A&E Records

NHS Lothian

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

Dr PT Stewart
Inverleith Medical Practice
43 Inverleith Row
Edinburgh
EH3 5PY

Date: 03/02/2012

Emergency Discharge Summary

Patient	Thomas MacIntyre 29 spring gardens edinburgh Unknown NK010AA	**CHI**	**0407813233**
		Date of Birth / Age	04/07/1981 (30 years)
		UHPI	700576136V
		A&E Attendance Number	E2144612
Attendance Date	03/02/2012		
Attendance Time	00:44		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr PT Stewart

Presentation: broken hand

CHI: 0407813233

PC: Right hand pain

HPC: 30yo male asked for x-ray of right hand due to pain and ongoing swelling for several weeks but was here whilst his partner was being assessed so booked himself in. Mechanism of injury uncertain as old but patient states 'bones move around in hand all the time'. Previous history of fractures to right hand.

O/E
Right metacarpal region swollen with tenderness most pronounced over 2nd metacarpal proximally and 4/5th distally. No wrist tenderness. Full ROM at joints mcp and wrist, some tenderness on wrist extension but otherwise ok.

Imp: ?#

Plan:
Xray - No evidence of # on x-ray, reviewed with Colm McCarthy ST6.
Patient discharged with tramadol for analgesia, advised to see GP if ongoing pain.
We will phone him if # on formal report.

Yours Sincerely,

Dr Max Clayton-Smith, 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. E2144612

Previous no.

UHPI no. 700576136V
CHI no. 0407813233

PATIENT INFORMATION

Surname MacIntyre
Forenames Thomas R
Date of Birth 04/07/1981
Age 30 Yrs Sex M

Address 29 spring gardens
edinburgh

Postcode NK010AA
Telephone

Contact
Address
Telephone H
W

Complain broken hand
Allergies

Attendances in last 12 months: 0 School:

General Practitioner

Name
PT Stewart
Address
Inverleith Medical Practice
43 Inverleith Row
EH3 5PY

Telephone 0131 552 3369

Date and Time of Attendance
03/02/2012 00:44
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

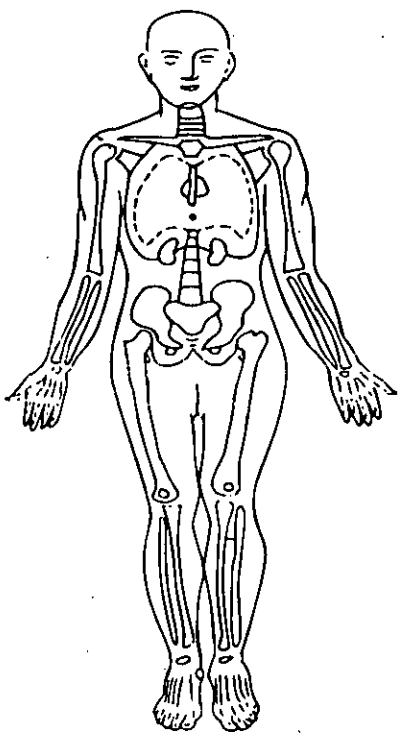
Clinical Notes

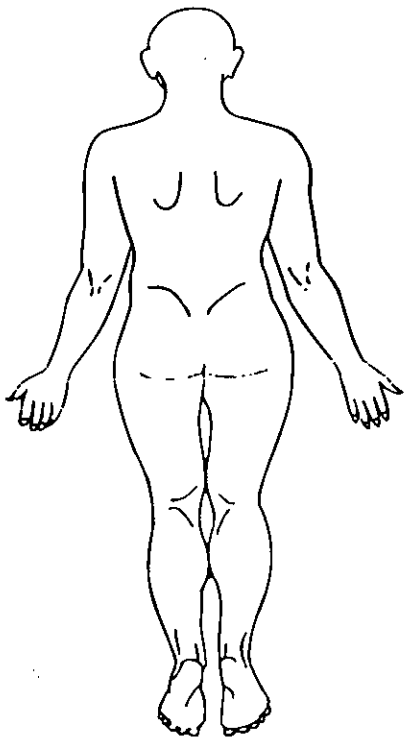
see typed

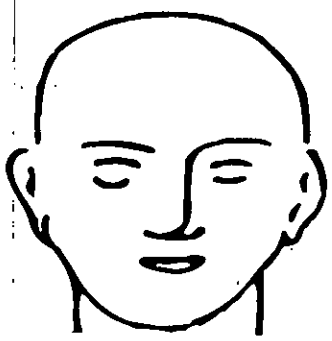
Diagnosis

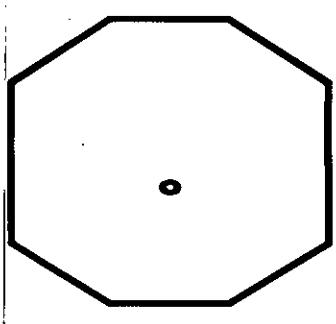
Doctor's Name (print) Max Clayton-Smith Signature

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				

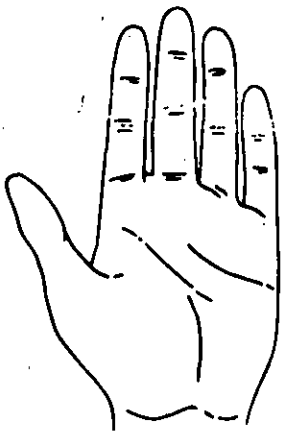


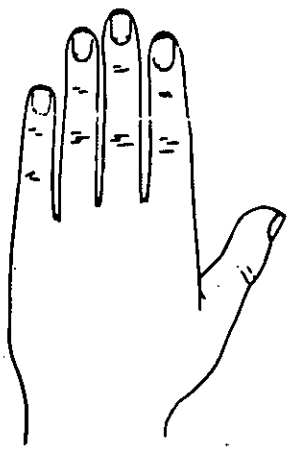




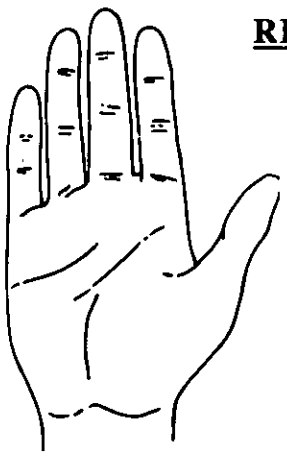


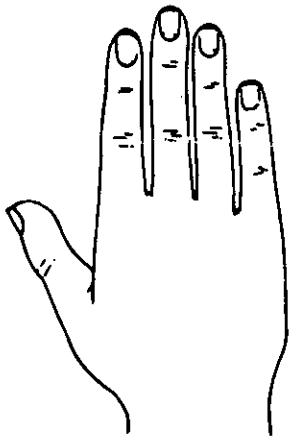
LEFT





RIGHT





Single peripheral wound

GCS

eye opening	Spontaneous
verbal response	Orientated
motor response	Obeys commands

VITAL SIGNS

Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol / l	Pain score	Temp °C	SpO2 %	GCS Total	NEWS	RTS	ECG	Sepsis
eg	18	111 / 73	<2 secs	-	-	8/10	36.2	100	15	0	7.6	-	0
eg	16	114 / 80	<2 secs	-	-	-	-	100	15	-	7.6	-	0
		/											0

SEPSIS

eumonia	
er infection	
do pain	
rrhoea	
do distension	
ningitis	
llulitis	
ptic arthritis	
ound infection	
ected indwelling	

EYES AND PUPIL SIZE AND REACTION

	Left	Right
	Constricted	Constricted
ion	Normal	Normal

AMPLE

gies	None
y	DEPRESSION, PARANOIA.
r	

DRUGS, GASES AND PAIN RELIEF

Drug / gas given	Time given	Dose given	Route	Batch No.	Pain after
Metoclopramide	16:15	10mg	IV	133503	-
Morphine	16:15	10mg	IV	0005218	4/10

EMERGENCY SERVICES ON SCENE

Technician

FINAL OBSERVATION AND COMMENTS

WAS CLIMBING OVER
AND IMPAILED HIS
ARM ON A SPIKE. HE
HIS (R) WRIST. HE
E PRIOR OUR
HE HAS A LARGE
UND TO HIS (R)
1. HE SAID HE HEARD /
JAP IN HIS ARM. HIS
IS ALSO SWOLLEN
FUL. THERE ARE NO
BVIOUS INJURIES.

75235a3e-a838-41a1-a13d-15939560d8e6

Breathing rate Normal

E-Pacer PATIENT REPORT

Time 17:00 Date 21/08/2013

PATIENT AND INCIDENT DETAILS

Incident number	ED003720303.001
Name	THOMAS MCINTYRE
Address	3/3 BOWHILL TERRACE
Age	32 year(s)
Date of birth	04/07/1981
Gender	Male
Incident location	GOLDENACRE PLAYING FIELDS GOLDENACRE TERRACE EDINBURGH
Incident post code	EH3 5RD
Incident type	EMG
Call received	21/08/2013, 15:49
Call passed	21/08/2013, 15:49
Crew mobile	21/08/2013, 15:50
Crew at scene	21/08/2013, 16:04
Crew left scene	21/08/2013, 16:26
Patient at hospital	21/08/2013, 16:41
Receiving hospital and department	NERI New Edinburgh Royal Infirmary

PRIMARY SURVEY

RESPONSE

AVPU	Alert

AIRWAY

Airway assessment	Clear
Treatment outcome	Bilateral air entry

BREATHING

Breathing rate	Normal
Respiratory rate	

CIRCULATION

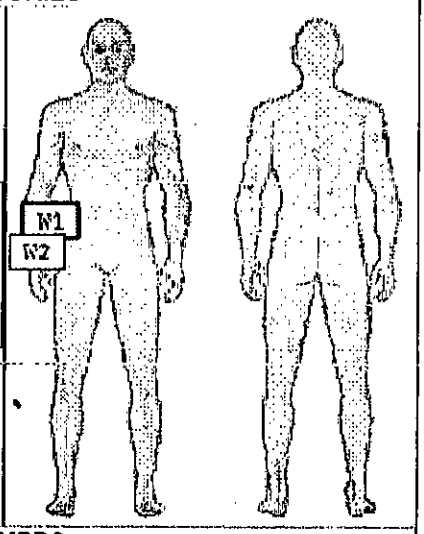
Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Sweaty

PATIENT CONSENT

Patient consent	Treatment benefits explained, Risks of condition explained, Risk of refusal explained, Capacity to understand risks and treatment, Advice given to patient

INJURIES

WOUND	W1. Pain, Laceration, Open wound, Haemorrhage W2. Swelling, Deformity W3. W4.



AMPDS

Dispatch code	27B02P	Single Peripheral Wound Penetrating Trauma Stab/Gun/Penetrating, Known
	27B02	single peripher: l wound

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY.

CHI 0407813233
70732 L MacCallum

Trial version no.2

RIE ED Admission Nursing Care Plan

Admission Nurse Signature Keninan SN 21.8.13.

Presenting History : impaled Rt thigh on spike

Date/ Time	Progress Notes	Signature
21.8.13. 16:45	Attends Resus (2) ABC IV —	Keninan SN

Standard Admission Orders *(Please tick when completed)*	Tick	Optional Admission Orders *(Please tick when completed)*	Tick
Undress patient into gown	✓	Connected to acuity	✓
Transfer to Sheet and provide blankets if required	✓	12 Lead ECG	
Clothing bagged, labelled & stored under trolley	✓	Nurse X-Ray	
Nameband attached	✓	Nurse Analgesia	
Valuables listed if required and locked in ED safe		Glasgow Coma Scale	
Vital Signs recorded .	✓	Nurse IV Venepuncture	
Pain Score recorded on Shock Chart		Nurse IV Cannulation	
Blood sugar level recorded	✓	Weight Height	
SEWS Score recorded	✓	Peak Flow 1. 2. 3.	
IV Cannula (if required) dated		ASU : Tested Sent	
Relatives informed Girlfriend	✓	HCG specimen	
4AT Score *On all patients over 65years, to be admitted* Score =		E&S BP if indicated	

Discharge Orders	Y	N	NA	Discharge Orders	Y	N	NA
Advice leaflets given				Out Patient / Clinic Appointment arranged			
Own medications returned				Relatives Aware of Discharge			
New medications explained				Discharge Lounge Arranged / Checklist complete			
Clothing returned				Social Services required & contacted			
Valuables returned				SAS Transport required			
Cannula Removed				SAS Ref No			

Signature(if patient escorted) of Receiving Ward Nurse	
Name (if telephone handover) of Receiving Ward Nurse	

If a change or abnormality is noted in any of the following indicators, please document and inform relevant Care Provider

	Time of Round	16:45				
	Initials of Care Round Leader	DL				
Review frequency of Vital Signs & Cardiac Monitoring						
Vital signs assessment	*Please indicate frequency*	15 mins				
Cardiac monitoring required	*Please indicate Y/ N*	(Y) / (N)	Y / N	Y / N	Y / N	Y / N
Patient Screening: Please tick appropriate box						
Mobility	Fully weight bearing	✓				
	Requires assistance and / or uses walking aid					
	Non Weight bearing					
Continence	Patient is fully Continent	✓				
	Patient is incontinent with no catheter in situ					
	Patient has catheter in situ					
Nutrition	Patient appears well nourished and able to eat and drink	✓				
	Patient is malnourished					
	Please record weight & height					
Visual Skin Inspection	Skin is intact	✓				
	Skin is red with vulnerable areas / broken down					
	If indicated complete Waterlow Assessment & attach documentation					
Swallow Assessment	If indicated perform Swallow Risk Assessment & attach documentation	Y / (N)	Y / N	Y / N	Y / N	Y / N
Falls Risk Assessment	If risk identified, please perform Falls Risk Assessment & attach documentation	Y / (N)	Y / N	Y / N	Y / N	Y / N
Cognitive Impairment / Delirium / Dementia	If "yes", please complete Risk Assessment Form & attach documentation	Y / (N)	Y / N	Y / N	Y / N	Y / N
Vulnerable Adult / Child Protection Issue	Complete TRAK discharge for under 16yrs	Y / (N)	Y / N	Y / N	Y / N	Y / N
Nutrition / Hydration Offered / Provided : Please indicate O / P						
	Please specify any Special Diet / Dietary requirements / Feeding assistance	NBM				
Drink	Offered / Provided	O / P	O / P	O / P	O / P	O / P
Snack	Offered / Provided	O / P	O / P	O / P	O / P	O / P
Catered Meal	Offered / Provided	O / P	O / P	O / P	O / P	O / P
Communication Aids:- Please tick if appropriate						
Hearing	Normal	✓				
	Impaired					
If hearing aid(s) used, please ensure in situ and turned on						
Vision	Normal	✓				
	Impaired					
please ensure any visual aids are available to & within reach of patient						
Sign Language / Interpretation Assistance		Y / (N)	Y / N	Y / N	Y / N	Y / N
If required, please inform NIC						
Invasive Devices: please tick if in situ record appropriately in shock chart						
Arterial Line / Central Line	check position and patency	N/A				
Urinary Catheter	check position & free drainage					
NG tube / PEG tube / Tracheostomy	check patency	✓				
Infusion Device	check infusion rate, site, remaining volume					
Family Communication – please tick						
Patient & Relatives made aware of any changes		4.				

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. D.Caesar
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. E2543187
Previous no. E2521457
UHPI no. 700576136V
CHI no. 0407813233

PATIENT INFORMATION

Surname MacIntyre
Forenames Thomas R
Date of Birth 04/07/1981
Age 32 Yrs Sex M

Address 3/3 Bowhill Terrace
Edinburgh

Postcode EH3 5QY
Telephone

Contact Address
Telephone H
W

Complaint impailed rght fore arm
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

L MacCallum
Address
Boroughloch Medical Practice
1 Meadow Place
EH9 1JZ

Telephone 0131 229 7529

Date and Time of Attendance
21/08/2013 16:45
Incident Date & Time:
Mode of Arrival
Emergency Ambulance
Source of Referral
999 Emergency

Temp	Pulse Rate	BP	RR	Sats $O2_{air}$	BM	PF best	Alcometer	GCS	SEWS
36·9	87	142 84	15	96 % Air	7.1			15/15 e_v_m	

Presenting Complaint:

History of Presenting Complaint:

Assessment:

Triaged no.: 1 2 3 4 7 *(circle)* Triaged to: HD / IC / exam / WR / GP *(circle)* Senior Doctor Informed? Y / N time.....

BLOODS Routine ☐ Troponin ☐ Amylase ☐ TOX ☐ Other ☐ _____ Bloods Done ☐ _____
time due..... (time of OD.....)

ECG Required ☐ Done ☐ Time.....

X-RAYS CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☐ HCG: + / − *(circle)* MSU Sent: Y / N

PAIN SCORE ____/10 Analgesia ☐ Time.....

Are any 2 of the following present:

1. temp >383 or <36 ☐
2. HR > 90 ☐
3. RR > 20 ☐
4. WCC > 12 or < 4 ☐
5. BM > 7 (+ not diabetic) ☐
6. age > 70 ☐
7. signs of infection ☐

>2 → think sepsis and triage up

FAST + / − *(circle)* Onset Time: .....
Stroke Test

Book Bed: CAA ☐ Ortho ☐ Other ☐ .....

Speciality Informed ☐ time .....

Time of Triage:.....

Triaged by: *(sign)*.....

(print).....

Clinical Notes

1530 - reversi

1200 - ryyzi

Care Providers Name: [illegible] Signature:

NHS Lothian

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

Dr L MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 21/08/2013

Emergency Discharge Summary

Patient	Thomas MacIntyre 3/3 Bowhill Terrace Edinburgh EH3 5QY	**CHI**	**0407813233**
		Date of Birth / Age	04/07/1981 (32 years)
		UHPI	700576136V
		A&E Attendance Number	E2543187
Attendance Date	21/08/2013		
Attendance Time	16:45		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	21/08/2013		
Discharge To			

Dear Dr L MacCallum

Presentation: impailed rght fore arm

CHI: 0407813233
Attends from out walking the dog. Jumped over a metal fence to get a ball for the dog and arm became impaled and then his L wrist was twisted. Managed to unimpale himself and called for ambulance.
PMH: Anxiety
DH: NKDA, antidepressants
SH: Lives with girlfriend
Last meal 1200 - pizza, pepsi cola at 1530
Reports UTD imms including tetanus

OE:
No other signs of injury apart from L forearm
Normal obs HR 86 BP 142/88 SATs 96% RA
CVS/Resp/Abdo intact
L forearm - NVI distal
Swollen/tender distal radius
L forearm 10x5cm volar wound + 0.5 x 4cm ulnar surface wound - no active bleeding

XR R forearm/wrist - no FB
XR R wrist - scapho-lunate dislocation

Plan:
IVA
FBC UE LFT G&S
Antibiotics
Analgesia

Referred to orthopaedics for care, thank you

Yours Sincerely,

Dr Jayne McKinlay, Doctor

NHS Lothian

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

Dr L MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

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Discharge To			

Dear Dr L MacCallum

Presentation: impailed rght fore arm

0407813233

ST3 Ortho

32 y/o gentleman presented having fallen from a 6 foot high fence. Penetrating injury to right midforearm. In attempt to prevent further penetration he got his right wrist caught in between the railings. No other injuries. Conscious throughout.

Background
No cardiorespiratory co-morbidities
Previous GA for left wrist arthroscopy
NKDA
Psychosis and depression.
Last ate 1200 and last drank 1500.

O/E
Right forearm wound mid-forearm. ~5cm2 area of skin. Visible muscle flexor muscle bellies.
Median, ulna and radial nerves intact. Pulses present. CRT <2s.

Plain radiographs
Right perilunate dislocation.

Plan
IV co-amoxiclav 1.2 grams
IV fluids
Keep fasted, mark and consent for wound debridement, exploration , washout plus open reduction +/- internal fixation of carpus

Yours Sincerely,

Dr Shao-Ting Jerry Tsang, Doctor

NHS Lothian

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

Dr PA Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date: 25/05/2018

Emergency Discharge Summary

Patient	Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH4 4SB	**CHI**	**0407813233**
		Date of Birth / Age	04/07/1981 (36 years)
		UHPI	700576136V
		A&E Attendance Number	E3860610
Attendance Date	24/05/2018		
Attendance Time	01:03		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	24/05/2018		
Discharge To			

Dear Dr PA Hepple

Presentation: Localised swelling / redness / lumps / bumps, Right arm problem

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Abscess

CLINICAL NOTES:
Clinical note: Ortho 2181 MACLEOD. CT1. Cons: Brown

Right Upper Arm Abscess
IVDU.
Oct 2017 - -ve BBV.

INjected 2/52 - into bicep
Since 5/7 noticed erythema and swelling.
ON flucuxacillin in community
Abscess now pointing

PMHx: Nil; IVDU
Social: Unemployed smoker

O/E:
POint abscess over distal bicep
4 x 6cm area induration
3x3 cm erythema
NV intact.

X-ray : nil retained FB

Attempted I&D:
5ml 1 mil lidocanie applied

cryospray applied
20mg morphine given
entonox used.
Procedure stopped due to patient not tolerating pain.
approx 100 ml pus expressed.

IMP
However suspect still loculated collection

PLAN
1. Will require formal I&D
2. Admit Ortho
3. M&C - I&D abscess
4. Analgesia
5. IV co-amoxiclav
6. FY clerkign pelase
7. NBM

Yours Sincerely,

Dr Kirsty MacLeod, Doctor

NHS Lothian

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

Dr PA Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date: 25/05/2018

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Clinical note: Ortho 2181 MACLEOD. CT1. Cons: Brown

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5. IV co-amoxiclav
6. FY clerkign pelase
7. NBM

Yours Sincerely,

Dr Kirsty MacLeod, Doctor

NHS Lothian

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

Dr PA Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date: 30/05/2018

Emergency Discharge Summary

Patient	Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH4 4SB	**CHI**	**0407813233**
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		UHPI	700576136V
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Source of Referral	Self Referral to A&E		
Discharge Date	24/05/2018		
Discharge To			

Dear Dr PA Hepple

Presentation: Localised swelling / redness / lumps / bumps, Right arm problem

CLINICAL NOTES:
Clinical note: 36 M Abscess

Injected heroin to R upper arm approx 10 days ago
Developed erythema over area
Has been treated with flucloxacillin by GP
Whilst this has helped the cellulitic changes has unfortunately developed swelling in last 24-48 hours
Increasing pain with this
No systemic symptoms

PMH
IVDU
Pysch issues- paranoia/ anxiety/ borderline personality traits

DH
As per ECS
NKDA

Lives alone
Unemployed currently
RHD

O/E
temp 37.6 C. Obs unremarkable
No IWOB
Chest clear
HS I+II+0
R upper arm
- flexor surface over lower biceps area large area of erythema with raised, tense surface with visibile collection of subcutaneous

pus

Imp: Forearm abscess

Plan
1) Bloods- WBC 11, elevated CRP
2) Xray NAD
3) IV co-amox
4) Referred to ortho ? I+D. Will kindly review.

Yours Sincerely,

Dr Thomas McCormick, Doctor

NHS Lothian

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

Dr PA Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date: 25/05/2018

Emergency Discharge Summary

Patient	Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH4 4SB	**CHI**	**0407813233**
		Date of Birth / Age	04/07/1981 (36 years)
		UHPI	700576136V
		A&E Attendance Number	E3860610
Attendance Date	24/05/2018		
Attendance Time	01:03		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	24/05/2018		
Discharge To			

Dear Dr PA Hepple

Presentation: Localised swelling / redness / lumps / bumps, Right arm problem

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Abscess

CLINICAL NOTES:
Clinical note: Ortho 2181 MACLEOD. CT1. Cons: Brown

Right Upper Arm Abscess
IVDU.
Oct 2017 - -ve BBV.

INjected 2/52 - into bicep
Since 5/7 noticed erythema and swelling.
ON flucuxacillin in community
Abscess now pointing

PMHx: Nil; IVDU
Social: Unemployed smoker

O/E:
POint abscess over distal bicep
4 x 6cm area induration
3x3 cm erythema
NV intact.

X-ray : nil retained FB

Attempted I&D:
5ml 1 mil lidocanie applied

cryospray applied
20mg morphine given
entonox used.
Procedure stopped due to patient not tolerating pain.
approx 100 ml pus expressed.

IMP
However suspect still loculated collection

PLAN
1. Will require formal I&D
2. Admit Ortho
3. M&C - I&D abscess
4. Analgesia
5. IV co-amoxiclav
6. FY clerkign pelase
7. NBM

Yours Sincerely,

Dr Kirsty MacLeod, Doctor

NHS Lothian

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

Dr PA Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date: 30/05/2018

Emergency Discharge Summary

Patient	Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH4 4SB	**CHI**	**0407813233**
		Date of Birth / Age	04/07/1981 (36 years)
		UHPI	700576136V
		A&E Attendance Number	E3860610
Attendance Date	24/05/2018		
Attendance Time	01:03		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	24/05/2018		
Discharge To			

Dear Dr PA Hepple

Presentation: Localised swelling / redness / lumps / bumps, Right arm problem

CLINICAL NOTES:
Clinical note: 36 M Abscess

Injected heroin to R upper arm approx 10 days ago
Developed erythema over area
Has been treated with flucloxacillin by GP
Whilst this has helped the cellulitic changes has unfortunately developed swelling in last 24-48 hours
Increasing pain with this
No systemic symptoms

PMH
IVDU
Pysch issues- paranoia/ anxiety/ borderline personality traits

DH
As per ECS
NKDA

Lives alone
Unemployed currently
RHD

O/E
temp 37.6 C. Obs unremarkable
No IWOB
Chest clear
HS I+II+0
R upper arm
- flexor surface over lower biceps area large area of erythema with raised, tense surface with visibile collection of subcutaneous

pus

Imp: Forearm abscess

Plan
1) Bloods- WBC 11, elevated CRP
2) Xray NAD
3) IV co-amox
4) Referred to ortho ? I+D. Will kindly review.

Yours Sincerely,

Dr Thomas McCormick, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. David McKean
Clinical Nurse Manager Ms Heidi Byrne
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. E4673955
Previous no. E4105118
UHPI no. 700576136V
CHI no. 0407813233

PATIENT INFORMATION

Surname: MacIntyre
Forenames: Thomas R
Address: 12/7 Dryden Gait
Postcode: EH7 4QS
Contact Address: MacIntyre, Catherine
Complaint: right groin/leg infection ?
Attendances in last 12 months: 0 School :

Date of Birth 04/07/1981
Age 39 Yrs Sex M
Telephone
Telephone H
W
Allergies NKDA

General Practitioner

S Allan
Mill Lane Surgery
4 Mill Lane
Edinburgh
EH6 6TL
0131 554 1274

Address
Telephone

Date and Time of Attendance 05/04/2021 16:45
Incident Date Time:
Mode of Arrival Private Transport
Self Referral to A&E
Source of Referral

INITIAL ASSESSMENT

Presenting Complaint: (R) leg pain

History of PC: Pt attends with (R) leg pain Pt states insect bite 7 days ago and feels inflamed vein c/o severe leg pain from thigh to foot worse on mobilising. Pt denies any rash / abscess just pain

Assessment:

PAIN SCORE	7 / 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
36.2°c	102	138/83	16	96 %	A	1			

Frequency of Observations (Please Tick)

Hourly	
30 Minutes minimum	
15 Minutes minimum	
10 Minutes minimum	

Cardiac Monitoring (Please circle)
YES
NO

SPEICAL INSTRUCTIONS
Pt well perfused GCS 15 Speaks in Sentences

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	6 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:.....

Generic

Emergency Department – Observation Unit

700576136V/E4673955 M MACINTYRE,Thomas 04-Jul-81 CHI 040 781 3233 71364 S Allan 12/7 Dryden Gait EH7 4QS	Date of Admission	5/4/21
	ED Care Provider Name	A Shahin
	Signature	AShn

Observation Unit Criteria	Exclusion Criteria
• Normal vital signs • Likely length of stay <12 hours	• NEWS2 >4 • Pregnancy

Baseline Investigations to Consider

Awaiting CT Angiogram & surg / vascular admission.

Prescribing Guidance

The above recommendations may not be appropriate for all patients and should be checked before prescribing.

Observation Frequency

30 Minutes	1 Hourly	2 Hourly	4 Hourly

Requires trolley? *Circle as indicated*	
Yes	No – suitable for chair

Additional Instructions

Observation Unit Discharge Criteria	Hospital Admission Criteria
• Symptoms resolved	• Alternate diagnosis requiring admission

Observation Unit Discharge Checklist		
Discharge notes completed on TRAK		
Discharge medications prescribed		
Patient information leaflet provided		
Discharged By	Name	Signature

RIE Emergency Department Standard Care Plan

< 75s/Standard

NHS Lothian

700576136V /E4673955 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

I like to be known as Thomas

My NOK/emergency contact is

PVC Bundle
(Complete if PVC inserted in ED)

Asepsis ☐
Timed and dated ☐
Colour: _____
Location: _____

ED Basic Checks
(please tick to indicate completed and initial):

Name band on ☑
Valuables form completed ☑
ECG/BM if indicated ☑ A.

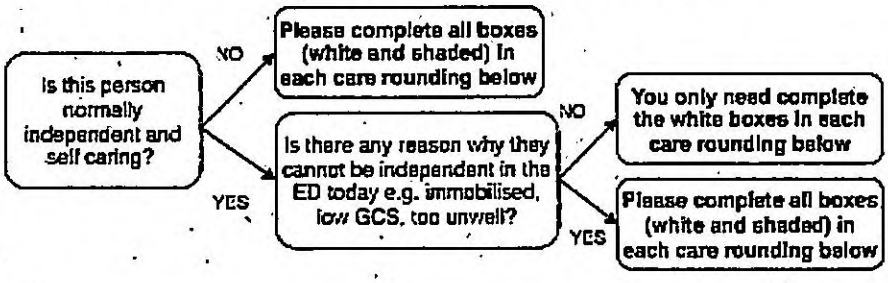
Brief Description
(if MH patient or at felt to be at risk of absconding):

Hair:
Eyes:
Build:
Clothing:
Other (e.g. tattoos/piercings):

Additional Proforma Required/Completed?
(tick to indicate completed)

Full Mental Health Risk Assessment ☐
Head Injury Assessment Form ☐
Other (please indicate below) ☐

Record of ED Care Given/Care Rounding



	Admission	Insert time here	Insert time here	Insert time here	Insert time here	Insert time here	Insert time here
Area in ED	POD A						
NEWS/GCS recorded(Y/N)	Y						
Pain score – consider analgesia if required (Y/N)	3 /10 Y	/10	/10	/10	/10	/10	/10
Offer drink/snack – please record if takes (none/D/S)							
Offer toilet, commode or bed pan – please record if used (none/T/C/BP)							
Visual skin assessment – no concerns, redness, broken skin or pressure ulcers (NC/Red/BS/PU and if present – location on pt)							
Family contacted/updated? (Y/N)	N						

Other Considerations/Long Stays

Please initial to indicate issue considered/actioned

Is this patient fit to sit?	CF
If bed waits are long would they be more comfortable on a hospital bed?	
Does this patient need regular medications prescribed if waits are long? Consider especially e.g. Parkinson's meds or repeat doses of IV antibiotics	

Additional Clinical Notes

1700 - Admitted to PCD A. Obs as charted - NTWS 1 due to HR of 102. Awaiting medical review. C Farrell RN

2030 Vitals signs rechecked. NEWS 2 - T 38.3, HR 92

Rx done - Transfer to Obs ward RL

Emergency Department (ED)
Royal Infirmary of Edinburgh

NHS Lothian

Valuables Document

700576136V /E4673955 M...
MACINTYRE Thomas
04-Jul-81 ... CHI: 040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

Name:
Date of Birth:
CHI:

Date of Admission: 05 / 04 / 21

Date of Transfer: ... / ... / ...

Outer Wear	Tick	Cut (tick)
Trousers/Skirt		
Shirt/Top		
T-Shirt		
Coat		
Other		
Jersey/Cardigan		
Shoes		
Underwear		
Vest/Bra		
Pants		
Socks/Tights		
Thermals		
Underskirt		
Nightwear		
Dressing Gown		
Nightclothes		
Slippers		
Toiletries		
Dentures Removed	Yes No N/A	
Patients Own Medication	Yes No N/A	
Meds in Green Bag	Yes No N/A	

Patient Valuables	
Purse/Wallet	
Bank Cards	
Other ID Cards	
Keys	
Mobile Phone	
Cash: Notes	
Coins	
Total Cash	
Jewellery	
Given to Patient: Y / N	**Locked in ED Safe Y / N**
Valuables Receipt No.	
Signed by Ward: Y / N	

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf/Clothing returned to patient on discharge*

Signed ..... verbal consent obtained - ..... (Patient)

Name of ED Nurse: C. Farnell C. FARRELL S/N. (PRINT)

Signature of ED Nurse: .....

Name of ED Nurse (2): ..... (PRINT)

Signature of ED Nurse (2): .....

Name of Receiving Ward Nurse: ..... (PRINT)

Signature of Receiving Ward Nurse: .....

*Delete as apporpriate

Date Authorised: December 2012 Review Date: December 2015

LOT 132

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

NHS Lothian

700576136V /E4673955 M
MACINTYRE Thomas
04-Jul-81 **CHI:** 040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

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

Previous Adverse Reactions		Weight	Date
	NKDA	78.5 kgs Actual / Estimate	05/04/21

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
5/4/21	2330	ORAMORPH	10mg	oral		2335		
5/4/21	2345	DALTEPARIN	15000 units	SC		0000	MD	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)
5/4/21 2330	CODEINE	30mg	QDS	oral		1 week			MD

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3		Date:	05/07/21																	
		Time:	1708	2130	2210															
A+B Respirations Breaths/min	≥25										3									
	21-24										2									
	18-20																			
	15-17	16		16																
	12-14		14																	
	9-11										1									
	≤8										3									
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	96	98	96																
	94-95										1									
	92-93										2									
	≤91										3									
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2										3									
	95-96 on O_2										2									
	93-94 on O_2										1									
	≥93 on air																			
	88-92																			
	86-87										1									
	84-85										2									
Tick box if using SpO_2 Scale 2 Sign:	≤83										3									
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A	A	A																
	O² L/min or %										2									
	Device																			
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3									
	201-219																			
	181-200																			
	161-180																			
	141-160																			
	121-140	138	120	122																
	111-120	1	^	^																
	101-110	1	1	|							1									
	91-100	1	1	|							2									
	81-90	83	↓	↓																
	71-80		78	71							3									
	61-70																			
	51-60																			
	≤50																			
C Pulse Beats/min Manual pulse	≥131										3									
	121-130																			
	111-120										2									
	101-110	102																		
	91-100		92								1									
	81-90			85																
	71-80																			
	61-70																			
	51-60																			
	41-50										1									
	31-40										3									
	≤30																			
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A																	
	New Confusion										3									
	V																			
	P																			
	U																			
E Temperature °C	≥39.1°										2									
	38.1-39.0°		38.3								1									
	37.1-38.0°			37.4																
	36.1-37.0°	96.2																		
	35.1-36.0°										1									
	≤35.0°										3									
NEWS TOTAL		1	2	0																
Monitoring frequency		1*	2	2																
Escalation of care Y/N		Y	Y	N																
Blood Glucose reading or N/A																				
Pain score (0-10)		7																		
Initials		L-S	RLSC																	

NEWS of 5 or more? Think Sepsis!

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

Signs of Infection

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

Addressograph

Name:

DOB:

CHI:

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

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

	Date		05/04/21	
	Time		1705	
GLASGOW COMA SCALE – Eyes Open	Spontaneously	4	✓	Eyes closed by swelling = C
	To speech	3		
	To pain	2		
	None	1		
GLASGOW COMA SCALE – Best Verbal Response	Orientated	5	✓	Endotracheal tube or tracheostomy = T
	Confused	4		
	Inappropriate words	3		
	Incomprehensible sounds	2		
	None	1		
GLASGOW COMA SCALE – 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		15/15	
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			
LIMB MOVEMENT – LEGS	Normal power			
	Mild weakness			
	Severe weakness			
	Extension			
	No response			
	Initials			

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

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

NHS Lothian

Immediate Outpatient Letter

Serial number 705517

IN CONFIDENCE

Hospital : RIE	Department : OPD	Consultant : Anne M.
Name and address of General Practitioner	Mr/Mrs/Miss Surname: Mcintyre First Name: Norma Address: **Weight (where applicable)** 78kg.	Unit No.: Date of Birth: 04/07/61 (32 33)

Your patient attended the clinic on: 6/04/21

Recommendations/comments: Provided (R) by DN for 1 week s/s.

Follow-up advice: To attend hospital for further review in 1 week

To attend GP surgery Y / N

Follow-up required Y / N

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use:

Medicine and Form	Dose	Administration Times	Additional Instructions (including length of treatment course)	Quantity to be provided *	LIF **	Dispensed/ Issued by:	Checked by:
1. Prednisolone 5mg tabs	30mg	✓	6 tabs mane for 5/52	(30)			
2.							
3.							
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : _____ (sign) Date : 6/4/21

Norma Mcintyre (print)

Contact for advice : Anne Mc Tel/bleep no. : 2132

WHITE COPY - TO PHARMACY PINK COPY - G.P. BLUE COPY - CASENOTES

RIE 334

NHS Lothian

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

Dr S Allan
Mill Lane Surgery
4 Mill Lane
Edinburgh
EH6 6TL

Date: 06/04/2021

Emergency Discharge Summary

Patient	Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**CHI**	**0407813233**
		Date of Birth / Age	04/07/1981 (39 years)
		UHPI	700576136V
		A&E Attendance Number	E4673955
Attendance Date	05/04/2021	**Contact**	MacIntyre Catherine
Attendance Time	16:45		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	05/04/2021		
Discharge To			

Dear Dr S Allan

Presentation: Injury of hip / leg / knee / ankle / foot, right groin/leg infection ?

CLINICAL NOTES:
Clinical note: PC Rt leg pain

HPC
Patient presneted to A+E with Rt leg pain that started last Monday after he injected herion in his Rt leg
Said that it started as a niggle and has been gradually getting worse
Described as constant dull aching and throbbing pain in his Rt inguinal region going down to the front of his thigh and his calf muscle
Scored as 8/10, and says it feels tight when he tries to walk and gets tighter by time
He has been taking some Abx that he had at his house (Co-amoxicalv) thinking that it might be an infection and the Abx might clear it out
He denies any fever, feeling unwell
No flu like symptoms, cough, SOB, change in smell or taste
No abdo pain, change in bowel habits, UTI symptoms
Had an infection in injection sites in both arms before and says the pain feels similar but worse in nature
Admitted to herion injection last Monday but denied any drug use or injection since

PMH
IVDU
Mental health problems

DH
Methadone
Queitiapine

Sertraline

SH
Smokes 40 CPD
IVDU

O/E:
NEWS 1 , HR 102
Equal reduced air entry, no added sounds
Abdo Soft with slight tenderness over RIF
Rt inguinal red swollen area with hard lump around injection site
Diffuse redness on the medial side of the thigh, tender, hot to touch, no skin markings, obvious swelling
Firm calf muscle on the Rt side with obvious swelling

IMP
? groin abcess, ? proximal DVT

Plan (D/W Dr. Skinner ED Cons)
Bloods inc D- dimers

D/W Vascular on call Dr. Cassidy
Advised refer to eneral surgeons as a Rt groin abcess
CT angio and if confirmed pseduoanuerism to refer back to vascular

D/W genral surgery
Advised need CT angio to decide destination of admission

_____
M Lau CDF - care taken over

Patient reviewed in obs ward:
Ongoing R leg pain, dose of oramorph given
Obs otherwise stable

o/e
R leg - small 1cm hard lump palpable in R groin, not fluctuant (likely scar tissue rather than abscess). Superficial veins seen along R medial thigh and calf, with calf measuring 38.6cm (compared to 35.2cm in L calf). No erythematous change in leg. Tender to palpate along anteromedial thigh and R calf
L leg nad

CT report:
1) No pseudoaneurysm or collections of the right groin.
2) No venous contrast phase images available. Distended right femoral vein with surrounding inflammatory stranding is highly suggestive of deep venous thrombosis. A duplex ultrasound will be helpful in confirming the diagnosis if any clinical doubt persists.

Imp:
R leg DVT - Wells 3

Patient haemodynamically stable and is well in department. Suitable for ambulatory care referral

Dalteparin
Leg US doppler requested
Worsening advice provided to patient and is aware he will receive a phone call from the relevant dept re appt time in the morning

Yours Sincerely,

Abdelrahman Shahin, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. David McKean
Clinical Nurse Manager Ms Heidi Byrne
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. E4678634
Previous no. E4673955
UHPI no. 700576136V
CHI no. 0407813233

PATIENT INFORMATION

Surname MacIntyre
Forenames Thomas R
Date of Birth 04/07/1981
Age 39 Yrs Sex M
Address 12/7 Dryden Gait
Postcode EH7 4QS
Telephone
Contact Address MacIntyre, Catherine
Telephone H
W
Complaint ?GI bleed
Allergies NICOA.
Attendances in last 12 months: 1 School :

General Practitioner

S Allan
Mill Lane Surgery
4 Mill Lane
Edinburgh
EH6 6TL
0131 554 1274
Address
Telephone

Date and Time of Attendance 17/04/2021 17:35
Incident Date Time:
Mode of Arrival Emergency Ambulance 999 Emergency
Source of Referral

INITIAL ASSESSMENT

Presenting Complaint	? GI Bleed
History of PC	Started on Dalteparin on Monday - now has vomiting / cramps / abdo Pain - ?melena + ? Coffee ground vomit. SOB on exertion and fatigued - ? Anaemic.
Assessment	Appears ~~white~~ pale at triage. GCS 15/15 @ 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
36.6°C	110	140/109	20	98 %	A.				

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) ICRICHARDSON

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 ☐

700576136V /E4678634 M...

MACINTYRE Thomas ...

CHI: 040 781 3233

Care Providers Name:..... Signature:.....

Patient Information		Date:	11/04/2021
THOMAS MACINTYRE		Incident Number:	CR007329816
Age/Gender:	39Y Old Male		
Address:	12/7 DRYDEN GAIT EDINBURGH,EH7 4QS	Incident Type:	URG
DOB:	04/07/1981	Incident Location:	12/7 DRYDEN GAIT EDINBURGH, EH7 4QS
CHI:			
Ethnicity:			

700576136V/E4678634 M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH7 4QS

CHI 0407813233
71364 S Allan

Presenting Complaint

?GI BLEED ?ANAEMIC

Additional Comments

Pt started taking dalteperin 6 day ago. Since then pt has been suffering from abdo pain/cramps & vomiting. Pt has also experienced severe diarrhoea since last night. Pt described vomit as black on several occasions and the diarrhoea as dark and very pungent. Pt tachycardic, other obs ok. Pt appears very pale ?anaemic. Pt ivdu with last injection of heroin 2 weeks ago. Nok. Sister kerry 07496893037 mill lane gp.

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No
A	Clear			
B	Breathing Adequately: Yes	Respiratory Rate: 20	SPO2: 98	Oxygen Given: No
C	Pulse Rate: 110	BP: 140/109	Cap Refill: <=2 Secs	ECG Rhythm: Sinus Tachy
	Rhythm: Reg	Arm:	Central/Peripheral:	ECG: 12 Lead
D	GCS: 15	Eyes: Spontaneously (4)	Voice: Orientated (5)	Motor: Obeys Commands (6)
	PEARL: Yes			

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
17:15	110	20	140/109	98	<=2 Secs	15	Alert		36.6	7.1	Sinus Tachy				E9888606

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
17:15	20 (0)	98 (0)		0	140 (0)	110 (1)	Alert (0)	36.6 (0)	1

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	14:22	Allocated	16:25	Mobile	16:26
First Resource On Scene		Crew On Scene	16:54	Crew Left Scene	17:07
Crew At Hosp		Receiving Hospital	NEW EDINBURGH ROYAL INFIRMARY	Clear Time	

Crew ID	Crew Grade	Driver
E9887596	Ambulance Technician	YES
E9888606	Paramedic	NO

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

NHS Lothian

700576136V /E4678634 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

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

Previous Adverse Reactions		Weight kgs Actual / Estimate	Date
	NKDA		11-4-21

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
11/4/21	1915	PARACETAMOL	1g	PO	[signature] FULTON	1915	DB	
11/4/21	1915	CODEINE	60mg	PO	[signature]	1915	DB	

Discharge Medication

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

National Early Warning Score 2 (NEWS2) Chart

NEWS Key: 0 | 1 | 2 | 3

Section	Parameter	Obs 1	Obs 2	Obs 3	Score
	Date:	SA	1830	1950	
	Time:				
A+B Respirations Breaths/min	≥25				3
	21-24				2
	18-20	20	18	18	
	15-17				
	12-14				
	9-11				1
	≤8				3
A+B SpO$_2$ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	98	99		
	94-95			95	1
	92-93				2
	≤91				3
SpO$_2$ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O$_2$				3
	95-96 on O$_2$				2
	93-94 on O$_2$				1
	≥93 on air				
* ONLY use Scale 2 under the direction of a qualified clinician	88-92				
	86-87				1
Tick box if using SpO$_2$ Scale 2	84-85				2
Sign:	≤83				3
Air or Oxygen?	A = Air	A	A	A	
Oxygen is a drug and prescribed by target range	O^2 L/min or %				2
	Device				
C Blood Pressure mmHg Score uses Systolic BP only	≥220				3
	201-219				
	181-200				
	161-180				
	141-160				
	121-140	140	132	126	
If manual BP mark as M	111-120				
	101-110	109			1
	91-100		95		2
	81-90			92	
	71-80				
	61-70				3
	51-60				
	≤50				
C Pulse Beats/min	≥131				3
	121-130				2
	111-120				
	101-110	110	100		1
	91-100				
Manual pulse	81-90			87	
	71-80				
	61-70				
	51-60				
	41-50				1
	31-40				
	≤30				3
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A	A	
	New Confusion				
	V				3
	P				
	U				
E Temperature °C	≥39.1°				2
	38.1-39.0°				1
	37.1-38.0°				
	36.1-37.0°	36.4	36.8	·	
	35.1-36.0°				1
	≤35.0°				3
NEWS TOTAL		1	1	1	
	Monitoring frequency	4	2	12	
	Escalation of care Y/N			N	
	Blood Glucose reading or N/A	7.1		—	
	Pain score (0-10)			7	
	Initials	[illegible]	[illegible]	[illegible]	

NEWS of 5 or more?
Think Sepsis!

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

Signs of Infection

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

Addressograph

Name:

DOB:

CHI:

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

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

	Date / Time		[illegible]	[illegible]
GLASGOW COMA SCALE – Eyes Open	Spontaneously	4	✓	✓
	To speech	3		
	To pain	2		
	None	1		
Best Verbal Response	Orientated	5	✓	✓
	Confused	4		
	Inappropriate words	3		
	Incomprehensible sounds	2		
	None	1		
Best Motor Response	Obey commands	6	✓	✓
	Localise to pain	5		
	Flexion to pain	4		
	Abnormal flexion	3		
	Extension to pain	2		
	None	1		
	Total GCS Score		15	15
Right Pupil	Size			
	Reaction			
Left Pupil	Size			
	Reaction			
LIMB MOVEMENT – ARMS	Normal power			
	Mild weakness			
	Severe weakness			
	Extension			
	No response			
LEGS	Normal power			
	Mild weakness			
	Severe weakness			
	Extension			
	No response			
	Initials			[illegible]

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
c. eye closed

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

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

IV Fluid Prescription

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

Fluid Balance

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

Drug Infusion

Drug Name:

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

Drug Name:

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

0407813233 MacIntyre, Thomas 11/04/2021 18:35:53

DOB 04/07/1981 39 Years Male

Royal Infirmary of Edinburgh (1)

Accident & Emergency (40)

Rate	94
PR	127
QRSD	89
QT	294
QTc	368

. Sinus rhythm.....normal P axis, V-rate 60- 99

. Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF

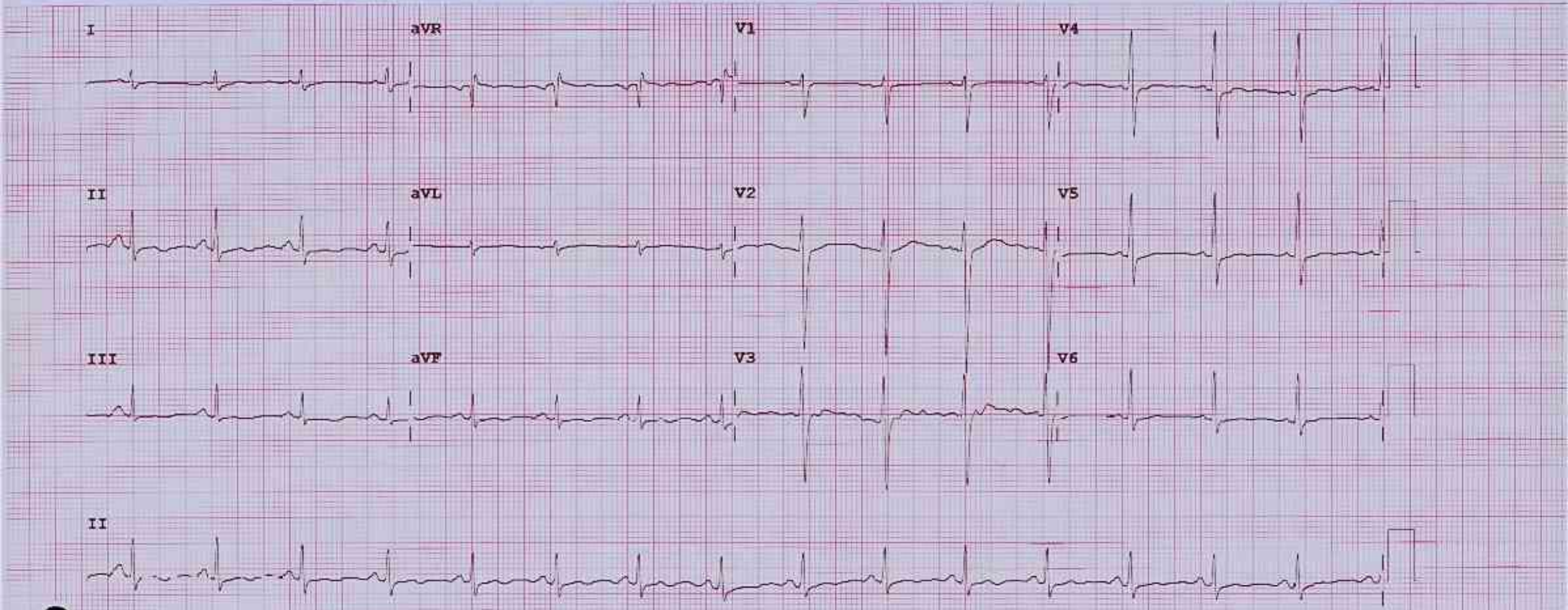
--AXIS--

P	76
QRS	76
T	7

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device: 92037400 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

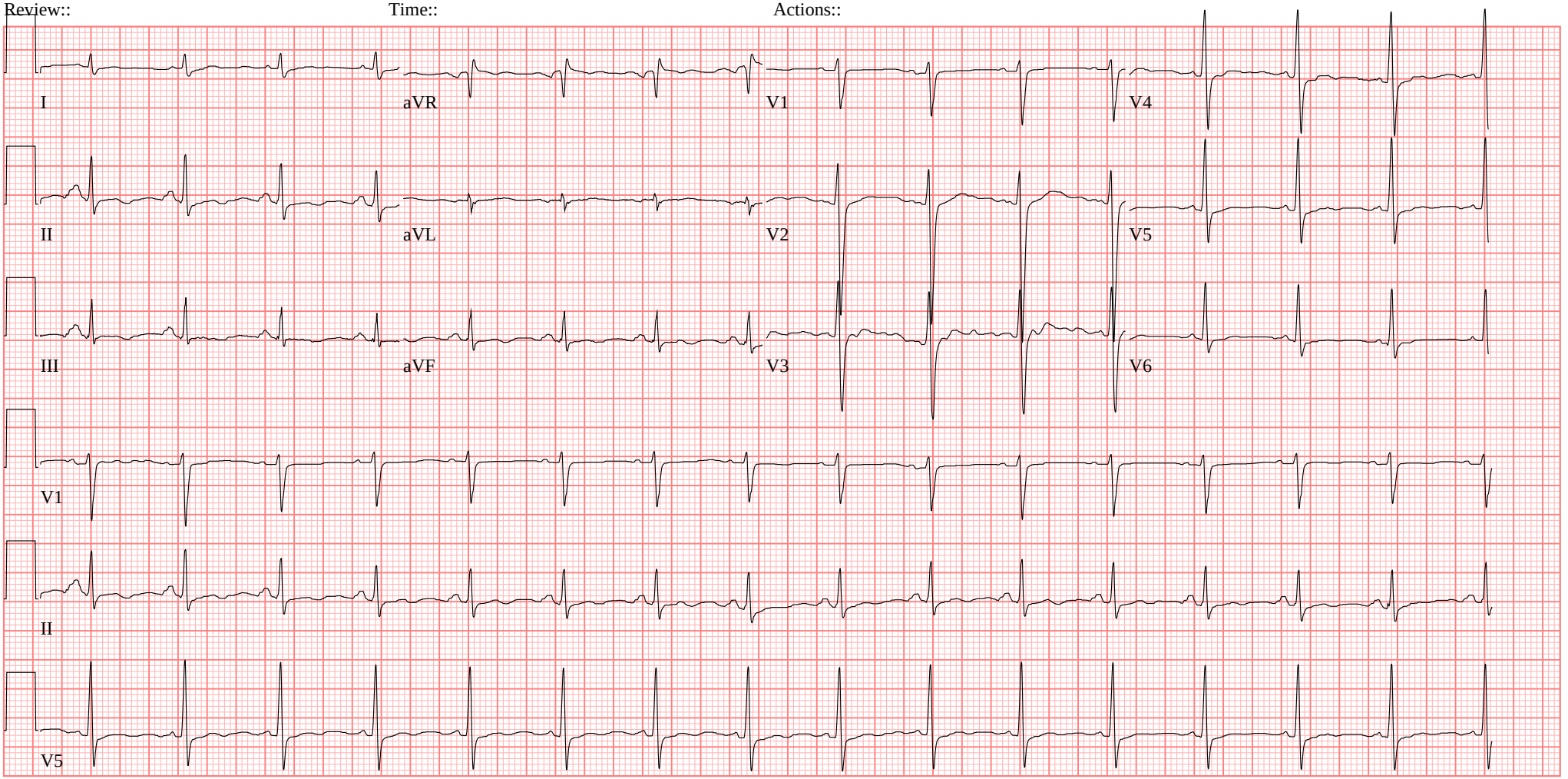
F 50~ 0.15-100 Hz 100B CL P?

MACINTYRE, THOMAS ID:0407813233 11-Apr-2021 18:35:53 NHS LOTHIAN-RIE_ED ROUTINE RECORD

04-Jul-1981 (39 yr)	Vent. rate	94	BPM
Male	PR interval	127	ms
	QRS duration	89	ms
Room:	QT/QTcB	294/368	ms
Loc:40	P-R-T axes	76 76	7

Technician:
Test ind:

Review:: Time:: Actions::



25mm/s 10mm/mV 150Hz 10.1.3 12SL NO SERIAL CID: SID: 3813011 EID: EDT: ORDER:

NHS Lothian

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

Dr S Allan
Mill Lane Surgery
4 Mill Lane
Edinburgh
EH6 6TL

Date: 13/04/2021

Emergency Discharge Summary

Patient	Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0407813233** 04/07/1981 (39 years) 700576136V E4678634
Attendance Date	11/04/2021	**Contact**	MacIntyre Catherine
Attendance Time	17:35		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	11/04/2021		
Discharge To			

Dear Dr S Allan

Presentation: ?GI bleed

CLINICAL NOTES:
Clinical note: CHI: 0407813233
BIBA - 999 Emergency

39 yo male with 3 days of constant abdominal pain with intermittent colicky worsening. "Feels like when I was stabbed". Associated nausea, vomiting, and frequent loose, watery stools. Haematemesis reported 3 days ago but none since. Bright red blood on wiping stools; reports having had piles previously. Uncertain of stool colour. Denies pain on passing stool. No dysuria or change in urine character. No SOB, chest pain, headache or dizziness. No change in diet. Not eating or drinking since vomiting began.

Discharged on 06/04/21 on dalteparin for provoked extensive right leg DVT (ext iliac to SFV) secondary to IVDU. Prior to attending for DVT, he had tried 3 days of co-amoxiclav to treat his right leg pain, over 1 week ago.

Lives alone. Smokes 40 cig/day "for a long time". He has not had any alcohol for approximately 2 weeks and no further IV drug use since 29/03/21.

Obs: T 36.6, HR 110, BP 140/109, RR 20, Sats 98% in air

Exam: GCS 15, alert and appropriately conversational. In pain.
PERRL, pupils 3-4 mm
WWP
Heart sounds I+II+0
Chest clear to auscultation
Pain with deep inspiration
Abdomen diffusely tender. Worst in RLQ and LLQ. Voluntary guarding, no rebound tenderness, hypoactive bowel sounds.
No peripheral oedema
Right hand erythema/oedema at 4th MIP. Nontender.
Rectal exam performed with consent under chaperone Emily, student nurse. No external haemorrhoids visible. Soft stool in rectum; bright red blood mixed with stool on glove. Good anal tone. Tender examination.

Bloods:
FBC - Hb 153 (151 on 05/04/21), WBC 13.7, Neut 10.9

ECG: Sinus rhythm

CXR: Nil acute; no free air under diaphragm

Impression:

Plan: Analgesia and antiemetic as required. Consider IV fluids if unable to tolerate oral. Consider abdominal CT for ischaemic bowel. Collect urine and stool samples when available for C&S.

Amy Fulton, GPST1

Update 20:22 - Bloods NAD aside from elevated WBC. Likely gastroenteritis. Safe for discharge home and to continue with dalteparin. Should bleeding persist or worsen,

sould he be unable to tolerate food or fluids, to reseek medical attention.

Yours Sincerely,

Amy Fulton, Doctor

NHS Lothian

Immediate Outpatient Letter

IN CONFIDENCE

Serial number 705680

Hospital : RIE Department : OPD6 Consultant : MRS CHC

Name and address of General Practitioner	Mr/Mrs/Miss	Unit No.:
MILL LANE Sx LH6 6TL	Surname: MacIntyre First Name: Thomas Address: Weight (where applicable) 78kg	Date of Birth: 04/07/81 3233

Your patient attended the clinic on: 14/04/21

Recommendations/comments:

- provided (R) DVT
- pain mod arthralgia

Follow-up advice: To attend hospital for further review in Gen Med outpatient -

To attend GP surgery Y / N

Fo low-up required Y / N

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use:

Medicine and Form	Dose	Administration Times	Additional Instructions (including length of treatment course)	Quantity to be provided *	LIF **	Dispensed/ Issued by:	Checked by:
1. DALTEPARIN 15,000 units			inj 6/52	(10)		RTH	WK
2.			for 3/52				
3.			thereafter				
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : _____ (sign) Date : 14/04/21

Thomas (print)

Contact for advice : Ward 10 Tel/bleep no. : 29132

WHITE COPY - TO PHARMACY PINK COPY - G.P. BLUE COPY - CASENOTES

RIE 334

Clinic Letters & Notes

Radiology Request Form

Produced By: Nicolas Simmers
Run On: 16/03/2019 11:24:27

NHS Lothian

UHPI	700576136V	**DOB**	04/07/81
Name	**MacIntyre, Thomas**	**CHI No**	0407813233
Address	12/7 Dryden Gait	**Sex**	Male
		Visit No	32340813
	Edinburgh	**Episode No**	I0004665673
	EH7 4QS	**Episode Type**	I
Order Location	Ward 54 WGH + W54b/M-M	**Consultant**	Dr Claire F Gordon

Order Item	Order Status	Request Date	Priority	Requested By	Mob	Hot Report	Preferred Radiologist	Auth By	Appt Date	Appt Time
CT Angiogram Pulmonary	Ord	16/03/2019	Routine	Nicolas Simmers					6/3/19	

RADIOLOGY REQUEST INFORMATION

Clinical Details for Radiology	**37 y/o M presenting with sudden onset haemoptysis and left sided pleuritic chest pain without infective symtoms. Hx IVDU and elevated ddimer. Likely pneumonia but atypical hx and fresh haemoptysis justify CT imaging to exclude PE or underlying mass.**
Method of Transportation	**Chair**
Nurse Escort Required	**No**
Previous History of Contrast Reactions	**No**
Is the Patient on Metformin	**No**
What is the Patients eGFR	**Over 30** 800@14/3/19
Smoking History	**Current Smoker**
History of Asthma / COPD	**No**
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.	**Dr Thetford Consultant Respiratory Medicine**

GENERAL INFORMATION

Requestor Name and Bleep / Contact Number / Alternative Contact Details / Ward Phone No	**Simmers FY1 8419**
Please confirm that this is the correct patient for the examination requested.	**Yes**
Does the Patient have any of the following - MRSA, VRE, HEP C?	

Appt Letter Sent		Arrival Time		Previous X-Rays	NO PREVIOUS CT'S
Justifier		ID Checked		Radiographer	
Exposu					
Films Reject				Contrast Details	Lot: 14412965 OMNIPAQUE™ 300 mg I/ml GE Healthcare 75 ml

Notes

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 X.....
(Or Guardian)
Date.....

202

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Plastic Surgery

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 27/09/2013
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Plastic Surgery	**Consultant:**	Mr Stuart Andrew Hamilton

This gentleman will be admitted on 4.11.13 for removal of K-wires under local anaesthetic from his right wrist.

Kind regards,
Yours sincerely

CLAIRE SIMPSON, FRCS (Orth) Dip Hand Surg
Consultant Hand & Wrist Surgeon

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Plastic Surgery

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Date First Created: 27/09/2013
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Plastic Surgery	**Consultant:**	Mr Stuart Andrew Hamilton

Diagnosis:
Two weeks post-op scapholunate ligament

Management today:
Removal of sutures, re-plaster.

Plan:
Admit in six weeks time for removal of K-wires on Cepod 4.11.13 morning list.

I reviewed Mr MacIntyre today. His wounds look clean, healthy and dry. The sutures have been removed. He has been replaced into a forearm cast and this will remain on for a further six weeks at which time it will be time to remove his K-wires. This will be done in theatre, hopefully under local anaesthetic. He will need to come to the day case unit on that morning. Following removal of the wires we will leave him free and we will start mobilising his wrist which will be understandably very stiff at that time. I will let you know how he gets on.

Kind regards,
Yours sincerely

CLAIRE SIMPSON, FRCS (Orth) Dip Hand Surg
Consultant Hand & Wrist Surgeon

c.c.
Miss Phillipa Rust
Consultant Hand Surgeon
St John's Hospital
Livingston

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Plastic Surgery

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created:	27/09/2013
Date/Time Printed:	12/06/2026 09:07
Our Ref:	700576136V
CHI:	0407813233

EH54 6PP

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Ear Nose and Throat

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 16/04/2014
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Ear Nose and Throat	**Consultant:**	Mr Iain F Hathorn

Thank you for referring Mr MacIntyre to the ENT clinic. He is a 32-year-old gentleman who describes multiple nasal injuries and nasal fractures in the past. His last injury was a year ago. He has never had any surgical intervention in the past for his nose. He complains of left sided nasal obstruction and is also unhappy with the appearance of his nose. He is a smoker of 30-cigarettes per day and also has drunk alcohol to excess previously. He tells me that he is drinking around 20-units per week currently. He has a past history of depression and is currently in Dosulepin and Quetiapine.

On examination his nasal bones were obviously deviated to the right side. He had poor tip support and his anterior nasal septum was deviated to the left side.

He does have a significant deviation of his septum and nasal bones. To correct this he may require open septorhinoplasty. I discussed the option of surgery with him today which he is keen to pursue. I have suggested that he needs to reduce and stop smoking and also ensure that his alcohol intake is under control prior to consideration of surgery. I have provided him with an information leaflet regarding septorhinoplasty surgery. I will arrange for clinical photographs to be taken and I will review him back in clinic with these in a few months to discuss things further.

Yours sincerely

(Dictated but not signed for expediency)

Mr Iain Hathorn
Consultant ENT Surgeon

MD/IH
16/04/2014
0131 536 4160
Secretary: Email:michelle.daly@nhslothian.scot.nhs.uk

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Plastic Surgery

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 13/05/2014
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Plastic Surgery	**Consultant:**	Miss Claire K Simpson

Diagnosis: Seven months post scapho lunate ligament repair right wrist. More recent injury right base 5th metacarpal several weeks ago.

Management plan: See three months with x-ray on arrival right wrist.

This gentleman turned up in clinic today after having lost attendance for several months. It would appear that all is going well with his wrist although we have got no radiological evidence of this in clinic today. He has got good range of movement of his wrist without any pain. He did bring our attention to a new injury at the base of his 5th metacarpal which seems to be several weeks old now which is likely to be a fracture.

I have suggested that we leave this alone for the present time but he mobilises as pain allows and we attend to any chronic problems should they arise.

Kind regards,
Yours sincerely

CLAIRE SIMPSON, FRCS (Orth) Dip Hand Surg
Consultant Hand & Wrist Surgeon

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

NHS Lothian

Ear Nose and Throat

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 20/06/2014
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Ear Nose and Throat	**Consultant:**	Mr Iain F Hathorn

I was due to reviewed Mr MacIntyre back in the ENT clinic today for consideration of possible open septorhinoplasty. I had advised him to reduce his smoking and alcohol intake prior to consideration of surgery. Unfortunately he did not attend the appointment today.

I have not arranged for a further appointment to be sent out. If he wishes to discuss the surgery and he has reduced his alcohol intake and stopped smoking please re-refer him and I would be happy to review him again.

Yours sincerely

Checked not signed

Mr Iain Hathorn
Consultant ENT Surgeon

MD/IH
20/06/2014
0131 536 4160
Secretary: Email:michelle.daly@nhslothian.scot.nhs.uk

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Plastic Surgery

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 21/07/2014
Date/Time Printed: 12/06/2026 09:07
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Plastic Surgery	**Consultant:**	Miss Claire K Simpson

Mr MacIntyre was due to re-attend clinic today but failed to do so.

I have discharged him back to your care.

Yours sincerely

Claire Simpson FRCS (Orth) Dip Hand Surg
Consultant Hand & Wrist Surgeon

CS/KD

University Hospitals Division

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

NHS Lothian

Orthopaedics

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 25/05/2018
Date/Time Printed: 12/06/2026 09:11
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Orthopaedics	**Consultant:**	Mr Iain DM Brown

Op note 24.05.18.

Diagnosis:
Abscess right arm.

Operation:
Incision and drainage abscess right arm.

Pre-operative note:
Consent was reconfirmed this afternoon. I have warned him of the risks, benefits and side-effects of such an undertaking. He was happy to proceed.

Surgeon: Mr. Clement.
Anaesthetist: Dr. Nimmo.
Anaesthetic: GA.

Patient positioned supine and the arm placed on an arm board. No tourniquet used. The right arm was prepped and draped in a standard fashion. The abscess was pointing over the anterior aspect of the distal biceps. An elliptical incision was made here and marked pus was expressed. The cavity was both superficial to the fascia and deep. There was a cavity approximately 5x5cm superficial and a little smaller deep to the fascia. Curettage was used superficial to the fascia and washing was performed in both compartments. All pus expressed. Washed out with 3L of normal saline. A tacking suture was placed to hold the skin edges together but not formally closed. Dressings were applied. Neurovascularly intact at end of procedure.

Plan:
Wound review tomorrow morning. If it looks quiet can be converted over to oral antibiotics and allowed home later that day before removal of suture in 7 days. No formal orthopaedic follow-up required.

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
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NHS Lothian

Orthopaedics

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created:	25/05/2018
Date/Time Printed:	12/06/2026 09:11
Our Ref:	700576136V
CHI:	0407813233

NC/MB

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Respiratory Medicine

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 30/05/2019
Date/Time Printed: 12/06/2026 09:11
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Respiratory Medicine	**Consultant:**	Dr David EA Thetford

I am sorry you were unable to attend the respiratory clinic on 28th May 2019.

Following your recent admission with pneumonia. I think it would be helpful for you to have a repeat chest x-ray to ensure that the previous changes have fully resolved. This has already been requested for you.

It would be possible for you to attend for this at the Western General Hospital X-ray Department Monday to Friday between 9am and 4pm.

Yours sincerely

Electronically Signed and Verified by Dr Thetford

Dr David Thetford
Locum Respiratory Physician
DEAT/RT

Secretary: 0131 - 537 2348

cc: Dr Allan, Mill Lane Surgery, 4 Mill Lane, Edinburgh, EH6 6TL

University Hospitals Division

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

NHS Lothian

Ambulatory Care

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 06/04/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Ambulatory Care	**Consultant:**	Ambulatory Care Registrar

I have just spoken to Thomas and he wants to come in for the 11.15 scan, I have advised him to come to the AMU reception for 11.00.

Pat Holdsworth S/N (Ext 21297)

University Hospitals Division

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

NHS Lothian

Ambulatory Care

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 06/04/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Ambulatory Care	**Consultant:**	Ambulatory Care Registrar

Dalteparin counselling given, alert card completed and explained plus sharps box dispensed. The first 2 boxes of 15,00 units of dalteparin prescribed and dispensed. Injection technique explained and I observed Tommy using a syringe and stress ball to practice this, no issues noted. I advised Tommy to move the injection site around with each injection.

Pat Holdsworth S/N (ext 21297)

University Hospitals Division

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

NHS Lothian

Ambulatory Care

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 06/04/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Ambulatory Care	**Consultant:**	Ambulatory Care Registrar

Date of clinic appointment: 06/04/21

Diagnosis:
- provoked extensive right leg DVT (ext iliac to SFV), IVDU
- No PE symptoms

Brief outline of issue:
39YM, states had one off incident of IVDU one week ago
Father passed away 1/12 ago
Swelling right leg, treated with antibiotics last week
Progressively worsening swelling

No PE symptoms
No personal or FHx VTE

Observations including weight : 182.5cm, wt 78kg

Examination findings:
Left calf 35cm, right calf 39.2cm congested, pulses normal

Allergies: NKDA

Investigations carried out and results:
Us doppler right leg -Deep vein thrombosis within the right common femoral vein down to the distal right superficial femoral vein.
This extends proximally into the right external iliac vein.
Doppler flow is demonstrated within the IVC.
The right popliteal vein shows normal compressibility and flow on augmentation.
Enlarged right inguinal lymph nodes which are likely reactive in nature.

University Hospitals Division

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EH16 4SA

Ambulatory Care

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 06/04/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Opinion:
Acute right leg DVT confirmed.

Treatment started (specify medication and planned duration): Dalteparin 15,000 units s/c daily (x 10 supplied today), sharps box for safe disposal. Minimum 6 weeks treatment, if no longer active IVDU can have gen med outpt review and 3/12 treatment.

Medication stopped or changed (name, dose, frequency and duration): Nil

Follow up arranged: Ambulatory care 1 week

Referrals to any other specialties: Nil

Pending results or investigations: Nil

Action for patient (in terms of self care, smoking cessation, worsening advice and medication side effect advice): Advised strongly re PE symptoms. Large volume fresh clot in leg, high risk for PE in first 6 weeks. Gentle walking only. elevate right leg when seated. Mobility will be greatly reduced by pain, analgesia not effective as is dependant so ELEVATE limb.

Any action for GP: Please prescribe dalteparin as above for min 6 weeks.

Yours sincerely

E-checked by:
Dr Valery Pollard
Specialty Doctor in Acute Medicine
Secretary: 0131 242 1364
Appt. Enquiries: 0131 242 1422

University Hospitals Division

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

NHS Lothian

Ambulatory Care

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 14/04/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Ambulatory Care	**Consultant:**	Ambulatory Care Registrar

Date of clinic appointment: 14/04/21

Diagnosis:
- provoked extensive right leg DVT, IVDU x1

Brief outline of issue:
39YM, 1 week follow up
Managing dalteparin injections without adverse effects
No abnormal bleeding and bruising

Has been unwell with viral gastroenteritis past 1 week, now feeling better
No drop in platelets

Flitting arthralgia (hands, elbows ball of right foot) now settling
No headache
Eating more now
PU regular

No PE symptoms

Examination findings:
Right leg swelling improved, less congested
Collateral veins now opening up throughout whole right leg esp lateral thigh
NV intact

Injection sites on abdo normal
No rash

Allergies: NKDA
Investigations carried out and results: Nil

University Hospitals Division

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51 Little France Crescent
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NHS Lothian

Ambulatory Care

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 14/04/2021
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Treatment started (specify medication and planned duration): Continue dalteparin 15,000 units s/c daily, further x10 dispensed from clinic today. For min 6 weeks, if continues to abstain from IVDU extend to full 3/12 course

Medication stopped or changed (name, dose, frequency and duration): Nil
Discharged to GP
Referrals to any other specialties: Gen Med outpts
Pending results or investigations: Nil
Action for patient (in terms of self care, smoking cessation, worsening advice and medication side effect advice): To obtain further injections from own GP
Any action for GP: Please continue dalteparin until further notice from gen med clinic

Yours sincerely

E-checked by:
Dr Valery Pollard
Specialty Doctor in Acute Medicine
Secretary: 0131 242 1364
Appt. Enquiries: 0131 242 1422

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Infectious Diseases

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 19/06/2025
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Infectious Diseases	**Consultant:**	Jesse Ryan

Presenting concern: Hepatitis C infection, failed to engage with BBV team

Thomas was diagnosed with a Hepatitis C infection in February 2025. HE was referred to the BBV team and we have attempted to engage with him via our outreach clinic at the NE recovery hub in Leith. Unfortunately Thomas has failed to attend the appointments we have offered him and we have not been able to reach him on the phone since our initial telephone consultation.

We will not offer any further appointments for Thomas at this time, however he is welcome to be re-referred or self refer to the BBV team at any time.

Please do not hesitate to contact us should you have any queries.

Kind regards,
Jess Ryan (she/her)

Clinical Nurse Specialist

BBV Team

Western General Hospital

Ward 41, RIDU, Crewe Road South, Edinburgh EH4 2XU

Email: Jesse.ryan@nhslothian.scot.nhs.uk

Tel: 0131 537 2856

Mob: 07989 763496

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Infectious Diseases

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created:	19/06/2025
Date/Time Printed:	12/06/2026 09:14
Our Ref:	700576136V
CHI:	0407813233

University Hospitals Division

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

NHS Lothian

Orthopaedics

Dr Harrison
Barclay Medical Practice Leith
4 Mill Lane
Edinburgh
EH6 6TL

Date First Created: 04/05/2026
Date/Time Printed: 12/06/2026 09:14
Our Ref: 700576136V
CHI: 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**UHPI:** **Date of Birth:**	700576136V 04/07/1981
Specialty:	Orthopaedics	**Consultant:**	Gillian West (Clin Adm)

Many thanks for your referral regarding Mr MacIntyre to the Soft Tissue Knee clinic. His case has been reviewed by a clinician. As mentioned in your referral that he has had a recent knee x-ray that showed no obvious bony explanation but the only and x-ray that was able to be a seen on the PACS system was an x-ray in 2021 of the right knee that showed no abnormalities.

It was also mentioned that Mr MacIntyre had been referred for physiotherapy but after failing to attend for his first appointment a further appointment will be arranged. It is most appropriate in the first instance that forms of conservative measures are undertaken. If following physiotherapy assessment it is deemed that Orthopaedic intervention would be more appropriate he could be re-referred at this time.

In view of the above information his name has been removed from the Orthopaedic waiting list at this time.

Please do not hesitate to contact us if you wish to discuss this further.

Kind regards

Orthopaedic Knee Triage Team

Enquiries to Juliet Gold/Geoff Cowan/Gill West
Phone - 0131 242 1946

Historic Case Notes

0407813233 macintyre, thomas 14/03/2019 18:02:41
Born 04/07/1981 37 Years Male

Western General Hospital

Eq. Library

Rate 86 . SINUS RHYTHM.....normal P axis, V-rate 60- 99
RR 698
PR 140
QRSD 102
QT 368
QTc 440

--AXIS--
P 19
QRS 36
T 15
12 Lead; Standard Placement

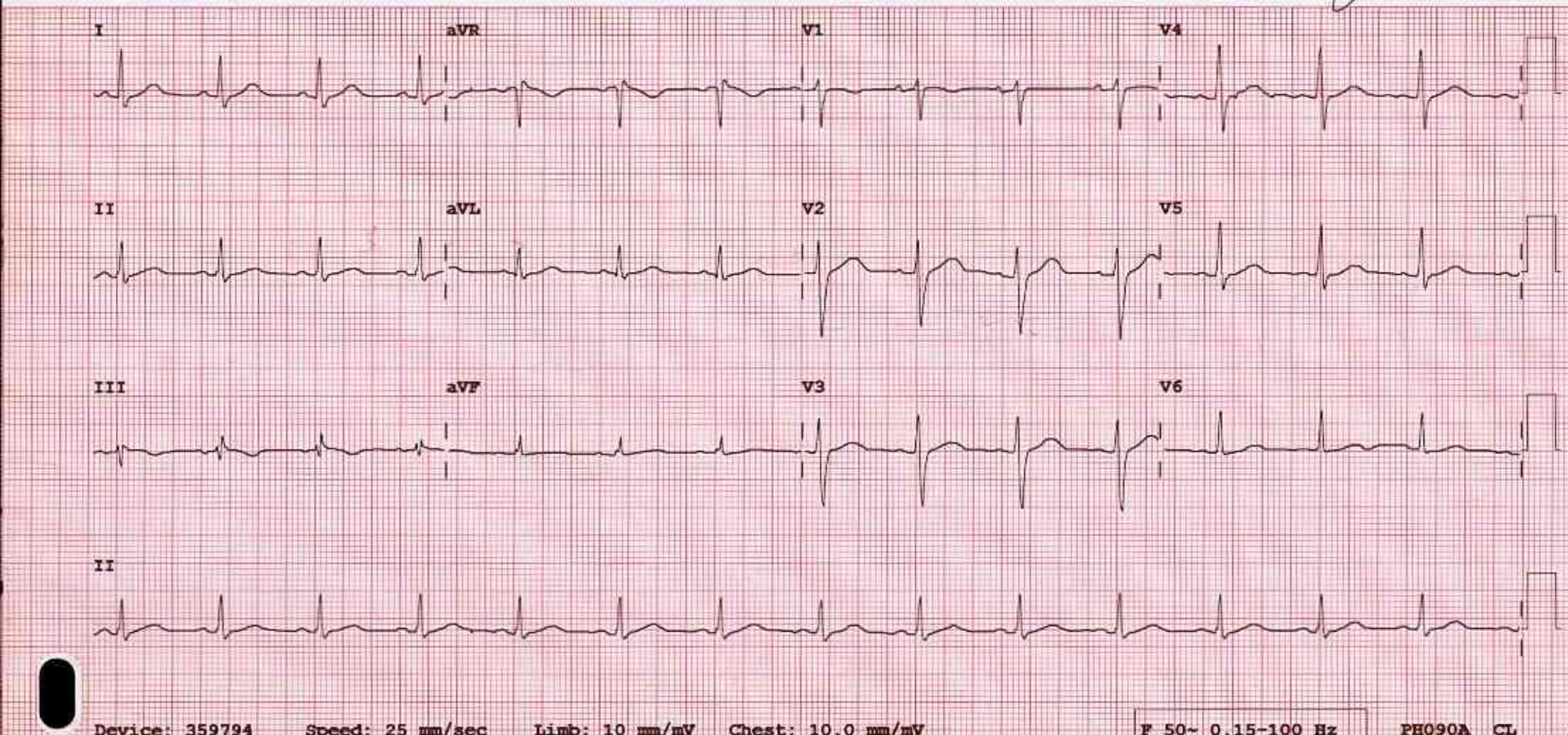
- NORMAL ECG -

Operator: e mcdonald

700576136V M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH7 4QS

CHI 0407813233

Unconfirmed Diagnosis



Device: 359794 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH090A CL P?

Lothian University Hospitals NHS Trust

ADULT UNITARY PATIENT RECORD

ADMITTING HOSPITAL Western General Hospital

TYPE OF ADMISSION : Emergency

NOTES REC NO KLS.

PRESENTING COMPLAINTS/REASON FOR ADMISSION

1 HIGH CRP 210, SEEN 2 DAYS AGO WITH L SIDED CHEST P
2
3
4

Patient wishes to be known as:

NAME & ADDRESS (PATIENT LABEL)

Hospital No 700576136V F/M: M
DOB: 04/07/1981 Age: 37

Name: Thomas MacIntyre
Address: 12/7 Dryden Gait
Edinburgh
EH7 4QS

Telephone No:

Title - Mr / Mrs / Miss / Ms : Mr
Marital Status :
Religion : Unknown
Ethnic Origin :

	ADMISSION WARD	DESTINATION WARD - 1st	DESTINATION WARD - 2nd
Ward No.	WGHEXP		
Admission Date	14/03/2019		
Admission Time to Ward	16:41		
Admitting Nurse			
Consultant	-		

G.P.Details 4647155/713 71364/1
S Allan
Mill Lane Surgery, 4 Mill Lane

EH6 6TL
Tel No : 0131 554 1274

NEXT OF KIN McNorten, Ailsa Thomas McIntyre
RELATIONSHIP Partner father
Address: 3/3 Bowhill Terrace
Edinburgh
EH3 5QY

Contact No. 07901903855

FIRST CONTACT Daryl Roberton
RELATIONSHIP : friend
Address:

Contact No. 0999960252

P nts 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 notes

WGH Medical Admissions Nursing Care Plan

700576136V /E4105118 M
MACINTYRE Thomas
04-Jul-81 CHI:040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

Admission Nurse Signature E McDONALD

Admission Nurse Print Name .....

Date 14/3/19

Presenting History	Chest pain. ↑CRP PMH: IVDU,

Date/ time	Progress Notes	Signature
	Smoked half a gram of heroin today.	

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Introductions & intended Care Discussed?.	Em	ECG completed	Em
SEWS score recorded	Em	CXR ordered	
BM Reading		Language Assistance requested (please inform N/C if applicable)	
GCS Assessed	Em	DNAR in situ	
Ceilings of Care Discussed?	Em	Anticipatory Care Required?.	
Patient made comfortable	Em	Falls / Risk Assessment Required / complete	
Name band attached	Em	Swallow Assessment Required / Complete	
V Cannula in situ dated (please circle) Yes No	Em		
Hearing Aid: (please circle) n/a In situ At Home	Em	Cognitive Impairment? Issue "This is me"	
Spectacles please circle) n/a In situ At Home	Em	Vulnerable Person Concern (please inform N/C if applicable)	
Relatives: (please circle) In Dept At Home Not Aware	Em	Adult with incapacity? Form complete?	
Clothing & Valuables (please tick) 1. Labelled 2. Documented	Em	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)					
Mobility					
Full 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 IV 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	

Ward: 54 Site: WGH Date: 17.3.19

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
700576136V /E4105118 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

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

Ward: S4 Site: WGH Date: 16/3/19

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 DLG KAMIL

Addressograph, or

700576136V /E4105118 M
N MACINTYRE Thomas
04-Jul-81 CHI:040 781 3233
71364 S Allan
12/7 Dryden Gait
C EH7 4OS

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	0730	1330	1630	1930	2050	0020							
	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		N	N							
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	NS		NS	NS							
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Y	Y	Y		I	AS							
Positioning (R) or (L) side (B) Back (C) Chair	C	B	C		C	B							
Mattress type / Cushion type	*please state type:*												
Elimination Do you need the toilet?	I	IND	IND		I	AS							
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y		I	AS							
Continence product changed/offered?	NA	NA	NA		NA	NA							
Catheter care performed?	NA	NA	NA		NA	NA							
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y		Y	AS							
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition Would you like a drink? Ensure fluids are within easy reach	W	WR	WR		WR	WR							
Fluid Balance Chart (if clinically indicated)	N	N	N		NA	NA							
When did you last eat?	B	L	L		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)	I	IND	IND		I	I							
Falls Appropriate Footwear?	Y	Y	Y		Y	Y							
Walking aid available(and within reach)	NA	NA	NA		NA	NA							
Area de-cluttered?	Y	Y	Y		Y	Y							
Chair and bed height assessed?	Y	Y	Y		Y	Y							
Falls alarm in use and attached?	NA	NA	NA		NA	NA							
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	NA	NA	NA		NA	NA							
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain Are you in pain?	N	N	N		N	AS							
Analgesia Given?	N	N	N		N	AS							
General Peripheral Venous Cannula observed?	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							
Anything else I can do for you?	N	N	N		N	AS							
Buzzer within easy reach	Y	Y	Y		Y	Y							
Personal Care *Type* IND *(specify)* **Time Given**													
Initials = document at time of care delivery	LGH	SK			SS	SK							

Ward: MWU Site: WGH Date: 14/3/19

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

700576136V /E4105118 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
71364 S Allan
12/7 Oryden Gait
EH7 4QS

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	21:50	22:30											
	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												
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											
Positioning (R) or (L) side (B) Back (C) Chair	B	B											
Mattress type / Cushion type	*please state type:*												
Elimination — Do you need the toilet?	N	AB											
Is the patient continent of urine? (at time of Care Rounding)	Y	Y											
Continence product changed/offered?	N/A	N/A											
Catheter care performed?	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											
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	W	W											
Fluid Balance Chart (if clinically indicated)	N	N											
When did you last eat?	B/B	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											
Falls — Appropriate Footwear?	Y	Y											
Walking aid available(and within reach)	N/A	N/A											
Area de-cluttered?	N	N											
Chair and bed height assessed?	Y	Y											
Falls alarm in use and attached?	N	N											
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	N	N											
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain — Are you in pain?	N	AB											
Analgesia Given?	N	AB											
General — Peripheral Venous Cannula observed?	Y x2	Y											
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	Y	AB											
Anything else I can do for you?	N	AB											
Buzzer within easy reach	N/A	N/A											
Personal Care *Type* _____ *(specify)* **Time Given** _____													
Initials = document at time of care delivery	∞	∞											

MAU

Ward: [illegible] Site: WGH Date: 15/3/19

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. Mitchell

Addressograph, or
1364 S Allan
700576136V M 04/07/1981 thian
Name MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
DOB EH7 4QS
Unit CHI 0407813233

NHS

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	09	11[20]	15[00]	21[05]	02[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)	✓	✓	✓	NP	NP								
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	H	H	H								
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Y	Y	Y	Y	Y								
Positioning (R) or (L) side (B) Back (C) Chair	C	B	C	B	B								
Mattress type / Cushion type	*please state type:* PENTAFLEX												

Elimination

Do you need the toilet?	I	I	I	I	I								
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y								
Continence product changed/offered?	N/a	N/a	n/a	NA	NA								
Catheter care performed?	N/a	N/a	n/a	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								
Bowel function monitored	Observe bowel function and update daily												

Food, Fluid & Nutrition

Would you like a drink? Ensure fluids are within easy reach	W	W	W/F	WF	WF								
Fluid Balance Chart (if clinically indicated)	N/a	N/a	n/a	NA	NA								
When did you last eat?	B	B	L	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)	N/a	N/a	n/a	NA	NA								
Area de-cluttered?	Y	Y	Y	Y	Y								
Chair and bed height assessed?	✓	✓	✓	✓	✓								
Falls alarm in use and attached?	N/a	N/a	n/a	NA	NA								
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	N/a	N/a	n/a	NA	NA								
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													

Pain

Are you in pain?	N	N	N	Y	N/A								
Analgesia Given?	N	N	N	Y	N/A								

General

Peripheral Venous Cannula observed?	Yx2	Yx2	Yx2	Y	N								
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	Y	Y	Y	Y	Y								
Anything else I can do for you?	N	N	N	N	N								
Buzzer within easy reach	Y	Y	Y	Y	Y								

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

Initials = document at time of care delivery													

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward:	Consultant:
Weight:	Height:
If re-written, date:	
DISCHARGE PRESCRIPTION	
Date completed:	Completed by:

700576136V /E4105118 M
MAGINTYRE Thomas
04-Jul-81 CHI:040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

Name of P
CHI Numl
D.O.B.

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 ☐		[signature]	14/3
		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	TDP	- 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
14/3/19	1930	Dalteparin	15000 units	SC	[signature]	1930	[signature] / MB
~~14/3~~	~~1930~~	~~Amoxicillin~~					
14/3	1930	Clarithromycin	500mg	PO	[signature]	20.05	AF
14/3	1930	Amoxicillin	1g	IV	[signature]	20.05	AF / [signature]

REGULAR THERAPY

,71364 S Allan
700576136V M 04/07/1981
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12/7 Dryden Gait,
Edinburgh,
EH7 4QS

CHI 0407813232

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 Prescribing for Acute Admissions

PRESCRIBER: Circle appropriate target range, date and sign.

NURSE: Sign at drug rounds four times daily. This indicates administration has been reviewed and either patient is within target range **OR** adjustments are being made.

For patients outside target range Nurse should adjust oxygen and recheck Saturations within 10 minutes. Document all changes to oxygen administration on **NEWS chart**.

PRESCRIPTION	Patient's Own Medicine	Date → / Time ↓	14/3/19	15/3/19	16/3/19	17/3/18
Oxygen		6				
To maintain O2 saturations (94-98%) 88-92%		(8)				RA
Please WEAN if able		12				
Start Date: 15/03/19		14				
Sign and print: SIMMERS		(18)		✓		
		22		ZL SM	IL SPR	
Medicine (Approved Name): Doxycycline	For Use / Date	6				
Dose: 150mg	Route: PO	8				
Quantity		12				
Notes/Indication for antibiotic	Start Date: 14/3	14	IL	RN		
Prescriber - sign + print	Stop Date / Pharmacy	18	☒	☐		
		22	CTPA	CTPA		
Medicine (Approved Name): Prescribed	For Use / Date	6				
Dose: 200mg	Route: PO	(8)		✓	GN	NP
Quantity		12				
Notes/Indication for antibiotic	Start Date: 14/3	14				
Prescriber - sign + print	Stop Date / Pharmacy	(18) 20	JR	JR	DR	
		22				
Medicine (Approved Name): Quetiapine	For Use / Date	6				
Dose: 150mg	Route: PO	(8)		SW	GN	NP
Quantity		12				
Notes/Indication for antibiotic	Start Date: 14/3	14				
Prescriber - sign + print	Stop Date / Pharmacy	(18) 20	DR	DR	DR	
		22				

Most likely CAP not PE
SIMMERS

AS REQUIRED THERAPY

71364 S Allan
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MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH7 4QS
CHI 0407813233

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name)		For Use	Date	15/3	16/3	16/3	17/3								
Paracetamol			Time	1610	0910	21.50	0900								
Dose + frequency + max	Route	Quantity	Dose	1g	1g	1g/	1g								
1g 4°	PO		Initials	ES	GN	[illegible]	N.								
Indication + notes	Start Date	Date	Date												
	14/3		Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date	15/3	16/3	16/3	16/3	17/3							
~~Oromorph~~			Time	1845	0400	1050	1950	1016							
Dose + frequency + max	Route	Quantity	Dose	10mg	10mg	10mg	10mg	10mg							
~~10mg 2°~~	~~PO~~		Initials	ES	[illegible]	GN	Cr	[illegible]							
Indication + notes	Start Date	Date	Date							PT ON					
~~chest pain~~	~~14/3~~		Time												
Prescriber - sign + print		Pharmacy	Dose							METHADONE					
			Initials												
Medicine (Approved Name)		For Use	Date												
Diazepam			Time												
Dose + frequency + max	Route	Quantity	Dose												
5mg 4°	PO		Initials												
Indication + notes	Start Date	Date	Date												
withdrawal	14/3		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

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Edinburgh,
EH7 4QS

CHI 0407813233

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓		15/03/19	16/3/19												
Medicine (Approved Name) DALTEPARIN		For Use / Date	6															
Dose 5000 UNITS	Route S/C	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date 15/03/19	Stop Date	14															
Prescriber - sign + print SIMMER		Pharmacy	18		LSN													
			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 →

REGULAR THERAPY

71364 S Allan
700576136V M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH7 4QS

CHI 0407813233

PRESCRIPTION	Patient's Own Medicine	Date / Time	14/3/19	15/3/19	16/3/19	17/3/19
Medicine (Approved Name): Trazodone Dose: 150mg Route: PO Notes/Indication for antibiotic: Start Date: 14/3 Prescriber - sign + print: [illegible] For Use / Date / Quantity / Stop Date / Pharmacy		6 8 12 14 ~~14~~ 20 22		[illegible]		
Medicine (Approved Name): Methadone Dose: 110mg Route: PO Notes/Indication for antibiotic: Start Date: 14/3 Prescriber - sign + print: [illegible] For Use / Date / Quantity / Stop Date / Pharmacy		6 8 12 14 18 22		[illegible]	[illegible]	
Medicine (Approved Name): Nicotine patch Dose: 21mg Route: TP Notes/Indication for antibiotic: Start Date: 14/3 Prescriber - sign + print: [illegible] For Use / Date / Quantity / Stop Date / Pharmacy		6 8 12 14 18 22		[illegible]	[illegible]	
Medicine (Approved Name): Amoxicillin Dose: 1g Route: IV Notes/Indication for antibiotic: CAP Start Date: 14/3 Prescriber - sign + print: [illegible] For Use / Date / Quantity / Stop Date / Pharmacy		6 8 12 14 18 22		[illegible]		
Medicine (Approved Name): Clarithromycin Dose: 500mg Route: PO Notes/Indication for antibiotic: CAP Start Date: 14/3 Prescriber - sign + print: [illegible] For Use / Date / Quantity / Stop Date / Pharmacy		6 8 12 14 18 22		[illegible]	[illegible]	
Medicine (Approved Name): Amoxicillin Dose: 1g Route: PO Notes/Indication for antibiotic: Start Date: 15/3/19 Prescriber - sign + print: [illegible] For Use / Date / Quantity / Stop Date / Pharmacy		6 8 12 14 18 22		[illegible]	[illegible]	

AS REQUIRED THERAPY

71364 S Allan
700576136V M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH7 4QS
CHI 0407813233.

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												

Addressograph

1364 S Allan
700576136V M 04/07/1981
N: **MacIntyre, Thomas R**
12/7 Dryden Gait,
Edinburgh,
D EH7 4QS

C **CHI** 0407813233

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: 14/3 | 15/3 | 15/3 | 16/3 | 17/3
Time: 1800 2000 2300 0700 1000 1100 1945 2600 2030 0625 0600 1630 | 1130 1620 2020 0200 0615 1010 1155

A+B Respirations Breaths/min: ≥25; 21-24; 18-20; 15-17; 12-14; 9-11; ≤8

A+B SpO2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%: ≥96; 94-95; 92-93; ≤91

SpO2 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. Tick box if using SpO2 Scale 2. Sign: ≥97 on O2; 95-96 on O2; 93-94 on O2; ≥93 on air; 88-92; 86-87; 84-85; ≤83

Air or Oxygen? Oxygen is a drug and prescribed by target range: A = Air; O2 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; 111-120; 101-110; 91-100; 81-90; 71-80; 61-70; 51-60; ≤50

C Pulse Beats/min. Manual pulse: ≥131; 121-130; 111-120; 101-110; 91-100; 81-90; 71-80; 61-70; 51-60; 41-50; 31-40; ≤30

D Consciousness Score for new onset of confusion (no score if chronic): Alert; New Confusion; V; P; U

E Temperature °C: ≥39.1°; 38.1-39.0°; 37.1-38.0°; 36.1-37.0°; 35.1-36.0°; ≤35.0°

NEWS TOTAL 0 | 0 | 1 | 3 | 2 | 7 | 3 | 5 | 6 | 2 | 3 | 4 | 6 | 7 | 1

Monitoring frequency: 12 | 12 | 4 | 2 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 1 | 1 | 1
Escalation of care Y/N: N | N | Y | Y | N | Y | Y | Y | Y | N | Y | N | Y | Y | Y
Initials: GM | AC | AC | CS | SM | SM | AC | AC | AC | AC | AC | AC | AC | AC | AC
Urine output recorded Y/N: N | N | N | N | N | N | N | N | N | N | N | N | N | N | N
Blood Glucose level or N/A: 11.0 | N/A | N/A | N/A | 8.2 | 7.0 | 7.1 | 7.2 | 7.0 | 7.9 | 8.0 | N/A | N/A | 9.2 | 8.3
Pain score (0-10): 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0
Nausea score (0-3): 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0
Motor Block score (0-4) or N/A: N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A

Sats only

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

700576136V /E4105118 M
MACINTYRE Thomas
04-Jul-81 **CHI:** 040 781 3233
71364 S Allan
12/7 Dryden Gait
EH7 4QS

Date chart commenced: ____________

This is chart number ______ of this admission

Conscious Level Chart to be completed when clinically indicated

			Score	Notes
		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

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** **3 - Minimal movement**
6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**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 2018 Printed January 2019 V1.1 Review December 2021 LOT 1651

O.P. CLINICAL NOTES

(Surgical)

NUMBER 700576136V M 04/07/1981

NAME **MacIntyre, Thomas R**
Newington Guest House,
18 Newington Road,
Edinburgh,
EH9 1QS

CHI 0407813233

70732 L MacCallum

DATE	MR SHULMAN SHEET No.
9.4.13	

LHB 367

DATE

In Patient Records

NHS Lothian

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

Dr MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 04/10/2013

Inpatient Discharge Summary

Patient	Thomas MacIntyre 3/3 Bowhill Terrace Edinburgh EH3 5QY	**CHI** **Date of Birth / Age** **UHPI**	**0407813233** 04/07/1981 (32 years) 700576136V
Specialty	Orthopaedics	**Admission Date**	21/08/2013
Ward	Ward 109 RIE		
Consultant	Miss Leela C Biant	**Discharge Date**	23/08/2013

Dear Dr MacCallum

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Paracetamol Tablets	1000 MG	Every FOUR to SIX hours PRN. Max 4	Short Term	64 tabs
Ibuprofen Tablets	400 MG	Every SIX to EIGHT hours PRN. Max 3	Short Term	23 tabs
Dihydrocodeine Tablets	30 MG	Every FOUR to SIX hours PRN. Max 4	Short Term	30 tabs
Gabapentin Capsules	300 MG	THREE times DAILY	Long Term	40 caps
Quetiapine Tablets	50 MG	In the MORNING	Long Term	57x 25mg tabs
Quetiapine Tablets	25 MG	At NIGHT	Long Term	57x 25mg tabs
Dosulepin Capsules	225 MG	At NIGHT	Long Term	57x 75mg tabs
Co-Amoxiclav Tablets 625mg	1 TABLET	THREE times DAILY	7 Days	21 tabs
Senna Tablets	15 MG	At NIGHT	Short Term	20 tabs

DIAGNOSIS:
1. Laceration to right forearm with loss of soft tissue.
2. Right perilunate dislocation

PROCEDURE:

1. Right forearm wound washout x2 - not closed.
2. Closed reduction of right perilunate dislocation

32 year old male sustained deep puncture wound to right forearm when jumping off of a five foot wall and catching his arm on the spike at the top. 3cm x 5cm soft tissue deficit. Taken to theatre same day.

Post operatively lunate appears to remain unstable in the extremis of extension and radial deviation.

TREATMENT
Above operation
Analgesia
IV antibiotics - co-amox

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
To present to Ward 18 (Plastics) day room at SJH at 08:00hr on Tuesday 27/08/13 having fasted from midnight.

CHANGES TO DRUGS SINCE ADMISSION
Commenced on co-amoxiclav.
Analgesia

PREVIOUS ADVERSE DRUG REACTIONS
NKDA

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
None

GP to please consider the following...
None

Should you need further information please contact...
RIE ward 109
Miss Biant's team.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... PrintName.....

Designation..... Date..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

NHS Lothian

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

Dr Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date: 04/07/2018

Inpatient Discharge Summary

Patient	Thomas MacIntyre 14 Dickson Street Edinburgh EH6 8RN	**CHI** **Date of Birth / Age** **UHPI**	**0407813233** 04/07/1981 (37 years) 700576136V
Specialty	Orthopaedics	**Admission Date**	24/05/2018
Ward	Ward 109 RIE		
Consultant	Mr Iain DM Brown	**Discharge Date**	25/05/2018

Dear Dr Hepple

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Co-Amoxiclav 500/125 Tablets	1 TABLET	THREE times DAILY	10 Days	Last dose due» 3/6/18 28 Tablets
Methadone Mixture 1mg/ml	120 ML	ONCE DAILY	Long Term	No supply given
Paracetamol Tablets	1000 MG	Every FOUR to SIX hours PRN. Max 4	Short Term	64 caplets
Pregabalin Capsules	200 MG	TWICE DAILY	Long Term	80 capsules
Quetiapine M/R Tablets	150 MG	TWICE DAILY	Long Term	64 capsules
Trazodone Tablets	150 MG	At NIGHT	Long Term	

PRINCIPAL DIAGNOSIS/PROCEDURE
Right arm abscess
Incision + drainage on 24/5/18

TREATMENT
This 36 year old gentleman presented to RIE with a red and swollen upper right arm - this was clinically felt to be an abscess and Mr MacIntyre was admitted under orthopaedics. He underwent an incision + drainage of this aspirate on 24/5/18 without complication. He is to complete a 10 day course of co-amoxiclav in the community. No orthopaedic follow-up is required.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
No routine follow-up required

Removal of stitch 7 days post-op in community
Culture result awaiting - provisional result of Gram positive cocci

CHANGES TO DRUGS SINCE ADMISSION
Commenced:
paracetamol, 1g PRN max QDS
co-amoxiclav, 625mg TDS for 10 days

ALLERGIES / ADVERSE DRUG REACTIONS
NKDA

Should you need further information please contact Mr Brown's team, Ward 109, RIE

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Dr Jill Keohone
FY2, Orthopaedics, RIE

Final discharge aurthorised by Mr S Middlenton, Orthopaedic Registrar to Mr I Brown, on 03.07.18
Secretary - 0131 242 3534

NHS Lothian

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

Dr Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date: 04/07/2018

Inpatient Discharge Summary

Patient	Thomas MacIntyre 14 Dickson Street Edinburgh EH6 8RN	**CHI** **Date of Birth / Age** **UHPI**	**0407813233** 04/07/1981 (37 years) 700576136V
Specialty	Orthopaedics	**Admission Date**	24/05/2018
Ward	Ward 109 RIE		
Consultant	Mr Iain DM Brown	**Discharge Date**	25/05/2018

Dear Dr Hepple

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Co-Amoxiclav 500/125 Tablets	1 TABLET	THREE times DAILY	10 Days	Last dose due» 3/6/18 28 Tablets
Methadone Mixture 1mg/ml	120 ML	ONCE DAILY	Long Term	No supply given
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Pregabalin Capsules	200 MG	TWICE DAILY	Long Term	80 capsules
Quetiapine M/R Tablets	150 MG	TWICE DAILY	Long Term	64 capsules
Trazodone Tablets	150 MG	At NIGHT	Long Term	

PRINCIPAL DIAGNOSIS/PROCEDURE
Right arm abscess
Incision + drainage on 24/5/18

TREATMENT
This 36 year old gentleman presented to RIE with a red and swollen upper right arm - this was clinically felt to be an abscess and Mr MacIntyre was admitted under orthopaedics. He underwent an incision + drainage of this aspirate on 24/5/18 without complication. He is to complete a 10 day course of co-amoxiclav in the community. No orthopaedic follow-up is required.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
No routine follow-up required

Removal of stitch 7 days post-op in community
Culture result awaiting - provisional result of Gram positive cocci

CHANGES TO DRUGS SINCE ADMISSION
Commenced:
paracetamol, 1g PRN max QDS
co-amoxiclav, 625mg TDS for 10 days

ALLERGIES / ADVERSE DRUG REACTIONS
NKDA

Should you need further information please contact Mr Brown's team, Ward 109, RIE

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Dr Jill Keohone
FY2, Orthopaedics, RIE

Final discharge aurthorised by Mr S Middlenton, Orthopaedic Registrar to Mr I Brown, on 03.07.18
Secretary - 0131 242 3534

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr Allan
Mill Lane Surgery
4 Mill Lane
Edinburgh
EH6 6TL

Date: 04/04/2019

Inpatient Discharge Summary

Patient	Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH7 4QS	**CHI** **Date of Birth / Age** **UHPI**	**0407813233** 04/07/1981 (37 years) 700576136V
Specialty	Respiratory Medicine	**Admission Date**	14/03/2019
Ward	Ward 54 WGH		
Consultant	Dr David EA Thetford	**Discharge Date**	17/03/2019

Dear Dr Allan

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Amoxicillin Capsules	1000 MG	THREE times DAILY	7 Days	Last dose due» 24/03/19 44 caps
Clarithromycin Tablets	500 MG	TWICE DAILY	7 Days	Last dose due» 24/03/19 15 tabs
Methadone Mixture 1mg/ml	110 ML	ONCE DAILY	Long Term	Pt has recieved today's dose and can pick up next dose tomorrow at GP own
Nicotine Patches 21mg/24hrs	1 PATCH	ONCE DAILY	Long Term	refused
Paracetamol Tablets	1000 MG	Every FOUR to SIX hours PRN. Max 4	Short Term	16 tabs
Pregabalin Capsules	200 MG	TWICE DAILY	Long Term	28 75 mg 28 25mg
Quetiapine Tablets	150 MG	TWICE DAILY	Long Term	own

PRINCIPAL DIAGNOSIS/PROCEDURE
Community Acquired Pneumonia

TREATMENT
Thomas presented to the Western General on 14th March with a 3 day history of shortness of breath, left sided pleuritic chest pain and cough with some haemoptysis. This was investigated with blood tests showing elevated inflammatory markers and a chest x-ray showing left lung opacification. He was therefore treated for a community acquired pneumonia with antibiotics and had low saturations requiring some oxygen.

He was later transferred to Ward 54 for his ongoing care. Given his history of haemoptysis and slightly low saturations a CTPA was requested and this confirmed the diagnosis of community acquired pneumonia and excluded PE.

He now feels better in himself and his observations have been stable. He has therefore been deemed fit for discharge with antibiotics to finish at home.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Outpatient clinic and repeat chest x-ray with Dr Thetford (May)

CHANGES TO DRUGS SINCE ADMISSION
Short course of Amoxicillin
Short course of Clarithromycin

ALLERGIES / ADVERSE DRUG REACTIONS
No known drug allergies

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil

CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING
Nil

CONSULTANT COMMENTS
I can confirm this is an accurate reflection of this gentleman's admission. I will see him back in my clinic in May.

Yours sincerely

Electronically Signed and Verified by Dr Thetford

Dr David Thetford
Locum Respiratory Physician
DEAT/RT

Secretary: 0131 - 537 2348

Progress Notes

Patient & GP Information

UHPI Number	700576136V
CHI Number	0407813233
Episode Number	I0003265938
Surname/Forename	MacIntyre, Thomas
Date of Birth	04/07/1981
Sex	Male
Patient Address.	12/7 Dryden Gait Edinburgh EH7 4QS
Registered GP	R Harrison
GP Address.	Barclay Medical Practice Leith,4 Mill Lane,Edinburgh, EH6 6TL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

700576136V	700576136V
0407813233	0407813233
I0003269217	I0003314311
MacIntyre, Thomas	MacIntyre, Thomas
04/07/1981	04/07/1981
Male	Male
12/7 Dryden Gait Edinburgh EH7 4QS	12/7 Dryden Gait Edinburgh EH7 4QS
R Harrison	R Harrison
Barclay Medical Practice Leith,4 Mill Lane,Edinburgh, EH6 6TL	Barclay Medical Practice Leith,4 Mill Lane,Edinburgh, EH6 6TL

Patient & GP Information

700576136V	700576136V
0407813233	0407813233
I0004469603	I0004665673
MacIntyre, Thomas	MacIntyre, Thomas
04/07/1981	04/07/1981
Male	Male
12/7 Dryden Gait Edinburgh EH7 4QS	12/7 Dryden Gait Edinburgh EH7 4QS
R Harrison	R Harrison
Barclay Medical Practice Leith,4 Mill Lane,Edinburgh, EH6 6TL	Barclay Medical Practice Leith,4 Mill Lane,Edinburgh, EH6 6TL

Patient & GP Information

700576136V
0407813233
I0005185333
MacIntyre, Thomas
04/07/1981
Male
12/7 Dryden Gait Edinburgh EH7 4QS
R Harrison
Barclay Medical Practice Leith,4 Mill Lane,Edinburgh, EH6 6TL

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Operation Note Episode/Ref: I0003265938 22/08/2013 12:29 Ruth Hannah	

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003265938 Miss Leela C Biant 23/08/2013 15:52 Lesley Bryan	DIAGNOSIS:,1. Laceration to right forearm with loss of soft tissue. ,2. Right perilunate dislocation, ,PROCEDURE:,1. Right forearm wound washout x2 - not closed. ,2. Closed reduction of right perilunate dislocation ,,32 year old male sustained deep puncture wound to right forearm when jumping off of a five foot wall and catching his arm on the spike at the top. 3cm x 5cm soft tissue deficit. Taken to theatre same day. ,,Post operatively lunate appears to remain unstable in the extremis of extension and radial deviation. ,,TREATMENT,Above operation,Analgesia ,IV antibiotics - co-amox,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,To present to Ward 18 (Plastics) day room at SJH at 08:00hr on Tuesday 27/08/13 having fasted from midnight. , ,CHANGES TO DRUGS SINCE ADMISSION,Commenced on co-amoxiclav.,Analgesia, ,PREVIOUS ADVERSE DRUG REACTIONS,NKDA, ,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,None, ,GP to please consider the following...,None, ,Should you need further information please contact...,RIE ward 109,Miss Biant's team. , ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely....., ,Staff Signature..... PrintName.....,,Designation..... Date..... Time.....,,Patient/Carer Signature....., ,This is an immediate discharge letter and a further letter may follow.

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0003269217 Mr Stuart Andrew Hamilton 27/09/2013 11:49 Linda McCulloch	This gentleman will be admitted on 4.11.13 for removal of K-wires under local anaesthetic from his right wrist. ,,Kind regards, ,Yours sincerely,,,,CLAIRE SIMPSON, FRCS (Orth) Dip Hand Surg,Consultant Hand & Wrist Surgeon,,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0003269217 Mr Stuart Andrew Hamilton 27/09/2013 11:49 Linda McCulloch	Diagnosis: ,Two weeks post-op scapholunate ligament ,,Management today:,Removal of sutures, re-plaster. ,,Plan: ,Admit in six weeks time for removal of K-wires on Cepod 4.11.13 morning list. ,,I reviewed Mr MacIntyre today. His wounds look clean, healthy and dry. The sutures have been removed. He has been replaced into a forearm cast and this will remain on for a further six weeks at which time it will be time to remove his K-wires. This will be done in theatre, hopefully under local anaesthetic. He will need to come to the day case unit on that morning. Following removal of the wires we will leave him free and we will start mobilising his wrist which will be understandably very stiff at that time. I will let you know how he gets on. ,,Kind regards, ,Yours sincerely,,,,CLAIRE SIMPSON, FRCS (Orth) Dip Hand Surg,Consultant Hand & Wrist Surgeon,,c.c.,Miss Phillipa Rust ,Consultant Hand Surgeon ,St John's Hospital,Livingston ,EH54 6PP,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0003314311 Miss Claire K Simpson 13/05/2014 15:18 Valerie Will	Diagnosis: Seven months post scapho lunate ligament repair right wrist. More recent injury right base 5th metacarpal several weeks ago.,,Management plan: See three months with x-ray on arrival right wrist.,,This gentleman turned up in clinic today after having lost attendance for several months. It would appear that all is going well with his wrist although we have got no radiological evidence of this in clinic today. He has got good range of movement of his wrist without any pain. He did bring our attention to a new injury at the base of his 5th metacarpal which seems to be several weeks old now which is likely to be a fracture.,,I have suggested that we leave this alone for the present time but he mobilises as pain allows and we attend to any chronic problems should they arise.,,Kind regards,,Yours sincerely,,,,CLAIRE SIMPSON, FRCS (Orth) Dip Hand Surg,Consultant Hand & Wrist Surgeon,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0003314311 Miss Claire K Simpson 21/07/2014 16:37 Karen Douglas	Mr MacIntyre was due to re-attend clinic today but failed to do so.,,I have discharged him back to your care.,,Yours sincerely,,,,,Claire Simpson FRCS (Orth) Dip Hand Surg,Consultant Hand & Wrist Surgeon,,,CS/KD

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Clerking Episode/Ref: I0004469603 Mr Iain DM Brown 24/05/2018 06:07 Dr Lucy Knox	HISTORY:,,Presenting complaint,» R Upper arm Abscess, failed I+D under Local,,36 year old IVDU. Injected heroin into R biceps 2.52 ago. ,Noticed swelling around area 5 days ago, was started on Flucloxacillin in the community. ,Abscess now pointing. ,,Despite local+analgesia+ entonox was unable to tollerate local I+D. 200mls pus drained however CT feels likelt ongoing loculations so admitted for formal I+D. ,, ,SYSTEMATIC ENQUIRY:,Otherwise feels well,Doesnt feel feverish,Passing urine well,Bowels opening as normal,Appetite good,No headaches,,,,PAST MEDICAL HISTORY:,,Nil,,,LIFESTYLE CHOICES:,,IVDU ,Smoker,Unemployed,,No alcohol ,,ALLERGIES:,,Nil known,,MEDICATIONS/PHARMACEUTICAL CARE ISSUES:,,States he is on Methadone (around lunchtime)- will hand over to day team to phone pharmacy,,PHYSICAL EXAMINATION:,,General / ENT ,» Looks well,,- R arm bandaged, states painful still. Not examined. ,,Cardiovascular System ,» Pulse strong, regular. Hs1+2+0. WWP. CRT <2s, ,Respiratory System ,» Chest clear,,Abdomen / Gastrointestinal / Genito-urinary system ,»SNT,,Central nervous system / Locomotor system ,» Not formally assesed, no concerns,,,Conscious Level (AVPU) » alert,Glasgow Coma Scale »15,,IMPRESSION/DIFFERENTIAL DIAGNOSIS:,,Abscess,,INITIAL MANAGEMENT PLAN:,,PLAN,1. Will require formal I&D,2. Admit Ortho,3. M&C - I&D abscess,4. Analgesia,5. IV co-amoxiclav,,6. NBM, fasting fluids prescribed,,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0004469603 Mr Iain DM Brown 25/05/2018 14:17 Megan Blyth	Op note 24.05.18.,,Diagnosis: ,Abscess right arm. ,,Operation: ,Incision and drainage abscess right arm. ,,Pre-operative note: ,Consent was reconfirmed this afternoon. I have warned him of the risks, benefits and side-effects of such an undertaking. He was happy to proceed.,,Surgeon: Mr. Clement. ,Anaesthetist: Dr. Nimmo. ,Anaesthetic: GA. ,,Patient positioned supine and the arm placed on an arm board. No tourniquet used. The right arm was prepped and draped in a standard fashion. The abscess was pointing over the anterior aspect of the distal biceps. An elliptical incision was made here and marked pus was expressed. The cavity was both superficial to the fascia and deep. There was a cavity approximately 5x5cm superficial and a little smaller deep to the fascia. Curettage was used superficial to the fascia and washing was performed in both compartments. All pus expressed. Washed out with 3L of normal saline. A tacking suture was placed to hold the skin edges together but not formally closed. Dressings were applied. Neurovascularly intact at end of procedure. ,,Plan: ,Wound review tomorrow morning. If it looks quiet can be converted over to oral antibiotics and allowed home later that day before removal of suture in 7 days. No formal orthopaedic follow-up required.,,NC/MB,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004469603 Clinical Pharmacist 25/05/2018 14:55 Louise Summers	PHARMACY COMMENTS, ,Phoned Thomas's community pharmacy (Lloyds Crighton Place tel 554 1373),Confirmed that Thomas does have a valid script for his methadone and can collect this as normal starting from tomorrow.,FY2 Jill aware that no methadone to be supplied from us on discharge.,Please advise Thomas of the above - asleep at present.,,Louise Summers,Pharmacist,Bleep 5218

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004469603 Mr Iain DM Brown 25/05/2018 14:56 Jill Keohone	PRINCIPAL DIAGNOSIS/PROCEDURE,Right arm abscess,Incision + drainage on 24/5/18, ,TREATMENT,This 36 year old gentleman presented to RIE with a red and swollen upper right arm - this was clinically felt to be an abscess and Mr MacIntyre was admitted under orthopaedics. He underwent an incision + drainage of this aspirate on 24/5/18 without complication. He is to complete a 10 day course of co-amoxiclav in the community. No orthopaedic follow-up is required.,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,No routine follow-up required,Removal of stitch 7 days post-op in community,Culture result awaiting - provisional result of Gram positive cocci, ,CHANGES TO DRUGS SINCE ADMISSION,Commenced:,paracetamol, 1g PRN max QDS,co-amoxiclav, 625mg TDS for 10 days ,,ALLERGIES / ADVERSE DRUG REACTIONS,NKDA, ,Should you need further information please contact Mr Brown's team, Ward 109, RIE, ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely....., ,Dr Jill Keohone,FY2, Orthopaedics, RIE, ,Final discharge aurthorised by Mr S Middlenton, Orthopaedic Registrar to Mr I Brown, on 03.07.18,Secretary - 0131 242 3534

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0004469603 24/05/2018 06:50 Dr Lucy Knox	Phar:T,Med history completed: Y,Sources used (min.of 2): ECS, GP practice, & communitry pharmacy,Referral code:,D5 - 120ml methadone supervised daily,MCA: N ,Community pharmacy: name: Lloyds,telephone: 554 1376,CP number: 2361,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Ward Round Episode/Ref: I0004469603 Ms Chloe EH Scott 24/05/2018 11:28 Caroline Jane Darling	Date : 24/05/2018,Ward Round Lead : Mr Iain DM Brown,,,Ward Round Note : Mr MacIntyre has an anterior abscess to his right upper arm. It is just above his elbow but not in the joint. He injected a couple of weeks ago. The ST Dr MacLeod had taken some pus out which seems to have done quite a lot of the job. It might be reasonable just to give it a good washout in theatre however to get him better quickly. He is currently well and there is a possibility he could be cancelled due to other clinical priorities. I have made him aware of this and given him breakfast this morning. IDMB/cjs,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004469603 Nurse 24/05/2018 16:02 Sarah Clarke	Pt away at th at present. IVABx given as per kardex prior to th. Meds ordered.

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004469603 Nurse 25/05/2018 01:52 Caroline Dickson	IVAB's given as charted. Observations stable. Nil new issues. For wound review in am.

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Ward Round Episode/Ref: I0004469603 Mr Iain DM Brown 25/05/2018 13:14 Caroline Jane Darling	Date : 25/05/2018,Ward Round Lead : Mr Iain DM Brown,,,Ward Round Note : Mr MacIntyre went to theatre yesterday. He has got a wound that looks a bit red but he is ony antibiotics Co-amoxiclav. Will change him onto orals and hopefully can get away home today when his pain is a bit better. This needs Practice Nurse follow-up. IDMB/cjs,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004665673 Nurse 16/03/2019 04:35 John Bryce Milner	NURSING PROGRESS NOTES,,NEWS: 5 due to Sp02 94% on 2L 02 via n/c and BP 100/59.,,PRESENTING COMPLAINT AND MANAGEMENT: Settled overnight. Leaving ward to smoke. Removed NRT patch due to patient continuing to smoke.,,PERSONAL CARE: Independant.,,ELIMINATION: Independant and continent.,,ORAL INTAKE: Normal diet and fluids.,,DISCHARGE PLANNING: No d/c plan.,,AMBULATION: Mobilsing independantly.,,SKIN INTEGRITY: Skin reported intact.,,SAFETY: No safety concerns.,,S/N Milner,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Ward Round Episode/Ref: I0004665673 Dr Claire F Gordon 16/03/2019 11:21 Dr Nicolas Simmers	WR Thetford,,Denies further haemoptysis,,Reports continued sputum production,,93% on RA, BP 104/40, HR 58, apyrexial,Minimal crackles Left lower zone.,,Imp - CAP,- CTPA requested due to atypical hx of left pleuricy and fresh haemoptysis prior to any infective symptoms,,Plan,1. CTPA,2. If CTPA negative and continues to improve EDD tomorrow

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004665673 Nurse 16/03/2019 16:39 Tony Parrish	Pt requested to go off ward approxiamately 16.15 hrs, saying wanted a cigarette. Previous NEWS = 5. Reassessed NEWS = 2, but any mobilisation (even moving on bed) desaturated to 84-5% SpO2. D/W pt risks involved since desaturating at slightest provocation. Pt says understands but feels fine. I feel he does not want to acknowledge risk. Escalated to FY1 to confirm leaving would be against medical advice. D/W pt smoking cessation. Not interested. PVC cannula (inserted for CT) removed. Pt requested to advise nurses if he does elect to leave.

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004665673 Nurse 17/03/2019 03:52 John Bryce Milner	NURSING PROGRESS NOTES,,NEWS: 4 due to Sp02 95% on 2L 02 via n/c and BP 108/68,,PRESENTING COMPLAINT AND MANAGEMENT: Intially refusing to wear 02 n/c however explained to risks and benefits - to which he agreed to do so. Required PRN analgesia for pleural pain - which worked to good effect.,,PERSONAL CARE: Independant.,,ELIMINATION: Independant and continent.,,ORAL INTAKE: Normal diet and fluids.,,PVC: PVC removed (foot) by day staff.,,DISCHARGE PLANNING: No d/c plan.,,AMBULATION: Mobilsing independantly, no aids.,,SKIN INTEGRITY: Skin reported intact.,,SAFETY: No safety concerns.,,S/N Milner,

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Community Intervention Episode/Ref: I0004665673 Dr Claire F Gordon 17/03/2019 12:02 Dr David EA Thetford	Reviewed,,Apyrexia,,SpO2 97% RA,BP 110/70 HR 80,,No GI issues,tolerating Abx well,,HIV -ve,B Cult -ve,CRP falling,,CT consistent with CAP,Likely mild reactive lymphadenopathy,,Plan: allow home,Complete further 7 days of amoxycillin and clarithromycin,,FU at my Resp OPD in 6/52 with repeat CXR,,Thetford

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004665673 Nurse 15/03/2019 06:11 Laura Smith	patient transfered to room 9, settled and slept well, not required any prn diazepam overnight. s/n L Smith

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004665673 Dr David EA Thetford 17/03/2019 12:14 Dr Nicolas Simmers	PRINCIPAL DIAGNOSIS/PROCEDURE,Community Acquired Pneumonia,,TREATMENT,Thomas presented to WGH on 14/03/19 with a 3 day history of SOB, left sided pleuritic chest pain and cough with some haemoptysis. This was investigated with blood tests showing elevated inflammatory markers and a chest xray showing left lung opacification. He was therefore treated for a CAP with antibiotics and had low saturations requiring some oxygen.,He was later transferred to Ward 54 for his ongoing care. Given his history of haemoptysis and slightly low saturations a CTPA was requested and this confirmed the diagnosis of CAP and excluded PE.,He now feels better in himself and his observations have been stable. He has therefore been deemed fit for discharge with antibiotics to finish at home.,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,- outpatient clinic and repeat chest xray with Dr Thetford ,,CHANGES TO DRUGS SINCE ADMISSION,- short course of amoxicillin,- short course of clarithromycin,,ALLERGIES / ADVERSE DRUG REACTIONS,- NKDA,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,- Nil,,CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING ,- Nil,,GP to please consider the following - thank you for your ongoing care, ,Should you need further information please contact - Dr Thetford's Team, Respiratory Medicine, Ward 54, WGH, ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely....., ,Staff Signature..... Print Name....Nicolas Simmers.....,,Designation....FY1 Respiratory Medicine..... Date...17/03/19.... Time..12:15...,,Patient/Carer Signature....., ,This is an immediate discharge letter and a further letter may follow.

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004665673 Dr David EA Thetford 26/03/2019 13:23 Rebecca Smith	PRINCIPAL DIAGNOSIS/PROCEDURE,Community Acquired Pneumonia,,TREATMENT,Thomas presented to the Western General on 14th March with a 3 day history of shortness of breath, left sided pleuritic chest pain and cough with some haemoptysis. This was investigated with blood tests showing elevated inflammatory markers and a chest x-ray showing left lung opacification. He was therefore treated for a community acquired pneumonia with antibiotics and had low saturations requiring some oxygen.,,He was later transferred to Ward 54 for his ongoing care. Given his history of haemoptysis and slightly low saturations a CTPA was requested and this confirmed the diagnosis of community acquired pneumonia and excluded PE.,,He now feels better in himself and his observations have been stable. He has therefore been deemed fit for discharge with antibiotics to finish at home.,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,Outpatient clinic and repeat chest x-ray with Dr Thetford (May),,CHANGES TO DRUGS SINCE ADMISSION,Short course of Amoxicillin,Short course of Clarithromycin,,ALLERGIES / ADVERSE DRUG REACTIONS,No known drug allergies,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil,,CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING ,Nil,,CONSULTANT COMMENTS,I can confirm this is an accurate reflection of this gentleman's admission. I will see him back in my clinic in May.,,Yours sincerely,,Electronically Signed and Verified by Dr Thetford,,,Dr David Thetford,Locum Respiratory Physician,DEAT/RT,,Secretary: 0131 - 537 2348

Surname/Forename	MacIntyre, Thomas
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Episode Number	I0003265938

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0004665673 Dr David EA Thetford 30/05/2019 10:42 Rebecca Smith	I am sorry you were unable to attend the respiratory clinic on 28th May 2019.,,Following your recent admission with pneumonia. I think it would be helpful for you to have a repeat chest x-ray to ensure that the previous changes have fully resolved. This has already been requested for you.,,It would be possible for you to attend for this at the Western General Hospital X-ray Department Monday to Friday between 9am and 4pm.,,Yours sincerely,,Electronically Signed and Verified by Dr Thetford,,Dr David Thetford,Locum Respiratory Physician,DEAT/RT,,Secretary: 0131 - 537 2348,,cc: Dr Allan, Mill Lane Surgery, 4 Mill Lane, Edinburgh, EH6 6TL

Surname/Forename	MacIntyre, Thomas
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Episode Number	I0003265938

Note Details	Clinical Notes
Specialty Review Episode/Ref: I0004665673 Dr David EA Thetford 15/03/2019 09:27 Dr David EA Thetford	37 yo man,,Smoker, hx IVDA,,Presents with 4/7 hx of cough, purulent sputum, haemoptysis and ,L pleuritic chest pain.,,No hx of preceding viral symptoms.,Felt well Sunday 10/3/19,Awoke Monday 11/3 with L chest pain as if had been hit in the side, increased deep inspiration.,Coughed with initial fresh blood.,Subsequent SOB and purulent sputum.,,Denies having injected drugs in groin or LL`s,Very occasional IV drug use, upper limbs only,,OE: SpO2 83% RA, 94% + on 2lLitres NP, Crackles LLZ post No rub,, No clubbing No stigmata SBE, BP 116/84 HR 84, HS pure, No IV sites over inguinal area, No clinical DVT,, CXR: L lung opacification cons with pneumonia, ECG: SR No RHS, WCC 9, CRP 210/110, urea normal, d dimer 242,, Imp: Likely CAP (CURB 65 0, but sig hypoxia RA),, Merits CTPA in view of Hx of onset, and haemoptysis,, Plan: Target Sats 94-98%, VTS, Sputum C&S, B Cultures, BBV screen, , Amoxycillin 1g tid, Clarith 500mg bd PO,, CTPA,, Happy to take over care, Wd 54,, Continue methadone 110mg day,,,Thetford,Resp ,, ,, ,,

Surname/Forename	MacIntyre, Thomas
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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0004665673 Smoking cessation advisor 15/03/2019 12:14 Elizabeth Swanston	Seen by smoking cessation. Declines support. Has nicotine patch in situ for symptom relief.

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UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004665673 Dr Claire F Gordon 15/03/2019 12:44 Dr Roberta Garau	FY1 Entry,,Discussed with consultant radiologist on call. As CXR and history point to pneumonia CTPA on hold unless hears back from resp team.

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005185333 Nurse 05/04/2021 21:21 Mark Dowie	LumiraDX antigen test Date performed: 05/04/2021 Result: Negative

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005185333 Dr David R McKean 05/04/2021 23:16 Dr Simon AS Gatt	**Radiology provisional report. Consultant verified report will be available within 24 hours.** Pre-contrast and arterial phase CT scan extending from the pelvis to the mid thigh region. Extensive inflammatory stranding is demonstrated within the subcutaneous tissues of the right groin but also within the anterior intramuscular compartment of the right thigh. No evidence of pseudoaneurysm formation is seen, with normal opacification of the femoral arteries. Despite no contrast being seen within the veins at the time of scanning, the right femoral vein appears distended throughout its length within the visualised right thigh with most of the aforementioned inflammatory stranding also noted to being centred around it - findings are highly suggestive of thrombosis. A superficial vein along the antero-medial aspect of the right thigh also appears swollen with surrounding inflammatory stranding, possibly in keeping with an associated superficial thrombophlebitis. No discrete collections are demonstrated throughout the visualised right bullae. Extensive right pelvic sidewall and groin lymphadenopathy is seen, likely reactive. No other abnormalities throughout the visualised pelvis. No suspicious bone lesions. Impression: 1) No pseudoaneurysm or collections of the right groin. 2) No venous contrast phase images available. Distended right femoral vein with surrounding inflammatory stranding is highly suggestive of deep venous thrombosis. A duplex ultrasound will be helpful in confirming the diagnosis if any clinical doubt persists. Caring clinicians informed at 23:10. __ Dr Simon Gatt. GMC: 7784414 Radiology Registrar Simon.Gatt@nhslothian.scot.nhs.uk

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

Episode Number	I0003265938

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005185333 Dr David R McKean 06/04/2021 09:27 Karen Speed	THE INFORMATION BELOW RELATES TO PATIENT PRESENTATION ON 05.04.21 CLINICAL NOTES: Clinical note: PC Rt leg pain HPC Patient presneted to A+E with Rt leg pain that started last Monday after he injected herion in his Rt leg Said that it started as a niggle and has been gradually getting worse Described as constant dull aching and throbbing pain in his Rt inguinal region going down to the front of his thigh and his calf muscle Scored as 8/10, and says it feels tight when he tries to walk and gets tighter by time He has been taking some Abx that he had at his house (Co-amoxicalv) thinking that it might be an infection and the Abx might clear it out He denies any fever, feeling unwell No flu like symptoms, cough, SOB, change in smell or taste No abdo pain, change in bowel habits, UTI symptoms Had an infection in injection sites in both arms before and says the pain feels similar but worse in nature Admitted to herion injection last Monday but denied any drug use or injection since PMH IVDU Mental health problems DH Methadone Queitiapine Sertraline SH Smokes 40 CPD IVDU O/E: NEWS 1 , HR 102 Equal reduced air entry, no added sounds Abdo Soft with slight tenderness over RIF Rt inguinal red swollen area with hard lump around injection site Diffuse redness on the medial side of the thigh, tender, hot to touch, no skin markings, obvious swelling Firm calf muscle on the Rt side with obvious swelling IMP ? groin abcess, ? proximal DVT Plan (D/W Dr. Skinner ED Cons) Bloods inc D- dimers D/W Vascular on call Dr. Cassidy Advised refer to eneral surgeons as a Rt groin abcess CT angio and if confirmed pseduoanuerism to refer back to vascular D/W genral surgery Advised need CT angio to decide destination of admission _____ M Lau CDF - care taken over Patient reviewed in obs ward: Ongoing R leg pain, dose of oramorph given Obs otherwise stable o/e R leg - small 1cm hard lump palpable in R groin, not fluctuant (likely scar tissue rather than abscess). Superficial veins seen along R medial thigh and calf, with calf measuring 38.6cm (compared to 35.2cm in L calf). No erythematous change in leg. Tender to palpate along anteromedial thigh and R

Surname/Forename	MacIntyre, Thomas
UHPI Number	700576136V

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Note Details	Clinical Notes
	calf L leg nad CT report: 1) No pseudoaneurysm or collections of the right groin. 2) No venous contrast phase images available. Distended right femoral vein with surrounding inflammatory stranding is highly suggestive of deep venous thrombosis. A duplex ultrasound will be helpful in confirming the diagnosis if any clinical doubt persists. Imp: R leg DVT - Wells 3 Patient haemodynamically stable and is well in department. Suitable for ambulatory care referral Dalteparin Leg US doppler requested Worsening advice provided to patient and is aware he will receive a phone call from the relevant dept re appt time in the morning

Referrals

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Knee L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	25/11/2012
Date submitted	25/11/2012
UCPN	101004543449G

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

18 NEWINGTON ROAD
EDINBURGH
EH9 1QW

Voice (Mobile) : 07771736690

REFERRING PRACTITIONER DETAILS

Name:	Dr. Linda MacCallum (GMC: 2339427)
Practice:	Boroughloch Medical Practice (70732)
Phone:	Voice : 0131 229 7529

Practice address

1 Meadow Place
Edinburgh
EH9 1JZ

CLINICAL INFORMATION

Reason for Referral:	Rt Knee pain
Main Referral Text:	This gentleman initially had and injury to his rt knee in April 2010. It was apparently damaged by an axe. He had some treatment for it initially and the wound become infected. He is getting a lot of pain from the knee now and I would be grateful if you would assess and advise if there is anything further can be done.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Post-traumatic wound infection NEC			13/05/2010	13/05/2010
Laceration - leg		right knee	29/04/2010	29/04/2010
Overdose of drug		amitriptyline	30/06/2009	30/06/2009
Overdose of drug		mst	29/05/2009	29/05/2009
Alcohol dependence syndrome			30/01/2009	30/01/2009
[X]Depressive episode			21/11/2008	21/11/2008
Overdose of drug		paracetamol	17/07/2008	17/07/2008
Child in care		as child	14/02/1995	14/02/1995
Behavioural problem			23/02/1991	23/02/1991
Behavioural problem			09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/01/2010	01/01/2010

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dosulepin 75mg tablets	tablet	3 TABS AT NIGHT		22/11/2012		22/11/2012
Dosulepin 75mg tablets	tablet	2 TABLET AT NIGHT		09/11/2012		09/11/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		09/11/2012		09/11/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		22/10/2012		22/10/2012

Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT	22/10/2012	22/10/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT	25/09/2012	25/09/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY	25/09/2012	25/09/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY	11/09/2012	11/09/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT	11/09/2012	11/09/2012
Podophyllotoxin 0.15% cream	gram	AS DIRECTED	11/09/2012	11/09/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT	03/09/2012	03/09/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE TWICE A DAY	03/09/2012	03/09/2012

Additional information

Smoking history (Encounters):Current smoker Date recorded:3-Sep-2012

Alcohol history (Encounters):Alcohol intake above recommended sensible limits Date recorded:3-Sep-2012

Patient Weight in Kilograms:77

Patient Height in Metres:1.81

NHS Lothian - Referral Letter

Referral To	Western General Hospital Urology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	28/12/2012
Date submitted	28/12/2012
UCPN	101004681095K

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

18 NEWINGTON ROAD
EDINBURGH
EH9 1QW

Voice (Mobile) : 07771736690

REFERRING PRACTITIONER DETAILS

Name:	Dr. Linda MacCallum (GMC: 2339427)
Practice:	Boroughloch Medical Practice (70732)
Phone:	Voice : 0131 229 7529

Practice address

1 Meadow Place
Edinburgh
EH9 1JZ

CLINICAL INFORMATION

Reason for Referral:	Lump penis
Main Referral Text:	This gentleman feels he has a lump in the shaft of his penis. It appears to cause pain and distortion when erect. I would be grateful fro your assessment and advice on management.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Post-traumatic wound infection NEC			13/05/2010	13/05/2010
Laceration - leg		right knee	29/04/2010	29/04/2010
Overdose of drug		amitriptyline	30/06/2009	30/06/2009
Overdose of drug		mst	29/05/2009	29/05/2009
Alcohol dependence syndrome			30/01/2009	30/01/2009
[X]Depressive episode			21/11/2008	21/11/2008
Overdose of drug		paracetamol	17/07/2008	17/07/2008
Child in care		as child	14/02/1995	14/02/1995
Behavioural problem			23/02/1991	23/02/1991
Behavioural problem			09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/01/2010	01/01/2010

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		06/12/2012		06/12/2012

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

Dosulepin 75mg tablets	tablet	1 TABLET DAILY	06/12/2012	06/12/2012
Dosulepin 75mg tablets	tablet	3 TABS AT NIGHT	22/11/2012	22/11/2012
Dosulepin 75mg tablets	tablet	2 TABLET AT NIGHT	09/11/2012	09/11/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY	09/11/2012	09/11/2012
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY	22/10/2012	22/10/2012
Dosulepin 75mg tablets	tablet	1 TABLET AT NIGHT	22/10/2012	22/10/2012

Additional information

Smoking history (Encounters):Current smoker Date recorded:3-Sep-2012

Alcohol history (Encounters):Alcohol intake above recommended sensible limits Date recorded:3-Sep-2012

Patient Weight in Kilograms:77

Patient Height in Metres:1.81

NHS Lothian - Imaging Request

Referral To	Lauriston Buildings Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	15/01/2014
Date submitted	15/01/2014

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

18 NEWINGTON ROAD
EDINBURGH
EH9 1QS

Voice (Mobile) : 07771736690

REFERRING PRACTITIONER DETAILS

Name:	Dr Linda Maccallum (GMC: 2339427)
Practice:	Boroughloch Medical Practice
Phone:	Voice : 01312297529

Practice address

1 MEADOW PLACE
EDINBURGH
EH9 1JZ

INVESTIGATION REQUESTED

Test Requested:	**Wrist right**
Reason for Request:	Quite a severe perilunate dislocation Aug last year with surgical repair. Now new FOOSH last week with extra pain and swelling at distal end of scar - just at border of wrist and hand. ?further damage/ #

CLINICAL INFORMATION

Investigations

Description	Result	Date
Please provide smoking status :	Smoker	
Suspected :	Fracture	
Could the patient be pregnant? :	No	

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose & Throat (ENT) L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	15/01/2014
Date submitted	15/01/2014
UCPN	101006560608D

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

1/1 Greenacre
Edinburgh
EH14 3JG

Voice (Mobile) : 07771736690

REFERRING PRACTITIONER DETAILS

Name:	Dr Linda Maccallum (GMC: 2339427)
Practice:	Boroughloch Medical Practice
Phone:	Voice : 01312297529

Practice address

1 MEADOW PLACE
EDINBURGH
EH9 1JZ

CLINICAL INFORMATION

Reason for Referral: Old Nasal fractures with marked septal deviation

Main Referral Text:

Dear Doctor,

This 32- year old man has a history of, by the looks of things, quite a few nasal fractures. His septum is deviated markedly to the left and he has almost no L nostril patency. He has asked to be referred for a discussion about the possible benefits of surgical intervention.

Thanks for seeing him

Yours sincerely

Dr Richard Smith

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Laceration of arm		right - loss of soft tissue	21/08/2013	21/08/2013
Closed traumatic dislocation lunate (volar)		right	21/08/2013	21/08/2013
Patient's next of kin		ailsa mcnaughton - partner - 07968130307	03/09/2012	03/09/2012
Post-traumatic wound infection NEC			13/05/2010	13/05/2010
Laceration - leg		right knee	29/04/2010	29/04/2010
Overdose of drug		amitriptyline	30/06/2009	30/06/2009
Overdose of drug		mst	29/05/2009	29/05/2009
Alcohol dependence syndrome			30/01/2009	30/01/2009
[X]Depressive episode			21/11/2008	21/11/2008
Overdose of drug		paracetamol	17/07/2008	17/07/2008
Child in care		as child	14/02/1995	14/02/1995
Behavioural problem			23/02/1991	23/02/1991
Behavioural problem			09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/01/2010	01/01/2010

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dosulepin 75mg tablets	tablet	3 TABLETS AT NIGHT		27/03/2013		06/01/2014
Gabapentin 300mg capsules	capsule	1 CAPSULE THREE A DAY		06/12/2012		06/01/2014
Quetiapine 25mg tablets	tablet	2 TABLETS DURING DAY AND 1 TA[more]		27/03/2013		06/01/2014

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		15/01/2014		15/01/2014
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		10/01/2014		10/01/2014
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		30/12/2013		30/12/2013
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		18/12/2013		18/12/2013
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		11/12/2013		11/12/2013
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		04/12/2013		04/12/2013
Pregabalin 50mg capsules	capsule	TAKE TWO THREE TIMES DAILY. D[more]		22/11/2013		22/11/2013
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		22/11/2013		22/11/2013
Pregabalin 50mg capsules	capsule	TAKE ONE TWICE DAILY THEN INC[more]		13/11/2013		13/11/2013
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		13/11/2013		13/11/2013
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		04/11/2013		04/11/2013
Oxycodone 5mg capsules	capsule	TAKE ONE AS REQUIRED, UP TO F[more]		24/10/2013		24/10/2013
Dosulepin 75mg tablets	tablet	3 TABLETS AT NIGHT		27/03/2013		04/12/2013

Additional information

Smoking history (Encounters):Current smoker Date recorded:27-Aug-2013

Alcohol history (Encounters):Alcohol intake above recommended sensible limits Date recorded:27-Aug-2013

Patient Weight in Kilograms:77

Patient Height in Metres:1.81

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Medicine L Basic SIGN Referral
Urgency of referral	Urgent
Date of referral	14/03/2019
Date submitted	14/03/2019
UCPN	101018250275K

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

12-7 DRYDEN GAIT
EDINBURGH
EH7 4QS

Voice (Mobile) : 07427 963696

REFERRING PRACTITIONER DETAILS

Name:	Dr Scott Allan (GMC: 4647155)
Practice:	Mill Lane Surgery
Phone:	Voice : 01315541274

Practice address

4 MILL LANE
EDINBURGH
EH6 6TL

CLINICAL INFORMATION

Reason for Referral: crp 210. haemoptysis, shortness of breath, left chest pain

Main Referral Text: please can you see this man who is on methadone and also injects heroin. he was seen by a colleague 2 days ago with left sided chest pain , cough and phlegm with blood. he was sent for bloods and given amox but does not feel better. he has blood in phlegm daily, sometimes more than teaspoons, ongoing left sided chest pains. feels sob on exertion and fatigued. he had some right chest pain yesterday but this settled. he also has frequency, and hesitancy. his crp has come back at 210.
oe pale, temp 36.0 sat 85-87% (was 95% when seen two days ago,) pulse 100 reg
chest clear, tender ribs at axilla left side
hs normal, soft abd sl tender right if area, bs present
he has had little improvement on amox and I am worried re his ongoing symptoms with high crp.
he last injected heroin last weekend into the right arm

many thanks

dr s allan

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Pleural effusion NOS			04/04/2016	04/04/2016
Endogenous depression			20/03/2015	20/03/2015
Nasal obstruction			02/04/2014	02/04/2014
Injury arm		- impailed on railing	21/08/2013	21/08/2013
[V]Accentuation of personality traits		- borderline peronality traits	05/02/2013	05/02/2013
[X]Depressive episode			10/05/2011	10/05/2011
[X]Assault		- ear lobe bitten	12/09/2010	12/09/2010
[X]Assault		- laceration (R) knee. Wound infected 13.5.10	29/04/2010	29/04/2010
Overdose of drug		- Amitriptyline	30/06/2009	30/06/2009
Overdose of drug		- MST	29/05/2009	29/05/2009
Alcohol dependence syndrome			30/01/2009	30/01/2009
Deliberate self-harm		- lacerations to chest	23/12/2008	23/12/2008
[X]Depressive episode			21/11/2008	21/11/2008
Drug dependence			01/10/2008	01/10/2008
Overdose of drug		- Paracetamol	17/07/2008	17/07/2008
Deliberate self-harm		- laceration (L) forearm	01/07/2008	01/07/2008

Chest pain		09/02/2008	09/02/2008
Child is informal carer	- 2 children in care	09/05/2005	09/05/2005
Child is cause for concern		14/02/1995	14/02/1995
Behavioural problem		23/02/1991	23/02/1991
Behavioural problem		09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/10/2010	01/10/2010

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Methadone 1mg/ml oral solution	ml	FOR INTERACTION PURPOSE ONLY [more]		13/12/2018		13/12/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amoxicillin 500mg capsules	capsule	1 CAPSULE THREE TIMES A DAY		12/03/2019		12/03/2019
Methadone 1mg/ml oral solution	ml	DOSE 110 MLS DAILY, DAILY DIS[more]		07/03/2019		07/03/2019
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		07/03/2019		07/03/2019
Quetiapine 50mg modified-release tablets	tablet	300MG DAILY IN DIVIDED DOSES		07/03/2019		07/03/2019
Pregabalin 200mg capsules	capsule	TWICE DAILY FOR NEUROPATHIC F[more]		07/03/2019		07/03/2019
Methadone 1mg/ml oral solution	ml	DOSE 120 MLS DAILY, DAILY DIS[more]		21/02/2019		21/02/2019
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		08/02/2019		08/02/2019
Quetiapine 50mg modified-release tablets	tablet	300MG DAILY IN DIVIDED DOSES		08/02/2019		08/02/2019
Pregabalin 200mg capsules	capsule	TWICE DAILY FOR NEUROPATHIC F[more]		08/02/2019		08/02/2019
Pregabalin 200mg capsules	capsule	TWICE DAILY FOR NEUROPATHIC F[more]		04/01/2019		04/01/2019
Trazodone 150mg tablets	tablet	1 TABLET AT NIGHT		04/01/2019		04/01/2019
Quetiapine 50mg modified-release tablets	tablet	300MG DAILY IN DIVIDED DOSES		04/01/2019		04/01/2019

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:07-Dec-2018

Alcohol history (Encounters):Non-drinker alcohol Date recorded:07-Dec-2018

Patient Weight in Kilograms:85.4

Patient Height in Metres:1.7

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology LI Radiology Walk in
Urgency of referral	Routine
Date of referral	21/01/2021
Date submitted	21/01/2021
UCPN	101022487843B

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

12-7 DRYDEN GAIT
EDINBURGH
EH7 4QS

Voice (Mobile) : 07 5 111 2 1118

REFERRING PRACTITIONER DETAILS

Name:	Euan Black (GMC: 7037509)
Practice:	Mill Lane Surgery (71364)
Phone:	Voice : 0131 554 1274

Practice address

4 Mill Lane
Edinburgh
EH6 6TL

INVESTIGATION REQUESTED

Test Requested:	**Knee right**
Reason for Request:	39 y/o gentleman with pain in right knee for 4/52. No recent trauma. No significant swelling or erythema. Can straighten knee and flex past 90 deg. Sometimes locking. Can weight bear but sore. Not improved after 4/52. Pt says history of right knee injury from car accident > 10 years ago but can't see any mention of this in notes. ? OA ? effusion

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date
Middle name : RUSSELL		

Investigations

Description	Result	Date
Suspected :	Arthritis	
Could the patient be pregnant? :	Blank	

NHS Lothian

RIE OPD2 General Medicine - Referral Form

Fax completed referral form to OPD2 – Fax No. 21367
Have you attached your Investigation Request Form

Date of referral	14/04/21
Referring Doctor	Powers
Grade	SpR
Department	AMS CARE
Consultant Name	AMS CARE / MURPHY

THOMAS MACINTYRE

Please affix patient label here

04078133233

Appointment Type: Routine ☑ Urgent ☐

Reason for referral:

39 x1 IVDU ⇒ extensive provoked (R) DVT

on Innohep

for follow up

? continues to abstain IVDU for 3/12 Rx

Investigations completed ✓			
FBC	✓	ECG	
U&E's	✓	CXR	
LFT's	✓	USS	
Ca/Alb	✓	CT	
Glucose	✓		
Coagulation	✓		
Other:			

Investigations requested ✓ *Please ensure forms have been completed and submitted*	
24-Hour Tape	
Echocardiogram	
Exercise Tolerance Test	
CT Brain Scan	
Carotid Doppler	
Ultrasound	
MRI Scan	
Other:	

English as the first language: Yes ☑ No ☐

Specify Language

Vulnerable Adult: Yes ☐ No ☑

Please specify type

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Routine
Date of referral	04/03/2025
Date submitted	04/03/2025
UCPN	101035773740F

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

12-7 DRYDEN GAIT
EDINBURGH
EH7 4QS

Voice (Mobile) : 07777473593

REFERRING PRACTITIONER DETAILS

Name:	Dr. James Davidson (GMC: 7071022)
Practice:	Mill Lane Surgery (71364)
Phone:	Voice : 0131 554 1274

Practice address

4 Mill Lane
Edinburgh
EH6 6TL

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	months of weight loss in a heavy smoker. Chest clear ?concerning cause for this . note had left lateral stab wound and gastric perforation about 10y ago. Thanks Dr J Davidson GP

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date
Middle name : RUSSELL		

Investigations

Description	Result	Date
Please provide smoking status :	Smoker	
Suspected :	Malignancy	
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	01620 642 732
Lauriston Building	8:30am - 4:00pm	0131 536 2942
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	8:30am - 4:00pm	0131 454 1045
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 312 0880
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 242 3700
St John's Hospital	8:30am - 5:00pm	01506 524 339 or 01506 524 350
Western General Hospital	8:30am - 5:00pm	0131 537 2054

NHS Lothian - Referral Letter

Referral To	Western General Hospital Infectious Diseases LI Hepatitis C Referral
Urgency of referral	Routine
Date of referral	11/03/2025
Date submitted	11/03/2025
UCPN	101035849024M

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

12-7 DRYDEN GAIT
EDINBURGH
EH7 4QS

Voice (Mobile) : 07777473593

REFERRING PRACTITIONER DETAILS

Name:	Dr. James Davidson (GMC: 7071022)
Practice:	Mill Lane Surgery (71364)
Phone:	Voice : 0131 554 1274

Practice address

4 Mill Lane
Edinburgh
EH6 6TL

CLINICAL INFORMATION

Reason for Referral: New Hep C result

Main Referral Text: Dear team, this 43y old man has picked up Hep C. I have broken the news to him. he isn't sure when he picked this up. IVDU over the years; a lot 4y ago. now rarely. denes sharing equipment. This seems like the likely source.

He has lost a lot of weight which I believe could be linked, but I am working him up in case there is an alternate cause for that.

I have arranged a confirmation sample (but he has not attended for it yet).
He is happy and keen for referral nd potential treatment.

yours sincerely

Dr J Davidson
GP

Examinations and Investigations

Description	Result	Date
Middle name :	RUSSELL	

Investigations

Description	Result	Date
Is HCV antibody result positive :	Yes	
HCV PCR result :	Positive	
HIV :	Negative	
Probable route of infection :	IDU	
Consent for referral to support services :	Discussed and consent for contact obtained	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Heroin misuse			12/09/2022	12/09/2022
Intravenous drug user			06/04/2021	06/04/2021
Deep vein thrombosis		(R)	06/04/2021	06/04/2021
[X]Post - traumatic stress disorder		? PTSD alongside depression and anxiety	01/02/2021	01/02/2021
Opioid drug dependence NOS			01/02/2021	01/02/2021
Pleural effusion NOS			04/04/2016	04/04/2016

Endogenous depression		20/03/2015	20/03/2015
Nasal obstruction		02/04/2014	02/04/2014
Injury arm	- impailed on railing	21/08/2013	21/08/2013
[V]Accentuation of personality traits	- borderline peronality traits	05/02/2013	05/02/2013
[X]Depressive episode		10/05/2011	10/05/2011
[X]Assault	- ear lobe bitten	12/09/2010	12/09/2010
[X]Assault	- laceration (R) knee. Wound infected 13.5.10	29/04/2010	29/04/2010
Overdose of drug	- Amitriptyline	30/06/2009	30/06/2009
Overdose of drug	- MST	29/05/2009	29/05/2009
Alcohol dependence syndrome		30/01/2009	30/01/2009
Deliberate self-harm	- lacerations to chest	23/12/2008	23/12/2008
[X]Depressive episode		21/11/2008	21/11/2008
Drug dependence		01/10/2008	01/10/2008
Overdose of drug	- Paracetamol	17/07/2008	17/07/2008
Deliberate self-harm	- laceration (L) forearm	01/07/2008	01/07/2008
Chest pain		09/02/2008	09/02/2008
Child is informal carer	- 2 children in care	09/05/2005	09/05/2005
Child is cause for concern		14/02/1995	14/02/1995
Behavioural problem		23/02/1991	23/02/1991
Behavioural problem		09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/10/2010	01/10/2010

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Sertraline 50mg tablets	tablet	1 TABLET ONCE A DAY		07/02/2025		04/03/2025
Sertraline 100mg tablets	tablet	1 TABLET ONCE A DAY		07/02/2025		04/03/2025
Buvidal 128mg/0.36ml prolonged-release solution for injection pre-filled syringes (Camurus AB)	pre-filled disposable injection	BY THE HUB. SUPPLIED ELSEWHER[more]		15/01/2025		15/01/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		04/03/2025		04/03/2025
Sertraline 50mg tablets	tablet	1 TABLET ONCE A DAY		07/02/2025		07/02/2025
Sertraline 100mg tablets	tablet	1 TABLET ONCE A DAY		07/02/2025		07/02/2025
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		07/02/2025		07/02/2025
Sertraline 100mg tablets	tablet	1 DAILY; PLEASE MAKE AN APPOI[more]		31/12/2024		31/12/2024
Quetiapine 50mg modified-release tablets	tablet	1 TABLET TWICE DAILY (MORNING[more]		31/12/2024		31/12/2024

Additional information

Patient Weight in Kilograms:62

Patient Height in Metres:1.7

Patient BMI:21.4

Smoking history (Screening):Cigarette smoker Date Recorded:07-Dec-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:07-Dec-2018

Alcohol history (Screening):Non-drinker alcohol Date Recorded:07-Dec-2018

Alcohol history (Encounters):Non-drinker alcohol Date Recorded:07-Dec-2018

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) LI Physiotherapy
Urgency of referral	Routine
Date of referral	12/12/2025
Date submitted	12/12/2025
UCPN	101038510351V

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

12-7 DRYDEN GAIT
EDINBURGH
EH7 4QS

Voice (Mobile) : 07771 563924

REFERRING PRACTITIONER DETAILS

Name:	Dr. Rachel Harrison (GMC: 3058893)
Practice:	Mill Lane Surgery (71364)
Phone:	Voice : 0131 554 1274

Practice address

4 Mill Lane
Edinburgh
EH6 6TL

CLINICAL INFORMATION

Reason for Referral:	r knee pain
Main Referral Text:	knee sore for yrs (hit with Axe in 2010 in drunken mishap) but considerably worse over past 6/12, constant ache with occ stabbing pains for a day or so, now gives way 3x per week, marked clicking noise with bending, never really had physio. Xray normal in 2021, O - polite and co-operative if walking with stick and using substantial neoprene splint, normal looking knee, min effusion, full ROM, loud click on full flexion, slight pain stressing R lower insertion medial lig, A - chronic knee problem with yellow flags, and complex mental health issues, P - physio and consider orthopedic referral for 'giving way' if this is not helping, will also chase edinburgh leisure and I will rerefer if nec

Examinations and Investigations

Description	Result	Date
Middle name : RUSSELL		

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Is the patients sleep disturbed by the condition? :	true	
Time since onset? (Weeks) :	12 or more weeks	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Heroin misuse			12/09/2022	12/09/2022
Intravenous drug user			06/04/2021	06/04/2021
Deep vein thrombosis		(R)	06/04/2021	06/04/2021
[X]Post - traumatic stress disorder		? PTSD alongside depression and anxiety	01/02/2021	01/02/2021
Opioid drug dependence NOS			01/02/2021	01/02/2021
Pleural effusion NOS			04/04/2016	04/04/2016
Endogenous depression			20/03/2015	20/03/2015
Nasal obstruction			02/04/2014	02/04/2014
Injury arm		- impailed on railing	21/08/2013	21/08/2013
[V]Accentuation of personality traits		- borderline peronality traits	05/02/2013	05/02/2013
[X]Depressive episode			10/05/2011	10/05/2011
[X]Assault		- ear lobe bitten	12/09/2010	12/09/2010

[X]Assault	- laceration (R) knee. Wound infected 13.5.10	29/04/2010	29/04/2010
Overdose of drug	- Amitriptyline	30/06/2009	30/06/2009
Overdose of drug	- MST	29/05/2009	29/05/2009
Alcohol dependence syndrome		30/01/2009	30/01/2009
Deliberate self-harm	- lacerations to chest	23/12/2008	23/12/2008
[X]Depressive episode		21/11/2008	21/11/2008
Drug dependence		01/10/2008	01/10/2008
Overdose of drug	- Paracetamol	17/07/2008	17/07/2008
Deliberate self-harm	- laceration (L) forearm	01/07/2008	01/07/2008
Chest pain		09/02/2008	09/02/2008
Child is informal carer	- 2 children in care	09/05/2005	09/05/2005
Child is cause for concern		14/02/1995	14/02/1995
Behavioural problem		23/02/1991	23/02/1991
Behavioural problem		09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/10/2010	01/10/2010

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		12/12/2025		12/12/2025
Sertraline 100mg tablets	tablet	2 TABLETS ONCE A DAY		07/02/2025		12/12/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		18/11/2025		18/11/2025
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		27/10/2025		27/10/2025
Sertraline 100mg tablets	tablet	2 TABLETS ONCE A DAY		07/02/2025		11/11/2025
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		19/09/2025		19/09/2025

Additional information

Patient Weight in Kilograms:62
Patient Height in Metres:1.7
Patient BMI:21.4
Smoking history (Screening):Cigarette smoker Date Recorded:07-Dec-2018
Smoking history (Encounters):Cigarette smoker Date Recorded:07-Dec-2018
Alcohol history (Screening):Non-drinker alcohol Date Recorded:07-Dec-2018
Alcohol history (Encounters):Non-drinker alcohol Date Recorded:07-Dec-2018

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Knee LI Soft Tissue Knee
Urgency of referral	Routine
Date of referral	01/05/2026
Date submitted	01/05/2026
UCPN	101039828104J

PATIENT DETAILS

CHI number:	0407813233
Name:	MR THOMAS MACINTYRE
Date of birth:	04/07/1981
Sex:	Male

Contact Details

12-7 DRYDEN GAIT
EDINBURGH
EH7 4QS

Voice (Mobile) : 07727044108

REFERRING PRACTITIONER DETAILS

Name:	Dr. Rachel Harrison (GMC: 3058893)
Practice:	Barclay Medical Practice Leith (71523)
Phone:	Voice : 0131 554 1274

Practice address

4 Mill Lane
Edinburgh
EH6 6TL

CLINICAL INFORMATION

Reason for Referral: knee pain and giving way

Main Referral Text: dear colleagues, thank you for seeing Thomas who has had knee pain on and off since an accident in 2010 when it was hit with a hammer. He has had increasing trouble with the knee over the past months and it started making a loud clicking noise on flexing and extending several months ago. the knees is sore still and now started giving way, the loud click on flexing seems to be getting worse and has stumbled several times, He has complex mental health issues and didnt manage to get to physio appt, but they have agreed to rearrange this and he is waiting for new one, I wonder if there is a meniscal component to his problems and would be glad of your input.
his recent xray shows no obvious bony explanation

Examinations and Investigations

Description	Result	Date

Middle name : RUSSELL

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Heroin misuse			12/09/2022	12/09/2022
Intravenous drug user			06/04/2021	06/04/2021
Deep vein thrombosis		(R)	06/04/2021	06/04/2021
[X]Post - traumatic stress disorder		? PTSD alongside depression and anxiety	01/02/2021	01/02/2021
Opioid drug dependence NOS			01/02/2021	01/02/2021
Pleural effusion NOS			04/04/2016	04/04/2016
Endogenous depression			20/03/2015	20/03/2015
Nasal obstruction			02/04/2014	02/04/2014
Injury arm		- impailed on railing	21/08/2013	21/08/2013
[V]Accentuation of personality traits		- borderline peronality traits	05/02/2013	05/02/2013
[X]Depressive episode			10/05/2011	10/05/2011
[X]Assault		- ear lobe bitten	12/09/2010	12/09/2010
[X]Assault		- laceration (R) knee. Wound infected 13.5.10	29/04/2010	29/04/2010
Overdose of drug		- Amitriptyline	30/06/2009	30/06/2009
Overdose of drug		- MST	29/05/2009	29/05/2009
Alcohol dependence syndrome			30/01/2009	30/01/2009
Deliberate self-harm		- lacerations to chest	23/12/2008	23/12/2008

[X]Depressive episode		21/11/2008	21/11/2008
Drug dependence		01/10/2008	01/10/2008
Overdose of drug	- Paracetamol	17/07/2008	17/07/2008
Deliberate self-harm	- laceration (L) forearm	01/07/2008	01/07/2008
Chest pain		09/02/2008	09/02/2008
Child is informal carer	- 2 children in care	09/05/2005	09/05/2005
Child is cause for concern		14/02/1995	14/02/1995
Behavioural problem		23/02/1991	23/02/1991
Behavioural problem		09/01/1985	09/01/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy NEC			01/10/2010	01/10/2010

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Sertraline 100mg tablets	tablet	2 TABLETS ONCE A DAY		07/02/2025		07/04/2026
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		12/12/2025		07/04/2026

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Sertraline 100mg tablets	tablet	2 TABLETS ONCE A DAY		24/02/2026		24/02/2026
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		24/02/2026		24/02/2026
Sertraline 100mg tablets	tablet	2 TABLETS ONCE A DAY		07/02/2025		19/02/2026
Quetiapine 50mg tablets	tablet	ONE TABLET TWICE DAILY FOR AG[more]		12/12/2025		19/02/2026

Additional information

Patient Weight in Kilograms:62

Patient Height in Metres:1.7

Patient BMI:21.4

Smoking history (Screening):Cigarette smoker Date Recorded:07-Dec-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:07-Dec-2018

Alcohol history (Screening):Non-drinker alcohol Date Recorded:07-Dec-2018

Alcohol history (Encounters):Non-drinker alcohol Date Recorded:07-Dec-2018

Case Notes

University Hospitals Division

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

NHS Lothian

Patients Notes

Department of Trauma and Orthopaedic Surgery

Dr Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date First Created	25/05/2018
Date Authorised	4.07.2018
Date/Time Printed	25/05/2018 16:27
Our Ref	700576136V
CHI	0407813233

Patient: Thomas R MacIntyre
12/7 Dryden Gait
Edinburgh
EH4 4SB

UHPI: 700576136V
Date of Birth: 04/07/1981

Ward: Ward 109 RIE

Admission Date: 24/05/2018

Consultant: Mr Iain DM Brown

Discharge Date: 25/05/2018

Discharge Medication	Dose	Frequency	Duration	Additional Info
Co-Amoxiclav 500/125 Tablets	1 TABLET	THREE times DAILY	10 Days	Last dose due» 3/6/18 28 Tablets
Methadone Mixture 1mg/ml	120 ML	ONCE DAILY	Long Term	No supply given
Paracetamol Tablets	1000 MG	Every FOUR to SIX hours PRN. Max 4 doses in 24hrs	Short Term	64 caplets
Pregabalin Capsules	200 MG	TWICE DAILY	Long Term	80 capsules
Quetiapine M/R Tablets	150 MG	TWICE DAILY	Long Term	64 capsules
Trazodone Tablets	150 MG	At NIGHT	Long Term	

Prescribed By ..... **Date** ..... **Print Name**.....
Dispensed By ..... **Date** ..... **Print Name**.....
Pharmacist Check ..... **Date** ..... **Print Name**.....
Final Check ..... **Date** ..... **Print Name**.....

PRINCIPAL DIAGNOSIS/PROCEDURE
Right arm abscess
Incision + drainage on 24/5/18

TREATMENT
This 36 year old gentleman presented to RIE with a red and swollen upper right

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

Cont'd... **Ref:** 700576136V **Patient Name:** Thomas R MacIntyre

arm - this was clinically felt to be an abscess and Mr MacIntyre was admitted under orthopaedics. He underwent an incision + drainage of this aspirate on 24/5/18 without complication. He is to complete a 10 day course of co-amoxiclav in the community. No orthopaedic follow-up is required.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
No routine follow-up required
Removal of stitch 7 days post-op in community
Culture result awaiting - provisional result of Gram positive cocci

CHANGES TO DRUGS SINCE ADMISSION
Commenced:
paracetamol, 1g PRN max QDS
co-amoxiclav, 625mg TDS for 10 days

ALLERGIES / ADVERSE DRUG REACTIONS
NKDA

Should you need further information please contact Mr Brown's team, Ward 109, RIE

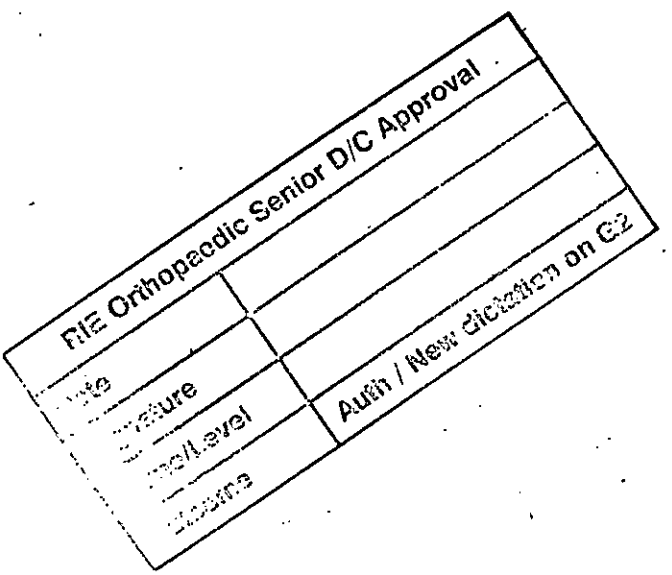
Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Dr Jill Keohone
FY2, Orthopaedics, RIE

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary



University Hospitals Division

Royal Infirmary of Edinburgh
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NHS Lothian

Department of Trauma and Orthopaedic Surgery

Dr Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date First Created 25/05/2018
Date Authorised
Date/Time Printed 31/05/2018 08:56
Our Ref 700576136V
CHI 0407813233

Patient:	Mr Thomas MacIntyre 12/7 Dryden Gait Edinburgh EH4 4SB	**UHPI:**	700576136V
		Date of Birth:	04/07/1981
Clinic Code:		**Attendance Date:**	
Specialty:	Orthopaedics		
Consultant:	Mr Iain DM Brown		

Dear Dr Hepple,

Op note 24.05.18.

Diagnosis:
Abscess right arm.

Operation:
Incision and drainage abscess right arm.

Pre-operative note:
Consent was reconfirmed this afternoon. I have warned him of the risks, benefits and side-effects of such an undertaking. He was happy to proceed.

Surgeon: Mr. Clement.
Anaesthetist: Dr. Nimmo.
Anaesthetic: GA.

Patient positioned supine and the arm placed on an arm board. No tourniquet used. The right arm was prepped and draped in a standard fashion. The abscess was pointing over the anterior aspect of the distal biceps. An elliptical incision was made here and marked pus was expressed. The cavity was both superficial to the fascia and deep. There was a cavity approximately 5x5cm superficial and a little smaller deep to the fascia. Curettage was used superficial to the fascia and washing was performed in both compartments. All pus expressed. Washed out with 3L of normal saline. A tacking suture was placed to hold the skin edges together but not formally closed. Dressings were applied. Neurovascularly intact at end of procedure.

Royal Infirmary of Edinburgh
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NHS Lothian

Cont'd... **Ref:** 700576136V **Patient Name:** Mr Thomas MacIntyre

Plan:
Wound review tomorrow morning. If it looks quiet can be converted over to oral antibiotics and allowed home later that day before removal of suture in 7 days. No formal orthopaedic follow-up required.

NC/MB

University Hospitals Division

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51 Little France Crescent
Old Dalkeith Road
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NHS Lothian

Department of Trauma and Orthopaedic Surgery

Dr Hepple
Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

Date First Created 25/05/2018
Date Authorised
Date/Time Printed 25/05/2018 14:56
Our Ref 700576136V
CHI 0407813233

Patient: Thomas R MacIntyre
12/7 Dryden Gait
Edinburgh
EH4 4SB

UHPI: 700576136V
Date of Birth: 04/07/1981

Ward: Ward 109 RIE

Admission Date: 24/05/2018

Consultant: Mr Iain DM Brown

Discharge Date: 25/05/2018

Discharge Medication	Dose	Frequency	Duration	Additional Info
Co-Amoxiclav 500/125 Tablets	1 TABLET	THREE times DAILY	10 Days	Last dose due 3/6/18 28
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Paracetamol Tablets	1000 MG	Every FOUR to SIX hours PRN. Max 4 doses in 24hrs	Short Term	64
Pregabalin Capsules	200 MG	TWICE DAILY	Long Term	To 80 capsules
Quetiapine M/R Tablets	150 MG	TWICE DAILY	Long Term	64 capsules
Trazodone Tablets	150 MG	At NIGHT	Long Term	31 capsules

Prescribed By ..... **Date** 25/5/18 **Print Name** KEOUONE
Dispensed By ..... **Date** 25/5/18 **Print Name** .....
Pharmacist Check ..... **Date** 25/5/18 **Print Name** .....
Final Check ..... **Date** 25/5/18 **Print Name** .....

PRINCIPAL DIAGNOSIS/PROCEDURE
Right arm abscess
Incision + drainage on 24/5/18

TREATMENT
This 36 year old gentleman presented to RIE with a red and swollen upper right

Orthopaedics
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Mr E Garrido
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Mr J F Keating
Mr G Keenan
Mr G M Lawson
Mr GJ Macpherson
Miss J M McBimie
Mr J McKinley
Mr S Molyneux
Mr M Moran
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Inpatient Discharge Summary

Cont'd... **Ref:** 700576136V **Patient Name:** Thomas R MacIntyre

arm - this was clinically felt to be an abscess and Mr MacIntyre was admitted under orthopaedics. He underwent an incision + drainage of this aspirate on 24/5/18 without complication. He is to complete a 10 day course of co-amoxiclav in the community. No orthopaedic follow-up is required.

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No routine follow-up required
Removal of stitch 7 days post-op in community
Culture result awaiting - provisional result of Gram positive cocci

CHANGES TO DRUGS SINCE ADMISSION
Commenced:
paracetamol, 1g PRN max QDS
co-amoxiclav, 625mg TDS for 10 days

ALLERGIES / ADVERSE DRUG REACTIONS
NKDA

Should you need further information please contact Mr Brown's team, Ward 109, RIE

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Dr Jill Keohone
FY2, Orthopaedics, RIE

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

University Hospitals Division

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

NHS Lothian

NOTES-

Department of Trauma and Orthopaedic Surgery

Dr MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date First Created 23/08/2013
Date Authorised 04/10/2013
Date/Time Printed 23/08/2013 17:01
Our Ref 700576136V
CHI 0407813233

Patient: Thomas R MacIntyre
3/3 Bowhill Terrace
Edinburgh
EH3 5QY

UHPI: 700576136V
Date of Birth: 04/07/1981

Ward: Ward 109 RIE

Admission Date: 21/08/2013

Consultant: Miss Leela C Biant

Discharge Date: 23/08/2013

Discharge Medication	Dose	Frequency	Duration	Additional Info
Paracetamol Tablets	1000 MG	Every FOUR to SIX hours PRN. Max 4 doses in 24hrs	Short Term	64 tabs
Ibuprofen Tablets	400 MG	Every SIX to EIGHT hours PRN. Max 3 doses in 24hrs	Short Term	23 tabs
Dihydrocodeine Tablets	30 MG	Every FOUR to SIX hours PRN. Max 4 doses in 24hrs	Short Term	30 tabs
Gabapentin Capsules	300 MG	THREE times DAILY	Long Term	40 caps
Quetiapine Tablets	50 MG	In the MORNING	Long Term	57x 25mg tabs
Quetiapine Tablets	25 MG	At NIGHT	Long Term	57x 25mg tabs
Dosulepin Capsules	225 MG	At NIGHT	Long Term	57x 75mg tabs
Co-Amoxiclav Tablets 625mg	1 TABLET	THREE times DAILY	7 Days	21 tabs
Senna Tablets	15 MG	At NIGHT	Short Term	20 tabs

Prescribed By ..... **Date** ..... **Print Name**.....
Dispensed By ..... **Date** ..... **Print Name**.....
Pharmacist Check ..... **Date** ..... **Print Name**.....
Final Check ..... **Date** ..... **Print Name**.....

Orthopaedics

Mr A Amin
Mr C Adams
Miss L Biant
Prof SJ Breusch
Mr I Brown
Mr R Burnett
Mr E Garrido
Mr P Gaston
Mr J N A Gibson
Mr C Howie
Mr J F Keating
Mr G Keenan
Mr G M Lawson
Miss J M McBimie
Mr J McKinley
Mr S Molyneux
Mr M Moran
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Mr C W Oliver
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Inpatient Discharge Summary

University Hospitals Division

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

NHS Lothian

Cont'd... **Ref:** 700576136V **Patient Name:** Thomas R MacIntyre

Inpatient Discharge Summary

DIAGNOSIS:
1. Laceration to right forearm with loss of soft tissue.
2. Right perilunate dislocation

PROCEDURE:
1. Right forearm wound washout x2 - not closed.
2. Closed reduction of right perilunate dislocation

32 year old male sustained deep puncture wound to right forearm when jumping off of a five foot wall and catching his arm on the spike at the top. 3cm x 5cm soft tissue deficit. Taken to theatre same day.

Post operatively lunate appears to remain unstable in the extremis of extension and radial deviation.

TREATMENT
Above operation
Analgesia
IV antibiotics - co-amox

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
To present to Ward 18 (Plastics) day room at SJH at 08:00hr on Tuesday 27/08/13 having fasted from midnight.

CHANGES TO DRUGS SINCE ADMISSION
Commenced on co-amoxiclav.
Analgesia

PREVIOUS ADVERSE DRUG REACTIONS
NKDA

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
None

GP to please consider the following...
None

Should you need further information please contact...
RIE ward 109
Miss Biant's team.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... PrintName.....

Designation..... Date..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

RIE Orthopaedic Senior D/C Approval	
Date	31/10/13
Signature	
Name/Level	JTSANG ST3
Outcome	Auth / New dictation on G2

700576136V 21/08/2013 17:25:11 MACINTRYE, THOMAS RIE
Born 04/07/1981 Male

Dept: Emergency Dept.

Oper: SN LENIHAN

Rate 92 . Sinus rhythm.....normal P axis, V-rate 60- 99

PR 138
QRSD 96
QT 354
QTc 438

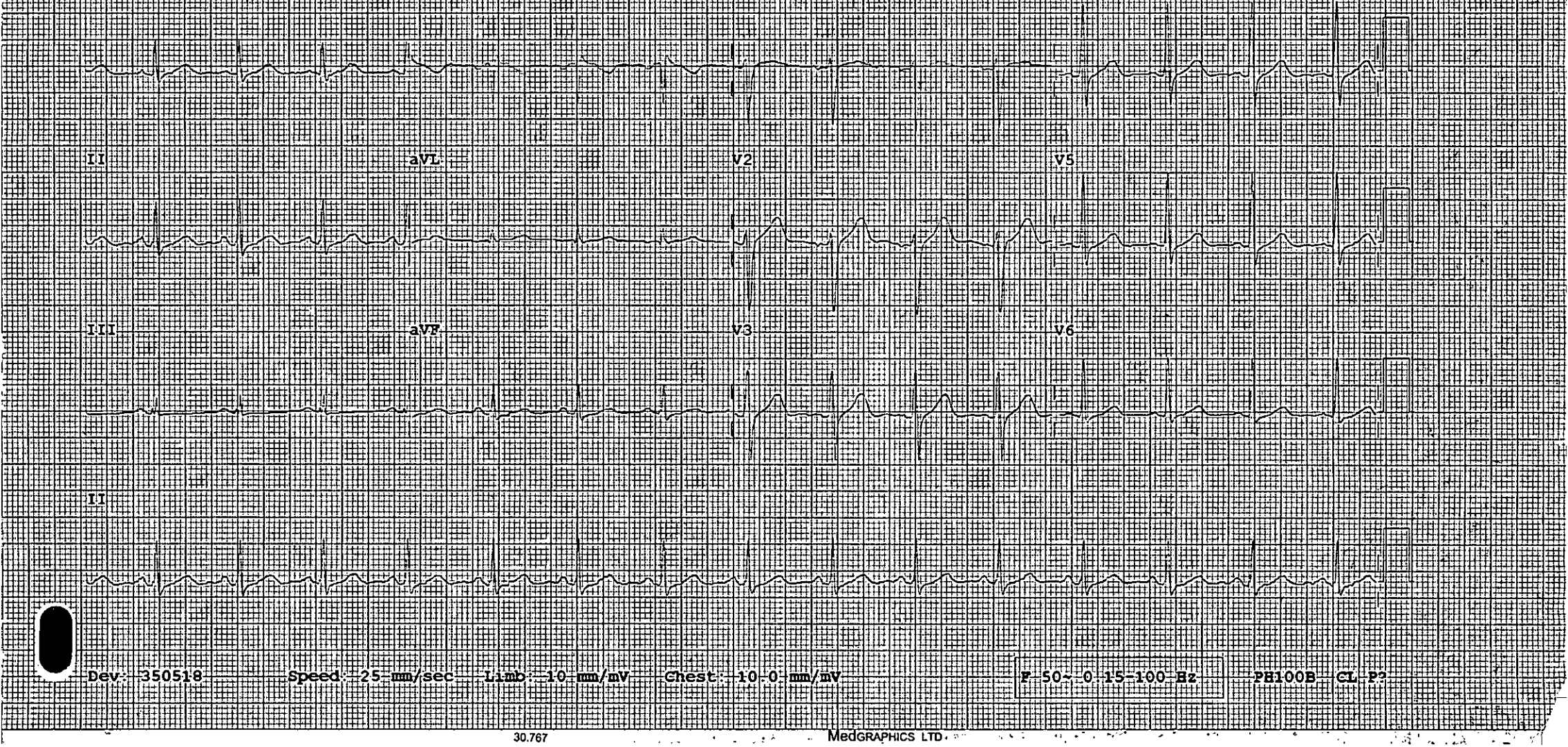
--AXIS--
P 72
QRS 50
T 31

Review:
Time:
Actions:

- NORMAL ECG -

Unconfirmed Diagnosis

700576136V /E2543187 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
70732 L MacCallum
3/3 Bowhill Terrace
EH3 5QY



Dev: 350518 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 0 mm/mV F 50~ 0 15 100 Hz PH100B CL P?

Royal Infirmary Edinburgh
Orthopaedic Trauma Unit Admission Document

700576136V/E2543187 M 04/07/1981

MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY

CHI 0407813233
70732 L MacCallum

DoB/ Age: 32

DoA: 21/8/13

Consultant:

Presenting Complaint:

(1)(R) Perilunate dislocation (2)(R) Penetrating wound to forearm

History of Presenting Complaint:

32 Jumped over 5ft fence to fetch ball for dog
On way down (R) forearm caught in spike on top.
Managed to tear it off
In process banged (R) hand & caused injury (1)

Hand Dominance: RHD

Past Medical History:

1) Depression + element of paranoia.

☐ Prev #	Thromboembolic
☐ OA	Risk Factors:
☐ OP	☐ Previous DVT
☐ IHD	☐ Previous PE
☐ MI	☐ Malignancy
☐ HT	☐ Obesity
☐ CVA	☐ OCP/ HRT
☐ Asthma	☐ Thrombophilia
☐ COPD	☐ Immobility
☐ Diabetes	☐ Age > 40
☐ Epilepsy	
☐ ETOH XS	
☐ IVDA	

Drug History: Dolusepline 75 TDS

Allergies: NKDA

Social History:

Accomodation: Lives ∂ Partner

Social Support: ↗

Mobility/ Walking Aids: Nil

Alcobol: Binge drinks x 2 a week

Smoking: 25/day

Occupation: No (Previously in the Marines)

Systemic Enquiry:

CVS Nil Sx

- ☐ Chest Pain
- ☐ Dyspnoea
- ☐ PND
- ☐ Orthopnoea
- ☐ Peripb. Oedema
- ☐ Claudication

RESP Nil Sx

- ☐ Cough
- ☐ Sputum
- ☐ Wheeze
- ☐ Haemoptysis

GI Nil Sx

- ☐ Weight loss
- ☐ Abdo pain
- ☐ Dyspepsia
- ☐ Dysphagia
- ☐ Nausea/ Vomiting
- ☐ Altered Bowel Habit
- ☐ Melaena
- ☐ Haematemesis

GU Nil Sx

- ☐ Dysuria
- ☐ Frequency
- ☐ Nocturia
- ☐ Haematuria
- ☐ Incontinence

CNS Nil Sx

- ☐ Dizziness
- ☐ Blackouts
- ☐ Fits
- ☐ Weakness
- ☐ Numbnes

CLINICAL EXAMINATION

General Observations:

Appears a pain but well otherwise.

- ☐ Pale
- ☐ Cyanosed
- ☐ Obese
- ☐ Oedematous
- ☐ Lymphadenopathy

Pulse:
BP:
Temp:
RR:
SaO2:

CV

Pulse: Reg

Heart Sounds: 1+11+0

Oedema: ∂

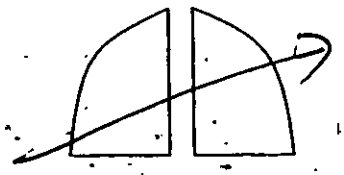
JVP:

Pulses	Brachial	Femoral	Popliteal	DP	PT
Right	++			+	
Left	+			+	

++ bounding + palpable o absent

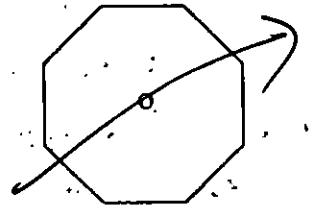
RS

Trachea:
Expansion:
Percussion:
Auscultation:



GI

Palpation:
Organomegaly/Masses:
Bowel Sounds:
PR:



CNS

GCS: 15
Speech: (N)
Cranial Nerves: I - XII (N)
Gait: (N)

↓ Pronator drift

	TONE	POWER	CO-ORD^{N}	REFLEXES	SENSAT^{N}
LUL	N	5/5	N		N
RUL		/5			N
LLL	N	5/5	N		N
RLL	N	5/5	N		N

Locomotor

'Look' ☐ deformity
☐ swelling
☐ erythema
☐ open wounds- grade

'Feel' ☐ warmth
☐ effusion
☐ pain

'Move' ☐ ROM
☐ pain on movement
☐ stability

(R) FOREARM
CRT < 2 sec
Motor func (N).
Sens (N).

Neurovascularly: ☑ Intact ☐ Deficient

AMT:

☐ Age
☐ DoB (day & month)
☐ Year
☐ Time (nearest hour)
☐ Place
☐ What is this (watch, pen)
☐ Count 20 → 1
☐ Name of monarch
☐ WWII start
☐ Recall address

Score 10/10

Clinical Summary:

32

(1) (R) Perilunate dislocation

(2) (R) 4cm² penetrating (R) forearm wound ± skin loss.
For exploration of wound today
+/- reduction +/- ORIF

(3) Prev ECOH ×1.

(4) Anti depressants need prescribed once back from Th

PRHO Plan:

- ☑ Cardex
- ☐ DVT prophylaxis
- ☐ Fluids
- ☐ CXR
- ☑ ECG NSR
- ☐ ABG
- ☑ Bloods: FBC ☐ U&E ☐ LFT ☐ Co-ag ☐
- ☐ G&S
- ☑ IV access
- ☐ Urinary catheter
- ☐ Oxygen
- ☐ Data sheet

SHO Plan:

- ☑ Consent gained
- ☑ Limb marked
- ☐ Fast from:

Blood Results:

	DATE →	21/8/13									
FBC	Hb	163									
	MCV										
	WCC	7.1									
	Platelets	228									
Co-ag	PT										
	APPT										
	INR										
U&E	Urea	7.7									
	Creatinine	88									
	Na	135									
	K	3.6									
	CO2										
	Glucose	6.7									
LFTs	Bilirubin	27									
	ALT	17									
	ALP	97									
	GGT										
	Albumin										
Inflam	CRP										
	ESR										
Other											

Print and Sign Name:

P.J. Nicholson

(PR2)

PRHO SHO REG

Royal Infirmary of Edinburgh
Department of Trauma and Orthopaedic Surgery

NHS Lothian

Admission Note

CHI: 0407813233
UHPI: 700576136V
NAME: MacIntyre, Thomas
DOB: 04/07/1981
SEX: Male

Date of Injury: 21/08/2013
Care Provider:

Provisional Diagnosis: Right Carpus: Complex Injury Or Fracture Dislocation
Right Soft Tissue Injury, Not Otherwise Specified

Planned Procedure(s): Right Carpal Fracture / Dislocation ORIF
Right Wound Debridement

Social Status: Lives Independently
Co Morbidities:

Admission Information

0407813233

ST3 Ortho

32 y/o gentleman presented having fallen from a 6 foot high fence. Penetrating injury to right midforearm. In attempt to prevent further penetration he got his right wrist caught in between the railings. No other injuries. Conscious throughout.

Background
No cardiorespiratory co-morbidities
Previous GA for left wrist arthroscopy
NKDA
Psychosis and depression.
Last ate 1200 and last drank 1500.

O/E
Right forearm wound mid-forearm. ~5cm2 area of skin. Visible muscle flexor muscle bellies. Median, ulna and radial nerves intact. Pulses present. CRT <2s.

Plain radiographs
Right perilunate dislocation.

Plan
IV co-amoxiclav 1.2 grams
IV fluids

Keep fasted, mark and consent for wound debridement, exploration , washout plus open reduction +/- internal fixation of carpus

Care Provider:

Royal Infirmary of Edinburgh
Department of Trauma and Orthopaedic Surgery

NHS Lothian

Operation Note

CHI: 0407813233
UHPI: 700576136V
NAME: MacIntyre, Thomas
DOB: 04/07/1981
SEX: Male

Date of Operation: 21/08/2013
Consultant:

Staff:	**Role:**
Dr Benedict Waterson	Surgeon

Diagnosis:
Procedures:

Operation Note:

Diagnosis
Right perilunate dislocation and two separate open wounds to flexor surface of right forearm

OPERATION

Surgeon Mr B Waterson
Anaes Dr V Humphries

Procedure
Patient supine. GA augmented in A&E. Routine prep and drape. Arm on the arm table. The perilunate dislocation was reduced with longitudinal traction followed by flexion and then extension. Position was checked on I.I. and deemed acceptable. Tourniquet was then applied to 250 mm mercury. The first wound to be addressed was 5x5 cm overlying brachio-radialis. There was an incision wound through the belly of brachio-radialis and some laceration injury to pronator teres. A superficial vein had been divided, but there was no evidence of injury to nerves or arteries. This wound communicated with a 5 cm incision wound overlying the proximal third of flexor carpi ulnaris. Again there was some laceration injury to the belly of flexor carpi ulnaris and flexor carpi radialis, but no damage to neurovascular structures. Both wounds were thoroughly irrigated with 3 litres of normal saline. Ragged wound edges were debrided. The wound overlying brachio-radialis, the fascia was closed with 2/0 Vicryl, then the ulna and proximal ends of the wound were apposed with 3/0 Ethilon, leaving a 3x3 cm open deficit. The wound over flexor carpi ulnaris was closed with 2/0 Vicryl followed by 3/0 Ethilon. These wounds were then covered with Mepore and blue swabs.

Attention was then turned back to the hand. On further screening it was noted that the carpus had again fallen into a position of perilunate dislocation. This was again reduced with traction, flexion

and extension. It was then screened through a full range of motion and deemed stable to immobilise in a backslab in a neutral position. The position was checked and confirmed with the image intensifier. A below elbow POP was applied.

Post-operative instructions
Analgesia
Continue IV Augmentin for 48 hours.
Inform Plastic Surgeons in the morning that the 3x3 defect over the flexor surface will require skin graft.
The patient will require referral to a Hand Surgeon for definitive fixation of the scapho-lunate ligament.

BEN WATERSON/RH

Orthopaedics Ward Note

NHS Lothian

UHPI:	CHI:	Surname:	Forename:	DOB:
700576136V	0407813233	MacIntyre	Thomas	04/07/1981

Consultant: Miss Leela C Biant

Date: 22/08/2013

Doctor:	Time:	Note:
Miss Leela C Biant	11:17:00	Mr McIntyre is not available on the ward for review this morning. He has gone off the ward. Mr McIntyre was climbing over a 6 foot fence yesterday. He impaled his right forearm on the a spike. He twisted it to try and get it off, and sustained a closed perilunate dislocation. He went to theatre yesterday. The perilunate dislocation was reduced closed and was found to be reasonably stable. His wound was debrided. He will require a second look and possible skin graft of his forearm and also somebody to address his scapholunate ligament reconstruction. We think this will probably be best done over at St Johns and we will refer him over this morning.

109

E3860610

E2543187

700576136V

Dr PA Hepple

Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

MacIntyre
Thomas, R

12/7 Dryden Gait
Edinburgh

EH4 4SB

07471077303

04/07/1981

Unknown

36 Male

24/05/2018 1:03

Private Transport

Self Referral to A&E

CLINICAL NOTES:
Clinical note: 36 M Abscess

Injected heroin to R upper arm approx 10 days ago
Developed erythema over area
Has been treated with flucloxacillin by GP
Whilst this has helped the cellulitic changes has unfortunately developed swelling in last 24-48 hours
Increasing pain with this
No systemic symptoms

PMH
IVDU
Pysch issues- paranoia/ anxiety/ borderline personality traits

DH
As per ECS
NKDA

Lives alone
Unemployed currently
RHD

O/E
temp 37.6 C. Obs unremarkable
No IWOB
Chest clear
HS I+II+0
R upper arm
- flexor surface over lower biceps area large area of erythema with raised, tense surface with visibile collection of subcutaneous pus

Imp: Forearm abscess

Plan
1) Bloods- WBC 11, elevated CRP
2) Xray NAD
3) IV co-amox
4) Referred to ortho ? I+D. Will kindly review.

Dr Thomas McCormick Doctor

E3860610

E2543187

700576136V

MacIntyre

Dr PA Hepple

Thomas, R

12/7 Dryden Gait
Edinburgh

Muirhouse Medical Group
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1 Muirhouse Avenue
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EH4 4SB

07471077303

04/07/1981

Unknown

36 Male

24/05/2018 1:03

Private Transport

Self Referral to A&E

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Abscess

CLINICAL NOTES:
Clinical note: Ortho 2181 MACLEOD. CT1. Cons: Brown

Right Upper Arm Abscess
IVDU.
Oct 2017 -. -ve BBV.

INjected 2/52 - into bicep
Since 5/7 noticed erythema and swelling.
ON flucuxacillin in community.
Abscess now pointing

PMHx: Nil; IVDU
Social: Unemployed smoker

O/E:
POint abscess over distal biccp
4 x 6cm area induration
3x3 cm erythema
NV intact.

X-ray : nil retained FB

Attempted I&D:
5ml 1 mil lidocanie applied
cryospray applied
20mg morphine given
entonox used.
Procedure stopped due to patient not tolerating pain.
approx 100 ml pus expressed.

IMP

E3860610

E2543187

700576136V

Dr PA Hepple

Muirhouse Medical Group
Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

MacIntyre

Thomas, R

12/7 Dryden Gait
Edinburgh

EH4 4SB

07471077303

04/07/1981

Unknown

36 Male

24/05/2018 1:03

Private Transport

Self Referral to A&E.

However suspect still loculated collection

PLAN
1. Will require formal I&D
2. Admit Ortho
3. M&C - I&D abscess
4. Analgesia
5. IV co-amoxiclav
6. FY clerkign pelase
7. NBM

Dr Kirsty MacLeod Doctor

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward: 109 Consultant: Brown	Name of Patient: Thomas MacIntyre
Weight: Height:	CHI Number: 0407813233
If re-written, date:	D.O.B.
DISCHARGE PRESCRIPTION	(Attach printed label here)
Date completed: Completed by:	

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 ☑		[signature]	24/5
		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
24/5/[illegible]	Reay	MORPHINE	IV 0-10mg		Reay CART.	2mg@1602 2mg@1616 2mg@1622	MRY ED

Installment dispensing on Discharge

Type: DAILY + INSTALMENTS

Community Pharmacy

LLOYDS

Tel: 557 1376

Email: CP2361

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 → 24/5 25/5

Time ↓ 18

Medicine (Approved Name): Dalteparin
Dose: 5000units **Route:** SC
Notes/Indication for antibiotic: **Start Date:** 24/5 **Stop Date:**
Prescriber - sign + print: UNP
For Use Date / Quantity / Pharmacy: LS 25/5
Times: 6, 8, 12, 14, 18, (22)
24/5: PLEASE GIVE AM ↓ NAT

Medicine (Approved Name): TEDs
Dose: 1 pair **Route:** TOP
Notes/Indication for antibiotic: **Start Date:** 24/5 **Stop Date:**
Prescriber - sign + print: UNP
For Use Date / Quantity / Pharmacy:
Times: 6, 8, 12, 14, 18, 22

Medicine (Approved Name): Pregabalin
Dose: 200mg **Route:** oral
Notes/Indication for antibiotic: **Start Date:** 24/5 **Stop Date:**
Prescriber - sign + print: UNP
For Use Date / Quantity: ORDERED 24/05
Pharmacy: DHx LS 25/5
Times: 6, (8), 12, 14, (18), 22
8: U
18: [illegible]

Medicine (Approved Name): Quetiapine MR
Dose: 150mg **Route:** oral
Notes/Indication for antibiotic: **Start Date:** 24/5 **Stop Date:**
Prescriber - sign + print: UNP
For Use Date / Quantity: ORDERED 24/05
Pharmacy: DHx LS 25/5
Times: 6, (8), 12, (X), 18, (22)
8: CM
22: [illegible]

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓	24/5/18	25/5/18
Medicine (Approved Name): Trazadone		For Use / Date	6		
Dose: 150mg	Route: oral	Quantity: ORDERED 24/05	8		
Notes/Indication for antibiotic	Start Date: 24/5	Stop Date	12		
Prescriber - sign + print: [illegible]		Pharmacy: DN x LD 25/5	14		
			18		
			22	DH	
Medicine (Approved Name): Co-amoxiclav		For Use / Date	~~6~~	(4)	100 BD
Dose: 1.2g	Route: IV	Quantity	8		
Notes/Indication for antibiotic: Abscess	Start Date: 24/5	Stop Date	12	BM	
Prescriber - sign + print: [illegible]		Pharmacy	14		
			~~16~~	(20)	CD BD
			22		
Medicine (Approved Name): Paracetamol		For Use / Date	6		
Dose: 1g	Route: oral	Quantity	8	WD	
Notes/Indication for antibiotic	Start Date: 24/5	Stop Date	12		1D
Prescriber - sign + print: [illegible]		Pharmacy: LD 25/5	14		
			18		W
			22	DH	
Medicine (Approved Name): Methadone		For Use / Date	6		
Dose: [120mg]	Route: ORAL	Quantity	8		
Notes/Indication for antibiotic	Start Date: 24/5/18	Stop Date	12	[illegible]	[illegible]
Prescriber - sign + print: [illegible] KEOHONE		Pharmacy: LD 25/5	14		
			18		
			22		
Medicine (Approved Name): CO-AMOXICLAV		For Use / Date	6		
Dose: 625mg	Route: ORAL	Quantity	8		
Notes/Indication for antibiotic	Start Date: 25/5/18	Stop Date	12		
Prescriber - sign + print: [illegible]		Pharmacy: LD 25/5	14		10
			18		
			22		
Medicine (Approved Name):		For Use / Date	6		
Dose	Route	Quantity	8		
			12		
Notes/Indication for antibiotic	Start Date	Stop Date	14		
			18		
Prescriber - sign + print		Pharmacy	22		

105K.

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												

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															

TURN OVER →

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	~~24/5~~	see below ~~24/5~~										
~~Oxycodone IR~~			Time	~~1527~~	~~20~~										
Dose + frequency + max	Route	Quantity	Dose	~~2mg~~	~~1PO~~										
~~2mg 1°~~	~~oral~~		Initials	~~[illegible]~~	~~[illegible]~~										
Indication ± notes	Start Date	Date	Date												
~~Pain~~	~~24/5~~		Time												
Prescriber - sign + print		Pharmacy	Dose												
~~Knox~~			Initials												
Medicine (Approved Name)		For Use	Date												
Ondansetron			Time												
Dose + frequency + max	Route	Quantity	Dose												
4mg TDS	oral/im		Initials												
Indication + notes	Start Date	Date	Date												
Nausea.	24/5		Time												
Prescriber - sign + print		Pharmacy	Dose												
Knox			Initials												
Medicine (Approved Name)		For Use	Date	24/5	24/5	25/05	② 25/5	25/05							
OXYCODONE IR.			Time	2020	2345	0750	1644	1730							
Dose + frequency + max	Route	Quantity	Dose	10mg	10mg	10mg	10	10mg							
10mg 1hly	oral		Initials	[illegible]	[illegible]	CDDS	[illegible]	[illegible]							
Indication + notes	Start Date	Date	Date			discontinued									
	24/5/sf		Time												
Prescriber - sign + print		Pharmacy	Dose												
Kerry Carey.		LS 25/5.	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												

LOTHIAN UNIVERSITY HOSPITALS DIVISION

INTRAOPERATIVE CARE RECORD

ORTHO/TRAUMA THEATRES

NHS Lothian

DATE 24/5/18 #6874500 Th19

SURGICAL POSITION	POSITION AIDS USED	ADDRESSOGRAPH
☐ LATERAL ☐ RIGHT ☐ LEFT ☐ HIP TABLE ☐ DECK CHAIR ☐ PRONE ☐ SUPINE ☐ OTHER.....	☐ HAND TABLE ☐ GK EXT ☐ SUPPORTS ☐ PELVIC FRAME ☐ SANDBAG ☐ ARMREST	700576136V/E3860610 M 04/07/1981 **MacIntyre, Thomas R** 12/7 Dryden Gait, Edinburgh, EH4 4SB CHI 0407813233 [redacted] 70662 ___ PA Hepple ___

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..... X1
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 .....
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 SIGNED

INTRAOPERATIVE COUNTS

CORRECT	INITIAL COUNT	INTRAOPERATIVE	INTRAOPERATIVE	INTRAOPERATIVE	FINAL COUNT
SIGNATURE					A. DONALDSON

COMMENTS — DISCREPANCIES/ACTIONS TAKEN — TOTAL BLOOD LOSS = minimal

SCRUB STAFF SIGNATURE

PRINT
1. [illegible]
2.

SIGN
1. [illegible]
2.

IMPLANTS/INSTRUMENT

OPERATION SUMMARY. TO BE COMPLETED BY SURGICAL TEAM

SURGEON: Clement

ASSISTANTS:

ANTIBIOTICS REQ:

OPERATION PERFORMED: Incision & drainage of abcess Right arm

DIATHERMY USED ☐ YES ☐ NO

POST OP INSTRUCTIONS HOME TODAY ☐ YES ☑ NO

MOBILITY: ROM at elbow as pain allows

FOLLOW UP: Wound check tomorrow – home on PO & ROS (+1) in 7 days

Extra Day of Theatre Multidisciplinary Care Plan

Consultant..Brown.....Ward..109

Goal: Patient prepared and as fit as possible for theatre

700576136V M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
70662 PA Hepple
12/7 Dryden Gait
EH4 4SB

Date 24./.5./...18 Day of Theatre- Pre op

No	Multidisciplinary Plan	Comments/ individualisation	N	D
1	Blood results available, Chest X-ray ☐ ECG ☐ (if indicated)			
1a	Seen by anaesthetist (anaesthetic sheet completed)			
2	Medication given/withheld as per protocol/anaesthetist instructions			
3	IV cannula ☐ See PVC bundle S/c ☐ inserted ☐N/A			
4	Pain score ≤ 1 (score recorded on SEWS chart)			
5	IV fluids & fluid balance chart continue/commenced			
6	Observations recorded on SEWS chart 6hourly			
8	Output recorded on fluid balance chart			
9	Hygiene needs attended to (specify)			
10	Pressure areas assessed (Waterlow score recorded)			
	Theatre cancelled: specify reason Inform NOK			

THEATRE CHECKLIST			N	D	TH
A	Reviewed by medical staff-consent checked –operation site marked	consent from not signed	☐	✓	
B	Fasted as per protocol(food 6 hrs min, fluids 2hrs min) time....23/5/18			✓	
C	2 Identity bands in situ			✓	
D	Drug allergies.....NKDA.....			✓	
E	Makeup /nail polish / glasses /contact lenses /jewellery(tape wedding ring) all removed	yes ☐ N/A ☐		✓	
F	Dentures removed ☐ in situ ☐ N/A ☑ Hearing aid removed ☐ in situ ☐ N/A ☑			✓	
G	Any previous surgical metalwork	yes ☐ N/A ☑		✓	

Name & Signature of nurse in charge of patients care for each shift

Night:

Day: SCRUB NURSE DCN.

Theatre:

Extra Day of Theatre Multidisciplinary Care Plan

Consultant:.....Ward:.....

Goal: Patient is kept comfortable and observed closely to ensure stabilises post surgery

Addressograph label, or,

Name.....

DoB.....

CHI no.....

Date...../...../..... Post-operative

No:	Multidisciplinary Plan	Comments/ individualisation	D:	N:
1	Reviewed by medical staff			
2a	Oxygen therapy for 6 hours post op and overnight for 48 hours (#NOF)			
2b	Medication recommenced			
3	IV cannula in situ ☐re inserted ☐ S/c in situ ☐ 24/48/72hrs ☐N/A			
4	pain score ≤ 1 (recorded on SEWS chart)			
5	IV fluids & fluid balance chart continue			
6	Observation recorded on SEWS chart ½ -1-2-4 hours as stabilises			
6b	Compartment monitoring continues	N/A ☐		
7	Recommence light diet and fluids			
8	Urine passed post op and recorded on fluid balance chart			
9	Hygiene needs attended to (specify)			
10	Pressure areas re-assessed (Waterlow score recorded)			
10 a	Assistance given with position change 2-3 hourly(Skin bundle if>15)	N/A ☐		
10 b	Heels kept elevated when in bed			
12	Visitors updated at round or by phone			
14	Need for bed rails reassessed (see chart)			
15	Movement in bed: ☐Independent ☐1 to assist ☐2 to assist ☐ glide sheet			
16	Wound dressing intact			
17	Care of POP (CSM checks)N/A ☐ Elevation of limb state type used N/A ☐ Other(specify)			

Name & Signature of nurse in charge of patient's care for each shift

Day:	Print:
Night:	Print:

24.05.18

700576136V/E3860610 M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH4 4SB

CHI 0407813233
70662 PA Hepple

RECOVERY ROOM* (→ WARD on day of surgery)

Name:

Hospital

Date of

TIME IN: 1520 TIME OUT:

Discharge criteria met? Y ☑ (16:00) N ☐ (15)

EVENTS

A INTO RECOVERY
B EXTUBATED
C PAC
D
E
F
G
H

TIME	20	25	30	35	40	45	50	55	00	10	20	30	45	00
Airway	[illegible]	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV
Oxygen Therapy	4L	RA	RA	RA	RA	RA	RA	RA	RA	2L	2L	2L	2L	2L
S_pO_2	89	97	93	98	96	93	96	89	94	95	98	97	96	96
Respiration	17	10	12	10	9	10	6	9	10	7	12	10	7	8
PAIN														
Severe 6 - 10														
Moderate 4 - 5				✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mild 1 - 3													✓	✓
None 0	0	0	0											
Nausea Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sedation Score	1	1	1	0	0	0	0	0	0	0/S	0/S	0/S	0/S	0/S
Urine Volume	NPV				NPV				NPV			NPV		NPV
Wound Check	DRY				DRY				DRY			DRY		DRY
Drains	NA													
Temperature	36.2								36.1					36.2

SBP - v
MAP - x
DBP - ^
Pulse - •

200 / 150 / 100 / 50

Events	A B C
Fluids	FLUSHABLE 1.48 [illegible] FROM THEATRE
Drugs	DEXAMETHASONE 8mg MORPHINE 2mg 2mg 2mg

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

MINIMAL BLOOD LOSS.

I&D OF ABSCESS (R) ARM UNDER G.A.
ON O— PATIENT APPEARS SLEEPY BUT EASILY CONSCIOUS TO VOICE.

NEWS: 2 (07)

Name (print) M. CROMBIE Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☑
Oxygen UNTIL AWAKE
Monitoring ROUNDS
Fluids EAT + DRINK 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) A. NIMMO Signature
Contact No. MOBILE PHONE

NHS LOTHIAN — ANAESTHESIA RECORD

Proposed operation: I+D abscess right arm

Date: 24/5/18 Side:

NCEPOD: Ele ☐ Exp ☑ Urg ☑ Imm ☐

700576136V/E3860610 M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH4 4SB

CHI 0407813233
70662 PA Hepple

PRE-OP ASSESSMENT

Assessor: A. TRAYNOR CONS ☐ SAS ☐ ST7 ☑ CT__ ☐ Other ☐

Date: 24/5/18 Location: Consent form signed and checked ☐

History / Examination (& see care pathway)

(36)

Abscess at injection site (R) upper arm
Injected ~ 10/7 → 2/52 ago
Not improving with oral flucloxacillin

PMH

IVDU. Negative BBV screen October 2017
Ψ issues (paranoia/anxiety/personality disorder)

BP
Weight (kg)
Height (m)
NEWS 0 Appropriate

Medications (including herbal)

(Palliparin)
Pregabalin
Quetiapine MR
Trazodone
Coamoxiclav
Paracetamol
Methadone (taken today)

Allergies & adverse reactions

NKDA

ASA Grade

1 (2) 3 4 5 6 E

Airway Assessment

MP3 MO 3FF
Neck Frem
Jaw OK
Teeth
own. No loose

Previous Anaesthesia

Yes

Uneventful Y ☐ N ☐ N/A ☐

Family History

Alcohol No
Smoking 30 cpd
Drugs Heroin
Reflux / GORD No
Fasted ✓

Investigations

FBC Hb 136 WCC 11.1 plat 251
U&E's / eGFR Normal eGFR >60
G+S / e-Release / X-match
ECG
CXR
CRP 64
APTT 32 / PT 14 / Fib 4.7

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: Affix Label
Date of Birth:

ANAESTHETIST(S) A. NIMMO GRADE CONS

SUPERVISING CONSULTANT INFORMED Yes ☐ No ☐

OPERATION PERFORMED: I+D ABSCESS RIGHT ARM
LOCATION: TH 15
SURGEON: N. CLEMENT

DATE: 24/5/18
START TIME:
END TIME:

TRAINED ASSISTANT PRESENT ☐

CONDUCT OF ANAESTHETIC

Induction
Pre O_2 ☐ RSI ☐ Cricoid ☐
TCI PROP
O_2 / N_2O

Maintenance
TCI PROP
O_2 / N_2O

Reversal

AIRWAY

Face Mask ☐
Oral Airway ☐
Nasal Airway ☐
LMA ☑
Type 4 GEL
Size 4
ETT ☐
Cuff ☐
Type
Size

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit (-)
Ventilator
Gas flow 2L/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 (L) ACF (From VAND)

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
SUPINE

PROPHYLAXIS

Eye care ☑
Pressure care ☑
Fluid warmer ☐
Warming blanket ☐

	Y	N	N/A
DVT	☐	☐	☐
Antibiotics	☐	☑	☐
PONV	☑	☐	☐

(TCI PROPOFOL)

REGIONAL TECHNIQUE

Type of block
Consent ☐
Awake ☐
Asleep ☐
Stimulator ☐
Ultrasound guidance ☐
Catheter ☐
Entry site
Needle used
Drugs given
Technique

EVENTS

A INDUCTION
B THEATRE
C SURGERY
D SURGERY END
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V

TIME	14:30	15:00	15:30
S_pO_2	96	98	98	97
F_ECO_2		7.3	6.[illegible]	5.6
F_iO_2	AIR	.32	.36	.[illegible]
F_EAn				
P_{aw}				
CVP				
Urine Output				
Blood loss				
Temperature				

200 / 150 / 100 / 50

SBP - v
MAP - x
DBP - ^
Pulse - •

Events	A	B	C	D
Fluids	1			
TCI PROP	7→4	3	0	
FGF	2L	2.5		
MIDAZ	2			

FLUIDS

1 PL 1x8 1000
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

TOTAL FLUIDS

TOTAL BLOOD LOSS minimal

TOTAL URINE

Consent Form

Medical or Dental Investigation, Treatment or Operation

700576136V/E3860610 M 04/07/1981
MacIntyre, Thomas R
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Edinburgh,
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CHI 0407813233 [redacted]
70662 PA Hepple

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

RIGHT ARM ABSCESS INCISION AND DRAINAGE

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 24/5/18.
Name and Status of Practitioner ..... MACLEOD CT

SCAR
FURTHER
OPERATION
BLEEDING
DRAINAGE
STRUCTURES.
RISK CA.

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 .....
Date 24/5/18

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		

WHO Surgical Safety Checklist

(adapted for Orthopaedic Surgery NHS Lothian 21.06.2010)

NHS Lothian

700576136V/E3860610 M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH4 4SB

Last Name
First Name
Date of Birth
CHI Number

CHI 0407813233
70662 PA Hepple

*OATE 24-5-18
*THEATRE 19
*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)	35.7		
Patient diabetic?		✓	
If yes, BM (millimoles)			
Patient on Beta blockade?		✓	
If yes, Beta blockade given?			
If not given, state reason omitted:			

Name: STEVEN GRIFFITH
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:

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) 36 °C
Patient BM if diabetic (millimoles) N/A

Name: M. CARTER
Signature: M

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

Name: Thomas MacIntyre
Date of Birth: 0407813233
CHI/Unit No:

Date: 24/5 | 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)
Plasmalyte	1000	IV	85	0700			

*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 24/5/18
Name: Thomas MacIntyre -
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	plasmalyte (1000)	85					(1)	to toilet.			
08.00		85						/			
09.00		85						/			
10.00		85						/			
11.00		85						/			
12.00	IV ABX	120.						/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00	Plasmalyte							/			
14.00		85						/			
15.00		85						/			
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			coffee	150				/			
21.00							toilet				
22.00			crisps	100				/			
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		

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

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Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
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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)

Use the box below to prescribe any additional fluids that are required for ***Replacement*** *or* ***Resuscitation***

Resuscitation: *give Fluid Challenge 250 to 500ml Plasmolyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient*

Date 23/5/18

Name: T McIntyre

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			H2O	800			/				
10.00							/				
11.00			Tea	200			/				
12.00							Pud				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00			H2O				/				
14.00			(200				/				
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: 109 Site: RIE Date: 24/5/18

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 Elaine F. Dow

Addressograph, or

Name Macintyre, Thomas R
700576136V/E3860610 M 04/07/1981
12/7 Dryden Gait,

OOB Edinburgh,
EH4 4SB

Unit no. CHI 0407813233
70662 PA Heople

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	05⁰⁰	10⁰⁰	1355	1725	2100	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)	✓	N	N	N	N	N							
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	Abrasion	B	B	/	I	M							
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other (R) ARM												
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	N	N	Y	Y	AS							
Positioning (R) or (L) side (B) Back (C) Chair	C	B	B	B	B								
Mattress type / Cushion type	*please state type:* Pentaflex												

Elimination

Do you need the toilet?	N	N	N	N	I								
Is the patient continent of urine? (at time of Care Rounding)	Y	I	I	I	Y								
Continence product changed/offered?	N/A	/	/	/	–								
Catheter care performed?	N/A	/	/	/	–								
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	Y	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	FFMN	NBM	—		Y								
Fluid Balance Chart (if clinically indicated)	Y	Y	Y	Y	Y								
When did you last eat?	23/5	23/5	23/5	D	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)	I	Y	N	N	I	A							

Falls

Appropriate Footwear?	Y	Y	Y	Y	Y								
Walking aid available(and within reach)	/	/	/	/	/								
Area de-cluttered?	Y	Y	Y	Y	Y								
Chair and bed height assessed?	Y	Y	Y	Y	Y								
Falls alarm in use and attached?	N/A	/	/	/	/								
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?	Y	N	N	N	Y	AS							
Analgesia Given?	PO	N	N	N	Y	AS							

General

Peripheral Venous Cannula observed? x1	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	Y	AS							
Anything else I can do for you?	N	N	N	N	N	AS							
Buzzer within easy reach	Y	Y	Y	Y	Y	Y							

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

Initials – document at time of care delivery	ED	SM	SM	S	L	L							

Ward: 10A Site: RIE Date: 25/5/18

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

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

Print name and sign

Addressograph, or

Name Roman McInnes

DOB 04/5/A

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	06[00]	10[00]	13[55]										
	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	✓										
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	BL - dressed	✓	✓										
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other... (R) arm												
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	L	B	B										
Mattress type / Cushion type	*please state type:*												
Elimination — Do you need the toilet?	N	✓	✓										
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y										
Continence product changed/offered?	NA	n/a	✓										
Catheter care performed?	NA	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										
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	AS	n/a	n/a										
Fluid Balance Chart (if clinically indicated)	Y	Y	Y										
When did you last eat?	D	L	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)	N	I	±										
Falls — Appropriate Footwear?	Y	Y											
Walking aid available(and within reach)	NA	n/a											
Area de-cluttered?		Y	Y										
Chair and bed height assessed?	Y	Y	Y										
Falls alarm in use and attached?	NA	n/a	n/a										
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	NA	n/a											
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain — Are you in pain?	AS	N	✓										
Analgesia Given?	AS												
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	AS	Y	Y										
Anything else I can do for you?	N	N	N										
Buzzer within easy reach	Y	Y	Y										

Personal Care *Type* n/a *(specify)* **Time Given** AM

Initials – document at time of care delivery	DH	MJ	LS										

NEWS Observation Chart

NEWS Key: 0 | 1 | 2 | 3

Parameter	Scale								
Date		24/5		24/5				25/5	
Time		05:00	1135	1620	1725	1835	20 45	06:00	12:00
Respiratory Rate	12-20	16	17	12	14	16	16	15	16
SpO2	≥96 / 94-95 / 92-93	97	97	98	95	96 / 98	96	94	93
Inspired O2	% or litres		RA	22	RA	RA / RA		RA	
Temperature		36.2	36.7	36.1	36.5	36.5			36.2
Systolic BP (upper)		116	119	112	105	105	118	104	104
Diastolic BP (lower)		73	69	73	54	68	67	67	67
Heart Rate		74	64	59	65	72			83
Regular Y/N		Y							
Conscious Level	Alert	A	✓	✓	✓	✓			
Total NEWS score		0	0	2	2	1	0	2	3
Urine output recorded Y/N				N/A					
Blood Glucose				N/A					
Pain score (0-10)				4					
Nausea score (0-3)				0					
Initials		ED	SM	MM	GRS	SH	CD	DH	UP

RECOVERY

Form row labels: Respiratory Rate (≥25, 21-24, 12-20, 9-11, ≤8); Sp02 (Chronic Hypoxia: ≥88, 86-87, ≤85; Default: ≥96, 94-95, 92-93, ≤91; Unrecordable) — Medical Signature required to use scale for patients with Chronic Hypoxia. Sign.; Inspired 02 (% or litres); Temperature (≥39°, 38°, 37°, 36°, ≤35°); NEWS SCORE uses Systolic BP (230–50, Unrecordable) — If manual BP mark as M; Heart Rate (≥140, 130–30); Regular Y/N; Conscious Level (Alert, V / P / U, New Confusion); Total NEWS score; Urine output recorded Y/N; Blood Glucose; Frequency of Observations; Structured Response Tool Y/N; Escalation Y/N; Pain score (0-10); Nausea score (0-3); Motor Block score (0-4); Circulation; Sensation; Movement; 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

National Early Warning Score (NEWS) Chart

NHS Lothian

700576136V/E3860610 M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH4 4SB
CHI 0407813233
70662 PA Hepple

Consultant: CS Date chart commenced: 24/05/18
This is chart number (1) this admission
Weight: Actual ______ kgs Estimated ______ kgs
ASU: ______ Ward: 109

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	
GLASGOW COMA SCALE – Best Verbal Response	Orientated	5	Endotracheal tube or tracheostomy = T
	Confused	4	
	Inappropriate words	3	
	Incomprehensible sounds	2	
	None	1	
GLASGOW COMA SCALE – 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		
LIMB MOVEMENT – 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** **2 - Able to bend knees**
4-5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**3 - Minimal movement**
6-10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**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				

	Obs 1	Obs 2	Obs 3	Obs 4	Obs 5	Obs 6	Obs 7	Obs 8
Date	24/5		24/5				25/5	
Time	05:00	11:35	16:20	17:25	18:15	20:41	06:00	12:00
Respiratory Rate (≥25 / 21-24 / 12-20 / 9-11 / ≤8)	16	17	12	14	16	16	15	16
SpO2 (Default ≥96 / 94-95 / 92-93 / ≤91; Chronic Hypoxia ≥88 / 86-87 / ≤85 / Unrecordable)	97	99	98	95	98	96	94	93
Inspired O2 (% or litres)		RA	21	RA	RA		RA	
Temperature (≥39° / 38° / 37° / 36° / ≤35°)	36.2	36.7	36.1	36.5	36.5		36.2	
Systolic BP (230 … 50 / Unrecordable)	116/73	119/69	112/73	105/54	105/68	118/64	104/67	104/67
Heart Rate (>140 … 30)	74	64	59	65	72		58	
Regular Y/N	Y							
Conscious Level (Alert / V/P/U / New Confusion)	A	✓	✓	✓	✓			
Total NEWS score	0	0	2	2	1	0	2	3
Urine output recorded Y/N			N/O					
Blood Glucose			N/A					
Frequency of Observations								
Structured Response Tool Y/N								
Escalation Y/N								
Pain score (0-10)			4					
Nausea score (0-3)			0					
Motor Block score (0-4)								
Circulation								
Sensation								
Movement								
Initials	ED	SM	mm	SnS	SMC	CD	DM	UP

NEWS SCORE uses Systolic BP

If manual BP mark as M

Medical Signature required to use scale for patients with Chronic Hypoxia

Sign:

RECOVERY

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
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Are any 2 or more SIRS criteria present?

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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

559814

NHS Lothian

REQUEST FOR INDIVIDUALISED PATIENT SUPPLY

Date: 24/5/18

Hospital: RIE

Ward: 109

Base: 8

Pharmacy Log No. 10 14

(Addressograph preferred)

Patient Name: Thomas MacIntyre

DOB: 04/07/81

CHI Number: 0104078 13233

	Medicine	Form	Dose	Administration Times					Pharmacy Use – Quantity Supplied
				08:00	12:00	14:00	18:00	22:00	
1	Pregabalin	CAP	300mg	✓			✓		84 x 50
2	Quetiapine (MR)	CAP	150mg	✓				✓	60 x 50
3	Tramadone.	CAP	150mg					✓	84 x 50
4									
5									
6									
7									
8									

Transcription (signature and grade): (7)

Transcription checked by:

Date and time required: 08:00 24/5/18

Pharmacist check:

Dispensed by:

Checked by:

Comments: 12.45

Received on ward and checked by:

_____ sign _____ print

Only use this request to obtain medicines labelled with individual patient directions.
Send the white and pink copy to the pharmacy. Retain the blue copy for reference.

LU 040

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
MACINTYRE THOMAS	0407813233	04/07/1961	36	HEPPLE, PAUL	Muirhouse Medical Group	70662

537 4343

Allergies

Description	Date Recorded	Comments
No ECS data exists		

Sources: [1] ECS [ ] Patient's Drugs [ ] Referrer Kardex [3] GP Practice [ ] TRAK
[2] Patient [ ] Relative / Carer [ ] Referrer Letter [4] 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
Flucloxacillin 500mg capsules	28 capsule	1 CAPS FOUR TIMES A DAY			18/05/2018	1						

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
GP practice	Pregabalin 200mg capsules	56 capsule	ONE CAPSULE TWICE A DAY FOR NEUROPATHIC FOR PAIN Notes for dispenser: Please note that this is the generic brand of your previous medication. The drug and dose remain the same		03/05/2018	03/05/2018		1	2 3		✓			
GP practice	Quetiapine 50mg modified-release tablets	168 tablet	300MG MAX DAILY IN		03/04/2018	03/05/2018		1	2 3		✓			Takes 150mg tabs BD

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
MACINTYRE THOMAS	0407813233	04/07/1981	36	HEPPLE, PAUL	Muirhouse Medical Group	70662

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
			DIVIDED DOSES											
GP practice	Trazodone 150mg tablets	28 tablet	1 TABLET AT NIGHT		12/02/2018	03/05/2018		1	2	3. ✓				
	METHADONE		120ml o.d.											LLOYDS, DAILY (4)

Compliance Device	Name and telephone number for community pharmacy
DAILY ~~WEEKLY~~ INSTALMENTS	LLOYDS, 554 1376, CP2361

Completed by	Designation	Grade	Date	Time	Contact Number
RUTH HUDSON	PHARMACY TECH		24/5/18	24/5/18	5121
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**
L. Summers	Pharmacist	6	25/5/18	1489	5218

Key Information Summary

No KIS data recorded

SUBSTANCE MISUSE
315 2121
CHRIS

NHS Lothian

Royal Infirmary of Edinburgh
Emergency Department

Drug and Prescription Record

700576136V/E3860610 M 04/07/1981
MacIntyre, Thomas R
12/7 Dryden Gait,
Edinburgh,
EH4 4SB

CHI 0407813233
70662 PA Hepple

Previous Adverse Reactions	NKDA	Weight ___ ____ kgs Actual / Estimate	Date 24/5

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				
~~24/5~~	~~3:20~~	~~Co-Codamol 30/500~~	~~1T~~	~~Oral~~	~~[signature]~~			
		Oxybuprocaine	0.4%	Top				
	3:20	CO-AMOXICLAV	1.2g	IV	[signature]	0350	LA	[signature]
		~~MORPHINE~~	~~FIOMg~~					
24/5	0320	~~MORPHINE~~ ~~OXYMORPH~~	10mg	IV	[signature] MACLEOD	0410	LA	EBlack
								EBlack
	4:25	MORPHINE	~~10mg~~ 10mg	IV	[signature]		LA	EBlack
		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:	1	0					
	Time:	05	50					
Blood Pressure	Enter value >220							3
	220							
	210							
	200							
	190							
	180							
	170							
	160							
	150							
	140							
	130	1	78					
	120							
	110							
If manual BP mark as M	100							1
	90	V	81					2
	80							3
	70							3
	60							3
	50							3
	40							3
	30							3
	Enter value <30							3
	Unrecordable							3
Pulse Rate	Enter value >180							3
	180							3
	170							3
	160							3
	150							3
	140							3
	130							2
	120							2
	110							1
	100							1
	90							
	80							
	70	o	75					
	60							
	50							1
	40							3
	30							3
	Enter value <30							
Respiratory Rate	Enter value >40							3
	40							3
	35							3
	30							3
	25							2
	20							
	15	o	16					
	12							1
	8							3
	Enter value <8							
Temperature	Enter value >39							2
	39°							1
								1
	38°	o						
	37°		37.1					
	36°							1
								1
	35°							3
								3
	34°							3
	Enter value <34							
Sp02	Chronic Hypoxia / Default							
	≥88 / ≥96	98	97					
	94-95							1
	86-87 / 92-93							2
	≤85 / ≤91							3
	Unrecordable							3
02	% or Litres							2
Conscious Level	Alert	A	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						
	<4						

Think Analgesia

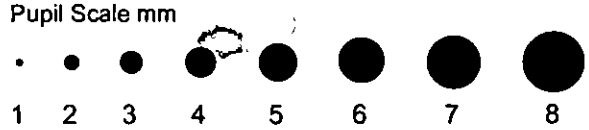
	Time:						
Pain Score	Very Severe 9-10						
	Severe 6-8						
	Moderate 4 - 5						
	Mild 1 - 3						
	None 0						

Neurological Observations

GLASGOW COMA SCALE									
	Time								
Eyes Open	Spontaneously	4							
	To speech	3							
	To pein	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 pein	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



PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward:	Consultant:
Weight:	Height:
If re-written, date:	
DISCHARGE PRESCRIPTION	
Date completed:	Completed by:

Nam 700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
CHI 3/3 Bowhill Terrace,
Edinburgh,
D.O EH3 5QY
CHI 0407813233
70732 L MacCallum

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		

- 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
21/8/13	11 Recall	MORPHINE	1-15mg	IV	[signature]		
21/8/13	2300	[illegible]	[illegible]	IV	[signature]	2340 Anderson	swapped order
21/8/13	2040	NALOXONE	80 [illegible]	IV	[signature]	2040	MA
21/08/13	23:40	Paracetamol	1g	Oral	[signature] Anderson	2340	CP

Name: ..... D.O.B.: ..... CHI No: .....

REGULAR THERAPY

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 → 21/8 22/8 23/8

Time ↓

Medicine (Approved Name): PARACETAMOL
Dose: 1g
Route: ORAL
Notes/Indication for antibiotic:
Start Date: 21/8/13
Stop Date:
Prescriber - sign + print:
For use: Prepack QN 22/8
Date:
Quantity:
Pharmacy:

6 —
8 X WM TM
12 X TM (2)
14 —
18 X TM
22 X (8) ET

Medicine (Approved Name): IBUPROFEN
Dose: 400mg
Route: ORAL
Notes/Indication for antibiotic:
Start Date: 21/8/13
Stop Date:
Prescriber - sign + print:
For use: Prepack QN 22/8
Date:
Quantity:
Pharmacy:

6 —
8 X WM TM
12 (SOD WM)
14 X TM WM
18 —
22 CD ET

Medicine (Approved Name): OXYCODONE M/R
Dose: 15mg
Route: ORAL
Notes/Indication for antibiotic:
Start Date: 21/8/13
Stop Date:
Prescriber - sign + print:
For use: CDS QN 22/8
Date:
Quantity:
Pharmacy:

6 —
8 X CD ET TM
12 —
14 —
18 (20) X (8) WM (2)
22 —

Medicine (Approved Name): SENNA
Dose: 7.5mg
Route: ORAL
Notes/Indication for antibiotic:
Start Date: 21/8/13
Stop Date:
Prescriber - sign + print:
For use: Prepack QN 22/8
Date:
Quantity:
Pharmacy:

6 —
8 —
12 —
14 —
18 (1)
22 (8) ET

Name: .... D.O.B.: .... CHI No: ....

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓	22/8/13	23/8
Medicine (Approved Name): NICOTINE PATCH		For use: Prepack / Date: W2219	6		
Dose: 21mg/24h / i	Route: TOP	Quantity	(8)	① VL	① TM
			12		
Notes/Indication for antibiotic	Start Date: 21/8/13	Stop Date	14		
Prescriber - sign + print: [signature]		Pharmacy	18		
			22		
Medicine (Approved Name): Augmentin		For use / Date	6		
Dose: 1.2gram	Route: IV	Quantity	(8)	[illegible]	[illegible]
			(12)	TM	②
Notes/Indication for antibiotic	Start Date: 21/8/13	Stop Date	14		
Prescriber - sign + print: [signature]		Pharmacy	(18)	TM	
			22		
Medicine (Approved Name): GABAPENTIN		For use / Date	6		
Dose: 300mg	Route: ORAL	Quantity	(8)		TM
			12		500 [illegible]
Notes/Indication for antibiotic: [illegible]	Start Date: 22/8/13	Stop Date	(14)	TM	[illegible] VL
Prescriber - sign + print: [signature]		Pharmacy	18		
			(22)	E	
Medicine (Approved Name): QUETIAPINE		For use / Date	6		
Dose: 50mg	Route: ORAL	Quantity	(8)		① TM
			12		
Notes/Indication for antibiotic: [illegible]	Start Date: 22/8/13	Stop Date	14		
Prescriber - sign + print: [signature]		Pharmacy	18		
			22		
Medicine (Approved Name): QUETIAPINE		For use / Date	6		
Dose: 25mg	Route: ORAL	Quantity	8		
			12		
Notes/Indication for antibiotic: [illegible]	Start Date: 22/8/13	Stop Date	14		
Prescriber - sign + print: [signature]		Pharmacy	18		
			(22)	E	
Medicine (Approved Name): DOSULEPIN		For use / Date	6		
Dose: 225mg	Route: ORAL	Quantity	8		
			12		
Notes/Indication for antibiotic	Start Date: 22/8/13	Stop Date	14		
Prescriber - sign + print: [signature]		Pharmacy	18	[illegible]	
			(22)	E	

Name: .... D.O.B.: .... CHI No: ....

AS REQUIRED THERAPY

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												

REGULAR THERAPY

Name: .... D.O.B.: .... CHI No: ....

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															

TURN OVER →

Name: ..... D.O.B.: ..... CHI No: .....

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY													
Medicine (Approved Name): OXYNORM		For use	Date	22/8	22/8	22/8	22/8	22/8	23/8	23/8						
Dose + frequency + max: 10mg / 1°	Route: ORAL	Quantity	Time	01:15		10:30	15:45	05:45	06:35	10:10						
			Dose	10mg		10mg	10mg	10mg	10mg	10mg						
Indication + notes: OXYCODONE I.R	Start Date: 21/8/13	Date	Initials													
Prescriber - sign + print:		Pharmacy	Date													
			Time													
			Dose													
			Initials													
Medicine (Approved Name): CYCLIZINE		For use	Date	23/8												
Dose + frequency + max: 50mg / 8°	Route: PO/IM/IV	Quantity	Time	06:35												
			Dose	50mg												
Indication + notes	Start Date: 21/8/13	Date	Initials	EI												
Prescriber - sign + print:		Pharmacy	Date													
			Time													
			Dose													
			Initials													
Medicine (Approved Name): DIAZEPAM		For use	Date													
			Time													
Dose + frequency + max: 10mg / 2°	Route: PO/PR	Quantity	Dose													
			Initials													
Indication + notes: AGITATION / WITHDRAWAL	Start Date: 21/8/13	Date	Date													
			Time													
Prescriber - sign + print:		Pharmacy	Dose													
			Initials													
Medicine (Approved Name): ONDANSETRON		For use	Date													
			Time													
Dose + frequency + max: 4mg 6-8°	Route: IV/PO	Quantity	Dose													
			Initials													
Indication + notes: N&V max 16mg/24	Start Date: 20/8/13	Date	Date													
			Time													
Prescriber - sign + print: HUNTLEY		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													

INTRAOPERATIVE CARE RECORD

ORTHO/TRAUMA THEATRES

DATE 21-8-13

SURGICAL POSITION	POSITION AIDS USED	PATIENT
☐ LATERAL ☐ RIGHT ☐ LEFT ☐ HIP TABLE ☐ DECK CHAIR ☐ PRONE ☑ SUPINE ☐ OTHER.....	☑ HAND TABLE ☐ GK EXT ☐ SUPPORTS ☐ PELVIC FRAME ☐ SANDBAG ☐ ARMREST	7005761 36V/E2543187 M 04/07/1981 MacIntyre, Thomas R 3/3 Bowhill Terrace, Edinburgh, EH3 5QY CHI 0407813233 70732 L MacCallum

PRESSURE RELIEVING MEASURES	☐ GELPADS ☐ PREVENT PAD ☐ PILLOWS ☐ OTHER.....
PATIENT WARMING	☐ 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	☐ CLIPS ☐ SUBCUTICULAR ABSORBABLE ☐ NON ABSORBABLE ☐ FORMAL SKIN CLOSURE FULL / PARTIAL ☐ WOUND LEFT OPEN
DRESSINGS	☐ TULLEGRAS ☑ BLUE SWAB ☑ SOFFBAN ☑ BANDAGE ☐ MEFIX ☐ MEPORE ☐ OTHER .....
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 L WALKER SIGNED L Walker

INTRAOPERATIVE COUNTS

	INITIAL COUNT	INTRAOPERATIVE	INTRAOPERATIVE	INTRAOPERATIVE	FINAL COUNT
CORRECT					
SIGNATURE					

COMMENTS	DISCREPANCIES/ACTIONS TAKEN	TOTAL BLOOD LOSS =
SCRUB STAFF SIGNATURE	PRINT	SIGN
	1.	1.
	2.	2.

IMPLANTS/INSTRUMENT

OPERATION SUMMARY. TO BE COMPLETED BY SURGICAL TEAM

SURGEON
mr Watson

ASSISTANTS

ANTIBIOTICS REQ IV Augmentin.

OPERATION PERFORMED

DIATHERMY USED ☐ YES ☐ NO

- Washout wound x 2 forearm Right.
- Closed reduction Right post. Ulnar dislocation.

POST OP INSTRUCTIONS HOME TODAY ☐ YES ☒ NO

MOBILITY

FOLLOW UP

1. Analgesia.
2. Thin remaining ant 3x5cm defect on flexor surface of forearm. - Refer plastics in morning
3. Ulnar unstable in extremes of Extension / Radial deviation - refer hand surgeon for def. management.
4. Continue IV Tazo 48hrs.

B Watson.

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 20.20 TIME OUT:

Discharge criteria met? 21/8/13 Y ☒ N ☐

Name: Thomas MacIntyre
Hospital Number: A81X, Label
Date of Birth: 04/07/81

EVENTS

A Extubation
B
C
D
E
F
G
H

TIME	20	22	25	30	35	40	45	50	21	10
Airway		EM	EM	EM	Hi	SV	SV	SV	SV	
Oxygen Therapy		15	15	15	5	5	RA	RA	RA	
S_pO_2		100	100	99		98	97	98	99	
Respiration				8		11		16	12	
PAIN Severe 6-10										
PAIN Moderate 4-5							✓	✓	✓	
PAIN Mild 1-3										
PAIN None 0										
Nausea Score						0	0	0		
Sedation Score		4	4	4	3	3	0	0		
Urine Volume										
Wound Check		✓			✓			✓		
Drains										
Temperature		38C						37		
C					✓			✓		
S					✓			✓		
R					✓			✓		

200 / 150 / 100 / 50 / 0

SBP - v
MAP - X
DBP - ^
Pulse - •

Events			(A)							
Fluids	OL	=		=		=				
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 and/or vomiting (contact Doctor)

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
● Normal sleep, stirs to light touch
U Unconscious

RECOVERY COMMENTS

blood loss:
maintaining own airway
IV fluids cont. for
thirst
tolerating oral fluids
Observations on recorder

Name (print) K. Reglitz Signature

ANAESTHETIC INSTRUCTIONS

Oxygen 4L/min via nasal prongs under
Monitoring
Fluids EDD. As charted ☐
Analgesia As charted ☐
Antiemesis As charted ☐
Special Instructions

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name (print) Signature
Contact No. 07540 020357

NHS LOTHIAN — ANAESTHESIA RECORD

Proposed operation:
RELOCATION CARPAL BONES (R)
& EXPLORE/MYOTOMY FOREARM

Date: 21/8/13 Side: (R)
NCEPOD: Ele ☐ Sch ☐ Urg ☑ Eme ☐

Nam
Hosp
Date
CHI N
Gende

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY
CHI 0407813233
70732 L MacCallum

PRE-OP ASSESSMENT

Assessor: V. HANNAWAY CONS ☐ SAS ☐ SPR ☑ SHO ☐ Other ☐
Date: 21/8/13 Location: ATE Consent form signed and checked ☐

History/Examination (& see care pathway)

(R) RELUS Sx.
anxiety only.
around knee pain
full supinate forearm (R) 45°
L dorsiflexion carpal bones.
no alcohol since yesterday

HR
BP
Weight (kg)
Height (m)

Medications (including herbal)
quetiapine
desalegin
gabapentin

Allergies
NKDA.

ASA Grade
1 2 3 4 5 6 E

Airway Assessment
M.

Teeth
all +/c/c.

Previous Anaesthesia
yes

Uneventful Family History Y ☑ N ☐ N/A ☐

Alcohol occ/pm
Smoking trying 40 cpd
Drugs
Reflux/GORD nil.
Fasted 12pm food 1500 coke.

Investigations
FBC 3 sent
U&E's/eGFR
G+S/EI/X-match
ECG (R) BTC.
CXR

Information Given to Patient

	Y	N
Post-operative analgesia discussed	☑	☐
Consent for PR drug administration	☐	☑
Intended anaesthetic technique discussed	☑	☐
Patient information leaflet	☐	☑
Regional/local anaesthetic technique discussed	☑	☐

GA ± PCA/PONV.

PONV Risk score

Female	☐
Non-smoker	☐
Use of opioids	☐
History of motion sickness or PONV	☐

(Score 1 per +ve response, ≥2 consider prophylactic antiemesis)

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
Other:

Post-operative Remarks *(Critical incidents, warnings, hazards, significant events)*

	Y	N
Uneventful Anaesthetic	☐	☐

Name:

Hospital Number:

Date of Birth:

AFIX Label

ANAESTHETIST(S): V. Humphrey

GRADE: ST6

SUPERVISING CONSULTANT: N. MARAN

INFORMED Yes ☐ No ☑

OPERATION PERFORMED: RELOCATION @ METACARPAL BONES

LOCATION: Th 20 &

SURGEON: WATERSON

DATE: 20/8/13

START TIME:

END TIME:

TRAINED ASSISTANT PRESENT ☑

CONDUCT OF ANAESTHETIC

Induction

Pre O_2 ☑ RSI ☐ Cricoid ☐

midazolam 2mg

fentanyl 100 mcg

propofol 200 mg

atracurium 35mg

Maintenance

O2/air/sevo

Reversal

AIRWAY

Face Mask ☐

Oral Airway ☐

Nasal Airway ☐

LMA ☐

Type

Size

ETT ☑

Cuff ☑

Type Portex

Size 7.0

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit Circle

Ventilator Aestiva 5 D/O

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
20G	(DOF) L/S
14G	(DCF)

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

Supine + Arm board

Eye care ☑

Pressure care ☑

Fluid warmer ☐

Warming blanket ☑

PROPHYLAXIS

	Y	N	N/A
DVT TEDS	☑	☐	☐
Antibiotics ~~PRE~~	☑	☐	☐
PONV	☑	☐	☐

REGIONAL

Consent ☐

Awake ☐

Asleep ☐

Stimulator ☐

Catheter ☐

Ultrasound guidance ☐

Type of block

Entry site

Needle used

Drugs given

Technique

EVENTS

A GA

B Th

C MVA

D Tyc @ 19:00 250 multiq

E Tram @ 20:00 (6 mins)

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

TIME	18:45			19:15			19:45		20:15
S_pO_2	98	98	98	99	99	100	100	100	
F_ECO_2	52	50	50	43	42	42	45	45	
F_iO_2	.7	1.6	.5	.6	.5	.5	.5	1.5	
F_EA_n (sevo)	2.3	2.5	2.9	2.0	2.1	2.1	2.9	2.9	
P_{aw}	17/5			18/5			18/5		
Vt x f	650 x 14			600 x 14			650 x 10		
CVP									
Urine Output									
Blood loss									
Temperature	37°C.								

200 / 150 / 100 / 50 / 0

SBP - v

MAP - X

DBP - ^

Pulse - •

Events: A B C D E

Fluids: 1 ~ 500 ~ 2 ~

cyclizine 50 mg

morphine 5 mg +3. +2

paracetamol 1g 10 ~

FLUIDS

1	CBL 500
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

TOTAL FLUIDS

TOTAL BLOOD LOSS

TOTAL URINE

THEATRE PATIENT CARE PLAN

Pa
Cl
Pa
700576136V /E2543187 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
70732 L MacCallum
3/3 Bowhill Terrace
EH3 5QY

PRE-OPERATIVE ASSESSMENT: Pre-operative visit performed? Yes ☑ No ☐

Signature: **Name (print):** **Date:**

Identified Problems	Planned Nursing Care
ORIF	

PRE-OPERATIVE CHECKLIST:

Check	Ward Nurse		Theatre Nurse		Comments
	Y	N	Y	N	
Correct patient?	☑	☐	☑	☐	
Correct procedure?	☑	☐	☑	☐	
All bracelets in situ with name, date of birth, ward, unit number, gender & CHI number?	☑	☐	☑	☐	
Operation consent form signed?	☑	☐	☑	☐	
Operation site & side marked?	☑	☐	☑	☐	
Prescribed pre-medication given?	☑	☐	☑	☐	
Routine drug therapy taken?	☐ N/A	☐	☐	☐	
Make up removed as required?	☐ N/A	☐	☐	☐	
Jewellery (incl body piercings) & hairclips removed, rings taped?	☐ N/A	☐	☐	☐	
Items accompanying patient to theatre? (eg wigs, hearing aids, prosthesis etc)	☐	☑	☐	☑	
Consented for theatre?	☑	☐	☑	☐	
Does the patient have any allergies?	☐	☑	☐	☑	
Has the patient passed urine?	☐	☑	☐	☐	
Urinalysis results recorded?	☐	☑	☐	☐	
Date of last menstrual period?	N/A				
Last food? Date: 21/8/13 Time: 12PM	☐	☐	☑	☐	
Last drink? Date: 21/8/13 Time: 1500	☐	☐	☑	☐	
Documents accompanying patient? Healthcare record ☐ ICP (if separate) ☐ Xrays ☐ Drug chart ☐ Blood results ☐ Cross matched ☐	☐	☐	☐	☐	

	Signature	Print name	Date
Ward Nurse	P Quinn	P. Quinn	21/8/13
Theatre Practitioner	A Spalding	A SPALDING	

INTRAOPERATIVE CARE RECORD

CHI number:

Patient address:

Post code

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: _____

See PINK CARE PATHWAY FORM

CONSENT FORM:

Medical or Dental Investigation, Treatment or Operation

NHS Lothian

700576136V /E2543187 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
70732 L MacCallum
3/3 Bowhill Terrace
EH3 5QY

Hospital: .....

Patient's Surname: .....

Other Names: .....

Unit Number: .....

CHI Number: .....

Sex (tick box) Male ❑ Female ❑ Date of Birth .....

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

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

Right forearm wound exploration + washout +/- closure +/- skin graft plus open reduction +/- internal fixation of wrist.

I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Relevant Written Information given to the patient: ❑ Yes ❑ No

Signature ..... Date 21/8/13

Name and Status of Practitioner J ZHANG.

Re-confirmation of Consent on the day of admission:

Signature ..... Date .....

Name and Status of Practitioner .....

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 named above

I understand
- ✧ that anaesthesia (general/regional/local) or sedation will be needed
- ✧ that the procedure may not be done by the practitioner who has been treating me so far
- ✧ that 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 have told
- ✧ the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first

* .....

* .....

* .....

Signature ..... Name .....

Address ..... Date .....

NOTES 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. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the Trust Policy Statement).

NOTES TO PATIENTS

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can 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 & proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature & 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.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however 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 and you should write this on the consent form in the space for things that you do not wish to happen without your being given the chance to consider them first.

Last edited 22/07/2013

WHO Surgical Safety Checklist

(adapted for Orthopaedic Surgery NHS Lothian 21.06.2010)

NHS Lothian

700576136V/E2543187 M 04/07/1981

Last Name: MacIntyre, Thomas R

First Name: 3/3 Bowhill Terrace,

Date of Birth: Edinburgh,

CHI Number: EH3 5QY

CHI 0407813233

70732 L MacCallum

*DATE: 21-08-13

*THEATRE: 20

*SITE: RIE

*OPERATING/SUPERVISING CONSULTANT: MACPHERSON

*PROCEDURE: REDUCTION (R) WRIST DISLOCATION + WOUND WASHOUT

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

	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: WATSON

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 tegs 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): 38°

Patient BM if diabetic (millimoles): N/A ✓

Name: K Reglitz

Signature: [signature]

Individual Patient Goals

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY

NHS Lothian

Registered Nurse to prescribe frequency of Care Rounding [CR] based upon risk assessment and clinical condition

Site: RIE
Ward: 109 date: 22.8

Nam
DoB
Unit
CHI 0407813233

1hrly 2hrly (*please circle*)
3hrly 4hrly Signature & Print

Cod 70732 L MacCallum (I) Independent, (NW) not on ward, (TH) at theatre, (AS) Asleep

Time of Care Rounding 08.00 am..... 24 hour period----- 07.00 am	0830	0300	0645	1055	1300	2355	2355	0635	1000				
	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,: Outcome of skin review use codes: Due to low risk status move to "have you mobilised since last CR)													
Waterlow 10+ - Visual skin check	✓	✓	✓	x	✓	N	AS	N	N				
Outcome of skin review: (R) Red. (B) Broken. NAD.	NAD	NAD	NAD	NAD	NAD				—				
If any changes in outcome of skin check, please review frequency of CR &/or re-assessment of Waterlow Score													
Vulnerable areas?	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... (Circle areas if red or broken skin) review Tissue Viability Intranet site for guidance												
Positioning (R) right side, (L) left side,(B) Back (C) Chair	B	I	I	C	C	C		B	up walking				
Mattress Type *please circle*	Pentaflex					if other type							
Seat / Cushion	Reflextion					if other type please state:							
Have you mobilised since last CR	Y	I	I	Y	N	Y		Y	Y				
Elimination Do you need the toilet?	N	I	I	ina	N	Y		N	I				
Is the patient Continent of urine (at time of Care Rounding)	Y	Y	Y	Y	Y	Y		Y	Y				
Continence Product changed	NA	NA	NA	—	—	—		—	—				
Catheter Care performed	NA	NA	NA	—	—	—		—	—				
Catheter Bundle updated daily ? Position catheter below the bladder/ no more than 2/3 full/ 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	Y	Y	Y	Y	N	I		I	W				
Fluid Balance Chart (updated if in use?)	Y	NA	NA	—	NA	NA		NA	NA				
When did you last eat?	S	S	S	B	L	D		D	B				
B Breakfast, L Lunch, D Dinner, S Snack, NBM Nil by Mouth. (Food Chart to be updated if applicable)													
Oral Hygiene Performed	N	N	N	ina	I	I		I	I				
Falls Appropriate Footwear?	Y	Y	Y	Y	Y	Y		Y	Y				
Walking aid available if applicable	Y	NA	NA	—	—	NA		NA	NA				
Area de-cluttered	Y	Y	Y	Y	Y	Y		Y	Y				
Bed rails in use? U up, D Down, N/A	U	D	D	D	D	D		D	D				
Pain Are you in pain?	N	N	Y	Y	Y	Y		Y	Y				
Analgesia Given	Y	N	Y	Y	Y	Y		Y	Y				
General Are you comfortable ?	Y	Y	Y	Y	Y	Y		Y	Y				
PVC/ Cannula observed	Y	Y	Y	Y	Y	Y		Y	Y				
Observe for signs of inflammation / swelling at every CR session. Bundle to be updated daily													
Anything else I can do for you?	N	N	N	N	N	N		N	N				
Buzzer within easy reach	Y	Y	Y	Y	Y	Y		Y	Y				
Will be back in hrs	4	4	4	4	4				4				
Personal Care? *circle & specify time(s)*: Bed Bath, Shower, Bath, Basin Wash, Shave, Hairwash, Declined													
Initials	CO	MM	MM	MM	LL	ET	ET	ET	TM				

Individual Patient Goals

Registered Nurse to prescribe frequency of Care Rounding [CR] based upon risk assessment and clinical condition

Site:

Ward: date:

Addressograph, or

Name

DoB

Unit no. / CHI

NHS Lothian

1hrly 2hrly *(please circle)*
3hrly 4hrly Signature & Print

Codes (Y) Yes, (N) No, (N/A) not applicable, (AS) Asleep (I) Independent, (NW) not on ward, (TH) at theatre.

	Time of Care Rounding 08.00 am..... 24 hour period----- 07.00 am	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.: Outcome of skin review use codes: Due to low risk status move to "have you mobilised since last CR)	
	Waterlow 10+ - Visual skin check	
	Outcome of skin review: (R) Red, (B) Broken, NAD. If any changes in outcome of skin check, please review frequency of CR &/or re-assessment of Waterlow Score	
	Vulnerable areas?	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... (Circle areas if red or broken skin) review Tissue Viability intranet site for guidance
	Positioning (R) right side, (L) left side,(B) Back (C) Chair	
	Mattress Type *please circle*	Pentaflex Reflextion if other type
	Seat / Cushion	if other type please state:
	Have you mobilised since last CR	
Elimination	Do you need the toilet?	
	Is the patient Continent of urine (at time of Care Rounding)	
	Continence Product changed	
	Catheter Care performed	
	Catheter Bundle updated daily	Position catheter below the bladder/ no more than 2/3 full/ 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 (updated if in use?)	
	When did you last eat? B Breakfast, L Lunch, D Dinner, S Snack, NBM Nil by Mouth. (Food Chart to be updated if applicable)	
	Oral Hygiene Performed	
Falls	Appropriate Footwear?	
	Walking aid available if applicable	
	Area de-cluttered	
	Bed rails in use? U up, D Down, N/A	
Pain	Are you in pain?	
	Analgesia Given	
General	Are you comfortable ?	
	PVC/ Cannula observed	
	Observe for signs of inflammation / swelling at every CR session. Bundle to be updated daily	
	Anything else I can do for you?	
	Buzzer within easy reach	
	Will be back in hrs	
	Personal Care? *circle & specify time(s):* Bed Bath , Shower, Bath, Basin Wash , Shave, Hairwash, Declined	
	Initials	

ROYAL INFIRMARY OF EDINBURGH
EMERGENCY DEPARTMENT

NHS Lothian

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY

CHI 0407813233
70732 L MacCallum

Previous Adverse Reactions	NKDA

Weight .....

DRUG AND PRESCRIPTION RECORD
ONCE ONLY PRESCRIPTION

Date 21.8.13.

Date	Time	Drug (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given By (Initials)	Checked By (Initials)
21/8	1700	MAXPHINE	1 (2mg) 10mg	IV		17.10	DL	
21/8/13	17:30	CO-AMOXICLAV	1.2g	IV		17.50	JL	VD
~~21/8/13~~	~~17:45~~	~~PARACETAMOL~~	~~1g~~	~~oral~~				
21/8/13	18:45	~~ONDANSETRON~~ MORPHINE	10mg slow 1-10mg	IV		1818'		DL
		Oxygen	%		target sats			
		via np/mask/nrbn						

Are any 2 of following present?

- temp >38.3 or <36 ☐
- Hr >90 bpm ☐
- RR >20 bpm ☐
- Acutely altered mental status ☐
- wcc >12 or <4 ☐
- BM >7 (unless diabetic) ☐
- Clinical signs of infection ☐
- Age >70 ☐

Think sepsis - start sepsis 6

1. High flow O2 ☐
2. measure lactate ☐
3. iv antibiotics ☐
4. iv fluids ☐
5. blood cultures ☐
6. measure urine output ☐

initials and time

If above combined with hypotension or raised lactate discuss with ED senior ASAP

Reason why not sepsis 6 not used

_____

_____

LU 067

TIME OF RECORDING →				1600	1700	1750													
GLASGOW COMA SCORE	EYES	Spontaneous	4	✓	✓	✓													
		Speech	3																
		Pain	2																
		None	1																
	VERBAL	Oriented	5	✓	✓	✓													
		Confused	4																
		Words	3																
		Sounds	2																
		None	1																
	MOVEMENT	To Command	6	✓	✓	✓													
		Localises	5																
		Withdrawal	4																
		Flexion	3																
		Extension	2																
		None	1																
TOTAL			14-15	15	15	15													1
			12-13																2
			9-11																3
			<8																

PUPILS																			
	RIGHT	Size																	
		Reaction																	
	LEFT	Size																	
		Reaction																	

PUPIL SIZE 1mm • 2mm ● 3mm ● 4mm ● 5mm ● 6mm ●

PAIN SCORE																			
	VERY SEVERE	9-10																	
	SEVERE	6-8		(8)	(8)														
	MODERATE	4-5																	
	MILD	1-3																	
	NONE	0																	

BLOOD SUGAR	>25																		
	15-25																		
	4-15	7.1																	
	<4																		

URINE OUTPUT (mls/hr)	>30																		0
	<30																		3

Key = 0	SEWS SCORE	<3																	
1		3-5																	
2		6-10																	
3		>10																	

If Sews > 3 contact senior doctor

TIME OF RECORDING	1645	1700	1710	1720													
BLOOD PRESSURE	142	112	144	142													
Score if Systolic falls within parameters	82	88	80	77													
ENTER VALUE IF SYSTOLIC BELOW 30 →																	
PULSE RATE	>80	90	105														
ENTER VALUE BELOW 30 BPM →																	
RESPIRATORY RATE	15	16	15	15													
ENTER VALUE BELOW 8 RPM →																	
TEMPERATURE	36.9																
SAO2 >93	96	96	94	94													
90-92																	
85-89																	
<85																	
Inspired O2% %	RA	RA	RA	RA													

200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30

Score if Systolic falls within parameters: 1 / 2 / 3

ENTER VALUE IF SYSTOLIC BELOW 30 →

ENTER VALUE ABOVE 180 →

180 160 140 120 100 80 60 50 40 30

PULSE RATE: 1 / 2 / 3

ENTER VALUE BELOW 30 BPM →

ENTER VALUE ABOVE 40 RPM →

40 35 30 25 20 15 10 8

RESPIRATORY RATE: 1 / 2 / 3

ENTER VALUE BELOW 8 RPM →

39° 38° 37° 36° 35° 34°

TEMPERATURE: 1 / 2 / 3

SAO2: >93 / 90-92 / 85-89 / <85: 1 / 2 / 3

Inspired O2%

I.V. LINE 1____________________________**location**

Time prescribed	Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
	Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by
17:50	Na^+Cl^- 0·9%	500ml	6°			
17:50	5% DEXTROSE	500ml	6'			

I.V. LINE 2____________________________**location**

Time prescribed	Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
	Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by

DISCHARGE DRUGS

Drug name	dose	frequency	duration	instructions	signature

DRUG INFUSION

	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															

If a change or abnormality is noted in any of the following indicators, please document and inform relevant Care Provider

Time of Round	16:45				
Initials of Care Round Leader	DL				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs assessment *Please indicate frequency*	15 mins				
Cardiac monitoring required *Please indicate Y/ N*	(Y) / (N)	Y / N	Y / N	Y / N	Y / N
Patient Screening: Please tick appropriate box					
Mobility — Fully weight bearing	✓				
Requires assistance and / or uses walking aid					
Non Weight bearing					
Continence — Patient is fully Continent	✓				
Patient is incontinent with no catheter in situ					
Patient has catheter in situ					
Nutrition — Patient appears well nourished and able to eat and drink	✓				
Patient is malnourished					
Please record weight & height					
Visual Skin Inspection — Skin is intact	✓				
Skin is red with vulnerable areas / broken down					
If indicated complete Waterlow Assessment & attach documentation					
Swallow Assessment If indicated perform Swallow Risk Assessment & attach documentation	Y / (N)	Y / N	Y / N	Y / N	Y / N
Falls Risk Assessment If risk identified, please perform Falls Risk Assessment & affach documentation	Y / (N)	Y / N	Y / N	Y / N	Y / N
Cognitive impairment / Delirium / Dementia If "yes", please complete Risk Assessment Form & attach documentation	Y / (N)	Y / N	Y / N	Y / N	Y / N
Vulnerable Adult / Child Protection Issue Complete TRAK discharge for under 16yrs	Y / (N)	Y / N	Y / N	Y / N	Y / N
Nutrition / Hydration Offered / Provided : Please indicate O / P					
Please specify any Special Diet / Dietary requirements / Feeding assistance	NBM				
Drink — Offered / Provided	O / P	O / P	O / P	O / P	O / P
Snack — Offered / Provided	O / P	O / P	O / P	O / P	O / P
Catered Meal — Offered / Provided	O / P	O / P	O / P	O / P	O / P
Communication Aids:- Please tick if appropriate					
Hearing — Normal	✓				
Impaired					
If hearing aid(s) used, please ensure in situ and turned on					
Vision — Normal	✓				
Impaired					
please ensure any visual aids are available to & within reach of patient					
Sign Language / Interpretation Assistance If required, please inform NIC	Y / (N)	Y / N	Y / N	Y / N	Y / N
Invasive Devices: please tick if in situ record appropriately in shock chart					
Arterial Line / Central Line — check position and patency	N/A				
Urinary Catheter — check position & free drainage					
NG tube / PEG tube / Tracheostomy — check patency					
Infusion Device — check infusion rate, site, remaining volume	✓				
Family Communication – please tick					
Patient & Relatives made aware of any changes	✓				

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY

Trial version no.2

RIE ED Admission Nursing Care Plan

Admission Nurse Signature Keninan SN 21.8.13.

CHI 0407813233
70732 L MacCallum

Presenting History : impaled Rt forearm on spike

Date/ Time	Progress Notes	Signature
21.8.13. 16:45	C/Heads Resus (2) ABC IV —	Keninan SN

Standard Admission Orders *(Please tick when completed)*	Tick	Optional Admission Orders *(Please tick when completed)*	Tick
Undress patient into gown	✓	Connected to acuity	✓
Transfer to Sheet and provide blankets if required	✓	12 Lead ECG	
Clothing bagged, labelled & stored under trolley	✓	Nurse X-Ray	
Nameband attached	✓	Nurse Analgesia	
Valuables listed if required and locked in ED safe		Glasgow Coma Scale	
Vital Signs recorded .	✓	Nurse IV Venepuncture	
Pain Score recorded on Shock Chart		Nurse IV Cannulation	
Blood sugar level recorded	✓	Weight Height	
SEWS Score recorded	✓	Peak Flow 1. 2. 3.	
IV Cannula (if required) dated		ASU : Tested Sent	
Relatives informed Girlfriend	✓	HCG specimen	
4AT Score *On all patients over 65years, to be admitted* Score =		E&S BP if indicated	

Discharge Orders	Y	N	NA	Discharge Orders	Y	N	NA
Advice leaflets given				Out Patient / Clinic Appointment arranged			
Own medications returned				Relatives Aware of Discharge			
New medications explained				Discharge Lounge Arranged / Checklist complete			
Clothing returned				Social Services required & contacted			
Valuables returned				SAS Transport required			
Cannula Removed				SAS Ref No			

Signature(if patient escorted) of Receiving Ward Nurse	
Name (if telephone handover) of Receiving Ward Nurse	

Resus ② 1640.

700576136V /E2543187 M
MACINTYRE Thomas
04-Jul-81 CHI:040 781 3233
70732 L MacCallum
3/3 Bowhill Terrace
EH3 5QY

Emergency Department (ED)
Royal Infirmary of Edinburgh

Clothing and Valuables Document

NHS Lothian

Affix Patient Addressograph

CHI: 025355LS

Date of Admission: 21 / 8 / 13

Date of Transfer: ... / ... / ...

Outer Wear	Tick	Cut (tick)
Trousers/Skirt ON PT.	✓	N
Shirt/Top		
T-Shirt		
Coat		
Other		
Jersey/Cardigan (BAGGED)	✓	N
Shoes	✓	N.
Underwear		
Vest/Bra		
Pants		
Socks/Tights ON PT.	✓	N
Thermals		
Underskirt		
Nightwear		
Dressing Gown		
Nightclothes		
Slippers		
Toiletries		
Dentures Removed	Yes No N/A	
Patients Own Medication	Yes No N/A	
Meds in Green Bag	Yes No N/A	

Patient Valuables	
Purse/Wallet	
Bank Cards	
Other ID Cards	
Keys	
Mobile Phone	
Cash: Notes	
Coins	
Total Cash	
Jewellery	
Given to Patient: Y / N	Locked in ED Safe Y / N
Valuables Receipt No.	
Signed by Ward: Y / N	

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf/Clothing returned to patient on discharge*

Signed ..... PT. UNABLE TO SIGN. ..... (Patient)

Name of ED Nurse: ..... FIONA ALEXANDER. ..... (PRINT)

Signature of ED Nurse: ..... (CSW) .....

Name of ED Nurse (2): ..... (PRINT)

Signature of ED Nurse (2): .....

Name of Receiving Ward Nurse: ..... (PRINT)

Signature of Receiving Ward Nurse: .....

*Delete as appropriate

Date Authorised: December 2012 Review Date: December 2015

LOT 132

KESUS (2) 16^40

700576136V /E2543187 M
MACINTYRE Thomas
04-Jul-81 CHI: 040 781 3233
70732 L MacCallum
3/3 Bowhill Terrace
EH3 5QY

Emergency Department (ED)
Royal Infirmary of Edinburgh

Clothing and Valuables Document

NHS Lothian

Affix Patient Addressograph

CHI: 025355LS

Date of Admission: 21 / 8 / 13

Date of Transfer: ... / ... / ...

Outer Wear	Tick	Cut (tick)
Trousers/Skirt ON PT.	✓	N
Shirt/Top		
T-Shirt		
Coat		
Other		
Jersey/Cardigan (CAGED)	✓	N
Shoes	✓	N
Underwear		
Vest/Bra		
Pants		
Socks/Tights ON PT.	✓	N
Thermals		
Underskirt		
Nightwear		
Dressing Gown		
Nightclothes		
Slippers		
Toiletries		
Dentures Removed	Yes No N/A	
Patients Own Medication	Yes No N/A	
Meds in Green Bag	Yes No N/A	

Patient Valuables	
Purse/Wallet	
Bank Cards	
Other ID Cards	
Keys	
Mobile Phone	
Cash: Notes	
Coins	
Total Cash	
Jewellery	
Given to Patient: Y / N	Locked in ED Safe Y / N
Valuables Receipt No.	
Signed by Ward: Y / N	

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf/Clothing returned to patient on discharge*

Signed Pt. UNABLE TO SIGN (Patient)

Name of ED Nurse: FIONA ALEXANDER. (PRINT)

Signature of ED Nurse: [signature] (CSW)

Name of ED Nurse (2): [illegible] (PRINT)

Signature of ED Nurse (2): [signature]

Name of Receiving Ward Nurse: (PRINT)

Signature of Receiving Ward Nurse:

*Delete as appropriate

Date Authorised: December 2012 Review Date: December 2015

LOT 132

Pathway for upper limb injuries requiring surgical or conservative treatment

Multidisciplinary Care Plan

Consultant: LCB **Ward:** 109

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Nam Edinburgh,
DoB EH3 5QY

CHI **CHI** 0407813233
CHI 70732 L MacCallum

Key to initials of all staff completing this I.C.P

PRINT NAME	DESIG	INITIALS	SIGNATURE	DATE
C DOUGLAS	SN	CD	C Douglas	21.8.13
T. Mackellar	SN	TM	T Mackellar	22/8/13

A Care Pathway is intended as a guide to treatment and an aid to documenting patients' progress. Clinicians are free to exercise their own professional judgement as appropriate. However be aware this pathway is based on SIGN guidelines and other best practice statements so changes must be explained in the notes.

Upper limb injuries **Multidisciplinary Care Plan** **Consultant:.....Ward:.....**	*Addressograph label, or,* Name..... DoB..... CHI no.....

PATHWAY ABBREVIATION LIST

(SEE ALSO AGREED ORTHO LIST IN WARDS)

AAH	ASTLEY AINSLIE HOSPITAL	D.T	OCCUPATIONAL THERAPIST
A+E	ACCIDENT AND EMERGENCY	OBS	OBSERVATIONS
ABBD	ABBDUCTION	OTA	OCCUPATIONAL THERAPY ASSISTANT
ADM	ADMISSION	PAC	PRESSURE AREA CARE
AMB	AMBULANCE	N/A	NOT APPLICABLE
AX	ASSESSMENT	POD	POST OPERATIVE DAY
CCA	COMMUNITY CARE ASSISTANT	PRE OP	PRE OPERATIVE
COT	COMMUNITY OCCUPATIONAL THERAPIST	RH	PRIVATE RESIDENTIAL CARE
C/O	COMPLAINED OF	SALT	SPEECH AND LANGUAGE THERAPY
DCHV	DISCHARGE HOME VISIT	SPEC	SPECIMEN
EDD	ESTIMATED DATE OF DISCHARGE	SUP	SUPERVISION
E.S.D	EARLY SUPPORTED DISCHARGE	SW	SOCIAL WORKER
GORU	GERIATRIC ORTHOPAEDIC REHABILITATION UNIT	TAQ	TOES ANKLE QUADRICEPS
HV	HOME VISIT	T/C	TELEPHONE CALL
IVAB	INTRAVENOUS ANTIBIOTICS	TDS	THREE TIMES DAILY
JES	JOINT EQUIPMENT STORE	TX OR T/F	TRANSFERS
LFT'S	LIVER FUNCTION TESTS	WBAT	WEIGHT BEAR AS TOLERATED
MBA/MBB	MILLBANK A&B WARDS AT AAH	WZF	WHEELED ZIMMER FRAME
N/A	NOT APPLICABLE	X MATCH	CROSS MATCH
OAB'S	ORAL ANTIBIOTICS	ZF	ZIMMER FRAME

Upper limb injuries

Multidisciplinary Care Plan

Consultant:.....**Ward:** 109

Goal: Ensure patient is fully assessed and prepared for theatre

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3/3 Bowhill Terrace,
Nam : Edinburgh,
EH3 5QY
DoB.
CHI 0407813233
CHI : 70732 L MacCallum

Date 01/8/13. Day of Admission

Multidisciplinary Plan	Comments/ individualised care	N	D	N
Ab's given if compound injury Tetanus toxoid given if required	☐N/A ☐N/A			CD
humerus #'s: do not elevate arm or hand except on senior medical instruction	N/A			CD
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling				
Check the cast if in situ for potential pressure damage underneath Record type of cast or splint	☐N/A			CD
Check CSM..)....hrly				CD
If MUST score shows high risk of malnutrition discuss with patient/ relatives	not required ☐			CD
Admission ASU taken				
Use protocol to assess need for bed rails	yes ☐(complete risk assessment) not required ☐			
Individual daily goals				
Vital signs	maintain sens O			CD
skincare	intact			CD
pain	controlled			CD
food	light diet tolerated			CD
fluids	IVI continues from theatre			CD
Elimination	still to PU			CD

Name & Signature of nurse in charge of patients care for each shift	
Night: CDouglas	Print: CDOUGLAS
Day:	Print:
Night:	Print:

Upper limb injuries

Multidisciplinary Care Plan

Consultant.....Ward.....

Goal: Patient prepared and as fit as possible for theatre

Addressograph label, or,
Name.....
DoB.....
CHI no.....

Date...../...../..... Day of Theatre- Pre op

Multidisciplinary Plan	Comments/ individualisation	N	D
Seen by anaesthetist (anaesthetic sheet completed)			
Medication given/withheld as per protocol/anaesthetist instructions			
Intraoperative diabetic pathway in use	☐N/A		
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling			
humerus #'s: do not elevate arm or hand except on senior medical instruction			
Check CSM.....hrly			
IV fluids & fluid balance chart continue/commenced			
Output recorded on fluid balance chart			
Theatre cancelled: specify reason Inform NOK, start post cancelled care plan			
Individual daily goals			
Vital signs			
skincare			
pain			

THEATRE CHECKLIST		N	D	TH
Reviewed by medical staff-consent checked –operation site marked				
Fasted as per protocol(food 6 hrs min, fluids 2hrs min) time.....				
2 Identity bands in situ				
Drug allergies.....				
Makeup /nail polish / glasses /contact lenses /jewellery(tape wedding ring) all removed	yes ☐ N/A ☐			
Dentures removed ☐ in situ ☐ N/A ☐ Hearing aid removed ☐ in situ ☐ N/A ☐ Any caps or crowns(detail in comments)				
Any previous surgical metalwork				

Name & Signature of nurse in charge of patient's care for each shift	
Night:	Print:
Day:	Print:
Theatre:	Print:

Upper limb injuries

Multidisciplinary Care Plan

Consultant: LCB **Ward:** 109

Goal: Patient is kept comfortable and observed closely to ensure stabilises post surgery

Addressograph label, or,

Name Thomas McIntyre

DoB

CHI no

Date 21/8/13 Post-operative

Multidisciplinary Plan	Comments/ individualisation	D	N
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling			✓
humerus #'s: do not elevate arm or hand except on senior medical instruction			
Observation recorded on SEWS chart ½ - 1-2-4 hours as stabilises	SEWS 1 - HR 109		✓
Check CSM. 1hrly			✓
Visitors updated at round or by phone	Partner updated.		✓
Individual daily goals			
Skincare	intact		✓
pain	regular analgesia		✓
food	light diet commenced		✓
fluids	IV continues from theatre		✓
Elimination			

Name & Signature of nurse in charge of patient's care for each shift

Day 8am-8pm:	[signature]	Print:	[signature]
Night 8pm-8am:		Print:	

Upper limb injuries

Multidisciplinary Care Plan

Consultant: LCB **Ward:** 109

Addressograph label, or,

Name: Thomas McIntyre

DoB: 4:7:81

CHI no:

Date 22./.8../.13... Post operative/Admission Day 1

Multidisciplinary Plan	Comments/ individualisation	N	D
IVAB continue if compound injury still open review if closed	WABs	CD	TM
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling			
humerus #'s: do not elevate arm or hand except on senior medical instruction	..		
Reassess MUST score if able to sit on scales	yes ☐ N/A ☑	CD	TM
For over 65's reassess falls risk if out of bed sometime today	yes ☐ N/A ☑		TM
Check CSM 4 hrly		CD	CD
Check the cast if in situ for potential pressure damage	☐yes ☑N/A		TM
Sleep pattern satisfactory		CD	
Visitors updated at round or by phone			

Individual daily goals			
Vital signs	sens o/h - HR ↑ 109	CD	TM
skincare	intact	CD	TM
pain	controlled with analgesia	CD	TM
food	(I). Good intake		TM
fluids	(I). Good intake.		TM
Elimination	Up (I) to toilet		TM

Name & Signature of nurse in charge of patients care for each shift

Night: CDonald	Print: CDONALD
Day: T Mackellar	Print: T. Mackellar

Upper limb injuries **Multidisciplinary Care Plan** **Consultant:.........................Ward:.......**	*Addressograph label, or,* Name... DoB............................ CHI no........................

DATE....../....../...... Post operative/Admission Day 1

Physiotherapist : Assessment/Treatment	Signature	Time
Therapy handling risk Considered		
Occupational Therapist: Assessment/Treatment see additional info ☐	Signature	Time
Therapy handling risk Considered		

Upper limb injuries

Multidisciplinary Care Plan

Consultant:.....**Ward:**..109

Nai.....

Do.....

CHI no:.....

Date 23.1.8..15... Post operative/Admission Day 2

Multidisciplinary Plan	Comments/ individualisation	N	D
Medical instructions:			
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling			
humerus #'s: do not elevate arm or hand except on senior medical instruction	☐ yes ☐N/A removed yesterday CM removed and wound redressed at..... ..		
Check CSM. 6..hrly		✓	TM
Check the cast if in situ for potential pressure damage	☐ yes ☐N/A		
Sleep pattern satisfactory		ET	
Visitors updated at round or by phone			
Individual daily goals			
Vital signs	SEWS-1 in AM - P100 Not present @ 11.25		TM
skincare	Self-caring		TM
pain	Regular analgesia + PRN		TM
food	(I). Good intake.		TM
fluids	(I). Good intake		TM
Elimination	Up (I) to toilet. No problems reported.		TM

Name & Signature of nurse in charge of patients care for each shift

Night:	Print: ETHomson
Day: TMackellar	Print: TMackellar

Upper limb injuries **Multidisciplinary Care Plan** **Consultant:.....Ward:.....**	*Addressograph label, or,* Name..... DoB..... CHI no.....

DATE...../...../..... Post operative/Admission Day 2

Physiotherapist : Assessment/Treatment	Signature	Time
Therapy handling risk Considered		

Occupational Therapist: Assessment/Treatment see additional info ☐	Signature	Time
Therapy handling risk Considered		

Upper limb injuries

Multidisciplinary Care Plan

Consultant:.....Ward:.....

Addressograph label, or,

Name.....

DoB.....

CHI no.....

Date...../...../..... Post operative/Admission Day 3

Multidisciplinary Plan	Comments/ individualisation	N	D
Medical instructions:			
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling			
humerus #'s: do not elevate arm or hand except on senior medical instruction			
Check CSM.....hrly			
Check the cast if in situ for potential pressure damage	☐yes ☐N/A		
Sleep pattern satisfactory			
Visitors updated at round or by phone			
Individual daily goals			
Vital signs			
skincare			
pain			
food			
fluids			
Elimination			

Name & Signature of nurse in charge of patients care for each shift	
Night:	Print:
Day:	Print:

Upper limb injuries

Multidisciplinary Care Plan

Consultant:..........................Ward:.......

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
Na 3/3 Bowhill Terrace,
Edinburgh,
Do EH3 5QY.
CH CHI 0407813233
70732 L MacCallum

DATE....../....../...... Post operative/Admission Day 3

Physiotherapist : Assessment/Treatment	Signature	Time
Therapy handling risk Considered		

Occupational Therapist: Assessment/Treatment see additional info ☐	Signature	Time
Therapy handling risk Considered		

Upper limb injuries

Multidisciplinary Care Plan

Consultant:.....Ward:.....

Addressograph label, or,

Name.....

DoB.....

CHI no.....

Date...../...../..... Post operative/Admission Day 4

Multidisciplinary Plan	Comments/individualisation	D	N
Medical instructions:			
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling			
humerus #'s: do not elevate arm or hand except on senior medical instruction			
Check the cast if in situ for potential pressure damage			
Check CSM.....hrly			
Sleep pattern satisfactory			
Visitors updated at round or by phone			
Individual daily goals			
Vital signs			
skincare			
pain			
food			
fluids			
Elimination			

Name & Signature of nurse in charge of patient's care for each shift

Day: Print:

Night: Print:

Upper limb injuries

Multidisciplinary Care Plan

Consultant:..........................Ward:.......

Nam
DoB
CHI
Post

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY
CHI 0407813233
70732 V L MacCallum

DATE....../....../...... Day 4

Physiotherapist : Assessment/Treatment	Signature	Time
Therapy handling risk Considered		

Occupational Therapist: Assessment/Treatment see additional info ☐	Signature	Time
Therapy handling risk Considered		

Upper limb injuries

Multidisciplinary Care Plan

Consultant:.....Ward:.....

Addressograph label, or,

Name.....

DoB.....

CHI no.....

Date...../...../..... Post operative/Admission Day 5

Multidisciplinary Plan	Comments/ individualisation	N	D
Medical instructions:	mobilise NWB☐ PWB☐ FWB☐		
wrist #'s: Elevate arm(above heart) using pillows or Bradford sling			
humerus #'s: do not elevate arm or hand except on senior medical instruction			
Check CSM.....hrly			
Check the cast if in situ for potential pressure damage	☐yes ☐N/A		
Sleep pattern satisfactory			
Visitors updated at round or by phone			
Individual daily goals			
Vital signs			
skincare			
pain			
food			
fluids			
Elimination			

Name & Signature of nurse in charge of patients care for each shift	
Night:	Print:
Day:	Print:

Upper limb injuries **Multidisciplinary Care Plan** **Consultant:……………………….Ward:…….**	*Addressograph label, or,* Name………………………………………… DoB………………………. CHI no……………………

DATE……/……/…… Post operative/Admission Day 5

Physiotherapist : Assessment/Treatment	Signature	Time
Therapy handling risk Considered		

Occupational Therapist: Assessment/Treatment see additional info ☐	Signature	Time
Therapy handling risk Considered		

ADDITIONAL INFORMATION RECORDING SHEET

Consultant:.....Ward:.....

Addressograph label, or,

Name Thomas MacIntyre

DoB

CHI no.

DATE	TIME	ADDITIONAL INFORMATION	Signature/print name
23/8/13	1150	Pt for DC (H) today - awaiting script. Pt aware. To present at SJH, day surgery for tendon repair & skin graft, on Tues morning at 8am. To fast from 00-00 & take in DC letter. Pt. fully aware.	T MacIntyre

ADDITIONAL INFORMATION RECORDING SHEET Consultant:............................Ward:.......	*Addressograph label, or,* Name DoB CHI no.

DATE	TIME	ADDITIONAL INFORMATION	Signature/print name

700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
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Edinburgh,
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CHI 0407813233
70732 L MacCallum

Risk Assessment Bundle
This core bundle is intended for a 2 week in-patient stay.

NHS Lothian

Index		Guidance
Page	MRSA ☑	On admission TRAK Updated Yes ☑ No ☐
2	4 AT	
3	Mobility Assessment	On Admission Daily assessment or if condition changes
4	Falls Prevention	Within 24 hours of admission Patients over 65 admitted with falls or patients history of falls at risk weekly/or change in condition.
5	Malnutrition Assessment Weight Chart	24 hours of admission Weekly assessment or if condition changes
6	Food Profile / Bowel Management	on admission daily review
7	Waterlow Assessment	6 hours of admission visual skin check Weekly assessment or if condition changes
8	Mouth care VTE maintenance	
9-10	PVC or other Insertion	On insertion / daily maintenance and removal
11	Urinary Catheter	On insertion / daily maintenance and removal
12	Discharge summary	TBC which version is to be utilised
Date Commenced:		Date Completed / Volume:

Print Name	Signature	Initials
C DOUGLAS	C Douglas	CD

The 4A Test: screening instrument for cognitive impairment and delirium

Addressograph, or
Name
DoB
Unit no. / CHI

CIRCLE as appropriate

[1] ALERTNESS

This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Normal (fully alert, but not agitated, throughout assessment)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

[2] AMT4

Age, date of birth, place (name of the hospital or building), current year.

No mistakes	0
1 mistake	1
2 or more mistakes/untestable	2

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Months of the year backwards	Achieves 7 months or more correctly	0
	Starts but scores < 7 months / refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs

No	0
Yes	4

4 or above: possible delirium +/- cognitive impairment

1-3: possible cognitive impairment **4AT SCORE** ☐

0: delirium or cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

Date: **time:** **signature** **print**

GUIDANCE NOTES

The 4AT is a screening instrument designed for rapid and sensitive initial assessment of cognitive impairment and delirium. A score of 4 or more *suggests* delirium but is not diagnostic: more detailed assessment of mental status may be required to reach a diagnosis. A score of 1-3 suggests cognitive impairment and more detailed cognitive testing and informant history-taking are required. Items 1-3 are rated *solely on observation of the patient at the time of assessment.* Item 4 requires information from one or more source(s), eg. your own knowledge of the patient, other staff who know the patient (eg. ward nurses), GP letter, case notes, carers. The tester should take account of communication difficulties (hearing impairment, dysphasia, lack of common language) when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered alertness during the bedside assessment, score 4 for this item. **AMT4 (Abbreviated Mental Test - 4):** This score can be extracted from items in the full AMT if done immediately before. **Acute Change or Fluctuating Course:** Fluctuation can occur without delirium in some cases of dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paranoid thoughts ask the patient questions such as, "Are you concerned about anything going on here?"; "Do you feel frightened by anything or anyone?"; "Have you been seeing or hearing anything unusual?" In general hospital settings psychotic symptoms most often reflect delirium rather than functional psychosis (such as schizophrenia).

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MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY

Mobility Assessment

Name
DOB
Unit no. / CHI 0407813233
70732 L MacCallum

NHS Lothian

Week beginning								Week beginning							
Date:	21.8														
Activity															
Lying to sitting	nd														
Sit to stand to sit	nd														
Walking	nd														
Moving up the	nd														
Turning / proning	nd														
Toileting	nd														
Lateral transfers	Pat														
On / Off floor	hoist														
Dressing	nd														
Bathing / washing	nd														
Initial / time	CO														

Mobility Codes

AST 1/2/3: Assistance of 1/2/3 etc	**SUP**: Supervision	**IND**: Independent
NWB: Non weight bearing	**PWB**: partial weight bearing	**FWB**: full weight bearing

EQUIPMENT CODES / HANDLING AIDS: (For all hoists specify hoist type and size of sling)

H: Full body lifting hoist (specify hoist and sling)	**STA**: Stand aid (specify hoist and sling)	**BH**: Bathing hoist (specify hoist type)
SC: Shower chair(specify)	**PAT**: Patslide	**HB**: Hand blocks
Pt T:	**W**: Wheelchair or pushchair	**C**: Crutches
S: Stick(s)	**Z / R**: Zimmer / Rollator	**GS**: Glidesheets

Key Handling Tasks and Risk Factors:	Risk Management	Date / Initial

Stratified Falls Risk Assessment

Addressograph, or
Name
DOB
Unit no. / CHI

NHS Lothian

Guidance: assessment should be carried out on admission weekly thereafter

- All patients admitted with a fall
- Has fallen since admission -
- Aged 65 or over
- Clinical judgement regarding completing a falls risk assessment for patients that fall out with this category

Falls Risk Assessment (Stratify)	YES	NO
Admitted with fall or fall since admission.	1	0
Confused or agitated.	1	0
Function impaired by poor vision.	1	0
Frequent toileting.	1	0
Help or assistance to transfer / walk (score 0 if bed-bound).	1	0

Date	Score	Action / Comment / Clinical Judgement	Initial
21.8.13	0	RW 1 wk	CD

Complete first section of care plan for all patients		Initial / date
Goal / Objective	Reduce the risk of the patient falling to its lowest level Raise awareness of risk reduction strategies Engage multidisciplinary team, patient &/or carers to ensure best outcome	
	Discuss and ensure safe footwear with patient / family / carers	
	Ensure the mobility assessment is completed	
	Refer to podiatrist if required / available	
	Manage communication problems such as eyesight, hearing, language in discussion with patient and / or carers as appropriate	
	The outcome of the falls assessment to be fully discussed with the patient and/or (if appropriate) with family/carers, with the patient's consent where possible	
	Falls risk sign displayed and falls leaflet issued to patient, family, carers, relatives	
	Commence MDT Falls Prevention Checklist	
	Consider an Elderly Care Review for the patient who has frequent or unexplained falls	
	Physiotherapy referral	
	Occupational Therapy referral	
	Consider regular observation / intentional rounding as appropriate	
	Lying and standing BP (lying 10 mins, stand for 1, 2 & 3 mins). Report BP deficit (20mm Hg in systolic BP is considered significant)	
	Position patient in easily observable area/position – consider lighting	
	Bed rails risk assessment	
	Consider one-to-one nursing – escalate concerns	
	Consider use of falls sensor, as per guidance (if available)	
• If patient found to be at risk of falls, commence 2 hourly care rounding using clinical judgement • If a falls occurs please complete relevant documentation located on the intranet / ensure care plan contains information relating to risk of falls / post falls information		

Falls Prevention Care Plan
continued

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UHD **MacIntyre, Thomas R**
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY

CHI 0407813233
'70732' ' L MacCallum

Please consider & document any interventions required for individualised care not included above.	Sign as appropriate

Record actions and update score

Date	Rescore	Action /Comment /Clinical Judgement	Signature

Complete post-falls care plan, below, in the event of a fall – if further falls care plan can be uploaded on the intranet under NHSLothian > Healthcare > A-Z > Falls Prevention > STRATIFY Falls Risk Assessment Tool and Multidisciplinary Care Plan

Post-Falls Care Plan – Nursing Actions	Signature and Date	Comments
1. Document in UPR including: Responsiveness, Pain, Injury and how pt was moved / assisted off floor		
2. Inform / Consider: ☐ Doctor ☐ HAN ☐ Top to Toe assessment ☐ Medication review ☐ Family / NoK ☐ PT / OT ☐ Falls leaflet given to patient / family		
3. Complete DATIX incident form: describe fall, area, contributing factors, pre and post STRATIFY scores		Datix number .....
4. Reassess / undertake STRATIFY risk assessment tool (state score)		
5. Complete / review falls care plan (at risk and post-falls elements as appropriate)		
6. Review mobility assessment		

Appendix 5

RATIONALE FOR USE OF BEDRAILS

Addressograph Label	DATE: 21·8 WARD: 109 PAGE NO: Bedrails are considered a form of restraint if used incorrectly and should only be used after careful assessment has taken place

1.	An initial documented nursing and falls risk assessment is made within 24 hours of admission		
2.	Discuss with patient/carer the purpose for the use of bedrails and the necessity for ongoing assessment		
3.	Does the patient understand the rationale for the use of bedrails?	YES	NO
4	Has the patient/carer requested the use of bedrails i.e. have they used them before?	YES	NO

Rationale: _____

5 Is there an alternative to meet the patient's needs?

Explain: _____

6	Following discussion are bedrails still requested?	YES	NO
7.	Is the patient at risk of falling out of bed?	YES	NO

If yes identify risk: _____

8.	Would there be an increased risk of injury or restraint to the patient if bedrails are used?	YES	NO

If yes identify risk: _____

SIGNATURE: _____ **DATE:** _____
PRINT NAME:

REVIEW DATE	SIGNATURE	REVIEW DATE	SIGNATURE

Malnutrition Universal Screening Tool Refer to full guidance prior to undertaking MUST Screening	Addressograph, or Name DOB Unit no. / CHI	NHS Lothian

- Full guidance for MUST scoring can be located on the intranet
- Within the action plan please document the plan of care
- To ensure that the patient receives a weekly screening please populate the day the repeat assessment is due

Previous refer to Dietician Y ☐ N ☑ Please state:	Current Care of Dietician Y ☐ N ☑
Usual weight kg 13½ 86kg	Height 5ft 11½ 1.82
BMI 26	

Guidance

Step 1	Step 2	Step 3	Step 4	Step 5
>20 = 0 18.5-20 = 1 <18.5 = 2 BMI score 0,1 or 2	5% = 0 5-10% =1 >10% = 2 Weight loss 0,1 or 2	If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days Acute disease 0 or 2	MUST score add steps 1 + 2 + 3	Category Low = 0 Medium = 1 High ≥2 Ref to Dietician

Date of Assessment — This section is intended for Elective Pre-admission clinics

Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5
86kg	2	0	0	0	0	Low Risk

Action Plan

Date of Assessment — **Week** — **Repeat assessment due:**

Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5

Action Plan

Date of Assessment — **Week** — **Repeat assessment due:**

Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5

Action Plan

Weight Chart

Daily Weekly Twice Weekly Please state

Weight Chart only requires to be completed if clinically indicated

Date							
Weight KG							
Date							
Weight KG							

Nutritional Profile

Name

DOB

Addressograph, or

NHS Lothian

Nutritional Profile

Patients eating and drinking preferences including likes and dislikes?
dislikes fish

Does the patient have special dietary requirements? Yes ☐ No ☑
i.e. vegetarian, texture, modified diet and fluids: Halal: Kosher, small portions

Are there any contributing factors that may affect food intake?
Such as physical,, oral problems, physiological i.e. nausea Psychological i.e. dementia, social or environmental?
If Yes please give details:
no

Does the patient have any swallowing difficulties Y ☐ N ☑
If yes please indicate reason

SALT referral Y ☐ N ☑

Does the Patient have any food allergies? Yes ☐ No ☑
If yes, please give details no

Is there a need for equipment Yes ☐ No ☑ If yes, please update care plan

Profile completed by: Initial CO Date: 21.8 Time: 0700

Assistance with eating and drinking : Y ☐ N ☑ if assistance is required please update daily.

Week beginning:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week beginning:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Additional Information

Initial Date: Time

Nutritional information required on discharge Y ☐ N ☐

Bowel Management

Key Codes	BO Bowels opened	NBO No Bowel Opening	SBO Small Bowel
	LS Loose Stool		

Week Beginning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		BO prior admission				
initial	initial	initial CO	initial	initial	initial	initial

Nursing Action (if goal not achieved)

Week Beginning

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
initial	initial	initial	initial	initial	initial	initial

Nursing Action (if goal not achieved)

Addressograph, or

Name

DoB

Unit no. / CHI

Adapted Waterlow
Pressure Area Risk Assessment Chart

Visual Skin Check within 6 hours Y☑ N☐ Outcome of skin check.....N.A.N.D.....								
		Date	21/8					
		Time	2300					
		Initial	ED					
sex	Male	1	1					
	Female	2						
Age	14-49	1	1					
	50-64	2						
	65-74	3						
	75-80	4						
	81+	5						
Build/ Weight for Height (BMI = weight in Kg height in m	Average = BMI 20 – 24.9	0						
	Above average BMI 25 – 29.9	1	1					
	Obese BMI >/=30	2						
	Below average BMI =< 20	3						
Continence	Complete / Catheterised		0					
	Incontinent of urine	1						
	Incontinent of faeces	2						
	Doubly incontinent (urine & faeces)	3						
Skin Type (Visual Risk Area)	Healthy	1	1					
	Tissue paper (thin/fragile)	1						
	Dry (appears flaky)	1						
	Oedematous (puffy)	1						
	Clammy (moist to touch/pyrexial)							
	Discoloured (bruising/mottled)	2						
	Broken (established ulcer)	3						
Mobility	Fully mobile	0	0					
	Restless / fidgety	1						
	Apathetic (sedated/ depressed/ reluctant to	2						
	Restricted (restricted by severe pain or	3						
	Bedbound (unconscious/ unable to change	4						
	Chair bound (unable to leave chair without	5						
Nutritional Element	Unplanned weight loss in past 3 – 6							
	<5% score	0						
	5 – 10%	1						
	>10%	2						
	BMI >20	0						
	BMI 18.5 – 20	1						
	BMI < 18.5	2						
	Patient/client acutely ill or no nutritional	2						
Special Risks (Tissue Malnutrition)	Smoking	1	1					
	Anaemia – Hb/ <8	2						
	Single organ failure ie cardiac, renal	5						
	Peripheral Vascular Disease	5						
	Multiple organ failure/ terminal cachexia	8						
Special Risks	Diabetes / MS / CVA / Motor / Sensory paraplegia	4-6						
Special Risks	Orthopaedic / below waist (up to 48 hours	5						
	On table >/= 2 hours (up to 48 hours post op)	5						
	On table > 6 hours	8						
Special risk	Cytotoxic anti inflammatory long term/ high	4						
			S					

Date	Score	Equipment required	COMMENTS
21/8	S	N/A	average mobility

Clostridum Difficile Risk Assessment Form

Addressograph, or
Name
DOB
Unit no. / CHI

As part of a strategy to reduce preventable cases of Clostridium Difficile, the following advice should be taken and this form completed on admission for all patients.

Patients of any age transferred from any ward/other hospital (excluding admission ward)	Patients aged **65-82** and treated with any antibiotic *other than trimethoprim* in the last 14 days	Patients aged **83 or older** and treated with any antibiotic in the last 14 days	Patients has a Waterlow score ➢ **20**
Yes: ☐ No: ☑	Yes: ☐ No: ☑	Yes: ☐ No: ☑	Yes: ☐ No: ☐

If "No" to all of the above, the patient is not at increased risk of *C. difficile.*

If YES to one or more of the above the patient is at increased risk – MEDICAL REVIEW REQUIRED

Recommendations

1. Stop PPI *if possible:* PPI stopped: ☐ PPI continued : ☐ Not on PPI: ☐
2. Stop laxative *if possible:* Laxative stopped: ☐ Laxative continued: ☐ Not on laxative: ☐
3. **Set stop date for any current antibiotic**
   Stop date set:: ☐ Stop date not set: ☐ Not on antibiotic: ☐

N.B IF NO STOP DATE MEDICAL STAFF TO UPDATE Drug Prescribing and Administration Chart PRIOR TO ADMINISTRATION

Prescribing advice for new suspected infective illness

1. Avoid blind prescription unless clinically necessary
2. If blind treatment necessary, consult UHD prescribing policy unless local policy in place.

FURTHER TREATMENT SHOULD BE BASED ON CULTURE & SENSITIVITY RESULTS AND SENIOR ADVICE

Assessments to be repeated if change in condition / commenced antibiotics

Date	Outcome of Risk Assessment	Initials

Management Guidelines

If diarrhoea develops please refer to Infection Control Policy, which can be located on the Intranet . Patient should be isolated and Action Plan completed and Bristol Stool Chart commenced

Mouth Care Assessment

Addressograph, or
Name
DOB
Unit no. / CHI

NHS Lothian

Mouth Care Assessment

Week beginning														
Day please circle	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
MUCOUS MEMBRANES/ TONGUE 1= Pink and moist 2= Reddened/Blue-red/ White/Coated 3= Very red or thick/ Ulceration +/- bleeding/Debris			1											
GINGIVAE 1= Pink and firm 2= Oedematous and/or Redness/ White coating 3= Ulcerated or bleeding			1											
SALIVA 1= Watery 2= Viscous 3= Absent			1											
TEETH 1= Clean 2= Localised plaque or debris 3= Generalised plaque or debris			1											
Total Score			4											

ACTION PLAN: if mouth score of > 1 for any individual category follow action plan below ensure mouth care is being undertaken

LIPS	2	Vaseline +/- plain moisturiser
	3	Swab, inform medical staff, care as per 2 and analgesia
Tongue	2	Medical staff review, brush tongue to see if coating can be removed,
Mucous	3	Difflam spray for analgesia
Saliva	2	Treatment depends on cause (medical review)
	3	Inform medical staff for review
Teeth	2	Continue mouthcare
	3	May require dental treatment upon discharge

VTE Maintenance Bundle

Risk assessment completed by Medical Team or Designated Staff Y ☐ , N ☐ if no request review
Medical Staff require to undertake Risk Assessment every 48 hours

Date	Graduated Compression Stockings e.g. TEDS as per protocol			Mechanical prophylaxis e.g. AV Boots e.g.			Chemical Treatment Prescribed		
21.8	Y	N	(N/A)	Y	N	(N/A)	(Y)	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Y	N	N/A	Y	N	N/A	Y	N	N/A

Device Code	Clinical Indication	Addressograph, or
P = Peripheral Line C = Central Line SC Subcutaneous C	E Emergency IV access R Routine NBM Nil by Mouth B Blood IV Fluids or Medicines	Name DOB Unit no. / CHI NHS Lothian

Potential Complications of IV Cannulation

1) Redness, pain or inflammation at insertion site due to phlebitis or local infection
2) Local oedema due to infiltration
3) Bloodstream infections
4) Extra vasation

The below interventions are required to minimise the above complications.

Insertion Bundle

No	Date	Device Code	Site	Colour	Aseptic technique	Clinical Indication	Dressing Dated	Operator: Name/ Signature
1	21.8	See code	L arm	B		See code		Usetad prior to admission

Maintenance Bundle: Hand hygiene to be carried out prior to every intervention

No.	Date	Device still Required		Dressing Dated		Dressing Clean/intact		Absence of Inflammation		In situ for < 72 hours		Date removed	Initial
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		

Additional Comments *if PVC is in situ for greater than 72 hours please indicate clinical reason,

Insertion Bundle

No	Date	Device Code	Site	Colour	Aseptic technique	Clinical Indication	Dressing Dated	Operator: Name/ Signature
2	21.8	See code	L hand	B		See code		Usetad prior to admission

Maintenance Bundle: Hand hygiene to be carried out prior to every intervention

No.	Date	Device still Required		Dressing Dated		Dressing Clean/intact		Absence of Inflammation		In situ for < 72 hours		Date removed	Initial
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		

Additional Comments *if PVC is in situ for greater than 72 hours please indicate clinical reason,

Insertion Bundle

No	Date	Device Code	Site	Colour	Aseptic technique	Clinical Indication	Dressing Dated	Operator: Name/ Signature
		See code				See code		

Maintenance Bundle: Hand hygiene to be carried out prior to every intervention

No.	Date	Device still Required		Dressing Dated		Dressing Clean/intact		Absence of Inflammation		In situ for < 72 hours		Date removed	Initial
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		

Additional Comments *if PVC is in situ for greater than 72 hours please indicate clinical reason,

Device Code P = Peripheral Line C = Central Line SC Subcutaneous C	**Clinical Indication** E Emergency IV access R Routine NBM Nil by Mouth B Blood IV Fluids or Medicines	Addressograph, or Name OOB Unit no. / CHI NHS Lothian

Potential Complications of IV Cannulation

1) Redness, pain or inflammation at insertion site due to phlebitis or local infection
2) Local oedema due to infiltration
3) Bloodstream infections
4) Extra vasation

The below interventions are required to minimise the above complications.

Insertion Bundle

No	Date	Device Code	Site	Colour	Aseptic technique	Clinical Indication	Dressing Dated	Operator: Name/ Signature
		See code				See code		

Maintenance Bundle Hand hygiene to be carried out prior to every intervention

No.	Date	Device still Required		Dressing Dated		Dressing Clean/intact		Absence of Inflammation		In situ for < 72 hours		Date removed	Initial
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		

Additional Comments *if PVC is in situ for greater than 72 hours please indicate clinical reason,

Insertion Bundle

No	Date	Device Code	Site	Colour	Aseptic technique	Clinical Indication	Dressing Dated	Operator: Name/ Signature
		See code				See code		

Maintenance Bundle Hand hygiene to be carried out prior to every intervention

No.	Date	Device still Required		Dressing Dated		Dressing Clean/intact		Absence of Inflammation		In situ for < 72 hours		Date removed	Initial
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		

Additional Comments *if PVC is in situ for greater than 72 hours please indicate clinical reason,

Insertion Bundle

No	Date	Device Code	Site	Colour	Aseptic technique	Clinical Indication	Dressing Dated	Operator: Name/ Signature
		See code				See code		

Maintenance Bundle Hand hygiene to be carried out prior to every intervention

No.	Date	Device still Required		Dressing Dated		Dressing Clean/intact		Absence of Inflammation		In situ for < 72 hours		Date removed	Initial
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		
		Y	N	Y	N	Y	N	Y	N	Y	N		

Additional Comments *if PVC is in situ for greater than 72 hours please indicate clinical reason,

Urinary Catheter Insertion Bundle Checklist	Addressograph, or Name DOB Unit no. / CHI NHS Lothian

Date: Time: Initial	Clinical Indication for insertion of Catheter:
Patient information given : Y N	Consent Obtained:

Please indicate intention: Short or Long Term Catheterisation:

Catheter insertion sticker (Located in catheter pack)

Daily Checks to be Made	Catheter still required?	Daily hygiene performed?	Collection bag below level of bladder?	Bag volume less than 350mls (500ml bag) or 670mls (1000ml bag) at time of checklist completion?	Catheter bag secured properly and dated bag new within last 7 days?	Initials
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	
Day	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	

Date Removed Print / Signature

Additional information related to CAUTI Bundle

Discharge Checklist

Discharge Summary on admission/pre admission	y	n	n/a	Date	Initial
Estimated Date of Discharge: / / Next of Kin: Address: **Contact Number:**	Complete preliminary on **ADMISSION** Start discharge planning early aim for **Discharge PRIOR TO 11AM** To achieve **40%** of predicted discharges **before 11 AM**				
1.Relevant Care Provider informed of estimated discharge date Name: Contact Number:					
2. Services in the community contacted Name: Contact Number:					
3.Does the patient have an unpaid carer Name: Contact Number:					
Discharge Summary 24/48 hours pre discharge					
4. Has the unpaid carer been involved in the discharge process and offered an assessment/ training Declined ☐					
5. Transport (if clinical need) booked ref no: Transport type:**2 Man** Y /N **1 Man** Y /N **Stretcher** Y / N **Wheelchair** Y/ N Number of stairs:					
6. DNAR form completed					
7. Follow-up appointment booked: Transport Ref No:					
8. Patient education commenced Please specify education given: Products given to patient: Supply: Days					
9. Does the patient need referred to Lothian unscheduled care service?					
Discharge Summary 24 hours pre discharge					
1. Post care information leaflet given:					
2. Discharge letter requested from medical staff/on ward round					
3. Services in the community contacted					
4. Transport confirmed Ref Number:					
5. Is patient applicable for discharge lounge? If yes, inform discharge lounge and complete discharge lounge form ☐					
6. Next of kin informed					
7. Discharge letter/ Discharge prescription obtained					
8. Patient has keys to house? Reason if patient does not have keys:					
Day of discharge					
1. Discharge medication given and explained to patient					
2. Medication appliance (Dosette box) given to patient					
3. Patient's own medication returned					
4. Copy of immediate discharge letter given to patient					
5. Valuables returned to patient					
6. Peripheral Vascular Cannula removed					
7. Patient transferred to discharge lounge					
8. Patient Administration System (e.g. TRAK/PIMS) is updated at point of discharge					
Additional Information:					
The patient is clinically fit for discharge: Signed: Ward:	Last SEWS prior to discharge: Date: / / Hospital:				

LHB Musculoskeletal Directorate Multidisciplinary Admission Record

Lothian University Hospitals Division
Royal Infirm 700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
3/3 Bowhill Terrace,
Edinburgh,
EH3 5QY

Surname ....
First Name
Known as
DOB; ...../...
CHI Number CHI 0407813233 .....
70732 L MacCallum
Address ; .....
.....
.....
Postcode .....

Telephone Number.....
Marital Status (S) M / D / W
Religion None Visit Reqd Yes / No
Occupation .....
Sex (M) / F
Ethnicity.....

Next of Kin Ailsa McNaughton
Relationship Partner
Address .....
.....
.....
Telephone No: 07771736690
0131 538 4442

N.O.K AWARE YES / NO

.....
Alternative Contact AWARE YES / NO

.....
Alternative Contact Margaret McNaughton
Relationship: mother in law
Address .....
.....
.....
Telephone No: 07796473670
.....

GP: .....
Address .....
.....
.....
Telephone No: .....

FOOD AND DRUG ALLERGIES
NKDA
.....
.....

Ward 700576136V/E2543187 M 04/07/1981
MacIntyre, Thomas R
Admission 3/3 Bowhill Terrace, ...HRS
Admitted F Edinburgh,
EH3 5QY

Diagnosis CHI 0407813233
..... 70732 L MacCallum .....

Inpatient injury R forearm

Patient admitted with the following

Dentures ☐ N/A

☐ None ☐ Upper set only

☐ lower set only ☐ Upper and lower set

☑ bag of belongings ☐ none

*** Please record items of jewellery**
none
.....
.....

Valuables placed in hospital safe ☐
Receipt number.....

Valuables taken home ☑ **Yes**
Name of relative.....

☑ **NHS Lothian policy explained to patient, but patient accepts full responsibility for his/her valuables**
mobile phone + kindle

Admitting Nurse :

Signature C Douglas

Print name C DOUGLAS

Designation SN

Consultant..... Ward..... Date of Admission ..... Reason for admission/operation	Patient name..... DOB..... Or addressograph CHI/unit no.....

Social circumstances

Admitted From

- ☐ Home alone
- ☑ Home with other Parents
- ☐ Home with dependant other .....
- ☐ Residential Care (Carer only)
- ☐ Nursing home -.....
- ☐ Other hospital : -.....
- ☐ O.R.U.(AAH,RVB,SJH14)
- ☐ Hostel
- ☐ No fixed Abode
- ☐ Other.....
- ☐ Are you a carer for anyone else ?

Please specify .....

Pets left alone(anyone able to care for them)

.....

Accommodation

Type....flat.....

- ☑ Ground level access .....

Internal Stairs Yes / No .....
With handrail Yes / No 1 / 2

External Stairs/steps Yes /No.....
With handrail Yes / No 1 / 2

Bedroom ↑ and / or ↓

toilet ↑ and / or ↓

bathroom ↑ and / or ↓

- ☐ Bath Equipment .....
- ☑ Shower over bath
- ☐ Walk in shower.....

Nursing/residential home contacted re status fc discharge Yes..... No ..... N/A.....

Minimal required level of mobility for Discharge .....
Nursing cover.....

Home Support

None required .....

Home Support	Frequency	Tasks undertaken
Family		
Friends / Neighbours		
District nurse		
Carers		
Private help		
Community Psychiatric Nurse		

Consultant..... Ward..... Date of Admission ..... Reason for admission/operation	Patient name..... DOB..... Or addressograph CHI/unit no.....

PATIENT ASSESSMENT - PRIOR TO ADMISSION

Elimination

- [x] Bowels regular
- [ ] Constipated
- [ ] Diarrhoea / loose stools
- [ ] Incontinent.....
- [ ] Other.....

Urine

- [ ] No Problems
- [ ] Catheterized why? When? .....
- [ ] Frequency of micturition
- [ ] Incontinent Day / Night /Both
- [x] Other Sometimes struggles to pass urine - ? Cause.....

Communications

Sight

- [x] No impairment
- [ ] Registered blind.....
- [ ] Partially sighted.....
- [ ] Wears Glasses.....

Admitted with glasses Yes ☐ no ☐

Hearing

- [x] No impairment
- [ ] Hard of hearing.....
- [ ] Wears hearing aid Right / Left / Both

Admitted with hearing aids Yes ☐ no ☐

Speech

- [ ] Impairment present

Please specify .....

Sleep

Hours per night : .....

Quality of sleep.... Poor .....

Regular Night Sedation ☑ Yes ☐ No

Hand Dominance(for upper limb injuries)

Right handed / Left handed

Work / Recreation

.....

Alcohol Intake (UNITS / WEEK)

- [ ] Nil

AV. UNITS/WEEK.. Weekends.....

1 Unit = 1 measure of spirits / ½ pint lager 1 glass of wine

Smoking History

- [x] Yes how many ?..... 40 per day.....
- [ ] No
- [ ] Previous smoker.....

SEWS Chart

NHS Lothian

700576136V/E2543187 M 04/07/1981 **MacIntyre, Thomas R** 3/3 Bowhill Terrace, Edinburgh, Name: EH13 5QY DOB: CHI 0407813233 CHI: 70732 L MacCallum	Consultant: _____ Date chart commenced: _____ This is chart number _____ this admission Weight: Actual _____kgs Estimated _____kgs ASU: _____

How to calculate a Standardised Early Warning (SEWS) in NHS Lothian

The clinical observations used to calculate a SEWS score are:

- Respiratory rate
- Oxygen saturation
- Temperature
- Systolic blood pressure
- Heart rate
- Sedation/Neurological score (AVPU)
- Urine output

The SEWS chart is colour coded to identify when a clinical observation is outside the normal range. A SEWS of 0-3 is allocated to each parameter using the SEWS key as shown.

SEWS KEY

0 1 2 3

All the observations have to be recorded and the total score added up and signed for. **A SEWS score of 4 or more** is an alert that a patient is acutely ill or deteriorating and an appropriate response using the escalation procedure is required... SEWS should NOT replace sound clinical judgement. Immediate action and appropriate escalation should take place if there are any concerns regarding a patient's clinical condition. Staff are accountable for seeking further help if not reassured by the response and action taken. Follow the ABCDE guidance on assessment and action and the flowchart for appropriate escalation.

Score 0-1 Routine observation - state frequency
2-3 Inform nurse in charge and initiate appropriate treatment

Staff should use SBAR in all communications

Definition:
- **S**ituation
- **B**ackground
- **A**ssessment
- **R**ecommendations

SEWS should guide the frequency of patients monitoring

SEWS SCORE OF 1-3 MINIMUM 4 HOURLY OBSERVATIONS	SEWS SCORE OF 3 IN ONE PARAMETER OR SEWS SCORE OF 4-5 MINIMUM 1 HOURLY OBSERVATIONS	SEWS SCORE OF 6 OR MORE CONTINUOUS MONITORING OF VITAL SIGNS

Respiratory distress: The presence of respiratory distress is an important sign of acute illness. The patient may complain of feeling breathless. Other signs include, looking breathless, using accessory muscles of respiration, pursed lip breathing and audible breathing. If the patient has signs of respiratory distress please record in notes.

Urinary output: If a patients fluid balance is of concern and urine output is measured hourly to 4 hourly they should be on a fluid balance chart where blood loss is also recorded. If urine output is sufficient the score entered on the SEWS chart is 0. If urine output for catheterised patients is less than 30mls per hour for more than 3hrs the score is 3. If a patient has not passed urine within 12 hours the score is 3.

Sepsis criteria met Y/N: If the patient has a SEWS score of 4 or more and two or more of the Systemic Inflammatory Response Syndrome (SIRS) criteria, chart this on the SEWS chart and initiate the sepsis 6 bundle which should be completed **within one hour**. If sepsis is suspected do not hesitate to act before the criteria are breached.

Pain: The pain score must be recorded in the chart. Refer to the pain assessment and management guidelines.

ABCDE: ASSESSMENT AND CLINICAL RESPONSE TO SEWS TRIGGERS

	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 Temp/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 → Escalate if appropriate

Remember: to record all observations on SEWS chart & document any deterioration in the notes.
If at any point during your assessment you are concerned about your patient - **Call for help.**

Pain Assessment & Management Guidelines

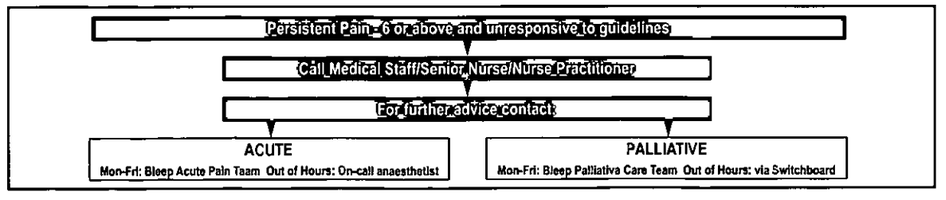
How to score pain:

Cancer-related pain:		Always score worst pain in last 24 hours or since last assessment.
Acute pain:		Score current pain on movement e.g. deep breathing
Pain Score:		Action:
0	NONE	Continue to assess pain with every set of observations (must be at least daily)
1-3	MILD	Continue to assess pain with every set of observations (must be at least daily)
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.

PERSISTENT SEVERE PAIN (6 OR ABOVE), WHICH DISTRESSES THE PATIENT: REFER. SEE FLOW CHART BELOW.

Pain Assessment & Management Guidelines

Cancer-related pain:	Initiate Edinburgh Pain Assessment Tool (EPAT©) for pain score of 4 or above. Use Palliative Care Guidelines
Acute pain:	Use Acute Pain Guidelines



Nausea Score (0-3)

0 = No Nausea
1 = Nausea (consider anti-emetic)
2 = Nausea/Vomiting (administer anti-emetic)
3 = Persistent Nausea &/or Vomiting (contact Doctor)

PERSISTENT NAUSEA &/OR VOMITING: USING GUIDELINES PRESCRIBE / GIVE ANTI-EMETICS. REVIEW.

SEWS KEY 0 1 2 3		DATE:	21/08				22/8			23/8		
		TIME:	21[illegible]	(RW)		330	0610	1145	2115	0710	1123	
RESPIRATORY RATE	> (or equal to) 36											
	31-35											
	21-30											
	9-20		12	15	15	15	10	13	16	18	16	
	< (or equal to) 8											
Oxygen Saturation (SpO_2)	> (or equal to) 93		97	98	95	94	94	97		97	95	
	90-92											
	85-89											
	< (or equal to) 85											
Inspired O_2%	%		RA	RA	RA	RA	RA	RA		RA	RA	
TEMP	>39°											
	38°		37.8								37.7	
	37°			37.5	37.1	37.1	36.8					
	36°											
	35°											
	34°											
SEWS SCORE uses Systolic BP	210											
	200											
	190											
	180											
	170											
	160											
	150		145	155								
	140				136							
	130				130			117		136		
BLOOD PRESSURE	120										113	
	110											
	100											
	90		96	86	85					87	85	
	80							80				
	70											
	60											
	50											
	>140											
	130											
	120											
	110		104									
HEART RATE	100			98	109	108	99	93		100	100	
	90											
	80											
	70											
	60											
	50											
	40											
	30											
SEDATION / NEURO SCORE	S	Sleep										
	0	Alert	0	✓	✓	✓	✓	✓		2	✓	
	1	Verbal										
	2	Pain										
	3	Unresp										
Urinary output sufficient 0												
Not PU more than 12 hrs												
Catheter UO less than 30ml / hr for 3 hrs												
SEWS SCORE (with all obs)			1	0	1	1	0	0		0	1	
Sepsis criteria met Y/N												
Pain Score			5	3	2							
Motor Block Score												
Nausea Score (0-3)												
Blood Glucose												
Bowels												
Wound			✓	/	✓	/						
Circulation			✓	/	✓	/						
Sensation			✓	/	✓	/						
Movement			✓	/	✓	/						
Initials			VSCD		CDCD		CDVM	✓		VM	✓	

SEWS KEY 0 1 2 3
RESPIRATORY RATE
Oxygen Saturation (SpO_2)
Inspired O_2%
TEMP
SEWS SCORE uses Systolic BP
BLOOD PRESSURE
HEART RATE
SEDATION / NEURO SCORE
Urinary output sufficient 0
Not PU more than 12 hrs
Catheter UO less than 30ml / hr for 3 hrs
SEWS SCORE (with all obs)
Sepsis criteria met Y/N
Pain Score
Motor Block Score
Nausea Score (0-3)
Blood Glucose
Bowels
Wound
Circulation
Sensation
Movement
Initials

09:00 17:00 — **SEWS 6 or any other concerns**

First Response 15 Minutes	▷	Inform Nurse In Charge and/or FY1 Doctor
Second Response 15 Minutes	▷	Inform Advanced Nurse Practitioner and/or FY2 Doctor
Third Response 10 Minutes	▷	Inform Middle Grade Doctor CT/ST level
Fourth Response	▷	Call 2222 and Appropriate Consultant

17:00 21:00

First Response 15 Minutes	▷	Inform FY1/FY2
Second Response 15 Minutes	▷	Inform Middle Grade

21:00 09:00 — **HAN Team Response:**

Safety huddles at shift handover/post ward round to alert any concerns → SEWS above 3 or any other concerns → NO → Resume appropriate observations

YES → Perform ABCDE assessment and manual obs. N.B. individual patient trends - if no change → Inform nurse in charge/ NP/local doctor of findings → Give prescribed oxygen to maintain O_2 sats 94 - 98% (NB COPD patients 88 - 92%) → Reposition patient if parameters allow → Assess the need for IVI +/- fluid bolus → Check prescription and give medication as prescribed → Re-check observations within 30 minutes → SEWS 4 or above or any other concerns

NO → Resume appropriate observations

YES → Immediately refer to escalation board and commence response

SEWS greater than 4 THINK SEPSIS
Are any 2 or more of SIRS criteria present?

- Temperature: less than 36° or more than 38°
- Heart rate more than 90 bpm
- Respiratory Rate more than 20 bpm
- White Cell Count less than 4 or greater than 12

AND clinical suspicion of infection
Note, new confusion may be a sign of infection

Apply SEPSIS 6 within 1 Hour

1. Perform blood cultures
2. Administer IV antibiotics (as directed by formulary against most likely pathogen)
3. IV fluids give IV saline/equivalent; start with 20ml/kg as a fluid bolus aim for BP target on reassessment.
4. High flow O2 (if CO2 retention, give controlled oxygen and aim for SpO2 of 88-92%)
5. Measure lactate
6. Monitor urine output. (Consider urinary catheter)