

SAR Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER



Private

MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date: 5 May 2026
Your Ref: 100013/Elliot Logan
Ref: SAR / ACCESS /CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: DAVID BAILLIE DOB: 23/08/1989

Thank you for your recent request in which you seek a copy of your client's personal information.

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

GLASGOW ROYAL INFIRMARY RECORDS

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

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

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

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

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

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

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

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

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

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

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

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email:

Yours sincerely

SAR Team

MANUAL PATIENT RECORDS

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

Including:

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

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Trauma & Orthopaedic - Spine
GGC General Referral

Consultant / receiving practitioner
and/or specialty clinic

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

Hospital and hospital address

Hospital location code.

G516H

Email address

Urgency of referral

ROUTINE

Date of referral

28-Feb-2012

Date sent

28-Feb-2012

PATIENT DETAILS

Surname

Baillie

Forename(s)

David

Title

Mr

Sex

Male

Date of birth

23-Aug-1989

CHI no.

2308896337

Area of
Residence

Patient's address

108 Borland Dr
Glasgow
G13 3DX

Contact number(s)

Voice: 07779369571

101003257568D

Unique Care Pathway Number: 101003257568D

REGISTERED GP DETAILS

Name

Dr Philip Ewart

GMC code

3351905

GP code

07935

Practice name

Fulton Street Medical Centre (18803)

Practice code

40008

Practice address

Fulton Street Medical Centre
94 Fulton Street
G13 1JE

Contact number(s)

Voice: 0141 959 3391

Facsimile: 0141 958 1258

REFERRING GP DETAILS

Name

Dr. Suzanne Irving

GMC code

6092347

GP code

01899

Practice name

Fulton Street Medical Centre (40008)

Practice code

40008

Practice address

Fulton Street Surgery
94 Fulton Street
Glasgow
G13 1JE

Contact number(s)

Voice: 0141 959 3391

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

Description: kyphoscoliosis

Comment: This 23 year old male has recently rejoined society after a period in prison. He presents with chronic back pain which he attributes to his spinal curvature and kyphosis. He is currently on tramadol 200mg bd with pregabalin 300mg bd to manage the pain. I wonder if you would kindly reassess his scoliosis and give your opinion on management? last seen by Mr Reece 2008

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

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

Description	Comment	Date of onset	Date recorded
Kyphoscoliosis and scoliosis	he has longstanding spinal, refer to spinal surgeon.	24-Feb-2012	24-Feb-2012
Misuse of drugs NOS	-	29-Dec-2005	29-Dec-2005
Head injury	-	15-Nov-2005	15-Nov-2005

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY		24-Feb-2012	24-Feb-2012
Tramadol Hydrochloride M/R tablets 200 mg	56	56 tablet	1 Tab Twice daily		24-Feb-2012	24-Feb-2012

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Feb-2008
Current smoker:	Disease: SPICE Basic Health Values, priority=2	13-Jan-2005

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Locum

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☒

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☒

WEST MARC

☐

LABS

☐

Clinical letter - GP:



Greater Glasgow
and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

0141 211 4000

ENT

0141 242 9788

Ann McNaughton

29/06/2023

IA/MS

13/04/2023

16/06/2023

Dr. UNK-Unknown GP
Patients Where Practice Code
Is Unknown And Who Are Not
Covered By codes 99942
99957 99976 99981 99995 99961

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

Dear Dr ,

David John Baillie; D.O.B: 23/08/1989; CHI: 2308896337
The Health Centre, PO Box 2309, Glasgow, G33 9BS

This patient failed to attend his ENT Clinic appointment today. Due to pressure on our waiting times, no further appointment will be sent out.

Thank you.Yours sincerely,

Ms Ida Amir

Consultant ENT Surgeon

Electronically Signed: Dr Ida Amir, Consultant

cc.

Clinical letter - GP:



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. UNK-Unknown GP
Patients Where Practice Code
Is Unknown And Who Are Not
Covered By codes 99942
99957 99976 99981 99995 99961

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 242 9788
Enquiries to: ann.mcnaughton@ggc.scot.nhs.uk
Letter Date: 27/04/2023
Reference: IA/AMN
Dictated Date: 28/02/2023
Transcribed Date: 24/04/2023

Dear Doctor ,

David John Baillie; D.O.B: 23/08/1989; CHI: 2308896337
The Health Centre, PO Box 2309, Glasgow, G33 9BS

This patient failed to attend his ENT clinic appointment today. One further appointment will be sent out.

Yours sincerely

Ms Ida Amir

Consultant ENT Surgeon

Electronically Signed: Dr Ida Amir, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Ear, Nose & Throat (ENT) GGC General Referral Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Consultant / receiving practitioner and/or specialty clinic Hospital and hospital address Hospital location code: G107H Email address:
Urgency of referral: Routine Date of referral: 03-May-2022 Date sent: 03-May-2022	

PATIENT DETAILS	Patient's address																			
<table border="1"> <tr><td>Surname</td><td>BAILLIE</td></tr> <tr><td>Forename(s)</td><td>DAVID</td></tr> <tr><td>Title</td><td>Mr</td></tr> <tr><td>Sex</td><td>Male</td></tr> <tr><td>Date of birth</td><td>23-Aug-1989</td></tr> <tr><td>CHI no.</td><td>2308896337</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	BAILLIE	Forename(s)	DAVID	Title	Mr	Sex	Male	Date of birth	23-Aug-1989	CHI no.	2308896337	Area of Residence		<table border="1"> <tr><td>THE HEALTH CENTRE</td></tr> <tr><td>P.O. BOX 2309</td></tr> <tr><td>GLASGOW</td></tr> <tr><td>G33 9BS</td></tr> <tr><td>Contact number(s)</td></tr> </table>	THE HEALTH CENTRE	P.O. BOX 2309	GLASGOW	G33 9BS	Contact number(s)
Surname	BAILLIE																			
Forename(s)	DAVID																			
Title	Mr																			
Sex	Male																			
Date of birth	23-Aug-1989																			
CHI no.	2308896337																			
Area of Residence																				
THE HEALTH CENTRE																				
P.O. BOX 2309																				
GLASGOW																				
G33 9BS																				
Contact number(s)																				

101026218229K	Unique Care Pathway Number: 101026218229K
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REGISTERED GP DETAILS	Practice address														
<table border="1"> <tr><td>Name</td><td>Dr Hmp Barlinnie</td></tr> <tr><td>GMC code</td><td>1234572</td><td>GP code</td><td>09172</td></tr> <tr><td>Practice name</td><td>Headquarters</td></tr> <tr><td>Practice code</td><td>31391</td></tr> </table>	Name	Dr Hmp Barlinnie	GMC code	1234572	GP code	09172	Practice name	Headquarters	Practice code	31391	<table border="1"> <tr><td>5 REDHEUGHS RIGG</td></tr> <tr><td>EDINBURGH</td></tr> <tr><td>EH12 9HW</td></tr> <tr><td>Contact number(s)</td></tr> </table>	5 REDHEUGHS RIGG	EDINBURGH	EH12 9HW	Contact number(s)
Name	Dr Hmp Barlinnie														
GMC code	1234572	GP code	09172												
Practice name	Headquarters														
Practice code	31391														
5 REDHEUGHS RIGG															
EDINBURGH															
EH12 9HW															
Contact number(s)															

REFERRING HCP DETAILS	Organisation address												
<table border="1"> <tr><td>HCP Name</td><td>SuchitraSenthil</td></tr> <tr><td>HCP code</td><td>5205040</td></tr> <tr><td>HCP Position</td><td>Dr</td></tr> <tr><td></td><td>HMP Barlinnie</td></tr> </table>	HCP Name	SuchitraSenthil	HCP code	5205040	HCP Position	Dr		HMP Barlinnie	<table border="1"> <tr><td>81 Lee Ave</td></tr> <tr><td>Glasgow</td></tr> <tr><td>G33 2QX</td></tr> <tr><td>Contact number(s)</td></tr> </table>	81 Lee Ave	Glasgow	G33 2QX	Contact number(s)
HCP Name	SuchitraSenthil												
HCP code	5205040												
HCP Position	Dr												
	HMP Barlinnie												
81 Lee Ave													
Glasgow													
G33 2QX													
Contact number(s)													

Organisation name		
Location code	G101P	

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

Description: right csom

Comment: Thank you for assessing David who c/o ongoing right ear discharge since the age of 9 yrs
 now worse green yellow discharge
 has had a few course of abx with no effect
 Your assessment will be appreciated

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Date of onset	Date recorded
Misuse of drugs NOS	09-Nov-2007	09-Nov-2007

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

No current medications recorded

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

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic
02-Sep-2021	138	80
19-Aug-2019	117	73
21-May-2019	136	80
20-Apr-2018	130	70
23-Oct-2017	100	70

Body Measurements

Date Recorded	Height	Weight	BMI
02-Sep-2021	1.85	65.2	19
14-Apr-2021	1.85	70.8	20.6
19-Aug-2019	1.85	58.8	17.1
21-May-2019	1.85	64.4	18.8
20-Apr-2018	1.85	90	26.2

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 30.	02-Sep-2021
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 40.	19-Aug-2019
Heavy smoker - 20-39 cigs/day:	Smoking status on date of event: Smoker.	21-May-2019
Heavy smoker - 20-39 cigs/day:	Smoking status on date of event: Smoker, Date patient started smoking: 1998.	20-Apr-2018
Heavy smoker - 20-39 cigs/day:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 30.	23-Oct-2017
Teetotaler:	Drinking status on eventdate: Life teetotaler.	02-Sep-2021

Teetotaler:	Drinking status on eventdate: Life teetotaler.	19-Aug-2019
Teetotaler:	Drinking status on eventdate: Life teetotaler.	21-May-2019
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	20-Apr-2018
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	23-Oct-2017
Clinical warnings		
Additional Support Needs		
No known ASN requirements		
Additional relevant information		
Administrative information		
OK to send correspondence to home address?:Yes		
Patient will accept any site:Yes		
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes		
Referred By:Referring GP		
Electronic Attachment Present:No		

Signature of referring doctor (or other professional) Date

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 04/06/2021

Consultant: Dr Scott Taylor

UNK-Unknown GP

Patients Where Practice Code
Is Unknown And Who Are Not
Covered By codes 99942
99957 99976 99981 99995 99961

Dear UNK-Unknown GP

Re: **Baillie David John**

DOB: **23/08/1989**

CHI: **2308896337**

Unknown OS1 8AA

Attended on: **04/06/2021 at 14:25 hrs.**

Departed on: **04/06/2021 at 15:22 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
hand inj

Nursing Assessment:

Investigations in ED:

1. XR Hand Rt

Diagnosis:

Diagnosis	Side	Site
Contusion of Other Parts of Wrist and Hand	Right	Hand

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

***No GP action required* Punched a sign 4 days ago and attends on GP advice for an XR due to swelling and tenderness of the hand. On examination there was swelling and tenderness of the 2nd and 3rd metacarpals heads with superficial abrasions which were dry and healing well. There was no redness/heat on assessment but I note the patient advised he has already been prescribed ABx by GP. ROM was good throughout. XR showed no acute fracture but shortening of the 4th and 5th metacarpals suggestive of previous bony injury. Discharged with worsening advice.**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Elaine Urquhart
Physiotherapist

Copies to:

School Address:

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 27/03/2019

Consultant: Dr Donogh Maguire

PA Ewart
Fulton Street Medical Centre
Fulton Street Surgery
94 Fulton Street
Glasgow
Glasgow
G13 1JE

Dear PA Ewart

Re: **Baillie David**

DOB: **23/08/1989**

CHI: **2308896337**

Chez Nous Guest House Glasgow
Glasgow G13 2DT

Attended on: **25/03/2019 at 05:28 hrs.**

Departed on: **25/03/2019 at 05:42 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **-4**

Presenting complaint
hand injury

Nursing Assessment:

Wasnt triaged due to aggression and violence previous day. Police present Dr Kerr assessed in triage and sent back to custody.

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Contusion of wrist and hand		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Representation to ED following sedation for agitated delirium. Complaining of bruising and pain to hand - from when he was pulling against handcuffs, and venflon insertion during sedation. Discharged.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Joanna-Lee Kerr
Doctor

Copies to:

1. PA Ewart (GP)

School Address:



CHI: 2308896337

Glasgow Royal Infirmary

Total Att: 9

12 Mth Att: 0

Title:

BAILLIE

David John

DOB: 23/08/1989

Age: 31y

Sex: Male

Next of kin: BAILLIE, David

Relationship: Father

Unknown

OS1 8AA

GP: UNK-Unknown GP

11111 11111

0742 459 8407

Attendance Date: 04/06/2021

Arrival Time: 14:25

Registration Time: 14:25

Date of Incident: 04/06/2021

Major Incident Desc:

Reason for Attendance: hand inj

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 0

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 04/06/2021 14:36

Nurse name: Physiotherapist Elaine Urquhart

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

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

2308896337
BAILLIE
David John

23/08/1989

2308896337
BAILLIE
David John

23/08/1989

2308896337
BAILLIE
David John

23/08/1989

2308896337
BAILLIE
David John

23/08/1989

2308896337
BAILLIE
David John

23/08/1989

Date	Clinical Notes	
4/6/21	Seen By E. V. P. P. Pt	Time Seen 14:55
P.C 31 yr old RHD (M) C (R) hand injury. H.P.C Reports punched a Sign in frustration 4/2 ago → Saw GP 2° ongoing Pain / Swelling who prescribed ABx + advised EO for ?# PMH Nil SHT NCA D.H Mirtazapine		
Obs: x2 Superficial abrasions over 2nd + 3rd MC head - healing well. Swelling 2nd + 3rd MC Nil Red / Heat Old deformity of 4th + 5th MC head ? Prev # Diagn: BT 2nd + 3rd MC head NBT elsewhere hand, wrist, ASB Wrist ✓ Fist ✓ Rot = Scussing XR NBT - likely Prev inj 4th + 5th MC Imp: Contusion - Evidence of inf but already prescribed ABx by GP. Pt adamant abrasions from punching the Sign + not from Contact C another person / teeth Rx: 1 LICE / Analgesia advice Issued Ex's All warning advice given Pl dic'd <i>E. V. P. P.</i>		

Once Only Prescriptions (Including Tetanus Prophylaxis)						
Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By



CHI: 2308896337

Glasgow Royal Infirmary

Total Att: 8

12 Mth Att: 4

Title: MR

BAILLIE

David

DOB: 23/08/1989

Age: 29y

Sex: Male

Chez Nous Guest House Glasgow

Next of kin: BAILLIE, David

Relationship: Father

Glasgow

G13 2DT

07548377851

GP: PA Ewart

0141 959 3391

Attendance Date: 25/03/2019

Arrival Time: 05:28

Registration Time: 05:28

Date of Incident: 25/03/2019

Major Incident Desc:

Reason for Attendance: hand injury

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 4

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 25/03/2019 05:41

Nurse name: Nurse Nicole Pratt

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

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: "Wasnt triaged due to aggression and violence previous day. Police present Dr Kerr assessed in triage and sent back to custody."

2308896337
BAILLIE
David23/08/1989
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David2308896337
BAILLIE
David23/08/1989
BAILLIE
David

To be Completed by Clinician		
Child Assessment Questionnaire	Yes	No
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	Clinical Notes
25/07/19 0611	Seen By <u>Wells</u> Time Seen Agitated delirium $\frac{1}{2}$ ago & in hand cuffs. IV line <u>R</u> dorsal hand. (I sedated him). Now presents w/ hand pain. in custody.  No evidence of $\neq$ swelling + bruising 2° to pulling against cuffs. functionally & NV in test $\frac{1}{2}$ 25/07/19: No evidence $\neq$ from venflon + cuffs.

Once Only Prescriptions (Including Tetanus Prophylaxis)						
Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

XR Hand Rt

Performed	04-Jun-2021 15:02	Received	04-Jun-2021 15:55
Reported	04-Jun-2021 15:53	Order Number	G107H37321772
Status	Final	Source System	MiSys

XR Hand Rt

Final

David John Baillie

Clinical History :

Punch injury 4/7 ago. Swollen and tender 2nd & 3rd MC ?#

XR Hand Rt :

No acute bony injury demonstrated.

Code A: Agreement: DO NOT USE for linked CRIS reports. This result will be autosigned in TrakCare as there is no major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Report by Lianne Boyce - Reporting Radiographer.

Reported by: Lianne Boyce

Verified by: Lianne Boyce



CHI: 2308896337

Glasgow Royal Infirmary

(6)

Total Att: 7

12 Mth Att: 3

Title: MR ✓

BAILLIE

David ✓

DOB: 23/08/1989

Age: 29y

Sex: Male

Chez Nous Guest House Glasgow

Next of kin: BAILLIE, David
Relationship: Father

Glasgow

G13 2DT

07548377851

34 Monkbridge Ave
Glasgow

GP: PA Ewart ✓

0141 959 3391

Morgan
Hutto
Parker

Attendance Date: 24/03/2019

Arrival Time: 06:09

Registration Time: 06:09

Date of Incident: 24/03/2019

Major Incident Desc:

Reason for Attendance: assaulted g1997

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 24/03/2019 06:17

Nurse name: Nurse Michael Harkins

Temp	35.7	C
HR	81	bpm
BP	125/76	mmHg
MAP	92.33	mmHg
RR	17	bpm
SpO2	98	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

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

Nursing Notes: NEWS: 1 "Low Risk CPE. " "Alleged assault, states struck to back of head with hammer and bottles. "

2308896337
BAILLIE
David2308896337
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BAILLIE
David

To be Completed by Clinician																																																																																																																																																													
Child Assessment Questionnaire																																																																																																																																																													
Previous attendance (consider any relevant trauma from previous presentations)		2308896337 M BAILLIE 23/08/1989 David Chez Nous Guest House Glasgow Glasgow																																																																																																																																																											
History variable between accounts																																																																																																																																																													
Examination not compatible with history																																																																																																																																																													
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Fracture / head injury		 																																																																																																																																																											
Status: ACCEPTED Analyzed: 24/03/2019 07:55:39 Sample Type: Venous Account Number: Clinician: Operator ID: KIRSTY MACDONALDO		e toddler 																																																																																																																																																											
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Patient ID: 2308896337 Last Name: BAILLIE First Name: DAVID Gender/Age: Male, 29 years Birth Date: 23/08/1989 Cartridge Lot No.: 181215A S/N: 000000000400059968 Exp. Date: 24/03/2019 Analyzer Model: GEM® Premier 5000 Area: GRI Name: RESUS S/N: 17030616 Results <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th></th> <th></th> <th></th> <th>Crit. Low</th> <th>Reference Low</th> <th>Reference High</th> <th>Crit. High</th> </tr> </thead> <tbody> <tr> <td colspan="7">Measured (37.0°C)</td> </tr> <tr> <td>cH</td> <td>45.4</td> <td>nmol/L</td> <td>--</td> <td>--</td> <td>--</td> <td>--</td> </tr> <tr> <td>pCO₂</td> <td>5.5</td> <td>kPa</td> <td>--</td> <td>--</td> <td>--</td> <td>--</td> </tr> <tr> <td>pO₂</td> <td>10.6</td> <td>kPa</td> <td>--</td> <td>--</td> <td>--</td> <td>--</td> </tr> <tr> <td>Na⁺</td> <td>136</td> <td>mmol/L</td> <td>--</td> <td>133</td> <td>146</td> <td>--</td> </tr> <tr> <td>K⁺</td> <td>3.8</td> <td>mmol/L</td> <td>--</td> <td>3.5</td> <td>5.3</td> <td>--</td> </tr> <tr> <td>Cl⁻</td> <td>105</td> <td>mmol/L</td> <td>--</td> <td>95</td> <td>108</td> <td>--</td> </tr> <tr> <td>Ca⁺⁺</td> <td>1.15</td> <td>mmol/L</td> <td>--</td> <td>1.15</td> <td>1.27</td> <td>--</td> </tr> <tr> <td>Glu</td> <td>4.6</td> <td>mmol/L</td> <td>--</td> <td>3.5</td> <td>6.0</td> <td>--</td> </tr> <tr> <td>Lac</td> <td>↑ 2.6</td> <td>mmol/L</td> <td>--</td> <td>0.6</td> <td>2.2</td> <td>--</td> </tr> <tr> <td colspan="7">CO-Oximetry</td> </tr> <tr> <td>IHb</td> <td>139</td> <td>g/L</td> <td>--</td> <td>--</td> <td>--</td> <td>--</td> </tr> <tr> <td>O₂Hb</td> <td>↓ 93.4</td> <td>%</td> <td>--</td> <td>95.0</td> <td>98.0</td> <td>--</td> </tr> <tr> <td>COHb</td> <td>↑ 3.2</td> <td>%</td> <td>--</td> <td>0.5</td> <td>1.5</td> <td>--</td> </tr> <tr> <td>MetHb</td> <td>0.5</td> <td>%</td> <td>--</td> <td>0.5</td> <td>1.5</td> <td>--</td> </tr> <tr> <td>HHb</td> <td>2.9</td> <td>%</td> <td>--</td> <td>0.0</td> <td>5.0</td> <td>--</td> </tr> <tr> <td>sO₂</td> <td>87.0</td> <td>%</td> <td>--</td> <td>95.0</td> <td>98.0</td> <td>--</td> </tr> <tr> <td colspan="7">Derived</td> </tr> <tr> <td>BE(B)</td> <td>-3.5</td> <td>mmol/L</td> <td>--</td> <td>--</td> <td>--</td> <td>--</td> </tr> <tr> <td>HCO₃⁻(c)</td> <td>22.1</td> <td>mmol/L</td> <td>--</td> <td>--</td> <td>--</td> <td>--</td> </tr> <tr> <td>Hct(c)</td> <td>42</td> <td>%</td> <td>--</td> <td>--</td> <td>--</td> <td>--</td> </tr> </tbody> </table> ↑↓ Outside Reference Range							Crit. Low	Reference Low	Reference High	Crit. High	Measured (37.0°C)							cH	45.4	nmol/L	--	--	--	--	pCO ₂	5.5	kPa	--	--	--	--	pO ₂	10.6	kPa	--	--	--	--	Na ⁺	136	mmol/L	--	133	146	--	K ⁺	3.8	mmol/L	--	3.5	5.3	--	Cl ⁻	105	mmol/L	--	95	108	--	Ca ⁺⁺	1.15	mmol/L	--	1.15	1.27	--	Glu	4.6	mmol/L	--	3.5	6.0	--	Lac	↑ 2.6	mmol/L	--	0.6	2.2	--	CO-Oximetry							IHb	139	g/L	--	--	--	--	O ₂ Hb	↓ 93.4	%	--	95.0	98.0	--	COHb	↑ 3.2	%	--	0.5	1.5	--	MetHb	0.5	%	--	0.5	1.5	--	HHb	2.9	%	--	0.0	5.0	--	sO ₂	87.0	%	--	95.0	98.0	--	Derived							BE(B)	-3.5	mmol/L	--	--	--	--	HCO ₃ ⁻ (c)	22.1	mmol/L	--	--	--	--	Hct(c)	42	%	--	--	--	--
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Date Given	Drug (Block)	Other Information Operator Entered Temp 37.0 °C Prophylaxis ne of istration Signature Given By																																																																																																																																																											

Emergency Department Nursing Documentation

Presenting Complaint -

Date: 24/03/19 Time: 07⁰⁰

2308896337
BAILLIE M
David 23/08/1989
Chez Nous Guest House Glasgow
Glasgow
G13 2DT

NHS
Greater Glasgow
and Clyde

Assessment Complete by: Name <u>NURSE (Please Print)</u> <u>Amy M. Pde</u>			
Patient Prep / Investigations (Please tick/circle when completed)		Communication (Please Circle Tick)	
Prepare patient for examination / Clothing bag labelled + stored	☒	NEWS Chart complete / <u>NEWS SCORE</u> - (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☒
GCG RED BAG - with patient	☐		
12 Lead ECG	☐	ID Band	☐
Weight:	☐	Peak Flow	☐
Blood Samples Obtained: Yes ☐ No ☐		Xrays / CT Scan Performed:	☐
IV Access: Yes ☐ No ☐		Relatives / NOK informed (Carers)	☐
Blood Gas: VBG ☐ ABG ☐		Child Protection Concern (considered in line with policy)	Y/N
		Adult Support and Protection	Y/N
Urinalysis			
Leucocytes	☐	Nitrites	☐
Ketones	☐	Glucose	☐
MSSU / CSU	☐	Toxicology	☐
HCG	☐	+VE	☐
		-VE	☐
		Strip No -	

Screening Tools (Please tick/circle when completed)		
SEPSIS RISK? / SIRS Criteria 2 or more	☒	SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)
Mental Health Triage Assessment	☒	If NOT WHY? - (details) <u>N/A</u>
GMAWS	☒	Date - <u>24/3/19</u> Time - <u>0619</u> Signature - <u>Amy M. Pde</u>

4AT	
AMT	Correct
Age	☒
Date of Birth	☒
Place	☒
Current year	☒

Attention (months of year backwards)	
> = 7 correct	0
< 7 correct	1
Untestable	2

Alertness	
Normal	0
Mild sleepiness	0
Clearly abnormal	4

No mistakes	= 0
1 mistake	= 1
> 1 mistake	= 2

Mental status according to family/carer	
Acute change or fluctuating	4 YES
Acute change or fluctuating	0 NO

4AT score	
	/12

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

Are any of the above criteria met? If YES to any of the above move to step 2

Indicator for care by another acute specialty regardless of age.

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.

If **NO** to the list in step 2:

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

(Please tick/circle when completed)

[illegible]



2308896337

BAILLIE

M

David

23/08/1989

Chez Nous Guest House Glasgow
Glasgow

G13 2DT

At risk of falls?(clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*

YES

NO

Pause for Transfer / Discharge
(Please tick when completed)Tick when
completed

N/A

Notes

Relatives Informed of Admission / Discharge	☐	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward	☐	Always	
CCC RED BAG - with patient	☐	Always	
Name Band	☐	Always	
Nursing Screening Tools completed	☐	Always	
Bed requested, SBAR COMPLETE	☐	☐	
NEWS chart	☐	Always	
Prescriptions / Charts signed	☐	☐	
Infusions	☐	☐	
Cannula	☐	☐	
Notes: medical notes, GP letter, PRF	☐	☐	Please note here if any other tasks required prior to transfer
Patients requiring analgesia: sufficient	☐	☐	
Belongings (including patients medication)	☐	Always	
SAS Transport required and ref. no.	☐	☐	
Print Name			
Sign -			

Nursing Notes

Date and Time		Print Name and Signature
24/8/19 0735	Presented with head injury after being struck with a hammer and bolts. Temp 35.7°C GCS 15/18 alert and orientated.	Agnes M. Pab
0735	Pl. c/o that trolley was wet when he lay on it & his tracksuit was ruined. Trolley dry when patient lay on it. Pl. verbally and abusive to police. Aggressive and agitated. Requiring restraint.	Agnes M. Pab

Date and Time		Print Name and Signature
0735	by police. Taken to resus.	M. Bax
	for assessment by Dr Kerr	(M) S.N.
0745	Trolley checked when	
	pt were manageable.	mBax
	and is completely dry.	(M) SN
0830	Patient given ketamine	
	and midazolam. Police	
	Present. observations stable	(M) SN

Glasgow Royal Infirmary
Emergency Department



2308896337
BAILLIE M
David 23/08/1985
Chez Nous Guest House Glasgow
G13 2DT

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other	
CXR ☐	AXR ☐	Other imaging:							ECG ☐
Current location:							Sent by:		

Clinical Notes

Date	Time	Name	Grade	Speciality
24/08/19	0820	Written retrospectively		
		29 ♂		
		in handcuffs under arrest ? assault involving hammer		
		appearing intoxicated w. ? amphetamine		
		head dilated pupils, muffled speech, aggression		
		agitated, persistence in such		
		unmanageable		
		→ transfer to resusc		
		A - no evidence head / Conus		
		B  dec		
		C  dec		
		D  24.116.14 V.14		
		E  no other		
		 injuries evident		
		apparent		
		sedated		
		strong in ketamine		
		+ midazolam		
		+ ketamine		
		AD: amphetamine		
		psychosis		
		delirium		
		agitated		
		→ IYA VBG noted		
		→ ECG		
		→ 1/2 ETT tube & pulse		

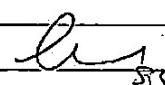
Glasgow Royal Infirmary
Emergency Department

2308896337
BAILLIE
David
Chez Nous Guest House Glasgow
Glasgow
23/08/1989
G13 2DT

Clinical Notes

Date	Time	Name	Grade	Speciality
------	------	------	-------	------------

23/08/89
 Referred over post 4 hours - seen at night &
 gaiter - didn't require attention for night
 associated for several hours, manageable
 now making appropriate noise & responding
 to voice, but still too flat for cell.
 In police custody - police with sky.
 Blood unremarkable
 Adult level 46 under care
 until fit for custody.


 JS

**Glasgow Royal Infirmary
Emergency Department**

2308896337
BAILLIE M
David 23/08/1989
Chez Nous Guest House Glasgow
Glasgow
G13 2DT

[illegible]

3

Ward 46**Short Stay Medicine****HEAD INJURY****Nursing Documentation**

2308895337

BAILLIE

David

Chez Nous Guest House Glasgow

Glasgow

M 23/08/1989

G13 2DT

NHSGreater Glasgow
and Clyde

Hospital: GR1

Date: 24/3/19

Time: 13¹⁵ pm

Admitting Nurse: JMcQuinn

PATIENT DETAILS CHECKED AND CORRECT

YES NO N/A

Patient Name:

✓

Patient Address:

✓

Date of Birth:

✓

Next of Kin Name and Contact Details: No contact number

✓

Next of Kin Informed: No contact number

GP Details:

✓

Religion: Nil

✓

Presenting Complaint:

Irratic behaviour - given Ketamine

Past Medical History:

Mental health issues
Audio-visual hallucinations
Self harm

Current Medications:

Suboxone
Mirtazapine
Amod

Allergies: Nil Known

Resp Rate

16

SpO2

100% on air

Temp

36.1°C

Pulse

62

Blood Pressure

121/71

GCS

15/15

NEWS

0

Blood Glucose

ID Band

Interpreter

Height:

6ft

Weight:

12⁵

MUST:

0

BMI:

If BMI <18 commence food chart and refer to dietician ☐

Cognitive impairment - For all patients > 65 years, complete TIME

YES NO N/A

Urinalysis:

If positive obtain MSSU ☐

Date obtained:

Ward 46
Short Stay Medicine
HEAD INJURY
Nursing Documentation

2308895337
 BAILLIE M
 David 23/08/1989
 Chez Nous' Guest House Glasgow
 Glasgow G13 2DT



Peripheral Vascular Catheter (PVC) Bundle

Reason for PVC Insertion:

- ☐ IV Fluids
☐ IV Drugs
☐ Suspected haemorrhage
☐ Diagnostic tests

Insertion Date: 24/3/19

Insertion Time: _____

Hand hygiene performed immediately before PVC insertion. ☐

Skin antiseptic containing 70% isopropyl alcohol used to cleanse the skin and left to dry. ☐

Aseptic technique maintained throughout insertion procedure. ☐

Sterile, transparent, semi permeable dressing used to cover catheter site. ☐

Size/colour: Pink Insertion site: Blue (Dawn)
green (R) Hand

Red Flags (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	X	Learning Disabilities	X
Adult Support and Protection	7	Patient has appointed Welfare Guardian/Power of Attorney	X
Confused Patient (if more confused than baseline, consider DELIRIUM)	7	Patient has Adult with Incapacity Section 47 certificate in place	X
Substance Misuse	✓	Infection Risk	X
Has swallow test been carried out?	X	STOPPS completed?	X
		Falls Risk? (If at risk, complete full falls Bundle)	X

Dietary Requirements (Specify):

Pressure Area Assessment

1 Pressure Damage	Does the person have redness and/or existing damage? Yes / No If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer intervention plan (PUDRA Chart).				
Date	Location of redness/ulcers	Grade of ulcer	Date	Location of redness/ulcers	Grade of ulcer
2 Mobility	Does the person require assistance to mobilise? Yes / No				
3 Continence	Does the person have continence issues with urine and/or faeces? Yes / No				
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink? Yes / No				
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities? Yes / No				
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? Yes / No If Yes, please give details:				

Active Care Plan Commenced ☐

Ward 46

Short Stay Medicine

HEAD INJURY

Infection Risk



2308896337

BAILLIE

David

M

23/08/1989

NHS
Greater Glasgow
and Clyde

MRSA Screening / CJD / Healthcare outside Scotland

Will the patient be an inpatient >23 hours? ☐ Yes ☒ No If 'Yes' complete the following section.

- Has the patient ever had a previous positive MRSA result? ☐ Yes ☒ No ☐ Not known
- Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☒ No ☐ Not known
- Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☒ No ☐ Not known

If 'Yes' to any of the above questions OR if the patient is admitted to a 'high impact speciality' e.g.

Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:

☐ Nasal ☐ Perineum ☐ Other - Specify: ☐ Patient refused

Appropriate Care Plan Used

☐ Yes

☐ No

☐ N/A

Is patient Isolated

☐ Yes

☐ No

☐ N/A

If 'NO' - Reason: *No healthcare outside of Scotland in last 5 years.*

No CJD

Pr has no knowledge of being a carrier of being in contact w/ a carrier of CPE

Lifestyle

Smoking:

Are you a smoker ☒ ex-smoker ☐ never smoked ☐

If ex-smoker when did they stop?

If smoker how many cigarettes per day... *14*

If smoker, or recent ex-smoker, would they like to use nicotine replacement therapy to prevent withdrawal discomfort while in hospital? ☐ Yes ☐ No

If smoker, would they like to stop now with the support from stop smoking service? ☐ Yes ☐ No

If Yes refer to Smoking Cessation Service

Drugs: Does the patient use recreational drugs?

☒ Yes ☒ No If 'Yes' specify:

Alcohol (Men): How often do you have 8 or more drinks on one occasion:

☒ Never ☐ Less than monthly

☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have 6 or more drinks on one occasion:

☐ Never ☐ Less than monthly

☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Admission Documentation Completed By

Name (Please PRINT) *AM Quinn*

Signature: *AM Quinn*

Designation: *CNS*

Date: *24/3/19*

Ward 46

Short Stay Medicine

HEAD INJURY

Nursing Documentation

Mr D Baillie
Chez Nous Guest House Glasgow
G13 2DT
GHP
230 88 96 337



1 MONITORING OF VITAL SIGNS Standard observations (BP, P, T, R, SaO ₂) - requirement & frequency CSM/Neurovascular observations Special observations eg. blood glucose, peak flow, Neurological obs Special requirements (O ₂ , chest physio)	AIM To detect abnormalities and maintain optimum function.	ASSESSMENT / INTERVENTIONS 4° vital signs + NEWS
2 IV THERAPY Peripheral / Central Line - Sites Use of Venflon Careplan Infusion Chart in use NB: 4° temp required if patient has an IV	Early detection / prevention of the problems of IV therapy.	Pink venflon (R) hand Green venflon (E) arm
3 MAINTAINING SAFETY Level of consciousness Chronic / Acute confusion Alcohol withdrawal Seizures Wandering / at risk of injury	To maintain safety at all times.	No problems identified
4 MOBILITY / MOVING & HANDLING Assess DVT risk using SIGN guidelines Specify limitations/current ability & aids used Traction Active/Passive exercise TED Stockings on admission	To prevent / reduce the complications of reduced mobility. To move the patient safely. To promote independence.	Independently mobile
5 PRESSURE AREA CARE Waterlow score Interventions	The patients skin will remain healthy and intact.	no problems identified
6 PAIN Monitor effectiveness of analgesia - involve patient & medical staff - use of Pain Chart	The patient will state that he is comfortable.	No % pain
7 PERSONAL HYGIENE Self caring or Specify assistance required Mouth care Eye care	To maintain a high standard of personal hygiene. To promote independence.	self caring
8 NUTRITIONAL STATUS Score: (Use nutrition risk assessment) Special Dietary requirements Fasting / fluid restrictions Fluid balance monitoring required	To maintain adequate nutritional intake. To promote healing.	Standard diet Free fluids
9 URINARY & BOWEL FUNCTION Independent or specify aids used (urinals, bedpan etc) Catheterised - size free drainage / hourly volumes Bowel - Stoma, Aperients - Chart daily	To detect any problems with output. To promote independence.	Continent

Ward 46

Short Stay Medicine

HEAD INJURY

Nursing Documentation

Mr D Baillie
Chez Nous Guest House Glasgow
G13 2DT

CHI 2308896337

NHS
Greater Glasgow
and Clyde

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patients medication)	☐	Always	
New medications explained	☐	☐	
PVC removed	☐	☐	
Relatives aware of Discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/Support Services required and contacted	☐	☐	
SAS Transport required and ref. no.	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	
Follow-up organised and explained	☐	☐	F/U

Date: _____	Signature: _____
-------------	------------------

Clinical Notes - Medical ☐ Nursing ☐

Please tick appropriate directorate

24/3/19 Nursing Staff 13²⁵
Admitted via A+E dept - under police
arrest. Running around wielding a hammer
appears intoxicated? alcohol? drugs.
Given Ketamine in A+E to sedate due
to violence also given Midazolam
for examination, ECG done & bloods
lactate 2.6. Re-reviewed after labours
- appropriate answers given to questions
but apparently "still too flat" to allow

Ward 46**Clinical Notes**Medical ☐ Nursing ☐

Please tick appropriate Directorate

Mr D Baillie
Chez Nous Guest House Glasgow
G13 2DTCHT
2308896337Greater Glasgow
and Clyde

Date and Time		Signature/ Designation
	home. 1/2 police	
	for 1/2 later	
	O/A w/d 46 obs satisfactory	
	AM Quinn	
	AM QUINN (CNS)	
24/3/19 17 ¹⁵	Alert and orientated spoke to ED consultant Alan Davidson who states if pt alert and mobile & passing urine can go back into police custody. urine awaited	Ch ^{ED} SA
18 ⁰⁵ 24/3/19	pt states to have £20 on person in ED pt verbally aggressive to staff, ED called and state no money on person in ED, pt passed urine	Am ^{ED} SA

Please tick appropriate Directorate

Patient Label

[illegible]

Clinical Notes

Medical ☐ Nursing ☐

Please tick appropriate Directorate

Patient Label

[illegible]

Hospital Name:

MEDICINES RECONCILIATION		ONCE ONLY AND PREMEDICATION DRUGS							
Medicines Reconciled on Admission YES ☐		DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
Date _____ Name (Print) _____									
Discharge Prescription Prepared & Reconciled YES ☐									
Date _____ Name (Print) _____									
Date and time this form prepared: _____	Sheet No _____	2nd Prescription in use							
Time: _____	YES ☐ NO ☐								
DOCTOR'S DECLARATION (if required by Local Protocol) I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol: _____ _____ with the following exceptions: _____ Print & Sign: _____ Date: _____									
COMMUNITY PHARMACY INFORMATION									
Name _____ Tel No. _____									
Address _____									
Compliance Aid Details _____									
Patient consent to share discharge information Y/N _____									
Print & Sign _____									
PATIENT DETAILS									
 2308895337 BAILLIE M David 23/08/1985 Chez Nous Guest House Glasgow Glasgow G13 2DT		Height: _____							
		Weight: _____							
		Surface area: _____							
		Ward: _____							
TARGET OXYGEN SATURATIONS Please <u>CIRCLE</u> a target saturation and prescribe oxygen on the Regular Prescription section. 94 – 98% 88 – 92% (e.g. in hypercapnic respiratory failure) Other (please specify) On Home Oxygen? Yes / No _____ L/min DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____									

Parenteral Drugs: Regular Prescription				DATE													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐	D	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.
NEW DOSE ☐	E	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.
NEW MEDICATION ☐	F	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.
	G	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription				DATE																													Patient's Own Medicine	
				MONTH																														
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	H	DRUG		Other time																													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:																													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:																													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400																													Assessed by:
					Other time																													Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	J	DRUG		Other time																													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:																													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:																													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400																													Assessed by:
					Other time																													Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	K	DRUG		Other time																													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:																													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:																													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400																													Assessed by:
					Other time																													Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	L	DRUG		Other time																													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:																													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:																													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400																													Assessed by:
					Other time																													Ordered from Pharm.

Note: To discontinue a prescription; initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription				DATE													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	S	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	T	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	V	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	W	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	DATE:													Qty:
		PRESCRIBER (PRINT & SIGN)			INITIALS:													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			STOPPED													Assessed by:
					Other time													Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription				DATE													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐	CC	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)		DATE:	1200-1400													Date:
				INITIALS:	1600-1800													Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		STOPPED	2200-2400													Ordered from Pharm.
NEW DOSE ☐	DD	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)		DATE:	1200-1400													Date:
				INITIALS:	1600-1800													Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		STOPPED	2200-2400													Ordered from Pharm.
NEW MEDICATION ☐	EE	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)		DATE:	1200-1400													Date:
				INITIALS:	1600-1800													Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		STOPPED	2200-2400													Ordered from Pharm.
BEFORE ADMISSION ☐	FF	DRUG		Other time													For Use Y/N	
		DOSE	ROUTE	DATE	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)		DATE:	1200-1400													Date:
				INITIALS:	1600-1800													Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		STOPPED	2200-2400													Ordered from Pharm.
NEW DOSE ☐				Other time														
				DATE:	0700-0900													
				INITIALS:	1200-1400													
					1600-1800													
					2200-2400													
NEW MEDICATION ☐				Other time														
				DATE:	0700-0900													
				INITIALS:	1200-1400													
					1600-1800													
					2200-2400													

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription				DATE													Patient's Own Medicine
				MONTH													
BEFORE ADMISSION ☐	GG	DRUG		Other time													For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	DATE	DATE:	0700-0900												Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		STOPPED INITIALS:	1200-1400												Date:	
				1600-1800												Assessed by:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400												Ordered from Pharm.	
				Other time													
BEFORE ADMISSION ☐	HH	DRUG		Other time													For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	DATE	DATE:	0700-0900												Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		STOPPED INITIALS:	1200-1400												Date:	
				1600-1800												Assessed by:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400												Ordered from Pharm.	
				Other time													
BEFORE ADMISSION ☐	JJ	DRUG		Other time													For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	DATE	DATE:	0700-0900												Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		STOPPED INITIALS:	1200-1400												Date:	
				1600-1800												Assessed by:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400												Ordered from Pharm.	
				Other time													
BEFORE ADMISSION ☐	KK	DRUG		Other time													For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	DATE	DATE:	0700-0900												Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		STOPPED INITIALS:	1200-1400												Date:	
				1600-1800												Assessed by:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			2200-2400												Ordered from Pharm.	
				Other time													

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

All Routes: As Required Prescriptions										Patient's Own Medication													
BEFORE ADMISSION ☐		LL		DRUG				DATE:		DATE										For Use Y/N			
NEW DOSE ☐				DOSE		ROUTE		INDICATION		INITIALS:		TIME										Qty:	
NEW MEDICATION ☐				PRESCRIBER (PRINT & SIGN)				MAX.FREQ.		DATE:		DOSE										Date:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY										Assessed by:			
																				Ordered from Pharm.			
BEFORE ADMISSION ☐		MM		DRUG				DATE:		DATE										For Use Y/N			
NEW DOSE ☐				DOSE		ROUTE		INDICATION		INITIALS:		TIME										Qty:	
NEW MEDICATION ☐				PRESCRIBER (PRINT & SIGN)				MAX.FREQ.		DATE:		DOSE										Date:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY										Assessed by:			
																				Ordered from Pharm.			
BEFORE ADMISSION ☐		NN		DRUG				DATE:		DATE										For Use Y/N			
NEW DOSE ☐				DOSE		ROUTE		INDICATION		INITIALS:		TIME										Qty:	
NEW MEDICATION ☐				PRESCRIBER (PRINT & SIGN)				MAX.FREQ.		DATE:		DOSE										Date:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY										Assessed by:			
																				Ordered from Pharm.			
BEFORE ADMISSION ☐		PP		DRUG				DATE:		DATE										For Use Y/N			
NEW DOSE ☐				DOSE		ROUTE		INDICATION		INITIALS:		TIME										Qty:	
NEW MEDICATION ☐				PRESCRIBER (PRINT & SIGN)				MAX.FREQ.		DATE:		DOSE										Date:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										GIVEN BY										Assessed by:			
																				Ordered from Pharm.			

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason:

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Patient's Own Medicine																		
BEFORE ADMISSION ☐	RR	DRUG			STOPPED DATE: INITIALS:	DATE											For Use Y/N	
		DOSE	ROUTE	INDICATION		TIME											Qty:	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Assessed by:
NEW DOSE ☐	RR	DRUG			STOPPED DATE: INITIALS:	DATE											Ordered from Pharm.	
		DOSE	ROUTE	INDICATION		TIME											For Use Y/N	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Date:
NEW MEDICATION ☐	RR	DRUG			STOPPED DATE: INITIALS:	DATE											Assessed by:	
		DOSE	ROUTE	INDICATION		DOSE											Ordered from Pharm.	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											For Use Y/N
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Qty:
BEFORE ADMISSION ☐	SS	DRUG			STOPPED DATE: INITIALS:	DATE											For Use Y/N	
		DOSE	ROUTE	INDICATION		TIME											Qty:	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Assessed by:
NEW DOSE ☐	SS	DRUG			STOPPED DATE: INITIALS:	DATE											Ordered from Pharm.	
		DOSE	ROUTE	INDICATION		TIME											For Use Y/N	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Date:
NEW MEDICATION ☐	SS	DRUG			STOPPED DATE: INITIALS:	DATE											Assessed by:	
		DOSE	ROUTE	INDICATION		DOSE											Ordered from Pharm.	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											For Use Y/N
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Qty:
BEFORE ADMISSION ☐	TT	DRUG			STOPPED DATE: INITIALS:	DATE											For Use Y/N	
		DOSE	ROUTE	INDICATION		TIME											Qty:	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Assessed by:
NEW DOSE ☐	TT	DRUG			STOPPED DATE: INITIALS:	DATE											Ordered from Pharm.	
		DOSE	ROUTE	INDICATION		TIME											For Use Y/N	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Date:
NEW MEDICATION ☐	TT	DRUG			STOPPED DATE: INITIALS:	DATE											Assessed by:	
		DOSE	ROUTE	INDICATION		DOSE											Ordered from Pharm.	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											For Use Y/N
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Qty:
BEFORE ADMISSION ☐	VV	DRUG			STOPPED DATE: INITIALS:	DATE											For Use Y/N	
		DOSE	ROUTE	INDICATION		TIME											Qty:	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											Assessed by:
NEW DOSE ☐	VV	DRUG			STOPPED DATE: INITIALS:	DATE											Ordered from Pharm.	
		DOSE	ROUTE	INDICATION		TIME											For Use Y/N	
		PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	DOSE											Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DATE:	GIVEN BY											

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

2306896337 M
Baillie David 23/08/1986
Chez Nous Guest House Glasgow
Glasgow
G13 2DT

Date: 24/3/19

NHS
Greater Glasgow
and Clyde

CHS
2308896337

Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

[illegible]

Attach Addressograph Label



Ward:

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving.
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

[illegible]

NEWS – National Early Warning Score



Name	 2308896337 BAILLIE David M 23/08/1989
Address	
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

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

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

See NEWS Actions Reference Tool for local escalation policy

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

DATE		TIME	NEWS
35	35	35	35
30	30	30	30
25	25	25	25
20	20	20	20
16	16	16	16
12	12	12	12
8	8	8	8
4	4	4	4
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
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23	23	23	23
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44	44	44	44
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74	74	74	74
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82	82	82	82
83	83	83	83
84	84	84	84
85	85	85	85
86	86	86	86
87	87	87	87
88	88	88	88
89	89	89	89
90	90	90	90
91	91	91	91
92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96

[illegible]

Adult Peripheral Vascular Cannula

Write or affix patient label

Insertion and Maintenance Care Plan

Name: Dana Baillie CHI: 2308896337
DOB: 23/8/89 Address: _____
Ward: 46 Hospital: GRI



Insertion criteria: Please complete this section at time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ Resuscitation/Chest Pain ☐ IV Drugs ☒ Fluids ☐ Transfusion ☐

PVC inserted: Day 0	Date: <u>24/8/19</u> Hospital: <u>GRI</u>
	Area: ED ☒ Theatre ☐ ITU/HDU ☐ Ward ☐ Unknown ☐
Insertion site:	R Hand ☒ R Arm ☐ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☒ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☒ If No, state reason: <u>too drowsy</u>

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? Diagnostics Resuscitation/ Chest Pain IV Drugs Fluids Transfusion	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 1 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: ___/___/___ Reason for keeping PVC in after 72 hrs/ 3 days: _____

*Date PVC Removed: ___/___/___

*Reason For Removal: _____

Modified Visual Infusion Phlebitis (VIP) Score

Modified V.I.P (Visual Infusion Phlebitis) Score	
IV site appears healthy	0 : No phlebitis : Observe cannula
One of the following is evident : slight pain or redness near site	1 Possible first signs : Observe cannula
Two or more of the following are evident: pain, redness, swelling	2 Early stage of phlebitis : Remove & resite cannula
All of the following are evident: pain, redness, hardening of surrounding tissue	3 Phlebitis/Thrombophlebitis: Remove & resite cannula
As above including: palpable venous cord	4 Seek further advice
As above including: pyrexia	5

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and *S. aureus* bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → **Can I switch my patient from IV to oral antibiotics?**

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature $\leq 37.9^{\circ}\text{C}$, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE** is available reliably (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, *S. aureus* bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abscess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy.
Record the intended duration on the medicine kardex

YES

NO

This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

Adult Peripheral Vascular Cannula

Write or affix patient label

Insertion and Maintenance Care Plan

Name: Dana Baillie

CHI: 2308896337

DOB: 23/8/89

Address: _____

Ward: 46

Hospital: AR



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Diagnostics ☐

Resuscitation/Chest Pain ☐

IV Drugs ☒

Fluids ☐

Transfusion ☐

PVC inserted: Day 0	Date: <u>24/3/19</u>	Hospital: <u>AR</u>
Insertion site:	Area: ED ☒ Theatre ☐ ITU/HDU ☐ Ward ☐ Unknown ☐	
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