 158 Moredun Park Road Edinburgh EH17 7DQ	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Ward:	DCN Ward 130		
Consultant:	Mr Gavin J Macpherson	**Admission Date:**	02/11/2020
		Discharge Date:	05/11/2020

Discharge Medication	Dose	Frequency	Duration	Additional Info
Amitriptyline Tablets	30 MG	ONCE DAILY	Long Term	own supply
Apixaban Tablets	2.5 MG	TWICE DAILY	5 Weeks	venous thromboprophylaxis 60 tabs supplied
Atorvastatin Tablets	40 MG	At NIGHT	Long Term	own supply
Ferrous Fumarate Tablets	210 MG	THREE times DAILY	Long Term	own supply
Glyceryl Trinitrate SL Spray	1 SPRAY(S)	As Required	Long Term	own supply
Isosorbide Mononitrate Tablets	10 MG	TWICE DAILY	Long Term	own supply
Lansoprazole Capsules	15 MG	ONCE DAILY	Long Term	own supply
Macrogol 3350 Compound	1 SACH(S)	TWICE DAILY	Long Term	12 supplied
Morphine Sulphate M/R Tablets 60mg	180 MG	TWICE DAILY	Long Term	Please supply 42 (forty-two) tablets. own supply
Morphine Sulphate Solution 10mg/5ml	25 MG	Every FOUR to SIX hours PRN. Max 4 doses in 24hrs	Short Term	on advice of inpatient pain team: for severe pain, supply for 7 days 100mls supplied

Prescribed By ..... **Date**..... **Print Name**.....
Dispensed By ..... **Date**..... **Print Name**.....
Final Check ..... **Date**..... **Print Name**.....
Verified By ..... **Date**..... **Print Name**.....

Orthopaedics
Mr I Ahmed
Mr A Amin
Mr C Adams
Prof SJ Breusch
Mr I Brown
Mr R Burnett
Mr N Clement
Mr A Duckworth
Mr E Garrido
Mr P Gaston
Mr C Howie
Mr J F Keating
Mr G Keenan
Mr G M Lawson
Mr GJ Macpherson
Miss J M McBirnie
Mr J McKinley
Mr S Molyneux
Mr M Moran
Ms C Scott
Mr J T P Patton
Mr J T Reid
Mr C M Robinson
Mr H S Shalaby
Prof ARHW Simpson
Mr P Simpson
Mr T Tsirikos
Mr F A Wade
Mr T O White

Appointment Enquiries:
Tel: 0131 242 3451
0131 242 3529
0131 242 3543

Arthroplasty Practitioner Enquiries:
Tel: 0131 536 3724

Trauma Nurse Practitioners:
Tel: 0131 242 3410

Inpatient Discharge Summary

Discharge Medication	Dose	Frequency	Duration	Additional Info
Paracetamol Tablets	1000 MG	FOUR times daily	Short Term	own supply
Ramipril Capsules	10 MG	ONCE DAILY	Long Term	Witheld post op, see body of D/C letter to be r/v by GP
Salbutamol Evohaler 100 microgram	2 PUFF(S)	As Required	Long Term	own supply
Senna Tablets	15 MG	ONCE DAILY	Short Term	60 tabs supplied
Sertraline Tablets	100 MG	ONCE DAILY	Long Term	own supply
Thiamine Hcl Tablets	100 MG	THREE times DAILY	Long Term	
Trelegy Ellipta 92mcg / 55mcg / 22mcg	1 PUFF(S)	ONCE DAILY	Long Term	own supply

Prescribed By ..... **Date**..... **Print Name**.....
Dispensed By ..... **Date**..... **Print Name**.....
Final Check ..... **Date**..... **Print Name**.....
Verified By ..... **Date**..... **Print Name**.....

PRINCIPAL DIAGNOSIS/PROCEDURE
02/11/20 left total hip replacement

TREATMENT This gentleman was an elective admission to the Royal Infirmary Edinburgh and underwent a Left total hip replacement under spinal on the 02/11/20. He recovered well after his operation, and was seen by physiotherapy and the pain team whilst an in patient. He had issues with a wound leakage, which has been managed with PICO dressing.

He was deemed fit for discharge today. He will complete 5 weeks of apixaban 2.5mg BD for DVT prophylaxis. He should have PICO dressing to manage his wound for 7 days.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Follow up with Mr Macpherson in clinic 10/11/20
Follow up wih arthroplasty practitioners in 6 weeks.

CHANGES TO DRUGS SINCE ADMISSION
short term analgesia and laxatives
apixaban 2.5mg BD for 5 weeks (DVT prophylaxis). Aspirin witheld whilst on apixaban. To be reviewed when apixaban is reviewed
Ramipril witheld pre-op

ALLERGIES / ADVERSE DRUG REACTIONS
None Known

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS - Nil

CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING Nil

GP to please consider the following... Please review analgesia with view to reducing MST and Oral morphine solution. Ramipril witheld for surgery and on discharge due to low blood pressure. Please review for restarting when able

Inpatient Discharge Summary

Should you need further information please contact... The Orthopaedic Team, Royal Infirmary Edinburgh.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... Print Name.....S.Martin.....

Designation...ANP..... Date..4/11/20..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

RIE Orthopaedic Senior D/C Approval	
Date	23/2/20
Signature	
Name/Level	ST8
Outcome	Auth / New dictation on G

Inpatient Discharge Summary

NHS Lothian

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

Orthopaedics

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 05/11/2020

Inpatient Discharge Summary

Patient	Bernard Lewis 126 Moredun Park Road Edinburgh EH17 7DQ	**CHI** **Date of Birth / Age** **UHPI**	**2812671297** 28/12/1967 (52 years) 620106899H
Ward	DCN Ward 130	**Admission Date**	02/11/2020
Consultant	Inpatient Pain Management Team	**Discharge Date**	05/11/2020

Dear Dr Pirie

Discharge Drugs:

Amitriptyline Tablets			
Dose	Route	Frequency	To Continue
30 MG	-	ONCE DAILY	Yes
Notes: own supply			
Apixaban Tablets			
Dose	Route	Frequency	To Continue
2.5 MG	-	TWICE DAILY	Not Recorded
Notes: venous thromboprophylaxis 60 tabs supplied			
Atorvastatin Tablets			
Dose	Route	Frequency	To Continue
40 MG	-	At NIGHT	Yes
Notes: own supply			
Ferrous Fumarate Tablets			
Dose	Route	Frequency	To Continue
210 MG	-	THREE times DAILY	Yes
Notes: own supply			
Glyceryl Trinitrate SL Spray			
Dose	Route	Frequency	To Continue
1 SPRAY(S)	-	As Required	Yes
Notes: own supply			
Isosorbide Mononitrate Tablets			
Dose	Route	Frequency	To Continue

10 MG	-	TWICE DAILY	Yes
Notes: own supply			
Lansoprazole Capsules			
Dose	Route	Frequency	To Continue
15 MG	-	ONCE DAILY	Yes
Notes: own supply			
Macrogol 3350 Compound			
Dose	Route	Frequency	To Continue
1 SACH(S)	-	TWICE DAILY	Yes
Notes: 12 supplied			
Morphine Sulphate M/R Tablets 60mg			
Dose	Route	Frequency	To Continue
180 MG	-	TWICE DAILY	Yes
Notes: Please supply 42 (forty-two) tablets. own supply			
Morphine Sulphate Solution 10mg/5ml			
Dose	Route	Frequency	To Continue
25 MG	-	Every FOUR to SIX hours PRN. Max 4	Not Recorded
Notes: on advice of inpatient pain team: for severe pain, supply for 7 days 100mls supplied			
Paracetamol Tablets			
Dose	Route	Frequency	To Continue
1000 MG	-	FOUR times daily	Not Recorded
Notes: own supply			
Ramipril Capsules			
Dose	Route	Frequency	To Continue
10 MG	-	ONCE DAILY	Yes
Notes: Witheld post op, see body of D/C letter to be r/v by GP			
Salbutamol Evohaler 100 microgram			
Dose	Route	Frequency	To Continue
2 PUFF(S)	-	As Required	Yes
Notes: own supply			
Senna Tablets			
Dose	Route	Frequency	To Continue
15 MG	-	ONCE DAILY	Not Recorded
Notes: 60 tabs supplied			
Sertraline Tablets			
Dose	Route	Frequency	To Continue
100 MG	-	ONCE DAILY	Yes
Notes: own supply			
Thiamine Hcl Tablets			
Dose	Route	Frequency	To Continue
100 MG	-	THREE times DAILY	Yes
Notes:			
Trelegy Ellipta 92mcg / 55mcg / 22mcg			
Dose	Route	Frequency	To Continue

1 PUFF(S)	-	ONCE DAILY	Yes
Notes: own supply			

Dear Dr Pirie,

Re: Bernard Lewis
DOB: 28/12/1967
CHI: 2812671297

Diagnosis/Presenting Complaint:

Your patient was seen by the RIE pain service whilst he was an in-patient in the Royal Infirmary under the care of the team. A full discharge summary describing his inpatient stay will be sent shortly from the team.

Mr Lewis presented to the pain team following an elective left total hip replacement with a background of chronic pain. When reviewed Mr Lewis complained of severe pain that was different to his chronic pain, although was still able to mobilise on the ward. His pain was managed with MST 180mg twice daily and Oral Morphine Solution 25mg PRN of which he used approximately 120mg in 24 hours. Mr Lewis felt that his pain improved following this, however was made aware that the aim would be to reduce analgesia upon discharge and the benefits of doing so.

Please note that Mr Lewis was taking MST 180mg twice daily and up to 60mg of Oral Morphine Solution three times per day pre-admission for chronic pain.

Current Analgesic Regime:
MST 180mg BD
Oral Morphine Solution 25mg hourly PRN
Paracetemol 1g QDS
Amitriptyline 30mgNocte

Recommendations:

Please reduce Mr Lewis' analgesia as his pain settles. Short acting opioids are not recommended for the management of chronic pain but we have given him a limited supply of this for discharge to assist with the management of his acute post operative pain. We would suggest this is reduced and stopped at the earliest opportunity.

Doses of 120mg in total of Oral morphine per day are associated with an increased risk of fall, fractures, cardiac events and endocrine dysfunction. As such, we would strongly suggest that this dose is reduced for example; by 5mg BD per week.

Please note this is an in-patient service only and we do not have the facilities to offer any follow up. However we are happy to be contacted if you require any further advice.

Yours sincerely
Emma Rutherford
PP Ailsa McMullen
Pain Management Service

Royal Infirmary of Edinburgh
Pain Team Office (Direct Line) - Tel: 0131 242 3205/ Bleep 5247
For advice only - RIE.InpatientPainReferrals@nhslothian.scot.nhs.uk
<mailto:RIE.InpatientPainReferrals@nhslothian.scot.nhs.uk>

NHS Lothian

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

Orthopaedics

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 11/01/2021

Inpatient Discharge Summary

Patient	Bernard Lewis 158 Moredun Park Road Edinburgh EH17 7DQ	**CHI** **Date of Birth / Age** **UHPI**	**2812671297** 28/12/1967 (53 years) 620106899H
Ward	DCN Ward 130	**Admission Date**	02/11/2020
Consultant	Mr Gavin J Macpherson	**Discharge Date**	05/11/2020

Dear Dr Pirie

Discharge Drugs:

Amitriptyline Tablets			
Dose	Route	Frequency	To Continue
30 MG	-	ONCE DAILY	Yes
Notes: own supply			
Apixaban Tablets			
Dose	Route	Frequency	To Continue
2.5 MG	-	TWICE DAILY	Not Recorded
Notes: venous thromboprophylaxis 60 tabs supplied			
Atorvastatin Tablets			
Dose	Route	Frequency	To Continue
40 MG	-	At NIGHT	Yes
Notes: own supply			
Ferrous Fumarate Tablets			
Dose	Route	Frequency	To Continue
210 MG	-	THREE times DAILY	Yes
Notes: own supply			
Glyceryl Trinitrate SL Spray			
Dose	Route	Frequency	To Continue
1 SPRAY(S)	-	As Required	Yes
Notes: own supply			
Isosorbide Mononitrate Tablets			
Dose	Route	Frequency	To Continue

10 MG	-	TWICE DAILY	Yes
Notes: own supply			
Lansoprazole Capsules			
Dose	Route	Frequency	To Continue
15 MG	-	ONCE DAILY	Yes
Notes: own supply			
Macrogol 3350 Compound			
Dose	Route	Frequency	To Continue
1 SACH(S)	-	TWICE DAILY	Yes
Notes: 12 supplied			
Morphine Sulphate M/R Tablets 60mg			
Dose	Route	Frequency	To Continue
180 MG	-	TWICE DAILY	Yes
Notes: Please supply 42 (forty-two) tablets. own supply			
Morphine Sulphate Solution 10mg/5ml			
Dose	Route	Frequency	To Continue
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Notes: on advice of inpatient pain team: for severe pain, supply for 7 days 100mls supplied			
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Dose	Route	Frequency	To Continue
1000 MG	-	FOUR times daily	Not Recorded
Notes: own supply			
Ramipril Capsules			
Dose	Route	Frequency	To Continue
10 MG	-	ONCE DAILY	Yes
Notes: Witheld post op, see body of D/C letter to be r/v by GP			
Salbutamol Evohaler 100 microgram			
Dose	Route	Frequency	To Continue
2 PUFF(S)	-	As Required	Yes
Notes: own supply			
Senna Tablets			
Dose	Route	Frequency	To Continue
15 MG	-	ONCE DAILY	Not Recorded
Notes: 60 tabs supplied			
Sertraline Tablets			
Dose	Route	Frequency	To Continue
100 MG	-	ONCE DAILY	Yes
Notes: own supply			
Thiamine Hcl Tablets			
Dose	Route	Frequency	To Continue
100 MG	-	THREE times DAILY	Yes
Notes:			
Trelegy Ellipta 92mcg / 55mcg / 22mcg			
Dose	Route	Frequency	To Continue

1 PUFF(S)	-	ONCE DAILY	Yes
Notes: own supply			

PRINCIPAL DIAGNOSIS/PROCEDURE
02/11/20 left total hip replacement

TREATMENT This gentleman was an elective admission to the Royal Infirmary Edinburgh and underwent a Left total hip replacement under spinal on the 02/11/20. He recovered well after his operation, and was seen by physiotherapy and the pain team whilst an in patient. He had issues with a wound leakage, which has been managed with PICO dressing.

He was deemed fit for discharge today. He will complete 5 weeks of apixaban 2.5mg BD for DVT prophylaxis. He should have PICO dressing to manage his wound for 7 days.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Follow up with Mr Macpherson in clinic 10/11/20
Follow up wih arthroplasty practitioners in 6 weeks.

CHANGES TO DRUGS SINCE ADMISSION
short term analgesia and laxatives
apixaban 2.5mg BD for 5 weeks (DVT prophylaxis). Aspirin witheld whilst on apixaban. To be reviewed when apixaban is reviewed
Ramipril witheld pre-op

ALLERGIES / ADVERSE DRUG REACTIONS
None Known

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS - Nil

CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING Nil

GP to please consider the following... Please review analgesia with view to reducing MST and Oral morphine solution. Ramipril witheld for surgery and on discharge due to low blood pressure. Please review for restarting when able

Should you need further information please contact... The Orthopaedic Team, Royal Infirmary Edinburgh.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... Print Name.....S.Martin.....

Designation...ANP..... Date..4/11/20..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

Patient & GP Information

UHPI Number	620106899H
CHI Number	2812671297
Episode Number	I0000363438
Surname/Forename	Lewis, Bernard
Date of Birth	12/28/67
Sex	Male
Patient Address.	25 Hyvot Loan Edinburgh EH17 8FX
Registered GP	AM Pirie
GP Address.	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

620106899H	620106899H
2812671297	2812671297
I0000480724	I0000480725
Lewis, Bernard	Lewis, Bernard
12/28/67	12/28/67
Male	Male
25 Hyvot Loan Edinburgh EH17 8FX	25 Hyvot Loan Edinburgh EH17 8FX
AM Pirie	AM Pirie
Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Patient & GP Information

620106899H
2812671297
I0000480726
Lewis, Bernard
12/28/67
Male
25 Hyvot Loan Edinburgh EH17 8FX
AM Pirie
Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	I0000363438

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000480724 Dr CP Swainson 6/2/97	DIAGNOSIS:,Healthy Renal Donor,,PROCEDURES:,Renal Angiogram,,,Your patient was admitted for renal angiogram as part of the assessment for live related kidney donation. On examination he was well, blood pressure was 120/70. ,,Angiogram was performed without complication and he was discharged home. The angiogram was normal.,,FOLLOW UP: Renal Transplant Assessment Clinic.,,Yours sincerely,,,,C P SWAINSON,Consultant Renal Physician,,,,

A&E Records

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent
Edinburgh EH16 4SU
Telephone: 0131 242 1300
Fax: 0131 242 1344

NHS Lothian

A/E no. E1670232
E1208228
Previous no.

UHPI no. 620106899H
CHI no. 2812671297

PATIENT INFORMATION

Surname Lewis
Forenames Bernard
Date of Birth 28/12/1967
43 Yrs SM

Address 26/3 Fernieside Drive
Edinburgh
Midlothian
Postcode EH17 7BF
Telephone 07876 486 362

Contact Lewis, Mr
Address 10/2 Moredun House
Edinburgh
Telephone 621 1072
W

Complaint R hand inj
Allergies

Attendances in last 12 months: 0
School:

General Practitioner

Name
JK Shek
Address
8 Fernielhill Road
Edinburgh
EH17 7AB
Telephone 0131 664 2166

Date and Time of Attendance
02/03/2010 09:44
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment

Pain Assessment Score
Waterlow Score
Pain Score Review
Time
Triage Score
Signature
Time
Print Name

Clinical Notes

Def hand off table 3/7 ago (R) hand affected
(R) knuckle

OE,

Tender at swelling along
ulnar border of (R) hand

X-Ray no # seen

Diagnosis

Doctor's Name (print) K New
Signature

Ibuprofen
+ analgesia

NHS Lothian

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

Dr G Boyd
Durham Road Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 08/08/2012

Emergency Discharge Summary

Patient	Bernard Lewis 126 Moredun Park Road Edinburgh EH17 7HT	**CHI**	**2812671297**
		Date of Birth / Age	28/12/1967 (44 years)
		UHPI	620106899H
		A&E Attendance Number	E2278691
Attendance Date	08/08/2012	**Contact**	Neri Corina 126 Moredun Park Road Edinburgh EH17 7HT 237 1686
Attendance Time	16:47		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr G Boyd

Presentation: inj r hand

2812671297

44 year old patient presents to the emergency dept today with a right hand injury

Was trapped in a door 4 days ago

Now has pain in the right hand

PMH
Fit and well
No meds
NKDA
Right handed

No previous injuries to the right hand

On examination;
Comfortable and undistressed
looks well

Right hand and wrist

LOOK: NO swelling, no erythema, no deformities
No bruising, no lacerations

FEEL: Tender 4th metacarpal
No tenderness anywhere else in the right hand or wrist
No SB tenderness (3 tests done)

MOVE: Full ROM of fingers and thumb
Full ROM of wrist
Power 5/5

Neurovascularly intact

Plan
Xray right hand

No Fractures seen

Discharged with soft tissue injury advise and analgesia advise. To return to the emergency dept if any concerns at all.

Yours Sincerely,

Dr Donna Clark, Doctor

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

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

NHS Lothian

A/E no. 2278691
Previous no. E1670232
UHPI no. 20106899H
CHI no. 2812671297

PATIENT INFORMATION

Surname Lewis
Forename Bernard
Date of Birth 28/12/1967
Age 48 Yrs Sex M

Address 126 Moredun Park Road
Edinburgh

Postcode EH17 7HT
Telephone 237 1686

Contact Neri, Corina
Address 126 Moredun Park Road
Edinburgh
EH17 7HT
Telephone 237 1686 W

Complaint hj r hand
Allergies XR

Attendances in last 12 months: 0 School:

General Practitioner

Name
G Boyd
Address
Durham Road Medical Group
Craigmillar Medical Cen
EH16 4DT
Telephone 01315369595

Date and Time of Attendance
08/08/2012 16:47
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment

Jammed hand in door 5/7 ago
tender
middle/ring MC

Pain Assessment Score | Waterlow Score
Pain Score Review | Time | Triage Score
Signature | Time 1738 | Print Name L. [illegible]

Clinical Notes

SEE GP

- Right hand
- deano

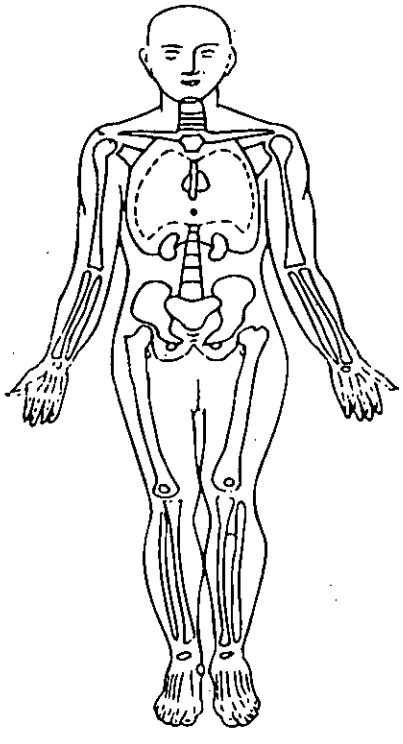
4th metacarpal

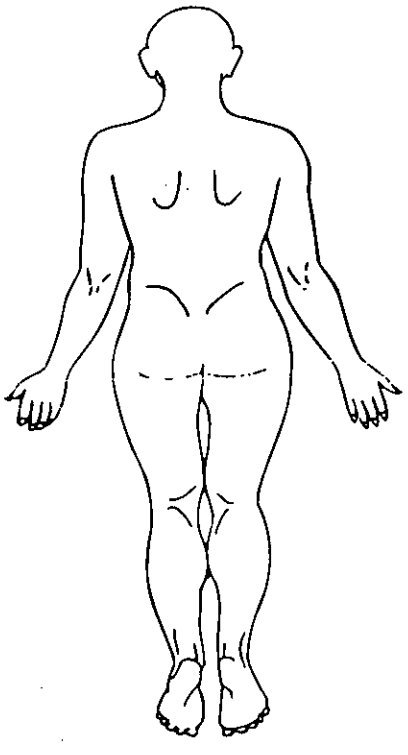
RAD

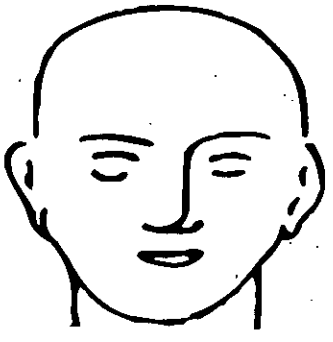
Diagnosis

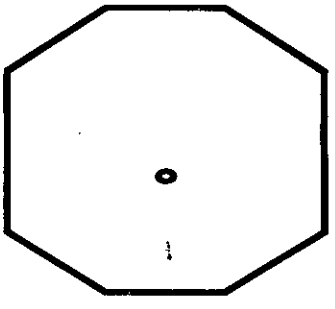
Doctor's Name (print) Signature

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









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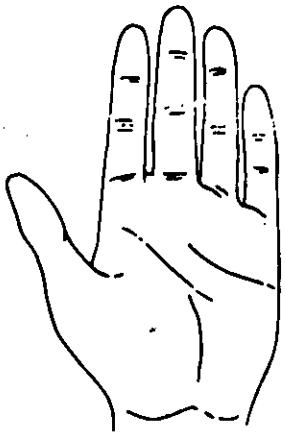
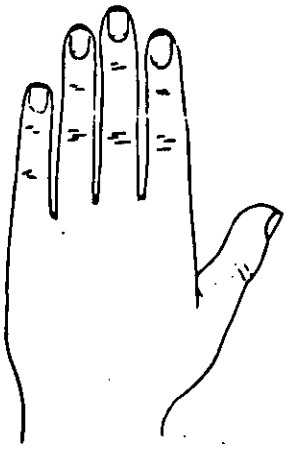
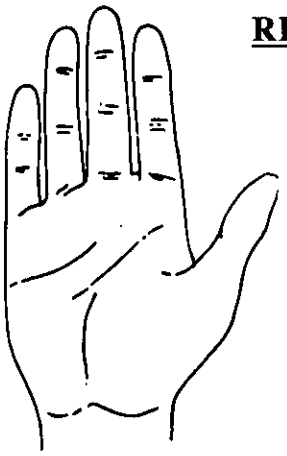
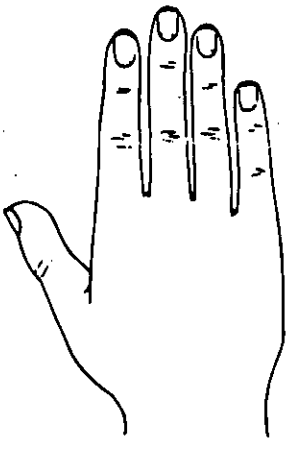




RIGHT





Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

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

NHS Lothian

A/E no. E2296112

Previous no. E2278691

UHPI no. 620106899H

CHI no. 2812671297

PATIENT INFORMATION

Surname Lewis
Forename Bernard
Date of Birth 28/12/1967
Age 44 Yrs Sex M

Address 126 Moredun Park Road
Edinburgh

Postcode EH17 7HT
Telephone 667 1686

Contact Neri, Corina
Address 126 Moredun Park Road
Edinburgh
EH17 7HT
Telephone 667 1686
W

Complaint cotton bud stuck r ear
Allergies

Attendances in last 12 months: 1
School:

General Practitioner

Name
G Boyd
Address
Fernichill Surgery
8 Fernichill Road
EH17 7AB

Telephone 0131 664 2166

Date and Time of Attendance
01/09/2012 13:54
Incident Date & Time: 31/08/2012
Mode of Arrival
Private Transport
Source of Referral
NHS 24

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment: Since last night unable to visualise it 1940.

Pain Assessment Score — Waterlow Score

Pain Score Review — Time — Triage Score

Signature Agent — Time 1438 — Print Name

Clinical Notes

Treated by Dr A Bevan
removed – wax covered cotton bud
TM ok

Diagnosis

Doctor's Name (print) — Signature

NHS Lothian

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

Dr G Boyd
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 02/09/2012

Emergency Discharge Summary

Patient	Bernard Lewis 126 Moredun Park Road Edinburgh EH17 7HT	**CHI**	**2812671297**
		Date of Birth / Age	28/12/1967 (44 years)
		UHPI	620106899H
		A&E Attendance Number	E2296112
Attendance Date	01/09/2012	**Contact**	Neri Corina 126 Moredun Park Road Edinburgh EH17 7HT 237 1686
Attendance Time	13:54		
Mode of Arrival	Private Transport		
Source of Referral	NHS 24		
Discharge Date	01/09/2012		
Discharge To			

Dear Dr G Boyd

Presentation: cotton bud stuck r ear

44 y/o male

C/o FB R ear
Cotton bud removed with crocodile forceps
TM intact

Reassured
See GP if further concerns

Yours Sincerely,

Dr Alistair Dewar, Doctor

LEWIS, BERNARD ID:2812671297 12-MAR-2015 15:21:20 NHS LOTHIAN-RIEECG ROUTINE RECORD

28-DEC-1967 (47 yr)
Male Unknown

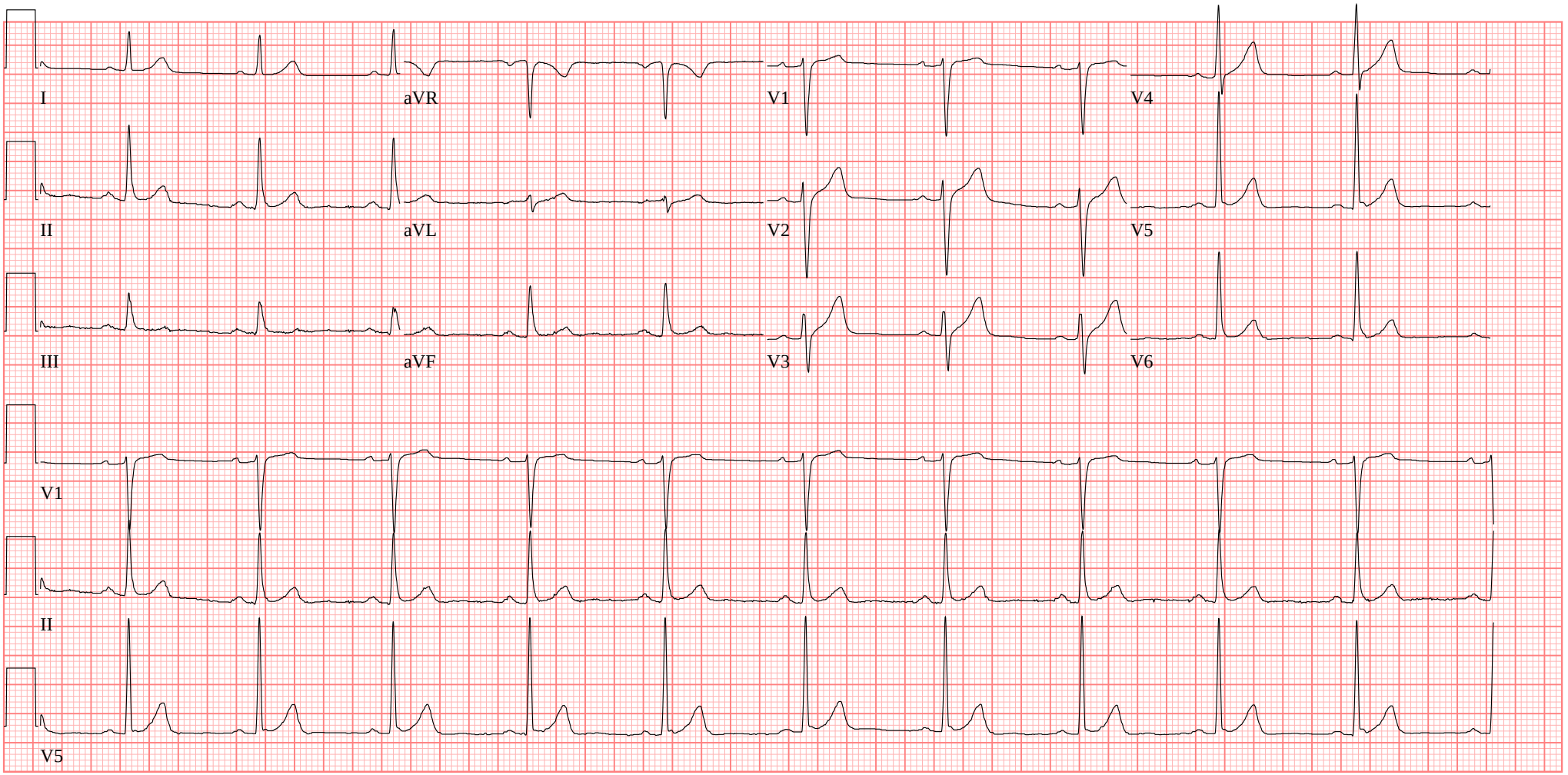
Room:
Loc:2

Vent. rate	64	BPM
PR interval	157	ms
QRS duration	86	ms
QT/QTc	363/374	ms
P-R-T axes	68 61	32

Technician: lisa
Test ind:

Referred by:

Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 51913

SID: 1634499 EID: EDT: ORDER:

Lothian University Hospitals NHS Trust

No ID
No NOTES.

ADULT UNITARY PATIENT RECORD

ADMITTING HOSPITAL Western General Hospital

TYPE OF ADMISSION : Emergency

PRESENTING COMPLAINTS/REASON FOR ADMISSION

1 productive cough
2
3
4

Patient wishes to be known as:

NAME & ADDRESS (PATIENT LABEL)

Hospital No 620106899H F/M: M
DOB: 28/12/1967 Age: 48

Name: Bernard Lewis
Address: 158 Moredun Park Road
Edinburgh
EH17 7DQ

Telephone No: 0131 308 0798

Title - Mr / Mrs / Miss / Ms : Mr
Marital Status :
Religion : Unknown
Ethnic Origin :

	ADMISSION WARD	DESTINATION WARD - 1st	DESTINATION WARD - 2nd
Ward No.	WGHMAI		
Admission Date	05/07/2016		
Admission Time to Ward	12:51		
Admitting Nurse			
Consultant			

G.P.Details 7072499/701 70164/1
S Mirza
Ferniehill Surgery, 8 Ferniehi

EH17 7AB
Tel No : 0131 664 2166

NEXT OF KIN
RELATIONSHIP
Address:

Contact No.

FIRST CONTACT
RELATIONSHIP :
Address:

Contact No.

Patients Relative / Next of Kin Present on Admission Y/N
IF NO :
Date & Time of Notification : Signature :

Other comments: eg Night Call

Allergies / Sensitivities

CARDIO PULMONARY RESUSCITATION

Resuscitate / DO NOT Attempt Resuscitation (DNAR)
(Delete as appropriate)

Rationale if DNAR:

Signature: Print Name: Designation : Date & Time

Consultant Signature:
(Within 24 hrs) **Print Name:** **Date & Time**

	Date/Time	DNAR Status	Signature	Print Name	Designation	Consultant Signature
Change (1)						
Change (2)						

Please document rationale for change in the progess note:

70164 S Mirza
620106899H/E3312324 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 S Mirza

WGH Medical Admissions Nursing Care Plan

Session Nurse Signature..... MC Chatterjee

Session Nurse Print Name.....

Date..... 5-7-16

Presenting History : 2 week hx of central chest pains & haemoptysis small amounts 4 time. last time he used GTN was last night. Dyspnea w/exertion PMH- angina (GTN spray) smoker Also has a persistent cough.

Date/ Time	Progress Notes	Signature

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Introductions & Intended Care discussed?	MC	ECG completed	MC
Sews Score recorded	MC	CXR ordered	
BM Reading		Language Assistance requested (Please inform NIC if applicable	
GCS assessed		DNAR in situ	
Ceilings of Care discussed?	MC	Anticipatory Care Required?	
Patient made comfortable	MC	Falls / Risk Assessment Require / Complete	
Name band Attached	MC	Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No			
Hearing Aid : (please circle) NA In Situ At home		Cognitive Impairment? Issue "This is Me"	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In Dept? At Home Not Aware	MC	Adult with Incapacity? Form complete?	
Clothing & valuables (please tick) 1) Labelled 2) Documented		Food Allergies : Food & Drink preferences :	
TRAK admission Questionnaires (admission only & if in Dept >6 hrs)			
MUST		4AT	
Falls Risk Assessment		Waterlow	
MRSA		Personal & Social Care	
Bedrails			

Peripheral Venous Cannula Insertion *Complete all sections*

Date: Time: Operator:

Size		Position		Standard technique	
Blue	☐	LEFT	☐	Handwash	☐
Pink	☐	RIGHT	☐	Gloves	☐
Green	☐	Hand	☐	CHD skin prep	☐
Orange	☐	Forearm	☐	Aseptic insertion	☐
Brown	☐	ACF	☐	Needle free port	☐
Grey	☐	Foot	☐	Dressing labelled	☐

Difficulties/complications/deviation from standard technique –

Operator signature:

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

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

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

| NEWS Key | | |

National Early Warning Score (NEWS) Chart

NHS Lothian

70164 S Mirza
6201068991H/E3312324 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

Consultant: Date chart commenced:

This is chart number this admission

Weight: Actual kgs Estimated kgs

ASU: Ward:

Conscious Level Chart to be completed when clinically indicated

| GLASGOW COMA SCALE | | |

2812671297 05/07/2016 12:23:50 lewis, bernard WGH (1)
Born 28/12/1967 Male Dept: Medical Assessm> (>

Opor: mc

Rate 72 . Sinus rhythm.....normal P axis, V-rate 60- 99
. Consider left ventricular hypertrophy.....(S V1/V2+R V5/V6) >3.50mV

PR 155
QRSD 85
QT 381
QTcB 417
QTcF 405
--AXIS--
P 56
QRS 63
T 42

620106899H/E3312324 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

- ABNORMAL ECG -

Unconfirmed Diagnosis

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

Dev: 350578 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH100B CL P?

MEDGRAPHICS LTD 34.090

LEWIS, BERNARD ID:2812671297 05-JUL-2016 12:23:50 NHS LOTHIAN-WGHARU ROUTINE RECORD

28-DEC-1967 (48 yr)
Male Unknown

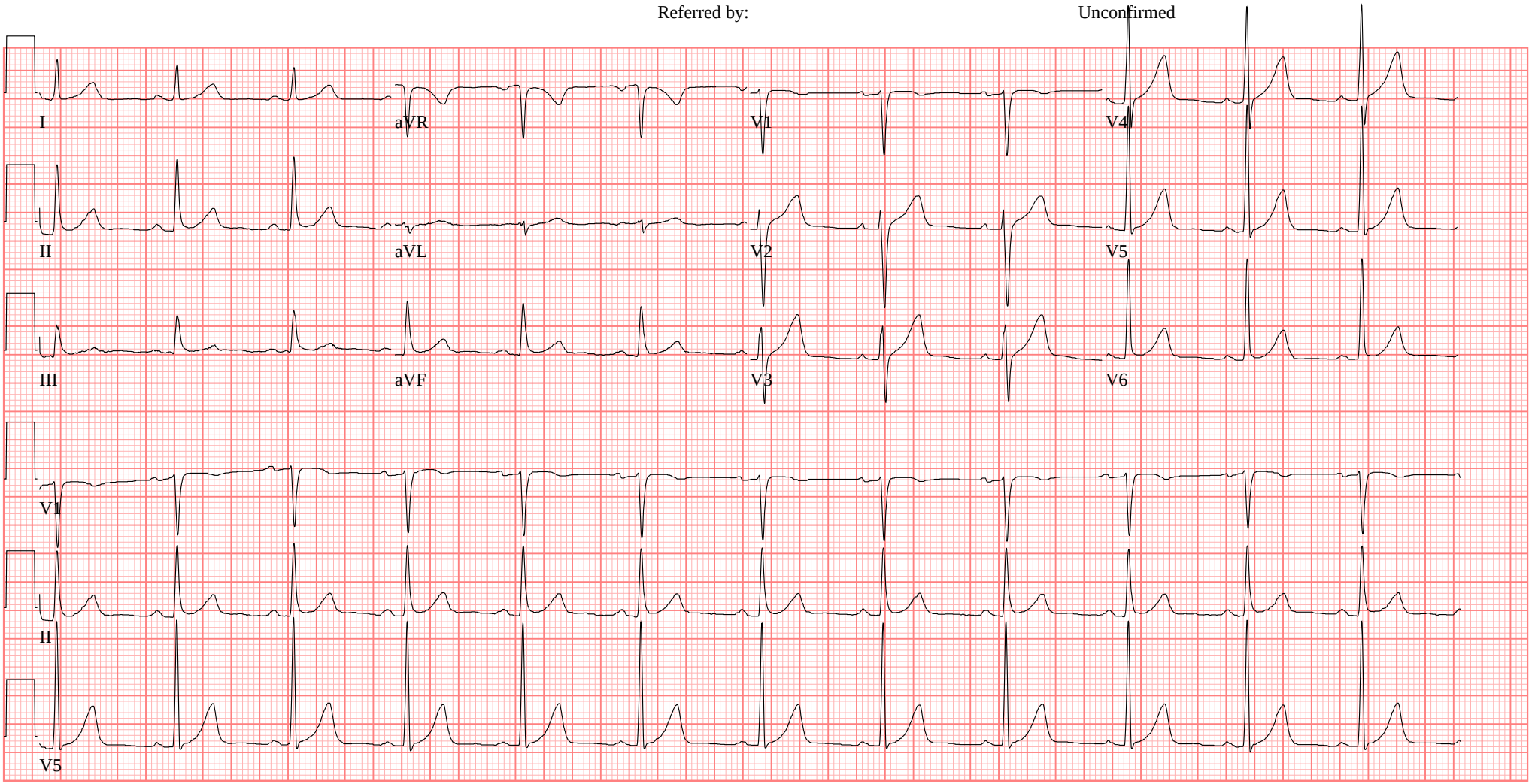
Room:
Loc:320

Vent. rate	72	BPM
PR interval	155	ms
QRS duration	85	ms
QT/QTc	381/417	ms
P-R-T axes	56 63	42

Technician: mc
Test ind:

Referred by:

Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 65535

SID: 1634499 EID: EDT: ORDER:

National Early Warning Score (NEWS) Chart

NHS Lothian

Addressograph

620106899H M
LEWIS Bernard
28-Dec-67 **CHI:** 281 267 1297
70164 LP Skinner
158 Moredun Park Road
EH17 7DQ

Consultant: _____ Date chart commenced: 19/09/18.

This is chart number (1) this admission

Weight: Actual ____ kgs Estimated ____ kgs

ASU: _____ Ward: _____

Conscious Level Chart to be completed when clinically indicated

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

Pupil Scale mm 1 • 2 ● 3 4 5 6 7 8

REMEMBER
- **Record all observations** on NEWS chart
- **Document any** deterioration in the notes - remember the Structured Response Tool
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • Patent • At Risk • Obstructed	→ Suction if indicated → Head tilt, chin lift/jaw thrust → Airway Adjuncts → Administer Oxygen → Call 2222 if at risk
BREATHING	• Respiratory rate • SpO2 • Accessory muscle use • Noises +/- percussion, palpation & auscultation • Position / posture	→ Administer prescribed Oxygen to maintain saturations 94%-98% (NB COPD 88%-92%) → Monitor SpO2 / ABGs → Consider chest x-ray → Treat underlying cause → Call 2222 if not breathing
CIRCULATION	• Pulse • Blood Pressure • Capillary refill time • Core temperature / colour • Urine output • Consider 4 body cavities for fluid & blood loss (4 + on the floor) • Monitor drain losses	→ Obtain IV access → Obtain blood samples → Prepare fluid challenge → Initiate Fluid Balance Chart → Call 2222 if no circulation → Consider initiating Major Haemorrhage Protocol → Monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • Blood Glucose • Drugs	→ Re-assess GCS → Check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol → Check Drug Chart → Remember accurate documentation
EXPOSURE	• Top to toe examination • Look for evidence of blood loss / rashes / drains / wounds etc	→ Control bleeding → Treat any underlying conditions identified → Reassess → Maintain patient's dignity → Evaluate actions

Pain Assessment and Management Guidelines

Cancer-related pain: Always score worst pain in the last 24 hours or since last assessment: refer to Palliative Care Guidelines

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

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

↓

Call Medical staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	PALLIATIVE
Mon-Fri: Bleep Acute Pain Team Out of Hours: On-call Anaesthetist	Mon-Fri: Bleep Palliative Care Team Out of Hours: Via Switchboard

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

Ref. MPS NHS Lothian 2016 Date of Publication - April 2016 Review Date - April 2017 LOT367

NEWS Key 0 1 2 3		Date: 18/8		Date
		Time: 11:50		Time
Respiratory Rate	≥25		3	≥25
	21-24		2	21-24
	12-20	17		12-20
	9-11		1	9-11
	≤8		3	≤8
Sp02	Chronic Hypoxia / Default			Default / Chronic Hypoxia
	≥88 / ≥96	99		≥96 / ≥88
Medical Signature required to use scale for patients with Chronic Hypoxia Sign:	94-95		1	94-95
	86-87 / 92-93		2	92-93 / 86-87
	≤85 / ≤91		3	≤91 / ≤85
	Unrecordable		3	Unrecordable
Inspired 02	% or litres		2	% or litres
Temperature	≥39°		2	≥39°
	38°		1	38°
	37°			37°
	36°	36.5		36°
	≤35°		1	≤35°
NEWS SCORE uses Systolic BP	230		3	230
	220		3	220
	210			210
	200			200
	190			190
	180			180
	170			170
	160	159		160
	150			150
	140			140
If manual BP mark as M	130			130
	120			120
	110			110
	100		1	100
	90	93	2	90
	80		3	80
	70		3	70
	60		3	60
	50		3	50
	Unrecordable		3	Unrecordable
Heart Rate	>140		3	>140
	130		3	130
	120		2	120
	110		2	110
	100	101	1	100
	90		1	90
	80			80
	70			70
	60			60
	50		1	50
	40		3	40
	30		3	30
	Regular Y/N			Regular Y/N
Conscious Level	Alert	✓		Alert
	V / P / U		3	V / P / U
	New Confusion		3	New Confusion
Total NEWS score		1		**Total NEWS score**
Urine output recorded Y/N				Urine output recorded
Blood Glucose				Blood Glucose
Frequency of Observations				Frequency of Obs
Structured Response Tool Y/N				SRT Y/N
Escalation Y/N				Escalation Y/N
Pain score (0-10)				Pain score (0-10)
Nausea score (0-3)				Nausea score (0-3)
Motor Block score (0-4)				Motor Block score (0-4)
Circulation				Circulation
Sensation				Sensation
Movement				Movement
Initials		DN		Initials

Patient Name:	CHI:

Special Instructions - to be completed by Medical Team

A total NEWS score of or individual parameter of
is acceptable for this patient because

Please escalate if

Print	Sign	Designation
Date	Time	*(only valid if signed and dated)*

***Regardless of NEWS always escalate if concerned about a patient's condition**

NEWS Score	Frequency of Observations	Clinical Response
Total 0*	Minimum 12 hourly / 4 hourly in admission areas	• Continue routine NEWS monitoring with every set of observations.
Total 1 - 4*	Minimum 4 hourly Consider Structured Response Tool Consider Fluid Balance Chart	• Inform registered nurse • Registered nurse assessment using ABCDE • Review frequency of observations • Inform Nurse in Charge • **If ongoing concern, escalate to Medical Team**
Total 5 - 6* or 3 in one parameter	Increase frequency to a minimum of 1 hourly Start Structured Response Tool Start Fluid Balance Chart	• Registered nurse assessment • Inform Nurse in Charge • Escalate to Medical Team as per local escalation • Urgent medical assessment • Management plan to be discussed with Senior Trainee or above • Consider level of monitoring required in relation to clinical care
Total 7* or more	Continuous monitoring of vital signs Start Structured Response Tool Start Fluid Balance Chart	• Registered nurse to assess immediately • Inform Nurse in Charge • Request immediate assessment by Senior Trainee or above • Case to be discussed with supervising Consultant • If appropriate contact Critical Care for review

NEWS ≥4 Think Sepsis

Are any 2 or more SIRS criteria present?

RECOGNISE

Temperature	<36°c or >38°c
Pulse	>90 beats/min
White Cell Count	<4 or >12
Respiratory Rate	> 20 bpm
Mental State	New confusion
Blood Sugar	>7.7mmol/L in non-diabetic

and clinical suspicion of infection = SEPSIS

Apply Sepsis 6 within 1 hour

RESUSCITATE

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

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. Sara Robinson
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371

A/E no. E4105472
Previous no. E3829937
UHPI no.
CHI no. 620106899H
CHI no. 2812671297

PATIENT INFORMATION

Surname Lewis
Forenames Bernard
Date of Birth 28/12/1967
Age 51 Yrs Sex M

Address 158 Moredun Park Road
Edinburgh

Postcode EH17 7DQ
Telephone

Contact Neri, Corina
Address 126 Moredun Park Road
Edinburgh
EH17 7HT
Telephone H283 1382
W

Complaint hip-leg pain
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

AM Pirie
Address
Ferniehill Surgery
8 Ferniehill Road
EH17 7AB
Telephone 0131 664 2166

Date and Time of Attendance
14/03/2019 17:14
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

INITIAL ASSESSMENT

Presenting Complaint	(L) leg pain
History of PC	Been sore since before xmas. Gradually worsing. Denies Trauma. xR Pelvis – 5/2/19.
Assessment	on - Amitriptyline, Tramadol, Paracetamol from GP.

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
36.8°C	105.	164/90		98 %					5.6

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN) [signature] TRIAGED BY (PRINT) Lewis

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHG SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	

OPERATOR SIGNATURE

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS	CXR	OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO	POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO		W/RM	RESUS	HD	IC	EXAM		

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

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

1kidney - donated

HB128
Calcium 2.62, Adjusted 2.67
CRP 210
ESR 69
383

Tim Whyte. Mr Keenan.

Shobina CNF

6201068991H/E4105472 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

See EPR
Vhce

Infection Screen
Have you been an in-patient in a hospital outwith Scotland in the past 12 months.

YES [ ] NO [ ]

Care Providers Name:..... Signature:.....

Royal Infirmary of Edinburgh
Emergency Department

Drug and Prescription Record

NHS Lothian

620106899H/E4105472 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

Previous Adverse Reactions	NKDA	Weight ____ kgs Actual / Estimate	Date 14/3/19

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Paracetamol		Oral				
		Ibuprofen	400mg	Oral				
		Co-Codamol 30/500		Oral				
		Oxybuprocaine	0.4%	Top				
14/3/19	22:50	ORAMORPH	long	ora		22:50	VP	
		Revaxis	0.5mls	IM				

Discharge Medication to Take Away

Date	Time	Drug (Approved Name)	Dose	Frequency	Route	Duration	Prescribers Signature	Given by (Initials)	Checked by (Initials)
		Paracetamol	1g	QDS	Oral				
		Ibuprofen	400mg	TID	Oral				
		Co-Codamol 30/500	1 - 2	QDS	Oral				
		Chloramphenicol	1 application	QDS	Top				
		Co-Amoxiclav	500/125	TID	Oral				
		Flucloxacillin	500mg	QDS	Oral				

NEWS Key 0 1 2 3		Date: 14-3						
		Time: 2253						
Blood Pressure	Enter value >220							3
	220							
	210							
	200							
	190	177						
	180							
	170							
	160							
	150							
	140							
	130							
	120							
	110							
If manual BP mark as M	100							1
	90	96						2
	80							3
	70							3
	60							3
	50							3
	40							3
	30							3
	Enter value <30							3
	Unrecordable							3
Pulse Rate	Enter value >150							3
	180							3
	170							3
	160							3
	150							3
	140							3
	130							2
	120							2
	110	101						1
	100							1
	90							
	80							
	70							
	60							
	50							
	40							1
	30							3
	Enter value <30							3
Respiratory Rate	Enter value >40							3
	40							3
	35							3
	30							3
	25	20						2
	20							
	15							
	12							
	8							1
	Enter value <8							3
Temperature	Enter value >39							2
	39°							1
								1
	38°	37.1						
	37°							
	36°							1
								1
	35°							3
	34°							3
	Enter value <34							3
Sp02	Chronic Hypoxia / Default	98						
	≥88 / ≥96							
	94-95							1
	86-87 / 92-93							2
	≤85 / ≤91							3
	Unrecordable							3
02	% or Litres							2
Conscious Level	Alert	A						
	V P U							3
	New Confusion							3

NEWS SCORE							
If NEWS >5 contact Senior Dr or NIC							
If Escalated (Tick)							
Initials of person undertaking obs							

		Time:						
Blood Sugar	>25							
	15-25							
	4-15	5.6						
	<4							

Think Analgesia

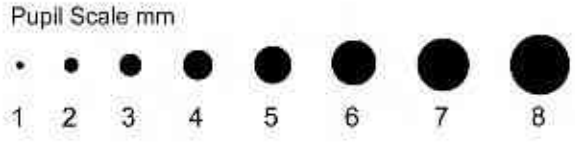
		Time:						
Pain Score	Very Severe 9 -10							
	Severe 6 - 8							
	Moderate 4 - 5							
	Mild 1 - 3							
	None 0							

Neurological Observations

GLASGOW COMA SCALE			Time								
Eyes Open	Spontaneously	4									
	To speech	3									
	To pain	2									
	None	1									
Best Verbal Response	Orientated	5									Endotracheal tube or tracheostomy = T
	Confused	4									
	Inappropriate words	3									
	Incomprehensible sounds	2									
	None	1									
Best Motor Response	Obey commands	6									Always record the best arm response
	Localise to pain	5									
	Flexion to pain	4									
	Abnormal flexion	3									
	Extension to pain	2									
	None	1									
Total GCS Score	14-15										
	12-13										
	9-11										
	<8										

Right Pupil	Size								+ reacts - no reaction c. eye closed
	Reaction								
Left Pupil	Size								
	Reaction								
Initials of person taking GCS									

Pupil Scale mm



NHS Lothian

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

Dr AM Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 22/03/2019

Emergency Discharge Summary

Patient	Bernard Lewis 158 Moredun Park Road Edinburgh EH17 7DQ	**CHI**	**2812671297**
		Date of Birth / Age	28/12/1967 (51 years)
		UHPI	620106899H
		A&E Attendance Number	E4105472
Attendance Date	14/03/2019	**Contact**	Neri Corina 126 Moredun Park Road Edinburgh EH17 7HT 283 1382
Attendance Time	17:14		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	15/03/2019		
Discharge To			

Dear Dr AM Pirie

Presentation: hip-leg pain

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Soft Tissue Injury, Not Otherwise Specified

CLINICAL NOTES:
Clinical note: 51 year old man.

PC: Rt hip pain. 5 month hx of increasingly severe Rt hip and thigh pain, now spread into his knee. Now unable to weight bear or carry out ADLs.
Walked in with crutches, looks pale and in pain.
Denies recent weight loss.
Has intermittent night sweats, feels they preceed the thigh pain.

Pmhx: PVD, Asthma, angina. 1 kidney - donated the other to his brother. Tibial # 30 years ago.
Meds: ISMN, Lansoprazole, Ramipril, Sertraline, Asprin, Amitriptyline, Tramodol, Naproxen.
Allergies. Nil

Smoker: 10 cigaretts per day. Lifelong.
Alcohol: 8 units 3-4 times a week
SHX: Unemployed due to health, lives with his wife. Prior to this pain was fully independent.

O/E:Temp 36.8, HR 105, BP 164/90, SPO2 98%
Bilateral air entry normal and equal.
Abdo SNT.

No visible swelling or erythema to hip, thigh or knee.
Very tender on palpation of the lateral aspect of the thigh, and the entire knee, medial aspect of the hip minimally tender.
Minimally tender over his GT, and groin pain free.
Minimal ROM in all planes, passive and active. All movement causes severe pain. Able to SLR small amount with ++ pain.
Sensation to leg and foot normal.

Cap refill under 2 secs, pedal pulse present.

XRAY Femur: No acute bony injury.

Bloods:
HB 128,
Adjusted Calcium 2.67
CRP 210,
ESR 69
CK 383

Differential diagnosis: ? Myocitis, ? malignancy.

Plan: Reviewed by Ortho CDF Dr Shobina, DC home, advised he should see his GP for analgesia review and for urgent ortho clinic referral. To return if he becomes acutely unwell.

V.Price ENP

Yours Sincerely,

Venetia Price, Nurse

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. Sara Robinson
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371

A/E no. E4308143
Previous no. E4105472
UHPI no. 620106899H
CHI no. 2812671297

PATIENT INFORMATION

Surname Lewis
Forenames Bernard
Date of Birth 28/12/1967
Age Yrs Sex M

Address 158 Moredun Park Road
Edinburgh

Postcode EH17 7DQ
Telephone 0131 283 1382

Contact Address
Telephone H
W

Complaint Hip pain (left)
Allergies NKDA.

Attendances in last 12 months: 1 School:

General Practitioner

A Afzal
Address
Fernichill Surgery
8 Fernichill Road
EH17 7AB

Telephone 0131 664 2166

Date and Time of Attendance
02/11/2019 09:42
Incident Date & Time: 02/11/2019
Mode of Arrival
Private Transport

Source of Referral
Lothian Unscheduled Care Services

INITIAL ASSESSMENT

Presenting Complaint	1/52 ago aspiration & bone biopsy done.
History of PC	has been started on antibiotics on Monday by GP for infected wound. noted pus++ hard lump formed.
Assessment	A+O. ortho bleeped @ triage.

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
36°5	103	122/74	17	98%	A.	1			

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	Bloods L Hip X ray
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN)		TRIAGED BY (PRINT)	

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	
OPERATOR SIGNATURE					

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO		POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO		W/RM	RESUS	HD	IC	EXAM		

Clinical Notes

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

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

Care Providers Name:..... Signature:.....

Registration Details - Patient No: 16465

Personal details...		Address details...	
Date of birth	28/12/1967	Post Code	EH17 7DQ
Sex	M	House Name Flat No	
Surname	Lewis	No and Street	158 Moredun Park Road
Previous Surname		Village	
Forenames	Bernard	Town	Edinburgh
Calling Name	Bernard	County	
Title	Mr		
Birth Surname			
Marital Status	Married		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Lothian	Home Tel No	0131 283 1382
Registered GP	Dr Alison Pirie	Work Tel No	
Usual GP	Dr Sarah Warwick	Mobile Tel No	07850231736
Residential Inst		E Mail Address	lewisbernard27@gmail.com
Branch Surgery			
CHI Number	2812671297		
NHS Number	S685/6/1968/15		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Ferniehill Surgery	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	01/05/2019		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
28/10/2019	Postoperative wound infection, unspecified	Dr Pirie	SP255
09/04/2019	Avascular necrosis of bone L hip	Ms Conaghan	N334
04/10/2016	Gastritis unspecified noted on endoscopy	Ms Conaghan	J155
04/10/2016	Hiatus hernia noted on endoscopy	Ms Conaghan	J34-1
01/11/2013	Peripheral vascular disease NOS	Dr Afzal	G73z
19/07/2013	Angina pectoris	Dr Afzal	G33
30/09/1997	Total nephrectomy L side - for donation	tamr	7B01
01/01/1993	Asthma	Ms Conaghan	H33

Past Problems	Authorised By	Code

14/08/2003	**Acute exacerbation of asthma**	Ms Conaghan	H333

Due Diary Entries		Authorised By	Code
07/10/2020	**Medication review**	Dr Blyth	8B314
14/01/2020	**Chronic disease monitoring 3**	Ms Conaghan	PCS19164CH4
01/11/2019	**Influenza vaccination**	Dr Anderson	65E..

Overdue Diary Entries		Authorised By	Code
01/10/2019	**Key information summary review date OVERDUE**	Dr Buchan	EMISNQKE7

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
15/01/2019	**Height 170 cm**
15/01/2019	**Weight 75 Kg**
15/01/2019	**Body Mass Index 25.95 kg/m2**
15/01/2019	**Blood pressure reading 116/62 mm Hg**
21/08/2015	**Blood pressure reading O/E - BP reading**
15/01/2019	**Smoking Status Cigarette smoker**
17/07/2003	**Exercise grading Avoids even trivial exercise**
15/01/2019	**Alcohol consumption 12 units/week**

Consultations

29/10/2019 16:55	Dr Azhar Afzal at Third party Consultation
Comment	referral done, please advise pt
29/10/2019 16:38	Miss Cara Greenhorn at Ferniehill Surgery
Comment	Just had a call from Dr Scopazzini from WGH - they have told him to call us and ask for an urgent referral for an angiogram. T: 283 1382. CM
28/10/2019 13:00	Dr Alison Pirie at Home visit
Problem (FIRST)	**Postoperative wound infection, unspecified**
History	Post op from washings/biopsy of hip. Yesterday noticed redness and now some yellow exudate leaking from proximal aspect. No change to systemic symptoms.
Examination	Temp 37. Looks well. Erythema and swelling to hip wound and gaping with some exudate at proximal end.
Comment	D/w on call ortho Eleanor Davidson. Agreed for oral flucloxacillin 1g QDS but if worsening to attend A&E for ortho review. Also discussed AFB positive sputum. Awaiting culture.
Medication	Flucloxacillin Capsules 500 mg *56 capsule TWO TO BE TAKEN FOUR TIMES A DAY*
28/10/2019 11:14	Dr Jennifer Anderson at Ferniehill Surgery
Medication	Morphine Sulfate Oral solution 10 mg/5 ml *500 ML UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN*

1/11/19
* Hip wound worsening despite abx. ? collection superior aspect. See who suggested attend A&E. May need ...

28/10/2019 09:45 Miss Cara Greenhorn at Ferniehill Surgery
Comment Special request for Oramorph cg

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/11/2019	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	01/11/2019P	Dr Alison Pirie	ACUTE
28/10/2019	**Flucloxacillin Capsules 500 mg** TWO TO BE TAKEN FOUR TIMES A DAY 56 capsule	28/10/2019P	Dr Alison Pirie	ACUTE
18/10/2019	**Lactulose Solution 3.1-3.7 g/5 ml** 20ML BD 500 ml	18/10/2019P	Dr Alison Pirie	ACUTE
09/10/2019	**Gabapentin Capsules 300 mg** TAKE ONE TABLET THREE TIMES A DAY 100 capsule	09/10/2019P	Dr Susan Henderson	ACUTE
25/09/2019	**Ferrous Fumarate Tablets 210 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 TABLET	25/09/2019P	Dr Azhar Afzal	ACUTE
06/08/2019	**Morphine Sulfate Oral solution 10 mg/5 ml** UP TO 60MG/30MLS TO BE TAKEN WHEN NECESSARY FOR BREAKTHROUGH PAIN 500 ML	01/11/2019P	Dr Alison Pirie	ACUTE
19/07/2019	**Mst Continus M/R tablets 60 mg** TAKE THREE TABLET TWICE DAILY 84 TABLET	01/11/2019P	Dr Alison Pirie	ACUTE
20/06/2019	**Paracetamol Tablets 500 mg** TWO TO BE TAKEN FOUR TIMES A DAY 224 TABLET	08/10/2019P	Dr Sarah Warwick	REPEAT
15/08/2017	**Sertraline Hydrochloride Tablets 100 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	23/09/2019P	Dr Sarah Warwick	REPEAT
25/05/2017	**Lansoprazole Capsules (Gastro-Resistant) 15 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	17/09/2019P	Dr Sarah Warwick	REPEAT
18/08/2016	**Glyceryl Trinitrate Pump spray 400 micrograms/dose** 1-2 SPRAYS AS REQUIRED UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN 2*200 DOSE	05/08/2019P	Dr Sarah Warwick	REPEAT
28/04/2016	**Atorvastatin Tablets 40 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	08/10/2019P	Dr Sarah Warwick	REPEAT
03/08/2015	**Ramipril Capsules 10 mg** 1 DAILY 56 capsule	17/09/2019P	Dr Sarah Warwick	REPEAT
27/11/2014	**Isosorbide Mononitrate Tablets 10 mg** ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM) 112 TABLET	30/08/2019P	Dr Sarah Warwick	REPEAT
27/09/2013	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** TWO PUFFS TO BE INHALED TWICE A DAY 2 inhaler	05/08/2019P	Dr Sarah Warwick	REPEAT
19/12/2012	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs prn 2 INHAL	05/08/2019P	Dr Sarah Warwick	REPEAT
08/11/2012	**Aspirin Dispersible tablets 75 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	08/10/2019P	Dr Sarah Warwick	REPEAT

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

NHS Lothian

620106899H/E4308143 M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
DOB
CHI 2812671297
70164 A Afzal

Previous Adverse Reactions	Weight	Date
NKDA	_____ kgs Actual / Estimate	2/11/19

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Oxygen (NP/MASK/NRB)	% / L					

Discharge Medication to Take Away

Drug (Approved Name)	Dose	Frequency	Route	Duration	Prescribers Signature	Given by (initials)	Checked by (initials)

NEWS Key 0 1 2 3		
	Date:	2/1
	Time:	1600
A+B Respirations Breaths/min	≥25	
	21-24	
	18-20	
	15-17	17
	12-14	
	9-11	
	≤8	
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	98
	94-95	
	92-93	
	≤91	
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2	
	95-96 on O_2	
	93-94 on O_2	
	≥93 on air	
	88-92	
	86-87	
	84-85	
	≤83	
Tick box if using SpO_2 Scale 2		
Sign:		
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A
	O^2 L/min or %	
	Device	
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220	
	201-219	
	181-200	
	161-180	
	141-160	
	121-140	122
	111-120	A
	101-110	
	91-100	
	81-90	74
	71-80	
	61-70	
	51-60	
	≤50	
C Pulse Beats/min Manual pulse	≥131	
	121-130	
	111-120	
	101-110	103
	91-100	
	81-90	
	71-80	
	61-70	
	51-60	
	41-50	
	31-40	
	≤30	
D Consciousness Score for new onset of confusion (a score if complete)	Alert	A
	New Confusion	
	V	
	P	
	U	
E Temperature °C	≥39.1°	
	38.1-39.0°	
	37.1-38.0°	
	36.1-37.0°	36.5
	35.1-36.0°	
	≤35.0°	
NEWS TOTAL		1
Monitoring frequency		
Escalation of care Y/N		
Blood Glucose reading or N/A		
Pain score (0-10)		
Initials		JM

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

NEWS of 5 or more?

Think Sepsis!

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

Signs of infection

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

Addressograph

Name: _____

DOB: _____

CHI: _____

NEWS Total	Monitoring Frequency	Clinical Response
Total 0 - 1	Commence on 1hrly observations	Report to Area Co-ordinator if score increases
3 in one parameter *	Commence on 30mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 2 - 4	Commence on 30mins observations	Report to Area Co-ordinator if score increases
Total 5 - 6	Commence on 15mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 10mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

* or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

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

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

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

NHS Lothian

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

Dr A Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 08/11/2019

Emergency Discharge Summary

Patient	Bernard Lewis 158 Moredun Park Road Edinburgh EH17 7DQ	**CHI**	**2812671297**
		Date of Birth / Age	28/12/1967 (51 years)
		UHPI	620106899H
		A&E Attendance Number	E4308143
Attendance Date	02/11/2019		
Attendance Time	09:42		
Mode of Arrival	Private Transport		
Source of Referral	Lothian Unscheduled Care Servi		
Discharge Date	02/11/2019		
Discharge To			

Dear Dr A Afzal

Presentation: Hip pain (left)

CLINICAL NOTES:
Clinical note: T & O LAS CT1 Osborne

PC
?infected wound

HPC
Mr Lewis underwent an aspiration and biopsy of left hip under Mr MacPherson's team on 21/10/19
6 days ago, he and his wife noticed a minor amount of pus leaking from the wound. He attended the GP that day, who prescribed a 7 day coures of flucloxacillin 1g QDS
He attended the GP again yesterday, who referred to Ms Davidson (ortho reg), who advised that he attend RIE ED for further review. He did not want to attend on Friday evening, so attended this morning instead
Denies any fevers or chills
Still able to WB
No change in hip pain. Feels ROM is not changed

PMH
AVN left hip for planned THR
Asthma
PVD
Angina
Under investigation from ID for cause of 2-3 year history of nightsweats (??TB)

DH
inhalers, aspirin, lisinopril, ramipril, statin, MST

SH
lives with wife
occasionally uses 1 walking stick
minimal ETOH

smokes 20cpd for 30 years

EXAM - left hip
LOOK - 3 x 2cm area of erythema surrounding wound. staples still in situ. no pus or bleeding
FEEL - firm 1x1x0.5cm lump at superior aspect of wound. no fluctuance. not markedly tender
MOVE - able to flex hip to 80 degrees actively. independnelty weightbearing
DNVI

CRP 17 WCC 11.2 Neuts 8.21

NEWS 1 - HR 105, apyrexial (HR settled to 85bpm 1 hour after review)

Images of wound reviewed with Ortho ST5 Powell-Bowns

IMP
Unconvincing evidence of infection
- relatively reassuring CRP (chronically raised and usually much higher)
- relatively small area of erythema

PLAN (D/W Ortho ST5 Powell-Bowns)
Discussed options with patient: admission vs outpatient review
Patient would prefer to go home just now as he does not feel systmeically unwell. He would rather complete his course of ABx and review the symptoms. He already has OPD review with Mr Macpherson on 13/11/19 and will be seeing his GP for removal of staples on 07/11/19.
He has been given strong worsening advice to return to RIE ED if any further concerns
I have agreed to CC Mr Macpherson's team into this letter

Yours Sincerely,

Orthopaedic Registrar, Clinic Only

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr A Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 14/11/2019

Emergency Discharge Summary

Patient	Bernard Lewis 158 Moredun Park Road Edinburgh EH17 7DQ	**CHI**	**2812671297**
		Date of Birth / Age	28/12/1967 (51 years)
		UHPI	620106899H
		A&E Attendance Number	E4318339
Attendance Date	13/11/2019		
Attendance Time	15:16		
Mode of Arrival	Other		
Source of Referral	Other		
Discharge Date	13/11/2019		
Discharge To			

Dear Dr A Afzal

Presentation: chest pain

PAST MEDICAL HISTORY:

Gastritis & HH 2016
PVD 2013
Angina 2013
Asthma
Depression
L nephrectomy for donation 1997
Fractured L tib/fib 1988

FAMILY HISTORY:

Diabetes - father & 2 brothers

LIFESTYLE CHOICES:

Stopped work 2013 - was cleaner
Smokes 10-15cpd for 36 years
Alcohol 63 units per week
Lives with partner

ALLERGIES:

Nil known

Typed by Scopazzini SpR ID/GIM

51M return to clinic for review

Initially referred to ID for weight loss, night sweats and hip pain

Confirm AVN left hip under orthopaedic investigation - had hip aspirate in October 2019 no growth

Also noted to have significant history of IHD - MI 2013, stent x 2
Then lost to cardiology follow up
Continues to smoke
Last cardiology review 2016 - thought to be microangiopathic angina

Increase in respiratory symptoms over last few months - cough, expectoration, need for steroids on at least two occasions
Recent sputum growing AFB likely NTM not speciated yet no resp referral in place yet

Today:
Ongoing hip pain
Ongoing night sweats
Further weight loss from last review (late September)

3 discrete episodes of central crushing chest pain responsive to GTN that woke him up overnight
Did not phone ambulance
Lasted <15 minutes each

No residual chest pain

PMH
IHD
Alcohol excess
Chronic left hip pain under investigation
COPD (undiagnosed)
Depression
Constipation

DH
NKDA
Morphine liquid 60mg 6x a day PRN
MST continus 180mg BD
Lactulose 20ml BD
Gabapentin 300mg TDS
Ferrous Furmarate 210mg TDS
Amitryptiline 10mg Nocte
GTN spray 2 puffs PRN
Lansoprazole 15mg OD
Sertraline 100mg OD
Salbutamol MDI 2 puffs PRN
Fostair 100/6 2 puffs BD
ISMN 10mg BD (10 am and 4pm)
Atorvastatin 40mg ON
Aspirin 75mg OD
Ramipril 10mg OD

O/E
Haemodynamically stable
Walked in
Chest - clear to auscultation
CVS - HS dual and normal
Left hip - wound with no strike through where had hip biopsy a few weeks ago

Impression - likely cardiac chest pain in high risk individual
Booked for cardiology review but only in January 2020

Plan
1. Trop + bloods (sent urgently)
2. CXR - interstitial infiltrates but largely free of collapse or consolidation
3. ECG - no ischaemic changes

Discussed with Med SpR Dr Ross - accepted for transfer to Trolleys whilst awaiting second trop and evaluation for admission for cardiology review

ID plan from today:
CT CAP booked on OPD basis
Further 3x AFBs

Typed by Dr Scopazzini, SpR

Note: detailed clinical letter with further background information available.

---
review ST3 D.Ross

Trop <1
ECG - no ischaemic changes

Patient reports 3 x episodes of central heaviness lasting 10 mins relieved by GTN. Not exertional. No autonomic symptoms. Reports has had this pain weekly for years. Not crescendo.

History not in keeping with unstable angina. Trop and ECG reassuring for ACS. D/w Dr Scopazzini, and subsequently with Dr Young, reassuring blood results. On aspirin, statin, GTN and ISMN. Patient reports previous problems with beta blockers. To cc letter to Cardiology to optimize anti-anginal medications. Has follow up in January but could see if patient could be reviewed sooner in light of the above. Have given patient strong worsening advice re worsening or recurrent chest pain.

Typed by Dr D Ross
SpR

CC: Dr Behan, Consultant Cardiologist, Cardiology, RIE

Any queries please contact 0131 537 2678

Yours Sincerely,

Dr Claire F Gordon, Consultant

Patient & GP Information

UHPI Number	620106899H
CHI Number	2812671297
Episode Number	E2941950
Surname/Forename	Lewis, Bernard
Date of Birth	12/28/67
Sex	Male
Patient Address.	25 Hyvot Loan Edinburgh EH17 8FX
Registered GP	AM Pirie
GP Address.	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

620106899H
2812671297
E3312324
Lewis, Bernard
12/28/67
Male
25 Hyvot Loan Edinburgh EH17 8FX
AM Pirie
Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	E2941950

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Emergency Care Note Episode/Ref: E2941950 Dr Alexandra Haddon 3/10/15 17:48 Dr Alexandra Haddon	,Reason for referral,- ?DVT ,,History of presenting complaint,- 4 week history of right calf and thigh pain, present during day and night but especially at night and with exercise - pain eases on rest.,- pain mainly at back of calf, at most severe 9/10, stabbing pain, ,- new broken veins on right lower leg and pt has noticed a slightly purple tinge to skin overlying shin,- known PVD - can ususally walk 100metres - no reduction in distance,- no colour change in foot/no reduced mobility/no swelling,- pain feels similar to normal vascular pain but much worse,,Past medical history,- PVD,- Angina,- Asthma,- Hypercholestrolaemia,- Lt Nephrectomy (donation),,Drug history,- Isosorbide Mononitrate, Co-Codamol 30/500, Fostair Inhaler, GTN, salbutamol, Aspirin, Simvastatin, Omeprazole,,Allergies,- NKDA,,SHx.,- Smoker: 5cpd ,- Alcohol: 12 units/week,- Lives with partner,- No POC, Independent with ADL,- Mobilises independandtly,- No recent travel/flights,,Relevant Family history,- No FHx of DVT/PE ,,Relevant systemic enquiry,- Occasional SOB on exertion and Occasional CP on exertion and at rest relieved by GTN (longstanding duration),,On Examination ,,SEWS 0,T: 36.5,HR: 80,RR: 17,BP: 162/102,BM ,SpO2: 97% RA,GCS: 15/15,,Cognitive assessment if relevant (4AT or AMT),- Orientated to Time, Place and Person. , ,Cardiovascular ,- CRT <2sec,- HS I+II+0,- No peripheral Oedema,- Peripheral Pulses: Rt: radial, carotid, popliteal - no DP or PT. Lt: radial, carotid, popliteal and PT.,,Chest,- Chest clear,- Expansion Equal,- Percussion Resonant,- Lt calf SNT ,,Abdo,- Abdo SNT,- BS Present ,,Neuro ,- Grossly intact,- PEARL,,Musculoskeletal,- Rt Calf 38cm, SNT - tender on deep palpation of posterior aspect of calf,- Lt Calf 39cm, SNT,- FROM x4,,Bloods,- FBC, U&E, LFT: nad,- Glucose: 5.0,- CRP: 7,- D.Dimer: <50,,Impression,- ?DVT Rt Leg - Wells score: -1,- ?Worsening PVD ,,Plan,- Low suspicion of DVT (D.Dimer Negative) - Home Today.,,D/W Dr Murphy (Consultant): Reviewed patient, low suspicion of DVT - Wells Score -1 and negative D.Dimer. Advice regarding stopping smoking given and worsening statement, DVT information leaflet given to patient. Porbable diagnosis worsening vascular disease. Pt already has vascular outpatient appointment on Thursday. Patient now ready to be discharged home with no changes in medication.

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	E2941950

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: E3312324 Dr Charles Isabirye 7/5/16 15:36 Charles Isabirye	PRINCIPAL DIAGNOSIS/PROCEDURE,This man was referred with a 2 months history of a productive cough. He however has noticed streaks of blood in the sputum. He denied any weight loss although has occasional night sweats. He is a current smoker although cutting down to 5 per day. He has not travelled abroad over last few months prior to onset of his symptoms. I also note that he drinks alcohol in excess and had recent abnormal LFTs witha GGT 164 and ALP 126 but normal ALT.,His other past medical history is peripheral vascular disease and also a coronary angiogram showed evidence of diseased vessels.,Clinically he had stable observations with a NEWs of 0, no palpable peripheral lymphadenopathy and no peripheral stigmata of alcohol liver disease. His chest and cardiovascular examination unremarkable. Abdomen was soft and not tender, no palpable organs. A CXR today looked normal, bloods did show that his ALP was now back to normal and also ALT remains normal. The rest of bloods incuding coagulation profile ws normal.,I suspect te abnormal LFTs was due to alcohol excess and although these had improved on repeat tests I have requested an abdominal US and I have requested that results get sent to you as I will not be able to follow them up due to relocation to a new work place. I would also recommend that you do sputum requests for AFBs. If he continues to have haemoptysis it will be reasonable if you can refer him to the Chest Physicians.,,Yours sincerely, ,,,,Dr Charles Isabirye,Consultant Physician,,Typed by Dr Isabirye,,Any queries please contact 0131 537 1728 / 1718

Patient & GP Information

UHPI Number	620106899H
CHI Number	2812671297
Episode Number	02005218
Surname/Forename	Lewis, Bernard
Date of Birth	12/28/67
Sex	Male
Patient Address.	25 Hyvot Loan Edinburgh EH17 8FX
Registered GP	AM Pirie
GP Address.	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

620106899H	620106899H
2812671297	2812671297
02012249	02013221
Lewis, Bernard	Lewis, Bernard
12/28/67	12/28/67
Male	Male
25 Hyvot Loan Edinburgh EH17 8FX	25 Hyvot Loan Edinburgh EH17 8FX
AM Pirie	AM Pirie
Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Patient & GP Information

620106899H	620106899H
2812671297	2812671297
03057476	E047555
Lewis, Bernard	Lewis, Bernard
12/28/67	12/28/67
Male	Male
25 Hyvot Loan Edinburgh EH17 8FX	25 Hyvot Loan Edinburgh EH17 8FX
AM Pirie	AM Pirie
Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Patient & GP Information

620106899H	620106899H
2812671297	2812671297
E112996	E113242
Lewis, Bernard	Lewis, Bernard
12/28/67	12/28/67
Male	Male
25 Hyvot Loan Edinburgh EH17 8FX	25 Hyvot Loan Edinburgh EH17 8FX
AM Pirie	AM Pirie
Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Patient & GP Information

620106899H	620106899H
2812671297	2812671297
E1208228	E129481
Lewis, Bernard	Lewis, Bernard
12/28/67	12/28/67
Male	Male
25 Hyvot Loan Edinburgh EH17 8FX	25 Hyvot Loan Edinburgh EH17 8FX
AM Pirie	AM Pirie
Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB	Ferniehill Surgery,8 Ferniehill Road,Edinburgh, EH17 7AB

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	02005218

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 02005218 Dr J Beckley 12/19/02	Hx: 34 year old male, RTA. Intoxicated, doesn't remember accident. In police custody, charged with drunk driving, wearing seatbelt, driver, doesn't know speed, what he hit or condition of car.,,OE: Scalp 6cm lac flap lesion on left lateral head. No other haematoma. ,BT C4 C5. Neck movement doesn't appear to be limited.,PERLA.,CNS T/P/R/S normal. ,BT left rib cage. ,No sternal tenderness. ,AE equal bilaterally.,Abdo soft. ,Pelvis stable. No other obvious injuries.,,PLAN: Hard collar. C-spine normal. T-spine normal.,CXR/SXR - normal.,10 staples sited. ROS 7/7. ,HIA given. To be admitted for neuro obs ward 2, 6 hour discharged. ,Kapake 2 tabs analgesia. Warned of possible infection risk as boggy haematoma under flap.,Given tetanus.

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	02005218

Note Details	Clinical Notes
A&E Notes Episode/Ref: 02012249 A and E Locum Doctor 1/19/03	HISTORY: RTA,Front seat passenger, no seatbelt, ?? 65 mph into wall and then into parked car. Car extensively damaged to front and passenger's side. Patient seen to climb through front windscreen. Large amount of glass on face and clothing at the scene. No other passengers. C/o neck, back and chest pain on arrival of ambulance. GCS 15. ,,PMH: asthma, RTA 3 weeks ago with HI requiring sutures, no diabetes, no epilepsy.,Drugs: Bronchodilators. NKDA,SH: staying with friend, recently separated from partner. Heavy smoker and alcohol.,,O/E: GCS 15. airway ? broken tooth but otherwise clear. Breathing. Pain in left anterior chest.,No asymmetry of chest movement.,RR 16/min. Sats 100% on 8 litres. PN resonant. Breath sounds vesicular. Pulse 134. BP 140/80. ,Heart sounds dual, warm and well perfused. ,abdo soft non tender. ,Bowel sounds active. ,Urine clear.,PR normal.,,Logroll - tender thoracic spine generally, lumbar spine clear.,Normal saddle sensation, multiple lacerations to forehead and scalp. C/o pain in left jaw. Pain in right elbow with some swelling and grazing. Small laceration left shin. No obv. fracture. ,Plantars downgoing and reflexes symmetrical. Moving all limbs.,CNs PERLA. FROEM. Normal sensation, no obv. asymmetry of face.,,x-rays C spine NAD.,CXR - NAD.,Pelvis NAD.,right elbow NAD.,,IMP: RTA significant mechanism of injury, head injuries - no obv. fractures. Airway not compromised.,,ADMIT WARD 2. ,D/W Surgical SHO who agrees, IV fluids, IV Morphine 7.5 mgs given.,Remove hard collar when patient more rousable and clear C spine at that time.,,DR ROBINSON/vh

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	02005218

Note Details	Clinical Notes
A&E Notes Episode/Ref: 02013221 Dr Sanjeet Thethy 1/25/03	Hx: 335 yr old male presents with chest pain. Seen in Resus I 4 days ago after RTA when he was an unrestrained front seat passenger in a car which was driven into a wall. He was admitted for 12 hrs to ward 2 then and a CXR done showed NAD. Over the past 4 days he has had moderate pain in the L ant. chest wall, worse on deep inspiration and cough. He denied recent cough, haemoptysis, SOB, central CP, palps or other symptoms.,,OE: P92 reg, RR14, BP140/86, sats 99% on room air.,Looked well. No JACCOL. ,CVS: JVP not seen, HS pure, no murmurs,RS: T central, good AE bilat. Clear chest.,GI: abdo SNT, BS heard. L ant. chest wall was tender to palpation. ,,IMP: musculoskeletal chest pain.,,No indication for repeat CXR,,Reassured,,d/c to GP care,,Advised to return if any SOB.,Further Kapake given for analgesia,,yb

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	02005218

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03057476 Dr PA Robinson 8/23/03	35 yr old male presented with nose bleed after being hit with a brick. Patient given Kapake but self discharged before being seen by a doctor.

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	02005218

Note Details	Clinical Notes
A&E Notes Episode/Ref: E047555 Anne Grant 7/1/06	38 y/o male.,,Joiner. Alleged assault at pub last night. Struck over forehead by glass which then broke. Not KOd. Also sustained punch injury L hand. No other complaint of injury. Not c/o minor HI Sx except initial headache following injury.,,PMH: depression, asthma, # ribs, # L leg, donated kidney,DH: ventolin, becatide, venlafaxine, NKDA,ATTB: covered,,OE:,HEAD: 1cm Y shaped superficial bruising midforehead just R of midline. 6mm superficial lac noted just behind hairline on R side. No evidence of glass FB. No haematoma or swelling noted. NBT on palpation. FROEM. PERL 4mm. GCS 15, neck Ok.,L HAND: swollen and slightly bruised over dorsum of hand and index finger. Tender distal 2nd MC at proximal phalanx index finger with no other BT rest of hand, ASB and wrist. No obvious deformity noted, no rotational deformity on active index finger movements. Skin intact. DNVI. GROM fingers.,,XR: NBI,,IMP: ,1. minor HI,2. STI L hand,,PLAN:,D/c with wife, minor HI advice given, advised elevate/ice/gentle mobilisation L hand. Simple analgesia.

Surname/Forename	Lewis, Bernard
UHPI Number	620106899H

Episode Number	02005218

Note Details	Clinical Notes
A&E Notes Episode/Ref: E129481 Dr Alasdair W Jubb 4/8/07	39yo man changing exhaust today. Spanner slipped and hit him in his L eye resulting in pain, a red eye and a bit of blurriness. He normally uses glasses or contacts. It is his R eye that is not of normal strength. ,,OE: VA (R) 6/24 - chronic, VA (L) 6/9-1 which he reports as slightly worse than normal.,No bony injury to face. ,Eye injected in lower outer quadrant. No abrasion seen with Fluorescein and slit lamp. No FB visualised.,,XR: No FB in orbit.,,PLAN: Discharged with Chloramphenicol 1% ointment to use for 3 days. Advised to reattend A&E or PAEP if the symptoms do not settle.,,MM,

Clinic Letters & Notes

University Hospitals Division

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NHS Lothian

Vascular Surgery

Dr Pirie
Ferniehill Surgery
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Edinburgh
EH17 7AB

Date First Created: 21/01/2013
Date/Time Printed: 29/04/2026 11:52
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Vascular Surgery	**Consultant:**	PJ Burns

Mr Bernard Lewis, 26/3 Fernieside Drive, Edinburgh, EH17 7BF
CRN:620106899H, DoB: 28/12/1967, CHI: 2812671297
Thank you for referring this 44 year old chap who gives a good story for right leg claudication. Although the pain really surrounds his whole leg, it is very clearly exercise related and will subside on standing still. There is no problem with his left leg and no rest pain. He has been a heavy smoker but has cut down to 10 per day and has previously donated his left kidney to his brother some 15 years ago. His medication includes Aspirin and a statin.
On examination he had reduced femoral pulses bilaterally with a thrill in each groin with quite stoney, hard feeling femoral arteries. I also struggled to feel his popliteal pulses but thought he had reduced but palpable dorsalis pedis on the right. His left pedal pulses were essentially normal. His feet were pink and well perfused with no tissue loss.
I think Mr Lewis probably does have some peripheral vascular disease as a cause for his symptoms in his right leg, but given how his femoral artery feels, I think he would need operative intervention rather than just an angioplasty. Given this and the fact that he is still smoking, I've told him the best thing for him to do is to give up his final few cigarettes and keep walking as much as possible which I am sure will lead to an improvement in his symptoms. If despite smoking cessation his symptoms continue to deteriorate I would be more than happy to review him with a view to investigation for intervention.
Yours sincerely

Mr PAUL BURNSConsultant Vascular Surgeon

University Hospitals Division

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Rapid Access Chest Pain

Dr Pirie
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Date First Created: 22/07/2013
Date/Time Printed: 29/04/2026 11:52
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Rapid Access Chest Pain	**Consultant:**	Dr Miles WH Behan Nurse Specialist

MMacL/MT - 20.7.13

I reviewed Mr Lewis at the rapid access chest pain clinic today. He presents to clinic concerned about an episode of chest pain that occurred on Sunday. The pain was severe, sharp, stabbing and lasted for 5 minutes but he felt generally unwell. On further questioning he does describe a 2-year history of predictable exertional chest pain, worse on stairs and hills where he develops a tightness across his chest. During these episodes there is some radiation to the jaw and he feels his breathing is more laboured. The symptoms usually resolve within 5-10 minutes of rest. His exercise tolerance is limited by claudication in his legs and he has recently been seen by the vascular surgeons.
He does suffer from gastro-oesophageal reflux disease but denies any current cough, wheeze or sputum.

Past medical history includes nephrectomy (donated to his brother), asthma and hypercholesterolaemia.

Current medication includes a Salbutamol inhaler, Clenil inhaler, Omeprazole 20 mg, simvastatin 40 mg and Aspirin 75 mg.

Mr Lewis lives with his partner, consumes less than 15 years of alcohol per week and works as a cleaner.

His risk factors for coronary heart disease include his current smoking habit having cut down to 10 cigarettes per day, he denies diabetes or hypertension and is on treatment for hypercholesterolaemia. He has a family history of premature coronary disease with his brother requiring PCI at the age of 41 and his father suffering an MI at 65.

On examination he was warm and well perfused with a blood pressure 130/80 and a pulse of 90 and regular. Cardiovascular examination revealed dual heart sounds with no added sounds or murmurs,

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Rapid Access Chest Pain

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Date First Created:	22/07/2013
Date/Time Printed:	29/04/2026 11:52
Our Ref:	620106899H
CHI:	2812671297

there was no heaves and no thrills and no evidence of ankle oedema. Respiratory examination was unremarkable.

12-lead resting ECG showed sinus rhythm with poor R-wave progression across his anterior leads but no acute ST changes. Mr Lewis was unable to proceed to exercise test due to his claudication but given his story of predictable exertional chest pain and his risk factor profile we have given him a diagnosis of probable angina. I discussed the case with Dr Behan and we would be grateful if you would commence him on Diltiazem 200 mg MR and provide him with a GTN spray. I have explained to him we think his symptoms are attributable to coronary artery disease and we plan to bring him back for outpatient coronary angiography. Should Mr Lewis have a prolonged episode of resting chest pain unrelieved by his GTN spray he should seek medical tension.

Yours sincerely

Margaret MacLeod
Chest Pain Nurse Specialist

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Date First Created: 27/05/2014
Date/Time Printed: 29/04/2026 11:52
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Vascular Surgery	**Consultant:**	PJ Burns

Mr Bernard Lewis, 26/3 Fernieside Drive, Edinburgh, EH17 7BF
CRN:620106899H, DoB: 28/12/1967, CHI: 2812671297
Thank you for re-referring this 46 year old gentleman whom I remember from last year. He seems to come along today with an identical story of 18 months ago. He gets discomfort in his whole right leg when exercising which settles when he stands still. He was able to walk from the front door of the hospital to the clinic today without stopping, although his leg was getting sore, a distance of 150 metres. He gets no rest pain in his left leg, although he has similar discomfort it is far less bothersome than the right.
He says he has managed to cut down smoking to 12 cigarettes a day, this is 2 more than he said he was smoking last year. His medication is unchanged.
On examination his femoral pulses are present, reduced with very diseased feeling vessels and a thrill within them. On the left side he actually had reasonable popliteal and pedal pulses, whilst on the right the popliteal was difficult to feel and there were barely palpable pedal pulses. His feet however were pink and well perfused with no tissue loss. His ABPI was 0.6 on the right and 1.0 on the left.
I'm afraid my advice is rather similar to that of before. In the absence of critical limb ischaemia we would not advocate invasive intervention while he continues to smoke. If he did manage to stop and his symptoms did not improve then we would have a better case for intervention. In an attempt to try and encourage this I have arranged a right leg arterial duplex scan and have said that if he manages to stop smoking and things are no better we would consider intervention. To this end I will see him back towards the end of the year.
Yours sincerely

Mr PAUL BURNSConsultant Vascular Surgeon

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Date First Created: 17/12/2014
Date/Time Printed: 29/04/2026 11:52
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Vascular Surgery	**Consultant:**	PJ Burns

I reviewed Mr Lewis at the vascular clinic on behalf of Mr Burns. He has previously been assessed on account of right leg claudication and underwent arterial duplex in June 2014. This demonstrated a 60% stenosis of the external iliac artery. Mr Lewis denies any deterioration in his claudication symptoms; there is no history of rest pain or distal ulceration. Unfortunately, Mr Lewis continues to smoke 10 to 12 cigarettes daily. There has been no change to his medication. He reports that he has recently been troubled by intermittent chest pain and has been referred for further cardiological opinion.

On examination no abnormality was detected in the abdomen. Femoral pulses were palpable bilaterally although weaker on the right. Popliteal pulses were palpable on the left but not the right and no pedal pulses were detected. Both feet were warm and appeared adequately perfused; Buerger's test was negative bilaterally. There was no distal tissue loss. Mr Lewis continues to be troubled by right leg claudication although this has not deteriorated significantly. There is no evidence of critical ischaemia. Unfortunately he continues to smoke and this would potentially compromise the success of any intervention for his iliac stenosis. I emphasised the importance of smoking cessation to Mr Lewis, in addition to regular exercise. I have not arranged routine review or further investigation at present, but should his symptoms deteriorate or he continues to be troubled by claudication following smoking cessation, we would be happy to review him and reassess the situation. Mr Lewis understands and accepts the reasons for this management strategy.

Yours sincerely

Mr ROLAND ALDRIDGECT4 to Mr PAUL BURNS

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Cardiology

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Date First Created: 13/03/2015
Date/Time Printed: 29/04/2026 11:52
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Cardiology	**Consultant:**	Dr Miles WH Behan

Diagnoses:

1. Ongoing chest pain
2. Normal coronary angiogram September 2013
3. Peripheral vascular disease
4. Asthma
5. Hypercholesterolaemia
6. Nephrectomy (donated to brother)

Current medications: Isosorbide mononitrate 10 mg at 8am and 2 pm, Co-codamol prn, Fostair inhaler, GTN spray prn, Salbutamol inhaler prn, Aspirin 75 mg od, Simvastatin 40 mg od, Omeprazole 20 mg od

Changes to medication: please commence ACE inhibitor at low dose and titrate upwards guided by renal function (please note nephrectomy)

Follow up: Dr Behan's clinic one year

It was a pleasure to review Mr Lewis with his wife at Dr Behan's cardiology clinic today. I note that he is still suffering from significant chest pain which he describes as a sharp pain across the middle of his chest and radiating into his jaw. It seems to occur mostly at rest when either sitting watching television or waking him from sleep. He reports that it is occurring 4-5 times per week and is mostly relieved by the use of GTN spray which takes the pain away within approximately 5 minutes. The longest episode of pain that he has had in the last few months is 15 minutes. There is some associated shortness of breath but no palpitations, nausea, vomiting or other autonomic symptoms. Mr Lewis's exercise tolerance is exremely limited by his peripheral vascular disease and is currently only 50 metres. However he denies any chest pain on walking. You will recall that he had a normal coronary angiogram 18 months ago and despite advice to the contrary, he continues to smoke.

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Date First Created:	13/03/2015
Date/Time Printed:	29/04/2026 11:52
Our Ref:	620106899H
CHI:	2812671297

On examination today Mr Lewis's blood pressure is 120/66. The rest of his cardio-respiratory examination is entirely normal and there is no evidence of cardiac failure. His ECG is sinus rhythm rate 64 with a normal axis and no other abnormality. An echocardiogram performed today at clinic for prognostication shows a mildly hypokinetic atrial IV septum but overall good left ventricular systolic function and a normal left atrial size.

I have discussed this gentleman's case with Dr Behan and he feels that his pain most likely represents microvascular disease within the coronary circulation. I have explained this to Mr Lewis and his wife and again emphasised the importance of smoking cessation. We would also advise the addition of an ACE inhibitor to his treatment, for example Ramipril starting at 1.25 mg per day with careful titration in light of Mr Lewis's previous nephrectomy. I would be extremely grateful if you could check his renal function 2 weeks after commencing ACE inhibition and 6 monthly thereafter. We will see him back again in this clinic in one year's time when I am hoping he may have had some improvement in his symptoms. If you feel we can be of help before then please do not hesitate to get in touch. Many thanks.

Yours sincerely

Dr Vicky Tallentire
ST5 in Cardiology
(bm13/3)

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Date First Created: 11/05/2015
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Vascular Surgery	**Consultant:**	PJ Burns

Mr Bernard Lewis, 26/3 Fernieside Drive, Edinburgh, EH17 7BF CRN:620106899H, DoB: 28/12/1967, CHI: 2812671297

I saw this gentleman back in the out-patient clinic today. He continues to give a reasonable story of right leg claudication, felt mostly in the right thigh. He does get some pain in his calf at night, this does not sound like ischaemic rest pain which is felt in the foot. He says that the pain in his right thigh restricts him to what sounds like no more than 40 metres. The pain will subside if he stands still and doesn't necessarly have to sit down. He says he also gets quite frequeny angina, even at rest, and I gather is on some increasing medication, possibly Ramipril for this. Unfortunately, he continues to smoke and remains on Aspirin and a statin.

On examination he had a thrill in the right groin, but weak popliteal and pedal pulses in the right side. The left side felt normal. His ABPI on the right was 0.92 with good signals in the foot. There was no restriction to movement in his right hip. He does have a few broken veins in the right lower leg, but this is nothing to do with his arterial circulation.

Whilst Mr Lewis's symptoms do sound like peripheral arterial disease, the distance which they restrict him too does not fit with either his duplex of last year which shows only a mild external iliac stenosis or his ABPI. I am therefore going to arrange a treadmill test and an x-ray of his hips and will write to him with the results. He understands that, particularly given his ischaemic heart disease, surgical intervention is unlikely and certainly not while he is smoking.

Yours sincerely Mr PAUL BURNSConsultant Vascular Surgeon

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NHS Lothian

Vascular Surgery

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Date First Created: 26/06/2015
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Vascular Surgery	**Consultant:**	PJ Burns

Dear Mr Lewis
Consultants Mr RTA Chalmers Mr Z Raza Mr SCA Fraser Mr PJ Burns Mr DR Lewis Mr A Tambyraja Mr O Falah Secretaries: Mrs Lorraine Craig Tel: 0131 242 3699 Miss Muriel Alexander Tel: 0131 242 1056 Miss Laura Snedden Tel: 0131 242 1059 Out Patient Appointments: Tel: 0131 536 5048/5501
Reference: PJB/MSA 2812671297 Typed: 26/6/2015 Date: 26/6/2015
I had a look at your exercise test and x-ray. The exercise test doesn't show any suggestion that you've got any significant narrowing in the artery supplying your right leg and the x-ray shows your hip looks pretty good. I think this is reassuring from a circulation point of view, but obviously leaves you without any clear answer to the cause of pain in your right leg. It may be it is coming from your back, this is something we see sometimes in patients with exercise related leg pain.
I have not arranged for you to come back to the vascular clinic, but if you and your GP think this would be useful, I would be happy to see you again.
Yours sincerely Mr PAUL BURNSConsultant Vascular Surgeon

cc: Dr Azhar Afzal , Ferniehill Surgery , 8 Ferniehill Road , Edinburgh , EH17 7AB

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Cardiology

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Date First Created: 21/03/2016
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Cardiology	**Consultant:**	Dr Miles WH Behan

MB/EB

This gentleman failed to attend for routine cardiology follow-up appointment. I have not arranged another appointment

With best wishes.

Yours sincerely

MILES BEHAN
Consultant Cardiologist

University Hospitals Division

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NHS Lothian

GI Endoscopy

Dr Pirie
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Date First Created: 20/10/2016
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	GI Endoscopy	**Consultant:**	Miss MHS Collie (Back Fill)

Mr Lewis underwent an upper endoscopy on 4th October 2016 indications being abdominal pain, nausea, vomiting and weight loss. The pathology has now been returned on the duodenal biopsies taken in view of Mr Lewis's weight loss symptoms and they show normal duodenal mucosa with no evidence of coeliac disease in the sections examined. I do hope Mr Lewis's symptoms are improving and he is otherwise well.

Yours sincerely

Tammy Kingstree
Endoscopy Nurse Practitioner

CR Dictated 14.10.16 Typed 20.10.16

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 3098

University Hospitals Division

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NHS Lothian

GI Endoscopy

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Date First Created: 20/10/2016
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	GI Endoscopy	**Consultant:**	Miss MHS Collie (Back Fill)

Mr Lewis underwent an upper endoscopy on 4th October 2016 indications being abdominal pain, nausea, vomiting and weight loss. The pathology has now been returned on the duodenal biopsies taken in view of Mr Lewis's weight loss symptoms and they show normal duodenal mucosa with no evidence of coeliac disease in the sections examined. I do hope Mr Lewis's symptoms are improving and he is otherwise well.

Yours sincerely

Tammy Kingstree
Endoscopy Nurse Practitioner

CR Dictated 14.10.16 Typed 20.10.16

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NHS Lothian

Ambulatory Care

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Date First Created: 18/04/2018
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Ambulatory Care	**Consultant:**	WGH Ambulatory Care Consultant

Bernard Lewis was assessed in ambulatory care on 18 April 2018. He presented with a painful anterior left leg. He has a history of peripheral vascular disease in his right leg but does have bilateral claudication on walking which is longstanding. 5 days prior to attendance he developed a painful anterior shin with no obvious precipitants or injury. He has a scar in the area which corresponds to previous tib/fib surgery age 21. He stated he had a pin inserted but it was taken out later although only partially but due to the age of the procedure I have no way of corroborating this. He has no risk factors for VTE or symptoms of PE. He had noticed a bit of flushing in his face recently and a bit of shortness of breath but there was nothing else on systematic enquiry. He has a strong family history of diabetes in his father and two brothers. He stopped working 2013 when he was diagnosed with peripheral vascular disease, smokes 10-15 cigarettes per day and has done for 36 years, drinks at least 63 units of alcohol per week and lives with his partner.

I was concerned about his Cocodamol use. His prescription states that he has been taking 2 tablets q.d.s but he has been telling me he has occasionally been taking up to 10 per day for some time (over a year) and he has strongly been warned about this and the sequelae of long term over usage of Paracetamol in the liver.

When he was assessed he had a respiratory rate of 17, oxygen saturations 99% room air, blood pressure 159/93, temperature 36.5 and pulse 101. This settled on examination to about 80. His cardiovascular, respiratory and abdominal exams were unremarkable. Both calves measured 38 cm and there was no deep vein tenderness. There was tenderness noted around this scar and the interior tibia in the mid shin level and no pitting. There were pulses in the left foot but not in the right and there was a fungal skin infection in both feet. He had a slight tremor in his legs when I was examining him but the tone, power, sensation was normal in all four limbs and cranial nerves II to X were intact. There was no clonus in his legs either. There was no suspicion that this chap had a DVT as it was a clearly demarcated pain underneath his scar. His bloods reiterated this with a normal D-dimer. Hb was very slightly low at 129. Everything else was normal and I did a plain

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x-ray of his tibia/fibula which reads as follows. Residual distal two third of an intra medullary nail in the tibia, traversing a united oblique fracture proximal third of the shaft with surrounding consolidative callus, with no plain radiographic signs of recent skeletal injury or osteomyelitis. There was a dual tract with slight lucency and sclerosis of the proximal third of the previous intramedullary nail, subsequently removed extending from the proximal anterior tibial cortex into the proximal end of the distal shaft of the nail. Normal knee and ankle joints.

I wonder if it is possible that Mr Lewis has increasing symptoms of swelling from venous insufficiency because he has had a recent gain on abdominal weight. This may be causing swelling and stretching of the scar tissue so I have advised him to watch and wait but strongly warned him about any redness or swelling around the scar site. Should this develop he should be referred to orthopaedics. I haven't arranged any follow-up for him.

Kind regards

Yours sincerely

e-signed by Dr F Cockburn

Dr Fiona Cockburn
Specialist Doctor

Dictated on 18/04/18
Typed on 18/04/18 (FF)

Any queries please contact 0131 537 1330

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NHS Lothian

Orthopaedics

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Date First Created: 21/03/2019
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Anish K Amin

Diagnoses:
1. Left thigh/knee pain.
2. High CRP with night sweats - unclear cause.
3. Multiple medical comorbidities - COPD, peripheral vascular disease, angina.
4. Smoker, alcohol excess.

Plan:
CT, chest, abdomen, pelvis. Repeat bloods and review in one week.

History:
This 51 year old was inappropriately referred to my fracture clinic although I am not entirely sure how the referral has come about. In any case, he presents with a 3 month history of left knee pain but over the past 2-3 weeks has been complaining of waking up at night sweating. There is no clear history of trauma and he denies any weight loss. He feel that his mobility is dramatically reduced and he is unable to get around without a stick. He has recently been seen in A&E by one of our orthopaedic registrars. Discharged from A&E.

Examination:
Multiple well-healed scars around the left knee. The left knee examination was unremarkable. He does have an irritable left hip and with any passive movement of the hip he experiences left knee pain. No other overt signs of infection. Examination was limited due to the fracture clinic setting.

Investigations:
I have reviewed the x-rays of his pelvis and knee taken on 14.03.19. There is increased sclerosis within the left femoral head and I suspect he has a degree of AVN without femoral head collapse.

Opinion:
Bernard does have AVN of the left hip radiologically which would explain his left knee pain. However, I am unable to explain the high CRP and the night sweats. I have requested an urgent CT

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Date First Created: 21/03/2019
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

chest, abdomen and pelvis to identify any potential cause for these latter symptoms. I plan to see him next week with the results of these investigations.

Kind regards,
Yours sincerely

Mr. Anish K. Amin,
MBChB PhD FRCS Ed (Tr & Orth)
Consultant Trauma & Orthopaedic Surgeon
AKA/MB

Contact Secretary: 0131 242 3516
(Not checked or signed for expediency)

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Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Anish K Amin

Diagnoses:
1. Left thigh/knee pain.
2. High CRP with night sweats - unclear cause.
3. Multiple medical comorbidities - COPD, peripheral vascular disease, angina.
4. Smoker, alcohol excess.

Plan:
CT, chest, abdomen, pelvis. Repeat bloods and review in one week.

History:
This 51 year old was inappropriately referred to my fracture clinic although I am not entirely sure how the referral has come about. In any case, he presents with a 3 month history of left knee pain but over the past 2-3 weeks has been complaining of waking up at night sweating. There is no clear history of trauma and he denies any weight loss. He feel that his mobility is dramatically reduced and he is unable to get around without a stick. He has recently been seen in A&E by one of our orthopaedic registrars. Discharged from A&E.

Examination:
Multiple well-healed scars around the left knee. The left knee examination was unremarkable. He does have an irritable left hip and with any passive movement of the hip he experiences left knee pain. No other overt signs of infection. Examination was limited due to the fracture clinic setting.

Investigations:
I have reviewed the x-rays of his pelvis and knee taken on 14.03.19. There is increased sclerosis within the left femoral head and I suspect he has a degree of AVN without femoral head collapse.

Opinion:
Bernard does have AVN of the left hip radiologically which would explain his left knee pain. However, I am unable to explain the high CRP and the night sweats. I have requested an urgent CT

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Date First Created: 21/03/2019
Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

chest, abdomen and pelvis to identify any potential cause for these latter symptoms. I plan to see him next week with the results of these investigations.

Kind regards,
Yours sincerely

Mr. Anish K. Amin,
MBChB PhD FRCS Ed (Tr & Orth)
Consultant Trauma & Orthopaedic Surgeon
AKA/MB

Contact Secretary: 0131 242 3516
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Date/Time Printed: 29/04/2026 11:55
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Anish K Amin

Diagnoses:
Left thigh and knee pain.
High CRP with night sweats.

Plan:
CT scan of chest, abdomen and pelvis.

I reviewed this 51 year old male who was supposed to have a CT scan before coming to clinic but unfortunately the patient has not had a CT scan therefore I explained to him we are extremely sorry that he had to attend clinic. He is very understanding and I am going to give him another appointment in two weeks because he has a CT scan appointment on the 1st of April which is next Monday. Hopefully by the time of his follow-up this will be reported and we will be able to review him properly.

Kind regards,
Yours sincerely

Mr. Jose Such
Orthopaedic Trauma Fellow to Mr. Amin
Royal Infirmary of Edinburgh
Contact secretary: 0131 242 3516

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Date First Created: 24/04/2019
Date/Time Printed: 29/04/2026 11:58
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Anish K Amin

This gentleman has returned to clinic after investigations. His principle diagnosis is left hip AVN. His pain symptoms are groin, lateral thigh, anterior thigh and going into the knee itself. There is no major abnormality in the muscle of the leg. He has AVN of the femoral head without collapse which shows up on the CT scan and there is no other obvious source of pathology. He did have a high CRP a few weeks back and I think it would be prudent to aspirate the hip before considering arthroplasty of that hip. I think his symptoms do match the pathology but we will aspirate the hip firstly. This gentleman walks with a typical antalgic gait with two crutches and I think his CRP is maybe a red herring at this stage but we will check this further.

Kind regards,
Yours sincerely

Mr. Gary Keenan
Consultant Orthopaedic Surgeon
Royal Infirmary of Edinburgh
Contact secretary: 0131 242 3402

Cc.
Mr. Anish Amin
Consultant Orthopaedic Surgeon
RIE

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Date First Created: 09/05/2019
Date/Time Printed: 29/04/2026 11:58
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Anish K Amin

Diagnosis:
AVN right hip.

Plan:
Repeat CRP and MRI.
Refer to Mr. Gavin Macpherson for consideration of a hip replacement.

I reviewed Bernard following his CT of the chest, abdomen and pelvis. This has identified an area of AVN around his left hip. There is no obvious femoral head collapse and he was seen by my colleague Mr. Gary Keenan at his last clinic visit. An aspiration arthrogram was arranged. Unfortunately no significant aspirate could be obtained from this hip joint. Mr. Lewis denies any ongoing symptoms of night sweats but does have pain around the left hip radiating into his left knee. CRP has not been repeated and I have therefore re-checked it again today to ensure it is on a downward trend. I have also requested an MRI scan of the left hip to stage the disease and guide further treatment. I have taken the liberty to refer him to my colleague Mr. Gavin Macpherson where he can be reviewed in due course for consideration of a joint replacement if necessary.

Kind regards,
Yours sincerely

Mr. Anish K. Amin,
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Consultant Trauma & Orthopaedic Surgeon
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Date First Created: 09/05/2019
Date/Time Printed: 29/04/2026 11:58
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Anish K Amin

I would be very grateful if you could review this 51 year old man who has avascular necrosis of his left hip of unknown cause. You will see from the trak records that he was an inappropriate referral initially to the fracture clinic where I reviewed him with a history of left thigh and knee pain, night sweats and a high CRP. A CT chest, abdomen and pelvis identified an area of AVN in the left hip and this is in keeping with his symptoms. In the interim Mr. Gary Keenan has reviewed him and arranged an aspiration arthrogram of his left hip to rule out infection but this has been negative and no aspirate was obtained. Mr. Lewis is no longer behaving as if there is any underlying infection clinically but does continue to experience localised pain in his left groin radiating to the knee and causing functional limitation. X-rays and MRI scan do show evidence of progressive AVN of the left femoral head but no femoral head collapse. His CRP was elevated but has not been re-checked. I have arranged a further check of his CRP and will telephone him if there is any concern but in the interim I would be very grateful if you could arrange to review him on an outpatient basis for his AVN. I have arranged an MRI scan to stage the disease and to guide further management.

Kind regards,
Yours sincerely

Mr. Anish K. Amin,
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Consultant Trauma & Orthopaedic Surgeon
AKA/MB

Contact Secretary: 0131 242 3516
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Date First Created: 13/09/2019
Date/Time Printed: 29/04/2026 11:58
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

Diagnosis:
AVN left hip.

Plan:
1. Order echocardiogram.
2. Discuss with Infectious Diseases.
3. Name added to waiting list for urgent aspiration +/- biopsy left hip.
4. Will need left total hip replacement after initial investigations are completed.

This gentleman attended clinic with his partner today with increasing pain in his left hip, progressing to the knee, groin but not the buttock. This is associated with night sweats which occur every night. He is having to sleep with a bath towel, waking regularly and changing the bedding regularly with his hair dripping wet. It does occasionally happen during the day involving his head and neck and does not appear to be related to the intensity of the pain. He has had occasional pins and needles in his feet over the last 6-8 months with associated lower back pain. He has a decreased appetite, low mood and weight loss of 1-2 stones over the last six months. On systemic enquiry, he is constipated on Lactulose and Senokot but no rectal bleeding. He has difficulty initiating urination but has no leakage or dysuria. He does suffer from asthma and angina and has significant peripheral vascular disease in the contralateral leg which is being investigated by the Vascular surgeons. He is on Lactulose, Senokot, Aspirin, Ramipril, Isosorbide mononitrate, GTN and Omeprazole with no known drug allergies. He lives with his partner, and is a smoker of 15-a-day for over 30 years. He is on longterm sick unemployment due to his cardiovascular disease, and previously worked as a housekeeper. He used to drink four pints a night of alcohol but has been cutting down on this. His family history includes diabetes, dementia, and Raynaud's but no AVN or cancer.

On examination, he has a significantly irritable left hip with reduced range of movements. He is able to straight leg raise to approximately ten degrees, passively to approximately ten degrees but

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no further. He has pain on any internal/external rotation and has very limited abduction. He has no fixed flexion deformity. His Trendelenburg test is negative and he walks with an antalgic gait.

I discussed his case with Mr Macpherson today and Mr Lewis will definitely require a left total hip replacement, but it is difficult to explain his significant systemic symptoms. We will organise an echocardiogram. I will ask Infectious Diseases for their opinion, and I have put his name on the waiting list for an urgent aspiration and biopsy to check for any signs of infection. It is reassuring that his chest, abdo, pelvis CT was negative and he clearly has avascular necrosis of the left hip as shown again on the MRI. A previous radiological attempt at aspiration revealed no fluid, hence a potential biopsy under anaesthetic. Name added to waiting list today.

Yours sincerely

Ms Ellie Davidson
ST6 to Mr GJ Macpherson
Secretary: 0131 242 3544 /mc

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Date First Created: 13/09/2019
Date/Time Printed: 29/04/2026 11:58
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

I wonder if we could ask your opinion regarding this 51 year old gentleman. Mr Lewis has a left hip avascular necrosis which will require a left total hip replacement.

He also has significant systemic symptoms which can not be explained by avascular necrosis. He has had a CRP of over 200 which has decreased to 31 in July, and 20 in August. He is however still getting significant night sweats every night which wake him regularly, having to change the bedding regularly with occasional sweats during the day involving his head and neck. He has had a decreased appetite, low mood and weight loss of 1-2 stones over the past six months.

I have organised an echocardiogram and also a repeat aspiration +/- biopsy in theatre. Mr Macpherson and I wonder whether you have any thoughts on any tests which we should be doing, looking for the cause of his systemic symptoms.

I enclose a copy of my clinic letter from today and would be very grateful for your opinion.

Many thanks.

Yours sincerely

Ms Ellie Davidson
ST6 to Mr GJ Macpherson
Secretary: 0131 242 3544 /mc

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Date First Created: 02/10/2019
Date/Time Printed: 29/04/2026 11:58
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

Many regards for your letter regarding this patient. I have referred this gentleman to my colleague Mr Gavin Macpherson for consideration of a hip replacement. I can see from our hospital records that there is concern regarding a raised CRP for which this patient is having further investigation. I have copied in Mr Macpherson and I have also forwarded a copy of your letter, so that he is aware of tour concerns.

Yours Sincerely,

Mr Anish Amin
Consultant Orthopaedic Surgeon
AKA/EW

cc Mr Macpherson

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Date First Created: 23/10/2019
Date/Time Printed: 29/04/2026 11:58
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

09 10 19 - Clinical note:

Phone call from Ferniehill Surgery re patient and increasing opiate requirements. Duty doctor aware of case but not seen patient. Patient not started gabapentin as recommended on email chain by Consultant anaesthetist/pain medicine. Aware complex case with AVN but systemic features including weight loss and night sweats. Planned review by ID 16th Oct and open biopsy and aspiration by our team 21st Oct. Has been investigated with CT CAP and bloods so far no clear diagnosis. Orthopaedics does not have specific access for pain management in hospital and unlikely to be so severe secondary to just AVN seen on imaging march and may 2019. If patient is really struggling after trying pain team plan then emergency department triage to appropriate service maybe appropriate but the current investigations and planned review by infectious diseases are the steps required. GP is kindly going to follow up re gabapentin.

Miss E Davidson
ST7 to Mr GJ Macpherson

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Date First Created: 25/10/2019
Date/Time Printed: 29/04/2026 11:59
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Infectious Diseases	**Consultant:**	Dr Elham Khatamzas (Reg)

You kindly referred Mr Lewis urgently to our service to evaluate his 18 month history of increasing nightsweats and significant weight loss, particularly apparent in the last six months. He reports a one year history of increasingly severe left knee pain, which subsequently ascended to his hip, and which has now been known to be secondary to avascular necrosis of his left hip.
I believe he was first seen in March 2019 in the orthopaedic service for evaluation of surgical intervention, where there was some concern regarding a collection of fluid around the head of his femur.

This was unsuccessfully aspirated in April 2019. A subsequent MRI of his hip revealed stable appearances and continued presence of fluid. Around the same time, he was noted to have a significantly raised CRP (>300), which declined spontaneously without intervention.

A CTCAP did not reveal any deep-seated infection or malignancy that could explain this sudden rise in CRP.
Since then, I note a grumbling CRP in the low 20s to 30s.

When I reviewed Mr Lewis, he describes a clear history of severe night sweats where he has to change his bedclothes and use a towel overnight. There is clear weight loss in that his trouser girth has declined by two waist sizes. He denies any lymphadenopathy, rashes, or joint pains.

Mr Lewis has an extensive past medical history including IHD (last angiogram 2013 - normal), PVD in his Right leg (not currently for intervention), and probable respiratory disease secondary to smoking (his exercise tolerance is limited to one flight of stairs and he has inhalers, but never had formal PFTs). He has had intermittent anginal symptoms that were put down to microvascular disease in 2015 but he has since failed to attend cardiology follow-up.

He has never travelled abroad. He has never been knowingly exposed to tuberculosis.

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Date First Created: 25/10/2019
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He does have a family history of rheumatoid arthritis (his sister and mother) but himself has no symptoms to suggest RA.

Mr Lewis has no significant abnormalities on examination, other than the restriction in his left hip movement, with significant arthralgia.

From an infection perspective, I reviewed different possible causes of intermittent night sweats and weight loss. His imaging (CT in March) is not suggestive of tuberculosis, and he has no family history of this. His echocardiogram does not reveal any valvular abnormalities and he has no end-organ signs suggestive of underlying infective endocarditis.

My concern is that he has an indolent infection affecting his left hip and your decision to proceed to hip biopsy will hopefully determine whether this is the case, as well as any antibiotics that we may wish to then recommend prior to his eventual hip replacement.

Of immediate concern - and this may lead to a delay in the planned procedure - is that Mr Lewis reported escalating anginal symptoms when I saw him. He has been suffering recurring bouts of ischaemic chest pain over the last several months, which occasionally occur at rest. Whilst his echocardiogram is reassuring, I wanted to pass on my concerns that he should have an urgent cardiology review as this may impact his fitness to undergo a general anaesthetic.
In parallel, his respiratory function is of concern considering his very poor exercise tolerance.

I have given him strongly worded advice regarding his smoking as a first step. In the interim, I have sent off baseline microbiology investigations including three sets of blood cultures, baseline blood borne virus serology, and auto-immune serology to exclude an unlikely inflammatory process as an explanation for his night-sweats and weight loss.

Having discussed with Dr Khatamzas, my consultant, we do not think that there is any need to commence empirical antibiotic therapy at this stage until we have obtained a biopsy to target treatment. It would be worth contacting the lab when this happens to ask them to send it for 16S PCR (molecular testing) in the event it does not yield a positive result.

If you were to find that Mr Lewis was not in a fit state to undergo his orthopaedic intervention on Monday 21st October, we would recommend discussing with interventional radiology as to whether he could undergo a CT guided biopsy instead.

I hope in the first instance that this information is useful, and my formal clinic letter will follow shortly.

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Our Ref: 620106899H
CHI: 2812671297

Should you wish to contact me or my team for further advice, please do not hesitate to email me back, or contact me directly at RIDU.

Yours sincerely,

Dr Marcello Scopazzini, Specialist Registrar in Infectious Diseases and General Internal Medicine
Western General Hospital

CC: GP (Sent via SciStore - letter addressed to Dr Ellie Davidson, ST6 in Orthopaedics)

Addendum:
We received information from the TB lab that Mr Lewis's AFBs returned positive, but thankfully were PCR negative for M. tuberculosis. We plan to follow him up in clinic in a short time to evaluate his respiratory symptoms with a chest x-ray and referral to the respiratory team if he has further positive samples for probable NTM.

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Date First Created: 14/11/2019
Date/Time Printed: 29/04/2026 11:59
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Infectious Diseases	**Consultant:**	Dr Elham Khatamzas (Reg)

I reviewed Mr Lewis in my outpatient clinic to follow up on our earlier review one month before.

Since last seeing me, Mr Lewis has undergone a left hip biopsy and aspiration under care of the orthopaedic team. This has yet to yield results. His pain relief has escalated remarkably however since then, and I note he is on 180mg BD of prolonged release morphine.

Mr Lewis continues to smoke. He continues to experience cardiac sounding chest pain, with anginal symptoms now occurring at rest despite maximal anti-anginal therapy.

From a respiratory perspective, he continues to be restricted in his exercise tolerance, and required a short course of steroids recently to manage an episode of wheeze associated with undiagnosed COPD.

During our appointment, it became apparent that Mr Lewis had suffered three distinct episodes of chest pain the preceding night, which woke him from sleep. He did not seek medical care at the time. I promptly referred him to our medical assessment unit, and am happy to note that his ECG showed no ischaemic changes, nor was his high-sensitivity troponin raised. His CXR showed scarring in keeping with established emphysema secondary to smoking.

From an infection perspective, I am now approaching the maximal investigations that I would carry out to investigate Mr Lewis' history of nightsweats and weight loss. I suspect that these are related to a yet to be established new diagnosis of Non-Tuberculous Mycobacteria (NTM) infection affecting his lungs.
At present, I have booked Mr Lewis for an outpatient CT chest abdomen and pelvis to ensure there is no underlying systemic infection or malignancy contributing to his symptoms. I have asked the radiologists to comment specifically on his lungs to establish if there are any radiological changes in keeping with active NTM disease requiring therapy.

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I have also asked Mr Lewis to submit two further samples of sputum for AFB analysis, as the respiratory team require at least two separate samples with the same organism to consider initiating therapy.

In parallel, I have again urged Mr Lewis to stop smoking, and advised him strongly to seek help immediately if he develops further episodes of chest pain. We hope that his appointment to see a cardiologist can be expedited now that he has required review in the acute medical unit, althought I would kindly ask you to also track this.

Mr Lewis clearly has multiple co-morbidities, and there is no unifying diagnosis at present. Should his CT CAP and repeat AFB analysis be strongly suggestive of NTM disease, I will refer him on to our respiratory colleagues for assessment and consideration of treatment initiation.

In the meantime, I hope that the orthopaedic team are able to get on top of his hip pain given his escalating requirements for otherwise very addictive pain relief. I wonder whether an early assessment by the community chronic pain team may help with his pain management, and would kindly ask you to consider this for him.

Provided there is no evidence of infection, I would discharge Mr Lewis from ongoing ID follow-up but appreciate that this does not address the multiple specialty input that he is likely to require in the near future. Should you find it difficult to manage the various specialties involved in Mr Lewis' care, and considering the multi-system co-morbidities with which he suffers, it may be helpful to seek the care of an overarching acute medical consultant to coordinate his secondary care input.

As soon as I have results of Mr Lewis' outpatient CT CAP, I will book a follow up appointment to review the results with him from an infection perspective.

Kind regards,

Dr M Scopazzini SpR Infectious Diseases and General Internal Medicine

Addendum 06/12/19:

I now have the full results of the panel of investigations for Mr Lewis.

His CT chest/abdomen/pelvis revealed ground-glass change in his right upper lobe which is consistent with infection. In light of the known acid fast bacilli recovered from his sputum sample in early November, this is likely to represent radiological evidence of non-tuberculous

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mycobacterial disease, but, given we do not have speciation of his sample yet, treatment will have to be deferred until further culture results are available.

His iron levels are low, and I would ask you to kindly proceed to investigate and treat this further. Reassuringly, his large bowel did not appear to have any evidence of radiological abnormality on his CT scan.

The reamings from his hip aspirate conducted by orthopaedics have at present only grown a Staphylococcus capitis in one sample, which is insufficient to draw any conclusions with regards to it being infected, especially given it is a native hip joint. I understand the orthopaedic team are considering further management of his affected hip.

No further microbiological samples are outstanding, other than tuberculous cultures from his sputum and hip, which are likely to take several further weeks to yield any results.

I think that Mr Lewis' intermittent fevers, weight loss, and night sweats are all most likely explained by probable NTM disease affecting his lungs. In parallel, he clearly suffers from extensive ischaemic heart disease and continues to smoke. I think I have exhausted other routine investigations for PUO at this stage, and I am therefore referring him to our respiratory colleagues for monitoring and evaluation of probable NTM disease with a view to deciding whether therapy should be initiated for this in due course.

I have informed Mr Lewis of my intention to refer him on to respiratory services, and that there is no need for him to attend further infectious diseases follow-up and will therefore discharge him from my clinic.

Should you require any further information, please do not hesitate to contact me.

Kind regards,

Dr Marcello Scopazzini
ST4 Infectious Diseases/General Internal Medicine

CC:
Patient
Respiratory Secretaries, RIE
Mr Macpherson, Orthopaedics
Dr Miles Behan, Cardiology

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Date First Created: 26/11/2019
Date/Time Printed: 29/04/2026 11:59
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

Mr Lewis attended my Orthopaedic out-patient clinic for follow up after a core decompression and aspiration of his left hip. This was undertaken on 21 10 19. At the time of the aspiration only a small volume of fluid was obtained from the hip. This would be consistent with the MRI scan finding of only a small hip effusion. Core decompression of the femoral head was undertaken and a sample of bone reamings sent to Microbiology. There has been broth growth of Staphylococcus capitis from the tissue reamings although there was initially no growth from the primary culture.

Following his surgery, I note that he was reviewed in the hospital with a suspected wound infection and had a course of oral antibiotics to treat this.

We had a discussion regarding the current plan for managing his left hip pain. He has osteonecrosis and severe pain. He would benefit from a hip replacement; however the risks remain very high, particularly for infection. He is awaiting a CT scan of his chest, abdomen and pelvis and repeat sputum samples to investigate the possibility of tuberculosis. I would be keen to await the results of these further investigations before planning any surgery. His CT is due to be undertaken at the end of this month and I will await the result of this.

Yours sincerely

Mr GJ Macpherson FRCSEd
Consultant Orthopaedic Surgeon
Secretary: 0131 242 3544 /mc

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Date First Created: 14/01/2020
Date/Time Printed: 29/04/2026 11:59
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

24 12 19 - Date of Dictation:

I would be most grateful if you would be able to see this 51 year old gentleman in your out-patient clinic by way of a second opinion regarding his left hip. He has changes on his x-ray and a recent CT consistent with osteonecrosis of the left hip, but there is significant concern that this may represent infection. He has been under the Infectious Diseases Team as an out-patient and had a number of investigations, the conclusions of which appear to point towards non-tuberculous microbacterial infection of his lungs. He is awaiting an appointment to be seen by Respiratory for monitoring and treatment of this.

We brought him in as a Day Case and he underwent decompression of his left femoral head in order to obtain a sample of bone. We also aspirated his left hip. One sample from the femoral head has grown Staph capitis but no other samples are positive for infection.

Following the aspiration and core decompression he developed a wound infection, and I am extremely concerned that if they were to proceed with a hip replacement then this would become infected also.

I would be most grateful for your expert second opinion as to whether you think surgery is an acceptable or unacceptable risk.

Many thanks for your assistance.

Kind regards.

Yours sincerely

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Date First Created:	14/01/2020
Date/Time Printed:	29/04/2026 11:59
Our Ref:	620106899H
CHI:	2812671297

Mr GJ Macpherson FRCSEd
Consultant Orthopaedic Surgeon
Secretary: 0131 242 3544 /mc

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Date First Created: 16/01/2020
Date/Time Printed: 29/04/2026 11:59
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

10/01/20

Many thanks for asking me to review Mr Lewis and his terrible situation.

The bottom line is that this gent who gave one kidney to someone, represents with an ongoing infection. The only positive findings of a high C3 are associated with a chronic infection. he doesn't have any other signs of immune disease. I note the fractured tibial nail on the left and the dead bone and infection in the left hip with ongoing treatment non tuberculous mycoplasma infection by the respiratory physicians.

This is a very difficult situation. He is in chronic pain due to the left hip. He has known infection here. There is a problem of the underlying diagnosis. There is indeed chronic infection then inserting a total hip replacement into an already infected source in someone who is presumably immune compromised in some way will almost certainly become infected again and become more of an issue.

As a first instance, I would arrange a bone scan just to ensure that there are no other signs of inflammation in his musculoskeletal system, missing a multi focal or a low grade infection for his problems. If this turns out to be positive then further invasive tests such as white cell scan to look at the possible source causes. The nail may be a GK chrome cobalt nail and given the slightly unusual appearance it may be worthwhile checking his chromium cobalt levels to ensure that he hasn't got high levels leading to a problem, although this would be almost unheard of.

As regards his hip and pain. The choice lies between continuing conservative treatments, he is already on high dose opiates and considerably disabled. A total hip replacement, which would almost inevitably become infected as we don't know the underlying diagnosis and not really aggressively treating any ongoing infections and excision arthroplasty. Excision arthroplasty with no insertion of a spacer may be the best option as it would relieve his considerable pain to a degree. It would however leave him with a short externally rotated leg.

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This could be left fallow for some time and in the meantime any underlying causes would come to light and the specimen could be sent for definitive diagnosis, perhaps a bone marrow aspirate at the same time would be helpful. My feeling is of a few further investigations and then an excision arthroplasty.

Yours sincerely

Prof C Howie
Consultant Orthopaedic Surgeon
Secretary 0131 242 3486
CRH/CC

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Date First Created: 11/02/2020
Date/Time Printed: 29/04/2026 11:59
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

Diagnosis:
Left hip avascular necrosis with systemic disease and presumed immunocompromised picture.

Plan:
Bone scan to look for possible multi-focal conocostio myelitis or other low grade infection.
Cobalt chromium blood levels due to a possible fractured GK tibial nail.
Review in clinic with the results of these tests, and hopefully after review by Cardiology and Respiratory physicians with a view to being placed on the waiting list for excision arthroplasty.

This gentleman and his wife attended clinic today. He is still struggling considerably with the pain from his left hip, and low mood due to the pain, and the unclear nature of his problems. There are no further documentation of appointments with the physicians regarding this systemic disorder, although looking on Trak it seems that they are considering a non-tuberculosis mycoplasm. Professor Howie has very kindly reviewed this gentleman's history and written a comprehensive letter suggesting the above investigations and discussion of excision arthroplasty. I explained Professor Howie's views to the patient and his wife today, and that we feel excision arthroplasty is probably the most likely solution for his pain at the minute, without compromising the risk of infection with a total hip replacement given the undiagnosed systemic problems.

I have therefore organised a bone scan today and the blood tests for cobalt and chromium levels. They are aware that both of these are unusual and we would not expect to find anything particularly on either of them. I understand he was unwell for his Cardiology appointment and is now not due to see them until 26th March. When we get the results of our tests and he has been seen by Cardiology, it would be worth us seeing him again in clinic to discuss further excision arthroplasty, and put him on the waiting list if possible. He will need to see the high risk anaesthetic service prior to an operation if we have not had clear answers from Cardiology and Respiratory.

We discussed his low mood and the pain he is in, and acknowledged that this is a really difficult situation. We would love to be able to sort this out quickly but we need to do it in the most safe

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manner for him. He is understanding of this and we will aim to expedite everything as much as possible.

Yours sincerely

Ms Ellie Davidson
ST7 to Mr GJ Macpherson
Secretary: 0131 242 3544 /mc

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Date First Created: 19/02/2020
Date/Time Printed: 29/04/2026 11:59
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CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

11 02 20 - Date of Dictation:

I am writing to you in relation to the recent bone scan performed at the Royal Infirmary of Edinburgh. The scan has been reported by a Radiologist who has made reference to your previous x-ray and CT scans. The left hip has appearances consistent with avascular necrosis as had been seen on your previous x-ray. The intramedullary nail in the left tibia did not have any concerning features. There was some mild arthritis noted in your left knee. The remainder of the scan was within normal limits other than noting an absent left kidney.

Recent blood tests looking at cobalt and chromium levels in your blood are also normal suggesting that the tibial nail is unlikely to be a source of trouble.

I have asked my secretary to make an appointment for you to return to my out-patient clinic to discuss things further. At this stage I think it would be worthwhile us considering surgery to address your left hip, and I think it would be best to discuss this in person.

Kind regards.

Yours sincerely

Mr GJ Macpherson FRCSEd
Consultant Orthopaedic Surgeon
Secretary: 0131 242 3544 /mc

Note: Blood cobalt - 11 nmol/l [0-50]
Blood chromium - 19 nmol/l [0-40].

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Date/Time Printed:	29/04/2026 11:59
Our Ref:	620106899H
CHI:	2812671297

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Date First Created: 05/03/2020
Date/Time Printed: 29/04/2026 12:00
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

Diagnoses:
1. Septic arthritis, left hip.
2. Immunocompromised picture.
3. Non tuberculous mycobacteria chest infection.
4. Left nephrectomy for donation.
5. Left tibial intra medullary nail.
6. Ischaemic heart disease.
7. Peripheral vascular disease.
8. Gastritis.
9. Depression.

Plan: Excision arthroplasty, left hip.

Mr Lewis and his wife returned to my orthopaedic clinic at the Royal Infirmary to discuss the options for managing his left hip pain. We have concluded that his left hip pain is as a result of septic arthritis and the recommendation has been for an excision arthroplasty. We discussed the fact that replacing his left hip would carry a significant risk of developing an infected hip replacement. He was very understanding of this. We therefore plan to remove his femoral head and send tissue samples to microbiology and pathology. We will leave him with an excision arthroplasty in the first instance. If microbiology and pathology find no abnormalities from the tissue sent at the time of surgery then reimplantation with a hip replacement in the future would be an option. I think this is unlikely and I have clearly stated today that I think the most likely outcome is that he is left with an excision arthroplasty for the rest of his life. This will leave him with a short leg and groin pain in the short to medium term. It will also limit his mobility and I think he is likely to require the use of crutches for the remainder of his life. There is a chance that he may require a wheelchair.

He and his wife are willing to accept the risks and limitations associated with this operation. They are very understanding of the complexity of the situation. He is due to see the cardiologist in the

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near future. I have added his name to the urgent waiting list for surgery and will review him again in the pre op assessment clinic.

Yours sincerely

Mr G J MacPherson FRCSEd
Consultant Orthopaedic Surgeon
GJM/CS

Secretary: 0131 242 3544

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Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

20 03 20 - Seen in Pre-admission Clinic

This gentleman was due to be admitted for an urgent excision arthoplasty of his hip due to chronic infection. I saw him in the Pre-op Assessment Clinic at the Royal Infirmary this morning. We had an open and frank discussion regarding the risks associated with the surgery. I am concerned that he would be an in-patient for a prolonged period of time during the Covid-19 pandemic. He has underlying respiratory issues for which he sees the Respiratory physicians. I am concerned that if he were to contract Corona virus he would at increased risk of respiratory compromise . He and his wife are very understanding of the situation and agreed with me that we should postpone his surgery.

I have therefore cancelled his planned surgery on 16 04 20 but have made the waiting list office aware that his surgery should still go ahead when this can safely be accommodated.

Kind regards.

Yours sincerely

Mr GJ Macpherson FRCSEd
Consultant Orthopaedic Surgeon
Secretary: 0131 242 3544 /mc

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Date First Created: 03/04/2020
Date/Time Printed: 29/04/2026 12:00
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	General Medicine	**Consultant:**	Dr Ishwinder K Thethy

Reason for Referral:
1) Second opinion on drenching night sweats.
2) Two stone of weight loss. Was 74 kg September 2019, currently weighs 81 kg.
3) Dysphagia.
4) Chronic cough, intermittent wheezing, recurrent respiratory tract infections.

Significant Investigations to Date:
1) CT chest, abdomen and pelvis with contrast done November 2019 showed patchy ground-glass pulmonary neoplasty right upper lobe. Non specific likely to be secondary to infection. Progressive femoral head fragmentation in keeping with avascular necrosis. No evidence of malignancy. To have solitary right kidney.

2) PET scan whole body February 2020. Focus of photopenia in relation to left femoral head representing ongoing avascular necrosis and fragmentation, no other sites of infection identified.

3) Normal autoimmune screen.

4) Negative HIV, Hep B and Hep C.

5) Iron studies done in November 2019 suspicious for iron-deficiency given Ferritin 34, ie low, normal <50.

Potential culprits for persistent night sweats include:
1) Drugs ie. Gabapentin, Sertraline, Amitriptyline and MST.
2) Inflammatory lung changes and COPD.
3) Avascular necrosis of left hip.
4) Non TB mycobacterial chest infection.
5) Gastritis on a scope in 2016.

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Outcome at General Medical Outpatients:
1) Patient had urinalysis which was negative for microscopic haematuria and a vasculitis screen has been sent. The C3 is mildly elevated at 0.61 and the ANCAs are awaited.
2) Patient had repeat full blood count, U&Es and LFTs with repeat iron studies. He remains anaemic with an Hb of 114. His Ferritin is 13 with a Transferrin sat of 3.80 suggesting iron deficiency.
3) His alk phos is persistently raised at 161 with borderline hyponatraemia at 133 and raised white cells of 11.6.
4) Myeloma screen was sent and Bence Jones Protein negative and no paraproteins detected.
5) His IgA is mildly elevated at 4.54. His urate is normal at 0.33. PSA is also normal at 0.8.
6) Referred for urgent upper and lower GI endoscopies to further investigate iron deficiency.

I reviewed Mr Lewis in the General Medical Outpatient Clinic on 11 March 2020. He presents for a second opinion. His main complaints are:
1) Drenching night sweats which he describes as soaking into his bed sheets and needing to put a towel down. These have been ongoing for the last three to four years. They are so bad that he needs to change his boxer shorts through the night. He however denies any swinging pyrexias.

2) Weight loss. He thinks prior to all of this last year he lost two stone in weight. I note that he was weighed in September 2019 and he was 74 kg. He currently weighed 81 kg in clinic.

3) He denies dysphagia but says he has had a bit of loss of appetite and early satiety and has lost interest in food. He denies reflux and regurgitation. He has had intermittent abdominal cramps pre defecation but he is suffering from constipation which he has put down to his opiate use ie. MST. He had a normal bowel habit prior to this and he denies any PR blood loss.

4) He has had recurrent respiratory tract infections with intermittent sputum production. He is a current smoker. He admits to having a chronic cough and wheezing. His wife says he snores at night and she has been nudging him but she is unclear regarding any apnoeic episodes, and he also admits to some daytime sleepiness.

5) He admitted to having some urge to pass urine with some hesitancy and decreased stream, but denied any dysuria or frank haematuria. This has been ongoing for six months.

He has also had hip pain and knee pain and we know that he has now been diagnosed with avascular necrosis of his left hip. He denied any other joint pains, stiffness or inflammation and he denies any sicca symptoms or any Raynaud's Phenomenon. He was however concerned about some spots on his back which look like boils and then go purple and some buckle ulcers.

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His past medical history is outlined above. In addition he suffers from ischaemic heart disease, peripheral vascular disease, depression and uses his GTN spray 5-6 times a day currently.

He has a family history of diabetes, renal and brain cancer and he thinks his mum may suffer from an autoimmune illness whereby she has Raynaud's and perhaps some connective tissue disease but he cannot be sure of this.

He is on a number of medications as per his ECS.

He smokes 15 a day. Claims not to drink alcohol in excess, works in housekeeping, walks with two sticks and is struggling with the stairs.

He was examined by my CT Trainee Dr Box in clinic. Dr Box was able to appreciate right basal crepitations. The cardiovascular and abdominal examinations were normal. His left leg was mildly weak secondary to pain; and overall there was no evidence of cervical or inguinal lymphadenopathy.

He had already had extensive investigations in Infectious Diseases as outlined above. Over and above that I decided to dip his urine to exclude microscopic haematuria as a potential cause for his iron deficiency. I repeated his bloods and confirmed iron deficiency with his iron studies. For completeness I sent a PSA, a myeloma screen and a vasculitis screen, the results of which are outlined above. I have asked him to hand in sputum samples when he is symptomatic to the GP Surgery for testing; and given that he has iron deficiency I have requested urgent upper and lower GI scopes.

I would appreciate if you could start him on Ferrous Fumarate if he is not already on this.

I have outlined potential culprits that could be contributing to his night sweats. I will review him in clinic in due course. If you have any queries please do not hesitate to contact me.

Yours sincerely

Dictated by

Dr Ishwinder K Thethy
Consultant in General Medicine

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Date First Created:	03/04/2020
Date/Time Printed:	29/04/2026 12:00
Our Ref:	620106899H
CHI:	2812671297

Clinical Secretary: 0131 242 1363
Appt. Enquiries: 0131 242 1368/1369
Typed by: cis
Dict: 16/3/2020 IT

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Cardiology

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Date First Created: 07/01/2014
Date/Time Printed: 29/04/2026 12:00
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Cardiology	**Consultant:**	Dr Miles WH Behan

PRINCIPLE DIAGNOSIS:
Awaiting hip operation
Good left ventricular function with no significant valve abnormality echocardiogram 2019
Normal ECG
Normal coronary angiogram 2013
Smoker
Peripheral vascular disease
Previous left nephrectomy
High alcohol intake

COMMENTS:
I was due to this gentleman in clinic on 26th of March. Unfortunately he is self isolation due to the Covid-19 crisis.

I took the opportunity to give him a call to see how he is doing.

He was known to have atypical chest pains and had a normal coronary angiogram back in 2013. It was believed that his chest pain may be due to microvascular problems although it is very reassuring that he had unobstructed epicardial arteries back in 2013. He does smoker. He informs me that his chest pain has completely settled down. He has no further angina. He is known to have good left ventricular function with no significant valve disease on an echocardiogram from last year. He is on good secondary prevention.

From a cardiac point view this gentleman is stable and I don't think he requires further review in the Cardiology Clinic prior to any upcoming orthopaedic operations.

I am happy to see him again or give advice as necessary.

Best wishes,

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Date First Created: 07/01/2014
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Yours sincerely

Dr Miles Behan
Consultant Cardiologist
Secretary: 0131 242 1847
MB/lw

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Date First Created: 21/05/2020
Date/Time Printed: 29/04/2026 12:00
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	General Medicine	**Consultant:**	Dr Ishwinder K Thethy

Reason for Referral:
1) Second opinion on drenching night sweats over 3 to 4 years.
2) Two stone of weight loss, over 1 year.
3) Dysphagia.
4) Chronic cough, intermittent wheezing, recurrent respiratory tract infections.

Significant Investigations to Date:
1) CT chest, abdomen and pelvis with contrast done November 2019 showed:
a) Patchy ground-glass pulmonary opacity right upper lobe. Non specific likely to be secondary to infection.
b) Progressive femoral head fragmentation in keeping with avascular necrosis. No evidence of malignancy.
c) Noted to have solitary right kidney.

2) PET scan whole body February 2020. Focus of photopenia in relation to left femoral head representing ongoing avascular necrosis and fragmentation, no other sites of infection identified.

3) Normal autoimmune screen and Negative HIV, Hep B and Hep C.

5) Iron studies done in November 2019 suspicious for iron-deficiency given Ferritin 34, ie low, normal <50.

Potential culprits for persistent night sweats include:
1) Drugs ie. Gabapentin, Sertraline, Amitriptyline and MST.
2) Inflammatory lung changes and COPD +/- Non TB mycobacterial Infection
3) Avascular necrosis/Chronic infection/inflammation of left hip.
5) Gastritis on a scope in 2016

Iron Deficiency may be due to GI pathology vs. Chronic inflammation/infection

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Investigations from General Medical Outpatients:
1) Iron Deficiency Anaemia confirmed - Hb 114, Ferritin is 13 and Transferrin 3.80
1.1 Urinalysis which was negative for microscopic haematuria and normal PSA
1.2 Myeloma screen negative
1.3 Referred for Upper and Lower GI scopes - awaited
2) Non -specifically raised WCC 11.6, C3 0.61, IgA 4.54 and negative vasculitis screen

Outcome Telephone consultation 20/5/20:
1. D/W Respiratory StR Dr. Siddhu who discussed with Dr. Anna Lithgow Respiratory consultant: advised repeat CT chest and if persistent or worsening changes on CT they would consider bronchoscopy

GP Please: Could you send 3 different sputum samples - for AFB testing - at different times thank you. Prescribe Iron if not already on it.

I had a telephone consultation with Mr. Lewis today 20th May 2020. He tells me that his night sweats are worsening and he is now having to wipe himself down with a towel in the middle of the night. He stopped taking his Gabapentin a few weeks ago and this has not made any difference. Furthermore, his Shortness of Breath is worsening and he is using his ventolin day and night in addition to his fostair. He denied productive cough, however.

I see his Orthopaedic surgery had to be postponed due to COVID19. I have copied in Mr. Macpherson into this letter for his information as I think the hip pathology is a major contributing factor to his night sweats.

I also note that despite Infectious Disease at WGH saying they would refer him to Respiratory Outpatients - this has not transpired. I have copied them into this letter for their information.

I explained the above potential culprits for his symptoms to Mr. Lewis. I reassured him I would liaise primarily with Respiratory Team here at RIE for advise on this potential Non TB Mycobacterial Infection, especially since his chest symptoms are worsening.

Post clinic, I discussed his case with Dr.Siddhu Respiratory StR who discussed with our local TB consultant Dr. Lithgow. Dr. Lithgow has advised a repeat CT chest which I have ordered and repeat sputum sampling as outlined above. If CT shows worsening or persistent changes then Respiratory may consider a bronchoscopy.

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Interestingly, I understand from Dr Siddhu that Mr.Lewis' PFTs were entirely normal. And I wonder if his SOB may be due to anaemia? I would appreciate it if you could instate Iron therapy if not already done so. His scopes have been delayed due to COVID19 and I will write to you with results of these when they become available.

I will ask my Secretary to ensure Mr. Lewis has a repeat appointment with myself.

If you've any queries please do not hesitate to contact me

Yours sincerely

Dr Ishwinder Thethy
Consultant Physician
General Medical Clinic

Out patient enquiries - 0131 242 1363

CC - Dr Anna Lithgow, Consultant Respiratory, Respiratory Medicine, RIE
CC - Consultant on Call, Regional Infectious Diseases Unit, WGH
CC - Dr Khatamzas, Regional Infectious Diseases Unit, WGH
CC - Dr. Scopazzini STR Regional Infectious Diseases Unit, WGH
CC - Mr. MacPherson, Consultant Orthopaedic Surgeon, Dept Orthopaedics, RIE

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8 Ferniehill Road
Edinburgh
EH17 7AB

Date First Created: 21/05/2020
Date/Time Printed: 29/04/2026 12:00
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	General Medicine	**Consultant:**	Dr Ishwinder K Thethy

It was a pleasure to talk you today. I have discussed your case with chest physicians and they advise a repeat CT scan of your chest and more sputum samples for testing. I have written to your GP to explain the plan. I will ask my secretary to book you into my clinic again. If any concerns in meantime, please do get in touch.

Yours Sincerely

E- checked

Dr Ishwinder Thethy
Consultant Physician
General Medical Clinic

Out patient enquiries - 0131 242 1363
sent 21.05.20

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
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Edinburgh
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NHS Lothian

General Medicine

Dr Pirie
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EH17 7AB

Date First Created: 05/06/2020
Date/Time Printed: 29/04/2026 12:00
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	General Medicine	**Consultant:**	Dr Ishwinder K Thethy

Reason for Referral:
1. Night Sweats.
2. Weight loss.
3. Chronic Cough, wheeze with Recurrent Respiratory Tract Infections and worsening SOB.

Probable Working Differential Diagnoses:
1. Emphysema on CT scan and ?Probability of Non TB Mycobacterial Infection.
2. Avascular Necrosis/Chronic infection or inflammation of Left Hip.
3. Drugs, ie., Gabapentin, Sertraline, Amitriptyline and MST.

Up-to-date Investigations:
1. Repeat CT - complete resolution of Right Upper Lobe groundglass changes and mild paraseptal emphysema.
2. 1 x sputum sample 1/06/20 - showed AFB in sputum and the 2 further sputum samples that were submitted were not of good quality but were film negative. No MTB complex was detected on the specimen however on direct PCR.

Pending from General Medicine:
1. Awaited are Upper and Lower GI endoscopies for further investigation of Iron Deficieny anaemia. (No microscopic Haematuria on Urinalysis) and we may well be dealing with chronic inflammation/infection interfering with Iron stores

GP Please:
1. Could we arrange to send 2 further sputum samples, ideally a week apart? The TB Team at RIE are aware and looking out for these.
2. Change Fostair Inhaler to Trelegy Ellipta and monitor effect on Shortness of breath.
3. Enforce smoking cessation advice from Community as is possible.

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I am writing to you with up to date CT and Sputum sample results for Mr Lewis. The Right Upper Lobe groundglass changes have resolved and CT has commented on mild paraseptal emphysema. One of his sputum samples submitted showed AFB in sputum but PCR was negative for MTB complex.

I have discussed his case with TB consultant, Dr Anna Lithgow, who has kindly reviewed his CT scan and sputum results. She has advised two further sputum samples a week apart for AFB testing please, and at this point she does not think there is any suggestion of mycobacterial disease. She has kindly advised on his worsening Shortness of Breath, which is of course of concern for him at present. She has noted his CT has shown emphysema and gas trapping, and we conclude that given Mr Fisher is a current smoker, he most definitely has smoking related airways disease +/- asthma. For now we have been advised to swap his inhaler over to Trelegy and enforce smoking cessation. If he is still struggling from a breathlessness point of view then the next step would be for full PFTS, with gas transfer testing +/- Hyperventilation assessment +/- CPET, all of which are difficult to arrange at the moment, but could be referred to general Respiratory or COPD/Asthma Clinic. I would appreciate it if you could expedite this referral from Primary Care if necessary.

From my point of view, I have surmised the potential reasons for his symptoms of referral and will await GI scopes results when done. I will write to him and explain the above.

Yours sincerely

Electronically Checked

Dr Ishwinder K Thethy
Consultant in General Medicine

Clinical Secretary: 0131 242 1363
Appt. Enquiries: 0131 242 1368/1369
Typed by: cis

cc: Dr Anna Lithgow
Respiratory TB Consutlant
RIE

Dr Gavin MacPherson

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
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General Medicine

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
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EH17 7AB

Date First Created:	05/06/2020
Date/Time Printed:	29/04/2026 12:00
Our Ref:	620106899H
CHI:	2812671297

Orthopaedic Consultant
RIE

University Hospitals Division

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General Medicine

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Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	General Medicine	**Consultant:**	Dr Ishwinder K Thethy

I am writing to let you know that your CT scan confirmed emphysema, but the inflammatory changes seen on CT last year in your Right lung have resolved. Your sputum sample again suggested Acid Fast Bacilli, but further testing did not confirm any Mycobacterial TB infection at present. The chest physicians have asked that you hand in two further samples of sputum, at least a week apart, to your GP for repeat testing.

Regarding your breathlessness, we have been advised to change your Fostair inhaler to Trelegy Ellipta. This is a new combination therapy which combines medications that dilate your airways to help your breathing and also steroid to reduce inflammation. I have advised your GP to do this, and also to discuss ways in which we can support you cutting down on smoking if you are amenable to this and eventually stopping altogether. If despite these changes you are still short of breath, your GP will refer you to a Chest Clinic directly for further review and investigations.

And we are also awaiting camera tests to look into your foodpipe and bowel to investigate why you are anaemic. But again this may be explained by chronic inflammation or infection.

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

Yours sincerely

Electronically Checked

Dr Ishwinder K Thethy
Consultant in General Medicine

Clinical Secretary: 0131 242 1363
Appt. Enquiries: 0131 242 1368/1369
Typed by: cis
Sent 09.06.20

University Hospitals Division

Royal Infirmary of Edinburgh
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Respiratory Medicine

Dr Pirie
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Date First Created: 23/06/2020
Date/Time Printed: 29/04/2026 12:02
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Respiratory Medicine	**Consultant:**	Dr Laura Barr

23.06.20 - LB.DL

Thank you for your referral letter for this patient. I have had a look back through recent TRAK correspondence. Mr Lewis actually had spirometry and reversibilities done early in March 2020 (requested by yourselves), which showed values within the normal range. His post reversibility FEV1 was 2.68 L, which is 80% predicted, FVC of 3.63 L, which is 86% of predicted giving a normal ratio of 73%. There was no reversibility. Exhaled nitric oxide level was normal.

His CT scan had previously shown ground glass change, which had resolved and there is some mild paraseptal emphysema.

I see that my colleague, Dr Lithgow has already recommended LAMA plus LABA plus ICS in the form of Trelegy ellipta, which seems prudent. I also note that the patient is still smoking and I suspect that a large part of his symptoms are due to that.

I do not think performing lung volumes and gas transfer, which would be the next initial step, are going to change his management at this point. I have not, therefore, requested these at present. His breathlessness may be partly due to deconditioning although I see that Orthopaedics are planning an excision arthroplasty in the first instance so his mobility may not be helped by this. Dr Lithgow is keeping an eye out for the results of his sputum microbiology or AFB and there is nothing on the CT scan to suggest active mycobacterial disease, which is reassuring.

If, once he has recovered from his hip operation, he is still very breathless and stopping smoking has not helped or his breathlessness is deteriorating, then please do not hesitate to re-refer him and we can arrange further investigations as required.

Yours sincerely

University Hospitals Division

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Dr L Barr
Consultant Respiratory Physician

cc.

Dr Thethy, General Medicine Consultant, RIE

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		Date of Birth:	28/12/1967
Specialty:	Respiratory Medicine	**Consultant:**	Dr Laura Barr

23.06.20 - LB.DL

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If, once he has recovered from his hip operation, he is still very breathless and stopping smoking has not helped or his breathlessness is deteriorating, then please do not hesitate to re-refer him and we can arrange further investigations as required.

Yours sincerely

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Dr L Barr
Consultant Respiratory Physician

cc.

Dr Thethy, General Medicine Consultant, RIE

University Hospitals Division

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Respiratory Medicine

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Date First Created: 26/08/2020
Date/Time Printed: 29/04/2026 12:02
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Respiratory Medicine	**Consultant:**	Dr Laura Barr

Sent by Email

Dear Dr Pirie/Mr MacPherson

I've discussed with Anna Lithgow and all cultures were negative for mycobacteria and there is nothing else to suggest active TB so we think that the initial smear results in June were just contamination.

As per my previous letter, we haven't arranged any follow-up in the Respiratory clinic at present, but please do not hesitate to get in contact in the future if you need further advice.

Kind regards
Laura Barr

University Hospitals Division

Royal Infirmary of Edinburgh
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Orthopaedics

Dr Pirie
Ferniehill Surgery
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Edinburgh
EH17 7AB

Date First Created: 26/08/2020
Date/Time Printed: 29/04/2026 12:02
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Elective Consultant

Diagnosis:
1. Excision arthroplasty with washout and debridement left hip on 16 06 20.
2. Pathology results femoral head confirm avascular necrosis.
3. TB and infection testing left hip samples - negative.
4. Likely diagnosis of emphysema - previous non-tuberculosis microbacterial chest infection.
5. Left nephrectomy for donation.
6. Left tibial intramedullary nail for non-union.
7. Ischaemic heart disease.
8. Peripheral vascular disease.
9. Gastritis.
10. Depression.

Plan:
Listed for left total hip replacement.
For x-ray of left hip when seen in Pre-admission Clinic.

I reviewed this 52 year old gentleman in clinic today. He reports a significant improvement following his procedure in June. The night sweats have gradually improved. He remains on low dose Morphine although his analgesia requirements are gradually improving. He continues to mobilise in his wheelchair although he is able to stand for transfers using his trainers. He is not particularly keen on his orthotic shoe.

I note his microbiology and TB assessment results have been clear from his left hip samples. The pathology result is in keeping with avascular necrosis. He is unsure of the associated respiratory diagnosis and there has been no evidence of TB.

On examination today, the surgical wound over the left hip has healed well. There was obvious shortening of the left leg compared to the right in keeping with a Girdlestone procedure. The left leg was distally neurovascularly intact. The calf was soft and non-tender.

University Hospitals Division

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Orthopaedics

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I had a discussion with Mr Macpherson regarding ongoing treatment of Bernard. Mr Macpherson has discussed with Bernard and they have come to a joint agreement to proceed with implantation of a total hip replacement. I have outlined the intended benefits as well as the risks, particularly re-infection of the prosthesis as well as the standard risks including bleeding, DVT/PE, anaesthetic, structural injury, dislocation, leg length discrepancy, wear, revision and medical complications.

His name has been added to the waiting list and we will see him in the Pre-admission Clinic in due course, with an x-ray at that time.

Kind regards.

Yours sincerely

Mr Greig Robertson
ST8 to Mr GJ Macpherson
Secretary: 0131 242 3544 /mc

University Hospitals Division

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39 Lauriston Place
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EH3 9EN

Orthopaedics

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Date First Created: 18/11/2020
Date/Time Printed: 29/04/2026 12:03
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

Diagnosis: Left total hip replacement - 02/11/20

Plan: Arthroplasty practitioner follow-up in 5 weeks.

This gentleman had a girdle stone of his left hip in June 2020 and subsequently had a left total hip replacement in November. He had leakage of the wound postoperatively and I have therefore applied a suction dressing and arranged for him to return to my clinic today. Unfortunately he did not attend as he received the appointment to late. He has been in touch with your surgery and has tried to arrange for district nurses to come change his dressings and I would be most grateful if this could be undertaken. He reports significant improvement with his pain and gradual improvement with his mobility. He is keen to change from elbow crutches to walking sticks and I would be happy for him to do so. I am happy to see him in my outpatient clinic at any stage if he has any concerns but in the meantime I have arranged an Arthroplasty practitioner follow-up in 5 weeks for him to be reviewed.

Yours sincerely,

Mr GJ Macpherson FRCSEd
Consultant Orthopaedic Surgeon
Secretary: 0131 242 3544 /JC

University Hospitals Division

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Orthopaedics

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Date First Created: 18/11/2020
Date/Time Printed: 29/04/2026 12:03
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

I would be most grateful if you could arrange to see this gentleman at the beginning of December. He had a girdle stone of his left hip in June and subsequently had a hip replacement in November. I was due to see him 1 week postoperatively for a wound check but he failed to attend and I would be grateful if he could be sent an appointment for a routine 6 week review with yourself.

Yours sincerely,

Mr GJ Macpherson FRCSEd
Consultant Orthopaedic Surgeon
Secretary: 0131 242 3544 /JC

University Hospitals Division

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Orthopaedics

Dr Pirie
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Date First Created: 17/12/2020
Date/Time Printed: 29/04/2026 12:03
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Mr Gavin J Macpherson

17/12/20 Patient failed to attend appointment today despite being phoned with appointmnet day and time.I spoke to him and he said he had forgotten the time to come so didn't come.
I further appointmnet given for 14/01/21 at 15.30 -advised important to attend.He stated that he not having any problems with his wound and has been able to reduce his amount of morphine as his hip is much less painful.
I will request a letter detailing his appointment time to be sent.He declined to come on 24/12/20 at 11.00 as it was too early appointment.
Worsening statement given.
J Forsyth
Arthroplasty Physio Practitioner

University Hospitals Division

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GI Endoscopy

Dr Pirie
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EH17 7AB

Date First Created: 23/02/2023
Date/Time Printed: 29/04/2026 12:04
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	GI Endoscopy	**Consultant:**	Dr Christopher H Fraser

Thank you for referring Mr Lewis in view of his IDA, he was booked directly for gastroscopy and colonoscopy on 23rd February. Gastroscopy while on PPI's revealed mild tertiary oesophageal contractions without erosive reflux or hiatus hernia with a normal looking stomach and duodenum to D2 aside from a 2mm sized D2 angioectasia, which was non bleeding. Duodenal and oesophageal biopsies were taken for histology. Colonoscopy was difficult due to quite bad bowel preparation despite taking all moviprep, reflecting a slow bowel transit tendency leading to chronic constipation exacerbated by MST use for chronic pain. Nevertheless, despite this and marked sigmoid and transverse looping, insertion was remarkably well tolerated to the caecum. No large colonic pathology was seen.

He confirmed he is not a vegetarian post procedure. A virtual colonoscopy to ensure his colon is healthy has been requested. In addition I have copied this letter to my colleague Sarah Douglas to request Mr Lewis have a small bowel capsule endoscopy in view of his significant IDA with HB 99 and marked microcytosis, to check for angioectasia and other pathology within the small bowel. Of note his past history includes nephrectomy with normal eGFR, IHD, PVD and chronic pain. Medications aside from MST do include Ferrous Sulphate.

With kind regards

Dr Chris Fraser
Consultant Gastroenterologist
Electronically checked and approved by Dr C Fraser
Tel Secretary: 0131 242 2038

CR Typed 25.02.23

PS: Dear Sarah, thanks for seeing this 55 year old man for consideration for a SBCE

CC Patient
CC Sarah Douglas GI Physiology RIE

University Hospitals Division

Royal Infirmary of Edinburgh
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GI Endoscopy

Dr Pirie
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Date First Created: 16/03/2023
Date/Time Printed: 29/04/2026 12:04
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:**	620106899H
		Date of Birth:	28/12/1967
Specialty:	GI Endoscopy	**Consultant:**	Dr Christopher H Fraser

This is a short note to mention Mr Lewis's oesophageal and duodenal biopsies taken at gastroscopy last month were unremarkable. He awaits a virtual colonoscopy following a conventional colonoscopy which was poorly bowel prepped, along with a small bowel capsule endoscopy for his significant microcytic anaemia.

Dr Chris Fraser
Consultant Gastroenterologist

Electronically checked and approved by Dr C Fraser
Tel Secretary: 0131 242 2038

CR Dictated 16.03.23 Typed 17.03.23

CC Patient

University Hospitals Division

Royal Infirmary of Edinburgh
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NHS Lothian

Gastroenterology

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Date First Created: 25/06/2023
Date/Time Printed: 29/04/2026 12:04
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Gastroenterology	**Consultant:**	Gastroenterology Team RIE (Virtual)

Unfortunately Mr Lewis did not attend his virtual colonoscopy in April this year. This followed a poorly prepped colonoscopy although final insertion of the colonoscope was to the caecum without obvious pathology identified.

He awaits a small bowel capsule endoscopy with my colleague Sarah Douglas.

With kind regards

Dr Chris H Fraser MB ChB MD FRCP
Gastroenterologist and Endoscopist
Electronically checked and approved by Dr C Fraser

Dictated: 23.06.23 Typed: 29.06.23 CF/kb

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary: 0131 242 1248

Copy to:

Bernard Lewis
Sarah Douglas - FAO

University Hospitals Division

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NHS Lothian

Gastroenterology

Dr Pirie
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Date First Created: 29/11/2024
Date/Time Printed: 29/04/2026 12:04
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CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Gastroenterology	**Consultant:**	Gastroenterology Team RIE (Virtual)

Thank you for getting in touch regarding Mr Lewis, he waits a virtual colonoscopy booked for 9 December. As we know he was referred with IDA leading to gastroscopy and colonoscopy in February last year. This revealed a non-bleeding D2 angioectasia plus normal duodenal and oesophageal biopsies. Colonoscopy was unremarkable although bowel preparation was not ideal, hence the recommendation for a VC. He was also referred for a capsule endoscopy early last year to exclude bleeding from the small bowel. I have copied in my colleague Sarah Douglas to ask if this could be expedited. Of note his last Hb was 103 with microcytosis and low ferritin, when checked earlier this month, confirming persistent IDA.

With kind regards,

Electronically checked and approved by

Dr Christopher Fraser
Consultant Gastroenterologist

CF/FR -; typed 04/12/2024

PS: Unfortunately Mr Lewis did attend his virtual colonoscopy.

PPS: Dear Sarah, I would be grateful if this 56-year-old man's SBCE could be expedited.

Cc: Mr Bernard Lewis

Cc: Sarah Douglas
Clinical Physiologist
Endoscopy

University Hospitals Division

Royal Infirmary of Edinburgh
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NHS Lothian

Gastroenterology

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Date First Created: 06/05/2025
Date/Time Printed: 29/04/2026 12:04
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Gastroenterology	**Consultant:**	Gastroenterology Team RIE (Virtual)

I am just getting in touch regarding Mr Lewis's virtual colonoscopy which was completed at the beginning of this year. This was organised as part of his investigations into IDA and was reassuring, pleasingly. He was also asked to proceed to a small bowel capsule endoscopy to check this part of his gut is healthy and to exclude occult bleeding from here. He did not attend his appointment for this. I have copied this letter to our capsule nurse to ask if she would be kind enough to offer Mr Lewis another appointment for a capsule endoscopy which I do hope he can attend.

With kind regards.

Dr Chris Fraser
Consultant Gastroenterologist
Electronically checked and approved by Dr Fraser

PS: Dear Alice, I would be grateful if this 57 year old man could be offered another date for SBCE so we can exclude small bowel pathology.

Copies:
Patient
Alice Corbett

Dictated: 05.05.25 Typed: 09.05.25 cf/kc

Department of Gastroenterology
Tele: 0131 242 1225

University Hospitals Division

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Vascular Surgery

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Date First Created: 11/09/2024
Date/Time Printed: 29/04/2026 12:05
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Vascular Surgery	**Consultant:**	Mr Rod TA Chalmers

Clinic 09/09/2024:

Thank you for your letter about this man, he has a 2 year history of exertional leg pain, which is symmetrical and affects both legs from the feet up to the hips. He can walk a few hundred yards and then has to stop for at least 10 minutes to allow the symptoms to ease. He has no rest pain. He has quite an extensive medical history including angina, he is a smoker of 20 cigarettes per day and has COPD.

On examination he is somewhat overweight, he is in sinus rhythm, abdominal palpation was unremarkable, femoral, popliteal and dorsalis pedis pulses were readily palpable bilaterally, the posterior tibials were less easy to feel but I think were present. The doppler signals at ankle level were triphasic. The feet were warm and well perfused.

I do not think this man has significant peripheral arterial problems. His symptoms sound much more typical of neurogenic claudication, most likely emanating from his lumbar spine. In the first place I would recommend physiotherapy/pilates and clearly if things do not settle on conservative measures it might be worth referring him for a neurosurgical opinion. I rather suspect that with some exercise he will improve spontaneously.

Yours Sincerely

Mr R T A Chalmers
Consultant Vascular Surgeon

Ref: RTAC/
LM
Dictated: 09/09/2024

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

NHS Lothian

Ear Nose and Throat

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date First Created: 28/11/2024
Date/Time Printed: 29/04/2026 12:05
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Ear Nose and Throat	**Consultant:**	Otology Registrar

Diagnosis:
Bilateral otitis externa likely secondary to peripheral vascular disease and dermatitis
Swollen ear canals today with normal tympanic membrane

Management:
Betnovate cream instilled in both ear canals
Review in 3 - 4 weeks time

I had the opportunity to review this gentleman who complains of bilateral ear issues and I suspect has got bilateral otitis externa, likely secondary to his peripheral vascular disease and dermatitis.

The ear canals are slightly swollen on both sides and slightly tender therefore I have instilled Betnovate cream in both sides and hopefully these will help to settle things down. He has got conductive loss bilaterally with a mixed loss on the left and air bone gap of about 15dB.

I think he has underlying presbycusis and sensorineural loss which is now worsened by the otitis externa he is experiencing. Once the ear problems are better he may be amenable for hearing aids.

Yours sincerely,

Dictated but not signed for expediency

Dr Jimmy Ng
ENT ST7
JN/LG 28/11/2024

Secretary: Leigh Henderson
Contact: 0131 536 1105
Working Hours: Monday -; Friday (08:30 -; 16:30)

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Orthopaedics

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date First Created: 28/10/2025
Date/Time Printed: 29/04/2026 12:07
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Bone & Soft Tissue Clinic

Correspondence Dictated 28/10/25

Your GP has referred you to the Orthopaedic Service because of a lump you have noticed.

To evaluate this further we have arranged for you to have a scan. The x-ray department will contact you directly with a time and a date for the scan and once we have the results we will be back in touch.

If you have not heard from us after four weeks of having your scan please contact our secretary, Jo Miller, on 0131 242 3504.

Yours sincerely

Mr Stuart Goudie/cs
Consultant Orthopaedic Surgeon
Contact Secretary: 0131 242 3504
(Not checked or signed for expediency)

c.c.

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Orthopaedics

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date First Created: 31/12/2025
Date/Time Printed: 29/04/2026 12:07
Our Ref: 620106899H
CHI: 2812671297

Patient:	Mr Bernard Lewis 25 Hyvot Loan Midlothian Edinburgh EH17 8FX	**UHPI:** **Date of Birth:**	620106899H 28/12/1967
Specialty:	Orthopaedics	**Consultant:**	Bone & Soft Tissue Clinic

Correspondence Dictated 31/12/25

I write to you with the results of your recent ultrasound scan, it shows a fatty lump called a lipoma and there were no concerning features or other abnormalities seen. No specific treatment is required for this and we have not routinely arranged to see in the clinic. Please get in touch if it is significantly increasing in size or causing you pain and we will arrange for a review.

Yours sincerely

Mr A Jabbal/cs
Orthopaedic Registrar to Mr J Patton and Mr S Goudie
Contact Secretary: 0131 242 3504/3540
(Not checked or signed for expediency)

c.c.

Dr Pirie
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Respiratory Physiology Service **NHS Lothian**

Name: **BERNARD LEWIS** DOB: **28-December-1967**

Sex: **M** Age: **52.2** Ht: **1.665m** Wt: **79.0kg** BMI: **29.0** CHI: **2812671297**

Report to: **Dr Pirie, Ferniehill MP**

Ventilatory Capacity Report

DATE			02-Mar-2020					
			Value	%Pred	Predicted	Range *		
Ventilatory Capacity								
FEV1 (L)			2.68	80	3.34	2.59	--	4.05
VC (L)			3.50	83	4.20	3.27	--	5.14
FEV1/VC (%)			76.6		79.6	68.4	--	89.2
PEFR (L/Min)			409	84	488	367	--	608

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (02-Mar-2020): SMOKER; ?- C.O.P.D.;

Primary care report;
Baseline spirometry is within the normal range. No significant response demonstrated to salbutamol. Post bronchodilator results do not support a diagnosis of COPD using NICE criteria. FeNO=9ppb, low probability of eosinophilic inflammation.
LS

Respiratory Physiology Service **NHS Lothian**

Name: **BERNARD LEWIS** DOB: **28-December-1967**

Sex: **M** Age: **52.2** Ht: **1.665 m** Wt: **79.4 kg** BMI: **29.0** CHI: **2812671297**

Report to: **Dr Pirie, Ferniehill MP**

Response to Bronchodilators

DATE			02-Mar-2020					
			Value	%Pred	Predicted	Range *		
Response to Bronchodilators ***Baseline***								
FEV1 (L)			2.68	80	3.34	2.59	--	4.05
VC (L)			3.50	83	4.20	3.27	--	5.14
FEV1/VC (%)			76.6		79.6	68.4	--	89.2
PEFR (L/Min)			409	84	488	367	--	608
Dose 1			2.5 mg neb					
Bronchodilator			Salbutamol					
Time after Admin (mins)			20					
FEV1 (L)			2.68	80				
VC (L)			3.63	86				
FEV1/VC (%)			73.8					
PEFR (L/Min)			419	86				

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (02-Mar-2020): SMOKER; ?- C.O.P.D.;

Primary care report;
Baseline spirometry is within the normal range. No significant response demonstrated to salbutamol. Post bronchodilator results do not support a diagnosis of COPD using NICE criteria. FeNO=9ppb, low probability of eosinophilic inflammation.
LS

NHS Lothian

Royal Infirmary of Edinburgh

TRANSNASAL ENDOSCOPY REPORT

Name:	**Bernard LEWIS (M)**	Address:	**158 Moredun Park Road**
Date of birth:	**28/12/1967**		**Edinburgh**
CHI No:	**2812671297**		**EH17 7DQ**
Case note no.:	**620106899H**		

GP: **PIRIE, ALISON**
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Procedure date: **23rd February 2023 (14:04)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **GP-Direct to Test**
Referring Cons: **GP**

Indications
Microcytic anaemia.
No allergy.

Consultant/Endoscopist
Dr Chris Fraser
Nurse: S/N Nicola Shaw

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
There were no peri-operative complications.

Site a: Upper oesophagus
Specimens: 2x biopsy.

Site b: Middle oesophagus
Specimens: 2x biopsy.

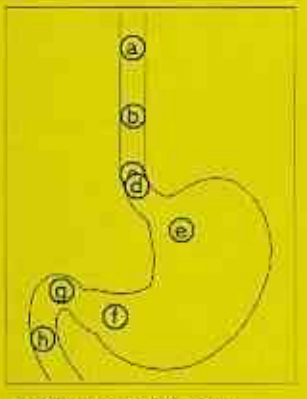
Site c: Lower oesophagus
Specimens: 2x biopsy.

Site g: Bulb
Specimens: 2x biopsy.

Site h: Second part
Vascular lesions: angiodysplasia (<5mm).
Specimens: 4x biopsy.

Instrument
RIE 939 HQ290 2513939

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 2 mg
Xylocaine (Spray) 100 mg



a: Upper oesophagus
b: Middle oesophagus
c: Lower oesophagus
d: Lower oesophagus (photographed)
e: Upper body (photographed)
f: Antrum (photographed)
g: Bulb (photographed)
h: Second part (photographed)

Diagnosis
OESOPHAGUS. Normal.
STOMACH. Normal.
DUODENUM. Telangiectasia/angioma.

Advice/comments
Normal oesophagus (still on PPI) with mild tertiary contractions but without erosive reflux or hiatus hernia; normal stomach and duodenum to D2 aside from 2mm D2 angioectasia (non-bleeding). D2 (x4), bulb (x2), lower (x2), mid (x2) and upper (x2) oesophageal bx for histology.

Follow up
Awaiting pathology results. Further procedure(s): colonoscopy today.

Dr Chris Fraser
Consultant Gastroenterologist
c.c. GP (Direct Referral)
Lewis, Bernard

NHS Lothian

Royal Infirmary of Edinburgh

TRANSNASAL ENDOSCOPY REPORT

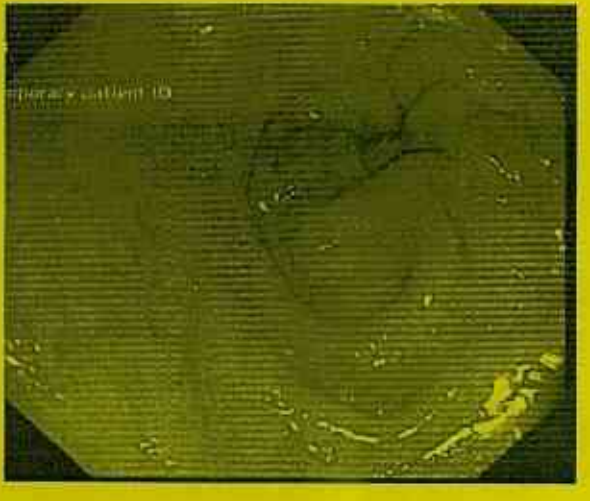
Name:	**Bernard LEWIS (M)**	Address:	**158 Moredun Park Road**
Date of birth:	**28/12/1967**		**Edinburgh**
CHI No:	**2812671297**		**EH17 7DQ**
Case note no.:	**620106899H**		

Procedure date: **23rd February 2023 (14:04)**

Site d: Lower oesophagus

Site e: Upper body

Site f: Antrum



Site g: Bulb

Dr Chris Fraser
Consultant Gastroenterologist

TRANSNASAL ENDOSCOPY REPORT

Name:	**Bernard LEWIS (M)**	Address:	**158 Moredun Park Road**
Date of birth:	**28/12/1967**		**Edinburgh**
CHI No:	**2812671297**		**EH17 7DQ**
Case note no.:	**620106899H**		

Procedure date: **23rd February 2023 (14:04)**

Dr Chris Fraser
Consultant Gastroenterologist

Pati

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

NHS Lothian

Consent Form

Patient agreement to endoscopic investigation or treatment

Name of procedure/s *(include a brief explanation if the medical term is not clear)*

Combined Upper GI endoscopy and Colonoscopy

Investigation of the upper and lower gastrointestinal tract with a flexible endoscope and colonoscope (with or without biopsy, photography, removal of polyps, injection treatment)

Biopsy samples will be retained

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

I would like to have: **local anaesthetic throat spray** ☑ **sedation** ☑ *Please tick box*

Signed (patient) B [signature] *Date* 23-2-2023

Name (print in capitals) BERNARD LEWIS

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(to be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed [signature] *Date* 23/2/23

Name (print in capitals) CRAIG *Designation* SV

NHS Lothian

Addressograph or	Arrived in .....unit for procedure
Forename Surname Unit num 620106899H M LEWIS Bernard Address 28-Dec-67 CHI: 281 267 1297 (*including* I 70164 AM Pirie 158 Moredun Park Road Preferre EH17 7DQ	Date: 23/2/2023 & time: 13:15 GP Name Address Dr. Pirie Fernihill Surgery
Tel. number	Religion Ethnic Origin
Next of Kin: Name/address partner, Caring Neri Tel. number(s):home mobile 07927270163	**Consultant:** CF **Proposed Procedure: with Sedation** Yes ☑ No ☐ ☑ Colonoscopy ..... ☑ Endoscopy ..... ☐ Flexible Sigmoidoscopy ..... ☐ Pouch Endoscopy ..... ☐ *Other* .....
ALLERGIES: NKDA document if pt has no known allergies/sensitivities	**Other** ☐ ..... Proposed date: & time: Date confirmed by patient as suitable ☐

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature	date
1	CHAMAGNE	SN	CL	CHampagne	23/2/23
2	T. WIGHTMAN	SN	TW	T	23.02.23
3	R. Lyall	SN	RL		23.02.23
4	C. Komidi	SN	CK		23.02.23
5					
6					
7					
8					

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter
N ☐, Y ☑ *specify* reading glasses (left at home)

b) **OVERNIGHT CARE** N/A ☐, or Escort (Y) / N (who) NOK Transport car
24hr Care Y / N (who) S/A I/P bed required Yes ☐, No ☐
PHONE NUMBER S/A

c) **MOBILITY**: Wheelchair Y / ~~N~~, Walking Aid Y / ~~N~~ ☐. requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y / ~~N~~

d) **HOSPITAL TRANSPORT**: Required N ☑, Y ☐. If Yes, reason why .....
If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.
Clinicians are free to exercise their own professional judgements as appropriate.
Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

severity, frequency, duration, recent changes : what where how etc .

70164 AM Pirie
620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ
CHI 2812671297

Nai
Do
Un.

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:	No	Yes
1. Heart attack or Stroke	☒	☐
2. Angina / Chest Pains on exercise or at night	☐	☒
3. Heart murmur	☐	☐
4. Heart Valve replacement	☒	☐
5. Do you have a Pacemaker	☒	☐
6. High Blood Pressure	☒	☐
7. Asthma or Bronchitis	☐	☒
8. Shortness of Breath	☐	☒
9. Diabetes	☒	☐
10. Epilepsy	☒	☐
11. Glaucoma	☒	☐
12. Could you be pregnant?	☒	☐
13. Do you use recreational drugs	☐	☒
14. Any noticeable weight loss over last 3-6 months?	☒	☐
15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldJacob disease)for public health purposes?	☒	☐

If YES: Insulin ☐, Diet ☐, or Tablets ☐ → Nurse record of BM [redacted]

Are you taking any of the following medication:	No	Yes
i. Aspirin	☐	☒
ii. Clopidogrel	☒	☐
iii. Warfarin	☒	☐
If Yes, did you receive instructions about stopping?	☐	☐
What were they?		

If YES: INR result .....

Nurse assessments in shaded areas

C. GTN spray, uses 2/3 x a week
no complains today

marijuana

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 Amitriptyline HCl	10 mg		7 Isosorbide Mononitrate		
2 Aspirin	75 mg		8 Lansoprazole Caps.		
3 Atorvastatin	40 mg		9 Laxido orange		
4 Fe Fumarate	210 mg	- stop a week ago	10 Tylenol Paracetamol prn		
5 Finasteride	5 mg		11 Sertraline HCl		
6 GTN spray			12 Tuberculosis HCl		

* * **Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover** * *

Have you had previous operations (including what, where, dates etc) & were there any complications

hip replacement (L) 2 & half years ago.
(R) knee 1997

13. Thiamine HCl 100 mg
14. Eliptа Inhaler
15. Ventolin Inhaler

Please list any other health problems

IDA
asthma

Would you like any information to be discussed in private YES ☐ NO ☒

Admitting Nurse initials ...CW... date ...22/2/17... time ...12°...

PRE-PROCEDURE CHECKS

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart – p.7

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	(Y)	N			
Patient identification checked & name band(s) applied	(Y)	N	(Y)	N	
ALLERGIES RE-CHECKED (same as on front cover)	(Y)	N	(Y)	N	
Correct procedure	(Y)	N	(Y)	N	Endo + colon
Pre, Peri and Post procedure care explained	(Y)	N			
Explanation of withdrawing consent during procedure	(Y)	N	(Y)	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	(Y)	N			
Last food: date 22.2.23 time 1700	(Y)	N			
Last drink: date 23.2.23 time 1120, 11 am	(Y)	N			
Bowel prep taken / phosphate enema given or N/A ☐	(Y)	N	(Y)	N	Moviprep x 2
Taken routine drug therapy	(Y)	N			
Any limitations to movement identified:	Y	N	(Y)	N	
If YES, Specify hip replacement	(L)				
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☐	Y	(N)	Y	(N)	
Belongings secured W/ pt.	(Y)	N			
Hearing Aids in situ: L R or N/A ☑	Y	N	Y	N	
Dentures in situ: Top / Bottom / Full or N/A ☑	Y	(N)	Y	(N)	left at home
Glasses sent with patient or N/A ☐	Y	(N)	Y	(N)	
Spare Stoma bag sent or N/A ☑	Y	N	Y	N	
Ask patients permission for presence of medical student / work experience student	OK		Y		
Consent signed	(Y)	N	(Y)	N	
Pre procedure Nurse check: initials* CW					date 23.2.23 time 1320
Endoscopy Nurse initials* JW					date 23.2.23 time 1405

intials can be used **IF** the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

Pause complete.

70164 AM Pirie
620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

Pre-, Peri-, Post-procedural observations

date 20.2.23

Time

Ht (m) Wt(kg) BMI	Hr : min	O/A 1130	1410	1420	1432	1457	1452	1502	1510	1540	1610		
Oral Airway	or N/A ☐	SV	SV	SV	SV	SV	SV	SV	SV		SV		
Oxygen Therapy (L / Min)	or N/A ☐	RA	2L	2L	2L	2L	2L	2L	2L	2L	RA		
Oxygen Saturation	or N/A ☐	98%	98%	98%	98%	98%	100%	100%	97%	96%	96%		
Respiration	or N/A ☐	16	16						18		18		
Sedation Score	or N/A ☐	0	0	0	0	0	0	0	0	1	0		
Pain Score	or N/A ☐	0	0	0	0	0	0	0	0	0	0		
Nausea Score	or N/A ☐	0	0	0	0	0	0	0	0	0	0		
Procedure site checked	or N/A ☐	–		–	–	–	–	–	–		–		
Blood Loss	or N/A ☐	–		–	–	–	–	–	–		–		
Blood sugar	or N/A ☐	–		–	–	–	–	–	–		–		
Temp	or N/A ☐	36.8		–	–	–	–	–	–		–		

SCORING SYSTEM
see table below

Pain: - *use 0 – 10 scoring system*

0 NONE
Continue to assess pain with every set of observations
1-3 MILD
Continue to assess pain with Every set of observations
4-5
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient. REVIEW
6-10
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient. REVIEW

Blood Loss or N/A ☐
0 None
1 Slight
2 Heavy

[Record 'Drugs given' on table across]

Sedation		Nausea	
0	N[illegible] patient alert	0	None
1	M[illegible] occasionally drowsy, easy to rouse	1	Mild nausea, no treatment required
2	[illegible]derate, frequently drowsy, easy to rouse	2	Nausea/vomiting helped by Rx
3	[illegible]re, somnolent, difficult to rouse	3	Persistent nausea / vomiting despite Rx
S	[illegible]mal, sleep, stirs to light touch	S	Score S if sleeping normally

Endoscope label

70164 AM Pirie
620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area .....Rm II.....

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	2 L	NASAL/ORAL		1408	NS
M		XYLOCAINE	100mg	T/S		1410	CF
midaz		MIDAZOLAM	2mg	IV		1414	CF
0		FENTANYL	50mg	IV		1414	CF
m'		Glucagon	0.5mg	IV		1443	CF.
0							

PERI-PROCEDURE CARE

	time, initials
Cannula site (L arm Size 22 g Skin Prep ☑ Handwash ☐ Apron/Gloves ☑ Aseptic Insertion ☑ Dressing labelled ☑ Difficulties/complication/deviation from standard technique Y ☐ N ☑	1340/CW
BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐ CLO TEST ☐ COLON ☐ POLYP/S ☐ OTHER ☐	
Oral Suction required Y ☐ or N/A ☐	
Diathermy: none required ☐ Monopolar ☐, Bipolar ☐ site	
Patient Nurse: initials* YW NS date 23.07.23.	
Endoscopy Nurse initials* date	

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy ☑ Colonoscopy ☑ Flexible Sigmoidoscopy ☐
ERCP ☐ Other (please specify)

PROCEDURE SUMMARY: procedure comfort mild ☐, moderate ☐, severe ☐

Follow-up required: N/A ☐, Yes ☐ If YES, *specify*
Please refer to discharge summary Y☐ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK Y ☐ NO ☐ after 30 mins ☐
Patient can EAT Y ☐ NO ☐ after 30 mins ☐
Suitable for NURSE-LED DISCHARGE YES / NO

Endoscopist print signature
designation date 23/7/23 time

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297
70164 AM Pirie

POST PROCEDURE and DISCHARGE CRITERIA

Name
Dob
Unil no

POST PROCEDURE

			initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	Y N/A	initials	
2	Observations recorded:			
	on return time 15[10]	Y N/A		
	at 30mins	Y N/A		
	after 1 hour	Y N/A		

NOTE Obs regime to follow is O_2 sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]

DISCHARGE CRITERIA

			initials	Comment overleaf
1.	Discharged by Endoscopist	Y N/A	initials	
2.	Transport home arranged collection time: 16.20	Y N/A	initials	Son coming to pick up
3.	Vital signs stable & satisfactory	Y N/A	initials	
4.	Alert & orientated (as on admission)	Y N/A	initials	
5.	Pain controlled	Y N/A	initials	
6.	Nausea controlled, no vomiting	Y N/A	initials	
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	Y N/A	initials	
8.	Mobilising as on admission	Y N/A	initials	
9.	Patient told if further pathological specimens will be available, from whom and when	Y N/A	initials	
10.	Discharge information given	Y N/A	initials	
11.	Out Patient appointment given	Y N/A	initials	
12.	IV cannula removed	Y N/A	initials	
13.	Has passed urine	Y N/A	initials	
14.	Identity bracelet removed	Y N/A	initials	
15.	Collected by a responsible adult	Y N/A	initials	
16.	Responsible adult at home for first 24h	Y N/A	initials	
	Discharge Criteria met ? Yes ☒ No ☐* (record as variance)		initials	
	Patient discharged, or, back to Relative/Carer/Support person ☐ or N/A ☐		initials	
	Time patient left department 16.45		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances

further Variance Sheet are available

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

620106899H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

CHI 2812671297

70164 AM Pirie

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + :

VARIANCES: all staff to identify & record variances *further Variance Sheet are available*

Types of Variance: please note the Variance code letter where possible
A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

6201068991H M 28/12/1967
Lewis, Bernard
158 Moredun Park Road,
Edinburgh,
EH17 7DQ

Nam
Dob
Unit

CHI 2812671297

70164 AM Pirie

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + signature, print name & designation

620106899H M
LEWIS Bernard
28-Dec-67 CHI: 281 267 1297
70164 AM Pirie
158 Moredun Park Road
EH17 7DQ

DATE: 23/2/2023

Classification of potential Covid 19 infection risk in patients undergoing endoscopy	
Low risk	☑ No symptoms ☑ No contact with someone who is Covid 19 positive
Intermediate risk	☐ Fever (temperature above 37.8) and/or persistent dry cough in the last 14 days with no contact with Covid 19 positive person ☐ No symptoms but contact with Covid 19 positive person within the last 14 days
High risk	☐ Fever or persistent dry cough within the last 14 days and contact with Covid 19 positive person ☐ Any patient in an emergency situation in whom a history is not obtainable

CH 23.2.23

PATHOLOGY

NHS Lothian, University Hospitals Division, 51 Little France Crescent, Edinburgh EH16 4SA
RIE: 0131 242 7145/7147/7148
RHSC: 0131 242 7169

LEWIS, BERNARD
CHI Number 2812671297
Patient Number 2812671297
Date of Birth 28/12/1967
Date Received 24/02/2023

Specimen: UB004262J/23
Dr Christopher H Fraser
RIE, Endoscopy/Bronch. Unit

Date Reported 10/03/2023
Time Reported 14:57

Clinical Summary

A microcytic anaemia. Oesophagus normal. Duodenum and vascular lesions less than 5 mm.

Specimen

1. D2 bulb biopsies.
2. Lower oesophagus.
3. Mid oesophagus.
4. Upper oesophagus.

Microscopy

1. These duodenal biopsies are within normal limits. There is no evidence of vascular lesions within these mucosal biopsies.

2–4. These are histologically normal biopsies.

Pathologists
GI Pathology Team
Dr Hadil Abu Arqoub

14 MAR 2023

Clinically Approved
Approved for printing by: Hadil Abu Arqoub

Adult Audiology
The Lauriston Building
Level 1
Lauriston Place
Edinburgh EH3 9HA
Tel: 0131 536 4167

MR BERNARD LEWIS
25 HYVOT LOAN
EDINBURGH
MIDLOTHIAN
EH17 8FX
09/10/2024

Dear **MR BERNARD LEWIS**
An appointment has been arranged for you to attend the Audiology Department at the Lauriston Building, Level 1 Lauriston Place on:

Date: 25 October 2024
Time: 11.30 AM
Appt: Hearing Test

The appointment may take up to 30 minutes and will include an examination of your ears, therefore please make sure your ears are free of wax.

You must attend for a hearing test prior to your ENT clinic appointment. Without the results from this test we will be unable to proceed with your ENT appointment.

Please bring this letter with you when you attend and report to the main Audiology reception desk. We assume that, by attending, you consent to the above examination and testing.

There is very limited parking in the area and you should arrive in good time for any appointment. You are welcome to bring a friend or family member along

COVID-19: If you are experiencing any symptoms of Covid-19 or have been asked to self isolate as per Scottish Government guidelines please contact us to rearrange your appointment.
Please note: If you need to change your appointment please phone us as soon as possible on the number at the top of the letter. If you do not phone us within 7 days of the date on this letter you might wait longer for a new appointment. As this is a teaching hospital you may have a student present or conducting your appointment under supervision. If you would not be happy with this please contact the department in advance.
Patients whose GP has confirmed that they require transport must contact the service themselves. Telephone. 0300 123 1236.

Adult Audiology
The Lauriston Building
Level 1
Lauriston Place
Edinburgh EH3 9HA
Tel: 0131 536 1637 between 10:00-13:00, 14:00 -16:00
Email: Audiology@nhslothian.scot.nhs.uk

MR BERNARD LEWIS
25 HYVOT LOAN
EDINBURGH
MIDLOTHIAN
EH17 8FX
30/10/2024

Dear MR BERNARD LEWIS

An appointment has been arranged for you to attend the Audiology Department at the Lauriston Building, Level 1 Lauriston Place on:

Date: 18 November 2024
Time: 16:00
Appt: LB Hearing Aid Issue

The appointment may take up to 0 hours 45 minutes and will include an examination of your ears, therefore please make sure your ears are free of wax.

Please bring this letter with you when you attend and report to the main Audiology reception desk. We assume that, by attending, you consent to the above examination and testing. If you would like more information about what is involved, please contact us or ask at the appointment.

There is very limited parking in the area and you should arrive in good time for any appointment. The hospital is well served by public transport and information is available by contacting Travel Information on 0871 200 2233 or through the website www.travelinescotland.com
You are welcome to bring a friend or family member along to this appointment.

COVID-19: If you are experiencing any symptoms of Covid-19 or have been asked to self isolate as per Scottish Government guidelines please contact us to rearrange your appointment.

Please note: If you need to change your appointment please phone us as soon as possible on the number at the top of the letter. If you do not phone us within 7 days of the date on this letter you might wait longer for a new appointment. As this is a teaching hospital you may have a student present or conducting your appointment under supervision. If you would not be happy with this please contact the department in advance.
Patients whose GP has confirmed that they require transport must contact the service themselves. Telephone. 0300 123 1236.

EAR, NOSE AND THROAT

No.
NAME

620106899H M 28/12/1967
Lewis, Bernard
25 Hyvot Loan,
Edinburgh,
Midlothian, EH17 8FX

CHI 2812671297
70164 C Llano

HISTORY

B/L otitis externa likely ? to peripheral vascular disease and prior steroids (denied)

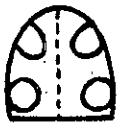
Swollen EAC B/L ? Tinnitus.

Cerumen as B/L into mid ## seen bilat B/L.

Betamate B/L. recs 3-4/52.

Dr Emily M ENT ST7

NOSE:

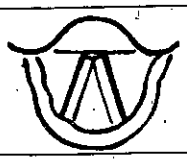


NASO-PHARYNX:

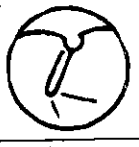
PHARYNX:

MOUTH:

LARYNX:

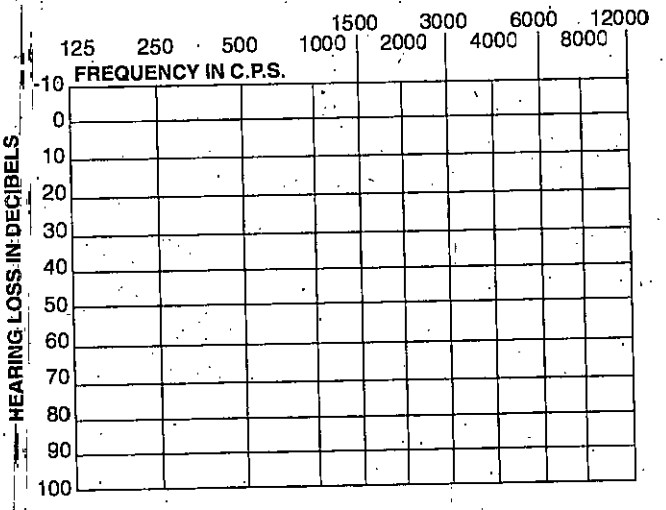


RIGHT EAR:



LEFT EAR:

AUDIOGRAM



	RIGHT	LEFT
WHISPERED VOICE		
CONVERSATIONAL VOICE		
RINNE		
WEBER		
ABC		

DATE

GI Investigation Unit
Royal Infirmary of Edinburgh
T:01312421606/2165

Capsule Endoscopy Report

OMOM SC100

Patient Name	BERNARD LEWIS	**Gender**	Male
ID	2812671297	**Referred by**	FRASER
Date of Birth	28/12/1967	**Nurse**	Alice Corbett
Capsule SN	SC042511005538	**Procedure Date**	26/03/2026

Reasons for Referral

IDA

Transit Time

00:00:23First image of stomach
00:15:56First image of duodenum
02:28:58First image of colon
Gastric transit time: 00:15:33(15m33s)
Small bowel transit time:02:13:02(133m2s)
Total:12:08:18(728m18s)

Study Findings

Prep was with Picolax.
Simeticone with capsule as per protocol.

Stomach - Mild erythema noted most likely in the antrum. No signs of active or recent bleedinging.

Duodenum - Normal.

Jejunum - Normal.

Ileum - 2 dot angiomas seen. Normal

Caecum - Entered.

Cleanliness Score

Capsule Endoscopy Report

OMOM SC100

Summary and Recommendations

Essentially normal small bowel capsule endoscopy. Howevere there is a rapid transist of small bowel and therefore subtle pathology may have been missed.
No obviouse cause for IDA found.

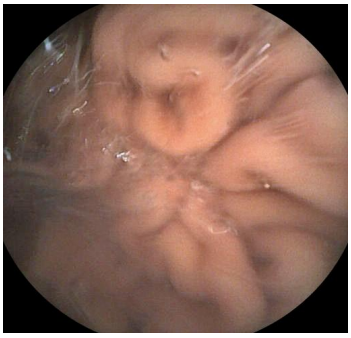
Alice Corbett - CNS GI Physiology.
Checked by Sarah Minnis-Lyons Cons

Signature

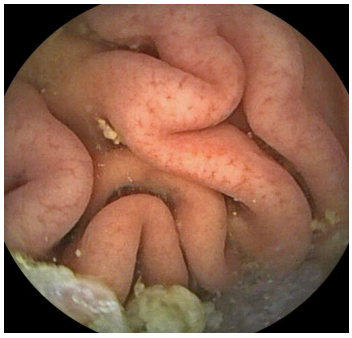
FRASER

Capsule Endoscopy Report

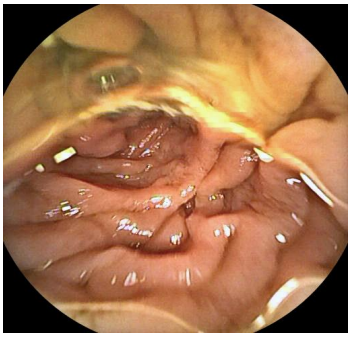
OMOM SC100



00:00:23
Start of Stomach

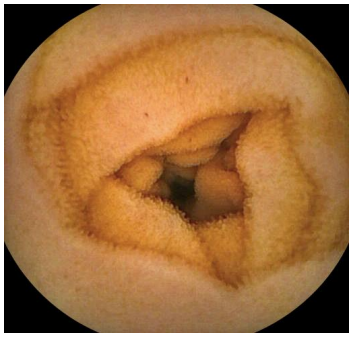


00:15:10



00:15:56
Start of Small Intestine
CE progress: 2%
SB time: 0%

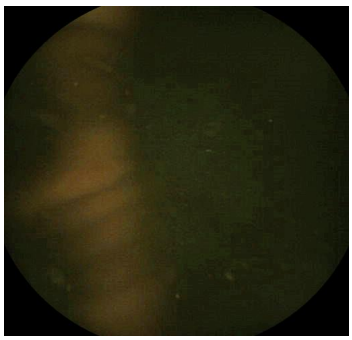
00:46:18
CE progress: 6%
SB time: 23%



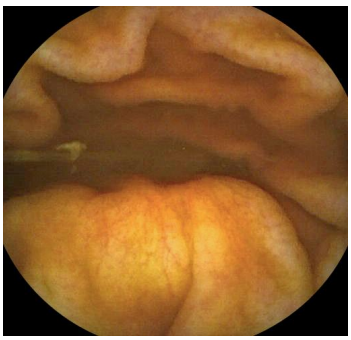
02:11:45
CE progress: 18%
SB time: 87%

02:27:31
CE progress: 20%
SB time: 99%

02:28:57
CE progress: 20%
SB time: 100%



02:28:58
Start of Colon
CE progress: 20%
SB time: 100%



02:35:14

Lab & Radiology Reports

First | Previous | Next | Last

XR Hand Rt

XR Hand Rt

Clinical details
Hit hand off table 3/7 ago. Tedner and swollen along ulnar border of hand now

Report

No bony injury.

ZZ/KT

Reporting Radiologist: Dr Zubayr Zaman

Report Information

Requestor	
Requesting Location	(RIEAE3) RIE Examination A&E
Report Identifier	6956727
Sample Date	02/03/2010 10:04:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	3.3		mmol/L		
Glucose spec.	Random sample (<11 mmol/L)				

Sample Comments

S MILNE-21703

Requestor Comments

None given

Report Information

Requestor	Akyol, Mr M
Requesting Location	(RIERENT) RIE,RENAL TRANSPLANT OP-Wd 206
Report Identifier	HB645339G
Sample Date	29/03/2010 14:00:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 16	umol/L		
ALT	24	10 - 50	U/L		
Alk.Phos	121	40 - 125	U/L		
GGT	**68**	**10 - 55**	**U/L**	**R**	
Albumin	43	35 - 50	g/L		

Sample Comments

S MILNE-21703

Requestor Comments

None given

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.5	2.5 - 6.6	mmol/L		
Creatinine	82	60 - 120	umol/L		
eGFR (/1.73m2)	>60				
Sodium	139	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5.0	mmol/L		
TCO2	23	22 - 30	mmol/L		

Sample Comments

S MILNE-21703

Requestor Comments

None given

Report Information

Requestor	Akyol, Mr M
Requesting Location	(RIERENT) RIE,RENAL TRANSPLANT OP-Wd 206
Report Identifier	HB645338S
Sample Date	29/03/2010 14:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	161	130 - 180	g/l		
Red cell count	4.92	4.5 - 6.5	x10^12/l		
Haematocrit	0.457	0.400 - 0.540	ratio		
Mean cell volume	93	78 - 98	fl		
Mean cell Hb.	**32.7**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	**35.2**	**31.0 - 35.0**	**g/dl**	**R**	
White cell count	9.1	4.0 - 11.0	x10^9/l		
Neutrophil Count	5.51	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.68	1.5 - 4.0	x10^9/l		
Monocyte Count	0.66	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.20	0.04 - 0.4	x10^9/l		
Basophil Count	0.06	0.01 - 0.1	x10^9/l		
Platelet count	259	150 - 350	x10^9/l		

Sample Comments

S MILNE-21703

Requestor Comments

None given

Report Information

Requestor	Akyol, Mr M
Requesting Location	(RIERENT) RIE,RENAL TRANSPLANT OP-Wd 206
Report Identifier	HR538364L
Sample Date	29/03/2010 14:00:00

Report

Clinical Summary

Scaly lesion left forearm.
Provisional diagnosis: seb wart/?BCC.

Specimen

Excision biopsy.

Macroscopy

The specimen consists of an ellipse of skin measuring 20 x 12 x 2 mm. There is a pale papule on the surface measuring 10 x 8 x 1 mm. The lesion lies 1 mm from the closest radial margin. Four sections taken in two cassettes, two central transverse sections in cassette (A) and two end cruciates in cassette (B).

Specimen trimmed by: L Green, BMS.

Microscopy

Examination shows an irregularly acanthotic squamous epithelium with irregular elongation of the rete pegs, that in places are almost sawtooth in pattern. There is overlying hyperkeratosis. There is a subjacent chronic inflammatory infiltrate comprising lymphocytes that is in a perivascular location but showing some exocytosis with spongiosis. There is mild dermal papillary fibrosis. There is no dysplasia or malignancy.

The features are those of a localised dermatitis, no specific aetiological cause is identified.

Skin - Non-specific inflammatory dermatitis.

Test Comments

(RPT)	Pathologists :
(RPT)	Skin Pathology Team
(RPT)	Dr Stuart C Thomas
(RPT)	Dr WA Reid

Sample Comments

Suffix Skin Bx

Report Information

Requestor	Nurse, Practice
Requesting Location	(GSCON) Conan Doyle Med Centre
Report Identifier	UB068555W/11
Sample Date	14/10/2011 11:58:00

XR Hand Rt

XR Hand Rt

Clinical details

Shut hand in fire door, tender MC of middle and ring fingers
Report

RIGHT HAND
No fracture seen.

Laura Murray/AR
Advanced Practitioner.

Reporting Radiologist: Laura Murray

Report Information

Requestor	Hall, Lynsey
Requesting Location	(RIEAE3) RIE Examination A&E
Report Identifier	13010438
Sample Date	08/08/2012 17:31:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	12	3 - 21	umol/L		
ALT	20	10 - 50	U/L		
Alk.Phos	88	40 - 125	U/L		
GGT	53	10 - 55	U/L		

Requestor Comments

LEG PAIN

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	2.1	0.2 - 4.5	mU/L		

Requestor Comments

LEG PAIN

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	**5.1**		**mmol/L**	**A**	
HDL Chol.	**1.6**	**0.9 - 1.4**	**mmol/L**	**R**	
Chol:HDLC Ratio	3.2				
LDL Chol.	2.8		mmol/l		
Triglyceride	1.5	0.8 - 2.1	mmol/L		

Requestor Comments

LEG PAIN

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.8	2.5 - 6.6	mmol/L		
Creatinine	84	60 - 120	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

LEG PAIN

Report Information

Requestor	Afzal, Dr Azhar
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB520453N
Sample Date	14/11/2012 09:35:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.8		mmol/L		
Glucose spec.	Random sample (<11 mmol/L)				

Requestor Comments

LEG PAIN

Report Information

Requestor	Afzal, Dr Azhar
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB520454Q
Sample Date	14/11/2012 09:35:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	162	135 - 180	g/l		
Red cell count	4.91	4.5 - 6.5	x10^12/l		
Haematocrit	0.468	0.40 - 0.54	ratio		
Mean cell volume	95	78 - 98	fl		
Mean cell Hb.	**33.0**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.6	31.0 - 36.0	g/dl		
White cell count	8.5	4.0 - 11.0	x10^9/l		
Neutrophil Count	4.37	2.0 - 7.5	x10^9/l		
Lymphocyte Count	3.19	1.5 - 4.0	x10^9/l		
Monocyte Count	0.60	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.26	0.04 - 0.4	x10^9/l		
Basophil Count	0.05	0.01 - 0.1	x10^9/l		
Platelet count	273	150 - 350	x10^9/l		

Requestor Comments

LEG PAIN

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	4	1 - 10	mm/hr		

Requestor Comments

LEG PAIN

Report Information

Requestor	Afzal, Dr Azhar
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HR849420E
Sample Date	14/11/2012 09:35:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	1.7	0.2 - 4.5	mU/L		
Free T4	14	9 - 21	pmol/L		

Requestor Comments

NHS . . . . .

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	9	3 - 21	umol/L		
ALT	**53**	**10 - 50**	**U/L**		**R**
Alk.Phos	89	40 - 125	U/L		

Requestor Comments

NHS . . . . .

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	4.7		mmol/L		
HDL Chol.	1.3	0.9 - 1.4	mmol/L		
Chol:HDLC Ratio	3.7				
LDL Chol.	2.7		mmol/l		
Triglyceride	1.6	0.8 - 2.1	mmol/L		

Requestor Comments

NHS . . . . .

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.7	2.5 - 6.6	mmol/L		
Creatinine	81	60 - 120	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.0	3.6 - 5	mmol/L		
TCO2	24	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

NHS . . . . .

Report Information

Requestor	Behan, Dr Miles WH
Requesting Location	(RIEMDC) RIE Medical Day Case
Report Identifier	HB209651G
Sample Date	09/09/2013 07:13:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.7		mmol/L		

Requestor Comments

NHS . . . . .

Report Information

Requestor	Behan, Dr Miles WH
Requesting Location	(RIEMDC) RIE Medical Day Case
Report Identifier	HB209648F
Sample Date	09/09/2013 07:13:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	141	135 - 180	g/l		
Red cell count	**4.32**	**4.5 - 6.5**	**x10^12/l**	**R**	
Haematocrit	0.404	0.40 - 0.54	ratio		
Mean cell volume	94	78 - 98	fl		
Mean cell Hb.	**32.6**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.9	31.0 - 36.0	g/dl		
White cell count	7.9	4.0 - 11.0	x10^9/l		
Neutrophil Count	4.47	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.43	1.5 - 4.0	x10^9/l		
Monocyte Count	0.64	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.28	0.04 - 0.4	x10^9/l		
Basophil Count	0.04	0.01 - 0.1	x10^9/l		
Platelet count	276	150 - 400	x10^9/l		

Requestor Comments

NHS.....

Report Information

Requestor	Behan, Dr Miles WH
Requesting Location	(RIEMDC) RIE Medical Day Case
Report Identifier	HR225757M
Sample Date	09/09/2013 07:13:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	11	3 - 21	umol/L		
ALT	19	10 - 50	U/L		
Alk.Phos	85	40 - 125	U/L		
GGT	**66**	**10 - 55**	**U/L**		**R**

Requestor Comments

CHD

Not taking thyroxine

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	1.6	0.2 - 4.5	mU/L		

Requestor Comments

CHD

Not taking thyroxine

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	**5.6**		**mmol/L**		**A**
HDL Chol.	**1.5**	**0.9 - 1.4**	**mmol/L**		**R**
Chol:HDLC Ratio	3.7				
LDL Chol.	3.4		mmol/l		
Triglyceride	1.6	0.8 - 2.1	mmol/L		

Requestor Comments

CHD

Not taking thyroxine

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.7	2.5 - 6.6	mmol/L		
Creatinine	78	60 - 120	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.9	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

CHD

Not taking thyroxine

Report Information

Requestor	Nurse, Practice
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB547379K
Sample Date	25/11/2014 12:15:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.1		mmol/L		
Glucose spec.	Random sample (<11 mmol/L)				

Requestor Comments

CHD

Not taking thyroxine

Report Information

Requestor	Nurse, Practice
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB547380Z
Sample Date	25/11/2014 12:15:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	149	135 - 180	g/l		
Red cell count	4.60	4.5 - 6.5	x10^12/l		
Haematocrit	0.438	0.40 - 0.54	ratio		
Mean cell volume	95	78 - 98	fl		
Mean cell Hb.	**32.4**	**27.0 - 32.0**	**pg**	**R**	
White cell count	8.3	4.0 - 11.0	x10^9/l		
Neutrophil Count	4.34	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.96	1.5 - 4.0	x10^9/l		
Monocyte Count	0.64	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.28	0.04 - 0.4	x10^9/l		
Basophil Count	0.06	0.01 - 0.1	x10^9/l		
Platelet count	268	150 - 400	x10^9/l		
Mean cell Hb conc.	340	310 - 360	g/L		

Requestor Comments

CHD

Not taking thyroxine

Report Information

Requestor	Nurse, Practice
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HR553709P
Sample Date	25/11/2014 12:15:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	11	11 - 14	s		
INR (Warfarin)	0.9				
APTT	32	26 - 36	s		
APTT Ratio	1.0	1.0 - 1.2			
Fibrinogen (Clauss)	2.4	1.5 - 4.0	g/l		
D-Dimer	See below				
VTE Exclusion	<50				

Sample Comments

21424..

Requestor Comments

? dvt...

Report Information

Requestor	Nurse, Practice
Requesting Location	(RIEPAA) PAA Emergency
Report Identifier	HR194958L
Sample Date	10/03/2015 16:55:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 21	umol/L		
ALT	20	10 - 50	U/L		
Alk.Phos	84	40 - 125	U/L		

Sample Comments

21424..

Requestor Comments

? dvt...

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**2.2**	**2.5 - 6.6**	**mmol/L**		**R**
Creatinine	72	60 - 120	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.0	3.6 - 5.0	mmol/L		
TCO2	24	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments

21424..

Requestor Comments

? dvt...

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**7**	**0 - 5**	**mg/L**		**R**

Sample Comments

21424..

Requestor Comments

? dvt...

Report Information

Requestor	Nurse, Practice
Requesting Location	(RIEPAA) PAA Emergency
Report Identifier	HB112410E
Sample Date	10/03/2015 16:55:00

First | Previous | Next | Last

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.5		mmol/L		

Sample Comments

21424..

Requestor Comments

? dvt...

Report Information

Requestor	Nurse, Practice
Requesting Location	(RIEPAA) PAA Emergency
Report Identifier	HB112409V
Sample Date	10/03/2015 16:55:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	143	135 - 180	g/l		
Red cell count	**4.44**	**4.5 - 6.5**	**x10^12/l**	**R**	
Haematocrit	0.401	0.40 - 0.54	ratio		
Mean cell volume	90	78 - 98	fl		
Mean cell Hb.	**32.2**	**27.0 - 32.0**	**pg**	**R**	
White cell count	8.2	4.0 - 11.0	x10^9/l		
Neutrophil Count	5.10	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.28	1.5 - 4.0	x10^9/l		
Monocyte Count	0.61	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.16	0.04 - 0.4	x10^9/l		
Basophil Count	0.08	0.01 - 0.1	x10^9/l		
Platelet count	287	150 - 400	x10^9/l		
Mean cell Hb conc.	357	310 - 360	g/L		

Sample Comments

21424..

Requestor Comments

? dvt...

Report Information

Requestor	Nurse, Practice
Requesting Location	(RIEPAA) PAA Emergency
Report Identifier	HR194952J
Sample Date	10/03/2015 16:55:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.0	2.5 - 6.6	mmol/L		
Creatinine	80	60 - 120	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.8	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB981552E
Sample Date	02/04/2015 10:52:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.7	2.5 - 6.6	mmol/L		
Creatinine	83	60 - 120	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.4	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Report Information

Requestor	Nurse, Practice
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB903684B
Sample Date	23/04/2015 09:19:00

Plasma glucose level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Glucose	4.8		mmol/L	

Sample Comments

K Brown 21703

Requestor Comments

post nephrectomy follow up

Report Information

Requestor	Akyol, Mr M
Requesting Location	(RIEOPD1F) RIE - OPD 1 front desk
Report Identifier	HB357119J
Sample Date	21/05/2015 15:15:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.8	2.5 - 6.6	mmol/L		
Creatinine	88	60 - 120	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5	mmol/L		
TCO2	27	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments

K Brown 21703

Requestor Comments

post nephrectomy follow up

Report Information

Requestor	Akyol, Mr M
Requesting Location	(RIEOPD1F) RIE - OPD 1 front desk
Report Identifier	HB357062P
Sample Date	21/05/2015 15:15:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	150	135 - 180	g/l		
Red cell count	4.64	4.5 - 6.5	x10^12/l		
Haematocrit	0.423	0.40 - 0.54	ratio		
Mean cell volume	91	78 - 98	fl		
Mean cell Hb.	**32.3**	**27.0 - 32.0**	**pg**	**R**	
White cell count	9.0	4.0 - 11.0	x10^9/l		
Neutrophil Count	4.70	2.0 - 7.5	x10^9/l		
Lymphocyte Count	3.18	1.5 - 4.0	x10^9/l		
Monocyte Count	0.76	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.24	0.04 - 0.4	x10^9/l		
Basophil Count	0.08	0.01 - 0.1	x10^9/l		
Platelet count	297	150 - 400	x10^9/l		
Mean cell Hb conc.	355	310 - 360	g/L		

Sample Comments

K Brown 21703

Requestor Comments

post nephrectomy follow up

Report Information

Requestor	Akyol, Mr M
Requesting Location	(RIEOPD1F) RIE - OPD 1 front desk
Report Identifier	HR396411R
Sample Date	21/05/2015 15:15:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical details

XR Chest
Patient has attended today with history of cough with green sputum for 2/7. Coughed up blood-stained sputum x 3 today - fresh blood. He complains of right posterior chest pain under scapula. No immobility, recent surgery, recent flights, calf swelling or pain.Chest xray please in view of haemopysis and smoking history. Yours sincerely, Dr Paul Stephen / Chest

Report
No priors. Normal heart and mediastinum. Lung fields are clear. No effusions, pneumothorax or subdiaphragmatic free air. Visualised skeleton is unremarkable.

Professor Edwin J.R. van Beek
EJRVB

Reporting Radiologist: Prof Edwin JR Van Beek

Report Information

Requestor	STEPHEN, PAUL
Requesting Location	Ferniehill Surgery
Report Identifier	21030560
Sample Date	28/05/2015 10:29:00

XR Hip Rt

XR Hip Rt

Clinical details

pain right thigh on walking. ? OA hip

XR Hip Rt

No fracture shown on the single view obtained.

TF/AB

Reporting Radiologist: Dr Tom Fitzgerald

Report Information

Requestor	Griffin, Dr Jonathan L
Requesting Location	(RIEOPD4F) RIE OPD4 Front Desk Outpatient Department
Report Identifier	20810349
Sample Date	28/05/2015 14:23:00

First | Previous | Next | Last

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.8	2.5 - 6.6	mmol/L		
Creatinine	82	60 - 120	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.0	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

UE. . . . . .

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB954251V
Sample Date	01/07/2015 09:24:00

First | Previous | Next | Last

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.5	2.5 - 6.6	mmol/L		
Creatinine	98	60 - 120	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

UEs . . . . .

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB964422Q
Sample Date	15/07/2015 09:23:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.6	2.5 - 6.6	mmol/L		
Creatinine	87	60 - 120	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

Repeat UEs.

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB985455V
Sample Date	13/08/2015 09:44:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.7	2.5 - 6.6	mmol/L		
Creatinine	79	60 - 120	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

UE . . . . . .

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB905424G
Sample Date	27/08/2015 09:52:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	5.4	2.5 - 6.6	mmol/L		
Creatinine	94	64 - 111	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.8	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

UE. . . . . .

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB915916A
Sample Date	10/09/2015 09:30:00

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	8	3 - 21	umol/L	
ALT	22	10 - 50	U/L	
Alk.Phos	105	40 - 125	U/L	
GGT	**101**	**10 - 55**	**U/L**	**R**

Requestor Comments

cor.....

Serum lipids				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Cholesterol	**6.4**		**mmol/L**	**A**

Requestor Comments

cor.....

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Urea	3.5	2.5 - 6.6	mmol/L	
Creatinine	77	64 - 111	umol/L	
Sodium	138	135 - 145	mmol/L	
Potassium	4.8	3.6 - 5.0	mmol/L	
eGFR (/1.73m2)	>60			

Requestor Comments

cor.....

Report Information

Requestor	Nurse, Practice
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB905293R
Sample Date	22/12/2015 09:59:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	144	135 - 180	g/l		
Red cell count	**4.49**	**4.5 - 6.5**	**x10^12/l**	**R**	
Haematocrit	0.414	0.40 - 0.54	ratio		
Mean cell volume	92	78 - 98	fl		
Mean cell Hb.	**32.1**	**27.0 - 32.0**	**pg**	**R**	
White cell count	8.3	4.0 - 11.0	x10^9/l		
Neutrophil Count	4.74	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.35	1.5 - 4.0	x10^9/l		
Monocyte Count	**0.84**	**0.2 - 0.8**	**x10^9/l**	**R**	
Eosinophil Count	0.29	0.04 - 0.4	x10^9/l		
Basophil Count	0.10	0.01 - 0.1	x10^9/l		
Platelet count	345	150 - 400	x10^9/l		
Mean cell Hb conc.	348	310 - 360	g/L		

Requestor Comments

cor.....

Report Information

Requestor	Nurse, Practice
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HR226223F
Sample Date	22/12/2015 09:59:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	22	10 - 50	U/L		
Alk.Phos	92	40 - 125	U/L		
GGT	**92**	**10 - 55**	**U/L**		**R**

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	4.6		mmol/L		
HDL Chol.	1.1	0.9 - 1.4	mmol/L		
Chol:HDLC Ratio	4.4				
LDL Chol.	2.5		mmol/l		
Triglyceride	**2.3**	**0.8 - 2.1**	**mmol/L**		**R**

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB938216J
Sample Date	05/02/2016 09:44:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	21	10 - 50	U/L		
Alk.Phos	106	40 - 125	U/L		
GGT	**123**	**10 - 55**	**U/L**		**R**

Requestor Comments

LFT Chol.

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	**5.4**		**mmol/L**		**A**

Requestor Comments

LFT Chol.

Report Information

Requestor	(Locum), Dr Paul James Stephen
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB901177R
Sample Date	15/04/2016 10:37:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	11	3 - 21	umol/L		
ALT	29	10 - 50	U/L		
Alk.Phos	**126**	**40 - 125**	**U/L**	**R**	
GGT	**164**	**10 - 55**	**U/L**	**R**	

Requestor Comments

previous high chol / ggt.

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	3.8		mmol/L		

Requestor Comments

previous high chol / ggt.

Report Information

Requestor	Skinner, Dr LP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB957939V
Sample Date	27/06/2016 11:03:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.36	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.45	2.2 - 2.6	mmol/L		
Albumin	36	36 - 47	g/L		

Requestor Comments

? haemoptysis chest pains and persistent cough

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	9	3 - 21	umol/L		
ALT	27	10 - 50	U/L		
Alk.Phos	109	40 - 125	U/L		

Requestor Comments

? haemoptysis chest pains and persistent cough

Cardiac enzymes

Description	Value	Range	Unit	Normalcy	Notes
HS Troponin I	1	1 - 34	ng/L		(BATROP)

Test Comments

(BATROP) Important changes to the way troponin is reported -
(BATROP) the units have changed to ng/L with new reference range
(BATROP) of 1-16 ng/L for women and 1-34 ng/L for men.

Requestor Comments

? haemoptysis chest pains and persistent cough

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.2	2.5 - 6.6	mmol/L		
Creatinine	89	64 - 111	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.7	3.6 - 5	mmol/L		
TCO2	25	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

? haemoptysis chest pains and persistent cough

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**9**	**0 - 5**	**mg/L**	**R**	

Requestor Comments

? haemoptysis chest pains and persistent cough

Report Information

Requestor	Skinner, Dr LP
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB093201P
Sample Date	05/07/2016 13:38:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.4		mmol/L		
Spec type Rand/Fast	Rand(<11)				

Requestor Comments

? haemoptysis chest pains and persistent cough

Report Information

Requestor	Skinner, Dr LP
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB093200W
Sample Date	05/07/2016 13:38:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	11.0	10.5 - 13.5	secs		
INR (Warfarin)	**0.9**		**ratio**	**A**	
APTT	31.0	26 - 36	secs		
APTT Ratio	**1.0**		**ratio**	**A**	
Fibrinogen (Clauss)	2.6	1.5 - 4.0	g/L		

Requestor Comments

? haemoptysis chest pains and persistent cough

Report Information

Requestor	Skinner, Dr LP
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB093199G
Sample Date	05/07/2016 13:38:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**134**	**135 - 180**	**g/L**	**R**	
Red cell count	**4.21**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.390**	**0.4 - 0.54**	**Ratio**	**R**	
Mean cell volume	93	78 - 98	fl		
Mean Cell Hb	31.8	27 - 32	pg		
White cell count	6.9	4 - 11	10^9/L		
Neutrophil Count	3.97	2 - 7.5	10^9/L		
Lymphocyte Count	2.10	1.5 - 4.0	10^9/L		
Monocyte Count	0.62	0.2 - 0.8	10^9/L		
Eosinophil Count	0.17	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	336	150 - 400	10^9/L		
Mean cell Hb conc.	344	310 - 360	g/L		

Requestor Comments

? haemoptysis chest pains and persistent cough

Report Information

Requestor	Skinner, Dr LP
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	QB093198S
Sample Date	05/07/2016 13:38:00

MICROBIOLOGY RESPIRATORY PCR

Influenza A virus PCR :	Negative
Influenza B virus PCR :	Negative
RSV PCR :	Negative
Mycoplasma pneumoniae PCR:	Negative
Adenovirus PCR :	Negative

Set Comments

Please note that testing for influenza is required only in:

a.Complicated influenza (requiring hospitalisation, and / or with symptoms and signs of lower respiratory tract infection, CNS involvement or significant exacerbation of underlying medical condition)

b.Individuals in the at-risk group (Chronic pulmonary /cardiac /renal /hepatic /neurological disease, Diabetes mellitus, Immunosuppression, Age < 6 months, Age > 65 years, Pregnancy including up to two weeks post partum, and morbid obesity).

For further information, please refer to the "Revised guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza (2015-16)" published by Health Protection Scotland (http://www.hps.scot.nhs.uk/resp/guidelinedetail.aspx?id=53562).

Please note that respiratory virus testing is also required where there is a potential for an outbreak (e.g. nursing homes, care homes, etc).

If advice on clinical management is required, please liaise with Duty Virologist (Mon-Fri 9-17; RIE ext 26086 or bleep 5981) or On Call Virologist (RIE switchboard).

Infection prevention and control (IPC) advice can be obtained from the Duty IPC Nurse (Mon-Sun 8:30-16; RIE ext 63373) or On Call Virologist (RIE switchboard).

Requestor Comments

? persistent cough ? viral sx

Report Information

Requestor	Skinner, Dr LP
Requesting Location	(WGHARAUT) WGH MAU Emergency
Report Identifier	MI340066F
Sample Date	05/07/2016 13:43:00

XR Chest

XR Chest

Clinical details

XR Chest
haemoptysis and cough - smoker ? evidence LRTI / malignancy

Report
Comparison is made to previous anatomy/5/15.
The lungs are clear.
Normal cardiac and mediastinal contours.

Reported by Dr T Myszewski
Radiology ST4
Reviewed by Dr Ana M Casado

Reporting Radiologist: Dr Tomasz Myszewski

Report Information

Requestor	Crane, Dr Jennifer C
Requesting Location	(WGHMAUE) WGH MAU Emergency
Report Identifier	24360507
Sample Date	05/07/2016 14:33:00

First | Previous | Next | Last

US Abdomen

US Abdomen

Clinical details

US Abdomen
abnormal LFTs, known Alcohol excess ? Liver cirrhosis. Please do as OP and send result to GP

Report
The liver is of normal echogenicity throughout. No focal lesion identified.

No calculi visualised within the gallbladder. The gallbladder wall is not thickened, no pericholecystic fluid. No biliary dilatation.
Normal flow is demonstrated within the portal vein.

The left kidney has been removed for donation.
Right kidney is unremarkable.
The visualised pancreas, spleen and aorta appear unremarkable.
No free fluid.

Opinion
No ultrasonic evidence of cirrhosis.

Reported by Dr A Green, ST3 Radiology Registrar, GMC 7264761

Reporting Radiologist: Dr Allan Green

Report Information

Requestor	Isabirye, Dr Charles
Requesting Location	(WGHMAUE) WGH MAU Emergency
Report Identifier	24361135
Sample Date	02/08/2016 14:00:00

Report

Clinical Summary

Abdominal pain, nausea and/or vomiting and weight loss. Endoscopy - 2 cm hiatus hernia, gastritis and normal duodenum.

Specimen

D2 biopsies.

Macroscopy

Six tissue fragments measuring up to 6 mm. All taken.

Microscopy

This consists of normal duodenal mucosa with a well developed villous architecture. There is no evidence of coeliac disease in the sections examined.

Duodenum (biopsy) - Normal

Test Comments

(RPT)	Pathologists :
(RPT)	GI Pathology Team
(RPT)	Dr David A Dorward
(RPT)	Dr David K Worrall

Sample Comments

Suffix Duodenal Bx

Report Information

Requestor	Known, Cons Not
Requesting Location	(WGHOGI) WGH GI Outpatient Dept
Report Identifier	UB067177B/16
Sample Date	04/10/2016 11:48:00

First | Previous | Next | Last

Gastroscopy report

GASTROSCOPY REPORT

Name:	**Bernard LEWIS, 28/12/1967 (M)**	Address:	**158 Moredun Park Road** **Edinburgh** **EH17 7DQ**
CHI No:	**2812671297**		
Case Note No:	**620106899H**		
GP:	**Dr A Afzal** **Ferniehill Surgery** **8 Ferniehill Road** **Edinburgh** **EH17 7AB**	Status: Hospital: Ward: Referring Cons:	**Outpatient/NHS** **Royal Infirmary of Edinburgh** **Ward - Not specified** **GP (Direct Referral)**

Procedure date: 04 October 2016

Indications
Abdominal pain, nausea and/or vomiting and weight loss.
Potentially damaging drug: Aspirin.
No allergy.

Report
Apparent mucosal junction at 39cm from the incisors.
STOMACH. Hiatus hernia: sliding of length 2 cm in the upper body.

Diagnoses
OESOPHAGUS. Hiatus hernia.
STOMACH. Gastritis.
DUODENUM. Normal.

Specimens Taken
Biopsy (x4 from second part)

Follow up
Awaiting pathology results. Return to the referring GP.

Advice/Comments
Normal findings in the oesophagus do not exclude a diagnosis of reflux disease, 2cm HH evident. Slightly erratic GOJ but no true barretts.
Mild antral gastritis.
No focal abnormalities seen under WLE within the duodenum, D2 Bx taken in view of patients weight loss - await pathology.
Suggest discussion with GP in regards to PPI medication and anti emetics if required.

Consultant/Endoscopist
Tammy Kingstree
Nurses: Nathalie Bernard
Ms Nancy Faulkner

Instrument
WGH 092 GIF-H260 2244092
Disposable forceps

Premedication
Midazolam (IV) 2.5 mg
Xylocaine (Spray) 100 mg

***** END OF REPORT *****

Report Information

Requestor	GP
Requesting Location	
Report Identifier	UNI208187-2812671297
Sample Date	04/10/2016 11:48:03

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MRI Spine Lumbar/Sacral

MRI Spine Lumbar/Sacral

Clinical details

MRI Spine Lumbar/Sacral
Longstanding pain R thigh>lower leg on walking, some lower R sided back pain. reviewed by vascular & pain not thought to be related to peripheral vascular disease ? referred from back. o/e Normal tone/power & reflexes in both lower legs. SLR +ve on Right. ? prolapsed L5/S1 disc**patient advises metal pin in left lower leg following previous fracture**also, previous nephrectomy (donar to brother) but normal renal function when last checked / MRI Lumbar Spine

Report
Non-contrast MR of lumbar spine. No comparison.

Findings:
Vertebral body height through the sheath body alignment is normal. There is minimal anterior loss of height of T12. Disc desiccation is noted in the lumbar spine. The conus lies at approximately the T12-L1 interspace and is normal in signal. Visualised paraspinal soft tissues are unremarkable, the left kidney is absent
There is no evidence of focal disc protrusion or of central canal or foraminal stenosis. A fatty filum terminale is noted at the L5-S1 level.

Impression:
No evidence of root compromise.

Reporting Radiologist: Dr S Kealey

Report Information

Requestor	BLYTH, CATHERINE
Requesting Location	Ferniehill Surgery
Report Identifier	25419111
Sample Date	27/11/2016 14:30:00

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Culture and Sensitivities

Set Comments

```
Culture and Sensitivities
  Large numbers of Staphylococcus aureus isolated
   Resistant : Fusidic Acid.
   Sensitive : Clarithromycin,Flucloxacillin.
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Report Information

Requestor	Warwick, Dr SA
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MG527647N
Sample Date	13/03/2018 14:42:00

First | Previous | Next | Last

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.8		mmol/L		
Spec type Rand/Fast	Unknown				

Sample Comments

COCKBURN 31869

Requestor Comments

? DVT...

Report Information

Requestor	Gordon, Dr Claire F
Requesting Location	(WGHACOPD) WGH Ambulatory Care OP Desk
Report Identifier	QB080921X
Sample Date	18/04/2018 11:52:00

First | Previous | Next | Last

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.42	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.51	2.2 - 2.6	mmol/L		
Albumin	36	36 - 47	g/L		

Sample Comments

COCKBURN 31869

Requestor Comments

? DVT...

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	9	3 - 21	umol/L		
ALT	24	10 - 50	U/L		
Alk.Phos	103	40 - 125	U/L		

Sample Comments

COCKBURN 31869

Requestor Comments

? DVT...

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.4	2.5 - 6.6	mmol/L		
Creatinine	90	64 - 111	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
TCO2	25	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments

COCKBURN 31869

Requestor Comments

? DVT...

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**6**	**0 - 5**	**mg/L**	**R**	

Sample Comments

COCKBURN 31869

Requestor Comments

? DVT...

Report Information

Requestor	Gordon, Dr Claire F
Requesting Location	(WGHACOPD) WGH Ambulatory Care OP Desk
Report Identifier	QB080920R
Sample Date	18/04/2018 11:52:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	11.0	10.5 - 13.5	sec		
INR (Warfarin)	**0.9**		**ratio**	**A**	
VTE Exclusion	45	0 - 230	ng/ml		

Sample Comments

COCKBURN 31869

Requestor Comments

? DVT...

Report Information

Requestor	Gordon, Dr Claire F
Requesting Location	(WGHACOPD) WGH Ambulatory Care OP Desk
Report Identifier	QB080914D
Sample Date	18/04/2018 11:52:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**129**	**135 - 180**	**g/L**	**R**	
Red cell count	**4.31**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.391**	**0.4 - 0.54**	**ratio**	**R**	
Mean cell volume	91	78 - 98	fL		
Mean Cell Hb	29.9	27 - 32	pg		
White cell count	7.2	4 - 11	10^9/L		
Neutrophil Count	3.85	2 - 7.5	10^9/L		
Lymphocyte Count	2.43	1.5 - 4.0	10^9/L		
Monocyte Count	0.59	0.2 - 0.8	10^9/L		
Eosinophil Count	0.25	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	329	150 - 400	10^9/L		
Mean cell Hb conc.	330	310 - 360	g/L		

Sample Comments

COCKBURN 31869

Requestor Comments

? DVT...

Report Information

Requestor	Gordon, Dr Claire F
Requesting Location	(WGHACOPD) WGH Ambulatory Care OP Desk
Report Identifier	QB080918Z
Sample Date	18/04/2018 11:52:00

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XR Tibia/Fibula (Lower Leg) Lt

XR Tibia/Fibula (Lower Leg) Lt

Clinical details

XR Tibia/Fibula (Lower Leg) Lt
Ambulatory care patient. HAs presented with L anterior leg swelling just below the scar of his operation for fractured tib/fib 1988. Apparently some of the pin was taken out, some was left in - patient unsure & no notes to corroborate. TEnder over the bone mid tibia. ? cause

Report
Residual distal two thirds of an intra medullary nail in the tibia, traversing a united oblique fracture of the proximal third of the shaft with surrounding consolidated callus, with no plain radiographic signs of recent skeletal injury or osteomyelitis.
Residual track, with slight lucency and sclerosis, of the proximal third of the previous intermedullary nail, subsequently removed, extending from the proximal anterior tibial cortex into the proximal end of the distal shaft of the nail.
Normal knee and ankle joints.

Reported by Dr C M Turnbull
Consultant Radiologist.

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	Cockburn, Dr Fiona-May
Requesting Location	(WGHACOPD) WGH Ambulatory Care OP Desk
Report Identifier	29643256
Sample Date	18/04/2018 12:05:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Vitamin B12	327	180 - 2000	ng/L		
Serum Folate	10.0	2.8 - 20	ug/L		

Requestor Comments

Patient is not known to have a thyroid condition.
recurrent hiccups.

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	2.5	0.2 - 4.5	mU/L		
Free T4	12	9 - 21	pmol/L		

Requestor Comments

Patient is not known to have a thyroid condition.
recurrent hiccups.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	20	10 - 50	U/L		
Alk.Phos	101	40 - 125	U/L		
GGT	**89**	**10 - 55**	**U/L**	**R**	

Requestor Comments

Patient is not known to have a thyroid condition.
recurrent hiccups.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	88	64 - 111	umol/L		
Sodium	143	135 - 145	mmol/L		
Potassium	4.8	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

Patient is not known to have a thyroid condition.
recurrent hiccups.

Report Information

Requestor	(GPST3), Dr Jennifer L Anderson
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB911588R
Sample Date	24/10/2018 09:10:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**134**	**135 - 180**	**g/L**	**R**	
Red cell count	4.58	4.5 - 6.5	10^12/L		
Haematocrit	0.422	0.40 - 0.54	ratio		
Mean cell volume	92	78 - 98	fL		
Mean Cell Hb	29.3	27.0 - 32.0	pg		
White cell count	9.3	4.0 - 11.0	10^9/L		
Neutrophil Count	4.80	2.0 - 7.5	10^9/L		
Lymphocyte Count	3.25	1.5 - 4.0	10^9/L		
Monocyte Count	0.80	0.2 - 0.8	10^9/L		
Eosinophil Count	**0.41**	**0.04 - 0.4**	**10^9/L**	**R**	
Basophil Count	0.08	0.01 - 0.1	10^9/L		
Platelet count	339	150 - 400	10^9/L		
Mean cell Hb conc.	318	310 - 360	g/L		

Requestor Comments

recurrent hiccups.

Report Information

Requestor	(GPST3), Dr Jennifer L Anderson
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HR388521C
Sample Date	24/10/2018 09:10:00

Serum lipids				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Cholesterol	3.1		mmol/L	

Requestor Comments

pad . . . . .

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Creatinine	93	64 - 111	umol/L	
Sodium	136	135 - 145	mmol/L	
Potassium	4.5	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60			

Requestor Comments

pad . . . . .

Report Information

Requestor	(GPST3), Dr Jennifer L Anderson
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB976594H
Sample Date	15/01/2019 12:15:00

First | Previous | Next | Last

XR Pelvis

XR Pelvis

Clinical details

XR Pelvis
Left hip x-ray. This 51 year old gentleman with no history of trauma has experienced increasing groin pain with development of a limp and restricted ROM of his hip over the last six weeks. Many thanks for your help with this gentleman Yours sincerely, Dr Sarah Warwick / Pelvis/Hips

Report
Comparison 28/5/2015. Stable mild-to-moderate bilateral hip joint space narrowing. No significant osteophytes. Normal SI joints.

This report was generated using speech recognition software.

Professor Edwin J.R. van Beek
edwin.vanbeek@nhslothian.scot.nhs.uk
GMC 3185502

Reporting Radiologist: Prof Edwin JR Van Beek

Report Information

Requestor	WARWICK, SARAH
Requesting Location	Ferniehill Surgery
Report Identifier	31991450
Sample Date	05/02/2019 10:23:00

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	69	1 - 10	mm/hr	R	

Sample Comments

v.price ex 21325

Requestor Comments

Severe atraumatic hip pain. ? Malignancy.

Report Information

Requestor	given, Not
Requesting Location	(RIEAE5) RIE Minor Injuries Unit A&E
Report Identifier	HR211278Q
Sample Date	14/03/2019 20:05:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**128**	**135 - 180**	**g/L**	**R**	
Red cell count	**4.37**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.374**	**0.40 - 0.54**	**ratio**	**R**	
Mean cell volume	86	78 - 98	fL		
Mean Cell Hb	29.3	27.0 - 32.0	pg		
White cell count	**11.5**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	7.40	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.27	1.5 - 4.0	10^9/L		
Monocyte Count	**1.55**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.21	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	287	150 - 400	10^9/L		
Mean cell Hb conc.	342	310 - 360	g/L		

Sample Comments

v.price ex 21325

Requestor Comments

Severe atraumatic hip pain. ? Malignancy.

Report Information

Requestor	given, Not
Requesting Location	(RIEAE5) RIE Minor Injuries Unit A&E
Report Identifier	HR211276Z
Sample Date	14/03/2019 20:05:00

Bone Group				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Calcium	**2.62**	**2.2 - 2.6**	**mmol/L**	**R**
Adjustd Calcium	**2.67**	**2.1 - 2.6**	**mmol/L**	**R**
Phosphate	1.13	0.8 - 1.4	mmol/L	
Albumin	39	36 - 47	g/L	

Sample Comments

v.price ex 21325

Requestor Comments

Severe atraumatic hip pain. ? Malignancy.

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
GGT	**87**	**10 - 55**	**U/L**	**R**
Bilirubin	12	3 - 21	umol/L	
Albumin	39	36 - 47	g/L	
ALT	17	10 - 50	U/L	
Alk.Phos	123	40 - 125	U/L	

Sample Comments

v.price ex 21325

Requestor Comments

Severe atraumatic hip pain. ? Malignancy.

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Urea	4.2	2.5 - 6.6	mmol/L	
Creatinine	85	64 - 111	umol/L	
Sodium	**134**	**135 - 145**	**mmol/L**	**R**
Potassium	3.8	3.6 - 5.0	mmol/L	
TCO2	24	22 - 30	mmol/L	
eGFR (/1.73m2)	>60			

Sample Comments

v.price ex 21325

Requestor Comments

Severe atraumatic hip pain. ? Malignancy.

Serum C reactive protein level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
C-Reactive Prot	**210**	**0 - 5**	**mg/L**	**R**

Sample Comments

v.price ex 21325

Requestor Comments

Severe atraumatic hip pain. ? Malignancy.

Cardiac enzymes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
CK	**383**	**55 - 170**	**U/L**	**R**

Sample Comments

v.price ex 21325

Requestor Comments

Severe atraumatic hip pain. ? Malignancy.

Report Information

Requestor given, Not

Requesting Location (RIEAE5) RIE Minor Injuries Unit A&E

Report Identifier	HB098783B
Sample Date	14/03/2019 20:05:00

XR Femur (Thigh) Lt

THIS IS A SUPPLEMENTARY REPORT

XR Femur (Thigh) Lt

Clinical details

XR Femur (Thigh) Lt
4 month hx of increasingly severe Lt femur pain including hip and knee. Unable to WB. ? Pathological #

Report

Moderate superior joint space narrowing in keeping with early degenerative change with patchy sclerosis which is suggestive of AVN
No other acute focal bone or joint abnormality seen on this non sensitive modality

Kathryn Stewart
Advanced Practitioner Radiographer

HCPC No. 22696
This report has been produced using speech recognition software

Reporting Radiologist: Kathryn Stewart

Report Information

Requestor	Beattie, Douglas
Requesting Location	(RIEAE5) RIE Minor Injuries Unit A&E
Report Identifier	32329088
Sample Date	14/03/2019 20:41:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	12.0	10.5 - 13.5	sec		
INR (Warfarin)	1.0		ratio		
APTT	30	26 - 36	sec		
APTT Ratio	1.0		ratio		
Fibrinogen (Clauss)	**6.0**	**1.5 - 4.0**	**g/L**	**R**	

Sample Comments

aa.....

Requestor Comments

? infection

Report Information

Requestor	Amin, Dr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HR331563T
Sample Date	19/03/2019 13:57:00

Bone Group				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Calcium	2.46	2.2 - 2.6	mmol/L	
Adjustd Calcium	2.57	2.1 - 2.6	mmol/L	
Albumin	**35**	**36 - 47**	**g/L**	**R**

Sample Comments

aa.....

Requestor Comments

? infection

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	6	3 - 21	umol/L	
ALT	18	10 - 50	U/L	
Alk.Phos	113	40 - 125	U/L	

Sample Comments

aa.....

Requestor Comments

? infection

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Urea	5.0	2.5 - 6.6	mmol/L	
Creatinine	76	64 - 111	umol/L	
Sodium	**134**	**135 - 145**	**mmol/L**	**R**
Potassium	4.9	3.6 - 5.0	mmol/L	
eGFR (/1.73m2)	>60			

Sample Comments

aa.....

Requestor Comments

? infection

Report Information

Requestor	Amin, Dr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HB375535R
Sample Date	19/03/2019 13:57:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**124**	**135 - 180**	**g/L**	**R**	
Red cell count	**4.34**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.382**	**0.40 - 0.54**	**ratio**	**R**	
Mean cell volume	88	78 - 98	fL		
Mean Cell Hb	28.6	27.0 - 32.0	pg		
White cell count	8.9	4.0 - 11.0	10^9/L		
Neutrophil Count	5.91	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.98	1.5 - 4.0	10^9/L		
Monocyte Count	0.73	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	**403**	**150 - 400**	**10^9/L**	**R**	
Mean cell Hb conc.	325	310 - 360	g/L		

Sample Comments

aa.....

Requestor Comments

? infection

Report Information

Requestor	Amin, Dr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HR331558X
Sample Date	19/03/2019 13:57:00

CT Chest/Abdo/Pelvis/ With Contrast

CT Chest/Abdo/Pelvis/ With Contrast

Clinical details

CT Chest/Abdo/Pelvis/ With Contrast
URGENT CT- (within on week) Night sweats and left knee pain. Unclear cause. CRP >200. systemically well. Possible AVN left hip

Report

Extensive left femoral osteonecrosis extending from the 9:00 to 2:00 o'clock positions. Central area of subcortical lucency with minor collapse. Moderate left joint effusion.

Occasional tiny lung nodule. The lungs are otherwise clear.
No pericardial effusion. No pulmonary embolism.

No lymphadenopathy.

Solitary right kidney. Upper abdominal organs are otherwise normal.
No bowel abnormality.
No free fluid or collection in the abdomen or pelvis.
No focal bone abnormality.

Conclusion:
Osteonecrosis of the left femoral head with minor subchondral collapse and effusion.

Reported by Dr F Perks, Consultant Radiologist, RIE
fperks@nhs.net
01312423800

Reporting Radiologist: Dr Fergus J Perks

Report Information

Requestor	Amin, Mr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	32363468
Sample Date	01/04/2019 11:45:00

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Aspiration/Arthrogram Hip

Aspiration/Arthrogram Hip

Clinical details

Aspiration/Arthrogram Hip
left hip avn ? infection as well has sweates and high crp ,will get thr is no infection found

Report
Aseptic technique. Local anaesthetic. Fluoroscopic guidance.
22 gauge spinal needle inserted into the left hip joint.
No aspirate achieved.
5 mL of sterile saline injected but still no aspiration achieved.
Effusion identified on the CT scan from 1 April.

Dr Scott McKie
Consultant Radiologist
scott.mckie@nhs.net
GMC 4231538

Reporting Radiologist: Dr Scott McKie

Report Information

Requestor	Keenan, Mr G
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	32539760
Sample Date	17/04/2019 14:00:00

First | Previous | Next | Last

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	**42**	**1 - 10**	**mm/hr**	**R**	

Sample Comments

AAmin..

Requestor Comments

? infection

Report Information

Requestor	Amin, Dr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HR380024K
Sample Date	07/05/2019 16:14:00

First | Previous | Next | Last

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**38**	**0 - 5**	**mg/L**	**R**	

Sample Comments

AAmin..

Requestor Comments

? infection

Report Information

Requestor	Amin, Dr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HB205469Q
Sample Date	07/05/2019 16:14:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**114**	**135 - 180**	**g/L**	**R**	
Red cell count	**4.13**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.348**	**0.40 - 0.54**	**ratio**	**R**	
Mean cell volume	84	78 - 98	fL		
Mean Cell Hb	27.6	27.0 - 32.0	pg		
White cell count	7.7	4.0 - 11.0	10^9/L		
Neutrophil Count	4.56	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.19	1.5 - 4.0	10^9/L		
Monocyte Count	0.53	0.2 - 0.8	10^9/L		
Eosinophil Count	0.32	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	383	150 - 400	10^9/L		
Mean cell Hb conc.	328	310 - 360	g/L		

Sample Comments

AAmin..

Requestor Comments

? infection

Report Information

Requestor	Amin, Dr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HR380025M
Sample Date	07/05/2019 16:14:00

MRI Pelvis

MRI Pelvis

Clinical details

MRI Pelvis
AVN left hip - initially identified on CT chest/abdo/pelvis. MRI to stage disease and guide management

Report

Unchanged appearance from CT 8 weeks ago. Extensive left femoral head bone infarct with evidence of minor femoral head flattening. Bone oedema extends from the infarct into the proximal femoral metaphysis.
Small associated hip joint effusion.

No further bone abnormality. In particular, the right femoral head is normal.

No pelvic musculotendinous unit abnormality.

Normal pelvic cavity soft tissue contents. No hernia.

Conclusion:
Left femoral head osteonecrosis with mild femoral head volume loss/collapse.

Reported by Dr F Perks, Consultant Radiologist, RIE
fperks@nhs.net
01312423800

Reporting Radiologist: Dr Fergus J Perks

Report Information

Requestor	Amin, Mr Anish K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	32762584
Sample Date	29/05/2019 18:45:00

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	39	1 - 10	mm/hr	R	

Requestor Comments

Other clinical details
avscular necrosis hip & night swetas. escalating pain.
previously raised inflamm markers were settling. repeat in
cont....

Report Information

Requestor	Devin, Dr Michele J
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HR224428L
Sample Date	20/06/2019 10:51:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	70	64 - 111	umol/L		
Sodium	135	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

avscular necrosis hip & night swetas. escalating pain.
previously raised inflamm markers were settling. repeat in
cont....

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**43**	**0 - 5**	**mg/L**	**R**	

Requestor Comments

avscular necrosis hip & night swetas. escalating pain.
previously raised inflamm markers were settling. repeat in
cont....

Report Information

Requestor	Devin, Dr Michele J
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB931805Y
Sample Date	20/06/2019 10:51:00

First | Previous | Next | Last

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**38**	**0 - 5**	**mg/L**	**R**	

Report Information

Requestor	Devin, Dr Michele J
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB946598X
Sample Date	08/07/2019 12:21:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**20**	**0 - 5**	**mg/L**	**R**	

Report Information

Requestor	Warwick, Dr SA
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB979782B
Sample Date	19/08/2019 10:53:00

First | Previous | Next | Last

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	5.1	2.5 - 6.6	mmol/L		
Creatinine	74	64 - 111	umol/L		
Sodium	**133**	**135 - 145**	**mmol/L**	**R**	
Potassium	4.3	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments

oau mr macpherson

Requestor Comments

thearte.

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**28**	**0 - 5**	**mg/L**	**R**	

Sample Comments

oau mr macpherson

Requestor Comments

thearte.

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	HB287097C
Sample Date	20/09/2019 11:53:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**109**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.10**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.326**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	80	78 - 98	fL		
Mean Cell Hb	**26.6**	**27.0 - 32.0**	**pg**	**R**	
White cell count	9.1	4.0 - 11.0	10^9/L		
Neutrophil Count	5.75	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.20	1.5 - 4.5	10^9/L		
Monocyte Count	**0.84**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.24	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	269	150 - 400	10^9/L		
Mean cell Hb conc.	334	310 - 360	g/L		

Sample Comments

oau mr macpherson

Requestor Comments

thearte.

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	HR312285T
Sample Date	20/09/2019 11:53:00

Serum Protein EPH / IGs

Description	Value	Range	Unit	Normalcy	Notes
IgA	4.26	0.8 - 4.5	g/L		
IgG	11.33	6 - 15	g/L		
IgM	0.59	0.35 - 2.9	g/L		

Set Comments

Protein Electrophoresis not requested.
Paraproteins not excluded.

Report Information

Requestor	Warwick, Dr SA
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB185124K
Sample Date	24/09/2019 12:09:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**116**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.36**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.356**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	82	78 - 98	fL		
Mean Cell Hb	**26.6**	**27.0 - 32.0**	**pg**	**R**	
White cell count	8.4	4.0 - 11.0	10^9/L		
Neutrophil Count	5.23	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.17	1.5 - 4.5	10^9/L		
Monocyte Count	0.70	0.2 - 0.8	10^9/L		
Eosinophil Count	0.30	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	308	150 - 400	10^9/L		
Mean cell Hb conc.	326	310 - 360	g/L		

Requestor Comments

As per Orthopeadics.

Report Information

Requestor	Warwick, Dr SA
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HR314609M
Sample Date	24/09/2019 12:09:00

ESC Sendaway Tests	
Immunoglobulins	Send away test - WGH Biochemistry

Requestor Comments

Patient is not known to have a thyroid condition.
As per Orthopeadics.

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	**6**	**14 - 32**	**umol/L**	**R**	
Transferrin	3.36	2.0 - 4.0	g/L		(BTR)
Ferritin	**17**	**20 - 300**	**ug/L**	**R**	
Vitamin B12	370	180 - 2000	ng/L		
Serum Folate	3.5	2.8 - 20	ug/L		
Transferrin Sat	**7**		**%**	**A**	

Test Comments

(BTR) For interpretation of iron studies used in the
(BTR) investigation of anaemia please consult GP referral
(BTR) guidelines for anaemias available on: NHSL Intranet -
(BTR) Healthcare - A-Z - Haematology - GP referral guidelines

Requestor Comments

Patient is not known to have a thyroid condition.
As per Orthopeadics.

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	2.7	0.2 - 4.5	mU/L		
Free T4	11	9 - 21	pmol/L		

Requestor Comments

Patient is not known to have a thyroid condition.
As per Orthopeadics.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	83	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	3.9	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

Patient is not known to have a thyroid condition.
As per Orthopeadics.

Report Information

Requestor	Warwick, Dr SA
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB918328D
Sample Date	24/09/2019 12:09:00

ENA antibody level		
ENA Screen	Negative	(IENA)

Test Comments

(IENA) ENA screen contains Ro (SS-A), La (SS-B),
(IENA) SmDP, RNP70, Scl-70S, Jo-1

Sample Comments

Scopazzini

Requestor Comments

?infected hip

CCP

Description	Value	Range	Unit	Normalcy	Notes
Cyclic Citrullinated Peptide	0.7	0 - 10	U/ml		

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Complement 3rd component C3

Description	Value	Range	Unit	Normalcy	Notes
C3	**1.74**	**0.81 - 1.57**	**g/l**	**R**	

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Complement 4th component C4

Description	Value	Range	Unit	Normalcy	Notes
C4	0.37	0.13 - 0.39	g/l		

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Anti-nuclear factor

Anti Nuclear Antibody	Negative

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Parietal cell autoantibodies

Gastric Parietal Cell	Negative

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Mitochondrial antbdy screen te

Mitochondrial Antibody	Negative

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Anti smooth muscle autoantibod	
Smooth muscle Antibody	Negative

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Thyroid peroxidase antibod lev				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Anti Thyroid Peroxidase	13.7	0 - 100	IU/ml	

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Anti liver kidney micro ab lev	
LKM1	Negative

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	HI180204P
Sample Date	16/10/2019 15:07:00

Blood culture

Set Comments

Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MB638585Z
Sample Date	16/10/2019 15:07:00

Blood culture

Set Comments

Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MB638584G
Sample Date	16/10/2019 15:07:00

Blood culture

Set Comments

Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MB638580R
Sample Date	16/10/2019 15:07:00

Hep B surface Antigen

Description	Value	Range	Unit	Normalcy	Notes
Hep B surface Ag qualitative	0.12	0.00 - 0.89	S/CO		(ZARBSQ)

Test Comments

(ZARBSQ) Hepatitis B surface Antigen : NEGATIVE

(ZARBSQ) ---------- ---------- ---------- ---------- ----------

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Hepatitis C antibody test

Description	Value	Range	Unit	Normalcy	Notes
Hepatitis C Antibody Index:	0.19	0.00 - 0.89			(ZARHCB)

Test Comments

(ZARHCB) Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9)

(ZARHCB) ---------- ---------- ---------- ---------- ----------

Sample Comments

Scopazzini

Requestor Comments

?infected hip

HIV antibody/antigen (Duo)

Description	Value	Range	Unit	Normalcy	Notes
HIV Ag/Ab COMBO:	0.08	0.00 - 0.89			(ZARHIC)

Test Comments

(ZARHIC) HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <0.85)

(ZARHIC) ---------- ---------- ---------- ---------- ----------

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MS778384T
Sample Date	16/10/2019 15:07:00

First | Previous | Next | Last

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	12.0	10.5 - 13.5	sec		
INR (Warfarin)	1.0		ratio		

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	QB395050T
Sample Date	16/10/2019 15:07:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.38	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.43	2.1 - 2.6	mmol/L		
Albumin	39	36 - 47	g/L		

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	3 - 21	umol/L		
ALT	15	10 - 50	U/L		
Alk.Phos	**147**	**40 - 125**	**U/L**	**R**	

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	5.4	2.5 - 6.6	mmol/L		
Creatinine	85	64 - 111	umol/L		
eGFR (/1.73m2)	82		ml/min		
Sodium	138	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	**7.9**	**14 - 32**	**umol/L**	**R**	
Transferrin	3.71	2 - 4	g/L		(BTR)
Transferrin Sat	**8**		**%**	**A**	

Test Comments

(BTR) For interpretation of iron studies used in the
(BTR) investigation of anaemia please consult GP referral
(BTR) guidelines for anaemias available on: NHSL Intranet -
(BTR) Healthcare - A-Z - Haematology - GP referral guidelines

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	QB395038N
Sample Date	16/10/2019 15:07:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**120**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.40**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.368**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	84	78 - 98	fL		
Mean Cell Hb	27.3	27 - 32	pg		
White cell count	8.6	4.0 - 11.0	10^9/L		
Neutrophil Count	5.40	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.16	1.5 - 4.0	10^9/L		
Monocyte Count	0.73	0.2 - 0.8	10^9/L		
Eosinophil Count	0.23	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	334	150 - 400	10^9/L		
Mean cell Hb conc.	326	310 - 360	g/L		

Sample Comments

Scopazzini

Requestor Comments

?infected hip

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	QB395040M
Sample Date	16/10/2019 15:07:00

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Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  A few Acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Sample Comments

scopazzini spr

Requestor Comments

?PTB....

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MM029164C
Sample Date	16/10/2019 15:11:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  A few Acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Sample Comments

scopazzini spr

Requestor Comments

?PTB....

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MM028706W
Sample Date	16/10/2019 15:11:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy

  Moderate numbers of Acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation
M. tuberculosis complex PCR
  M.tuberculosis complex probe Not Detected
No MTB complex detected in this specimen on direct PCR.
This does NOT rule out MTB complex or non-tuberculous
mycobacterial infection.

Sample Comments

scopazzini spr

Requestor Comments

?PTB....

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MM028705Y
Sample Date	16/10/2019 15:11:00

First | Previous | Next | Last

Urine culture RIE

Set Comments

```
Urine culture
  No significant growth
```

Sample Comments

scopazzin spr

Requestor Comments

?infection

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	MU271033M
Sample Date	16/10/2019 15:12:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  Insufficient specimen for microscopy
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	Known, Cons Not
Requesting Location	(RIEST22) RIE Theatre 22
Report Identifier	MM028749W
Sample Date	21/10/2019 09:23:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	Known, Cons Not
Requesting Location	(RIEST22) RIE Theatre 22
Report Identifier	MM028750R
Sample Date	21/10/2019 09:24:00

Report

Clinical Summary

Night sweats, weight loss, grumbling CRP. Cause? TB? Infectious diseases involved - nil. CT chest, abdomen, pelvis negative.
Provisional diagnosis: AVN. Cause?

Specimen

Reamings from left hip.

Macroscopy

Fragments of tissue measuring up to 8 mm, all processed following decalcification.

Microscopy

Sections reveal this specimen to comprise fragments of trabecular bone with associated necrotic/fibrinous debris. Focally some of the trabeculae present appear viable but most are necrotic. Occasional fragments of viable fibroblastic tissue are included but in the material present there is little in the way of any significant excess of inflammatory cells and no granulomata are identified. Despite examination at multiple levels no evidence of malignancy is identified. These appearances are entirely non-specific.

Reamings left hip - osteonecrosis.

Test Comments

(RPT) Pathologists :
(RPT) OA/Soft Tissue Pathology Team
(RPT) Professor William A Wallace

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIEORTHO) RIE Orthopaedic OP (OPD6)
Report Identifier	UB022976W/19
Sample Date	21/10/2019 12:00:00

Culture and Sensitivities

Set Comments

Culture and Sensitivities
  No growth so far. A report will follow if growth is obtained

   Mycobacteria culture and microscopy in progress - see sample MM028749W

Requestor Comments

Night sweats
tb ?

Microscopy LTG

Set Comments

Microscopy
  Volume: <0.25 mL received
  Appearance: blood stained fluid
Microscopy :
  Insufficient specimen for microscopy
  Insufficient sample to inoculate into blood culture bottles

Requestor Comments

Night sweats
tb ?

Report Information

Requestor	Known, Cons Not
Requesting Location	(RIEST22) RIE Theatre 22
Report Identifier	MG641126D
Sample Date	21/10/2019 12:00:00

Culture and Sensitivities

Set Comments

Culture and Sensitivities
  THIS AMENDED REPORT REPLACES ANY PREVIOUSLY RECEIVED
   Amended (FURTHER) report:
   The ORIGINAL report if in the patients notes should be
   marked as AMENDED and referred to this report.
   It should however not be destroyed as it is already
   part of the patient record

  No growth on Primary Culture
Broth culture:
  Staphylococcus capitis isolated
   Resistant : Fusidic Acid.
   Sensitive :
Ciprofloxacin,Clarithromycin,Clindamycin,Doxycycline,Flucloxacillin,Gentamicin,Rifampicin,Vancomycin.

Requestor Comments

Night sweats
tb ?

Report Information

Requestor	Known, Cons Not
Requesting Location	(RIEST22) RIE Theatre 22
Report Identifier	MG641125X
Sample Date	21/10/2019 12:00:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	12	10 - 50	U/L		
Alk.Phos	**149**	**40 - 125**	**U/L**	**R**	

Sample Comments

21322..

Requestor Comments

infected wound

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.7	2.5 - 6.6	mmol/L		
Creatinine	73	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	3.9	3.6 - 5	mmol/L		
TCO2	26	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments

21322..

Requestor Comments

infected wound

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**17**	**0 - 5**	**mg/L**	**R**	

Sample Comments

21322..

Requestor Comments

infected wound

Report Information

Requestor	given, Not
Requesting Location	(RIEAE3) 3 - Exam, A&E
Report Identifier	HB066452B
Sample Date	02/11/2019 10:08:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**121**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.20**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.345**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	82	78 - 98	fL		
Mean Cell Hb	28.8	27.0 - 32.0	pg		
White cell count	**11.2**	**4.5 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**8.21**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	2.13	1.5 - 4.5	10^9/L		
Monocyte Count	0.76	0.2 - 0.8	10^9/L		
Eosinophil Count	0.06	0.04 - 0.4	10^9/L		
Basophil Count	0.03	0.01 - 0.1	10^9/L		
Platelet count	362	150 - 400	10^9/L		
Mean cell Hb conc.	351	310 - 360	g/L		

Sample Comments

21322..

Requestor Comments

infected wound

Report Information

Requestor	given, Not
Requesting Location	(RIEAE3) 3 - Exam, A&E
Report Identifier	HR161728T
Sample Date	02/11/2019 10:08:00

First | Previous | Next | Last

XR Hip Lt

XR Hip Lt

Clinical details

XR Hip Lt
51M L hip pain - known AVN, ?evidence of further deterioration ?infection

Report

SI joints symmetrical and appear within normal limits

Patchy sclerosis of the left femoral head in keeping with AVN
Mild superior joint space narrowing right hip

Allowing for projectional differences there appears to have been progression of the AVN left hip since images 14.03.2019

Kathryn Stewart
Advanced Practitioner Radiographer

HCPC No. 22696
This report has been produced using speech recognition software

Reporting Radiologist: Kathryn Stewart

Report Information

Requestor	Armstrong, Dr Amy
Requesting Location	(RIEAE3) 3 - Exam, A&E
Report Identifier	34223191
Sample Date	02/11/2019 10:11:00

Mycology MC&S

Set Comments

```
Mycology, microscopy
  Direct microscopy for fungal hyphae : NEGATIVE
Mycology, culture
  Large numbers of Yeasts isolated
   There was no evidence of Aspergillus or other
   filamentous fungi on microscopy and culture
```

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MF104741N
Sample Date	04/11/2019 12:07:00

Respiratory MC&S

Set Comments

Respiratory Culture and Sens
  Large numbers of Yeasts isolated
   Isolate(s) will be held for 7 days

Growth of yeasts from respiratory secretions rarely
indicates invasive candidiasis and should not be
treated with antifungal therapy without discussion with
a microbiologist.

Report Information

Requestor	Charge, Doctor In
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MR482922X
Sample Date	04/11/2019 16:48:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MM029413A
Sample Date	11/11/2019 12:57:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical details

XR Chest
sputum positive for NTM. chest symptoms ?extent of disease

Report
Normal cardiac mediastinal and hilar contours.
Lungs clear with normal pulmonary vascularity.
No skeletal abnormality.
No sign of previous or active tuberculosis and no plain radiographic sign of interstitial lung disease.

Reported by Dr C M Turnbull
Consultant Radiologist

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	Scopazzini, Marcello
Requesting Location	(WGH41OPD) WGH Ward 41 Outpatients
Report Identifier	34316825
Sample Date	13/11/2019 13:44:00

Bone Group				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Calcium	2.32	2.2 - 2.6	mmol/L	
Adjustd Calcium	2.43	2.1 - 2.6	mmol/L	
Phosphate	**1.44**	**0.8 - 1.4**	**mmol/L**	**R**
Albumin	**35**	**36 - 47**	**g/L**	**R**

Sample Comments

scopazzini spr

Requestor Comments

chest pain and infection

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	5	3 - 21	umol/L	
ALT	17	10 - 50	U/L	
Alk.Phos	**142**	**40 - 125**	**U/L**	**R**

Sample Comments

scopazzini spr

Requestor Comments

chest pain and infection

Cardiac enzymes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
HS Troponin I	<1	1 - 34	ng/L	

Sample Comments

scopazzini spr

Requestor Comments

chest pain and infection

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Urea	4.3	2.5 - 6.6	mmol/L	
Creatinine	72	64 - 111	umol/L	
eGFR (/1.73m2)	>90		ml/min	
Sodium	135	135 - 145	mmol/L	
Potassium	4.5	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60.0		ml/min	

Sample Comments

scopazzini spr

Requestor Comments

chest pain and infection

Serum C reactive protein level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
C-Reactive Prot	**23**	**0 - 5**	**mg/L**	**R**

Sample Comments

scopazzini spr

Requestor Comments

chest pain and infection

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	QB028933T
Sample Date	13/11/2019 13:44:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	12.0	10.5 - 13.5	sec		
INR (Warfarin)	1.0		ratio		
APTT	30.0	26 - 36	sec		
APTT Ratio	**1.0**		**ratio**	**A**	
Fibrinogen (Clauss)	**4.6**	**1.5 - 4.0**	**g/L**	**R**	

Sample Comments

scopazzini spr

Requestor Comments

chest pain and infection

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	QB028934K
Sample Date	13/11/2019 13:44:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**127**	**130 - 180**	**g/L**	**R**	
Red cell count	4.55	4.5 - 6.5	10^12/L		
Haematocrit	**0.380**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	84	78 - 98	fL		
Mean Cell Hb	27.9	27 - 32	pg		
White cell count	10.0	4.0 - 11.0	10^9/L		
Neutrophil Count	6.76	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.19	1.5 - 4.0	10^9/L		
Monocyte Count	0.79	0.2 - 0.8	10^9/L		
Eosinophil Count	0.25	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	297	150 - 400	10^9/L		
Mean cell Hb conc.	334	310 - 360	g/L		

Sample Comments

scopazzini spr

Requestor Comments

chest pain and infection

Report Information

Requestor	Khatamzas, Dr Elham
Requesting Location	(WGH41) WGH - Ward 41
Report Identifier	QB028932C
Sample Date	13/11/2019 13:44:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MM029632S
Sample Date	15/11/2019 14:00:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	**5**	**14 - 32**	**umol/L**	**R**	
Transferrin	2.95	2.0 - 4.0	g/L		(BTR)
Ferritin	34	20 - 300	ug/L		
Transferrin Sat	**7**		**%**	**A**	

Test Comments

(BTR) For interpretation of iron studies used in the
(BTR) investigation of anaemia please consult GP referral
(BTR) guidelines for anaemias available on: NHSL Intranet -
(BTR) Healthcare - A-Z - Haematology - GP referral guidelines

Report Information

Requestor	Afzal, Dr Azhar
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HB959883T
Sample Date	18/11/2019 10:58:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**124**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.46**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.375**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	84	78 - 98	fL		
Mean Cell Hb	27.8	27.0 - 32.0	pg		
White cell count	9.3	4.0 - 11.0	10^9/L		
Neutrophil Count	6.96	2.0 - 7.5	10^9/L		
Lymphocyte Count	**1.49**	**1.5 - 4.5**	**10^9/L**	**A**	
Monocyte Count	0.58	0.2 - 0.8	10^9/L		
Eosinophil Count	0.26	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	293	150 - 400	10^9/L		
Mean cell Hb conc.	331	310 - 360	g/L		

Report Information

Requestor	Afzal, Dr Azhar
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	HR365370F
Sample Date	18/11/2019 10:58:00

CT Chest/Abdo/Pelvis/ With Contrast

CT Chest/Abdo/Pelvis/ With Contrast

Clinical details

CT Chest/Abdo/Pelvis/ With Contrast
progressive weight loss, night sweats and intermittent fevers at home on a background of AVN left hip underinvestigation by orthopaedics and newly diagnosed NTM disease (one sample, no further samples yet, not referred to respiratory yet). Significant co-morbidities: IHD with escalating chest pain requiring OPD cardiology investigations; COPD; heavy smoker; previous ETOH excess. CT CAP to rule out any underlying crhonic infection/malignancy given weight loss and night sweats and also to evaluate chest in view of NTM disease.

Report
Contrast-enhanced examination through the chest, abdomen and pelvis. Comparison is made with previous imaging.

Patchy groundglass pulmonary opacity in the right upper lobe. These appearances are non-specific but likely due to infection. I note the history of nontuberculous mycobacterial colonisation. No other significant focal pulmonary lesion. No mediastinal or hilar lymphadenopathy.

Solitary right kidney. The upper abdominal solid viscera are otherwise normal. No evidence of colonic or small bowel lesion. No lymphadenopathy or ascites.

Progressive fragmentation relating to the left femoral head in keeping with avascular necrosis. No destructive skeletal lesion.

Conclusion: Patchy groundglass pulmonary opacity in the right upper lobe. This is non-specific but likely secondary to infection. Progressive femoral head fragmentation in keeping with avascular necrosis. No evidence of malignancy.

Dr Peter MacLean, Consultant Radiologist
GMC: 4444338
peter.maclean@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr Peter MacLean

Report Information

Requestor	Scopazzini, Marcello
Requesting Location	(WGH41OPD) WGH Ward 41 Outpatients
Report Identifier	34316870
Sample Date	29/11/2019 11:15:00

First | Previous | Next | Last

XR Knee Lt

XR Knee Lt

Clinical details

XR Knee Lt
"Probable AVN of left hip, seeing orthopaedics. Now increasing pain in left knee. Previous trauma to left knee with metalwork at the time ? since removed. On examination no effusion. Reduced ROM left knee. Tender medial joint line. Well healed scars from previous surgery ? deterioration from previous films. " / Knee left

Report

Left knee joint.
The lateral and medial joint compartments appear well-maintained. Minor patello-femoral degenerative changes are noted.
A partially visualised intermedullary nail is noted within the left tibial shaft.

Dr.J. Walsh
Consultant Radiologist
GMC No: 2620695

Reporting Radiologist: Dr James Walsh

Report Information

Requestor	PIRIE, ALISON
Requesting Location	Forniehill Surgery
Report Identifier	34549814
Sample Date	16/12/2019 08:18:00

Trace elements

Description	Value	Range	Unit	Normalcy	Notes
Blood Cobalt	11	0 - 50	nmol/L		
Blood Chromium	19	0 - 40	nmol/L		
Blood Cobalt	Send away test - Glasgow GRI				
Blood Chromium	Send away test - Glasgow GRI				

Sample Comments

E Davidson ST7

Requestor Comments

Broken GK tibial nail ? CO Cr levels as systemic unwell

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HB358771V
Sample Date	21/01/2020 09:20:00

NM Bone Whole Body

NM Bone Whole Body

Clinical details

Confusing systemic infection with presumed immunocompromise being investigated for non tuberculous mycoplasma but left hip avn with extreme pain ? other sites of low grade infection or multifocal chronic osteomyelitis as recommended by Prof Howie

Report
Reference is made to the plain film from the 16/12/19 and CT 29/11/19.

Focus of photopenia in relation to the left femoral head, representing ongoing avascular necrosis and fragmentation.

Ill-defined linear uptake in the left tibia, corresponding to the IM nail and fracture healing. Left patellar degenerative uptake.

The remainder of uptake is within normal limits for patient's age and represents a combination of degenerative changes and normal morphological uptake.

Left nephrectomy.

Opinion:
No other sites of infection identified.

_____
Reported by Dr Rishi Ramaesh (Radiology Registrar)
Checked by Dr Dilip Patel (Consultant Radiologist)

Reporting Radiologist: Dr Rishi Ramaesh

Report Information

Requestor	Davidson, Dr Eleanor K
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	34875635
Sample Date	03/02/2020 11:00:00

Anti-nuclear factor		
Anti Nuclear Antibody	Test Refused	(IANA)

Test Comments

(IANA) Request has been denied as this test has been
(IANA) measured on this patient in the last 12 months.
(IANA) This sample has been stored. Please contact lab on
(IANA) x27525/27529 if further testing required.

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Complement 3rd component C3

Description	Value	Range	Unit	Normalcy	Notes
C3	**1.61**	**0.81 - 1.57**	**g/l**	**R**	

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Complement 4th component C4

Description	Value	Range	Unit	Normalcy	Notes
C4	0.35	0.13 - 0.39	g/l		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Myeloperoxidase antibody lvl

Description	Value	Range	Unit	Normalcy	Notes
MPO by EliA	0.3	0 - 3.4	IU/ml		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Proteinase 3 antibody level

Description	Value	Range	Unit	Normalcy	Notes
PR3 by EliA	0.7	0 - 1.9	IU/ml		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

CCP

Description	Value	Range	Unit	Normalcy	Notes
Cyclic Citrullinated Peptide	0.6	0 - 10	U/ml		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Report Information

Requestor given, Not

Requesting Location	(RIEOPD2) RIE Outpatients Department 2
Report Identifier	HI196436S
Sample Date	11/03/2020 14:44:00

Urine Protein Electrophoresis	
Bence-Jones Protein	Negative

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Urine total protein

Description	Value	Range	Unit	Normalcy	Notes
U.Total Protein	<0.07		g/L		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Report Information

Requestor	given, Not
Requesting Location	(RIEOPD2) RIE Outpatients Department 2
Report Identifier	QB771852J
Sample Date	11/03/2020 14:44:00

Serum Protein EPH / IGs

Description	Value	Range	Unit	Normalcy	Notes
Prot E'phoresis	COMMENT				(BPEPH)
IgA	**4.54**	**0.8 - 4.5**	**g/L**	**R**	
IgG	11.70	6 - 15	g/L		
IgM	0.67	0.35 - 2.9	g/L		

Test Comments

(BPEPH) Paraproteins not detected

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Serum total protein

Description	Value	Range	Unit	Normalcy	Notes
Total Protein	75	60 - 80	g/L		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Report Information

Requestor	given, Not
Requesting Location	(RIEOPD2) RIE Outpatients Department 2
Report Identifier	QB319699A
Sample Date	11/03/2020 14:44:00

First | Previous | Next | Last

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	**6**	**14 - 32**	**umol/L**	**R**	
Transferrin	3.80	2.0 - 4.0	g/L		(BTR)
Ferritin	**13**	**20 - 300**	**ug/L**	**R**	
Transferrin Sat	**6**		**%**	**A**	

Test Comments

(BTR) For interpretation of iron studies used in the
(BTR) investigation of anaemia please consult GP referral
(BTR) guidelines for anaemias available on: NHSL Intranet -
(BTR) Healthcare - A-Z - Haematology - GP referral guidelines

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	3 - 21	umol/L		
ALT	15	10 - 50	U/L		
Alk.Phos	**161**	**40 - 125**	**U/L**	**R**	

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.7	2.5 - 6.6	mmol/L		
Creatinine	68	64 - 111	umol/L		
Sodium	**133**	**135 - 145**	**mmol/L**	**R**	
Potassium	4.1	3.6 - 5.0	mmol/L		
TCO2	26	22 - 30	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Serum urate level

Description	Value	Range	Unit	Normalcy	Notes
Urate	0.33	0.12 - 0.42	mmol/L		(BUA)

Test Comments

(BUA) In clinically confirmed gout the goal of urate lowering
(BUA) therapy is to achieve target urate of 0.36mmol/L (or
(BUA) below)in all patients. In newly diagnosed patients, and
(BUA) in patients with tophi, guidelines recommend aiming for
(BUA) target urate of 0.3 mmol/L (or below).

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Tumour marker levels

Description	Value	Range	Unit	Normalcy	Notes
PSA-Architect	0.8	0 - 3.0	ug/L		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Report Information

Requestor	given, Not
Requesting Location	(RIEOPD2) RIE Outpatients Department 2
Report Identifier	HB394758V
Sample Date	11/03/2020 14:44:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**114**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.21**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.344**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	82	78 - 98	fL		
Mean Cell Hb	27.1	27.0 - 32.0	pg		
White cell count	**11.6**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**8.31**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	2.16	1.5 - 4.5	10^9/L		
Monocyte Count	**0.88**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.16	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	293	150 - 400	10^9/L		
Mean cell Hb conc.	331	310 - 360	g/L		

Sample Comments

thethy 21118

Requestor Comments

night sweats and weight loss

Report Information

Requestor	given, Not
Requesting Location	(RIEOPD2) RIE Outpatients Department 2
Report Identifier	HR277076F
Sample Date	11/03/2020 14:44:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  A few Acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation
M. tuberculosis complex PCR
  M.tuberculosis complex probe not detected
No MTB complex detected in this specimen on direct PCR.
This does NOT rule out MTB complex or non-tuberculous
mycobacterial infection.

Requestor Comments

For AFB please x3 - ?non tuberculous mycoplasma.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MM034680J
Sample Date	01/06/2020 08:34:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  Poor specimen please interpret results with caution
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MM034678Q
Sample Date	01/06/2020 08:46:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  Poor specimen please interpret results with caution
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MM034679E
Sample Date	01/06/2020 08:47:00

CT Chest With Contrast

CT Chest With Contrast

Clinical details

CT Chest With Contrast
drenching night sweats that are worsening. SOB that is worsening. Had reviewsi n Id in Oct 2019 - and CT chest in Nov had picked up on ground glass opac RUZ and there was concern re Non TB Mycobacterial infection. I have rediscussed with Resp and thet advise a repeat CT chest. Repeat CT chest please thanks

Report
Comparison made to previous CT chest/abdomen/pelvis 29/11/19.

The right upper lobe groundglass changes have completely resolved. There is mild paraseptal emphysema within the upper lobes. Several scattered lung nodules are unchanged and do not reach size criteria for follow up. No suspicious lung nodules or masses. No pleural or pericardial effusion. No enlarged thoracic nodes.
Uunremarkable appearance of the scanned upper abdomen.
Unremarkable scanned skeleton.

Opinion
Right upper lobe groundglass changes have completely resolved, presumed inflammatory/infective aetiology.

Dr S McLenachan
Consultant Radiologist
Suzanne.McLenachan@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr Suzanne L McLenachan

Report Information

Requestor	Thethy, Dr Ishwinder K
Requesting Location	(RIEOPD2F) RIE OPD2 Front Desk Outpatient Department
Report Identifier	35694330
Sample Date	02/06/2020 15:55:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	12.0	10.5 - 13.5	sec		
INR (Warfarin)	1.0		ratio		
APTT	32	26 - 36	sec		
APTT Ratio	1.0		ratio		
Fibrinogen (Clauss)	3.6	1.5 - 4.0	g/L		

Sample Comments

stefanowska 5727

Requestor Comments

admission bloods

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	HR115095B
Sample Date	15/06/2020 17:31:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  A few Acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MM034863K
Sample Date	09/06/2020 12:22:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	3 - 21	umol/L		
ALT	22	10 - 50	U/L		
Alk.Phos	**143**	**40 - 125**	**U/L**	**R**	

Sample Comments

stefanowska 5727

Requestor Comments

admission bloods

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.6	2.5 - 6.6	mmol/L		
Creatinine	69	64 - 111	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Sample Comments

stefanowska 5727

Requestor Comments

admission bloods

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**29**	**0 - 5**	**mg/L**	**R**	

Sample Comments

stefanowska 5727

Requestor Comments

admission bloods

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	HB177510N
Sample Date	15/06/2020 17:31:00

Plasma glucose level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Glucose	5.9		mmol/L	

Sample Comments

stefanowska 5727

Requestor Comments

admission bloods

Plasma lactate level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Lactate	1.5	0.6 - 2.4	mmol/L	

Sample Comments

stefanowska 5727

Requestor Comments

admission bloods

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	HB177505F
Sample Date	15/06/2020 17:31:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**127**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.47**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.368**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	82	78 - 98	fL		
Mean Cell Hb	28.4	27.0 - 32.0	pg		
White cell count	10.0	4.0 - 11.0	10^9/L		
Neutrophil Count	5.91	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.88	1.5 - 4.5	10^9/L		
Monocyte Count	**0.86**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.27	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	281	150 - 400	10^9/L		
Mean cell Hb conc.	345	310 - 360	g/L		

Sample Comments

stefanowska 5727

Requestor Comments

admission bloods

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	HR115092M
Sample Date	15/06/2020 17:31:00

First | Previous | Next | Last

Blood Transfusion - Immunohaematology Report

Status: Final - Results stored and verified

Automated Antibody Screen	Negative
Patient Blood Group	ABO : O
Rhesus of patient	Rh D : Positive
Antibody status	Antibody Status : NAD (No Antibodies Detected)
Patient Blood Group	O POSITIVE

Report Information

Requestor

Requesting Location

Report Identifier 10320074836403

Sample Date 15/06/2020 18:30:00

First | Previous | Next | Last

Blood Transfusion - Immunohaematology Report

Status: Final - Results stored and verified

Automated Antibody Screen	Negative
Patient Blood Group	ABO : O
Rhesus of patient	Rh D : Positive
Antibody status	Antibody Status : NAD (No Antibodies Detected)
Patient Blood Group	O POSITIVE

Report Information

Requestor

Requesting Location

Report Identifier 10320074836501

Sample Date 15/06/2020 18:31:00

MRSA screen LTG

Set Comments

MRSA Screening
  No meticillin resistant Staph. aureus isolated

Sample Comments

21088..

Requestor Comments

admission screening

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MA180252T
Sample Date	15/06/2020 18:47:00

MRSA screen LTG

Set Comments

MRSA Screening
  No meticillin resistant Staph. aureus isolated

Sample Comments

21088..

Requestor Comments

admission screening

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MA180251F
Sample Date	15/06/2020 18:47:00

First | Previous | Next | Last

MRSA screen LTG

Set Comments

MRSA Screening
  No meticillin resistant Staph. aureus isolated

Sample Comments

21088..

Requestor Comments

admission screening

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MA180250A
Sample Date	15/06/2020 18:47:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MM034989F
Sample Date	16/06/2020 11:00:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MM034985Y
Sample Date	16/06/2020 11:00:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MM034988A
Sample Date	16/06/2020 11:00:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MM034987P
Sample Date	16/06/2020 11:00:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MM034986W
Sample Date	16/06/2020 11:00:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MM034984H
Sample Date	16/06/2020 11:00:00

Report

Clinical Summary

Background of positive acid-fast bacilli. Unexplained left hip pain ?infection.
Intraoperatively synovitic but no gross infection.
Provisional diagnosis: likely avascular necrosis.

Specimen

Femoral head

Macroscopy

Received is half a femoral head (other half been sent to Microbiology). This measures 65 x 55 x 35 mm. The proximal margin has a clean cut surface - no definite evidence of fracture site is seen. The articular surface appears distorted with areas of roughening and possible eburnation. On section, the inner intramedullary bone appears extensively necrotic with early separation and partial collapse of the overlying cartilage. This area measures 45 x 30 mm and appears well demarcated from the surrounding proximal bone and is clear from the margin by approximately 25 mm.

Blocks: (A-F) full face with area of possible necrosis.

Specimen trimmed by: Dr J Davey

Microscopy

This shows a well defined area of subchondral necrosis formed of trabeculated with empty lacunae and showing focal separation of the overlying cartilage. The marrow cavity shows fibrosis, fat necrosis and focal areas of irregular calcification. There is evidence of new bone formation over necrotic trabeculae at the edge of the infarct. The overlying cartilage shows focal fragmentation and thinning in keeping with a degree of coexisting degenerative joint disease. No well formed granulomas are seen and there is no evidence of atypical mycobacteria on special stains although correlation with microbiology is advised. There is no evidence of malignancy.

In keeping with avascular necrosis

Test Comments

(RPT)	Pathologists :
(RPT)	OA/Soft Tissue Pathology Team
(RPT)	Dr Jonathan Davey

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	UB009108C/20
Sample Date	16/06/2020 11:25:00

First | Previous | Next | Last

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.7	2.5 - 6.6	mmol/L		
Creatinine	76	64 - 111	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	3.8	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Sample Comments

Smith 4661

Requestor Comments

Post-op day 1

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	HB231043J
Sample Date	17/06/2020 08:26:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**116**	**130 - 180**	**g/L**	**R**	
Red cell count	**4.12**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.334**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	81	78 - 98	fL		
Mean Cell Hb	28.2	27.0 - 32.0	pg		
White cell count	9.9	4.5 - 11.0	10^9/L		
Neutrophil Count	6.42	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.53	1.5 - 4.5	10^9/L		
Monocyte Count	**0.84**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.04	0.04 - 0.4	10^9/L		
Basophil Count	0.03	0.01 - 0.1	10^9/L		
Platelet count	278	150 - 400	10^9/L		
Mean cell Hb conc.	347	310 - 360	g/L		

Sample Comments

Smith 4661

Requestor Comments

Post-op day 1

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	HR335702T
Sample Date	17/06/2020 08:26:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MM035020B
Sample Date	17/06/2020 08:39:00

Culture and Sensitivities

Set Comments

Culture and Sensitivities
Sent to Mycobacteria lab for microscopy and culture
No growth so far. A report will follow if growth is obtained

Sample Comments

femoral head background of +ve AFB

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIE108) RIE Ward 108
Report Identifier	MG679847S
Sample Date	17/06/2020 15:20:00

Mycobacteria MC&S

Set Comments

Mycobacteria Microscopy
  No acid fast bacilli seen
Mycobacteria Culture
  No Mycobacteria isolated after 8 weeks incubation

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MM035186W
Sample Date	24/06/2020 12:36:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**108**	**130 - 180**	**g/L**	**A**	
Red cell count	**3.85**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.331**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	86	78 - 98	fL		
Mean Cell Hb	28.1	27 - 32	pg		
White cell count	8.8	4.0 - 11.0	10^9/L		
Neutrophil Count	6.41	2.0 - 7.5	10^9/L		
Lymphocyte Count	**1.46**	**1.5 - 4.0**	**10^9/L**	**A**	
Monocyte Count	0.76	0.2 - 0.8	10^9/L		
Eosinophil Count	0.13	0.04 - 0.4	10^9/L		
Basophil Count	0.03	0.01 - 0.1	10^9/L		
Platelet count	**511**	**150 - 400**	**10^9/L**	**A**	
Mean cell Hb conc.	326	310 - 360	g/L		

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB483874R
Sample Date	02/07/2020 08:37:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	7	3 - 21	umol/L		
ALT	19	10 - 50	U/L		
Alk.Phos	115	40 - 125	U/L		
GGT	**57**	**10 - 55**	**U/L**		**R**

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	67	64 - 111	umol/L		
Sodium	141	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**117**	**0 - 5**	**mg/L**		**R**

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB483361R
Sample Date	02/07/2020 08:37:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**27**	**0 - 5**	**mg/L**	**R**	

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB491634H
Sample Date	09/07/2020 09:01:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	15	10 - 50	U/L		
Alk.Phos	**132**	**40 - 125**	**U/L**	**R**	
GGT	**56**	**10 - 55**	**U/L**	**R**	

Requestor Comments

Repeat bloods.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	75	64 - 111	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	3.6	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Requestor Comments

Repeat bloods.

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**16**	**0 - 5**	**mg/L**	**R**	

Requestor Comments

Repeat bloods.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB531921B
Sample Date	12/08/2020 13:02:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	133	130 - 180	g/L		
Red cell count	4.57	4.5 - 6.5	10^12/L		
Haematocrit	0.400	0.40 - 0.52	ratio		
Mean cell volume	88	78 - 98	fL		
Mean Cell Hb	29.1	27 - 32	pg		
White cell count	8.5	4.0 - 11.0	10^9/L		
Neutrophil Count	5.06	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.28	1.5 - 4.0	10^9/L		
Monocyte Count	0.72	0.2 - 0.8	10^9/L		
Eosinophil Count	0.35	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	277	150 - 400	10^9/L		
Mean cell Hb conc.	333	310 - 360	g/L		

Requestor Comments

Repeat bloods.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB531997F
Sample Date	12/08/2020 13:02:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	20	10 - 50	U/L		
Alk.Phos	123	40 - 125	U/L		
GGT	**60**	**10 - 55**	**U/L**		**R**

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	73	64 - 111	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**14**	**0 - 5**	**mg/L**		**R**

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB586378A
Sample Date	17/09/2020 08:53:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	132	130 - 180	g/L		
Red cell count	**4.47**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.395**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	88	78 - 98	fL		
Mean Cell Hb	29.5	27 - 32	pg		
White cell count	8.1	4.0 - 11.0	10^9/L		
Neutrophil Count	4.21	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.77	1.5 - 4.0	10^9/L		
Monocyte Count	0.73	0.2 - 0.8	10^9/L		
Eosinophil Count	0.35	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	264	150 - 400	10^9/L		
Mean cell Hb conc.	334	310 - 360	g/L		

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB586436F
Sample Date	17/09/2020 08:53:00

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MRSA screen LTG

Set Comments

MRSA Screening
  No meticillin resistant Staph. aureus isolated

Sample Comments

macpherson

Requestor Comments

theatre 2/11/20

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	MA196362H
Sample Date	02/10/2020 09:13:00

MRSA screen LTG

Set Comments

MRSA Screening
  No meticillin resistant Staph. aureus isolated

Sample Comments

macpherson

Requestor Comments

theatre 2/11/20

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	MA196364W
Sample Date	02/10/2020 09:13:00

MRSA screen LTG

Set Comments

MRSA Screening
  No meticillin resistant Staph. aureus isolated

Sample Comments

macpherson

Requestor Comments

theatre 2/11/20

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	MA196363Y
Sample Date	02/10/2020 09:13:00

SARS-CoV-2 secondary assay

SARS-CoV-2 virus PCR	Negative	(ZWUPC2)

Set Comments

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

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

Test Comments

(ZWUPC2) This test is currently unaccredited to ISO 15189

(ZWUPC2) ---------- ---------- ---------- ---------- ----------

Sample Comments

23460..

Requestor Comments

pre-op assess for orthopaedics

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	MI670234W
Sample Date	02/10/2020 11:41:00

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Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	**11**	**1 - 10**	**mm/hr**	**R**	

Sample Comments

pac macpherson

Requestor Comments

theatre 2/11/20

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	HR237936Q
Sample Date	02/10/2020 12:01:00

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Urea	3.8	2.5 - 6.6	mmol/L	
Creatinine	74	64 - 111	umol/L	
Sodium	137	135 - 145	mmol/L	
Potassium	4.4	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60.0		ml/min	

Sample Comments

pac macpherson

Requestor Comments

theatre 2/11/20

Serum C reactive protein level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
C-Reactive Prot	**8**	**0 - 5**	**mg/L**	**R**

Sample Comments

pac macpherson

Requestor Comments

theatre 2/11/20

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	HB285260Z
Sample Date	02/10/2020 12:01:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	136	130 - 180	g/L		
Red cell count	**4.47**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.387**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	87	78 - 98	fL		
Mean Cell Hb	30.4	27.0 - 32.0	pg		
White cell count	8.5	4.0 - 11.0	10^9/L		
Neutrophil Count	4.97	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.53	1.5 - 4.5	10^9/L		
Monocyte Count	0.64	0.2 - 0.8	10^9/L		
Eosinophil Count	0.28	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	293	150 - 400	10^9/L		
Mean cell Hb conc.	351	310 - 360	g/L		

Sample Comments

pac macpherson

Requestor Comments

theatre 2/11/20

Report Information

Requestor	given, Not
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	HR237941R
Sample Date	02/10/2020 12:01:00

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Blood Transfusion - Immunohaematology Report

Status: Final - Results stored and verified

Automated Antibody Screen	Negative
Patient Blood Group	ABO : O
Rhesus of patient	Rh D : Positive
Antibody status	Antibody Status : NAD (No Antibodies Detected)
Patient Blood Group	O POSITIVE

Report Information

Requestor

Requesting Location

Report Identifier 10320076447526

Sample Date 02/10/2020 14:30:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**113**	**130 - 180**	**g/L**	**R**	
Red cell count	**3.72**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.320**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	86	78 - 98	fL		
Mean Cell Hb	30.4	27.0 - 32.0	pg		
White cell count	**14.8**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**13.19**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**1.22**	**1.5 - 4.5**	**10^9/L**	**A**	
Monocyte Count	0.33	0.2 - 0.8	10^9/L		
Eosinophil Count	**0.02**	**0.04 - 0.4**	**10^9/L**	**R**	
Basophil Count	0.03	0.01 - 0.1	10^9/L		
Platelet count	294	150 - 400	10^9/L		
Mean cell Hb conc.	353	310 - 360	g/L		

Sample Comments

23244..

Requestor Comments

post op requested

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIEPAC) RIE Ortho Pre Admin OP
Report Identifier	HR248518H
Sample Date	02/11/2020 16:12:00

First | Previous | Next | Last

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.4	2.5 - 6.6	mmol/L		
Creatinine	78	64 - 111	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Sample Comments

23888..

Requestor Comments

postop THR

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIED130) DCN Ward 130, RIE
Report Identifier	HB095198X
Sample Date	03/11/2020 00:48:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**101**	**130 - 180**	**g/L**	**R**	
Red cell count	**3.31**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.284**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	86	78 - 98	fL		
Mean Cell Hb	30.5	27.0 - 32.0	pg		
White cell count	**11.9**	**4.5 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**9.04**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	1.73	1.5 - 4.5	10^9/L		
Monocyte Count	**1.14**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	**0.01**	**0.04 - 0.4**	**10^9/L**	**R**	
Basophil Count	0.01	0.01 - 0.1	10^9/L		
Platelet count	282	150 - 400	10^9/L		
Mean cell Hb conc.	356	310 - 360	g/L		

Sample Comments

23888..

Requestor Comments

postop THR

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIED130) DCN Ward 130, RIE
Report Identifier	HR183570Z
Sample Date	03/11/2020 00:48:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.2	2.5 - 6.6	mmol/L		
Creatinine	80	64 - 111	umol/L		
Sodium	136	135 - 145	mmol/L		
Potassium	3.9	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Sample Comments

8745...

Requestor Comments

level check

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**127**	**0 - 5**	**mg/L**	**R**	

Sample Comments

8745...

Requestor Comments

level check

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIED130) DCN Ward 130, RIE
Report Identifier	HB304110L
Sample Date	04/11/2020 14:23:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**83**	**130 - 180**	**g/L**	**R**	
Red cell count	**2.63**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.225**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	86	78 - 98	fL		
Mean Cell Hb	31.6	27.0 - 32.0	pg		
White cell count	7.5	4.0 - 11.0	10^9/L		
Neutrophil Count	4.82	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.64	1.5 - 4.5	10^9/L		
Monocyte Count	**0.82**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.19	0.04 - 0.4	10^9/L		
Basophil Count	0.03	0.01 - 0.1	10^9/L		
Platelet count	211	150 - 400	10^9/L		
Mean cell Hb conc.	**369**	**310 - 360**	**g/L**	**R**	

Sample Comments

8745...

Requestor Comments

level check

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIED130) DCN Ward 130, RIE
Report Identifier	HR249889D
Sample Date	04/11/2020 14:23:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**104**	**130 - 180**	**g/L**	**A**	
Red cell count	**4.41**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.331**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**75**	**78 - 98**	**fL**	**R**	
Mean Cell Hb	**23.6**	**27 - 32**	**pg**	**A**	
White cell count	7.6	4.0 - 11.0	10^9/L		
Neutrophil Count	3.92	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.42	1.5 - 4.0	10^9/L		
Monocyte Count	**0.87**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.33	0.04 - 0.4	10^9/L		
Basophil Count	0.07	0.01 - 0.1	10^9/L		
Platelet count	268	150 - 400	10^9/L		
Mean cell Hb conc.	314	310 - 360	g/L		

Requestor Comments

carpal tunnel.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB654803G
Sample Date	13/05/2021 08:52:00

Thyroid function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
TSH	3.3	0.2 - 4.5	mU/L	
Free T4	9	9 - 21	pmol/L	

Requestor Comments

Patient is not known to have a thyroid condition.
carpal tunnel.

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	5	3 - 21	umol/L	
ALT	13	10 - 50	U/L	
Alk.Phos	**159**	**40 - 125**	**U/L**	**R**
GGT	41	10 - 55	U/L	

Requestor Comments

Patient is not known to have a thyroid condition.
carpal tunnel.

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Creatinine	70	64 - 111	umol/L	
Sodium	141	135 - 145	mmol/L	
Potassium	4.6	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60.0		ml/min	

Requestor Comments

Patient is not known to have a thyroid condition.
carpal tunnel.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB653901G
Sample Date	13/05/2021 08:52:00

First | Previous | Next | Last

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Random)	5.7	3.8 - 7.7	mmol/L		

Requestor Comments

carpal tunnel.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB653908P
Sample Date	13/05/2021 08:52:00

First | Previous | Next | Last

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	**3.6**	**14 - 32**	**umol/L**	**A**	
Transferrin	3.75	2 - 4	g/L		(BTR)
Ferritin	**12**	**20 - 300**	**ug/L**	**R**	
Vitamin B12	497	180 - 2000	ng/L		
Serum Folate	**2.7**	**2.8 - 20**	**ug/L**	**A**	(BAFOL)
Transferrin Sat	**4**		**%**	**A**	

Test Comments

(BTR) For interpretation of iron studies used in the
(BTR) investigation of anaemia please consult GP referral
(BTR) guidelines for anaemias available on: NHSL Intranet -
(BTR) Healthcare - A-Z - Haematology - GP referral guidelines
(BAFOL) Low serum folate result. For advice, consult GP
(BAFOL) referral guidelines on Ref Help or NHS Lothian intranet
(BAFOL) Haematology pages.

Tumour marker levels

Description	Value	Range	Unit	Normalcy	Notes
PSA-Architect	0.6	0 - 3.0	ug/L		

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	3	3 - 21	umol/L		
ALT	15	10 - 50	U/L		
Alk.Phos	**163**	**40 - 125**	**U/L**	**R**	
GGT	53	10 - 55	U/L		

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	88	64 - 111	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Report Information

Requestor (Locum), Dr Alison Pirie
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier QB683877V
Sample Date 31/05/2021 10:04:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**106**	**130 - 180**	**g/L**	**A**	
Red cell count	**4.46**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.338**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**76**	**78 - 98**	**fL**	**R**	
Mean Cell Hb	**23.8**	**27 - 32**	**pg**	**A**	
White cell count	6.3	4.0 - 11.0	10^9/L		
Neutrophil Count	3.38	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.03	1.5 - 4.0	10^9/L		
Monocyte Count	0.67	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.03	0.01 - 0.1	10^9/L		
Platelet count	284	150 - 400	10^9/L		
Mean cell Hb conc.	314	310 - 360	g/L		

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB684038N
Sample Date	31/05/2021 10:04:00

First | Previous | Next | Last

Thyroid function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
TSH	2.6	0.2 - 4.5	mU/L	
Free T4	10	9 - 21	pmol/L	

Requestor Comments

Patient is not known to have a thyroid condition.
leg swelling.

Bone Group				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Calcium	2.24	2.2 - 2.6	mmol/L	
Adjustd Calcium	2.33	2.2 - 2.6	mmol/L	
Phosphate	1.14	0.8 - 1.4	mmol/L	
Albumin	36	36 - 47	g/L	

Requestor Comments

Patient is not known to have a thyroid condition.
leg swelling.

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	6	3 - 21	umol/L	
ALT	16	10 - 50	U/L	
Alk.Phos	**153**	**40 - 125**	**U/L**	**R**
GGT	49	10 - 55	U/L	

Requestor Comments

Patient is not known to have a thyroid condition.
leg swelling.

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Creatinine	76	64 - 111	umol/L	
Sodium	137	135 - 145	mmol/L	
Potassium	4.3	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60.0		ml/min	

Requestor Comments

Patient is not known to have a thyroid condition.
leg swelling.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB487401C
Sample Date	05/08/2021 08:57:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**103**	**130 - 180**	**g/L**	**A**	
Red cell count	4.52	4.5 - 6.5	10^12/L		
Haematocrit	**0.335**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**74**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**22.8**	**27 - 32**	**pg**	**A**	
White cell count	6.6	4.0 - 11.0	10^9/L		
Neutrophil Count	3.69	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.95	1.5 - 4.0	10^9/L		
Monocyte Count	0.61	0.2 - 0.8	10^9/L		
Eosinophil Count	0.32	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	276	150 - 400	10^9/L		
Mean cell Hb conc.	**307**	**310 - 360**	**g/L**	**R**	

Requestor Comments

leg swelling.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB487748Z
Sample Date	05/08/2021 08:57:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**101**	**130 - 180**	**g/L**	**A**	
Red cell count	4.76	4.5 - 6.5	10^12/L		
Haematocrit	**0.335**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**70**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**21.2**	**27.0 - 32.0**	**pg**	**A**	
White cell count	5.9	4.0 - 11.0	10^9/L		
Neutrophil Count	3.83	2.0 - 7.5	10^9/L		
Lymphocyte Count	**1.35**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.47	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	249	150 - 400	10^9/L		
Mean cell Hb conc.	**301**	**310 - 360**	**g/L**	**R**	
Nucleated RBC count	0.0		10^9/L		

Set Comments

Rbc microcytic hypochromic+
Rbc anisocytic+
Elliptocytes+
Microcytic hypochromic blood picture.
Ferritin assay to follow.

Report Information

Requestor	Buchan, Dr J
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB430483A
Sample Date	12/08/2022 10:53:00

First | Previous | Next | Last

SARS-CoV-2

Status: Final - Results stored and verified

SARS-CoV-2 Negative	Negative by PCR	(4J3R200)

Test Comments

(4J3R200) Sample analysed in the National Lighthouse Laboratory (Glasgow)

Report Information

Requestor	Unknown
Requesting Location	Ferniehill Surgery
Report Identifier	KNA74174764
Sample Date	30/08/2021 10:49:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	**13**	**20 - 300**	**ug/L**	**R**	

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	84	64 - 111	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.4	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Report Information

Requestor	Buchan, Dr J
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB430306H
Sample Date	12/08/2022 10:53:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**99**	**130 - 180**	**g/L**	**A**	
Red cell count	**4.35**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.322**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**74**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**22.8**	**27.0 - 32.0**	**pg**	**A**	
White cell count	6.6	4.0 - 11.0	10^9/L		
Neutrophil Count	3.70	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.01	1.5 - 4.5	10^9/L		
Monocyte Count	0.56	0.2 - 0.8	10^9/L		
Eosinophil Count	0.23	0.04 - 0.4	10^9/L		
Basophil Count	0.07	0.01 - 0.1	10^9/L		
Platelet count	327	150 - 400	10^9/L		
Mean cell Hb conc.	**307**	**310 - 360**	**g/L**	**R**	
Nucleated RBC count	0.0		10^9/L		

Requestor Comments

post hip replacement for AVN.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB619122K
Sample Date	22/11/2022 11:57:00

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	4	3 - 21	umol/L	
ALT	14	10 - 50	U/L	
Alk.Phos	120	40 - 125	U/L	
GGT	41	10 - 55	U/L	

Requestor Comments

post hip replacement for AVN.

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Creatinine	77	64 - 111	umol/L	
Sodium	135	135 - 145	mmol/L	
Potassium	4.2	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Requestor Comments

post hip replacement for AVN.

Serum C reactive protein level				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
C-Reactive Prot	**15**	**0 - 5**	**mg/L**	**R**

Requestor Comments

post hip replacement for AVN.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB618912F
Sample Date	22/11/2022 11:57:00

XR Pelvis

XR Pelvis

Clinical History
"Previous AVN with total hip replacement in May 2021. Now return of pain in left hip and lower back. No systemic upset. ?loosening or change to hip replacement " / Pelvis/Hips

6946565 24/11/2022 XR Pelvis

Comparison with radiograph dated 02/10/2020.

Unchanged appearances of the left total hip replacement. No evidence of loosening. Alignment is unchanged.
Normal appearances of the right hip.

—
Dr Lily Lei. GMC: 7411634
Consultant Radiologist.

Reporting Radiologist: Dr. Lily Lei

Report Information

Requestor	PIRIE, ALISON
Requesting Location	Forniehill Surgery
Report Identifier	43820604
Sample Date	24/11/2022 11:30:00

First | Previous | Next | Last

Report

Clinical Summary

A microcytic anaemia. Oesophagus normal. Duodenum and vascular lesions less than 5 mm.

Specimen

1. D2 bulb biopsies.
2. Lower oesophagus.
3. Mid oesophagus.
4. Upper oesophagus.

Microscopy

1. These duodenal biopsies are within normal limits. There is no evidence of vascular lesions within these mucosal biopsies.

2-4. These are histologically normal biopsies.

Test Comments

(RPT) Pathologists :
(RPT) GI Pathology Team
(RPT) Dr Hadil Abu Arqoub

Report Information

Requestor	Fraser, Dr Christopher H
Requesting Location	(RIEENDBR) RIE, Endoscopy/Bronch. Unit
Report Identifier	UB004262J/23
Sample Date	23/02/2023 14:04:00

Gastroscopy report

NHS Lothian

Royal Infirmary of Edinburgh

GASTROSCOPY REPORT

Name:	**Bernard LEWIS (M)**	Address:	**158 Moredun Park Road**
Date of birth:	**28/12/1967**		**Edinburgh**
NHS No:	**2812671297**		**EH17 7DQ**
Case Note No:	**620106899H**		

GP:	**PIRIE, ALISON** **Ferniehill Surgery** **8 Ferniehill Road** **Edinburgh** **EH17 7AB**	Procedure date:	**23rd February 2023 (14:04)**
		Priority:	**Urgent**
		Status:	**Outpatient/NHS**
		Hospital:	**GP-Direct to Test**
		Ward:	**Ward - Not specified**
		Referring Cons:	**GP**

Report Information

Requestor	GP
Requesting Location	
Report Identifier	UNI348107-2812671297
Sample Date	23/02/2023 14:04:43

Indications

Microcytic anaemia.
No allergy.

Consultant/Endoscopist

Dr Chris Fraser
Nurse: S/N Nicola Shaw

Report

The scope was retroflexed in the stomach.
The procedure was completed successfully to D2. There were no peri-operative complications.

Site a: Upper oesophagus
Specimens: 2x biopsy.
Site b: Middle oesophagus
Specimens: 2x biopsy.
Site c: Lower oesophagus
Specimens: 2x biopsy.
Site g: Bulb
Specimens: 2x biopsy.
Site h: Second part
Vascular lesions: angiodysplasia (<5mm).Specimens: 4x biopsy.

Instrument

RIE 939 HQ290 2513939

Premedication

Fentanyl (IV) 50 mcg
Midazolam (IV) 2 mg
Xylocaine (Spray) 100 mg

Diagnoses

OESOPHAGUS. Normal.
STOMACH. Normal.
DUODENUM. Telangiectasia/angioma.

Advice/Comments

Normal oesophagus (still on PPI) with mild tertiary contractions but without erosive reflux or hiatus hernia; normal stomach and duodenum to D2 aside from 2mm D2 angioectasia (non-bleeding). D2 (x4), bulb (x2), lower (x2), mid (x2) and upper (x2) oesophageal bx for histology.

Follow up

Awaiting pathology results. Further procedure(s): colonoscopy today.

Dr Chris Fraser
Consultant Gastroenterologist
c.c. GP (Direct Referral)
Lewis, Bernard

First | Previous | Next | Last

Colonoscopy report

NHS Lothian

Royal Infirmary of Edinburgh

COLONOSCOPY REPORT

Name:	**Bernard LEWIS (M)**	Address:	**158 Moredun Park Road**
Date of birth:	**28/12/1967**		**Edinburgh**
NHS No:	**2812671297**		**EH17 7DQ**
Case Note No:	**620106899H**		

GP:	**PIRIE, ALISON** **Ferniehill Surgery** **8 Ferniehill Road** **Edinburgh** **EH17 7AB**	Procedure date:	**23rd February 2023 (14:34)**
		Priority:	**Urgent**
		Status:	**Outpatient/NHS**
		Hospital:	**GP-Direct to Test**
		Ward:	**Ward - Not specified**
		Referring Cons:	**GP**

Indications

Microcytic anaemia.
No allergy.

Consultant/Endoscopist

Dr Chris Fraser
Nurse: S/N Nicola Shaw

Report

Bowel preparation with Moviprep was inadequate
The colon was insufflated with CO2. A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified by the ileocecal valve and the tri-radiate caecal fold. The examination to the limit of insertion was normal. There were no peri-operative complications.

Instrument

RIE 302 CFHQ290L 2311302

Premedication

Glucagon (IV) 0.5 mg

Advice/Comments

Despite bowel prep very poorly prepped colon - suffers from constipation. Very well tolerated despite marked sigmoid and transverse looping. Final insertion to caecum. No large pathology seen. Will need CTC to confirm - to be requested along with a capsule endoscopy (not vegetarian) - to check for angioectasia/other small bowel pathology.

Report Information

Requestor	GP
Requesting Location	
Report Identifier	UNI348111-2812671297
Sample Date	23/02/2023 14:34:23

Dr Chris Fraser
Consultant Gastroenterologist
c.c. GP (Direct Referral)
Lewis, Bernard

Culture and Sensitivities

Set Comments

Culture and Sensitivities
  Swab not in transport medium. Reduces organism recovery.
  Large numbers of Pasteurella canis isolated
   Sensitive : Co-amoxiclav,Cotrimoxazole,Doxycycline.
  Moderate numbers of Staphylococcus aureus isolated
   Resistant : Fusidic Acid.
   Sensitive : Clarithromycin,Cotrimoxazole,Doxycycline,Flucloxacillin.
  No Yeasts isolated

Requestor Comments

chronically discharging ears.

Report Information

Requestor	1), Dr Chantal Llano (GPST
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MG036103B
Sample Date	30/05/2024 17:44:00

Culture and Sensitivities

Set Comments

```
Culture and Sensitivities
  Swab not in transport medium. Reduces organism recovery.
  Moderate numbers of Strep agalactiae Group B isolated
   Please contact the laboratory within 3
   days if further sensitivities required
   Sensitive : Penicillin.
  No Yeasts isolated
```

Requestor Comments

chronically discharging ears.

Report Information

Requestor	1), Dr Chantal Llano (GPST
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MG036104R
Sample Date	30/05/2024 17:44:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	85	64 - 111	umol/L		
Sodium	136	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Requestor Comments

on ACEI.

Report Information

Requestor	1), Dr Chantal Llano (GPST
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB695701X
Sample Date	03/07/2024 12:32:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	**4**	**14 - 32**	**umol/L**	**A**	
Transferrin	3.74	2 - 4	g/L		(BTR)
Ferritin	**14**	**20 - 300**	**ug/L**	**R**	
Transferrin Sat	**4**		**%**	**A**	

Test Comments

(BTR) For interpretation of iron studies used in the
(BTR) investigation of anaemia please consult GP referral
(BTR) guidelines for anaemias available on: NHSL Intranet -
(BTR) Directory - A-Z - Haematology - GP Referral Guidelines

Report Information

Requestor	REG), Dr Kirsty Jane Nixon (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB705938J
Sample Date	09/07/2024 08:58:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**104**	**130 - 180**	**g/L**	**A**	
Red cell count	4.60	4.5 - 6.5	10^12/L		
Haematocrit	**0.333**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**72**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**22.6**	**27.0 - 32.0**	**pg**	**A**	
White cell count	7.8	4.0 - 11.0	10^9/L		
Neutrophil Count	5.20	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.72	1.5 - 4.5	10^9/L		
Monocyte Count	0.59	0.2 - 0.8	10^9/L		
Eosinophil Count	0.20	0.04 - 0.4	10^9/L		
Basophil Count	0.08	0.01 - 0.1	10^9/L		
Platelet count	242	150 - 400	10^9/L		
Mean cell Hb conc.	312	310 - 360	g/L		

Report Information

Requestor	REG), Dr Kirsty Jane Nixon (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB706565R
Sample Date	09/07/2024 08:58:00

First | Previous | Next | Last

Culture and Sensitivities

Set Comments

```
Culture and Sensitivities
  No Yeasts isolated
  Large numbers of Staphylococcus aureus isolated
   Sensitive : Flucloxacillin.
```

Requestor Comments

discharging ears.

Report Information

Requestor	1), Dr Chantal Llano (GPST
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MG046930V
Sample Date	19/07/2024 10:55:00

Culture and Sensitivities

Set Comments

Culture and Sensitivities
  No Yeasts isolated
  Large numbers of Coag-neg staphylococcus isolated
  Moderate numbers of Staphylococcus aureus isolated
   Resistant : Fusidic Acid.
   Sensitive : Clarithromycin,Doxycycline,Flucloxacillin.

Requestor Comments

discharging ears.

Report Information

Requestor	1), Dr Chantal Llano (GPST
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	MG046929H
Sample Date	19/07/2024 10:55:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	**16**	**20 - 300**	**ug/L**	**R**	

Requestor Comments

on iron.

Report Information

Requestor	ST1), Dr Polly Dunne (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB610547V
Sample Date	04/11/2024 11:48:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**103**	**130 - 180**	**g/L**	**A**	
Red cell count	4.60	4.5 - 6.5	10^12/L		
Haematocrit	**0.333**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**72**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**22.4**	**27.0 - 32.0**	**pg**	**A**	
White cell count	7.0	4.0 - 11.0	10^9/L		
Neutrophil Count	4.61	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.65	1.5 - 4.5	10^9/L		
Monocyte Count	0.46	0.2 - 0.8	10^9/L		
Eosinophil Count	0.17	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	248	150 - 400	10^9/L		
Mean cell Hb conc.	**309**	**310 - 360**	**g/L**	**R**	

Requestor Comments

on iron.

Report Information

Requestor	ST1), Dr Polly Dunne (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB611468F
Sample Date	04/11/2024 11:48:00

CT Colonoscopy (Virtual)

CT Colonoscopy (Virtual)

Clinical History
Urgent. Unable to attend last date for CT colon - WILL attend this time. IDA with Hb 99. Very poorly prepped colon at colonoscopy 23.02.23 due to MST use for chronic pain; caecum attained and no gross lesions; please exclude small sized pathology. Also getting night sweats. OGD normal.

8734097 14/01/2025 CT Colonoscopy (Virtual)

Comparison made to previous CT chest/abdomen / pelvis dated 29/11/2019.

Scanned lung bases are clear.
Normal liver, portal vein, pancreas, adrenals, solitary right kidney, gallbladder and spleen.
The colon is well prepared. Distension of the sigmoid colon inparticular is suboptimal on both series of images and exclusion value for a small polyp would be limited. No large colonic polyp or tumour is identified. Mild quiescent diverticular disease. The appendix is normal.
No enlarged abdominopelvic nodes.
Right total hip replacement. No destructive bony lesions.

Opinion
No significant colonic pathology.

—
Dr Suzanne McLenachan. GMC: 7047889
Consultant Radiologist.

Reporting Radiologist: Dr Suzanne L McLenachan

Report Information

Requestor	Fraser, Dr Christopher H
Requesting Location	(RIEENDBR) RIE, Endoscopy/Bronch. Unit
Report Identifier	50405832
Sample Date	14/01/2025 10:55:00

First | Previous | Next | Last

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	**15**	**20 - 300**	**ug/L**	**R**	
Vitamin B12	403	180 - 2000	ng/L		
Serum Folate	5.1	2.8 - 20	ug/L		

Requestor Comments

previous aneamia, will only appoint for capsule endoscopy
if uptodate bloods showing still aneamic- please forward
result to PD so i can email back the capsule endoscopy la

Report Information

Requestor	ST1), Dr Polly Dunne (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB525795F
Sample Date	12/08/2025 11:48:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**101**	**130 - 180**	**g/L**	**A**	
Red cell count	**4.48**	**4.5 - 6.5**	**10^12/L**	**R**	
Haematocrit	**0.334**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**75**	**78 - 98**	**fL**	**R**	
Mean Cell Hb	**22.5**	**27.0 - 32.0**	**pg**	**A**	
White cell count	7.6	4.0 - 11.0	10^9/L		
Neutrophil Count	4.93	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.87	1.5 - 4.5	10^9/L		
Monocyte Count	0.51	0.2 - 0.8	10^9/L		
Eosinophil Count	0.26	0.04 - 0.4	10^9/L		
Basophil Count	0.07	0.01 - 0.1	10^9/L		
Platelet count	239	150 - 400	10^9/L		
Mean cell Hb conc.	**302**	**310 - 360**	**g/L**	**R**	

Requestor Comments

previous aneamia, will only appoint for capsule endoscopy if uptodate bloods showing still aneamic- please forward result to PD so i can email back the capsule endoscopy la

Report Information

Requestor	ST1), Dr Polly Dunne (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB524700N
Sample Date	12/08/2025 11:48:00

Liver function tests				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Bilirubin	5	3 - 21	umol/L	
ALT	18	10 - 50	U/L	
Alk.Phos	108	40 - 125	U/L	
GGT	45	10 - 55	U/L	

Requestor Comments

CDM review.

Serum lipids				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Cholesterol	3.0		mmol/L	
HDL Chol.	1.0	0.9 - 1.4	mmol/L	
Chol:HDLC Ratio	3.1			
LDL Chol.	**1.0**		**mmol/L**	**A**
Triglyceride	**2.2**	**0.8 - 2.1**	**mmol/L**	**R**

Requestor Comments

CDM review.

Urea and electrolytes				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
Creatinine	78	64 - 111	umol/L	
Sodium	138	135 - 145	mmol/L	
Potassium	5.0	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Requestor Comments

CDM review.

Report Information

Requestor	REG), Dr Kirsty Jane Nixon (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB687652V
Sample Date	29/10/2025 11:41:00

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Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (fasting)	**7.5**	**3.8 - 6.0**	**mmol/L**	**A**	(BGLUF)

Test Comments

(BGLUF) Updated fasting glucose reference range from March 25

Requestor Comments

CDM review.

Report Information

Requestor	REG), Dr Kirsty Jane Nixon (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB687002X
Sample Date	29/10/2025 11:41:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**108**	**130 - 180**	**g/L**	**A**	
Red cell count	4.79	4.5 - 6.5	10^12/L		
Haematocrit	**0.350**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**73**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**22.5**	**27.0 - 32.0**	**pg**	**A**	
White cell count	6.5	4.0 - 11.0	10^9/L		
Neutrophil Count	4.41	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.57	1.5 - 4.5	10^9/L		
Monocyte Count	0.34	0.2 - 0.8	10^9/L		
Eosinophil Count	0.15	0.04 - 0.4	10^9/L		
Basophil Count	0.07	0.01 - 0.1	10^9/L		
Platelet count	267	150 - 400	10^9/L		
Mean cell Hb conc.	**309**	**310 - 360**	**g/L**	**R**	

Requestor Comments

CDM review.

Report Information

Requestor	REG), Dr Kirsty Jane Nixon (GP
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB686994Q
Sample Date	29/10/2025 11:41:00

XR Pelvis

XR Pelvis

Clinical History
"Dear Colleagues,Thanks for updating hip x-ray for this 57 year old patient. He previously had AVN of his left hip and had THR in 2020. Over the past few months his pain has increased to the level he experienced prior to his surgery. He is systemically well ?xray changesMany thanks " / Pelvis/Hips

9603329 19/11/2025 XR Pelvis
Reference made to previous radiographs dated 24/11/2022 and 02/11/2020.

No bone abnormality.
Satisfactory appearance of the left total hip replacement, with no appreciable complication of the orthopaedic metalwork.
Preserved right hip joint.

—
Siobhan Hibbs. HCPC: RA68941
Reporting Radiographer.

Reporting Radiologist: Siobhan Hibbs

Report Information

Requestor	PIRIE, ALISON
Requesting Location	Ferniehill Surgery
Report Identifier	53574127
Sample Date	19/11/2025 12:00:00

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HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	**44**	**20 - 41**	**mmol/mol**	**R**	

Requestor Comments

HbA1c for monitoring

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB426101S
Sample Date	02/12/2025 11:40:00

US Upper arm Lt

US Upper arm Lt

Clinical History
57 year old patient has presented with a growing lump, which is increasingly painful. This first appeared a few months ago, but has grown significantly over the past few weeks. It is sore to touch the lump and he avoids putting pressure on his arm as a result.O/E Lump in left upper arm. Approx 2x3cm, tender. No evidence of infection.

9622116 18/12/2025 US Upper arm Lt
Within the subcutaneous fat at the posterior aspect of the left arm, there is a poorly defined 10 mm focus of slightly increased echogenicity, findings in keeping with a small simple lipoma. This has no concerning features. No other significant findings.

—
Dr Jonathan Foley. GMC: 6099245
Consultant Radiologist.

Reporting Radiologist: Dr Jonathan GD Foley

Report Information

Requestor	Goudie, Mr Stuart T
Requesting Location	(OPRVIRTOP) RIE Virtual Outpatient Desk
Report Identifier	53644741
Sample Date	18/12/2025 14:30:00

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XR Chest

XR Chest

Clinical History
57 yo smoker of at least 20/day for a long time. Chronic cough for the last 4-5 months. Feels getting deeper and sounding wet. CXR to look for cause. Many thanks Dr J Anderson / Chest

9763426 06/01/2026 XR Chest

Comparison to previous dated 13/11/2019.

Normal heart size and mediastinal contours.
The lungs are clear.
No pleural effusions.
Unremarkable bony thorax.

—
Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reporting Radiologist: Dr Joanna W Davis

Report Information

Requestor	ANDERSON, JENNIFER
Requesting Location	Ferniehill Surgery
Report Identifier	54190397
Sample Date	06/01/2026 14:20:00

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HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	**42**	**20 - 41**	**mmol/mol**	**R**	

Requestor Comments

HbA1c for monitoring

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB653222J
Sample Date	30/03/2026 12:15:00

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Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	**19**	**30 - 300**	**ug/L**	**R**	(BAFER)

Test Comments

(BAFER) Note ferritin ref range updated on 24/03/2026.

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB652795F
Sample Date	30/03/2026 12:15:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	**108**	**130 - 180**	**g/L**	**A**
Red cell count	4.57	4.5 - 6.5	10^12/L	
Haematocrit	**0.349**	**0.40 - 0.52**	**ratio**	**R**
Mean cell volume	**76**	**78 - 98**	**fL**	**R**
Mean Cell Hb	**23.6**	**27.0 - 32.0**	**pg**	**A**
White cell count	8.6	4.0 - 11.0	10^9/L	
Neutrophil Count	6.12	2.0 - 7.5	10^9/L	
Lymphocyte Count	1.65	1.5 - 4.5	10^9/L	
Monocyte Count	0.52	0.2 - 0.8	10^9/L	
Eosinophil Count	0.20	0.04 - 0.4	10^9/L	
Basophil Count	0.06	0.01 - 0.1	10^9/L	
Platelet count	262	150 - 400	10^9/L	
Mean cell Hb conc.	**309**	**310 - 360**	**g/L**	**R**

Report Information

Requestor	(Locum), Dr Alison Pirie
Requesting Location	(GSFER8) 8 Ferniehill Road
Report Identifier	QB652750T
Sample Date	30/03/2026 12:15:00

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Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	**21**	**0 - 12**	**mm/hr**	**R**	

Sample Comments

23524..

Requestor Comments

Painful left THR. Cup looks loose on XR. ? Aseptic/infection

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HR240957A
Sample Date	21/04/2026 10:36:00

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Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	4	0 - 5	mg/L		

Sample Comments

23524..

Requestor Comments

Painful left THR. Cup looks loose on XR. ? Aseptic/infection

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HB243316S
Sample Date	21/04/2026 10:36:00

First | Previous | Next | Last

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**108**	**130 - 180**	**g/L**	**A**	
Red cell count	4.66	4.5 - 6.5	10^12/L		
Haematocrit	**0.345**	**0.40 - 0.52**	**ratio**	**R**	
Mean cell volume	**74**	**78 - 98**	**fL**	**A**	
Mean Cell Hb	**23.2**	**27.0 - 32.0**	**pg**	**A**	
White cell count	7.3	4.0 - 11.0	10^9/L		
Neutrophil Count	4.54	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.81	1.5 - 4.5	10^9/L		
Monocyte Count	0.67	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.08	0.01 - 0.1	10^9/L		
Platelet count	262	150 - 400	10^9/L		
Mean cell Hb conc.	313	310 - 360	g/L		

Sample Comments

23524..

Requestor Comments

Painful left THR. Cup looks loose on XR. ? Aseptic/infection

Report Information

Requestor	MacPherson, Mr Gavin John
Requesting Location	(RIEOPD6) RIE OPD6 Outpatient Department
Report Identifier	HR240958F
Sample Date	21/04/2026 10:36:00