NHS
Ayrshire
& Arran

University Hospital Ayr
Dalmellington Road
Ayr

MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK11RY

Date 30/04/2026
Our Ref MF\709605390
Your Ref 100381
Enquires to Legal Office
Telephone 01292 616452

E-mail Maryann.Findlay@aapct.scot.nhs.uk

Dear Sir/Madam

**RE: John McPhee**

I refer to your recent request to myself regarding the above and enclose the relevant documents. I would be grateful if you could return the tear-off slip confirming receipt.

Yours faithfully,

pp Mr R H Bryden
Head of Health Records Services

---

Please return to:Maryann,Health Records, University Hospital Ayr,Dalmellington Road,Ayr,KA6 6DX
I acknowledge receipt of the copies of medical records pertaining to: John McPhee 709605390

Signed: ---------- Date: ----------

Designation: ----------

# CORRESPONDENCE

File in reverse chronological order within speciality behind this card

## RECORD OF ATTENDANCES AND ADMISSIONS

| Date | Clinic / Ward / Consultant | Diagnosis / Disposal | Date of Discharge |
|---|---|---|---|
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## RECORD OF ATTENDANCES AND ADMISSIONS

| Date | Clinic / Ward / Consultant | Diagnosis / Disposal | Date of Discharge |
|---|---|---|---|
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| | | | |

**Confidential - Clinical Information**

**Accident & Emergency Department**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

John McPhee
2 Barnett Court
Saltcoats
Ayrshire
KA21 5LU

| | |
|---|---|
| Our Ref: | BL/ |
| Hospital No: | |
| Ref Date: | 14/01/2026 |
| Date Dictated: | 21/01/2026 |
| Date Typed: | 21/01/2026 |
| Enquiries to | Karen Nicol |
| Direct Line: | 01292 616719 |
| Ext. Number: | 14691 |
| Email: | karen.nicol2@aapct.scot.nhs.uk |

Dear John McPhee,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**2 BARNETT COURT, SALTCOATS, AYRSHIRE, KA21 5LU**

Thanks for going for your CT scan on 23rd December reassuringly this shows that both kidneys look normal in size and shape with some very small stones measuring up to 4 mm on each side. We do not need to any follow-up. Best wishes

Yours sincerely

*Authorised on 21/01/2026 11:28:59 by Brian Little.*

**B Little**
**Consultant Urological Surgeon**
**GMC: 4187488**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Urology Mail Box
Urology Mail Box
KA6 6DX

**Confidential - Clinical Information**

**Consultant – Mr B Little**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

John McPhee
2 Barnett Court
Saltcoats
Ayrshire
KA21 5LU

| | |
|---|---|
| Our Ref: | BL/KN / |
| Hospital No: | 0709605390 |
| Ref Date: | 18/11/2025 |
| Date Dictated: | 18/11/2025 |
| Date Typed: | 04/12/2025 |
| Enquiries to | Karen Nicol |
| Direct Line: | 01292 616719 |
| Ext. Number: | 16719 |
| Email: | Karen.Nicol2@aapct.scot.nhs.uk |

Dear John McPhee,

Your family doctor got in touch about the fall you had, landing on your left side and some detectable blood in your urine. I have gone ahead and arranged an ultrasound scan of your kidneys to make sure everything is ok and the x-ray department will post you out an appointment. I will be in touch with the results.

Yours sincerely

Authorised on 08/12/2025 16:41:18 by Brian Little.

**B Little**
**Consultant Urological Surgeon**
**GMC: 4187488**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

**Transport required?**

Unique Care Pathway Number: 101038269569U

# REFERRAL LETTER

CHI:0709605390

MEDICAL IN CONFIDENCE

**REFERRAL TO**

UrologyCB
AA Urology

University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

| | |
|---|---|
| Ethnic Origin | (White) Scottish |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 17-Nov-2025 |
| **Date submitted** | 17-Nov-2025 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McPhee |
| **Forename(s)** | John |
| Title | - |
| Sex | Male |
| **Date of birth** | 07-Sep-1960 |
| CHI no. | 0709605390 |

**Patient's address**

2 Barnett Court
Saltcoats
KA21 5LU

Contact number(s)

-

**REGISTERED GP DETAILS**

| | |
|---|---|
| **Name** | Dr Sandie Pow |
| GMC code | 4615444 |
| GP code | 24465 |
| Practice name | South Beach Medical Centre |
| Practice code | 80005 |

**Practice address**

South Beach Medical Centre
8 Harbour Street
Ardrossan

Contact number(s)

Voice: 01294 463011

**REFERRING PRACTITIONER DETAILS**

| | |
|---|---|
| **Name** | Dr Gabriel Okpako |

**Practice address**

8 Harbour Street

| | | | |
|---|---|---|---|
| GMC code | 7748811 | GP code | 85421 |
| Practice name | South Beach Medical Centre (80005) | | |
| Practice code | 80005 | | |

Ardrossan
Ayrshire
KA22 8BS

Contact number(s)

Voice: 01294463011

CLINICAL INFORMATION

## History of presenting complaint / examination findings / investigation results

### Presenting complaint

Description: Persistent hematuria, recent blunt trauma to left flank

Comment: Dear Colleague, John has a background of Urolithiasis and had a stent eventually removed in November 2024, subsequent CTKUB in January 2025. He sustained a fall from a height while at work landing on his left side 2 weeks ago, no fall astride, no blood at tip of urethral, Sustained ? bruised rib. He has been noted to have persistent painless microscopic hematuria with negative urine cultures. Admittedly, this could all be explained by the stones noted on his last scan however I would love to arrange a follow up review with yourselves and further investigation if deemed necessary. Please oblige. OG Okpako GP registrar

### Examinations and Investigations

| | | | |
|---|---|---|---|
| Height: | 1.7 | - | |
| Weight(kg): | 75 | - | |
| BMI: | 259515.57 | - | |
| Current smoker: | | | 18-Jan-2019 |
| Current smoker: | | | 11-Aug-2015 |
| Alcohol consumption, 0 units/week: | | | 11-Aug-2015 |

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### Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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### Past medical history

### Pre-existing conditions

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Haematuria | - | - | - | 13-Dec-2024 | 13-Dec-2024 |
| Renal colic | - | - | - | 19-Nov-2024 | 19-Nov-2024 |
| Renal stone | - | - | - | 19-Nov-2024 | 19-Nov-2024 |
| [D]Collapse | - | - | /Faint | 21-Jan-2024 | 21-Jan-2024 |
| Ureteric stone (Right) | Right | - | 8mm - stent in situ | 26-Jul-2022 | 26-Jul-2022 |
| Hydronephrosis | - | - | + ureteric obstruction | 26-Apr-2022 | 26-Apr-2022 |
| Renal colic | - | - | - | 07-Jan-2020 | 07-Jan-2020 |
| Renal colic | - | - | - | 18-Nov-2019 | 18-Nov-2019 |
| Hydroureter | - | - | mild | 18-Nov-2019 | 18-Nov-2019 |
| Hydronephrosis | - | - | - | 18-Nov-2019 | 18-Nov-2019 |

| | | | | | |
|---|---|---|---|---|---|
| Suspected UTI | - | - | - | 08-Nov-2019 | 08-Nov-2019 |
| Closed fracture of fibula, unspecified part, NOS | - | - | - | 30-Jun-1989 | 30-Jun-1989 |
| Fracture of radius NOS | - | - | - | 13-Oct-1976 | 13-Oct-1976 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Ureteroscopic laser fragmentation of ureteric calculus (Left) | Left | - | and stent insertion | 21-Nov-2024 | 21-Nov-2024 |
| Ureteroscopic laser fragmentation of ureteric calculus (Right) | Right | - | and stent replacement | 26-Jul-2022 | 26-Jul-2022 |
| Endoscopic insertion of ureteric stent (Right) | Right | - | - | 26-Apr-2022 | 26-Apr-2022 |
| Endoscopic insertion of ureteric stent (Right) | Right | - | - | 18-Nov-2019 | 18-Nov-2019 |
| Bilateral vasectomy for contraception | - | - | - | 08-Oct-1998 | 08-Oct-1998 |

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

No current medications recorded

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Co-Codamol 15/500 Tablets | - | 100 tablet | ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED | - | 12-Nov-2025 | 12 Days | 12-Nov-2025 |

**Clinical warnings**

Smoking status

Alcohol consumption

**Lifestyle risks**

Exercise status: Not Known

Number per day
? (not known)

Units per day
? (not known)

**Allergies**

| Description | Comment | Recorded Date |
|---|---|---|
| Adverse reaction to penicillins | - | 16-Sep-2015 |

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

**Signature** of referring doctor (or other professional) **Date**

Confidential - Clinical Information

Mrs L Kerr

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

Mr John McPhee
2 Barnett Court
Saltcoats
Ayrshire
KA21 5LU

| | |
|---|---|
| Our Ref: | LG/MY |
| Hospital No: | 0709605390 |
| Ref Date: | 03/02/2025 |
| Date Dictated: | 03/02/2025 |
| Date Typed: | 07/02/2025 |
| Enquiries to | Morag Young |
| Direct Line: | 01292 614354 |
| Ext. Number: | 14354 |
| Email: | morag.young@aapct.scot.nhs.uk |

Dear Mr McPhee,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**2 BARNETT COURT, SALTCOATS, AYRSHIRE, KA21 5LU**

Following your recent CT scan I am pleased to say that the 2 stones that were sitting in the left ureter have passed and there is a small stone that was sitting in the lower pole calyx and again that has also been passed. You have tiny small stones to the lower pole of the right kidney but these are too small for any surgical intervention.

I will therefore discharge you today. I have added in to this letter the patient initiated review information for you to contact us if you come into any problems. You can leave your name and your date of birth and this machine is answered on a twice weekly basis and we will re-contact you. Please ensure that nothing acute is added onto this line but if there are any concerns please do not hesitate to contact this line.

Yours sincerely

Authorised on 07/03/2025 11:49:12 by Lynne Kerr.

**Louise Goodwin**
**Advanced Nurse Practitioner - Urology**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

**Confidential - Clinical Information**

**Mrs L Kerr**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | LK/MY |
| Hospital No: | 0709605390 |
| Date Dictated: | 25/11/2024 |
| Date Typed: | 02/12/2024 |
| Enquiries to | Morag Young |
| Direct Line | 01292 614354 |
| Ext. Number | 14354 |
| Email | morag.young@aapct.scot.nhs.uk |

Dear Dr Monaghan,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**2 BARNETT COURT, ARDROSSAN, AYRSHIRE, KA22 7BL**

ADMITTED: 21/11/2024

DISCHARGED: 23/11/2024

DIAGNOSIS: Distal left ureteric stones (further intrarenal stones)

PROCEDURE: Left ureteroscopy, laser stone fragmentation and stent insertion

FOLLOW-UP: Stent removal planned for 25/11/2024, patient initiated review thereafter

John McPhee is a 64 year old gentleman who attended as an emergency with pain. He is already known to have left distal ureteric stones which he wanted to manage conservatively but he re-attended with ongoing pain and CT showed that the stones hadn't progressed. He was keen to continue with conservative management, however, he was due to go to Stornoway with work and we recommended that travelling somewhere remote with ureteric stones was less than ideal and we took him to theatre for an elective procedure.

He had a general anaesthetic with antibiotic cover. The stones in his left ureter were easily managed and we went on into the kidney. There appeared to be calcified Randall's plaques, however, they were amenable to lasering and so we lasered those as well. The ureter and kidney were clear at the end of the procedure. A 26 cm 6 French stent was placed on strings as per the patient's request.

2/

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**2 BARNETT COURT, ARDROSSAN, AYRSHIRE, KA22 7BL**

He was discharged home the following day and will come back in for stent removal on Monday. Following the stent removal he doesn't need any additional follow up but we will give him the patient initiated review information.

Kind regards.

Yours sincerely

Authorised on 02/12/2024 16:05:37 by Lynne Kerr.

**Lynne Kerr**
**Consultant Urological Surgeon**
**GMC: 7020133**

**Confidential - Clinical Information**

**Mrs L Kerr**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | JL/MY |
| Hospital No: | 0709605390 |
| Date Dictated: | 25/11/2024 |
| Date Typed: | 27/01/2025 |
| Enquiries to | Morag Young |
| Direct Line | 01292 614354 |
| Ext. Number | 14354 |
| Email | morag.young@aapct.scot.nhs.uk |

Dear Dr Monaghan,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**2 BARNETT COURT, SALTCOATS, AYRSHIRE, KA21 5LU**

ADMITTED: 25/11/2024

DISCHARGED: 25/11/2024

PROCEDURE: Removal of left ureteric stent on strings

FOLLOW-UP: Nil

This 64-year-old gentleman attended Station 4 for the above procedure which I was called to perform as the on-call registrar. He underwent a left ureteroscopy, LASER stone fragmentation and stent insertion last week which appears to have went without complication. Removal of the stent today was performed without issue and I have discharged him.

Yours sincerely

Authorised on 27/01/2025 12:31:44 by Lynne Kerr.

**Jamie Leask**
**ST6 in Urology**
**GMC 75545567**

| University Hospital Ayr<br>Dalmellington Road<br>Ayr<br>KA6 6DX<br>Phone: 01292 610 555 | Immediate Discharge Letter<br>&<br>Prescription |
|---|---|

| To: | Re: |
|---|---|
| South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>Ayrshire<br>KA22 8BS | JOHN MCPHEE<br>2 BARNETT COURT<br>ARDROSSAN , AYRSHIRE , KA22 7BL<br>DOB: 07/09/1960<br>Hosp. No.: 0709605390<br>CHI No.: 0709605390 |

**Date of Admission:** 21/11/2024
**Mode of Admission:** Emergency
**Admission Reason:** Abdominal pain and dysuria
**Discharge Date:** 23/11/2024

**Ward:** STATION 4-AYR
**Consultant:** DR LYNNE KERR (Urology)
**Follow Up:**

**Diagnoses** Renal Stone
( )

**Secondary Diagnoses** Renal colic
Angina
NURSE JESSICA BARNET (NIP) ( 2024-11-22 14:24:35 )

**Investigations** CT KUB
NURSE JESSICA BARNET (NIP) ( 2024-11-22 14:24:43 )

**eration/Procedure** Left rigid ureteroscopy and laser stone fragmentation with stent insertion
NURSE JESSICA BARNET (NIP) ( 2024-11-22 14:27:25 )

**Clinical Progress** Dear Doctor,
This 64year old gentleman was admitted with abdominal pain and dysuria. He was diagnosed
with renal stone after a CT KUB which confirmed 3mm and 5mm distal stones. He was taken to theatre for left rigid ureteroscopy and laser stone fragmentation with stent insertion. He has had an uneventful post operative recovery period and is clinically stable. He is now suitable for discharge home and will return on Monday 25th for his stent removal.
Thank you for your continued care of this patient in the community.
Best wishes
Station 4
DR EMILY HARLEY ( 2024-11-23 11:23:14 )

**Discharged by:** NURSE JESSICA BARNET (NIP)


**Report generated on:** 23/11/2024 20:00

| University Hospital Ayr<br>Dalmellington Road<br>Ayr<br>KA6 6DX<br>Phone: 01292 610 555 | **Immediate Discharge Letter**<br>**&**<br>**Prescription** |
|---|---|

| **To:** | South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>Ayrshire<br>KA22 8BS | **Re:** | JOHN MCPHEE<br>2 BARNETT COURT , ,<br>ARDROSSAN , AYRSHIRE , KA22 7BL<br>DOB: 07/09/1960<br>Hosp. No.: 0709605390<br>CHI No.: 0709605390 |
|---|---|---|---|

**Hospital follow up** Stent removal 25th November
PIR follow up

NURSE JESSICA BARNET (NIP) ( 2024-11-22 14:36:37 )

**Pharmacy** no meds required

NURSE JESSICA BARNET (NIP) ( 2024-11-22 14:36:46 )

| Allergy/Intolerance | Reaction |
|---|---|
| PENICILLINS | Rash - minor, self-limiting |

*Allergy records are as recorded at time and date of printing.*

## No medicines prescribed on discharge

**Discharged by:** NURSE JESSICA BARNET (NIP)


**Report generated on:** 23/11/2024 20:00

**Confidential - Clinical Information**

**Mrs L Kerr**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | LG/MY |
| Hospital No: | 0709605390 |
| Date Dictated: | 20/11/2024 |
| Date Typed: | 04/12/2024 |
| Enquiries to | Morag Young |
| Direct Line | 01292 614354 |
| Ext. Number | 14354 |
| Email | morag.young@aapct.scot.nhs.uk |

Dear Dr Monaghan,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**2 BARNETT COURT, ARDROSSAN, AYRSHIRE, KA22 7BL**

ADMITTED: 20/11/2024

DISCHARGED: 20/11/2024

DIAGNOSIS: Left renal colic pain

FOLLOW-UP: Repeat CT KUB in 4 weeks with follow up clinic review if appropriate

Mr McPhee attended the A & E Department at Crosshouse Hospital with left renal colic. He is known to urology previously with renal colic in July 2022 under Mrs Kerr where he had a right rigid and flexible ureteroscopy and basket extraction of stone. He had a CT KUB in the Emergency Department and it has shown that he has 3 mm and 5 mm stones in the distal left ureteric stone and another 3 mm distal ureteric stone just proximal to the above. These are non-obstructing and there is no hydronephrosis or hydroureter. His bloods are well within normal limits and his eGFR is >60.

The plan going forward is a repeat CT KUB in 4 weeks' time and if there is no passage of stone then we will bring him to the clinic to discuss surgical intervention. We will be in touch in due course. A worsening statement has been given to Mr McPhee.

Yours sincerely

Authorised on 30/12/2024 08:52:34 by Lynne Kerr.

**Louise Goodwin**
**Advanced Nurse Practitioner - Urology**

**Confidential - Clinical Information**

**Department of Cardiology and General Medicine**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 827905**

**www.nhsaaa.net**

Dr Kati Carroll
Consultant In Acute Medicine
CAU Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

| | |
|---|---|
| Our Ref: | SH/EW |
| | ***CARDIOLOGY DAY UNIT*** |
| Clinic Date: | 29/02/2024 |
| Date Dictated: | 29/02/2024 |
| Date Typed: | 26/03/2024 |
| Enquiries to | Mrs Eleanor Wright |
| Direct Line: | 01563 827905 |
| Ext. Number: | 27905 |
| Email: | Eleanor.Wright@aapct.scot.nhs.uk |

Dear Dr Carroll,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**2 BARNETT COURT, ARDROSSAN, AYRSHIRE, KA22 7BL**

*Referral source:*
1 *CAU referral with intermittent chest pain*
2 *A&E referral with palpitations – for Holter*

*Past medical history:*
1 *Colic*
2 *Hydronephrosis*

*Investigations:*
1 *Exercise tolerance test – 29/02/24 – full Bruce protocol managed 9 minutes 9 seconds, achieved 75% of target heart rate, stopped due to maximal physical effort. Left sided chest niggle present before starting exercise, did not worsen. No arrhythmias, no significant ECG changes*

*Current medication:*
*GTN spray prn, Aspirin 75mg od*

*Recommendations:*
1 *Discharged from Cardiology Day Unit*
2 *Strong worsening advice given*

Thank you for referring Mr McPhee to the Cardiology Day Unit. I understand he was admitted with you in February with Troponin negative chest pain. Subsequent to this he had also been an

A&E referral from January with palpitations. He had been vetted to attend for a Holter, though didn't attend as he works away. I did review him today following an exercise tolerance test.

On examination his heart rate was 57bpm, regular with a BP of 125/78. The rest of his cardiorespiratory examination was reassuring. Through speaking to him with regards to his palpitations he had felt unwell when he had got up in the morning at rest. He did go back to bed and his brother he tells me checked his heart rate and was identified as being around 150bpm. The patient himself was aware of an increased heart rate though there were no adverse symptoms with this and this has been a one-off episode only. With regards to his chest pain which led up to his admission he had been in sitting in the house when he experienced a sudden onset of left sided sharp chest pain which did last 30 minutes and in that short period he did manage to attend the GP who suggested attending A&E. There was no radiation of chest pain. There were no aggravating factors or associated symptoms. He scores it as 7/10. The pain has been continual though less severe since this admission. He has tried his GTN with minimal benefit.

His exercise tolerance test was submaximal on one hand though he did do 9 minutes with no increasing chest pain or ST changes and this would be deemed a reassuring result alongside non-cardiac sounding chest pain. At this time I have advised him to stop his Aspirin. As his palpitations were only a one-off episodes we are not likely to get anything Holter and I have given him strong worsening advice regarding his chest pain and palpitations. I haven't arranged any further review here and I trust this is satisfactory to you.

With kind regards

Yours sincerely

*Authorised on 26/03/2024 15:14:51 by Stuart Halliday.*

**Stuart Halliday**
**Senior Advanced Nurse Practitioner Cardiology Team**
**NMC: 9410820S**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| University Hospital Crosshouse<br>Kilmarnock Road<br>Kilmarnock<br>KA2 0BE<br>Phone: 01563 521133 | **Immediate Discharge Letter**<br>**&**<br>**Prescription** |
|---|---|

| **To:** | South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>Ayrshire<br>KA22 8BS | **Re:** | JOHN MCPHEE<br>37 PARK VIEW ,<br>ARDROSSAN , AYRSHIRE , KA22 7BL<br>DOB: 07/09/1960<br>Hosp. No.: 0709605390<br>CHI No.: 0709605390 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **Date of Admission:** | 02/02/2024 | **Ward:** | XCAU PRE ADMIT |
| **Mode of Admission:** | Emergency | **Consultant:** | DR KATI CARROLL (Acute Medicine) |
| **Admission Reason:** | Chest pain | **Follow Up:** | |
| **Discharge Date:** | 03/02/2024 | | |

**Diagnoses**

Chest pain ("Troponin-negative")

( )

**Clinical Progress**

Episodes of intermittent exertional chest discomfort past 48 hours. Current smoker (10/day). Parents had ischaemic heart disease. 12 lead ECG sinus rhythm (sinus bradycardia - not new). Serial Troponin 6 and 6. CXR no focal changes, normal cardiomediastinal contours.
Pain had been relieved by GTN spray. No further pain in CAU. Discharged home with worsening advice. Issued GTN spray, counselled on use. Advised to continue taking Aspirin 75mg OD (which he had been taking electively over recent weeks) until review in Cardiology Day Unit. Beta-blocker not commenced due to HR 45-50 (not new). Referral made to CDU for consideration of further investigation.

DR RYAN MCGOVERN ( 2024-02-03 07:41:50 )

**Hospital follow up**

Cardiology Day Unit

DR RYAN MCGOVERN ( 2024-02-03 07:38:11 )

| Allergy/Intolerance | Reaction |
|---|---|
| PENICILLINS | Rash - minor, self-limiting |

*Allergy records are as recorded at time and date of printing.*

**Discharged by:** DR RYAN MCGOVERN



**Report generated on:** 03/02/2024 16:21

| University Hospital Crosshouse<br>Kilmarnock Road<br>Kilmarnock<br>KA2 0BE<br>Phone: 01563 521133 | Immediate Discharge Letter<br>&<br>Prescription |
|---|---|

| To: | Re: |
|---|---|
| South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>Ayrshire<br>KA22 8BS | JOHN MCPHEE<br>37 PARK VIEW ,<br>ARDROSSAN , AYRSHIRE , KA22 7BL<br>DOB: 07/09/1960<br>Hosp. No.: 0709605390<br>CHI No.: 0709605390 |

| Drug | Dose | Route | Frequency | Note | GP to continue | POD | Days Supply |
|---|---|---|---|---|---|---|---|
| ASPIRIN 75 mg Dispersible Tablets | **75 mg** | Oral | ONCE daily at 7am | | No | Y | |
| GLYCERYL TRINITRATE 400 micrograms per Sublingual Spray | **400 microgram** | Sublingual | PRN FOR CHEST PAIN | | Yes | N | 28 |

**Additional Medicines Information:**

**Medicines discontinued or modified during admission**
**(Medicines that patient was recorded as admitted on only)**

| Drug | Discontinued / Modified reason |
|---|---|
| ASPIRIN 75 mg Dispersible Tablets | Not given during inpatient stay |

**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.****
*****Information here may be incomplete and is for guidance only.*****

**Discharged by:** DR RYAN MCGOVERN


**Report generated on:** 03/02/2024 16:21

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**
**01292 614609**
**www.nhsaaa.net**

**Confidential - Clinical Information**

**Mrs L Kerr**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | KM/MY |
| Hospital No: | 0709605390 |
| Clinic Date: | 29/09/2023 |
| Date Dictated: | 29/09/2023 |
| Date Typed: | 24/10/2023 |
| Enquiries to | Morag Young |
| Direct Line: | 01292 614354 |
| Ext. Number: | 14354 |
| Email: | morag.young@aapct.scot.nhs.uk |

Dear Dr Monaghan,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

Diagnosis: Previous renal tract calculi

Outcome: Discharged from the urology services with patient initiated review

I reviewed Mr McPhee in Mrs Kerr's out-patient clinic today. He reports having no issues since the last letter in January. He has had no haematuria or LUTS symptoms. He occasionally gets twinges but they only last a few minutes over the last 6-9 months.

I discussed the possibility of discharging Mr McPhee and he seemed keen for this. I have given him the patient initiated review leaflet so that if he gets any haematuria, any flank pain or any urinary tract infection he can call the number to be re-appointed.

Yours sincerely

Authorised on 25/10/2023 13:11:52 by Lynne Kerr.

**Karen McQuarrie**
**CDF in Urology**
**GMC No: 7670829**

**Confidential - Clinical Information**

**Consultant – Mr R Clark**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

John McPhee
37 Park View
Ardrossan
Ayrshire
KA22 7BL

Our Ref: JL / RG/
Hospital No:
Ref Date: 17/01/2023
Date Dictated: 17/01/2023
Date Typed: 23/01/2023
Enquiries to Una Paton
Direct Line: 01292 614750
Ext. Number: 14750
Email: una.paton@aapct.scot.nhs.uk

Dear John McPhee,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

I now have at hand the results of your repeat CT KUB which was carried out on 10th January 2023.

I am happy to inform you that the distal left ureteric stone that was previously noted in December 2022 has now passed. You do have some very small stones in your right kidney and your left kidney which are unchanged in position. There is a high chance that these stones will pass spontaneously and henceforth we don't need to do anything at the moment. You have since been discharged from Urology Services.

In view that you have had an episode of ureteric/ renal stone, you do have about a 50% chance of forming more stones in the future. Below is the QR code for BAUS (British association of Urological Surgeons) information leaflet on dietary advice for stone formers. I recommend that you read this leaflet in order to try and reduce your risk of forming further stones in the future.

Yours sincerely

Authorised on 24/01/2023 16:19:13 by Ross Clark.

**Jonathan Lee**
**ST5 in Urology**
**GMC 7456161**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

**Confidential - Clinical Information**

**Consultant – Mr R Clark**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**Tel: 01292 610555**
**Fax: 01292 614354**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | JL/FH |
| Hospital No: | **0709605390** |
| Date Dictated: | 08/12/2022 |
| Date Typed: | 19/12/2022 |
| Enquiries to | Mrs Una Paton |
| Direct Line | 01292 614750 |
| Ext. Number | 14750 |
| Email | Una.Paton@aapct.scot.nhs.uk |

Dear Dr Monaghan

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

**MAIN ISSUE:** CT KUB showing left sided 6mm VUJ stone with mild hydronephrosis, EGFR greater than 60, white cell count 9.0

**MAIN OUTCOME:**
1. Aim to treat conservatively
2. For repeat CT KUB in 4-6 weeks' time, if stone free, discharge

I reviewed John McPhee who is a 60 year old gentleman in A&E today, 8.12.22. He is known to Urology before for having previous stones and treated with ureteroscopy. He presented with left loin to groin history for about a day or so. His CT KUB shows 6mm left VUJ stone. His bloods were completely unremarkable. His pain was well managed by the time I saw him. In view of this, he would like to try and manage this conservatively as his pain settled down with Diclofenac. He was discharged with some analgesia.

In view that we try and manage this conservatively, I have requested a repeat CT scan for him in about 4-6 weeks to see whether the stone has passed. I have advised him that in order to prevent further stone formation, he needs to consume at least 2-3 litres of fluid on a daily basis. Attached below is the link about dietary advice for stone formers produced by BAUS (British Association of Urological Surgeons). I recommend you taking a look to see if there is anything you can optimise in your diet to reduce your stone recurrences.

Stone diet.pdf (baus.org.uk)
**https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Stone%20diet.pdf**

Yours sincerely

Authorised on 19/12/2022 13:25:49 by Ross Clark.



INVESTING IN VOLUNTEERS

**Jonathan Lee**
**ST5 in Urology**
**GMC 7456161**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

**Confidential - Clinical Information**

**Consultant – Mr M Gurun**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Our Ref: LG / RG
Hospital No:
Clinic Date: 28/07/2022
Date Dictated: 09/08/2022
Date Typed: 29/08/2022
Enquiries to Frances Hogg
Direct Line: 01292 614481
Ext. Number: 14481
Email: frances.hogg@aapct.scot.nhs.uk

Dear Dr Monaghan,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

Diagnosis: Right ridged and flexible ureteroscopy with basket extraction of stone and stent replacement with a string on 26th July 2022. Stent removed via string on 28th July 2022.

Mr McPhee was seen in the Urology outpatient clinic today for removal of his ureteric stent which was on a string. This was removed without any complications or difficulty by the ward staff.

He will be reviewed in clinic in 6 months' time as per Mrs Kerr.

Many thanks

Yours sincerely

Authorised on 01/09/2022 08:45:30 by Murat Gurun.

**Louise Goodwin**
**Advanced Nurse Practitioner - Urology**

**Confidential - Clinical Information**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**Tel: 01292 610555**
**Fax: 01292 614609**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Mr John McPhee
37 Park View
Ardrossan
Ayrshire
KA22 7BL

| | |
|---|---|
| Our Ref: | LK/MY |
| Our Ref: | 0709605390 |
| Date Dictated: | 08/08/2022 |
| Date Typed: | 08/08/2022 |
| Enquiries to | Morag Young |
| Direct Line: | 01292 614354 |
| Ext. Number: | 14354 |
| Email: | morag.young@aapct.scot.nhs.uk |

Dear Mr McPhee,

We provided you with correspondence detailing our commitment to you, under the Patient Rights (Scotland) Act 2011, to offer you an admission date within 12 weeks of agreeing to treatment.

Unfortunately we have been unable to meet your Treatment Time Guarantee date.

I am aware you were admitted on 26/07/2022. I hope you have recovered well.

Please accept my sincere apologies for the delay in your treatment and for the inconvenience and distress this may have caused to you.

If you feel you would like to access independent support regarding your rights and responsibilities this is available via the Patient Advice and Support Service (PASS) by telephoning free on 0800 917 2127. You can also give your feedback, comments or complaint directly to NHS Ayrshire and Arran by telephoning free on 0800 169 1441. In addition, NHS Ayrshire & Arran is working with independent not-for-profit organisation Patient Opinion to provide a quick and easy way for you to share your comments about the services we provide, by using their website, www.patientopinion.org.uk

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

Yours sincerely

*Authorised on 08/08/2022 09:00:58 by Typist Morag Young, not verified by Consultant.*
**Mr Robert H Bryden**
**General Manager Clinical Administration and Access**



INVESTING IN YOUR HEALTH

**Confidential - Clinical Information**

**Mrs L Kerr**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**Tel: 01292 610555**
**Fax: 01292 614609**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Dr AJ Shaw
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | LK/MY |
| Hospital No: | 0709605390 |
| Date Dictated: | 26/07/2022 |
| Date Typed: | 02/08/2022 |
| Enquiries to | Morag Young |
| Direct Line | 01292 614354 |
| Ext. Number | 14354 |
| Email | morag.young@aapct.scot.nhs.uk |

Dear Dr Shaw,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

ADMITTED: 26/07/2022

DISCHARGED: 26/07/2022

DIAGNOSIS: 8 mm right ureteric stone – stent in situ

PROCEDURE: Right rigid and flexible ureteroscopy, basket stone extraction, laser fragmentation and stent replacement

FOLLOW-UP: Stent out on Friday 29/07/2022
Clinic review in 6 months

John McPhee is a 61 year old chap who had a stent placed while at Gilbert Bain Hospital up North for an 8 x 5 mm right ureteric stone and he attended today for his definitive management.

He had a general anaesthetic and Gentamicin cover. Cystoscopy was unremarkable. A rigid ureteroscopy revealed the ureteric stone which could be basketed out. A thorough renoscopy revealed some Randall's plaques. The one in the mid pole did have some stone growing on it which looked like it may break off and therefore was lasered to completion. There was no further stone in the kidney and the ureter was clear at the end of the procedure. A 26 cm 6 French stent was replaced on strings which can be removed on Friday.

2/



INVESTING IN VOLUNTEERS

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

He does have stones on the left side and I will bring him back to the clinic in 6 months to discuss whether he wants to continue conservative management of these or consider operative management of these. I will be in touch in due course.

Kind regards.

Yours sincerely

Authorised on 07/08/2022 10:14:50 by Lynne Kerr.

**Lynne Kerr**
**Consultant Urological Surgeon**
**GMC: 7020133**

Stent appt√
Review appt√

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Fax: 01292 614609
www.nhsaaa.net

NHS Ayrshire & Arran

**Confidential - Clinical Information**

**Mrs L Kerr**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Our Ref: LK/MY
Hospital No: 0709605390
Clinic Date: 23/06/2022
Date Dictated: 23/06/2022
Date Typed: 29/06/2022
Enquiries to Morag Young
Direct Line: 01292 614354
Ext. Number: 14354
Email: morag.young@aapct.scot.nhs.uk

Dear Dr Monaghan,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

I reviewed Mr McPhee in the consent clinic today. He is a 61 year old chap who had a stent put in his right ureter in Shetland for an 8 x 5 mm ureteric stone. He sounds like he has been having some severe stent symptoms since.

I have explained the stent symptoms to him today and I have given him a prescription for Tamsulosin which is an off license use but can sometimes be helpful. He is also taking Buscopan, Tramadol and Diclofenac and is allergic to Penicillin.

I have gone through the procedure with him today including the risks of bleeding, infection, sepsis, pain, failure to access the kidney, failure to clear all of the stone, recurrence of stone, damage to the ureter including stricture and avulsion requiring a laparotomy, loss of kidney, DVT, PE and the anaesthetic risks. He is understanding of this and has signed his consent form. I have given him the BAUS information leaflets as well. He does have some other tiny stones in his right kidney which I will try and deal with at the time and he has 3 stones in his left kidney and we can have a discussion post-operatively if he needs these operated on as well. I will be in touch after the operation.

Kind regards.

Yours sincerely

Authorised on 04/07/2022 11:03:04 by Lynne Kerr.

**Lynne Kerr**
**Consultant Urological Surgeon**
**GMC: 7020133**

w/l✓



INVESTING IN VOLUNTEERS

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

**Confidential - Clinical Information**

**Mrs L Kerr**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Our Ref: BL/HB/DM
Hospital No:
Clinic Date: 09/05/2022
Date Dictated: 09/05/2022
Date Typed: 17/05/2022
Enquiries to Morag Young
Direct Line: 01292 614354
Ext. Number: 14354
Email: Morag.Young@aapct.scot.nhs.uk

Dear Dr Monaghan,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

DIAGNOSIS: Right Ureteric Stone Stented

OUTCOME: Already on Waiting List as P2 FURS

This gentleman had a telephone clinic consultation today and I had a chat with his wife, with the patient's permission.

He has known bilateral renal stones and had problematic right sided pain when he was working in Shetland and ended up being admitted there as an emergency and had a ureteric stent inserted approximately two weeks ago. I do see from the system that he has been added onto our waiting list for this procedure. He didn't have any questions at the moment and certainly any further follow up with his stones will be following his procedure.

He is aware that the waiting lists are a bit longer at the moment and ideally we would prefer to perform the surgery within two months, however, it can be longer currently.

Both he and his wife work three days on, three days off in Shetland and come back home to Ayr in between times. They have requested that his appointments are telephoned through to him on his mobile number and I will ask if this is feasible.

Yours sincerely

*Authorised on 17/06/2022 12:01:47 by Hannah Burns.*

**Hannah Burns**
**ST4 in Urology**
**GMC 7457133**

**Confidential - Clinical Information**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**Tel: 01292 610555**
**Fax: 01292 614609**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Mr John McPhee
37 Park View
Ardrossan
Ayrshire
KA22 7BL

| | |
|---|---|
| Our Ref: | UROL/MY |
| Hospital No: | 0709605390 |
| Date Dictated: | 06/05/2022 |
| Date Typed: | 06/05/2022 |
| Enquiries to | Morag Young |
| Direct Line: | 01292 614354 |
| Ext. Number: | 14354 |
| Email: | morag.young@aapct.scot.nhs.uk |

Dear Mr McPhee,

I am writing to confirm that you have been added to the urology waiting list for treatment.

NHS Ayrshire and Arran is committed to reducing waiting times and ensuring patients are seen as soon as possible. In line with the Patient Rights (Scotland) Act, the Scottish Government expects that a patient's treatment starts within the Treatment Time Guarantee.

Due to the ongoing COVID-19 pandemic, we have had to significantly reduce the number of patients that we are able to bring into hospital. This means that we are not able to tell you how long you will need to wait to be admitted to hospital. I understand how difficult this must be for you and I can only apologise for any distress or inconvenience this causes you.

Please be assured that you are on our waiting list and we will be in touch with you as soon as we can to arrange your admission.

Please let us know if your contact information or address has changed, or you know of any dates when you will not be available to come in for treatment in the near future so that we can contact you when your admission date is confirmed. Please contact us, if you need to, on 01292 614354.

Please do not attend hospital appointments if you have any of the recognised symptoms of COVID-19, including a new, persistent cough, fever or new loss of taste/smell. If you or a member of your household believe you have symptoms on the day, or in the days before your planned appointment please call us on the above number to rearrange your appointment.

The Patient Rights (Scotland) Act and supporting legislation, provides a specific right for people to make complaints, raise concerns, make comments and give feedback. When a person has concerns about their treatment or care, this should be addressed through the NHS complaints procedure.



INVESTING IN VOLUNTEERS

Please find enclosed an information leaflet about the Treatment Time Guarantee which you may find helpful.

Yours sincerely

*Authorised on 06/05/2022 12:17:14 by Typist Morag Young, not verified by Consultant.*
**Mr Robert H Bryden**
**General Manager Clinical Administration and Access**

Enc Patient Information Leaflet (Treatment Times Guarantee)

Your views are important to us. We welcome your comments, concerns and feedback.

Please call free to 0800 169 1441, email complaintsteam@aapct.scot.nhs.uk, or use the 'Quick feedback' button on the home page of our website, www.nhsaaa.net, to tell us what you think.

# Operation Note

**Department of General Surgery**
Mr G A McFarlane
Consultant Surgeon
Gilbert Bain Hospital
South Road
Lerwick
Shetland
ZE1 0TB

Enquiries: Tracey Hughson
Telephone: 01595 743224
Fax:
Email tracey.hughson@nhs.scot
www.shb.scot.nhs.uk

NHS Shetland

Procedure Date: 04/05/2022
Date Dictated: 27/04/2022

Date Typed: 05/05/2022
Reference: GMcF/gh
UCPN:

**John McPhee** **DOB: 07/09/1960** **CHI: 0709605390**
**37 Park View, Ardrossan, Ayrshire, KA22 7BL**

**Operation: Insertion right ureteric stent**

**Surgeon**: Mr G McFarlane
**Anaesthetist**: Dr Vish Siddalingaiah
**Assistant**: Dr Almarie Harmse

**Pre-Operative Assessment**: Right renal colic, admitted yesterday. Raised inflammatory markers. CT shows multiple stone in the kidneys with 9mm stone in the right upper ureter and hydronephrosis.

**Procedure**: Patient placed in lithotomy, cleaned and draped. 22 French cystoscope passed into bladder under vision. Bladder inspected with a 30 degree lens, no abnormalities seen. Guide wire from 6 Fr double pigtail stent passed up through the right ureteric orifice and screened into renal pelvis. 26cm 6 Fr double pig tail stent inserted over guide wire with some resistance passing stone. Guide wire removed and stent sitting in satisfactory position on x-ray screening and cystoscopy. Cystoscope removed.

Antibiotic prophylaxis already on IV Ciprofloxacin
DVT prophylaxis continue Dalteparin.
Blood loss minimal.

**Post-Operative Recommendations**: May change to oral Ciprofloxacin. Home tomorrow. Arrange further follow up with Urology at Ayr hospital.

**Mr Gordon A McFarlane ChM FRCS**
**Consultant Surgeon**

*Authorised on 05/05/2022 15:36:42 by Gordon McFarlane.*

CC:

Dr S Pow
South Beach Medical Centre
8 Harbour Street

CHI: 0709605390

Ardrossan
Ayrshire
KA22 8BS

(P) Mr Ross Clark
Consultant Urologist
Urology Department
University Hospital of Ayr
Dalmellington Road, Ayr
KA6 6DX

Department of General Surgery
Mr G A McFarlane
Consultant Surgeon
Gilbert Bain Hospital
South Road
Lerwick
Shetland
ZE1 0TB

Telephone: 01595 743224
Fax:
www.shb.scot.nhs.uk

NHS Shetland

Discharge Letter

Dr S Pow
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Ward: Ward 1
Date Dictated: 28/04/2022
Date Typed: 04/05/2022
Reference: JA/gh
UCPN:

Mrs Lynne Kerr
Consultant Urological Surgeon
19 MAY 2022
GMC Number: 7020133

Can we scan to portal please

Dear Dr Pow,

**John McPhee** **DOB: 07/09/1960** **CHI: 0709605390**
**37 Park View, Ardrossan, Ayrshire, KA22 7BL**

**Date of Admission**: 26/04/2022
**Date of Discharge**: 28/04/2022
**Mode of Admission**: Emergency
**Mode of Discharge**: Routine

**Principal Diagnosis**: Right ureteric obstruction with hydronephrosis
**Additional Diagnoses**: Renal calculi
**Procedures/Operations**: Right ureteric stent insertion under general anaesthetic
**Relevant Investigations**: CT KUB

**Summary of History, Physical Examination and Progress**:
Mr McPhee was admitted with renal colic. He had pain from his right flank radiating down to his groin and was pyrexial. He has a past medical history of renal calculi. CT KUB showed a 9mm x 6mm calculus obstructing his proximal right ureter with hydronephrosis. He did have a mild acute kidney injury. His Creatinine was 112, his urea was 13.5, CRP was 1.8, and white cell count was 15. A right uretic stent was inserted. He was able to pass urine spontaneously after this. He was started on a 7 day course of Ciprofloxacin as below.

**Medication Stopped on Discharge**: Nil

**New Medication on Discharge**:
Ciprofloxacin 500mg twice a day for 7 days
Paracetamol orally 1g 4 x a day
Diclofenac suppository 50mg rectally 3 x a day if required for 5 days
Codeine Phosphate 30mg 4 x a day if required for 7 days

**Medication Continued on Discharge**: No regular medication taken

**Drug Allergies/Sensitivities**: Penicillin

**Patient Aware of Diagnosis**: Yes

Pt on W/L ✓

CHI: 0709605390

**Follow-Up Management**: No local follow up required – please see below

**GP Actions requested**: I have spoken to the registrar in Ayr where Mr McPhee lives and will be followed up for elective ongoing treatment of the calculi. They have asked that we send a copy of this discharge letter and the operation note to his Consultant Urologist, Mr Ross Clark.

**Yours sincerely**

**Jane Astles**
**Advanced Nurse Practitioner Acute**

*Authorised on 05/05/2022 15:47:57 by Gordon McFarlane.*

CC:
(P) Mr Ross Clark
Consultant Urologist
Urology Department
University Hospital of Ayr
Dalmellington Road, Ayr
KA6 6DX

**Confidential - Clinical Information**

**Mrs L Kerr**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**Tel: 01292 610555**
**Fax: 01292 614609**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Mr John McPhee
37 Park View
Ardrossan
Ayrshire
KA22 7BL

| | |
|---|---|
| Our Ref: | RS/MY |
| Hospital No: | 0709605390 |
| Ref Date: | 28/04/2022 |
| Date Dictated: | 28/04/2022 |
| Date Typed: | 11/05/2022 |
| Enquiries to | Morag Young |
| Direct Line: | 01292 614354 |
| Ext. Number: | 14354 |
| Email: | morag.young@aapct.scot.nhs.uk |

Dear Mr McPhee,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

I had a phone call from the team at Gilbert Bain Hospital in Lerwick today. I understand that they have performed a ureteric stent insertion for a stone in your right ureter which was causing an obstruction to the kidney.

This will require definitive treatment in order to rid you of the stone which will involve a day case procedure and a laser destruction of the stone. You will get an appointment out for a pre-operative assessment for this and a visit to a clinic to discuss the procedure. I will copy this letter to your GP so they are aware of the procedure that has taken place and we look forward to seeing you in due course to discuss the procedure.

Kind regards.

Yours sincerely

Authorised on 11/05/2022 11:51:03 by Lynne Kerr.

**Mr Robert Small**
**ST5 in Urology**
**GMC 7460912**

w/l✓

Dr AJ Shaw
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS



INVESTOR IN VOLUNTEERS

**Confidential - Clinical Information**

**MR R CLARK**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**
**01292 614609**
**www.nhsaaa.net**

Mr John McPhee
37 Park View
Ardrossan
Ayrshire
KA22 7BL

| | |
|---|---|
| Our Ref: | LG/UP/ |
| Hospital No: | |
| Ref Date: | 05/11/2021 |
| Date Dictated: | 05/11/2021 |
| Date Typed: | 06/12/2021 |
| Enquiries to | Mrs Una Paton |
| Direct Line: | 01292 614750 |
| Ext. Number: | 14750 |
| Email: | una.paton@aapct.scot.nhs.uk |

Dear Mr McPhee,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

I am writing regarding your recent scans and I apologise for the delay. This shows that you have normal kidneys and there are no obstructing stones, but it does show that you have a 10mm stone to the lower pole of your left kidney. Lower pole stones don't tend to cause many problems therefore I will arrange a telephone review appointment for 6 months' time to see how you are getting on.
Please note that your PSA is normal at 1.1ug/l.

Kind regards

Yours sincerely

Authorised on 06/12/2021 16:12:22 by Ross Clark.

**Louise Goodwin**
**Advanced Nurse Practitioner - Urology**

Dr AJ Shaw
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

**Confidential - Clinical Information**

**MR R CLARK**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**
**01292 614609**
**www.nhsaaa.net**

Mr John McPhee
37 Park View
Ardrossan
Ayrshire
KA22 7BL

Our Ref: LG/UP/
Hospital No:
Ref Date: 25/08/2021
Date Dictated: 25/08/2021
Date Typed: 08/09/2021
Enquiries to Mrs Una Paton
Direct Line: 01292 614750
Ext. Number: 14750
Email: una.paton@aapct.scot.nhs.uk

Dear Mr McPhee,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

I am writing to you following your recent blood tests in the urology department. I am pleased to say that these have come back normal and your PSA prostate blood test is well within normal limits.

I note that you are awaiting a CT scan and we will be in touch when the report of this is available.

Kind regards

Yours sincerely

Authorised on 08/09/2021 17:26:21 by Ross Clark.

**Louise Goodwin**
**Advanced Nurse Practitioner - Urology**

Dr AJ Shaw
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**
**01292 614609**
**www.nhsaaa.net**

**Confidential - Clinical Information**

**MR R CLARK**

Dr AJ Shaw
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Our Ref: RC/UP
Hospital No:
Clinic Date: 19/08/2021
Date Dictated: 19/08/2021
Date Typed: 24/08/2021
Enquiries to Mrs Una Paton
Direct Line: 01292 614750
Ext. Number: 14750
Email: una.paton@aapct.scot.nhs.uk

Dear Dr Shaw,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

Diagnosis: Haematuria
Procedure: Flexible cystoscopy
Outcome: CT KUB
Repeat bloods
Trial of Tamsulosin

Many thanks for the referral of this pleasant 60 year old gentleman who has an approximate 6 week history of intermittent haematuria which he describes as rosy in colour and when he has the haematuria he also has associated dysuria. On Monday (3 days ago) he experienced left sided loin to groin pain which lasted that one day and has now settled.

Mr McPhee is known to urology and has had previous renal colic which was last treated last year. He has also had a vasectomy. He currently takes Tramadol. He currently works as a roof slater and he is a smoker of 10 cigarettes per day with an allergy to Penicillin. He has no positive urine cultures. Recent bloods demonstrate normal U&Es with a PSA checked in 2015 which was 0.8ug/l and a normal haemoglobin.

Clinical examination with a chaperone present showed a soft non-tender abdomen with no palpable or pulsating masses. External genitalia were NAD. DRE revealed a moderate, benign feeling gland. Mr McPhee was consented and we proceeded with flexible cystoscopy. This demonstrated a normal urethra. Once in the bladder, the left UO was normal however there was some swelling to the right UO and evidence of a stone protruding from the UO. I have taken pictures and included this in his case notes.

I did discuss this with Mr Clark, Consultant Urologist, and we have booked a CT KUB to further assess his stone burden and I have given him a prescription for Tamsulosin. We have also re-checked his bloods to ensure renal function remains normal. I have informed Mr McPhee that should he develop any significant pain to attend the emergency department for admission and further imaging.

Yours sincerely

Authorised on 26/08/2021 17:49:41 by Ross Clark.

**Sandra Reid**
**Advanced Nurse Practitioner - Urology**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

**Transport required?**

Unique Care Pathway Number: 101023873165J

# REFERRAL LETTER

CHI:0709605390

MEDICAL IN CONFIDENCE

**REFERRAL TO**

Cancer SuspectedC1A1
AA Urology UCS

University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

| | |
|---|---|
| Ethnic Origin | (White) Scottish |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | URGENT - CANCER IS SUSPECTED |
| **Date of referral** | 16-Jul-2021 |
| **Date submitted** | 16-Jul-2021 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McPhee |
| **Forename(s)** | John |
| Title | - |
| Sex | Male |
| **Date of birth** | 07-Sep-1960 |
| CHI no. | 0709605390 |

**Patient's address**

37 Parkview
Ardrossan
KA22 7BL

Contact number(s)

Voice: 287117

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr A Shaw | | |
| GMC code | 4032629 | GP code | 20770 |
| Practice name | South Beach Medical Centre | | |
| Practice code | 80005 | | |

**Practice address**

South Beach Medical Centre
8 Harbour Street
Ardrossan

Contact number(s)

Voice: 01294 463011
Facsimile: 01294 462790

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Andrew Shaw | | |
| GMC code | 4032629 | GP code | 20770 |

**Practice address**

8 Harbour Street
Ardrossan
Ayrshire

| | | | |
|---|---|---|---|
| Practice name | South Beach Medical Centre (80005) | KA22 8BS | |
| Practice code | 80005 | | Contact number(s) |
| | | Voice: 01294463011 | |

CLINICAL INFORMATION

## History of presenting complaint / examination findings / investigation results

### Presenting complaint

Description: Painless haematuria

Comment: This 60 year old gentleman gives a one week history of painless haematuria, dysuria and biloin aching. No temperature,rigor or vomiting and MSU negative for infection. On examination he was apyrexial, pulse was 66/minute. Abdomen was soft with organomegaly. Bowel sounds were normal. He had some right loin discomfort but no guarding or rebound. Normal full blood count, U&E, LFT, Glucose, CRP and ESR. He previously sufferred with renal colic/hydroureter and had a stent inserted. Many thanks for arranging to see him as an urgency in your clinic. Yours sincerely

### Examinations and Investigations

| | | |
|---|---|---|
| Height: | 1.7 | - |
| Weight(kg): | 75 | - |
| BMI: | 259515.57 | - |
| Current smoker: | | 18-Jan-2019 |
| Current smoker: | | 11-Aug-2015 |
| Alcohol consumption, 0 units/week: | | 11-Aug-2015 |

### Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

### Past medical history

### Pre-existing conditions

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Renal colic | - | - | - | 07-Jan-2020 | 07-Jan-2020 |
| Hydronephrosis | - | - | - | 18-Nov-2019 | 18-Nov-2019 |
| Hydroureter | - | - | mild | 18-Nov-2019 | 18-Nov-2019 |
| Renal colic | - | - | - | 18-Nov-2019 | 18-Nov-2019 |
| Suspected UTI | - | - | - | 08-Nov-2019 | 08-Nov-2019 |
| Closed fracture of fibula, unspecified part, NOS | - | - | - | 30-Jun-1989 | 30-Jun-1989 |
| Fracture of radius NOS | - | - | - | 13-Oct-1976 | 13-Oct-1976 |

### Past procedures

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Endoscopic insertion of ureteric stent (Right) | Right | - | - | 18-Nov-2019 | 18-Nov-2019 |
| Bilateral vasectomy for contraception | - | - | - | 08-Oct-1998 | 08-Oct-1998 |

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

No current medications recorded

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Diclofenac Sodium E/c tablets 50 mg | - | 21 TABLET | ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD | - | 09-Jul-2021 | 42 Days | 09-Jul-2021 |
| Ofloxacin Tablets 400 mg | 0501120P0AAABAB | 7 tablet | 1 Tab In the morning | - | 09-Jul-2021 | 0 Days | 09-Jul-2021 |

**Clinical warnings**

Smoking status

Alcohol consumption

**Lifestyle risks**

Number per day ? (not known)

Units per day ? (not known)

Exercise status: Not Known

**Allergies**

| Description | Comment | Recorded Date |
|---|---|---|
| Adverse reaction to penicillins | - | 16-Sep-2015 |

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

**Signature** of referring doctor (or other professional) **Date**

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

Confidential - Clinical Information

Ms Bekarma, Consultant Urologist.

NHS Ayrshire & Arran

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Our Ref: SR/CIK
Hospital No: Xhi225047
Clinic Date: 14/02/2020
Date Dictated: 14/02/2020
Date Typed: 20/02/2020
Enquiries to Tracy Robson
Direct Line:
Ext. Number: 14067
Email: tracy.robson@aapct.scot.nhs.uk

Dear Dr Monaghan,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

**DIAGNOSIS:** **Right ureteric stent in situ for VUJ stone**

**PROCEDURE:** **Flexible cystoscopy & stent removal**

**OUTCOME:** **Discharged**

Mr McPhee attended the Urology Out-patient Clinic today for removal of his right-sided ureteric stent, this was following his stone fragmentation and stent insertion.

There was no requirement for any X-ray prior to the procedure. Mr McPhee was consented and we proceeded with removal of the right-sided ureteric stent without any issue.

I have given Mr McPhee some worsening advice and advised him to increase his fluid intake over the next few days. Mr McPhee does not require any further urological follow-up and therefore we will discharge him today.

Yours sincerely

Authorised on 20/02/2020 11:02:55 by Holly Bekarma.

**Sandra Reid**
**Advanced Nurse Practitioner - Urology**



INVESTING IN EXCELLENCE

| University Hospital Ayr<br>Dalmellington Road<br>Ayr<br>KA6 6DX<br>Phone: 01292 610 555 | Immediate Discharge Letter<br>&<br>Prescription |
|---|---|

| To: | Re: |
|---|---|
| South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>Ayrshire<br>KA22 8BS | JOHN MCPHEE<br>37 PARK VIEW ,<br>ARDROSSAN , AYRSHIRE , KA22 7BL<br>DOB: 07/09/1960<br>Hosp. No.: 0709605390<br>CHI No.: 0709605390 |

**Date of Admission:** 31/01/2020
**Mode of Admission:** Planned
**Admission Reason:**
**Discharge Date:** 01/02/2020

**Ward:** STATION 4-AYR
**Consultant:** MS HOLLY BEKARMA (Urology)
**Follow Up:**

**Diagnoses** Ureteric Stone

( )

**Operation/Procedure** Right Ureteroscopy, Stone fragmentation and right stent change

DR DICKSON DEWANTORO ( 01-FEB-2020 17:33 )

**Clinical Progress** 59 years old gentleman admitted to Ayr Hospital on 31/1/20 to the Day Surgical unit to undergo Right Ureteroscopy, Stone fragmentation and right stent change. He is admitted overnight for monitoring. His stent is to be removed in 1 week time with no requirement for X-ray prior to removal. His Tamsulosin can be stopped.

DR DICKSON DEWANTORO ( 01-FEB-2020 17:33 )

**Hospital follow up** Stent removal in 1/52

DR DICKSON DEWANTORO ( 01-FEB-2020 17:33 )

| Allergy/Intolerance | Reaction |
|---|---|
| PENICILLINS | Rash - minor, self-limiting |

*Allergy records are as recorded at time and date of printing.*

**Discharged by:** DR DICKSON DEWANTORO


**Report generated on:** 01/02/2020 20:00

| University Hospital Ayr<br>Dalmellington Road<br>Ayr<br>KA6 6DX<br>Phone: 01292 610 555 | Immediate Discharge Letter<br>&<br>Prescription |
|---|---|

| To: | Re: |
|---|---|
| South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>Ayrshire<br>KA22 8BS | JOHN MCPHEE<br>37 PARK VIEW , ,<br>ARDROSSAN , AYRSHIRE , KA22 7BL<br>DOB: 07/09/1960<br>Hosp. No.: 0709605390<br>CHI No.: 0709605390 |

**Additional Medicines Information:**

| Medicines discontinued or modified during admission<br>(Medicines that patient was recorded as admitted on only) | |
|---|---|
| **Drug** | **Discontinued / Modified reason** |
| CODEINE PHOSPHATE 30 mg Tablets | Course Complete |
| **** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.****<br>*****Information here may be incomplete and is for guidance only.***** | |

**Discharged by:** DR DICKSON DEWANTORO



**Report generated on:** 01/02/2020 20:00

Confidential - Clinical Information

Consultant – MS BEKARMA

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire & Arran

www.nhsaaa.net

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Our Ref: HB/TR
Date Dictated: 31/01/2020
Date Typed: 04/02/2020
Enquiries to Tracy Robson
Direct Line 01292 610555
Ext. Number 14067
Email Tracy.Robson@aapct.scot.nhs.uk

Dear Dr Monaghan,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

**ADMITTED:** **31.01.2020** **DISCHARGED:** **Pending**

**PROCEDURE:** **Right rigid ureteroscopy, stone fragmentation & stent exchange for 2 VUJ stone which required stenting at the end of last year**

**SURGEON:** **A Hamed**

**ANAESTHETIST:** **Dr Kerr with GA Gentamicin 240 on induction**

**FOLLOW-UP:** **Stent removal in 1-2 weeks**
**No further urology follow up**
**No x-ray required before removing the stent**

The above procedure was done under general anaesthetic. The patient was clean and draped. Cystoscopy showed a normal urethra, normal prostate. Bladder overall looked totally normal with no sinister abnormalities. The right UO was seen with the right stent coming out. After I reviewed the images the site was confirmed again with the sensory guide wire next to the right stent all the way up to the collecting system then the stent was removed using flexible graspers under screening. You could see the stones at the VUJ. The ureteroscope was passed through the VUJ and 2 stones were seen, both were lasered to multiple fragments and vortexed out using laser 6-0.6. Ureteroscopy was performed to the mid ureter with no fragments. There was more vortexing from that level and most of the fragments came out. A retrograde study was performed and a 26 French ureteric stent inserted on top of the guide wire. Position was confirmed on II and under vision the bladder was emptied.

Mr McPhee's follow up will be stent removal in 1-2 weeks. He has no other stones and his stone bloods are normal. He will then require stent removal and once the stent has been removed, no further urology follow up will be required.



INVESTING IN VOLUNTEERS

Thank you
Yours sincerely

Authorised on 04/02/2020 14:56:48 by Holly Bekarma.

**A Hamed**
**Specialty Doctor in Urology**
**GMC No: 7238359**

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

**Confidential - Clinical Information**

**Consultant – MS BEKARMA**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | HB/TR |
| Hospital No: | |
| Clinic Date: | 16/01/2020 |
| Date Dictated: | 16/01/2020 |
| Date Typed: | 17/01/2020 |
| Enquiries to | Mrs Tracy Robson |
| Direct Line: | |
| Ext. Number: | 14067 |
| Email: | Tracy.Robson@aapct.scot.nhs.uk |

Dear Dr Monaghan,

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

I reviewed Mr McPhee in the pre-operative clinic today. He was stented at that end of last year for 2 distal right stones. However, we were unable to do primary treatment as he had a very tight and obtusely angled ureter.

I have been through his images today and he signed his paperwork for a right rigid ureteroscopy, laser stone fragmentation and stent exchange. He is aware of the risks of pain, infection, bleeding, failure, further treatment, damage to the kidney or ureter requiring nephrectomy and anaesthetic risk.

I have been through the images with him and confirmed the side. We will keep you updated regarding his treatment.

Many thanks
Yours sincerely

*Authorised on 17/01/2020 15:51:06 by Holly Bekarma.*

**Ms Holly Bekarma**
**Consultant Urologist**
**GMC: 7017081**

**Confidential - Clinical Information**

**Consultant – Ms Holly Bekarma**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | HB/LAP |
| Hospital No: | |
| Date Dictated: | 21/11/2019 |
| Date Typed: | 23/11/2019 |
| Enquiries to | Mrs Tracy Robson |
| Direct Line Ext. Number | 14067 |
| Email | tracy.robson@aapct.scot.nhs.uk |

Dear Dr Monaghan,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

**DATE OF ADMISSION:** **18.11.19**

**DATE OF DISCHARGE:** **19.11.19**

**DIAGNOSIS:** **Obstructing Right Ureteric Stone at VUJ**

**PROCEDURE:** **Cystoscopy and Right Ureteric Stent Insertion**

**FOLLOW UP:** **Rigid Ureteroscopy and Stone Fragmentation 4 to 6 weeks**

Mr McPhee was admitted as an Emergency with right sided flank pain. A subsequent CT confirmed he had 2 stones stuck in a distal ureter at the VUJ. His bloods were unremarkable but he had ongoing pain and therefore we took him to Theatre. He had a very tight ureteric orifice and a slightly distorted angle and we were not able to pass anything other than the stent up. This was positioned with screening.

He was discharged home the following day and we will arrange for him to be added to the Waiting List and have definitive stone treatment with a rigid ureteroscopy in the next 4 to 6 weeks.

Many thanks

Yours sincerely

Authorised on 25/11/2019 08:40:53 by Holly Bekarma.

**Ms Holly Bekarma**
**Consultant Urologist**
**GMC: 7017081**

Waiting List : Right Rigid Ureteroscopy and Stone Frag Stent in Situ √

| University Hospital Ayr<br>Dalmellington Road<br>Ayr<br>KA6 6DX<br>Phone: 01292 610 555 | **Immediate Discharge Letter**<br>**&**<br>**Prescription** |
|---|---|

| **To:** | South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>Ayrshire<br>KA22 8BS | **Re:** | JOHN MCPHEE<br>37 PARK VIEW ,<br>ARDROSSAN , AYRSHIRE , KA22 7BL<br>DOB: 07/09/1960<br>Hosp. No.: 0709605390<br>CHI No.: 0709605390 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **Date of Admission:** | 18/11/2019 | **Ward:** | STATION 4-AYR |
| **Mode of Admission:** | Emergency | **Consultant:** | MS HOLLY BEKARMA (Urology) |
| **Admission Reason:** | Right flank pain | **Follow Up:** | |
| **Discharge Date:** | 19/11/2019 | | |

**Diagnoses** Renal colic

( )

**Investigations** CT KUB - 2 stones at right VUJ, 4mm/5mm mild hydroureter and hydronephrosis.

NURSE JANICE WALKER (19-NOV-2019 10:45 )

**Clinical Progress** This 59 year old gentleman with severe sudden onset of right flank and lower abdo pain, CT confirmed 2 x VUJ stones on the right side. Theatre on the 18/11/19 for cystoscopy and insertion of right ureteric stent. Remained well post op and afebrile. For discharge home.

NURSE JANICE WALKER (19-NOV-2019 10:45 )

**Hospital follow up** Flexible ureteroscopy and laser stone fragmentation 4-6 weeks

NURSE JANICE WALKER (19-NOV-2019 10:45 )

| Allergy/Intolerance | Reaction |
|---|---|
| PENICILLINS | Rash - minor, self-limiting |

*Allergy records are as recorded at time and date of printing.*

## No medicines prescribed on discharge

**Discharged by:** DR WALAA ALDAIRY



**Report generated on:** 19/11/2019 20:00

**Confidential - Clinical Information**

**Consultant – MS BEKARMA**

**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 610555**

**www.nhsaaa.net**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Our Ref: HB/TR
Hospital No:
Date Dictated: 18/11/2019
Date Typed: 28/11/2019
Enquiries to Mrs Tracy Robson
Direct Line
Ext. Number 14067
Email Tracy.Robson@aapct.scot.nhs.uk

Dear Dr Monaghan,

**JOHN MCPHEE** **DOB: 07/09/1960** **CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

ADMITTED: 18/11/2019

DISCHARGED: 19/11/2019

DIAGNOSIS: Obstructing distal right ureteric calculi

PROCEDURE: Cystoscopic insertion of right ureteric stent (6 by 26)

This gentleman attended as an emergency with right ureteric colic. He was apyrexial and his bloods were essentially within normal limits.

CT scan confirmed distal right ureteric right calculi. There appeared to be a couple of stones measuring around 5mm, although sitting in an unusual configuration which would not lend itself to spontaneous passage. There was some perinephric stranding on the right side.

We therefore took him to theatre as an emergency with a view to primary ureteroscopy if possible. His right ureteric orifice was very tight, and even with two guide wires passed, it was not sufficiently wide enough to allow safe passage of a rigid ureteroscope. We therefore placed a 6 French by 26cm ureteric stent.

We will aim to send him home tomorrow and bring him back electively for a right rigid ureteroscopy + lasertripsy in due course. He should attend for pre-assessment for this.

Many thanks
Yours sincerely

*Authorised on 28/11/2019 12:54:37 by Holly Bekarma.*

**CONSULTANT – M GURUN**
**Department of Urology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**Tel: 01292 610555**
**Fax: 01292 614609**
**www.nhsaaa.net**

STA 0816

NHS Ayrshire & Arran

**Confidential - Clinical Information**

Dr JP Monaghan
South Beach Medical Centre
8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

| | |
|---|---|
| Our Ref: | CW/FH |
| Hospital No: | XH 225047 |
| Clinic Date: | 19/11/2015 |
| Date Dictated: | 19/11/2015 |
| Date Typed: | 03/12/2015 |
| Enquiries to | Mrs Frances Hogg |
| Direct Line: | 01292 614481 |
| Ext. Number: | 14481 |
| Email: | Frances.Hogg@aaaht.scot.nhs.uk |

Dear Dr Monaghan

**JOHN MCPHEE DOB: 07/09/1960 CHI No: 0709605390**
**37 PARK VIEW, ARDROSSAN, AYRSHIRE, KA22 7BL**

Many thanks for referring this 55 years old roofer to the Urology clinic today for assessment of his lower urinary tract symptoms. Mr McPhee's symptoms started approximately 6 months ago at which point his main issue was suprapubic pain and occasional right sided loin pain. Mr McPhee denies any lower urinary tract symptoms at this point. Subsequent to this approximately 4 months ago Mr McPhee began to experience some quite profound LUTS notably polyuria up to twice hourly, dribbling, hesitancy, dysuria and nocturia x3. Mr McPhee tells me in the clinic today that he has tried a variety of antibiotics and it looks as though he was on Tamsulosin at one point but he has discontinued that now. He tells me for the last 6 weeks or so he has been relatively symptom free.

I can see that you had arranged an ultrasound of his urinary tract which did not show any bladder stones but did raise the question of kidney stones. I can see that throughout Mr McPhee's PSA has been normal as have his U&Es.

On examination Mr McPhee's abdomen was soft and non tender and he had a normal sized, benign prostate. We arranged a flow and scan in the clinic today which showed normal flow and insignificant post void residuals. His urinalysis was normal.

I suspect that the likely kidney stones that have shown up in the ultrasound are an incidental finding. Listening to Mr McPhee's symptoms, I wonder if this has been a case of prostatitis which has gradually got better with antibiotics. Nonetheless, I have arranged a CT KUB to assess any stones that might require any treatment. I will arrange the CT KUB and be in touch with results but I don't think we need to see Mr McPhee back again if this is normal.

Yours sincerely

*Authorised on 15/12/2015 12:15:53 by Colin Wood.*

**C Wood**

Urological



INVESTING IN VOLUNTEERS

STA 0816

**CT1 in Urology**
**GMC:7411268**

Urological

www.nhsaaa.net

INVESTING IN VOLUNTEERS

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

**Transport required?**

Unique Care Pathway Number: 101010228697K

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0709605390

**REFERRAL TO**

UrologyCB
AA Gen Ref - PMH Med & High

University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

| | |
|---|---|
| Ethnic Origin | (White) Scottish |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | **Urgent** |
| **Date of referral** | 30-Oct-2015 |
| **Date submitted** | 30-Oct-2015 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McPhee |
| **Forename(s)** | John |
| Title | - |
| Sex | Male |
| **Date of birth** | 07-Sep-1960 |
| CHI no. | 0709605390 |

**Patient's address**

37 Parkview
Ardrossan
KA22 7BL

Contact number(s)

Voice: 471325

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr J Monaghan | | |
| GMC code | 6052296 | GP code | 22250 |
| Practice name | South Beach Medical Centre | | |
| Practice code | 80005 | | |

**Practice address**

South Beach Medical Centre
8 Harbour Street
Ardrossan

Contact number(s)

Voice: 01294 463011
Facsimile: 01294 462790

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. James Monaghan | | |
| GMC code | 6052296 | GP code | 22250 |
| Practice name | South Beach Medical Centre (80005) | | |
| Practice code | 80005 | | |

**Practice address**

8 Harbour Street
Ardrossan
Ayrshire
KA22 8BS

Contact number(s)

Voice: 01294463011

**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: LUTS and penile pain

Comment: Upgrading original referral due to severy and impact of pain:-I would be grateful if this pleasant 55 year old chap with ongoing LUTS and penile tip pain could be seen. He first presented earlier in the summer with a several months history LUTS. This was painless mostly affecting his flow with some occasional nocturia. His alcohol and caffeine intake was low and he never overtly noticed blood loss. Examination at the time revealed a smooth very large symmetrical prostate. His PSA and MSU was checked and both were normal. I started him on Tamsulosin in early August and reviewed him a month later. He had good response to the Tamsulosin with a notable improvement in flow and nocturia. However there is a small element of bladder irritability and the penile tip persists and has worsened slightly. There is no evidence of any pathology locally on his penis. He has noticed occasional dribbling of urine whilst asleep. Again a repeat MSU and PSA are normal.I would appreciate an opinion on the symptoms and any guidance with management would be appreciated.

**Examinations and Investigations**

| | | | |
|---|---|---|---|
| Height: | 1.7 | - | |
| Weight(kg): | 75 | - | |
| BMI: | 259515.57 | - | |
| Current smoker: | | | 11-Aug-2015 00:00 |
| Alcohol consumption, 0 units/week: | | | 11-Aug-2015 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

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

No current medications recorded

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Co-Codamol 30/500 Tablets | 0407010F0AAAHAH | 100 TABLET | TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED | - | 12-Oct-2015 | 12 Days | 12-Oct-2015 |
| Naproxen Tablets 500 mg | 1001010P0AAAEAE | 56 TABLET | ONE TO BE TAKEN TWICE A DAY | - | 12-Oct-2015 | 28 Days | 12-Oct-2015 |
| Instillagel Gel (6 Ml Syringe) | 1502010J0AABQBQ | 10 pre-filled disposable injection | As directed | - | 25-Sep-2015 | 42 Days | 25-Sep-2015 |
| Paracetamol Tablets 500 mg | 0407010H0AAAMAM | 32 tablet | ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED | - | 17-Sep-2015 | 4 Days | 17-Sep-2015 |
| Naproxen Tablets 500 mg | 1001010P0AAAEAE | 28 tablet | ONE TO BE TAKEN TWICE A DAY | - | 17-Sep-2015 | 14 Days | 17-Sep-2015 |
| Tamsulosin Hydrochloride M/R capsules 400 micrograms | 0704010U0AAAAAA | 60 capsule | ONE TO BE TAKEN EACH DAY | - | 04-Sep-2015 | - | 04-Sep-2015 |
| Laxido Orange Oral Powder Sachets Sugar | - | 20 sachet | ONE SACHET A DAY. DISSOLVE IN AT LEAST | - | 31-Aug- | 50 Days | 08-Sep-2015 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Free | | | HALF A GLASS OF WATER. | | 2015 | | |
| Tamsulosin Hydrochloride M/R capsules 400 micrograms | 0704010U0AAAAAA | 30 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 14-Aug-2015 | 30 Days | 14-Aug-2015 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Allergies**

| Description | Comment | Recorded Date |
|---|---|---|
| Adverse reaction to penicillins | - | 16-Sep-2015 |

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

**Signature** of referring doctor (or other professional) **Date**

Aspirin 300 ✱
GTN 2 puffs ✱
Given 2/2/24
at 17:11

# Registration Details - Patient No: 18767

| Personal details... | | Address details... | |
|---|---|---|---|
| Date of birth | 07/09/1960 | Post Code | KA22 7BL |
| Sex | M | House Name Flat No | |
| Surname | McPhee | No and Street | 37 Parkview |
| Previous Surname | | Village | |
| Forenames | John | Town | ARDROSSAN |
| Calling Name | John | County | AYRSHIRE |
| Title | Mr | | |
| Birth Surname | | | |
| Marital Status | Single | | |
| Ethnic Origin | (White) Scottish | | |

| HA/HB Details... | | Contact details... | |
|---|---|---|---|
| Trading partner | Ayrshire & Arran | Home Tel No | 287117 |
| Registered GP | Dr Sandie Pow | Work Tel No | |
| Usual GP | Dr Sandie Pow | Mobile Tel No | 07443566393 |
| Residential Inst | | E Mail Address | |
| Branch Surgery | South Beach Medical Centre | Next of Kin | |
| CHI Number | 0709605390 | Relationship | |
| NHS Number | S595/1960/ | Contact Telephone Number | |

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

| Further Information | | Upload Consent | |
|---|---|---|---|
| Long/Short stay or Dead | | SCI-DC Consent | Implied Consent (default) |
| Date of registration | 15/11/2019 | | |

| AMS\MCR Details | | ECS (GP Summary) Consent | |
|---|---|---|---|
| AMS Consent | Yes | Patient Consent | Implied Consent (default) |
| Pharmacy Details | | | |
| Item Collected Check | Yes | | |
| MCR Suitability Status | -1 | | |
| MCR Registration Status | 1 | | |

## Medical Record

### Problems

| Active Problems | | Authorised By | Code |
|---|---|---|---|
| 21/01/2024 | [D]Collapse /Faint | Mrs Thomasson | R0023 |
| 26/07/2022 | Ureteroscopic laser fragmentation of ureteric calculus (Right) and stent replacement | Mrs Thomasson | 7B180-1 |
| 26/07/2022 | Ureteric stone (Right) 8mm - stent in situ | Mrs Thomasson | K121-2 |
| 26/04/2022 | Hydronephrosis + ureteric obstruction | Mrs Thomasson | K11 |
| 26/04/2022 | Endoscopic insertion of ureteric stent (Right) | Mrs Thomasson | 7B1A1 |
| 07/01/2020 | Renal colic | Mrs Thomasson | 1A52 |
| 18/11/2019 | Hydroureter mild | Mrs Thomasson | K135 |
| 08/11/2019 | Suspected UTI | Dr Pow | 1J4 |
| 08/10/1998 | Bilateral vasectomy for contraception | Mrs Thomasson | 7C110 |

| | | Authorised By | Code |
|---|---|---|---|
| | **Endoscopic insertion of ureteric stent (Right)** | Mrs Thomasson | 7B1A1 |
| | **Hydronephrosis** | Mrs Thomasson | K11 |
| | **Renal colic** | Mrs Thomasson | 1A52 |
| | **Notes summary on computer** | Mrs Thomasson | 9344 |
| | **Closed fracture of fibula, unspecified part, NOS** | Mrs Thomasson | S33x1 |
| 13/10/1976 | **Fracture of radius NOS** | Mrs Thomasson | S23x1-1 |

| Due Diary Entries | | Authorised By | Code |
|---|---|---|---|
| 07/09/2025 | **Influenza vaccination** | Dr Pow | 65E.. |

| Overdue Diary Entries | | Authorised By | Code |
|---|---|---|---|
| 02/04/2023 | **No response to bowel cancer screening programme invitation OVERDUE**<br>Bowel Cancer Screening Exclusion | Mrs Scott | 9Ow2. |

| Alerts | | Authorised By | Code |
|---|---|---|---|
| 12/11/2019 | **Alert** wife, Sandra McPhee can speak about results | Mrs Payne | EMISALERT |
| 04/01/2017 | **Alert** Non-Responder to Bowel Screening Program. Please discuss reason for this and encourage to phone for new Kit. 0800 0121 833 | Dr Transfer | EMISALERT |

| Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| 16/09/2015 | **Adverse reaction to penicillins** | Mrs Thomasson | TJ00 |

| Non Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Health Status | |
|---|---|
| 11/08/2015 | **Height 1.7 cm** |
| 11/08/2015 | **Weight 75 Kg** |
| 11/08/2015 | **Body Mass Index 259515.57 kg/m2** |
| 17/08/2021 | **Blood pressure reading 140/72 mm Hg** |
| 18/01/2019 | **Smoking Status Current smoker** |
| 18/01/2019 | **FH: Ischaemic heart dis. <60** |

**Consultations**

02/02/2024 17:01 — Dr Linsey Stewart at South Beach Medical Centre

History: Patient arrived at the door 16.57 with LHS chest pains, past 2 days. Constant, no radiation, no sob, no nausea, no vomiting, no sweating. Sig cardiac FH. Current chest pains. Note A and E review recently with presyncopal episode and racing heart - no chest pains at that point - these symptoms are ongoing.

Examination: T 36.5, HR 73, Sats 99, RR 16, BP 163/83. HS 1+11+0. ECG sinus rhythm rate 65, IV conduction delay, no acute ST changes.

Comment: Give aspirin 300mg and GTN 2 puffs at 17.11 (has been taking 75mg aspirin at night, last dose yesterday at 18.00). 999 ambulance for current chest pain.

---

09/12/2022 13:48 — Dr Sandie Pow at South Beach Medical Centre

Comment: Admitted as an emergency yesterday, 6mm stone on scan. Email from Miss Kerr.

---

09/12/2022 09:37 — Dr Sandie Pow at Telephone Consultation

Miss Kerr agrees needs further imagoing but says would need to be seen as an emergency to get this prior to going back to Shetland. I have passsed on this info in a message on answering machine. Will put referral back via email or SCI. I have tried to get him on phone and left message on his answering machine. I assume things have eased up a bit as he has not been in touch and I was pretty clear with him on Tuesday. If you can arrange imaging as an outpatient that would be ideal many thinks. I think he is 3 weeks on and 3 weeks off from Monday 12th thanks so much for your help

Sandie

**From:** Kerr, Lynne (NHS Ayrshire & Arran)
**Sent:** 06 December 2022 16:35
**To:** Pow, Sandi <Sandi.Pow@aapct.scot.nhs.uk <mailto:Sandi.Pow@aapct.scot.nhs.uk>>
**Subject:** RE: CHI 0709605390

Hi

| | |
|---|---|
| Comment | It certainly sounds like some imaging would be sensible, I can certainly request it as an outpatient, however, that would not happen before he travelled again. If you think it needs done before travelling it would need to be organised via the on call team. Let me know and I can pass the details on if you think appropriate? |

Kind regards

Lynne

---

06/12/2022 11:48 Dr Sandie Pow at South Beach Medical Centre

Comment: Email sent to Miss Kerr urology.

---

06/12/2022 11:23 Dr Sandie Pow at South Beach Medical Centre

| | |
|---|---|
| Comment | No dysuria, no fq, feels totally well but for the pain. Temp 36.6 hr 65 reg sats 98% air urine dip ++blood only sent for MSSU. Abdo soft no mases tender minimally LIF. No loin pain more groin to tip of penis, no redness or swelling, no d/c and no testicle pain. Bloods and urine sent and tramadol for pain as before. Due to go back to work in Shetland on Monday given clear worsening advice. I will email urology ?imaging. |
| Medication | Tramadol Hydrochloride Capsules 50 mg *30 capsule ONE OR TWO UP TO 4 TIMES DAILY* |

## Medication

| Current<br>Date Commenced | Drug Details | Date Last Issue | Authorised By | Type |
|---|---|---|---|---|

None

# CLINICAL NOTES

See Filing Arrangements on inside front cover

NHS Ayrshire & Arran

# + CAU PRE-ADMISSION RECORDING CHART

Date: 4/4/24 Time call taken:

Name call handler: Dante 1845

CHI: 0709605390
Surn: McPhee, John
37 Park View
Ardrossan
Fore: KA22 7BL
07/09/1960
GP n: Dr JP Monaghan
MRN: XHI225047

Referral source:
GP- Letter: with patient/ mailbox From- Nursing Home/ Home

## Apply Respiratory Screening Questions RED/GREEN

ED- Acute Med/ ED pathway ED Time of arrival:
Other-
Ambulance- Y / N
NAMED NURSE:

070960 John McPhee

Reason for referral: # no referral from GP # ED phoned to transfer accepted pt pacific EEH nurse

Observations - RR SpO2 Sup' O2 Temp HR BP AVPU

| CLINICAL ALERT PRESENT | RED FLAG | FRAILTY |
|---|---|---|

RECEIVING NURSE: _____ TIME OF ARRIVAL: _____

## BACKGROUND

RELEVANT PAST MEDICAL HISTORY
Kidney Stones

ALLERGIES: (YES) NO UNKNOWN
Penicillin
ANTICOAGULANT: YES NO UNKNOWN
Aspirin
INSULIN: YES (NO) UNKNOWN

NEXT OF KIN DETAILS:
NAME: Alex Mackie CONTACT NO: 07463 567119
RELATIONSHIP:
POA: NO AWI: NO
YES- details: Brother YES

## ASSESSMENT

Condition at first presentation:

Placement in Initial Assessment Areas/SDEC:

NEWS SCORE: 0
GCS: 15
MEDICS INFORMED: YES NO
NAME BAND INSITU: YES NO
OWN MEDICATIONS: YES NO

ANY MEDICATIONS GIVEN BY PARAMEDICS/ OWN MEDICATION LAST TAKEN
O2 THERAPY YES NO
AMOUNT:
PVC INSERTED PRE-HOSPITAL YES NO

ECG: YES NO
CXR: YES NO
Blood cultures: YES NO
ABGs: YES NO

MCKILLOP SCORE:
STROKE REFERRAL:
COGNITIVE IMPAIRMENT: YES NO
4AT:

| | |
|---|---|
| IV fluids: YES NO<br>IV medication: YES NO | Troponin due: |
| **SEPSIS SIX:**<br>**Immediate review required Y/N**<br>Scottish Structured Response for ALL patients with NEWS ≥ 5 single Red score or clinical concern | **PVC** – think **DRIFT**<br>(Diagnostics, Resuscitation, IV medication, Fluids, Transfusion)<br>PVC: YES NO<br>(complete bundle)<br><br>Catheter: YES NO<br>(complete bundle) |

**Does patient have conditions that require medications pending medical review? Y/N**
(Myasthenia Gravis; Parkinson's disease; Insulin dependent diabetic: Seizures: Steroid dependency/ Addisons)
Review clinical alert printouts if present

| MOBILITY STATUS: Indep | PACKAGE OF CARE/HOME CIRCUMSTANCES: |
|---|---|

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | 2/12 | | | | | | | | | | |
| Time: | | | | | | | | | | | |
| Orientated | ✓ | | | | | | | | | | |
| Family Aware | | | | | | | | | | | |
| Skin Inspection (Waterlow) | ✓ | | | | | | | | | | |
| Pain Assessed | ✓ | | | | | | | | | | |
| Possessions to hand | ✓ | | | | | | | | | | |
| Food/ Fluid Offered | ✓ | | | | | | | | | | |
| Print Name | | | | | | | | | | | |
| Intials | | | | | | | | | | | |

| | Required | Performed | | Required | Performed |
|---|---|---|---|---|---|
| **U&Es** | | ✓ | **ABG** | | |
| **FBC** | | ✓ | **LFTs** | | ✓ |
| **Glucose** | | | **TnT** | | ✓ |
| **Coag** | | | **ECG** | | |
| **Lactate** | | | **CXR** | | |
| **CRP** | | ✓ | **Urine** | | |
| **VBG** | | | **Other tests** | | |
| **Blood Cultures** | | | | | |

Brief clinical summary of review or events in IAA:
SIB Medic.
IMP/ possible angina
Ref to CDU already – medic will refer for ETT
Cociv
Home with worsening advice
Given GTN · already takes aspirin Not for bblocker SB (longstanding)

Name assessor ..... Role ..... Time review .....

# NHS Ayrshire & Arran

**Acute Assessment Proforma**

Date: 3/2/24 Time: 0500

Referral source: GP. Consultant: CARROLL.

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

**Presenting Complaint and relevant History**

63 → (L) chest pain past 10/7

"Niggle" – slight heaviness, intermittent.
No radiation
No autonomic features
Onset whilst walking at home.
Not positional.
Notes as a rower.

Attended GP earlier – given Aspirin | GTN.
Pain free since arrival in ED.

**Past Medical History**

Ureteric stones | renal colic

**Systems Enquiry**

No cough | SOB | sputum
No presyncope | syncope
No ankle swelling | orthopnoea.

Write or attach label

CHI No .....

Surname: .....

Forename: ..... Sex: .....

DOB: .....

**Continuation**

STC Chairs

**CROSSHOUSE HOSPITAL**
**EMERGENCY DEPARTMENT**

NHS Ayrshire & Arran

A/E No: **XH-19-065656-1**

CHI No: **0709605390**

Date: **18 Nov 2019** Time: **04:21**

Consultant: **Dr Craig McRoberts**

GP
**Dr. S POW**
**SOUTH BEACH MEDICAL CENTRE**
**8 HARBOUR STREET**
**ARDROSSAN**
**AYRSHIRE**
**KA22 8BS**

Incident Date: **18 Nov 2019**
Incident Time: **04:21**

Martial Status: **Married / civil partner**

Sex: **M**

**Ethnicity** White Scottish

**Religion** None

**Attendances in last 12mths** **0**

**Total Attendances Count** **2**

**Special case**

# MCPHEE
**John**

Date of Birth: **07 Sep 1960** Age: **59 Years**

Address:
**37 PARK VIEW**
**ARDROSSAN**
**AYRSHIRE**
**KA22 7BL**

Phone Numbers:

Employer School
Not at School

Next of Kin:
Mcphee
31 DAVID DALE AVE
KILMARNOCK
KA3 3AX

Wife

Accompanied By:
**Wife**

**Triage Time** 04:26 **Triage Nurse** Nina Hansler **Triage Group** Yellow

Resp Rate 16 02 Sat% 97 PFR

Pulse 54 BP 133/67

E M V

Allergies: **Penicillin**

BMstix Alcohol Temp 36.4 Weight

Visual Acuity R L

Pain Score (Triage) 97

Pain Score (Discharge)

**Triage details**
malena - nhs 24 ref

**Treatment**
**NONE**

**Clinical Frailty Score:**

**Special Needs**
**NONE**

Re-assess in 15 30 60 minutes

Against Medical advice I decline the treatment offered. I know this may affect my recovery.

Signed..... Witness..... Witness.....

I give consent for details of my injury to be given to the Police.

Signed.....

Disch A+E clinic Paed Tr. # eye ENT Max Facial Ward OP Ward IP

*0709605390*

CAU Ayr -

A/E No. XH-19-065656-1

| Drug | Dose | route | time/frequency | signature | quantity/given by |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| PVC1 | Size/Colour | Location | Initials | PVC2 | Size/Colour | Location | Initials |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| | Device | Flow Rate l/min | %O2 for Venturi | Target SpO2 | Prescribed by | Started by | Stopped by |
|---|---|---|---|---|---|---|---|
| Oxygen | | | | | | | |
| Changed to | | | | | | | |

DOCTOR / ENP: KBarlow ED ST7 Time:

59 → Currently on abx for ? UTI.
On and off abdo pain. Increasing
past few days.
Obs Sudden onset severe (R) flank
RR 16 and lower abdo pain this
97 (A) even. Felt like he could not
NR 54 sit still. Now gradually
133/67 settled. Now pain free.
T 36.4 Also started ~ 6-8 bowel motions
this evening
- stools ~ 4 were black.
No ulcer hx. No iron supplements.
Previous (R) renal stone.

O/E Woolwell Blatchford MSU
chest clear ↳ ↳ Blood trace / Nitrite
NSDNM. Bloods
Abdo soft ↳ Hb 136
- tender (R) flank / suprapubic WCC 10.1
- no peritonism Urea
PR - empty rectum, no melaena

I/ ? renal colic P/ Bloods
± melaena. MSU
CTKUB now
whilst OP OGD.

*XH-19-065656-1*

Write or attach label

**HCR Number:**

**CHI Number:** 0709605390

**Surname:** Mcphee **Sex:** Male

**Forename:** John

**Address:** 37 PARK VIEW, ARDROSSAN AYRSHIRE KA22 7BL

**Date of Birth:** 07 Sep 1960

# MEDICAL CONTINUATION SHEET

| DATE | |
|---|---|
| 18/11/19 | L-MERRY (STH) |
| | Bloods Hb 136 WCC 10.1 |
| | Urea 8.5 Creat 66 |
| | Had CT KUB - awaiting report |
| | Dr Lindsay Merry Anaesthetics Locum GMC No: 7074071 Page ..... |
| | CT KUB - 2 stones at (R) vesico-ureteric junction 4mm/5mm, mild hydrometer and hydronephrosis |
| | D/W Urology - they will accept pt over at Ayr - CALL 3 |
| | Dr Lindsay Merry Anaesthetics Locum GMC No: 7074071 Page ..... |

**Forename:** John **Surname:** Mcphee

Date : 18 Nov 2019

| DATE | | |
|---|---|---|
| | | |
| | | |
| | | |

XH-19-065656-1 CHI Number: 0709605390

NHS Ayrshire & Arran

# Accident & Emergency Nursing Documentation Form

MCPHEE John
37 PARK VIEW
ARDROSSAN
KA22 7BL

**DOB: 07/09/1960**

PRF: ☐
NHS24 doc: ☐

Receiving Nurse(s): _____ / _____ / _____

Care taken over by: _____ / _____ / _____

**Date: 18 Nov 2019**
**Time: 04:21**

**Additional information for admission complaint:**
**malena - nhs 24 ref**

## BACKGROUND

**Relevant PMH relating to presenting complaint:**

Allergies: (Yes) No Unknown
PENICILLIN

Anticoagulant: (Yes) (No) Unknown

Insulin: Yes (No) Unknown

**Next of Kin details (if different from A&E Card):**

Name:

Relationship: Contact No:

## ASSESSMENT

**MEWS/PAWS score:**

GCS:

Name band in situ: (Yes) No

Own medications: Yes (No)

Cognitive impairment: Yes (No) 4AT

Any medications given by paramedics?

O2 therapy Yes (No) Amount:

PVC inserted pre-hospital Yes No

| | | |
|---|---|---|
| ECG | Yes | No |
| X-ray | Yes | No |
| CT | Yes | No |

McKillop Tool Sepsis Six Big Six

Delirium Bundle

| IV | Bloods | Cultures | Gases | Trop | Waterlow |
|---|---|---|---|---|---|
| PVC | Yes No | Size/Colour | | Location | |

Mobility status:

Package of Care Yes No

## Ongoing Assessment

Y (yes) N(no) (NA) Not Applicable (I) Independent (R) Refused (S)Sleeping

| | On Arrival | Time | Time | Time | Time | Time | Time | Time |
|---|---|---|---|---|---|---|---|---|
| Area | | | | | | | | |
| Clothing Bag | | | | | | | | |
| Skin inspected | | | | | | | | |
| Pain assessed | | | | | | | | |
| Possessions to hand | | | | | | | | |
| Fluid/Food offered | N/A | | | | | | | |

| 18/11/2019 | **Nursing Notes** |
|---|---|
| 0525 | RIV & Dr. |
| | Reviewed by doctor |
| | urinalysis as per multistix |
| | for CT KUB in am |
| 1030 - | Attended for CTKUB |
| | - For transfer to Stcibi 7 at Ayr hospital |

Laura Welsh
Staff Nurse
Emergency Department

| **Ward Admitted To** | |
|---|---|

135/73 36.2 Sats 99% HR 52

# CAU Pre / Initial Assessment

Write or attach label

HRC No: _____

CHI No: _____

Surname: _____

Forename: _____ Sex: _____

Address: _____

_____

Date of Birth: _____

Date _____ Time _____

Call Taken by

Patient Name/CHI John Mc Phee 0709600590

Referral Source: GP/ED (delete as required)

**Mode of GP letter:** GP mail box ☐ Patient ☐ Fax ☐ **Time of Arrival in ED:**

**History from Referral Source** Age ___ Medicine ☐ Surgical ☐ Urology ☑ Vascular ☐ ED

XH

CT - dissecting aneurysm

Observations from GP: BP _____ HR _____ T _____ RR _____ SpO2 _____ NEWS _____ Red Flag _____

**McKillop score (Deliberate Self Harm/Psychiatric issues) – Low/Medium/High Risk (Del as app). (See Guidelines overpage)**

Likely outcome based on referral history and professional judgement:
Acute Clinic ☐ Ambulatory Care ☐ Rapid Assessment ☐ In-Patient ☐ Monitored Bed ☐

On PMS pre-admission ☐ On eWhiteboard ☐ Notes requested ☐

**Arrival / Initial Assessment**

Date _____ Time _____ Referral Letter ☐ **Triage** (used as an adjunct to prof judge)

**NEWS Score** ☐ **Red Flag** ☐ **Frailty Score** ☐ **Red** ☐ **Amber** ☐ **Green** ☐ Aimed review time _____ Actual time _____

Is deliberate self harm suspected or is mental ill health evident? ☐
Apply Mental Health Risk Assessment.

**Apply streaming tool and indicate planned location:**
Acute Clinic ☐ Ambulatory Care ☐ Rapid Assessment ☐ In-Patient ☐ Monitored Bed ☐

Consent to display information ☐ Highlight on e-WB ☐

**Presenting Complaint**

**Elevated NEWS, Red Flag, Red Triage tool - Initiate immediate review** ☐ (Page 2nd on – pg 1290)

**Initial Investigations**

| | Required | Requested | Sign | Reviewed | | Required | Requested | Sign | Reviewed |
|---|---|---|---|---|---|---|---|---|---|
| FBC, U&E, LFT, CRP, bone | | | | | Blood cultures | | | | |
| Glucose | | | | | Trop T | | | | |
| Lactate | | | | | TFT | | | | |
| INR | | | | | Urine | | | | |
| Coag screen | | | | | ABG | | | | |
| G&S/XM | | | | | ECG | | | | |
| Other (specify) | | | | | CXR | | | | |

18/11/19

12.50. Dec'd O.

Iv access ✓
Bloods ✓ } done in
ED
Urology
Cancer.

SIEMENS
Healthineers

## MULTISTIX 8 SG REPORT

Name John McPhee Date 18/11/19

Ward ED Patient No. _____

| TESTS | Please tick appropriate box for each test | | | | | | |
|---|---|---|---|---|---|---|---|
| LEUCOCYTES 1-2 minutes | NEG. | TRACE | SMALL + | MODERATE ++ | LARGE +++ | | |
| NITRITE 60 seconds | NEG. | | | POSITIVE (any degree of pink colour) | | | |
| PROTEIN 60 seconds | NEG. | g/L TRACE | 0.30 + | 1 ++ | 3 +++ | ≥ 20 ++++ | |
| pH 60 seconds | 5.0 | 6.0 | 6.5 | 7.0 | 7.5 | 8.0 | 8.5 |
| BLOOD 60 seconds | NEG. | NON HAEMOLYZED TRACE | HAEMOLYZED TRACE | SMALL + | MODERATE ++ | LARGE +++ | |
| SPECIFIC GRAVITY 45 seconds | 1.000 | 1.005 | 1.010 | 1.015 | 1.020 | 1.025 | 1.030 |
| KETONE 40 seconds | NEG. | mmol/L TRACE 0.5 | SMALL 1.5 | MODERATE 4 | 8 | LARGE 16 | |
| GLUCOSE 30 seconds | NEG. | mmol/L 5.5 TRACE | 14 + | 28 ++ | 55 +++ | ≥111 ++++ | |

X600270 MP&D

Write or attach label

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047
Date of Birth

STA1060

UROLOGICAL

DATE
18/11/19

Urology WR

x2 (R) VUJ stones ~5mm.

Size + shape not favourable for conservative management

- Severe pain this morning
- Symptoms on and off for 3/52.

(P) for theatre
Lasted from 1pm.

Lodger ST4

DATE-

# UROLOGY ROUND 19/11/2019

report created: 19/11/2019 - 04:30:43

**Consultant:** MR MURAT GURUN

**Reviewing Consultant:** Holly Bekaura

**Time:** 9:10

**Patient admitted:** 18/11/2019 (1 days)


**RONALD G MCKECHNIE** (22/05/1946)

CHI: **2205465112**

21 Ayton Park South, East Kilbride, Glasgow , G74 3AU

Location: S4 ROOM 232 BED 2 (19/11/2019 04:30:11)


**Recent blood results:** *(note only eGFR results <60 shown)*

| | 15:24 |
|---|---|
| Na | 140 |
| K | 4.1 |
| Cl | 102 |
| Urea | 6 |
| Creat. | 89 |
| eGFR | - |

*Time since Lab data extract last received 1 Hours 0 Minutes*
*Please note - for complete lab results please refer to the REVIVE system via Athena - results recorded as pending within labs may show in Revive (subject to revision) but will NOT show in this report until authorised.*

**Antimicrobials:**

**VTE Prophylaxis / Anti-coagulants / anti-platelets:**

TEDs: NO VTE Prophylaxis: No Warfarin: NO NOAC: NO Aspirin: NO Clopidogrel: No

No Anti-coagulation: Not required ☐ / Contra-indicated ☐

Thrombo Embolic Deterrent Stockings (TEDs): Not required ☐ / Contra-indicated ☐

**Imaging review:** ☐ No ☐ Yes

**Current Issue(s):** Had artemes prostate biopsy yesterday.

No other issues

**Clinical Details:** Patient - comfortable

**Plan:**

Home today

Ciprofloxacin discharge → patient's own supply.

Name: AVI Grade: FY1

Signed: AG Contact Details: 1262


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# UROLOGY ROUND 01/02/2020

*report created: 01/02/2020 - 07:50:09*

**Consultant:** MS HOLLY BEKARMA

**Reviewing Consultant:** HB

**Time:** 09⁰⁰

**Patient admitted:** 31/01/2020 (1 days)

**JOHN MCPHEE** (07/09/1960)

CHI: **0709605390**

37 Park View, , Ardrossan, Ayrshire, KA22 7BL

Location: S4 ROOM 226 BED 6 (01/02/2020 07:30:10)

**Recent blood results:** *(note only eGFR results <60 shown)*

*Time since Lab data extract last received 0 Hours 0 Minutes*
*Please note - for complete lab results please refer to the REVIVE system via Athena - results recorded as pending within labs may show in Revive (subject to revision) but will NOT show in this report until authorised.*

**Antimicrobials:**

**VTE Prophylaxis / Anti-coagulants / anti-platelets:**

TEDs: **NO** VTE Prophylaxis: **No** Warfarin: NO NOAC: NO Aspirin: NO Clopidogrel: No

No Anti-coagulation: Not required ☐ / Contra-indicated ☐

Thrombo Embolic Deterrent Stockings (TEDs): Not required ☐ / Contra-indicated ☐

**Imaging review:** ☐ No ☐ Yes

**Current Issue(s):**

D1 post-Op.
Well. No issues.

**Clinical Details:**

**Plan:**

HOME
Stent out 1/52
Can stop Tamsulosin.

(S5)
N Ahmed

Name: Grade:

Signed: Contact Details:

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John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

**Address:** 2 Barnett Court Ardrossan AYRSHIRE KA22 7BL

**Arrival Date/Time:** 21 Nov 2024 10:40

Nurse Signature on initial assessment: _____ Print Name: _____

| | |
|---|---|
| Triage Comments: | attended xhouse 2/7 with abdo pain and scan shows 1 stone in L kidney and 1 stone in ureter. remains to have L sided abdo pain and pain on urinating. |
| Past Medical History | |

| DNAR | Y | N/A | AWI | Y | N/A | Insulin | Y | N/A | On Anticoagulant? | Y | NA |
|---|---|---|---|---|---|---|---|---|---|---|---|

| Allergies | | Medications given by Paramedics | |
|---|---|---|---|

**Nursing Notes: Care taken over by**

| Date/Time | Name Printed | Signature |
|---|---|---|
| | | |
| | | |
| | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Name band in situ | | | | | Y | N | Patient prepared for exam & clothes bagged | | | Y | N |
| ECG | 1st | | 2nd | | Other | | Valuables with patient: | | | Y | N |
| IV Access | | | | | Y | N | *If yes, please specify action taken* | | | | |
| PVC Size/Colour: | | | | | | | Relative/Carer/Next of kin present: | | | Y | N |
| PVC Location: | | | | | | | Name: | | Relation: | | |
| Inserted by: | | | | | | | Contact Number: | | | | |
| Blood samples | | | | | Y | N | Language, visual or hearing difficulty: | | | Y | N/A |
| Blood gases | | | | | Y | N | *If yes, please specify:* | | | | |
| Blood cultures | | | | | Y | N | Interpreter required: | | | Y | N/A |
| PCR Test | | | | | Y | N | *If yes, please specify:* | | | | |
| Radiology | | | | | Y | N | Package of Care? | | | | |

| **Screening tools Assessment** | Date Time | | Date Time | | | Date Time | | Date Time | |
|---|---|---|---|---|---|---|---|---|---|
| SEPSIS SCREEN | Y | N | Y | N | Adult Support & Protection | Y | N | Y | N |
| FAST Score | Y | N | Y | N | McKillop Tool | Y | N | Y | N |
| AAMAWS commenced | Y | N | Y | N | Child Protection/Wellbeing | Y | N | Y | N |
| Big Six (hip fracture | Y | N | Y | N | | | | | |

| Mobility | Bed Rest | | Independent | | Assistance/walking aid, specify: |
|---|---|---|---|---|---|

If **YES** to any Falls Risk Assessment questions complete the safety intervention section. Repeat if the patient has a fall, is taking risks, has a change in condition/cognition.

| **Falls risk Assessment** | DATE TIME | | DATE TIME | | **Safety interventions** | DATE TIME | | DATE TIME | |
|---|---|---|---|---|---|---|---|---|---|
| Admitted with a fall? | Y | N | Y | N | Nonslip socks provided? | Y | NA | Y | NA |
| Recent fall (last 6 months)? | Y | N | Y | N | Behaviour monitoring chart | Y | NA | Y | NA |
| Cognitive impairment or possible delirium? | Y | N | Y | N | Supervision required in bathroom/commode? | Y | NA | Y | NA |
| Attempts to walk alone is unsteady/unsafe | Y | N | Y | N | Falls warning sign on whiteboard/symphony | Y | NA | Y | NA |
| Is patient at high risk of falling? | Y | N | Y | N | Bed in Visible area..... | Y | NA | Y | NA |

John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

**Address:** 2 Barnett Court Ardrossan AYRSHIRE KA22 7BL

**Arrival Date/Time:** 21 Nov 2024 10:40

| | | | |
|---|---|---|---|
| **ED 4AT Delirium Assessment:** Complete / update for all Patients over 65, anyone of any age with a cognitive impairment/previous delirium, current hip fracture, acute illness or SQID positive (Is your patient more confused or drowsy than normal?) N/A? | | | |
| **ALERTNESS:** This includes patients who may be markedly drowsy (e.g. 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. Circle relevant number below | | | |
| Date | | | |
| Time | | | |
| Normal (fully alert, but not agitated, throughout assessment) | 0 | 0 | 0 |
| Mild sleepiness for <10 seconds after waking, then normal | 0 | 0 | 0 |
| Clearly abnormal | 4 | 4 | 4 |
| **AMT4:** Age, date of birth, place (name of the hospital or building), current year | | | |
| No Mistakes | 0 | 0 | 0 |
| One Mistake | 1 | 1 | 1 |
| Two or more mistakes | 2 | 2 | 2 |
| **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. | | | |
| Achieves 7 months or more correctly | 0 | 0 | 0 |
| Starts but scores < 7 months / refuses to start | 1 | 1 | 1 |
| Untestable (cannot start because unwell, drowsy, inattentive) | 2 | 2 | 2 |
| **ACUTE CHANGE OR FLUCTUATING COURSE:** Evidence of significant change or fluctuation in: alertness, cognition, other mental function (e.g. paranoia, hallucinations) over the last 2 weeks and still evident in the last 24 hours. | | | |
| No | 0 | 0 | 0 |
| Yes | 4 | 4 | 4 |
| Total | | | |
| Signature | | | |
| 4AT Score of 4 and above: Possible delirium +/- cognitive impairment (Complete the TIME bundle below) | | | |
| 4AT Score of 1-3: Possible cognitive impairment | | | |
| 4AT Score of 0: Delirium or severe cognitive impairment unlikely (but delirium still possible if [4AT] incomplete) | | | |
| **TIME BUNDLE:** Complete the TIME bundle if the **4AT Score if 4 and above.** | | | |
| Date | | | |
| Time | | | |
| T Think possible triggers for delirium applicable | Use Codes: Y-Yes N-No NA- Not | | |
| Is the patient in pain? (start pain chart, review analgesia) | | | |
| Is the patient constipated or at risk of constipation? (Commence bowel chart and aperients) | | | |
| Is the patient in urinary retention? (Palpate bladder/scan) | | | |
| Is the patients' oral intake sufficient to prevent dehydration? (Encourage hourly fluids start FBC) | | | |
| Could any drugs trigger delirium? (Doctor to review medication) | | | |
| Blood sugar, high or low? | | | |
| Is there a history of alcohol intake/drug abuse? (Intoxication or withdrawal, GMAWS/drug misuse) | | | |
| I Investigate | | | |
| Record NEWS | | | |
| Screen for infection (and consider urinalysis) | | | |
| Take bloods and ensure ECG/appropriate imaging | | | |
| M Management: Diagnose causes & initiate treatment | | | |
| Document diagnosis of delirium | | | |
| Document potential causes of delirium | | | |
| Document treatment plan | | | |
| E Engage and Explore | | | |
| If appropriate, explain diagnosis of delirium to patient/family/carers and provide delirium leaflet | | | |
| Engage with patient/family/carers. ("What matters to me"/ "Getting to know me") | | | |
| Does the patient have capacity to consent to care? (If no, complete AWI document) | | | |
| Signature: | | | |

John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

**Address:** 2 Barnett Court Ardrossan AYRSHIRE KA22 7BL

**Arrival Date/Time:** 21 Nov 2024 10:40

**Preliminary Pressure Ulcer Risk Assessment (PPURA) update daily:**

Mobility: Patient requires assistance to mobilise/change position. Continence: Patient has continence issues which may/has compromise/d skin. Nutrition: Patient appears malnourished and/or unable to eat/drink. Skin: Patient has a pressure ulcer/skin is compromised (medical devices, neurological deficit, medication, co-morbidities)

If YES to any of above, activate care plan below

| Date | Time | Mobility | | Continence | | Nutrition | | Skin | | Sign |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Y | N | Y | N | Y | N | Y | N | |
| | | Y | N | Y | N | Y | N | Y | N | |

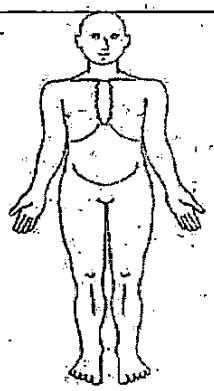
**Pressure Prevention Care Plan**

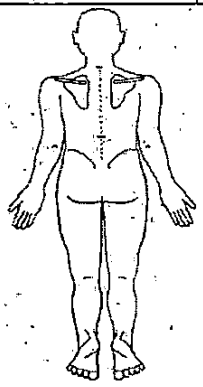
Patient is **at risk** of developing a pressure ulcer? Y ☐ N ☐

Patient **has** a pressure ulcer? Y ☐ N ☐ **(If yes to either, initiate care plan below)**

| Date | Initial | Nursing intervention | Discontinued | Date/Time | Sign |
|---|---|---|---|---|---|
| | | Ensure regular repositioning is carried out and documented on SSKIN bundle | | | |
| | | The patient should not sit out of bed for longer than 2 hours without being repositioned (for acutely ill patients return to bed for a minimum of 1 hour) | | | |
| | | Use sliding sheets to prevent shear and friction during movement in bed and record use in care round. Sliding sheets should not be left under the patient. | | | |
| | | If the patient is incontinent use a PH balanced cleanser to clean and barrier products to protect as per: 'Scottish excoriation and moisture related skin damage tool'. | | | |
| | | Encourage a healthy, well-balanced diet and adequate fluid intake. | | | |
| | | If the patient has a grade 2 or above pressure ulcer a wound assessment chart is required. Available from AthenA | | | |
| | | Plan of care discussed and agreed with the patient as appropriate. Evaluate care in the nursing records. | | | |

| Date/Time | Location of ulcer | Grade of ulcer | Signature |
|---|---|---|---|
| | | | |
| | | | |





John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

**Address:** 2 Barnett Court Ardrossan AYRSHIRE KA22 7BL

**Arrival Date/Time:** 21 Nov 2024 10:40

**ED Care Round Checklist:**
Frequency to be prescribed in relation to the patient's greatest need
To be completed by the member of staff delivering care. If unable to use the nurse call bell prescribe care and comfort at one hourly

| Date /Time | Name | Designation | Signature | Circle frequency prescribed |
|---|---|---|---|---|
| | | | | 1 2 3 4 |
| | | | | 1 2 3 4 |
| | | | | 1 2 3 4 |

Use the following codes: **Y** – Yes **N** – No **NA** – not applicable **NT** – No Thanks
**S** – Sleeping **O** – Out of department **I** – Independent

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Date | | | | | | | | |
| | Time | | | | | | | | |
| | **THINK DELIRIUM**: Is the patient more confused or drowsy than normal? *(if yes escalate and update 4AT)* | | | | | | | | |
| | **PAIN: ASSESS AND ADDRESS** . Is the patient distressed and/or in pain? *If yes inform nurse in charge* | | | | | | | | |
| **S** | **SKIN INSPECTION** Pressure areas checked?<br>**R**-red D-discolouration **U**- pressure ulcer<br>E-moisture/excoriation **N**-no damage<br>Barrier Cream applied **Y**-Yes **N**-No | | | | | | | | |
| | Cushion/heel protector appropriate: **Y**-Yes **N**- No<br>Type | | | | | | | | |
| **K** | **Keep moving** Has the patient changed position or walked? | | | | | | | | |
| | Bed: **R**:right side **L**: left side **B**: back **I**: independent | | | | | | | | |
| | Chair: **W/ST**: Assisted to walk/stand **I**: independent | | | | | | | | |
| | Sliding Sheet used | | | | | | | | |
| **I** | **Elimination**: Patient offered the toilet? | | | | | | | | |
| | **I** independent **A** assistance given<br>**IC** incontinence (urine/faeces) **BO** Bowels open **C** Catheter | | | | | | | | |
| **N** | **Food/Fluid and Nutrition**<br>Fasting **F** Nil by mouth **NBM** | | | | | | | | |
| | Drink taken | | | | | | | | |
| | Food, snack or supplement taken | | | | | | | | |
| | Oral hygiene carried out | | | | | | | | |
| | **Environmental check**: is the nurse call bell to hand, area clutter free, belongings within reach | | | | | | | | |
| | Is the trolley/bed at the lowest level | | | | | | | | |
| | **Information**: is there anything I can help you with?<br>Inform patient of return time | | | | | | | | |
| | Escalation required to nurse in charge? | | | | | | | | |
| | Move bed/trolley to visible area if taking risks | | | | | | | | |
| | Patient stay > 12 hours? - Consider moving to a bed | | | | | | | | |
| | If patient on bed, complete a bedrail risk assessment | | | | | | | | |
| | Initials | | | | | | | | |
| | Designation | | | | | | | | |

John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

**Address:** 2 Barnett Court Ardrossan AYRSHIRE KA22 7BL

**Arrival Date/Time:** 21 Nov 2024 10:40

Nursing Notes

| Date/Time | | Signature |
|---|---|---|
| | | |
| | | |
| | | |

John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

**Address:** 2 Barnett Court Ardrossan AYRSHIRE KA22 7BL
**Arrival Date/Time:** 21 Nov 2024 10:40

Nursing Notes Continued – Bundles/Stickers

John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

**Address:** 2 Barnett Court Ardrossan AYRSHIRE KA22 7BL

**Arrival Date/Time:** 21 Nov 2024 10:40

| **PAUSE for Discharge or Transfer Destination** | Yes | NO | NA | Comments | Date & time | Sign |
|---|---|---|---|---|---|---|
| Relative/Carer informed of discharge/transfer | | | | | | |
| Has care package been confirmed/restarted | | | | | | |
| Name band in place | | | | | | |
| Name band removed | | | | | | |
| IV access patent and accessible | | | | | | |
| Cannula/invasive line removed | | | | | | |
| Discharge medication issued and explained | | | | | | |
| Transport arranged/available | | | | | | |
| Follow up arranged | | | | | | |
| Belongings with patient (i.e. valuables/own meds) | | | | | | |
| Notes complete | | | | | | |
| Pre discharge NEWS completed | | | | | | |
| Bed available | | | | | | |
| Handover given to forwarding ward | | | | | | |
| Kardex completed and fluids prescribed | | | | | | |
| Resus equipment/sufficient oxygen/special equipment | | | | | | |
| Grade 3 or above pressure ulcers referred to TVN | | | | | | |

John Mcphee CHI: 0709605390 A/E No: AYR-24-028816-1

| Drug | Dose | Route | Time/ Freq | Prescriber's names | Prescriber's Signature | Quantity Given | Given By | Given Time |
|---|---|---|---|---|---|---|---|---|
| Co-codamol | 60/1000mg | PO | 14:15 | R. BRYANT | | 60/1000mg | F.B | 14:25 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Clinical Indication | | IV Fluids / IV Drugs | | Urgent access | | Blood Products | | Diagnostic Procedures | |
|---|---|---|---|---|---|---|---|---|---|

| Clean Field | Hand Hygiene | Skin antisepsis | No touch critical parts | Dated/ Timed | |
|---|---|---|---|---|---|

| PVC 1 | Size | | Site | | Sign | | PVC 2 | | Size | | Site | | Sign | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Clinician Name:** Rebecca Bryant
**Grade:** COF
**Date:** 21/11/24
**Time:** 15:55

Unable to obtain bloods so GW

PC: Ongoing abdo pain / dysuria

HPC: Presented to ACH ED 19/11/24 with sudden onset L sided flank pain
CTKUB 3x3mm L flank pain renal calculi + 5mm distal L ureteric calculi
Non-obstructing
DIW urology → (H) with worsening advice
→ OIP CTKUB in 4 weeks

Has presented today because pain is ongoing + has changed in position

Still tende in L flank but new pain suprapubicly + in penis, worse when passing urine. Feels some relief after urination.
Feels urine has been darker than usual
No change in frequency
Describes pain as acle with occasional sharp stabbing pain

PMHx
Prev renal colic
Angina ?
with hydronephrosis + hydroureter requiring stent

OHx
Aspirin
GTN

Allergic to Penicillin V

| Dead – have you notified: | NOK? | GP? | Fiscal? | Police? | Letter? |
|---|---|---|---|---|---|
| ED Dr x-ray report: | | | | | |

X-ray W/A

# Ayr Hospital EMERGENCY DEPARTMENT

NHS Ayrshire & Arran

**A/E No:** AYR-24-028816-1
**Date & Time:** 21 Nov 2024 10:40

**CHI No:** 0709605390

**John MCPHEE**

**Duty Consultant:** 0 DAVID CHUNG

**Date of Birth:** 07 Sep 1960
**Age:** 64 Years
**Sex:** M

**GP:**
S Pow
South Beach Medical Centre
8 Harbour Street
Ardrossan
KA22 8BS
01294463011

**Marital Status:** Other/Unknown

**Address:**
2 Barnett Court
Ardrossan
AYRSHIRE

KA22 7BL

**Religion:** None
**Ethnicity:** White Scottish

**Next of Kin:**
Sandra Mcphee
Wife
37 PARK VIEW
ARDROSSAN
AYRSHIRE

KA22 7BL
nk 21/01/2024

**Attendances**
**Last 12mths:** 1
**Total:** 11

**Phone Numbers:**
**Home:**

**Mobile:** 07443566393

**Special Case:**

**Accompanied by:** Unaccompanied

**Employer/School:**

Not at School

**Triage Time:** 10:49 **Triage Nurse:** Michelle Alexander **Triage Group:** Yellow

| Resp Rate | O2 Sat% | PFR |
|---|---|---|
| | | |

| Pulse | BP | E | M | V |
|---|---|---|---|---|
| | | | | |

**Allergies:** Penicillin

| BMstix | NEWS | Temp | Weight |
|---|---|---|---|
| | | | |

**Visual Acuity**
**R:**
**L:**

**Pain Score Triage:** 6

I give consent for details of my injury to be given to the Police.
Signed:.....

**Triage details:**
attended xhouse 2/7 with abdo pain and scan shows 1 stone in L kidney and 1 stone in ureter. remains to have L sided abdo pain and pain on urinating.
**Treatment**
NONE
**Special Needs**
NONE
**Clinical Frailty Score:**
**Re-assess in** 15 30 60 minutes

Against Medical advice I decline the treatment offered. I know this may affect my recovery.
Signed: ..... Witness: ..... Witness: .....

Disch A+E clinic Paed Tr. # Eye ENT Max Facial
Ward OP Ward IP.....

## MEDICAL CONTINUATION SHEET

| | |
|---|---|
| **CHI:** | **0709605390** |
| **Patient Name:** | **John Mcphee** |
| **DoB:** | **07 Sep 1960 64 Years** |
| **Address:** | **2 Barnett Court** |
| | **Ardrossan** |
| | **AYRSHIRE** |
| | |
| | **KA22 7BL** |

| DATE | O/E NEWS 0 |
|---|---|
| | Looks well |
| | HSI + II + 0 |
| | ~~Ebs~~ |
| | Abdo soft + non-distended |
| | ongoing L flank pain but ↓ since Tuesday according to patient |
| | • Suprapubic tenderness |
| | BS present |
| | |
| | Urinalysis → ++ blood only |
| | |
| | Plan 1) Analgesia |
| | 2) Check renal function |
| | 3) D/W urology once renal function back |
| | |
| | |
| | D/W urology |
| | Given ongoing pain will come to review patient ? need for surgical intervention |
| | |
| | Rebecca [illegible] |
| | Clinical Development Fellow |
| | GMC 7952034 |

John Mcphee CHI: 0709605390

| DATE | |
|---|---|
| | |
| | |
| | |

| | PLEASE TICK APPROPRIATE BOX FOR EACH TEST |
|---|---|
| LEUCOCYTES 2 minutes | NEG ☑ TRACE ☐ SMALL + ☐ MODERATE ++ ☐ LARGE +++ ☐ |
| NITRITE 60 seconds | NEG ☑ POSITIVE (any degree of pink colour) ☐ ☐ |
| PROTEIN 60 seconds | NEG g/l ☐ TRACE ☑ 0.30 + ☐ 1 + ☐ 3 +++ ☐ >20 ++++ ☐ |
| pH 60 seconds | 5.0 ☑ 6.0 ☐ 6.5 ☐ 7.0 ☐ 7.5 ☐ 8.0 ☐ 8.5 ☐ |
| BLOOD 60 seconds | NEG ☐ NON-HAEMOLYZED TRACE ☐ ++ ☑ HAEMOLYZED TRACE ☐ SMALL + ☐ MODERATE ++ ☐ LARGE +++ ☐ |
| SPECIFIC GRAVITY 45 seconds | 1.000 ☐ 1.005 ☐ 1.010 ☐ 1.015 ☐ 1.020 ☐ 1.025 ☐ 1.030 ☑ |
| ONE 40 seconds | NEG ☑ mmol/L TRACE 0.5 ☐ SMALL 1.5 ☐ MODERATE 4 ☐ 8 ☐ LARGE 16 ☐ |
| GLUCOSE 30 seconds | NEG ☑ mmol/L TRACE 5.5 ☐ 14 + ☐ 28 ++ ☐ 55 +++ ☐ >111 ++++ ☐ |
| PREGNANCY | NEG ☐ POSITIVE ☐ N/A |
| LONG TERM CATHETER | YES ☐ NO ☑ |

**DATE**.....

PATIENT LABEL

| MSU | |
|---|---|
| SENT: | ☐ |
| NOT SENT: | ☐ |
| INSUFFICIENT: | ☐ |
| WITH PATIENT: | ☐ |

| CLINICAL INDICATION | YES | NO |
|---|---|---|
| DYSURIA | ☑ | ☐ |
| FREQUENCY | ☐ | ☐ |
| URGENCY | ☐ | ☐ |
| POLYURIA | ☐ | ☐ |
| HAEMATURIA | ☐ | ☐ |
| SUPRA-PUBIC TENDERNESS | ☐ | ☐ |
| FEVER | ☐ | ☐ |
| FLANK/BACK PAIN | ☑ | ☐ |
| INCONTINENCE | ☐ | ☐ |
| NEW/WORSE CONFUSION | ☐ | ☐ |
| SHAKES/RIGORS | ☐ | ☐ |
| COSTOVERTEBRAL TENDERNESS | ☐ | ☐ |
| DELIRIUM | ☐ | ☐ |
| SEPSIS SCREEN | ☐ | ☐ |

Medications

Med rec ☐ Aspirin

Allergies? penicillin Anticoagulation: _____

Examination

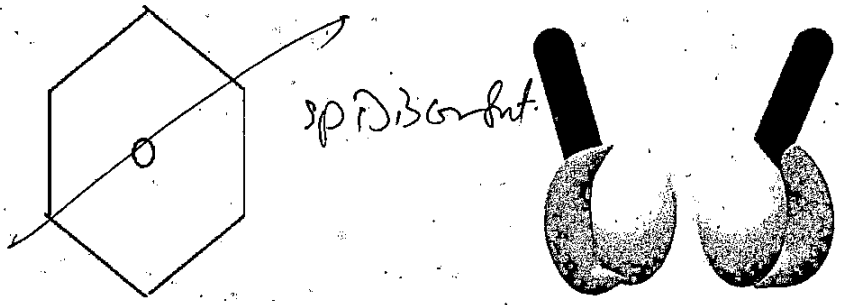
DRE ☐ – Prostate findings _____

Catheter? On admission ☐ Pre-admission/long term ☐

Bladder scan ☐ - Residual volume _____

Other relevant if applicable _____

Exam Findings:




External Genitalia:

Investigations

Bloods: WNL

Urinalysis: ++ Bloods -ve Nitrites & leukocytes

Diagnosis

Plan

MSSU ☐ following D/W pt's mother, we'll go for URS & stent placement

Initiate Sepsis management ☐ D/W pt re plans, including c/w conservative therapy vs intervention given ho's working remotely and shetland for monday, likely surgical intervention would be required. ie URS +/- JJ stent

Imaging ☐ If yes, which one _____

Antibiotics ☐ If yes, which one(s) - _____

VTE prophylaxis ☐ TED stockings ☐

Other _____

Theatre: 22/11/24, @ URS & stent Booked: ☐ Consented: ☐ Marked: ☐

confirmation pending D/W Vascular

fast for 2 am please

Khalil Elgam
7665030

UROLOGY

NHS Ayrshire & Arran

CHI

0709605390

MCPHEE John
2 BARNETT COURT, ARDROSSAN
KA22 7BL
DOB: 07/09/1960

AYR-24-028816-1

# UROLOGY PROFORMA

| Date 24/11/24 | Clerked in by K. Eguchi | On call consultant Mr L Ker |
|---|---|---|

Age (64)

Reason for Attendance: ongoing ~~pain~~ stone pain 2' (L) distal ureteral

Urological symptoms

- Haematuria ☐
- Urinary incontinence ☐
- Urinary frequency ☐
- Faecal incontinence ☐
- Urinary hesitance. ☐
- Dysuria ☐
- Urinary retention ☐
- Flank pain ☐

History of Presenting complaint

(64), Initially presented @ XHA ED 19/11/24 c (L) flank pain 2' 5mm distal ureteric stone, Bloods were unremarkable, c PRN painkillers ~~upon~~ represented 5day c Bothersome pain at groin tip +/- SD D3 c complete resolution of that of (L) flank, Denies any temp, Rigors, VH.

Relevant Urological Medical history/comorbidities

Previous Urology Interventions: 4 x DJ Stent insert Previous stent ☐ Date: _____

IHD ☐ COPD ☐ Heart failure ☐ Diabetes ☐ CVA/TIA ☐ Other: Angina

Urological Cancer: _____ Diagnosed: _____ Treatments: _____

Past Surgical History: _____

Social History

Smoker ☑ Alcohol ☐

Lives Independently - Sheltered/Assisted living - Nursing/Care Home (Circle)

Performance Status: 0/1/2/3/4 _____ Community DNACPR: ☐ TEP Review appropriate: Y/N

Previous investigations

PSA _____

CT KUB ☑ Date: 19/11/24 Findings: _____

USS Kidney/ renal tract ☐ Date: _____ Findings: _____

Flexible cystoscopy ☐ Date: _____ Findings: _____

Other investigations: _____

UROLOGY

# UROLOGY ROUND 22/11/2024

*report created:* 22/11/2024 - 07:30:19

**Consultant:** DR LYNNE KERR (Urology)

**Reviewing Consultant:** [illegible]

**Time:** [illegible]

**Patient admitted:** 21/11/2024 (1 days)

**JOHN MCPHEE (07/09/1960)**

CHI: **0709605390**

Address:2 Barnett Court, ,
Ardrossan, Ayrshire, KA22 7BL

Location: S4 ROOM 226 BED 3 (22/11/2024 07:30:14)

**Recent blood results:** *(note only eGFR results <60 shown)*

| | 21/11 13:45 | 19/11 16:20 |
|---|---|---|
| Hb | 153 | 158 |
| WCC | 10 | 7.9 |
| PLT | 295 | 338 |
| CRP | 5 | 5 |
| Na | 140 | 139 |
| K | 3.9 | 3.9 |
| Cl | 107 | 104 |
| Urea | 8.9 | 8.2 |
| Creat. | 74 | 66 |
| eGFR | - | - |

*Time since Lab data extract last received 0 Hours 9 Minutes*
*Please note - for complete lab results please refer to the REVIVE system via Athena - results recorded as pending within labs may show in Revive (subject to revision) but will NOT show in this report until authorised.*

**Antimicrobials:**

**VTE Prophylaxis / Anti-coagulants / anti-platelets:**

TEDs: **NO** VTE Prophylaxis: **No** Warfarin: NO NOAC: NO Aspirin: NO Clopidogrel: No

No Anti-coagulation: Not required ☐ / Contra-indicated ☐

Thrombo Embolic Deterrent Stockings (TEDs): Not required ☐ / Contra-indicated ☐

**Imaging review:** ☐ No ☐ Yes

**Current Issue(s):** Stones

**Clinical Details:**

**Plan:**
1. Theatre
2. Home after if well

Name: [illegible] Grade: [illegible]

Signed: [illegible] Contact Details:

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# UROLOGY ROUND 23/11/2024

*report created:* 23/11/2024 - 07:30:37

**Consultant:** DR LYNNE KERR (Urology)

**Reviewing Consultant:** Very

**Time:** 0800

**Patient admitted:** 21/11/2024 (2 days)

**JOHN MCPHEE** (07/09/1960)

CHI: **0709605390**

Address:2 Barnett Court, ,
Ardrossan, Ayrshire, KA22 7BL

Location: S4 ROOM 226 BED 3 (23/11/2024 07:30:13)

**Recent blood results:** *(note only eGFR results <60 shown)*

| | 21/11 13:45 | 19/11 16:20 |
|---|---|---|
| Hb | 153 | 158 |
| WCC | 10 | 7.9 |
| PLT | 295 | 338 |
| CRP | 5 | 5 |
| Na | 140 | 139 |
| K | 3.9 | 3.9 |
| Cl | 107 | 104 |
| Urea | 8.9 | 8.2 |
| Creat | 74 | 66 |
| eGFR | - | - |

*Time since Lab data extract last received 0 Hours 9 Minutes*
*Please note - for complete lab results please refer to the REVIVE system via Athena - results recorded as pending within labs may show in Revive (subject to revision) but will NOT show in this report until authorised.*

**Antimicrobials:**

**VTE Prophylaxis / Anti-coagulants / anti-platelets:**

TEDs: **NO** VTE Prophylaxis: **No** Warfarin: NO NOAC: NO Aspirin: NO Clopidogrel: No

No Anti-coagulation: Not required ☐ / Contra-indicated ☐.

Thrombo Embolic Deterrent Stockings (TEDs): Not required ☐ / Contra-indicated ☐

**Imaging review:** ☐ No ☐ Yes

**Current Issue(s):** Stones

**Clinical Details:** Not ready for (H) d/c

**Plan:**

(1) (H)

(2) Stent out on ward on Monday @ lunchtime

Name: MacDonald Grade: FY1

Signed: Contact Details:

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| MCPHEE, JOHN | Born 07-Sep-1960 (64y) | Sex Male | CHI no 0709605390 |
|---|---|---|---|
| Address 2 BARNETT COURT, ARDROSSAN, KA22 7BL | | | Allergies not recorded |

Report: UREA AND ELECTROLYTES, C-REACTIVE PROTEIN, FULL BLOOD COUNT
Amendment:
Report ID: 80494517
Discipline: Blood Sciences
Import Date: 21/11/2024 15:22:34
Location: AYACC
Report Date: 21/11/2024 15:14
Requested For: Dr Ernie Ofei

**Notes:**
CLINICAL DETAILS
RENAL COLIC

## Blood

Sample ID By Provider: 0024B926501
Collected: 21/11/2024 13:45
Received in lab: 21/11/2024 13:58

### UREA AND ELECTROLYTES

| | | Result | Unit | Range | Status |
|---|---|---|---|---|---|
| Urea | H | 8.9 | mmol/L | ( 2.5 - 7.8 ) | F |
| Creatinine | | 74 | µmol/L | ( 50 - 120 ) | F |
| Sodium | | 140 | mmol/L | ( 133 - 146 ) | F |
| Potassium | | 3.9 | mmol/L | ( 3.5 - 5.3 ) | F |
| Chloride | | 107 | mmol/L | ( 95 - 108 ) | F |
| eGFR result/1.73m2 | | > 60 | mL/min | ( 60 - 61 ) | F |

### C-REACTIVE PROTEIN

| | | Result | Unit | Range | Status |
|---|---|---|---|---|---|
| CRP | | < 5 | mg/L | ( 0 - 10 ) | F |

### FULL BLOOD COUNT

| | | Result | Unit | Range | Status |
|---|---|---|---|---|---|
| Haemoglobin | | 153 | g/L | ( 133 - 176 ) | F |
| White Cell Count | H | 10.0 | 10*9/L | ( 3.7 - 9.5 ) | F |
| RBC | | 5.10 | 10*12/L | ( 4.32 - 5.66 ) | F |
| Haematocrit | | 0.41 | % | ( 0.39 - 0.5 ) | F |
| MCV | L | 81 | fL | ( 82 - 98 ) | F |
| MCH | | 30.0 | pg | ( 27.3 - 32.6 ) | F |

| MCPHEE, JOHN | *Born* **07-Sep-1960 (64y)** | *Sex* **Male** | *CHI no* **0709605390** |
|---|---|---|---|
| *Address* **2 BARNETT COURT, ARDROSSAN, KA22 7BL** | | | *Allergies not recorded* |

| | | | | | |
|---|---|---|---|---|---|
| MCHC | H | 370 | g/L | ( 316 - 349 ) | F |
| Platelets | | 295 | 10*9/L | ( 150 - 400 ) | F |
| Neutrophils | | 6.1 | 10*9/L | ( 1.5 - 6.5 ) | F |
| Lymphocytes | | 3 | 10*9/L | ( 1.1 - 5 ) | F |
| Monocytes | | 0.6 | 10*9/L | ( 0.2 - 0.9 ) | F |
| Eosinophils | | 0.2 | 10*9/L | ( 0.1 - 0.7 ) | F |
| Basophils | | 0.1 | 10*9/L | ( 0 - 0.1 ) | F |

WARNING: Textual results that are too long for the width of the printed page will be word wrapped which may disrupt any original formatting. It is suggested to print structured textual results on a landscape layout. The result may have been amended or updated since printing took place so please check Review.

# Medicine Prescription Sheet



| | |
|---|---|
| *Patient* | MCPHEE, JOHN |
| *Address* | 2 BARNETT COURT<br>ARDROSSAN<br>AYRSHIRE<br>KA22 7BL |
| *Hospital Number* | 0709605390 |
| *CHI Number* | 0709605390 |
| *Date of Birth* | 07/09/1960 |
| *Ward* | STATION 4-AYR |
| *Consultant* | DR LYNNE KERR |

| Allergy | Reaction |
|---|---|
| PENICILLINS | Rash - minor, self-limiting |

Date Printed: 22/11/2024 8:27

User Name: NU2589

| | Date Started | Date Stopped, Suspended or | Approved Name of Medicine | Dose | Administration times/Frequency | Route | Other Instructions | Last EPA dose given | Prescriber / Verified by: |
|---|---|---|---|---|---|---|---|---|---|
| A | 22/11/2024 07:00 | | PARACETAMOL 500 mg Tablets | 1000 mg | 07:00 13:00 18:00 22:00 | Oral | | 22/11/2024 at 08:08:00 | NURSE ROSS WATSON (NIP) |
| C | 21/11/2024 22:55 | | DICLOFENAC 50 mg Suppositories | 50 mg | 07:00 13:00 22:00 PRN | Rectal | FOR PAIN | 50 mg 22/11/2024 at 08:09:00 | NURSE ROSS WATSON (NIP) |

**Read report carefully. Pay particular attention to the Date Stopped, Suspended or Resumed column**

# Medication Administration Profile



Patient: MCPHEE, JOHN
Hospital No: 0709605390 National No: 070 960 5390
Date of Birth: 7-Sep-1960
Allergies: PENICILLINS

Weight: kg
Height: cm
Body Surface: m²

Date of Report: 22-Nov-2024 at 08:28
Type of Report: Previous Day
Requested By: NU2589
Current Status: On Ward STATION 4-AYR
Under the Care of: DR LYNNE KERR
Admitted On: 21-Nov-2024

Sensitivities:

Key: ! - denotes unverified order at the time of charting or administration. * - denotes charting was overridden. ? - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave. [+] - Order Notes exist % - Part Dose (see PAC) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result <TASK> - Order Suspended (task non-completion) AC - Recommended Action

| DRUG<br>DOSE,ROUTE & FREQUENCY/INTERVAL/RATE<br>*VERIFIER* | 21-Nov-2024<br>Thursday | 22-Nov-2024<br>Friday | | | | | |
|---|---|---|---|---|---|---|---|
| PARACETAMOL 500 mg Tablets<br>1000 mg Oral<br>4X<br>NURSE ROSS WATSON (NIP)<br>Start Date/Time 22-Nov-2024 07:00 | | ! 08:08 NU2589 | | | | | |
| DICLOFENAC 50 mg Suppositories<br>50 mg Rectal<br>3X PRN<br>FOR PAIN<br>NURSE ROSS WATSON (NIP)<br>Start Date/Time 21-Nov-2024 22:55 | ! 23:03 NU0433 | ! 08:09 NU2589 | | | | | |

To: S.POW

**University Hospital Ayr Emergency Department**
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

**DUTY CONSULTANT: DR LAURA MCKECHNIE**

**PATIENT DETAILS**

| | |
|---|---|
| **Patient Name** | John Mcphee |
| **CHI Number** | 0709605390 |
| **DOB** | 07/09/1960 |
| **Address** | 2 BARNETT COURT,ARDROSSAN,AYRSHIRE,, KA22 7BL |
| **Previous Attendances** | No Attendances in Last 12 months:4Total Number of Attendances:12 |

**ATTENDANCE DETAILS**

| | |
|---|---|
| **Arrival Date & Time** | 28/11/2024 10:43 |
| **Presenting Complaint** | Kidneystone pain |
| **Diagnosis** | Urinary tract injury |
| **Treatment** | Advice |
| **Investigations** | |
| **Additional Information** | Patient has mild urethral pain after ureteric stent removal, denies any fever or dysuria or hematuria, reassurance, Analgesia, Worsening symptoms advice. |

**DISCHARGE DETAILS**

| | |
|---|---|
| **Discharge Date & Time** | 28/11/2024 16:42 |
| **Left Department Date & Time** | 28/11/2024 13:08 |
| | Discharge, no follow up Usual place of residence |
| **Child Protection** | None |
| **Adult Protection /Concern Referral?** | No |
| **Clinician Seen** | Bakhshaid Khan,Bakhshaid Khan |

To: S.POW

**University Hospital Ayr Emergency Department**
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

**DUTY CONSULTANT: DAVID CHUNG**

## PATIENT DETAILS

| | |
|---|---|
| **Patient Name** | John Mcphee |
| **CHI Number** | 0709605390 |
| **DOB** | 07/09/1960 |
| **Address** | 2 BARNETT COURT,ARDROSSAN,AYRSHIRE,, KA22 7BL |
| **Previous Attendances** | No Attendances in Last 12 months:2Total Number of Attendances:10 |

## ATTENDANCE DETAILS

| | |
|---|---|
| **Arrival Date & Time** | 21/11/2024 10:40 |
| **Presenting Complaint** | ?Kidneystones |
| **Diagnosis** | Renal colic |
| **Treatment** | Assessed and referred |
| **Investigations** | |
| **Additional Information** | presented with ognoig pain from kidney stones diagnosed by CT KUB 2 days prior, despite analgesia. Referred to urology query need for surgical intervention. |

## DISCHARGE DETAILS

| | |
|---|---|
| **Discharge Date & Time** | 22/11/2024 12:57 |
| **Left Department Date & Time** | 21/11/2024 18:41 |
| | Admitted Combined Assessment Unit (CAU) |
| **Child Protection** | None |
| **Adult Protection /Concern Referral?** | No |
| **Clinician Seen** | Rebecca Bryant,R Bryant |

To: S.POW

**University Hospital Crosshouse Emergency Department**
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

**DUTY CONSULTANT: DR JOANNE MULLIGAN**

## PATIENT DETAILS

| | |
|---|---|
| **Patient Name** | John Mcphee |
| **CHI Number** | 0709605390 |
| **DOB** | 07/09/1960 |
| **Address** | 2 BARNETT COURT,ARDROSSAN,AYRSHIRE,, KA22 7BL |
| **Previous Attendances** | No Attendances in Last 12 months:3Total Number of Attendances:11 |

## ATTENDANCE DETAILS

| | |
|---|---|
| **Arrival Date & Time** | 19/11/2024 15:40 |
| **Presenting Complaint** | KidneyStones? |
| **Diagnosis** | Renal colic |
| **Treatment** | Advice |
| **Investigations** | X-Ray,CTKUB |
| **Additional Information** | GP - no action. Renal colic. CTKUB just showed multiple stones but no obstruction. Discused with Urology who will follow-up as an outpatient. |

## DISCHARGE DETAILS

| | |
|---|---|
| **Discharge Date & Time** | 22/11/2024 17:38 |
| **Left Department Date & Time** | 19/11/2024 20:06 |
| | Discharge, follow up arranged Urology Clinic Usual place of residence |
| **Child Protection** | None |
| **Adult Protection /Concern Referral?** | No |
| **Clinician Seen** | Naomi French,Naomi French |

NHS Ayrshire & Arran

NEW \ RETURN

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

Cardiology Day Unit

URGENT–YES (NO)

| Date & Time of Admission | Preferred Name: | F2F ☒ TEL ☐ | Age: 63 Patient ID: |
|---|---|---|---|
| 29-2-24 11:00 | John | | |
| Date Referred / Referred by: | Patient telephone number: | Category: B | Return: No: |
| Next of Kin: / Number- | Named Nurse: | Consultant: | |
| GP (name / address / contact no.) | Reason For Referral (please circle): Arrhythmia Chest pain DCCV Heart Failure Other Syncope Valve Assessment SOB | | |

| Outcome | Outcome Diagnosis: please circle |
|---|---|
| Discharge with Tx; DNA<br>Discharge no Tx; PIR<br>Referred for Procedure-<br>Return to day unit F2F Tel<br>Referred to other spec-<br>Straight to test- | Arrhythmia Cardiac CP Heart Failure Syncope<br>Non cardiac CP Other(specify) SOB-non cardiac Valve<br>Hypertension |

**Investigations and Plan**

| BP: | Pulse: | Spo2: | Temp: | Resps: | Weight: | |
|---|---|---|---|---|---|---|
| Sitting- 125/78 | 62 | 99% | 35.9 | 12 | Height: 5ft 8 | |
| | | | | | BMI | |
| Standing- | | | | | | |
| | | | | | | |
| | | | | | | |
| Bloods required: (circle) | U&Es LFTs CRP FBC | MAG CAL TFTS BC's | INR Lipids ntproBNP Other: | | ECG recorded? Y / (N) | |
| Telemetry: | | | | | | |

Procedure, Medication, Investigation required:

CT 29/2 / Tape 15/2 – ONA

Follow up required:

Test booked ☐ To attend day unit following test: Yes ☐ No ☐

DRS 6374

Date 09/2/24

| Time | Communication sheet | Signature |
|---|---|---|
| | (S) CAV (carotid) req interm | meds |
| | Exertional CP T Trop (N); | GTN pm |
| | RIV > ETT | asp 750d |
| | (2) ATR 24° HOHe - ED req | |
| | Jan 24 - light headed + | Bloods (-) |
| | Self reported HR 156 bpm | |
| | (B) PMH - ?IHD hyp / renal | |
| | colic / hydronephrosis | |
| | (A) HR 57 res BP 125/78 | RF |
| | HR 111 to ° HF symptoms | Bno - cvt - |
| | ° dizzy / Palp | smokes |
| | chest clear | |
| | HPC - Pains - Felt unwell @ rest | |
| | went back to bed, Brothe | |
| | Felt HR ↑ 156, pt awake | |
| | ↑ HR ° CP etc x 1 off event | |
| | (2) CP - sitting in house, sudden | |
| | onset (L) sided sharp chest | |
| | Pain, lasted 30m → GP query | |
| | → Att. ° radiate ° agg factors, | |
| | ° ass symp 7/10. Pain constant | |
| | since mouthless severe. Tried GTN - unsure if symptom | |
| | DNA Holter | |
| | ETT - Full Bruce 9:09, 75% THR, stopped max exertion. | |
| | (L) sided missile as above, - distant limit / worse | |
| | ° sig ECG changes. | |
| (R) | discharge, worsening admit re H2 Cancel Holter | |

| All Staff must fully complete the Accountability Register. | | | |
|---|---|---|---|
| Name (Print) | Position (e.g. Dr, RGN) | Signature / Initials (to be used throughout document) | Ward |
| STUART HUTCHISON | ANP | SHutch | cardiac dy un |
| | | | |

leH 5 D

# CARDIOLOGY DAY UNIT REFERRAL

| Patient Sticker and Contact Number:- | GP Name: |
|---|---|
| John McPhee<br>37 Park View<br>Ardrossan<br>KA22 7BL | Dr JP Monaghan<br>South Beach Medical Centre<br>8 Harbour Street<br>Ardrossan<br>KA22 8BS<br><br>**Patient Contact Number:** 07443566393 |

| Date Of Referral: | Name of Referring Clinician: |
|---|---|
| 03/02/2024 | Ryan McGovern |

**Reason For Referral:**
Chest pain – grateful if you would consider the need for further investigation. 63 year old man, smoker (10/day), no previous cardiac disease, family history of IHD. Left anterior chest pain/heaviness intermittent/ exertional past 48 hours. No associated symptoms. Relieved by GTN spray. No pain at point of assessment.

**Clinical History:**
As above

**PMH:**
Ureteric stones

**Current Medications:-**
Aspirin 75mg OD
GTN spray PRN

**Heart Score:**

HEART

| HEART score for chest pain patients | | |
|---|---|---|
| History | Highly suspicious | 2 |
| | Moderately suspicious | 1 |
| | Slightly suspicious | 0 |
| ECG | Significant ST-deviation | 2 |
| | Non specific repolarisation disturbance / LBTB / PM | 1 |
| | Normal | 0 |
| Age | ≥ 65 years | 2 |
| | > 45 and < 65 years | 1 |
| | ≤ 45 years | 0 |
| Risk factors | ≥ 3 risk factors or history of atherosclerotic disease* | 2 |
| | 1 or 2 risk factors | 1 |
| | No risk factors known | 0 |
| Troponin | ≥ 3x normal limit | 2 |
| | > 1 and < 3x normal limit | 1 |
| | ≤ 1x normal limit | 0 |
| | | Total |

*Risk factors for atherosclerotic disease:
Hypercholesterolemia, Cigarette smoking, Hypertension, Positive family history, Diabetes Mellitus, Obesity

**ECG: Sinus bradycardia**

**Troponin: 6 → 6**

**CXR: No focal changes**

**TESTS REQUIRED: (DO NOT BOOK)**
**?ETT vs CTCA**

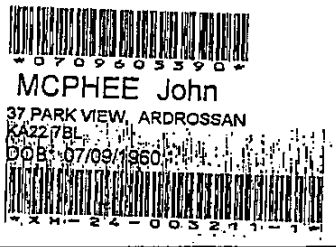
**PLEASE SEND to aa.clinicalhealthrecord@aapct.scot.nhs.uk and COPY TO SCANNING HUB AT TIME OF REFERRING healthrecordsscanhubXH@aapct.scot.nhs.uk**

# CARDIOLOGY DAY UNIT REFERRAL

**PLEASE SEND to aa.clinicalhealthrecord@aapct.scot.nhs.uk and COPY TO SCANNING HUB AT TIME OF REFERRING healthrecordsscanhubXH@aapct.scot.nhs.uk**

# CARDIOLOGY DAY UNIT REFERRAL

**Patient Sticker and Contact Number:-**




**GP Name:**
Dr Sandie Pow
South Beach medical Centre
8 harbour Street
KA22 8BS
01294463011

**Patient Contact Number:**
07443566393 01294 287117

| Date Of Referral: | Name of Referring Clinician: |
|---|---|
| 21/01/24 | Dr Samantha Lennox |

**Reason For Referral:** presynchopal Episode 21/01/24 Reports HR 154 at time. Sinus Bradycardia in ED. otherwise well
Rule out tachy brady? possible missed arrythmia causing presynchopal episode.

**Clinical History:**

FHx Mum & Dad MI, Brother Stroke + pacemaker
PMH: Nil
Smoker 10/day since age 19

**Current Medications:-**
Nil
Allergy penicillins

**Heart Score:**

HEART

| HEART SCORE Components | | |
|---|---|---|
| History | Highly suspicious | 2 |
| | Moderately suspicious | 1 |
| | Slightly suspicious | 0 |
| ECG | Significant ST-deviation | 2 |
| | Non specific repolarisation disturbance / LBTB / PM | 1 |
| | Normal | 0 |
| Age | ≥ 65 years | 2 |
| | > 45 and < 65 years | 1 |
| | ≤ 45 years | 0 |
| Risk factors | ≥ 3 risk factors or history of atherosclerotic disease* | 2 |
| | 1 or 2 risk factors | 1 |
| | No risk factors known | 0 |
| Troponin | ≥ 3x normal limit | 2 |
| | > 1 and < 3x normal limit | 1 |
| | ≤ 1x normal limit | 0 |
| | | Total |

*Risk factors for atherosclerotic disease:
Hypercholesterolemia, Cigarette smoking, Hypertension, Positive family history, Diabetes Mellitus, Obesity

**ECG:** NSR Bradycardia Rate 55

**Troponin:** —

**CXR:** —

**TESTS REQUIRED: (DO NOT BOOK)**
? 24 tape

PLEASE NOTE CAN WORK AWAY FROM HOME FOR PERIODS AT TIME AND MAY HAVE DELAY GETTING APPOINTMENT LETTER TELEPHONE CALL MAY BE BETTER

**PLEASE SEND to aa.clinicalhealthrecord@aapct.scot.nhs.uk and COPY TO SCANNING HUB AT TIME OF REFERRING**

**healthrecordsscanhubXH@aapct.scot.nhs.uk**

To: S.POW

**University Hospital Crosshouse Emergency Department**
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

**DUTY CONSULTANT: DR JOANNE MULLIGAN**

**PATIENT DETAILS**

| | |
|---|---|
| **Patient Name** | John Mcphee |
| **CHI Number** | 0709605390 |
| **DOB** | 07/09/1960 |
| **Address** | 37 PARK VIEW,ARDROSSAN,AYRSHIRE,, KA22 7BL |

**ATTENDANCE DETAILS**

| | |
|---|---|
| **Arrival Date & Time** | 21/01/2024 13:51 |
| **Attendance Number** | XH-24-003211-1 |
| **Diagnosis** | Collapse/Faint |
| **Treatment** | Assessed and referred |
| **Investigations** | |
| **Additional Information** | Dear Doctor, Mr McPhee was seen in ED at Crosshouse Hospital on 21/01/24 following a presynchopal episode this morning. He reports afterward feeling his heart racing and reports a heart rate 153. On assessment his ECG was sinus brady. Pulse regular, rate 55. Clinically well. No cardiac history and no chest pain. We have discharged with worsening advice and have referred him to cardiology out patient clinic for consideration of 24 hour tape. many thanks. |

**DISCHARGE DETAILS**

| | |
|---|---|
| **Discharge Date & Time** | 21/01/2024 21:12 |
| **Left Department Date & Time** | 21/01/2024 17:46 |
| | Discharge, follow up arranged Other Clinic<br>Usual place of residence |
| **Child Protection** | None |
| **Adult Protection /Concern Referral?** | No |

**Clinician Seen** - Samantha Lennox,Samantha Lennox

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

STA1060

UROLOGICAL

DATE

63 (m) → Hx of stones.

Pt reports routine review received in post.
Pt reports been well since last appointment & seen Jan.
No haematuria, occasionally feels twinge of pain but never lasts
More than a few minutes.
Last CT – distal (L) ureteric stone passed
– some very small in (R) kidney – advised these would likely
pass.
Letter from Jan advised discharge – pt feels he would be happy
with this.

PMH, 2, PURS + Stent for stones – 2020 + Jun 22. SH: works in the Herald
NKDA. Struggling to make
D/W Mr Kerr – PIR appointment.
Smoker

Plan
Pt discharged from urology today
Via Given patient initiated return.

[signature]

STA1060

Write or attach label

HCR No: ...
CHI No: .....
Surname: ...
Forename: .
Address:.....
.....
Date of Birth.....

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

DATE

28/7/22

Patient: John McPhee

Multistix® 8 SG
Test date 07-28-2022
Time 3:53PM
Operator
Test number 5025
Color Not Entered
Clarity Not Entered

GLU Negative
KET Negative
SG 1.015
*BLO Moderate*
pH 6.0
PRO Negative
NIT Negative
*LEU Small *

28/7/2022 Stent on string, discussed with L Goodwin, happy for nurse to remove, removed without difficulty. KL

UROLOGICAL

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 17 Aug 2021
CHI Number : 0709605390

Dear Doctor, (Practice Code - 80005)

John McPhee, 07/09/60 , 37 PARK VIEW ARDROSSAN

John McPhee, was attended by ambulance crew on 17 Aug 2021 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR007716566.

Yours sincerely,

Scottish Ambulance Service

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.infogov@nhs.scot Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

## TerraPACE REPORT

| | | | |
|---|---|---|---|
| Time | 08:55 | Date | 17/08/2021 |

### PATIENT AND INCIDENT DETAILS

| | |
|---|---|
| Incident number | CR007716566 |
| Name | John McPhee |
| CHI Number | 0709605390 |
| Date of Birth | 1960-09-07 |
| Additional Comments and Observations | 999 call to 61yom who has 6 wk hx kidney stone pain. Pt has been in pain since 5pm last night. The tramadol he has been prescribed is having little effect. O/A of crew pt answered the door. Pt is alert, has a good colour, clear airway, normal rr, is well perfused, with gcs 15. Pt states he is experiencing 9/10 pain. Urology appointment at Ayr hospital has been arranged for thursday. pt was referred by crew to own GP to discuss pain management until this time. |
| Additional Comments: Presenting Complaint | KIDNEY STONE PAIN |

### PATIENT ASSESSMENT

| | | | |
|---|---|---|---|
| **AVPU** | | Alert | |
| **Circulation** | | | |
| **Pulse Rate** | 70 | **BP** | 138/74 |
| **Cap Refill** | <=2 Secs | **ECG Rhythm** | |
| **Rhythm** | Reg | **Arm** | Right |
| **Central/Peripheral** | Peripheral | **ECG** | |
| **IV(L)** | | **IV(R)** | |
| **IO(L)** | | **IO(R)** | |

**Observations**

| Time | P | RR | BP | SpO2 | CR | GCS | AVPU | ETCO2 | T | BM | ECG | P(L) | P(R) | PEF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 08:28 | 70 | 16 | 138/74 | 96 | <=2 Secs | 15 | Alert | | 36.9 | 6.9 | | 5 | 5 | |

### HISTORY

**AMPLE**

| | |
|---|---|
| **Allergies** | PENECILLIN |
| **Medication** | OMEPRAZOLE, TRAMADOL, NAPROXEN |
| **Past Medical History** | ONGOING PROBLEMS WITH KIDNEY STONES |
| **Last Eaten** | >4 Hours Ago |
| **Events Prior** | LEFT SIDE FLANK PAIN |

**Social History**

| | |
|---|---|
| **Lives alone** | |

### MEDICAL

### TRAUMA

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.infogov@nhs.scot Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

| OBSTETRICS/GYNAE |
| --- |
| OTHER |

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.infogov@nhs.scot Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

Ayr Hospital
Emergency Department
Tel: 01292 614578

# Emergency Department Discharge Letter

To: S:POW

Re: John Mcphee
37 PARK VIEW,ARDROSSAN,AYRSHIRE,,
KA22 7BL
**DOB:** 07/09/1960
**ED Attendance No:** AYR-20-000614-1
**CHI No.: 0709605390**

**Attendance Details**
**Date of Attendance:** 07/01/2020 **Time of Attendance:** 10:32:00
**Presenting Complaint:** kidney stones **Duty Consultant:** A Krichell
**Additional Information:** No Attendances in Last 12 months:4 Total Number of Attendances:6

| | |
|---|---|
| **Diagnosis** | Renal colic,, |
| **Treatment** | Take home drugs<br>Advice<br>Assessed and referred |
| **Investigations** | X-Ray, |
| **Discharge Information:** | Discharge, Usual place of residence follow up arranged, Urology Clinic |
| **Additional Information** | Renal colic (known right kidney stones, stented in November). XR: stent in satisfactory position. Bloods NAD. Referred to Urology, they will see him as an OP for further management. Discharged with worsening advice. TTO Codeine given. |
| **Discharged by:** | Gerardo Perrotta,FY2 |



If you have any queries about this patient, please contact one of the staff at the above number

Crosshouse Hospital
Emergency Department
Tel: 01563 827762 / 827751
(ED Secretaries Mon-Fri 9am-5pm Tel: 01563 827757 (Out of Hours queries

# Emergency Department Discharge Letter

To: S.POW

Re: John Mcphee
37 PARK VIEW,ARDROSSAN,AYRSHIRE,, KA22 7BL
**DOB:** 07/09/1960
**ED Attendance No:** XH-19-069401-1
**CHI No.:** 0709605390

**Attendance Details**
**ıte of Attendance:** 06/12/2019 **Time of Attendance:** 09:37:00
**esenting Complaint:** kidney stones **Duty Consultant:** C McRoberts
**Additional Information:** No Attendances in Last 12 months:2 Total Number of Attendances:4

**Diagnosis** Renal colic,,

**Treatment** Take home drugs

**Investigations**

**Discharge ormation:** Discharge, Usual place of residence no follow up

**Additional Information** presented with dull ache in penis and right loin on the background of recent stent for renal stones. Urinalysis present for blood but no frank haematuria. Bloods all normal and no evidence of infection. Discharged with diclofenac.

**Discharged by:** Leah Macrae,Clinical Fellow



If you have any queries about this patient, please contact one of the staff at the above number

Crosshouse Hospital
Emergency Department
Tel: 01563 827762 / 827751
(ED Secretaries Mon-Fri 9am-5pm Tel: 01563 827757 (Out of Hours queries

# Emergency Department Discharge Letter

To: S.POW

Re: John Mcphee
37 PARK VIEW,ARDROSSAN,AYRSHIRE,, KA22 7BL
**DOB:** 07/09/1960
**ED Attendance No:** XH-19-065656-1
**CHI No.: 0709605390**

**Attendance Details**
**ate of Attendance:** 18/11/2019 **Time of Attendance:** 04:21:00
**esenting Complaint:** unwell adult **Duty Consultant:** C McRoberts
**Additional Information:** No Attendances in Last 12 months:1 Total Number of Attendances:3

| | |
|---|---|
| **Diagnosis** | Urinary tract calculus,, |
| **Treatment** | Assessed and referred |
| **Investigations** | X-Ray, |
| **Discharge ormation:** | Admitted, Ayr |
| **Additional Information** | Right renal stone with hydronephrosis/ureter. Transfered to Ayr urology. |
| **Discharged by:** | Kenneth Barclay,Spec Trainee Year 1 |



If you have any queries about this patient, please contact one of the staff at the above number

# OPERATION AND ANAESTHETIC RECORD

See filing Arrangements on inside front cover

OPER+ANAE RECORDS

STA 4031

NHS
Ayrshire
& Arran

# Consent for Operation


*0709605390*
MCPHEE John
2 BARNETT COURT, ARDROSSAN
KA22 7BL
DOB: 07/09/1960
*AYR-24-028816-1*


**PROCEDURE:** Left JJ Stent Insertion +/-
Ureteroscopy & Laser Lithotripsy

**PURPOSE OF PROCEDURE:** Removal of (L) Ureteric Stone & Drainage of (L) Kidney

**SIDE OF PROCEDURE:** LEFT / RIGHT / BOTH / NOT APPLICABLE

## A. Statement of health professional

I confirm I am a health professional with an **appropriate knowledge of the proposed procedure** as specified in the Board's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) ☑ the proposed approach

b) ☑ the intended benefits of the procedure

c) ☑ the possible risks of the procedure (including those specific to the patient).

d) ☑ the benefits and risks of any alternative treatments (including no treatment) and any particular concerns of the patient.

e) any additional procedures that might become necessary during surgery. Commonly this would include:

☑ Blood transfusion ☐ Other procedure (please state)

Nephrostomy

*NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.*

**I understand the benefits, risks and alternatives that have been explained to me, and I agree to the operation.**

Signed (patient/parent/guardian): ..JMcPhee..... Date: ..22/11/24

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

## C Confirmation of consent (for use on day before or day of surgery)

Confirmation of consent is only mandatory, when the original consent was signed by the patient >84 days before the date of the operation.

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

**Consultant or other responsible health professional**

Signed (health professional): ..... Date: .....

Name (PRINT): ..... Time (24 hr): .....

Designation: ..... GMC/GDC/NMC number: .....

**Patient**

Signed (patient/parent/guardian): ..... Date: .....

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

ST4

NHS Ayrshire & Arran

# ANAESTHETIC RECORD

| | |
|---|---|
| Proposed procedure: (C) Stent DJ | Elective / Urgent ✓ / Emergency |
| Consent / Incapacity form signed Y / N | Supervising Consultant: K. Kean |
| Fasted Y / N | Informed Y / N — Theatre / (Local) / Distant |

HCR CHI: 0709605390
CHI N McPhee, John
Surna 2 Barnett Court
Forer Ardrossan
Addre KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047
Date of Birth .....

**Preoperative Assessment** Assessor: McCREATH Date: 22/11/24 Location: ST4 (UHA) / UHC ASA Grade: I

## History

Previous GA: Yes, no issues

FH: ✓

CVS: IHD. -ve ETT.

Exercise Tolerance: Keeps active.

Resp: ✓

Smoking: 10 cpd.

Reflux: Nil.

Alcohol & Recreational Drugs: No.

## Recent Medication

Nil

Allergies: PENICILLIN - RASH.

Other: Prev renal colic → 3mm x 3mm (L) renal calculi

Fasted ✓

## Examination

Mouth opening ✓
Teeth Partial top plate
Neck ✓
MP I

HR 75
BP 140/70
SPO2 99% (A)
Temp 36.4

Height
Weight
BMI

Hb 153
WCC 10.0
Plats 295
Urea 8.9
Creat. 77
Na 140
K 3.4
ECG Sinus brady
G&S/XM (4S)
OTHER :

## Discussed:

| | | | |
|---|---|---|---|
| Anaesthetic | | | |
| Fasting | ✓ | Premed | ☐ |
| Induction | ✓ | Analgesia | ✓ |
| Monitoring | ✓ | Sore throat | ✓ |
| Dental damage | ✓ | PONV | ☐ |
| Anaphylaxis | ☐ | Awareness | ☐ |
| Unforeseen Event | ✓ | | |

## Regional Block: Complications discussed pre-operatively

| | |
|---|---|
| Failure | ☐ |
| Hypotension | ☐ |
| Headache | ☐ |
| Infection | ☐ |
| Urine Retention | ☐ |
| Nerve Damage | ☐ |
| L.A. Toxicity | ☐ |
| Haematoma | ☐ |
| Handout | Y / N |
| Other: | |

## Preoperative Instructions

**Fasting:**
As Protocol ✓
Light breakfast ☐
Sip till send ✓

**Normal Medications as per Protocol:**

**EXCEPT:**

Premedication drugs: Date Time

Signed:

Given at / by

Operation done: L stent + laser

Date 22/11/24 Location UHA TH3

Surgeon(s) Ms Kean Cons

Anaesthetic Assistant

Anaesthetist(s) McCREATH

Grade ST4 GMC No. 7334320

**Comments** Significant events / Critical Incidents / Clinical Alert

**Risk Score**

STA0093

# Postoperative Instructions

## OXYGEN

| Via | | Flow | Duration |
|---|---|---|---|
| Facemask | ☑ | 4 lpm | ..... hours |
| Nasal Cannula | ☐ | Humidified to keep $SpO_2$ ≥95% ☐ | Until fully awake ☑ |

## ANALGESIA (see HEPMA)

| | iv. | Oral |
|---|---|---|
| Morphine | ☐ | ☑ |
| Oxycodone | ☐ | ☐ |
| Fentanyl | ☑ | ☐ |
| Paracetamol | ☐ | ☑ |
| Other | | |

## IV FLUIDS

As charted ☐

Complete bag over 1 hours

## ANTI-EMETIC (see HEPMA)

| | |
|---|---|
| Ondansetron | ☑ |
| Cyclizine | ☑ |
| Prochlorperazine | ☐ |

Other .....

## DRUGS AS PER HEPMA

Cannula Flushed ☑ Discharge Drugs ☐

## DESTINATION

| DSU/24HR | Ward | HDU | ITU |
|---|---|---|---|
| ☐ | ☑ | ☐ | ☐ |

| Time | NOTES |
|---|---|
| | |

9 mins 260 ASA2

NHS Ayrshire and Arran –University Hospital, Ayr

NHS Ayrshire & Arran

**Checklist for patients undergoing operation or procedure**

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

Proposed operation/procedure: LEFT JJ SCNT +/- URETEROSCOPY + LASER.

Premed given Y/N? STAT

If yes drug and dose 1G PARACETAMOL ORAL PR 50mgs DICLOFENAC

Fasted from? 10pm. SIP TILL SEND.

Date 22.11.24 Station 4 Theatre 3

| | Station/DSU | | Reception/Recovery | | Theatre | |
|---|---|---|---|---|---|---|
| | Yes | N/A | Yes | N/A | Yes | N/A |
| ID bracelet checked? | | | ✓ | | ✓ | |
| Case/nursing notes available? | | | ✓ | | ✓ | |
| Procedure/consent checked against theatre list? | | | ✓ | | ✓ | |
| Surgical site marked? | | | ✓ | | ✓ | |
| Consent/incapacity form signed by patient and surgeon (within 84 days (12 weeks))? | ✓ | | ✓ | | ✓ | |
| Allergy status confirmed? Allergic to: Penicillin *Consider Gentamicin in Bone cement* | | | RASH ✓ | | ✓ | |
| Blood/Lab results available? 21/11/24 | | | ✓ | | ✓ | |
| Urinalysis performed? BLOOD ++ Result PROTEIN - TRACE | | | | | | |
| Blood cross-matched or G&S? | | | | | ✓ | |
| ECG available? 22/11/24 | | | ✓ | | ✓ | |
| Anticoagulants? If yes, please document: INR result | | | | ✓ | ✓ | |
| | | | | | | |
| Pregnancy test required? Result | | ✓ | | ✓ | ✓ | |
| Any internal metalwork? Where | | | | ✓ | ✓ | |
| TED stockings? | | | ✓ | | ✓ | |
| Caps/crowns/loose teeth/dentures? | | | REMOVED | | ✓ | |
| Hearing aid/contact lenses? | | | | ✓ | ✓ | |
| Rings/piercings/jewellery taped? | | | | ✓ | ✓ | |
| Skin bundle activated | | | PT STATES SKIN INTACT. | | | |
| | Station/DSU nurse | | Reception nurse | | Theatre nurse/ODP | |
| Signed | | | [signature] | | [signature] | |

Version 1 Review Date: December 2020 DRS 8274

Temp 36.6°C
NOT DIABETIC.

NHS
shire
rran

| | |
|---|---|
| Date of Procedure: | 22/11/24 |
| Time of Procedure: | AM |
| Operation Performed: | left Stent Insertion |
| Operating Consultant: | Ms Keer |

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

# Theatre Instrument Traceability Record

Affix Labels here

CENTRAL DECONTAMINATION UNIT
AYRSHIRE CENTRAL HOSPITAL KA12 8SS
THIS SET IS MANUFACTURED IN ACCORDANCE WITH REGULATION 14, UK MDR 2002
UROLOGY CYSTOSCOPE SET AYR 06

DATE STERILIZED 21 11 24 STLZR 05
BROWN-AUTOCLAVED
7357
CYCLE NUMBER
UROLOGY
NOT SET

AYR THEATRE
ID T1174AY06
LOT 00460
STERILE 134° 2024-11-21 2025-11-20
STORE IN A CLEAN DRY AREA OPEN AT POINT OF USE ONLY

Boston Scientific
Percuflex™ Plus
6F (2.0mm) x 26cm
GTIN 08714729041184
REF M0061752630
LOT 34349706

PULL TAB
SOLTIVE™
SuperPulsed Laser Fiber
SINGLE USE
200 Micron
REF TFL-FBX200S LOT KR426731 2027-04-16

CENTRAL DECONTAMINATION UNIT
AYRSHIRE CENTRAL HOSPITAL KA12 8SS
THIS SET IS MANUFACTURED IN ACCORDANCE WITH REGULATION 14, UK MDR 2002
UROLOGY OLYMPUS
URETEROSCOPE SET AY02

DATE STERILIZED 20 11 24 STLZR 05
BROWN-AUTOCLAVED
7350
CYCLE NUMBER
UROLOGY

AYR THEATRE
ID T8238AY02
LOT 00058
STERILE 134° 2024-11-20 2025-11-19
STORE IN A CLEAN DRY AREA OPEN AT POINT OF USE ONLY

Continued

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

DATE 22/11/24

SURGEON KEKR

ANAESTHETIST Dr Kerr

ASSISTANT

OPERATION PERFORMED
left rigid & flexi ureteroscopy + laser stone frag + stent insertion

DESCRIPTION OF PROCEDURE

(I) L- Distal ureteric + intramural stone

(P) GA, mUD, gent, TEDS.

Cystoscopy: NAD. Sensor GW to UK.

Rigid: ord 2nd wire 2x distal stone laser frag. RAP (M) 2nd wire.

Flexi: tiny stones x3 - laser frag

Kidney & ureter clear.

26cm 6Fr sent position checked: On string

Bladder empty

Inst GW agt.

Post op/ - Home today
- Start out clinic Monday
- PIR thereafter

DRAINS ..... PACKS ..... UKW KERR.

SPECIAL INSTRUCTIONS TO WARD

OPERATION

Signature .....

DRS 5964

## Recovery room care

## University Hospital Ayr

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

NHS Ayrshire & Arran

| | |
|---|---|
| Date | 22.11.24 |
| Time on arrival | 1145 |
| Time on transfer | 1210 |
| Transferred to | ST4 |
| Recovery nurse | Yvonne Smith |

| | |
|---|---|
| Anaesthetist | DeKerr |
| Anaesthetic | General |
| Surgeon | Ms Kerr |
| Operation | Left Ureteroscopy, Stone fragmentation + left ureteric stent insertion. |

| | | | |
|---|---|---|---|
| Condition on entering recovery & O2 therapy | Breathing spont, Ima IC situ, O2 15lpm / SaO2 100% | | |
| Airway | YES/NO | Time removed | |
| Laryngeal in situ | YES/NO | Time removed | |
| E.T.T in situ | YES/NO | Time removed | |

| Drug given | Time | Amount | Route | Sign |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | PCA | Epidural | Nerve catheter | Local anaesthetic |
|---|---|---|---|---|
| | YES/NO | YES/NO | YES/NO | YES/NO |
| Connected at | | | | |

| Invasive monitoring | site | Secured with sutures | Removed on transfer | Visual check Sign 1 | Sign 2 |
|---|---|---|---|---|---|
| Arterial | | YES / NO | YES / NO | | |
| Central | | YES / NO | YES / NO | | |

| Catheter | Site | Type | Inserted | Removed on discharge | Mitomycin time Inserted | Removed |
|---|---|---|---|---|---|---|
| | | | | YES/NO | | |
| | | | | YES/NO | | |

| | Dressing type & site | Time checked | | | |
|---|---|---|---|---|---|
| Wound 1 | | | | | |
| Wound 2 | | | | | |
| Wound 3 | | | | | |

| Time checked | | | | |
|---|---|---|---|---|
| Colour | | | | |
| Sensation | | | | |
| Movement | | | | |

| Drain in situ | Drain type & Site | On suction |
|---|---|---|
| YES/NO | | YES/NO |
| YES/NO | | YES/NO |

**Nursing Notes:** Post op temp 36.4
IV fluids discontinued
Diclofenac 75mgs IV in theatre
* Stent band in situ *

Penicillin allergic

NHS
Ayrshire
& Arran

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

# Consent for Operation

**PROCEDURE:** Cystoscopy + right ureteroscopy + stone fragmentation +/- stent insertion

**PURPOSE OF PROCEDURE:** stone

**SIDE OF PROCEDURE:** LEFT / RIGHT / BOTH / NOT APPLICABLE

## A. Statement of health professional

I confirm I am a health professional with an **appropriate knowledge of the proposed procedure** as specified in the Board's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) ☑ the proposed approach

b) ☑ the intended benefits of the procedure

c) ☑ the possible risks of the procedure (including those specific to the patient).

d) ☑ the benefits and risks of any alternative treatments (including no treatment) and any particular concerns of the patient.

e) any additional procedures that might become necessary during surgery. Commonly this would include:

☑ Blood transfusion ☐ Other procedure (please state)

.....

.....

.....

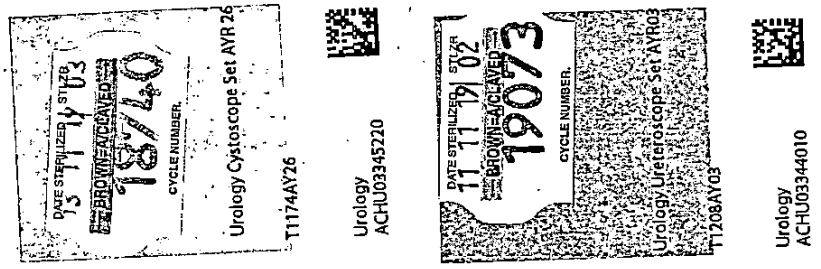
*NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.*

**I understand the benefits, risks and alternatives that have been explained to me, and I agree to the operation.**

Signed (patient/parent/guardian): ..... Date: 18/11/19

Name of patient/parent/guardian (PRINT): Joanne Phillips

Relationship to patient: .....




## C. Confirmation of consent (for use on day before or day of surgery)

Confirmation of consent is only mandatory, when the original consent was signed by the patient >84 days before the date of the operation.

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

**Consultant or other responsible health professional**

Signed (health professional): ..... Date: .....

Name (PRINT): ..... Time (24 hr): .....

Designation: ..... GMC/GDC/NMC number: .....

**Patient**

Signed (patient/parent/guardian): ..... Date: .....

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

Boston Scientific
Percuflex™
6F (2.0mm) x 26cm
GTIN 08714729040330
REF M0061453620
LOT 24242408

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

DATE 22/11/24

SURGEON KERR

ANAESTHETIST Dr Kerr

ASSISTANT

OPERATION PERFORMED
left rigid & flexi ureteroscopy + Laser stone frag + stent insertion

DESCRIPTION OF PROCEDURE

(I) L- Distal ureteric +- intramural stone

(P) GA, mID, gent, TEDS.

Cystoscopy: NAD. Sensor adv to UKr

Rigid: adv 2nd wire 2x distal stone Laser frag. RAP (M) 2nd wire

Flexi: tuniy stones x3 - Laser frag

Kidney & ureter clear.

26cm 6Fr sent position checked. On string

Bladder empty

Instill agent

OPERATION

Post op/ - Home today
- Start outpatient Monday
- PIR thereafter

DRAINS ..... PACKS ..... UKr KERR.

SPECIAL INSTRUCTIONS TO WARD

Signature .....

# Anaesthetic Record

| | |
|---|---|
| Proposed procedure: FURS Stone Frag | Elective ✓ / Scheduled Urgent / Urgent / Emergency |
| Consent form signed Y / N | SASM Consultant: Kerr. |
| Incapacity form Y / N | Informed (Y) N |
| Fasted 6pm. Y / N | |

HCR No: CHI: 0709605390
CHI No: McPhee, John
Surname: 37 Park View
Forenan: Ardrossan
Address: KA22 7BL
..... 07/09/1960 61
Date of Dr JP Monaghan

Preoperative Assessment: Assessor: a Thomson Date: 28/7 Location: DSU ASA Grade: II

## History

Previous GA
Yes. No imes #4 lapl.

FH

CVS
RSIND.

Exercise Tolerance
actie
voofer.

Resp.
Pifectie or otherwise

Reflux
denies

Smoking
10/day.

Alcohol & Recreational Drugs
minimal.

## Recent Medication

diclofenac
paracetamol
buscopan
tramadol
} not local trdg.

Allergies penicillin (rash)

## Examination

Mouth opening good
Teeth perfect apple.
HR
BP 138/71
Weight 68
Height 1.69
BMI

Hb 149
WCC 6-8
Plats 312.
Urea 10.7
Creat. 77
Na 138
K 4.0
ECG SR. 56bpm
CXR
OTHER:

## Discussed: Regional Block: Complications discussed pre-operatively

| | | | |
|---|---|---|---|
| Fasting | ✓ | Failure | |
| Premed | ✓ | Hypotension | |
| | | Headache | |
| Induction | ✓ | Numbness | |
| Analgesia | ✓ | Urine Retention | |
| | | Nerve Damage | |
| Suppositories | | L.A. Toxicity | |
| Monitoring: | ✓ | Patient agrees | Y / N |
| Other sore throat | | Handout | Y / N |
| | | Other dental damage | |

## Preoperative Instructions

**Fasting:** Time
As Protocol ☐
Light breakfast
Fluids - allow:
still juices / water till:

**Usual Medicines:** Unless otherwise instructed give all medicines except insulin, oral hypoglycaemics and anticoagulants.
Give all except:
Give only:

Premedication drugs: Date Time 08:00
paracetamol 1g PO pre Op
Signed:
Given at / by EA 0825

Operation done: (R) FURS ± stone frag
Date 26/7/22 Location Th 1 Start time End time
Surgeon(s) Small Kerr.
Anaesthetic Assistant
Anaesthetist(s) a Thomson ST3
Grade GMC No.

Remarks Uneventful ☐ Significant events / Critical Incidents Hazard warnings

Effect of premed

ANAESTHETIC RECORD

STA0033

| Monitoring | | | | Checks | | | | Ventilation | | Access | | Induction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ECG | ✓ | Boots | | Anaesthetic Machine | | | | Circuit | | Site of Cannula | Size | (IV) ..... Gas ..... (Pre) $O_2$ RSI ..... |
| NIBP | ✓ | Fluid Warmer | | Anaes room | ✓ | Theatre | ✓ | Circle | ✓ | RDU | 20g | Face Mask Anaesthetic |
| $SpO_2$ | ✓ | Warm Air | | Position: | | | | Bain | | ..... | ..... | Airway: Oral ..... Nasal ..... |
| $ETCO_2$ | ✓ | Padded Mat | ✓ | Lithotomy. | | | | T Piece | | ..... | ..... | LMA: Size 4 ..... Type Ingel |
| $F_iO_2$ | ✓ | TED Stocks | | Pressure Care | | | ✓ | HME Filter | | A Line | Site | ETT: Size ..... Cuff ..... |
| NMT | | Tourniquet Press. Time | | Eye Care | | | ✓ | Ventilation | | | | Type ..... |
| ET Agent | ✓ | | | Throat Pack | In | Out | | Pressure Cont | | CVP | Site | Laryngoscopy grade ..... |
| Temp. | | warmed fluid | ✓ | Thromboprophylaxis | | | | Volume Cont | | | | Notes: |
| Urine Cath. | | | | Antibiotic | Dose | Time | | Spont. Resp. | ✓ | Insertion Notes: | | |
| CVP | | | | gentamicin | 240 mg | 0900 | | Press Sup. | | | | |
| IBP | | | | | | | | Manual IPPV | | | | |

| Drugs | | Time | 0900 | 0930 |
|---|---|---|---|---|
| fentanyl | mcg | | 75/50/25 | 25 |
| propofol | mg | | 200 | |
| dexmedetomidine | mg | | 6.6 | |
| diclofenac | mg | | 75 → | |
| ondansetron | mg | | | 4 |

| | | 0900 | 0930 |
|---|---|---|---|
| $O_2$ | ☑ | | |
| $N_2O$ | ☐ | | |
| Air | ☑ | | |
| Sev | ☑ | | |
| Des | ☐ | | |
| Iso | ☐ | | |
| Halo | ☐ | | |
| Others | ☐ | | |
| $S_pO_2$ | | 99 | 99 |
| $ETCO_2$ | | 6.2 | 6.4 |
| ET Agent | | 2.0 | 2.1 |
| $f_iO_2$ | | .80 | .50 |
| RR | | 9 | 10 |
| Fluids | | (1) | |
| Blood Loss | | | |
| Urine Output | | | |

## Regional & Local Anaesthetic Techniques

Spinal ☐ Notes

Epidural ☐

N. Block.....

Wound Infiltration ☐

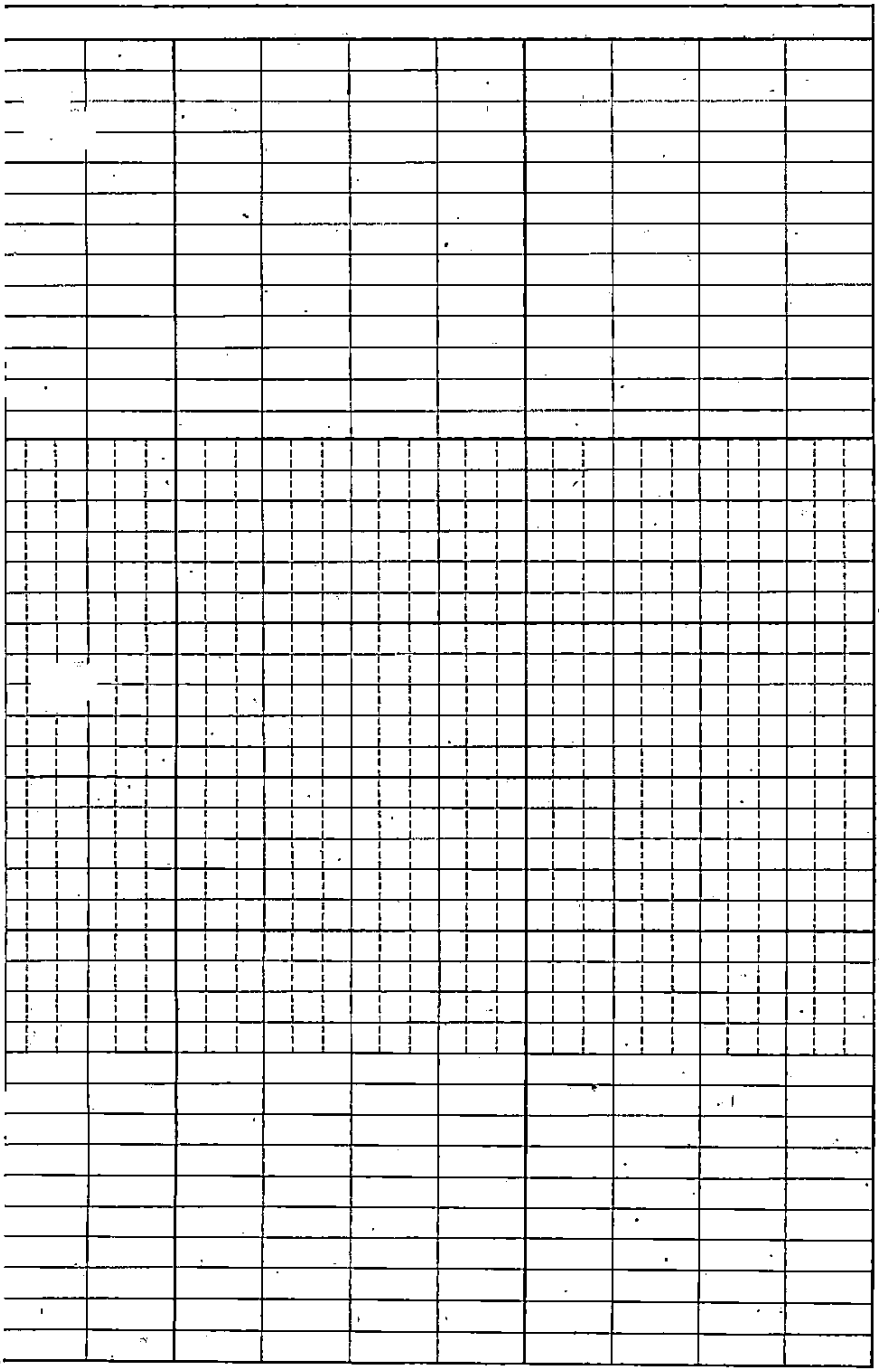
Full Aseptic ☐

Entry Site:.....

Needle Used:.....

Catheter: Y / N

## Notes & Events




| | Fluid In | Vol. |
|---|---|---|
| ① | CSL + diclofenac | 500 |
| | | |
| | | |
| | |

## Postoperative Instructions:

Reviewed by

Routine monitoring & care

$O_2$ 4 l/min till awake or.....hrs

Humidified $O_2$ % as required to maintain $O_2$ Sat > 95%

Morphine 1mg/ml IV up to 10mg as required for pain in recovery (YES) Signed.....

Paracetamol 1g IV in recovery if required for pain ~~YES~~ Signed.....

Ondansetron 4mg IV in recovery if required for nausea (YES) Signed.....

Cyclizine 50mg IV in recovery if required for nausea (YES) Signed.....

IV fluids as charted ☐ Special instructions

Drug therapy as charted

Sign off completed chart

| Time | Recovery Notes | Drugs |
|---|---|---|

| Drug | Strength | Quantity Supplied | Directions | Date | Doctor's Signature |
|---|---|---|---|---|---|
| Paracetamol Tablets | 500mgs | 32 | 1-2 tablets 4-6 hrly when required for pain | 26/7 | |
| Co-codamol Tablets | 30 / 500mgs | 10 20 | 1-2 tablets 4-6 hrly when required for pain | | |
| Diclofenac Enteric coated Tablets | 50mgs | 9 | 1 tablet 3 times daily | | |
| Dihydrocodeine Tablets | 30mgs | 15 | 1 tablet 4-6 hrly when required for pain | 26/7 | |

SC1384

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

DATE 26/7/22

SURGEON SMAHW

ANAESTHETIST

ASSISTANT
KERR UNSCRUBBED

OPERATION PERFORMED
RIGHT RIGID & FLEXI URETEROSCOPY, BASKET EXTRACTION OF STONE + STENT REPLACEMENT

DESCRIPTION OF PROCEDURE
- Indication: 8mm R ureteric stone, stent @ Lilbert Rain
- Procedure: GA, MLD positron, MSSU -ve, gent, TEDS, cond -ve
- Cystoscopy: NAD. Sensor CAN RK. Stent easily removed
- Rigid: Stone mid ureter - basket extraction specimen to biochem
- Flexi: ORC second wire to RK RAP.
  - Upper pole - Randall Plaque.
  - Mid pole - stone - likely Randall Plaque but around 3mm ⇒ Laser frag (Soltiv)
  - No further stones on renoscopy.
  - Ureter clear.
- 26cm 6Fr stent placed on strings.
- Bladder emptied
- Instillagel.

Post op: Home today
Stent out ~~Friday~~ Thursday

DRAINS ..... Clinic 6/12 PACKS .....

SPECIAL INSTRUCTIONS TO WARD NKW KERR.

OPERATION

Soltiv
0.312kJ.
16s.
0.05J
400Hz
20W.

Signature .....

DRS 5984

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

DATE 26/7/22

SURGEON SMAHW

ANAESTHETIST

ASSISTANT
KERR UNSCRUBBED

OPERATION PERFORMED
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  Specimen to biochem
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  Upper pole - Randall Plaque.
  Mid pole - stone - likely Randall Plaque but around 3mm ⇒ Laser frag (Soltiv)
  No further stones on renoscopy.
  Ureter clear.
- 26cm 6Fr stent placed on strings.
- Bladder emptied
- Instillagel.
- Post op Home today
  Stent out ~~today~~ Thursday

DRAINS ..... Clinic 6/12 PACKS .....

SPECIAL INSTRUCTIONS TO WARD: NKW KERR.

OPERATION

Soltiv
0.312kJ.
16s.
0.05J
400Hz
20W.

Signature .....

DRS 5964

NHS Ayrshire & Arran

# PRE-OPERATIVE ASSESSMENT

v40

## PATIENT INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| Surname | McPhee | DOB | 1960-09-07 | AGE | 61 |
| Forename | John | CHI | 0709605390 | SEX | Male |
| Address | 37 Park View Ardrossan KA22 7BL | | | | |
| Tel No | 01294 287117<br>07443 566 393<br>07443 567 119 | | | | |

Planned Operation: Right
flexible ureteroscopy and laser stone fragmentation – stent in situ

# Summary View

## CLINICAL FRAILTY ☐

## LIFESTYLE

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Smoking status | Smoker ☑ | No. per day 10 | Non-smoker ☐ | Ex-smoker ☐ | Date stopped |
|---|---|---|---|---|---|

| Do you drink alcohol? | Yes ☐ | No ☑ | units per week | | |
|---|---|---|---|---|---|

## CLINICAL ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| | Yes | No | Details |
|---|---|---|---|
| Have you ever had any operations or admissions to hospital? Please give details. | ☑ | ☐ | cysto stent insertion 2019<br>ureteroscopy stone frag stent change 2020 |
| Have you or your family had any serious anaesthetic problems in the past? Please give details. | ☐ | ☑ | |
| **What exercise are you able to do?** | **Yes** | **No** | **Score: 44.7** |
| Can you walk indoors, such as around your house? | ☑ | ☐ | |
| Can you do light work around the house like dusting or washing dishes? | ☑ | ☐ | |
| Can you take care of yourself, that is, eat dress, bathe or use the toilet? | ☑ | ☐ | |
| Can you walk 200 yards on level ground? | ☑ | ☐ | |
| Can you do moderate work around the house like vacuuming, sweeping floors, or carrying groceries? | ☑ | ☐ | |
| Can you do yard work like raking leaves, weeding or pushing a power mower? | ☑ | ☐ | |
| Can you have sexual relations? | ☐ | ☐ | |
| Can you climb a flight of stairs or walk up a hill? | ☑ | ☐ | |
| Can you participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a ball? | ☐ | ☐ | Restricted at present due to pain from stent |

| | | | |
|---|---|---|---|
| Can you participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing? | ☐ | ☐ | |
| Can you do heavy work around the house like scrubbing floors or lifting or moving heavy furniture? | ☑ | ☐ | |
| Can you run a short distance? | ☑ | ☐ | |
| **Have you ever suffered from any of the following? (If YES, please give details)** | **Yes** | **No** | **Details** |
| High blood pressure | ☐ | ☑ | |
| Angina or chest pain | ☐ | ☑ | |
| Heart attack | ☐ | ☑ | |
| Heart murmur | ☐ | ☑ | |
| Heart failure or fluid in your lungs | ☐ | ☑ | |
| Palpitations or an irregular heart beat | ☐ | ☑ | |
| Breathlessness at rest | ☐ | ☑ | |
| Blackouts (if yes, what were you doing at the time?) | ☐ | ☑ | |
| Stroke or TIA (mini-stroke) | ☐ | ☑ | |
| Disease of the nerves or muscles (e.g. Parkinson's Disease, multiple Sclerosis) | ☐ | ☑ | |
| Epilepsy, convulsions or fits | ☐ | ☑ | |
| Asthma requiring regular treatment / inhalers | ☐ | ☑ | |
| Chronic bronchitis or emphysema (COPD) | ☐ | ☑ | |
| Any other respiratory illness e.g. TB, Recent chest infection | ☐ | ☑ | |
| PEFR | | | |
| Ankylosing spondylitis | ☐ | ☑ | |
| Neck or jaw restrictions | ☐ | ☑ | |
| Thyroid Disorder | ☐ | ☑ | |
| Diabetes - diet or tablet controlled | ☐ | ☑ | |
| Diabetes - insulin injection controlled | ☐ | ☑ | |
| Chronic kidney disease | ☐ | ☑ | |
| Anaemia or other blood disorder in last year | ☐ | ☑ | |
| Peripheral Vascular disease | ☐ | ☑ | |
| Severe bleeding or bruising problems | ☐ | ☑ | |
| Blood clots in the lungs or legs | ☐ | ☑ | |
| Jaundice or other liver disease | ☐ | ☑ | |
| Unplanned weight loss in last 6 months | ☐ | ☑ | |
| Skin disorders | ☐ | ☑ | |
| Problems with bowels, bladder / urinary problems | ☑ | ☐ | renal colic pain on micturition |
| Heartburn, hiatus hernia or peptic ulcer | ☐ | ☑ | |
| How many pillows do you sleep with | 2 | | |
| Any other serious illness | ☐ | ☑ | |
| If female, aged 12-55 date of Last Menstrual Period | NA | | |
| Form of Contraception | NA | | |
| Are you breast feeding? | ☐ | ☑ | |
| Sleep apnoea (obstructed breathing while sleeping) *Actual* | ☐ | ☑ | |
| Sleep apnoea (obstructed breathing while sleeping) *Suspected* | ☐ | ☑ | |

## OBSERVATIONS

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Date | HR Irreg | HR Reg | HR | Temp | Resps | $SaO_2$ | Height | Weight | BMI |
|---|---|---|---|---|---|---|---|---|---|
| 23-Jun-202 | ☐ | ☑ | 56 | 36.°C | | 97% | 1.69m | 68.00kg | 23.81 |

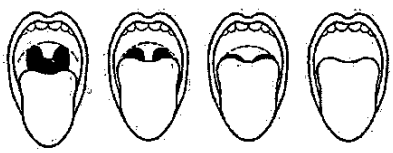
| Date | 23-Jun-2022 | BP | 138/71 | Name | Alice Byrne |
|---|---|---|---|---|---|

## PHYSICAL EXAMINATION

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

**Mallampati Classification**

☑ Class I ☐ Class II ☐ Class III ☐ Class IV



| Neck Movement | | Mouth open | |
|---|---|---|---|
| Full range of movement ☐ | Limited ☑ | Good ☑ | Poor ☐ |

**Dentition**

| Own Teeth ☑ | | | | | |
|---|---|---|---|---|---|
| Secure ☑ | Loose ☐ | Caps ☐ | Crowns ☐ | Bridges ☐ | Braces ☐ |
| **Dentures ☑** | | | | | |
| Full ☐ | Partial ☑ | Upper ☑ | Lower ☐ | | |
| **Other** | | | | | |

| Clinical Examination Findings ☑ | |
|---|---|
| **Cardiovascular** | |
| Heart rate/regularity | 56 reg |
| Heart Sound/Murmurs | I+II+0 |
| Peripheral Oedema | NIL |
| Other | |
| **Respiratory** | |
| Chest Expansion | EQUAL |
| Percussion | |
| Breath Sounds | VESICULAR |
| Trachea | CENTRAL |
| Finger Clubbing | NIL |
| Other | |
| **Other** | |
| Other | ECG sinus bradycardia<br>ETT limited at present time due to pain from stent, normally very active |
| **Name** | Alice Byrne |
| **Date** | 23-Jun-2022 |

## MULTIDISCIPLINARY MEDICINES RECONCILIATION FORM

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Do you have any allergies? | Yes ☑ | No ☐ | Undetermined ☐ |
|---|---|---|---|
| **If yes, tick all that apply?** | **Details / Type of reaction** | | |
| ☐ **Medication** | **penicillin** | | |
| ☐ **Latex** | | | |

| | |
|---|---|
| ☑ Metals | |
| ☐ Elastoplast | |
| ☐ Other | |

| Admission Medicines | | | ☐ Nil Meds | | Action<br>Note: Unless otherwise indicated below medicine should be continued on prescription sheet |
|---|---|---|---|---|---|
| Drug Name | Formulation | Dose | Frequency | Action | Comments |
| diclofenac | tab | 50mg | tid | Continue | |
| tramadol | cap | 50-100mg | prn | Continue | |
| hyoscine | tab | 10mgx2 | qid | Continue | |
| paracetamol | tab | 500mgx2 | prn | Continue | |
| Buscopan | | | | | |

| OTC / Herbal / homeopathic / illicit substances | | | ☐ Nil Meds | | Action<br>Note: Unless otherwise indicated below medicine should be continued on prescription sheet |
|---|---|---|---|---|---|
| Drug Name | Formulation | Dose | Frequency | Action | Comments |
| | | | | | |

## ANAESTHETIC ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| ASA Physical Status Classification System | | |
|---|---|---|
| Classification | Definition | Examples, including, but not limited to: |
| 2. ASA II | A patient with mild systemic disease | Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease |

| Surgical Outcome Risk Tool (SORT) – Click to open | SORT Score | 23-Jun-2022 | 0.06 % |
|---|---|---|---|

Anaesthetic Referral Indicated ☐

## CLINICAL NOTES

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Date & Time | Notes/Other Relevant Information | Name |
|---|---|---|
| 23-Jun-2022 13:24 | Fully vaccinated has own LFT.<br>Attended for pre op , no concerns, proceed | Alice Byrne |

| Verified By | Date Authorised |
|---|---|
| Michelle Thomson | 27-Jun-22 10:10 |

NHS Ayrshire & Arran

# PRE-OPERATIVE ASSESSMENT

v40

## PATIENT INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| Surname | McPhee | DOB | 1960-09-07 | AGE | 61 |
| Forename | John | CHI | 0709605390 | SEX | Male |
| Address | 37 Park View Ardrossan KA22 7BL | | | | |
| Tel No | 01294 287117<br>07443 566 393<br>07443 567 119 | | | | |

| | | | |
|---|---|---|---|
| Planned Operation | Right<br>flexible ureteroscopy and laser stone fragmentation – stent in situ | | |
| Consultant | Mrs Kerr | | |
| Anaesthetist | | | |
| Date of Admission | 26-Jul-2022 | Time of Admission | |
| Date of Surgery | 26-Jul-2022 | AM/PM | |
| Surgically suitable for | Day Surgery MAIN Theatre (Ayr only) | | |

Hide Transport Questions ☐

| | | |
|---|---|---|
| Will you have a responsible adult (aged 18+) to take you home by car or taxi? (public transport is not acceptable) | Y ☑ | N ☐ |
| Will you have a responsible adult (aged 18+) to stay with you for 24 hours post-op? | Y ☑ | N ☐ |
| Do you have access to a telephone? | Y ☑ | N ☐ |
| Do you live within a 1 hour car journey of the hospital? | Y ☑ | N ☐ |

Prefers to be known as: John  Occupation: Slater

**Emergency Contact Details (1st Contact)**

To be given information on condition? Y ☐ N ☐

| | |
|---|---|
| Name | Sandra |
| Relationship | wife |
| Address | SA |
| Home | AA |
| Work | |
| Mobile | AA |

Contactable Day ☐ Night ☐

Aware of admission Y ☐ N ☐

**Emergency Contact Details (2nd Contact)?** ☐

## HOME LIFE ☑

| | | | | | |
|---|---|---|---|---|---|
| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |

| Living Arrangements | ☐ Not Applicable | | Details |
|---|---|---|---|
| Who do you live with? | Alone ☐ | With Adult(s) ☑ | |

| | | | | | |
|---|---|---|---|---|---|
| With dependants? | Yes | ☐ | No | ☐ | |
| | Children | ☐ | Adult Requiring Care | ☐ | |
| Who will care for them when you are in hospital? | Nursing Home | ☐ | Family | ☐ | |
| | Respite | ☐ | Social Worker | ☐ | |
| | Neighbour | ☐ | Other | ☐ | |
| Do you have any special living conditions? | Residential Home | ☐ | Nursing Home | ☐ | |
| | Homecare Services | ☐ | Other | ☐ | |
| **Community Services in Use** | | ☑ **Not Applicable** | | | **Details** |
| **Personal Cleansing and Dressing** | | ☑ **Not Applicable** | | | **Details** |
| **Eating and Drinking** | | ☑ **Not Applicable** | | | **Details** |
| **Communication/Learning** | | ☐ **Not Applicable** | | | **Details** |
| Do you have a diagnosed learning disability? | Yes | ☐ | No | ☑ | |
| Do you have special needs? | Yes | ☐ | No | ☑ | |
| Do you have any special communication needs? | Yes | ☐ | No | ☑ | |
| Hearing Aid? | Yes | ☐ | No | ☑ | |
| Visual Impairment? | Yes | ☑ | No | ☐ | GLASSES |
| **Mobilising** | | ☑ **Not Applicable** | | | **Details** |
| **Eliminating** | | ☐ **Not Applicable** | | | **Details** |
| Normal bowel frequency | | | | | |
| Any problems passing urine? | Yes | ☑ | No | ☐ | Pain on micturition |
| Do you have a catheter? | Yes | ☐ | No | ☑ | |
| Do you have a stoma? | Yes | ☐ | No | ☑ | |
| **Spiritual or Religous Needs** | | ☑ **Not Applicable** | | | **Details** |
| **Other** | | ☐ **Not Applicable** | | | **Details** |
| Body Piercing | Yes | ☐ | No | ☑ | |
| Prostheses | Yes | ☑ | No | ☐ | ureteric stent in situ |

## CLINICAL FRAILTY ☐

## INFECTION PREVENTION & CONTROL ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

**MRSA**

**MRSA Clinical Risk Assessment (CRA)**

You **MUST CHECK PMS** for details where you see this symbol ⚠

ALL PATIENTS MUST HAVE CRA COMPLETE FOR PRE-EMPTIVE ISOLATION PURPOSES ⚠

All direct admissions to 4 high risk specialties (renal, orthopaedics, vascular surgery, intensive care) MUST be routinely swabbed - nose and perineum (& wound or device where applicable). Complete for IP/23.

**Tick if Applicable** ☑

CRA Completed By: Alice Byrne | Date CRA Completed: 23-Jun-2022

| | Yes | No | Action to be taken |
|---|---|---|---|
| Has the patient had any previous history of MRSA colonisation or MRSA infection at any time in the past? ⚠ **CHECK PMS** | ☐ | ☑ | **After checking PMS ⚠ if you have answered NO to all three of** the questions then no further action is required in all non-high risk areas. |
| Is the patient currently **resident in a care home or institutional setting** (i.e. prison, homeless hostel) or **transferred from another hospital (including those within Ayrshire)?** | ☐ | ☑ | **If you have answered 'Yes' to <u>any</u>** of the three questions **<u>or</u>** the patient is to be admitted to one of the high risk specialties detailed above you **<u>MUST</u>**<br>• *Swab the nose and perineum (& wound or device where applicable) for MRSA* |
| Does the patient **have a wound/ulcer or indwelling medical device** which was present before admission to this hospital? | ☐ | ☑ | **If you have answered 'Yes' to any of the three questions regardless of specialty swab as per policy**<br>• *Manage patient as if MRSA positive (refer to MRSA Policy)* |

| Site | Detail | Date Swabs Taken | Name | Results | Date Results Obtained | Name |
|---|---|---|---|---|---|---|
| Nose | | | | | | |
| Perineum | | | | | | |
| Wound | | | | | | |
| Device | | | | | | |
| Other | | | | | | |

**Multi drug resistant organism e.g. Carbapenemase-producing Enterobacteriaceae (CPE)**

| | Yes | No | Action to be taken |
|---|---|---|---|
| Has the patient been:<br>• Transferred from a hospital outside Scotland<br>• Hospitalised outside Scotland in the last 12 months?<br>• Received holiday dialysis outside Scotland<br>• Been a close contact with a person who has been colonised or infected with CPE | ☐ | ☑ | **After checking PMS ⚠ if you have answered NO to all** of the questions then there is no further action to be taken.<br><br>**If you have answered 'Yes' to any** of the two questions, you **MUST** swab the patient this includes 3 sets of swabs 48 hour apart regardless of a negative result:<br>• *Swabs from the **rectum** (& wound or device where applicable) for CPE*<br>• *Manage patient as if CPE positive (refer to CPE Policy)*<br>• *Inform a member of the Infection Prevention and Control team*<br><br>**NOTE:- IN THE INVESTIGATIONS BOX ON THE LABORATORY REQUEST FORM YOU MUST REQUEST "CPE SCREENING".** |
| ⚠ Has the patient been previously positive for CPE at any body site? **(Check case notes and lab results in addition to PMS)** | ☐ | ☑ | |

For further advice if required contact the Infection Prevention & Control Team (ext 25765) or the on-call Consultant Microbiologist (via switchboard). Last reviewed March 2017.

| Site | Detail | Date Swabs Taken | Name | Results | Date Results Obtained | Name |
|---|---|---|---|---|---|---|
| 1 Rectum | | | | | | |
| 1 Wound | | | | | | |
| 1 Device | | | | | | |
| 1 Other | | | | | | |
| 2 Rectum | | | | | | |
| 2 Wound | | | | | | |
| 2 Device | | | | | | |
| 2 Other | | | | | | |
| 3 Rectum | | | | | | |
| 3 Wound | | | | | | |
| 3 Device | | | | | | |
| 3 Other | | | | | | |

**CJD**

| Question 1-2 to be completed for all patients | Yes | No |
|---|---|---|
| 1. Have you ever been notified that you are at risk of CJD or vCJD for public purposes? | ☐ | ☑ |
| 2. What is the tissue risk of the procedure?<br>High ☐ Medium ☐ Low ☑<br>If the tissue risk is high, please use Risk Screening Questionnaire for TSE, CJD, and vCJD involving high risk tissue. | | |

If the patient answers yes to question 1, please take additional precautions for any instruments which have been or may come in contact with tissue of high or medium level infectivity.

If the patient answers no to question 1, there is no need to take any additional precautions.

For further information, please contact Infection Control.

## LIFESTYLE

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Smoking status | Smoker ☑ | No. per day 10 | Non-smoker ☐ | Ex-smoker ☐ | Date stopped |
|---|---|---|---|---|---|

| | Yes | No | Details |
|---|---|---|---|
| Do you wish to stop smoking? | ☐ | ☑ | |

| Do you drink alcohol? | Yes ☐ | No ☑ | units per week | | |
|---|---|---|---|---|---|

## CLINICAL ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| | Yes | No | Details |
|---|---|---|---|
| Have you ever had any operations or admissions to hospital? Please give details. | ☑ | ☐ | cysto stent insertion 2019<br>ureteroscopy stone frag stent change 2020 |
| Have you or your family had any serious anaesthetic problems in the past? Please give details. | ☐ | ☑ | |
| **What exercise are you able to do?** | **Yes** | **No** | **Score: 44.7** |
| Can you walk indoors, such as around your house? | ☑ | ☐ | |
| Can you do light work around the house like dusting or washing dishes? | ☑ | ☐ | |
| Can you take care of yourself, that is, eat dress, bathe or use the toilet? | ☑ | ☐ | |
| Can you walk 200 yards on level ground? | ☑ | ☐ | |
| Can you do moderate work around the house like vacuuming, sweeping floors, or carrying groceries? | ☑ | ☐ | |
| Can you do yard work like raking leaves, weeding or pushing a power mower? | ☑ | ☐ | |
| Can you have sexual relations? | ☐ | ☐ | |
| Can you climb a flight of stairs or walk up a hill? | ☑ | ☐ | |
| Can you participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a ball? | ☐ | ☐ | Restricted at present due to pain from stent |
| Can you participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing? | ☐ | ☐ | |
| Can you do heavy work around the house like scrubbing floors or lifting or moving heavy furniture? | ☑ | ☐ | |
| Can you run a short distance? | ☑ | ☐ | |
| **Have you ever suffered from any of the following? (If YES, please give details)** | **Yes** | **No** | **Details** |
| High blood pressure | ☐ | ☑ | |
| Angina or chest pain | ☐ | ☑ | |
| Heart attack | ☐ | ☑ | |
| Heart murmur | ☐ | ☑ | |
| Heart failure or fluid in your lungs | ☐ | ☑ | |
| Palpitations or an irregular heart beat | ☐ | ☑ | |
| Breathlessness at rest | ☐ | ☑ | |
| Blackouts (if yes, what were you doing at the time?) | ☐ | ☑ | |
| Stroke or TIA (mini-stroke) | ☐ | ☑ | |
| Disease of the nerves or muscles (e.g. Parkinson's Disease, multiple Sclerosis) | ☐ | ☑ | |
| Epilepsy, convulsions or fits | ☐ | ☑ | |
| Asthma requiring regular treatment / inhalers | ☐ | ☑ | |
| Chronic bronchitis or emphysema (COPD) | ☐ | ☑ | |
| Any other respiratory illness e.g. TB, Recent chest infection | ☐ | ☑ | |
| PEFR | | | |
| Ankylosing spondylitis | ☐ | ☑ | |
| Neck or jaw restrictions | ☐ | ☑ | |
| Thyroid Disorder | ☐ | ☑ | |
| Diabetes - diet or tablet controlled | ☐ | ☑ | |
| Diabetes - insulin injection controlled | ☐ | ☑ | |
| Chronic kidney disease | ☐ | ☑ | |
| Anaemia or other blood disorder in last year | ☐ | ☑ | |
| Peripheral Vascular disease | ☐ | ☑ | |

| | | | |
|---|---|---|---|
| Severe bleeding or bruising problems | ☐ | ☑ | |
| Blood clots in the lungs or legs | ☐ | ☑ | |
| Jaundice or other liver disease | ☐ | ☑ | |
| Unplanned weight loss in last 6 months | ☐ | ☑ | |
| Skin disorders | ☐ | ☑ | |
| Problems with bowels, bladder / urinary problems | ☑ | ☐ | renal colic pain on micturition |
| Heartburn, hiatus hernia or peptic ulcer | ☐ | ☑ | |
| How many pillows do you sleep with | 2 | | |
| Any other serious illness | ☐ | ☑ | |
| If female, aged 12-55 date of Last Menstrual Period | NA | | |
| Form of Contraception | NA | | |
| Are you breast feeding? | ☐ | ☑ | |
| Sleep apnoea (obstructed breathing while sleeping) *Actual* | ☐ | ☑ | |
| Sleep apnoea (obstructed breathing while sleeping) *Suspected* | ☐ | ☑ | |

## OBSERVATIONS

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Date | HR Irreg | HR Reg | HR | Temp | Resps | $SaO_2$ | Height | Weight | BMI |
|---|---|---|---|---|---|---|---|---|---|
| 23-Jun-202 | ☐ | ☑ | 56 | 36.℃ | | 97% | 1.69m | 68.00kg | 23.81 |

| Date | 23-Jun-2022 | BP | 138/71 | Name | Alice Byrne |
|---|---|---|---|---|---|

BMI > 34 ☐

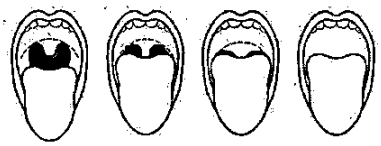
BMI < 20 ☐

## PHYSICAL EXAMINATION

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

**Mallampati Classification**

☑ Class I ☐ Class II ☐ Class III ☐ Class IV



| Neck Movement | | Mouth open | |
|---|---|---|---|
| Full range of movement ☐ | Limited ☑ | Good ☑ | Poor ☐ |

**Dentition**

**Own Teeth** ☑

| Secure ☑ | Loose ☐ | Caps ☐ | Crowns ☐ | Bridges ☐ | Braces ☐ |
|---|---|---|---|---|---|

**Dentures** ☑

| Full ☐ | Partial ☑ | Upper ☑ | Lower ☐ |
|---|---|---|---|

**Other**

**Clinical Examination Findings** ☑

| Cardiovascular | |
|---|---|
| Heart rate/regularity | 56 reg |

| | |
|---|---|
| Heart Sound/Murmurs | I+II+0 |
| Peripheral Oedema | NIL |
| Other | |
| **Respiratory** | |
| Chest Expansion | EQUAL |
| Percussion | |
| Breath Sounds | VESICULAR |
| Trachea | CENTRAL |
| Finger Clubbing | NIL |
| Other | |
| **Other** | |
| Other | ECG sinus bradycardia<br>ETT limited at present time due to pain from stent, normally very active |
| **Name** | Alice Byrne |
| **Date** | 23-Jun-2022 |

## MULTIDISCIPLINARY MEDICINES RECONCILIATION FORM

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Patient | ☐ | Emergency Care Summary | ☑ | | |
| Relative / Carer | ☐ | Nursing home chart | ☐ | | |
| Patient's own drugs | ☐ | Previous discharge letter | ☐ | | |
| GP referral letter | ☐ | Repeat prescription slip | ☐ | | |
| GP Practice | ☐ | Other | ☐ | | |

| **Do you have any allergies?** | Yes ☑ | No ☐ | Undetermined ☐ |
|---|---|---|---|
| **If yes, tick all that apply?** | **Details / Type of reaction** | | |
| ☐ **Medication** | **penicillin** | | |
| ☐ **Latex** | | | |
| ☐ **Metals** | | | |
| ☐ **Elastoplast** | | | |
| ☐ **Other** | | | |

Medication +

Other +

| **Admission Medicines** | | | ☐ **Nil Meds** | | **Action** Note: Unless otherwise indicated below medicine should be continued on prescription sheet |
|---|---|---|---|---|---|
| Drug Name | Formulation | Dose | Frequency | Action | Comments |
| diclofenac | tab | 50mg | tid | Continue | |
| tramadol | cap | 50-100mg | prn | Continue | |
| hyoscine | tab | 10mgx2 | qid | Continue | |
| paracetamol | tab | 500mgx2 | prn | Continue | |
| Buscopan | | | | | |

| **OTC / Herbal / homeopathic / illicit substances** | | | ☐ **Nil Meds** | | **Action** Note: Unless otherwise indicated below medicine should be continued on prescription sheet |
|---|---|---|---|---|---|
| Drug Name | Formulation | Dose | Frequency | Action | Comments |
| | | | | | |

| **Date & Time** | **HEPMA Updated** | **Comments** | **Name** |
|---|---|---|---|
| | ☐ | | |

| **Further Information** e.g. compliance aid, recent discontinued medicines | Y | N/A | |
|---|---|---|---|
| Stop Form Issued | ☐ | ☑ | |

| | | | |
|---|---|---|---|
| Verbal Instructions Given? | ☐ | ☑ | |
| | Y | N | |
| Can patient manage medicines independently? | ☑ | ☐ | |
| Compliance Aid | ☐ | ☑ | |
| Additional Information | | | |

| Completed By | Designation | Grade | Date/Time | Contact No |
|---|---|---|---|---|
| Rose Kerr | NP | 6 | 20-Jun-2022 16:31 | |
| **Reviewed By** | **Designation** | **Grade** | **Date/Time** | **Contact No** |
| Alice Byrne | NP | 6 | 23-Jun-2022 13:37 | 14890 |

## ANAESTHETIC ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| ASA Physical Status Classification System | | |
|---|---|---|
| **Classification** | **Definition** | **Examples, including, but not limited to:** |
| 2. ASA II | A patient with mild systemic disease | Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease |

| Surgical Outcome Risk Tool (SORT) ← Click to open | SORT Score | 23-Jun-2022 | 0.06 % |
|---|---|---|---|

Anaesthetic Referral Indicated ☐

## CLINICAL NOTES

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Date & Time | Notes/Other Relevant Information | Name |
|---|---|---|
| 23-Jun-2022 13:24 | Fully vaccinated has own LFT.<br>Attended for pre op , no concerns, proceed | Alice Byrne |

## INVESTIGATIONS

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

COMPLETE ☑

| Investigation | Notes | Requested Date | Reviewed By | Date Reviewed |
|---|---|---|---|---|
| ☑ ECG | | 23-Jun-2022 | Alice Byrne | 23-Jun-2022 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ FBC | | 23-Jun-2022 | Alice Byrne | 24-Jun-2022 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ Urea & Electrolytes | | 23-Jun-2022 | Alice Byrne | 24-Jun-2022 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ Bone Profile | | 23-Jun-2022 | Alice Byrne | 24-Jun-2022 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ Urinalysis | | 23-Jun-2022 | Alice Byrne | 23-Jun-2022 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| | | 23-Jun-2022 | Michelle Thomson | 27-Jun-2022 |

| ☑ MSSU | no growth | Repeated Date | Reviewed By | Date Reviewed |
|---|---|---|---|---|
| | | | | |

| Investigation | Notes | Requested Date | Reviewed By | Date Reviewed |
|---|---|---|---|---|
| ☑ OTHER | Urate | 23-Jun-2022 | Alice Byrne | 24-Jun-2022 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |

## INFORMATION GIVEN / OUTCOME

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Written | Y | N/A | |
|---|---|---|---|
| Anaesthetic Overview | ☐ | ☐ | |
| GA | ☑ | ☐ | |
| Pain | ☑ | ☐ | |
| Spinal | ☐ | ☐ | |
| Regional block upper | ☐ | ☐ | |
| Regional block lower | ☐ | ☐ | |
| Fasting | ☑ | ☐ | |
| Exercise advice before surgery | ☐ | ☐ | |
| Fit following surgery (Gyn) | ☐ | ☐ | |
| Transfusion leaflet | ☐ | ☐ | |
| Rapid Recovery Pack | ☐ | ☐ | |
| Procedure specific (state) | | | |
| Other (state) | | | |

| Verbal | Y | N/A | |
|---|---|---|---|
| Visiting times | ☐ | ☑ | |
| No smoking policy | ☐ | ☑ | |
| Minimal belongings | ☑ | ☐ | |
| Objection to blood products excluded | ☐ | ☑ | |
| Consent to antibody screen/transfusion sample | ☐ | ☑ | |
| Other (state) | | | |

| Other | Y | N/A | |
|---|---|---|---|
| Urine bottle | ☐ | ☐ | |
| Other | | | |

Enhanced Recovery After Surgery ☐

PGD

| | Y | N/A | Date/Time | Name | Details |
|---|---|---|---|---|---|
| Ranitidine 2 x 150g tablets issued as per PGD | ☐ | ☐ | | | |
| Ref | | | | | |
| Ferrous fumarate 210 mg tablets issued as per PGD | ☐ | ☐ | | | |
| Ref | | | | | |
| Other | ☐ | ☐ | | | |
| Ref | | | | | |

| Outcome | | |
|---|---|---|
| TCI | ☑ | |
| Postponed | ☐ | |
| Cancelled (removed from waiting list) | ☐ | |
| Day Surgery | ☐ | |

| | | |
|---|---|---|
| Day Surgery MAIN theatre (Ayr only) | ☑ | |
| 23 Hour | ☐ | |
| Same Day Admission via ward | ☐ | |
| Same Day Admission via DSU | ☐ | |
| In Patient | ☐ | |

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Verified By | Date Authorised |
|---|---|
| Michelle Thomson | 27-Jun-22 10:10 |

NHS
Ayrshire & Arran

Write or attach label

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

## Pre-op assessment clinic checklist

| Date: 23-6-22 | Consultant: | Yes | No |
|---|---|---|---|
| Do you or any member of your household/family have a confirmed diagnosis of COVID-19? | | | ✓ |
| Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result? | | | ✓ |
| **Have you tested positive for COVID-19 in the past 90 days?**<br><br>**If yes please record date:** | | | ✓ |
| Have you had contact with someone with a confirmed diagnosis of COVID-19 or been in isolation with a suspected case in the last 10 days? | | | ✓ |
| Are you wearing a face covering? | | ✓ | |
| Do you have any of the following symptoms?<br>High temperature or fever (≥37.8°C) Nurse to record 36.4<br>New continuous cough?<br>A loss or alteration to taste or smell? mybe 365 | | | ✓ |
| Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? | | | ✓ |
| Have you had a lab test with a confirmed respiratory virus/infection such as influenza in the last 14 days? | | | ✓ |
| Patient name: JOHN MC PHEE | Signature JMcPhee | | |
| Checked by (staff): | Signature | | |

Patient Details

Name: JOHN McPHEE

CHI: 0709605390

Date of birth: 07/09/1960

Address:

Consultant: KERR Date of OPC:

Height (cm) | Weight (kg) | BMI

Procedure Details: RIGHT FURS & LASER LITHOTRIPSY.

Procedure(s)

Laterality: RIGHT ~~LA~~/GA

Additional procedure information

| | | | |
|---|---|---|---|
| Warfarin, DOAC, antiplatelet | NIL | When to stop | — |
| Bridging therapy required Y/N | — | Arranged Y/N | — |
| Priority | P2 | Anticipated surgical time | |
| Inpatient/DSU | DSU | Pre-op assessment required Y/~~N~~ | Y |
| Xray required Y/N | Y | Specific requirements | — |

Date of pre-op

Date of surgery

Pooled list/ Named consultant: KERR.

Diagnosis: UROLITHIASIS

Relevant past medical history

Relevant drug history

1

NHS Ayrshire & Arran

Procedure Flexible cystoscopy

Consultant mr clark

Date 19-08-2021

Write or attach label

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

AMH
Frank Haematuria
Renal colic
Vasectomy

meds
Tramadol

| | | |
|---|---|---|
| X-rays Available | ☐ | |
| Casenotes | ☑ | |
| Prescription request | ☐ | |
| Baseline Obs | ☐ | ~~BP~~ ~~Pulse~~ |
| Identity Bracelet | ☑ | |
| Valuables | ☐ | |
| Consent | ☑ | |

Allergies Penicillin

**MEDICATION PRIOR TO THEATRE (IF REQUIRED)**

| Date | Drug | Dose | Method | Time | Prescribed by | Given by |
|---|---|---|---|---|---|---|
| | | | | | | |

**DIAGNOSTIC ROOM**

Procedure Flexible cystoscopy

Comments Speak to

Instillagel

LA infiltration YES ☑ NO ☐

Review Appointment CT KUB

Surgeon S Reid

Signature May Murphy

Named Associate Nurse / Practitioner

UROLOGY

Urine - Bloviace

**RECOVERY STAGE**

| | |
|---|---|
| Flow Study | ☒ |
| Bladder Scan | ☒ |
| Tea/Coffee | ☑ |
| Observe Pain Level | ☒ |

Review Appointment .....

**DISCHARGE CRITERIA**

| | | | | |
|---|---|---|---|---|
| Voiding Urine | Yes | ☑ | No | ☐ |
| Post-op Advice/Leaflets Given | Yes | ☑ | No | ☐ |

Signed SN McDelfor

Named / Associate Nurse / Practitioner

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL SEX:
07/09/1960
Dr JP Monaghan
MRN: CXH1225047

DATE 19/8/2024

SURGEON Rao ANP

ANAESTHETIST LA

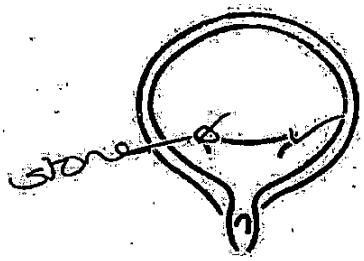
ASSISTANT

OPERATION PERFORMED flexible cystoscopy

DESCRIPTION OF PROCEDURE

cleared + crepid
instillagel used

Indication
Haematuria
Dysuria




Dan

DRAINS ..... PACKS .....

SPECIAL INSTRUCTIONS TO WARD

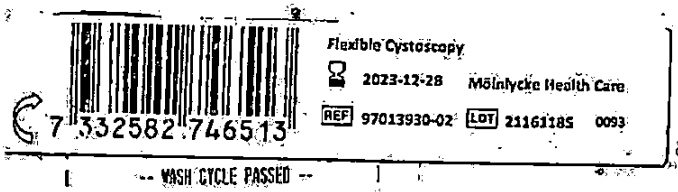
CT KUB
Tamsulosin

Sandra Reid
Advanced Nurse Practitioner
NMC: 11A0329S

Signature .....

OPERATION

DRS 5954




-- WASH CYCLE PASSED --

| | |
|---|---|
| Cantel | RapidAER |
| Serial No | RA0058 |
| Start | 14h 40m |
| End | 15h 00m |
| Date | 18-08-2021 |
| Cycle No | 7836 |
| Load Operator | 22 |
| Name | James McKirdy |
| Unload Operator | 16 |
| Name | Carol |

-- Hookup --

| | |
|---|---|
| Hookup No | 202 |
| Serial No | 202/300 |
| GS1 | |

-- Endoscope --

| | |
|---|---|
| OLYM | CYF-V2 |
| Serial No | W040611 |
| GS1 | |
| Revision | a |
| INS Verify | Enabled |
| Control | Pass |
| INS Verify | Pass |
| Contact Time | 5 Minutes |
| Last SD | 18-08-2021 at 06h 14m |
| Suction | Not Tested |
| Biopsy | Av Flow 1594 ml |
| Water | Not Tested |
| Air | Not Tested |
| Aux 1 | Not Tested |
| Aux 2 | Not Tested |
| RB | Not Tested |
| Leak Test | Av Pres 210 mb |

-- Conductivity --

| | |
|---|---|
| Detergent | 1528 uS |
| Disinfectant | 1365 uS |
| Final Rinse | 15 uS |

-- Temperature --

| | |
|---|---|
| Detergent | 25.9 deg |
| Disinfectant | 27.9 deg |
| Final Rinse | 23.6 deg |

| -- | Serial No -- |
|---|---|
| Def | 21/80000000082 |
| Pat | 21/80000000645 |
| Pa | 21/80000000626 |

[illegible]
31 Day Endosc [illegible]ying
EDC22088

Record copy
Book Out
Date 19/08/2021 Time 12:28

| | |
|---|---|
| Hook | 04 |
| Make | OLYMPUS |
| Model | CYF-V5 |
| Serial No | W040611 |
| GS1 | 311 |
| Cycle No | 9125 |

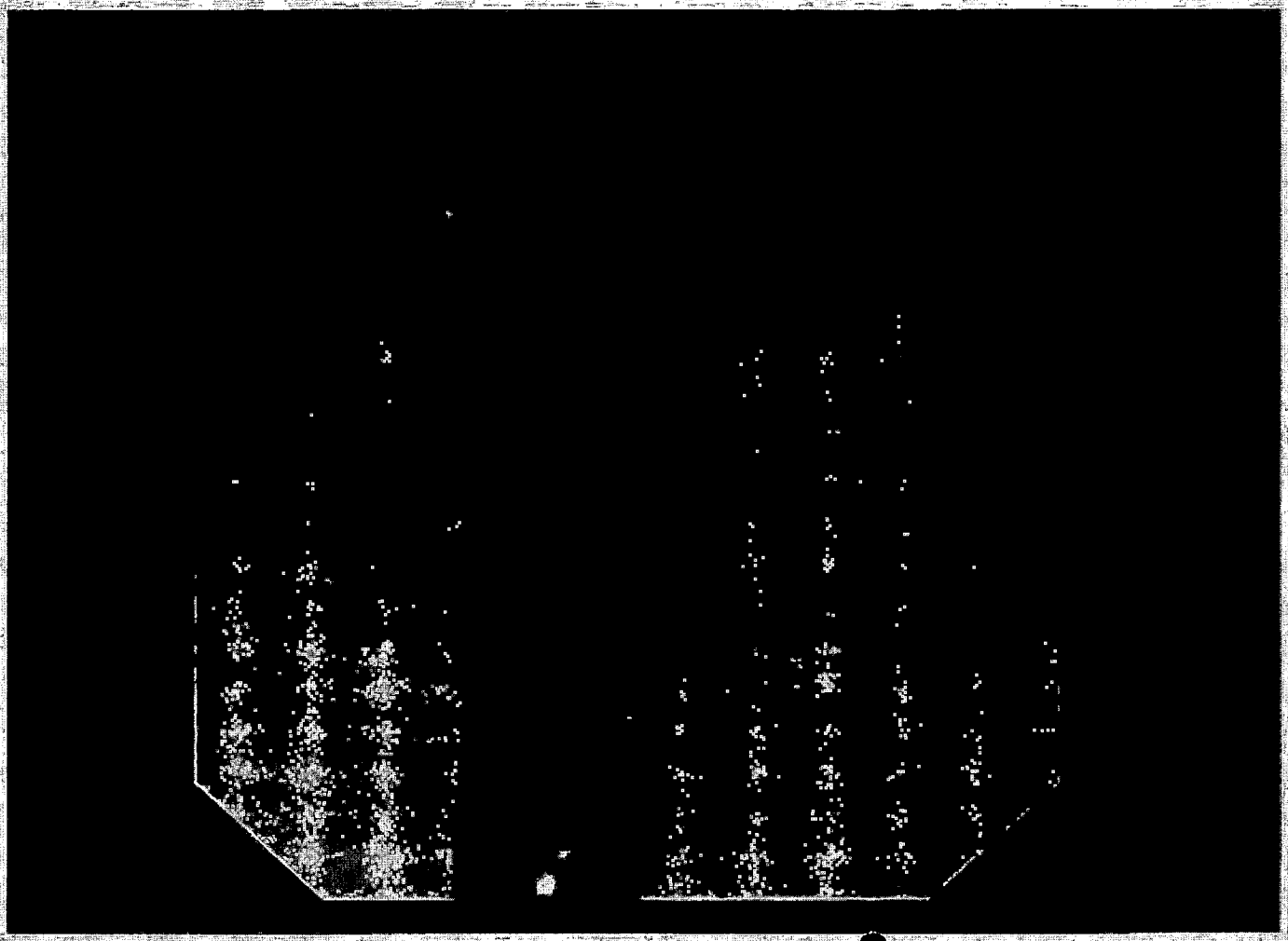
Booked In 18/08/2021 Time 15:14
Name: CHRIS. ID: 22

| | |
|---|---|
| Chan Temp | 32 |
| Chan RH | 18 |
| Cab Temp | 31 |
| Cab RH | 28 |

Booked Out 19/08/2021 Time 12:28
Name: MARY MURPHY. ID: 42
Control: OK
INS : OK

Scope No 56/611
Clean & Ready for use ✓ out 1228 used 1445
Nurse Signature Mary Murphy
Endoscopist Signature

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047



CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

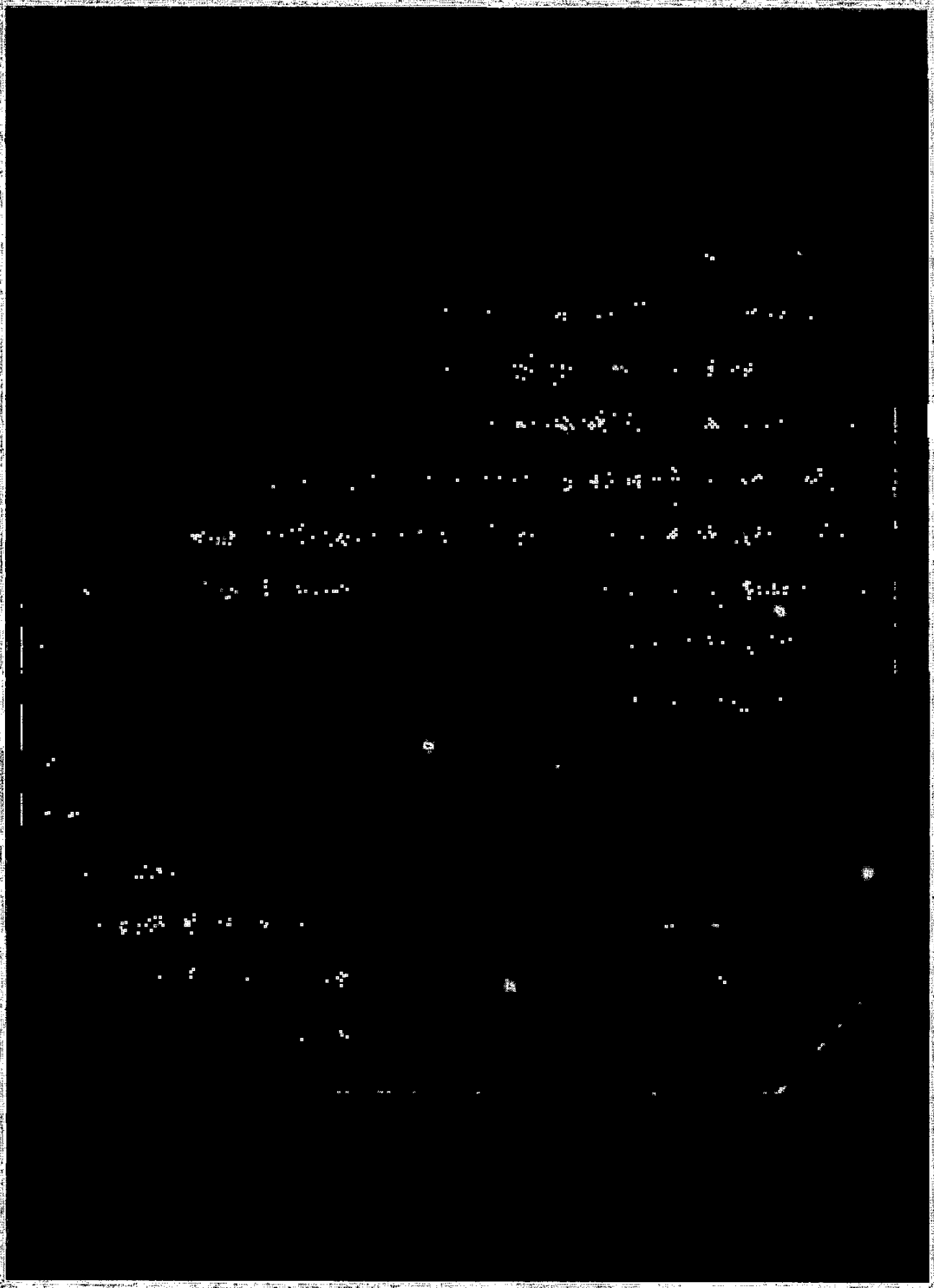
McPhee John

0709605390

Mr Lunn

Ahp Leb

19/08/2021



CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

McPhee John

0709605390

Mr Clark

Nup Nad

19/08/2024

35·8°.

Write or attach label

HCR N: CHI: 0709605390
CHI No: McPhee, John
Surnan: 37 Park View
Forena: Ardrossan
Addres: KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047
Date of Birth.....

STA1060

DATE

19/8/21.

Mr Clark

Clark,
Not entered

GLU Negative
KET Negative
SG 1.025
*BLO Trace-Intact*
pH 6.0
PRO Negative
NIT Negative

(60) ? frank haematuria

DMH - Renal Colic
Vasectomy

OH - tramadol

SH - Slater
smoker 10/perday

Allergy - Penicillin

Bloods / UrE's (N)
PSA (2015) 0.8
Hb (N)

-ve urine

6/52 frank haematuria intermittent (Previous renal stones
associated dysuric
Left Loin - groin pain x 4/7 each 2020 (RI)
1 episode

- SNT DRE - moderate benign

(4) NAD

Rca USS
flexible cystoscopy
bloods

Sandra Reid
Advanced Nurse Practitioner
NMC 11A0329S

UROLOGICAL

**I understand the benefits, risks and alternatives that have been explained to me, and I agree to the operation.**

Signed (patient/parent/guardian): J McPhee Date: 19/8/2021

Name of patient/parent/guardian (PRINT): JOAN MC PHEE

Relationship to patient: .....

**C. Confirmation of consent** (for use on day before or day of surgery)

Confirmation of consent is only mandatory, when the original consent was signed by the patient >84 days before the date of the operation.

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

**Consultant or other responsible health professional**

Signed (health professional): ..... Date: .....

Name (PRINT): ..... Time (24 hr): .....

Designation: ..... GMC/GDC/NMC number: .....

**Patient**

Signed (patient/parent/guardian): ..... Date: .....

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....



NHS Ayrshire & Arran

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

## Consent for Operation

**PROCEDURE:** FLEXIBLE CYSTOSCOPY

**PURPOSE OF PROCEDURE:** BLADDER EXAMINATION

**SIDE OF PROCEDURE:** LEFT / RIGHT / BOTH (NOT APPLICABLE)

### A. Statement of health professional

I confirm I am a health professional with an **appropriate knowledge of the proposed procedure** as specified in the Board's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) ☑ the proposed approach

b) ☑ the intended benefits of the procedure

c) ☑ the possible risks of the procedure (including those specific to the patient).

d) ☑ the benefits and risks of any alternative treatments (including no treatment) and any particular concerns of the patient.

e) any additional procedures that might become necessary during surgery. Commonly this would include:

☐ Blood transfusion ☑ Other procedure (please state)

BIOPSY, DIATHERMY

*NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.*

I have provided an information leaflet to explain the benefits and risks of, and alternatives to the proposed treatment.

Yes ☐ Leaflet title: ..... Leaflet version no.: .....

No ☑ It is the health professional's responsibility to document the benefits, risks and alternatives explained to the patient.

RISKS:

Mild burning or bleeding on passing urine for a short period after the procedure

Infection in your urine requiring antibiotics

☑ In my view, this patient has capacity at this time to consent to this procedure.

Where the clinician has doubts about capacity, please refer to the consent policy for guidance on Adults with Incapacity, and section 47 certificate of incapacity.

**Consultant or other responsible health professional**

It is the responsibility of the doctor undertaking the procedure to personally seek patient consent. In the unusual event that this is not practical, the responsibility can be delegated to another professional, but that individual must be suitably trained and qualified, have sufficient knowledge of the proposed investigation or treatment, understand the risks involved and act in accordance with the Board's consent policy.

As the health professional explaining this procedure, please confirm:

☑ I am fully familiar with the procedure, its risks, benefits and alternatives.

Signed (health professional): ..... Date: 19/8/2021

Name (PRINT): ..... Time (24 hr): 1335

Designation: ANP ..... GMC/GDC/NMC number: .....

Sandra Reid
Advanced Nurse Practitioner
NMC: 11A0329S

NHS Ayrshire & Arran

Write or attach label
CHI No:
Surname:
Forename:
Address:

Date of Birth: Sex:

## Consent for Operation

### B. Consent of patient, parent or guardian

I understand the information given to me, including the risks, benefits and alternatives to this operation. The information has been discussed with me, and my questions have been answered in a way I could understand. I accept that the doctor has told me:

☑ my expected outcome and the risks of having the operation.

☑ the benefit this operation may bring to me, but also that this cannot be guaranteed even though performed with professional care.

☑ other relevant treatment options and their associated risks.

☐ that an appropriately qualified doctor, undergoing further training, may perform the operation.

☑ that I have the right to change my mind at any time before the operation, including after I have signed this form.

If an emergency occurs, I may require other procedures, but these will only be carried out to save my life or to prevent serious harm to my health. I have listed below any procedures that **I do not wish to be carried out without further discussion:**

☐ Blood transfusion ☐ Other procedure (please state)

.....

.....

*NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.*

**NHS Ayrshire & Arran**

**Bruce Day Surgery Suite**

**University Hospital Ayr**
**Dalmellington Road**
**Ayr KA6 6DX**
**Telephone: 01292 610555**
**Fax**
**www.show.scot.nhs.uk/aaaht**

NHS Ayrshire & Arran

Attended:

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

Mr Clark

Dear Dr.

The above patient attended the Day Surgery Unit on 9/8/2021

A Summary of the admission is set out below

DIAGNOSIS: Haematuria
(R) loin/groin pain

PROCEDURE: flexible cystoscopy

The procedure was carried out under GA/LA.

The patient has been discharged home and the following arrangements have been made for follow-up.

FOLLOW-UP: CTKUB
Tamsulosin

A more detailed discharge letter will/~~will not follow~~.

Yours sincerely,

(2)

NHS Ayrshire & Arran

Procedure FLEX CYSTOSCOPY + STENT REMOVAL

Consultant MS BEKARMA

Date 14 · 02 · 2020

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

PMH
RENAL COLIC

MEDS
DICLOFENAC
LACTULOSE

X-rays Available ☒
Casenotes ☒
Prescription request ☒
Baseline Obs ☒ BP Pulse
Identity Bracelet ☑
Valuables ☒
Consent ☒
Allergies PENICILLIN

**MEDICATION PRIOR TO THEATRE (IF REQUIRED)**

| Date | Drug | Dose | Method | Time | Prescribed by | Given by |
|---|---|---|---|---|---|---|
| | | | | | | |

**DIAGNOSTIC ROOM**

+ Right Stent Removal

Procedure Flexible cystoscopy
Instill gel

LA infiltration YES ☑ NO ☐

Surgeon S Reid ANP

Comments Drink — Home

Review Appointment Discharge

Signature B Uddin

Named / Associate Nurse / Practitioner

URINALYSIS - BLOOD LARGE
PROTEIN
NEG

**RECOVERY STAGE**

Flow Study ☒
Bladder Scan ☑
Tea/Coffee ☑
Observe Pain Level ☑
Review Appointment .....

**DISCHARGE CRITERIA**

Voiding Urine Yes ☑ No ☐
Post-op Advice/Leaflets Given Yes ☑ No ☐

Signed Roberton

Named / Associate Nurse / Practitioner

UROLOGY

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: EXHI225047

DATE 14/2/2029

SURGEON Mac

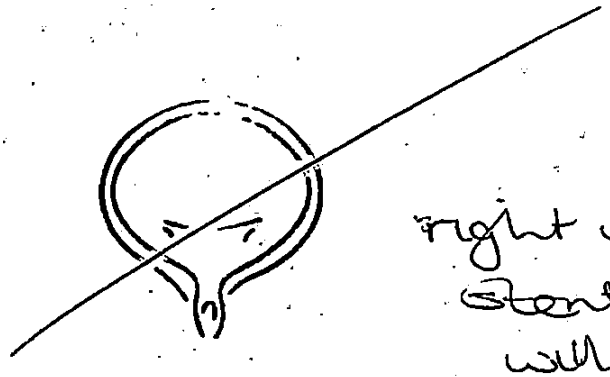
ANAESTHETIST LA

ASSISTANT

OPERATION PERFORMED flexible cystoscopy + stent removal.

DESCRIPTION OF PROCEDURE

General + dropped instillagel removed



right ureteric stent removed without issue

OPERATION

DRAINS ..... PACKS .....

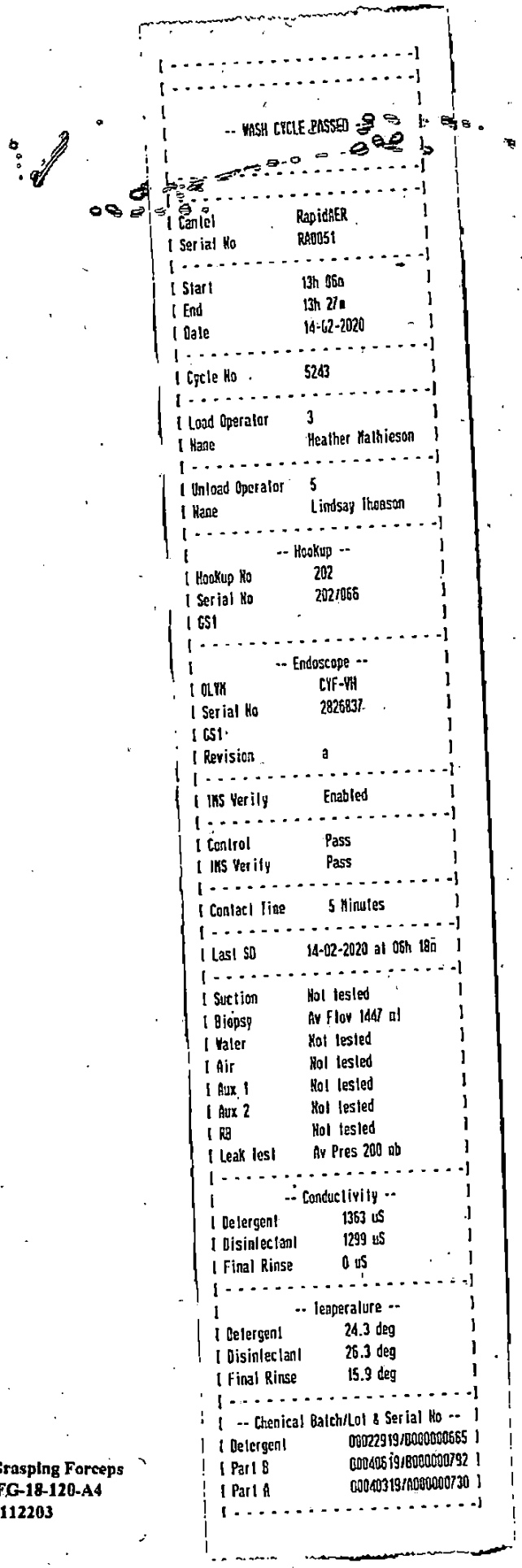
SPECIAL INSTRUCTIONS TO WARD

Discharge

Sandra Reid
Advanced Nurse Practitioner

Signature ..... NMC: 11AW3253 Page .....

DRS 5964



-- WASH CYCLE PASSED --

| | |
|---|---|
| Cantel | RapidAER |
| Serial No | RA0051 |
| Start | 13h 06m |
| End | 13h 27m |
| Date | 14-02-2020 |
| Cycle No | 5243 |
| Load Operator | 3 |
| Name | Heather Mathieson |
| Unload Operator | 5 |
| Name | Lindsay Thomson |
| -- HookUp -- | |
| HookUp No | 202 |
| Serial No | 202/066 |
| GS1 | |
| -- Endoscope -- | |
| OLYM | CYF-VH |
| Serial No | 2826837 |
| GS1 | |
| Revision | a |
| IMS Verify | Enabled |
| Control | Pass |
| IMS Verify | Pass |
| Contact Time | 5 Minutes |
| Last SD | 14-02-2020 at 06h 18m |
| Suction | Not tested |
| Biopsy | Av Flow 1447 ml |
| Water | Not tested |
| Air | Not tested |
| Aux 1 | Not tested |
| Aux 2 | Not tested |
| RB | Not tested |
| Leak Test | Av Pres 200 mb |
| -- Conductivity -- | |
| Detergent | 1363 uS |
| Disinfectant | 1299 uS |
| Final Rinse | 0 uS |
| -- Temperature -- | |
| Detergent | 24.3 deg |
| Disinfectant | 26.3 deg |
| Final Rinse | 15.9 deg |
| -- Chenical Batch/Lot & Serial No -- | |
| Detergent | 00022919/B0000000665 |
| Part B | 00040619/B0000000792 |
| Part A | 00040319/A0000000730 |

Scope No 100/837

Clean & Ready for use ☑ Used

Nurse Signature

Endoscopist Signature

**Disposable Grasping Forceps**
**REF: JHY-FG-18-120-A4**
**LOT: FG19112203**

**NHS Ayrshire & Arran**

**Bruce Day Surgery Suite**

**University Hospital Ayr**
**Dalmellington Road**
**Ayr KA6 6DX**
**Telephone: 01292 610555**
**Fax**
**www.show.scot.nhs.uk/aaaht**

NHS
Ayrshire
& Arran

Attended:

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XH1225047

Ms Bekorne

Dear Dr.

The above patient attended the Day Surgery Unit on 14/2/2020

A Summary of the admission is set out below

DIAGNOSIS: Right ureteric stent in situ
VUJ stones.

PROCEDURE: flexible cystoscopy
+ stent removal.

The procedure was carried out under GA/LA.

The patient has been discharged home and the following arrangements have been made for follow-up.

FOLLOW-UP: Discharge

A more detailed discharge letter will/~~will not follow~~.

Yours sincerely,

Advance [illegible]
NMC [illegible] Stage [illegible]

**NHS Ayrshire & Arran**

**Bruce Day Surgery Suite**

**University Hospital Ayr**
**Dalmellington Road**
**Ayr KA6 6DX**
**Telephone: 01292 610555**
**Fax**
**www.show.scot.nhs.uk/aaaht**

NHS Ayrshire & Arran

Attended:

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XH1225047

MS Bekorne

Dear Dr.

The above patient attended the Day Surgery Unit on 14/2/2020

A Summary of the admission is set out below

DIAGNOSIS: Right ureteric stent in situ VUJ stones.

PROCEDURE: flexible cystoscopy + stent removal.

The procedure was carried out under GA/LA.

The patient has been discharged home and the following arrangements have been made for follow-up.

FOLLOW-UP: Discharge

A more detailed discharge letter will/~~will not follow~~.

Yours sincerely,

Advance [illegible]
NMC: 11A0329S

(2)

NHS Ayrshire & Arran

Procedure FLEX CYSTOSCOPY + STENT REMOVAL

Consultant MS BEKARIMA

Date 14 · 02 · 2020

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

| | | | |
|---|---|---|---|
| X-rays Available | ☒ | PMH | MEDS |
| Casenotes | ☒ | RENAL COLIC | DICLOFENAC |
| Prescription request | ☒ | | LACTULOSE |
| Baseline Obs | ☒ | BP | Pulse |
| Identity Bracelet | ☑ | | |
| Valuables | ☒ | | |
| Consent | ☒ | | |

Allergies ... PENICILLIN

**MEDICATION PRIOR TO THEATRE (IF REQUIRED)**

| Date | Drug | Dose | Method | Time | Prescribed by | Given by |
|---|---|---|---|---|---|---|
| | | | | | | |

**DIAGNOSTIC ROOM** + Right Stent Removal

Procedure Flexible Cystoscopy Instilla gel

LA infiltration YES ☑ NO ☐

Surgeon S. Reid - ANP

Comments Drink — Home

Review Appointment Discharge

Signature B Uddin

Named / Associate Nurse / Practitioner

URINALYSIS - BLOOD LARGE PROTEIN NEG

**RECOVERY STAGE**

| | |
|---|---|
| Flow Study | ☒ |
| Bladder Scan | ☒ |
| Tea/Coffee | ☑ |
| Observe Pain Level | ☑ |

Review Appointment .....

**DISCHARGE CRITERIA**

| | | | | |
|---|---|---|---|---|
| Voiding Urine | Yes | ☑ | No | ☐ |
| Post-op Advice/Leaflets Given | Yes | ☑ | No | ☐ |

Signed Roberton

Named / Associate Nurse / Practitioner

UROLOGY

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XH1225047

DATE 14/2/2029

SURGEON Glen

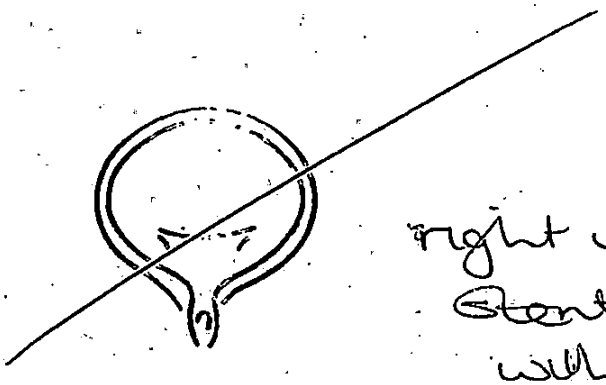
ANAESTHETIST LA

ASSISTANT

OPERATION PERFORMED flexible cystoscopy + stent removal.

DESCRIPTION OF PROCEDURE

Scope passed
Instillagel removed



right ureteric stent removed without issue

OPERATION

DRAINS ..... PACKS .....

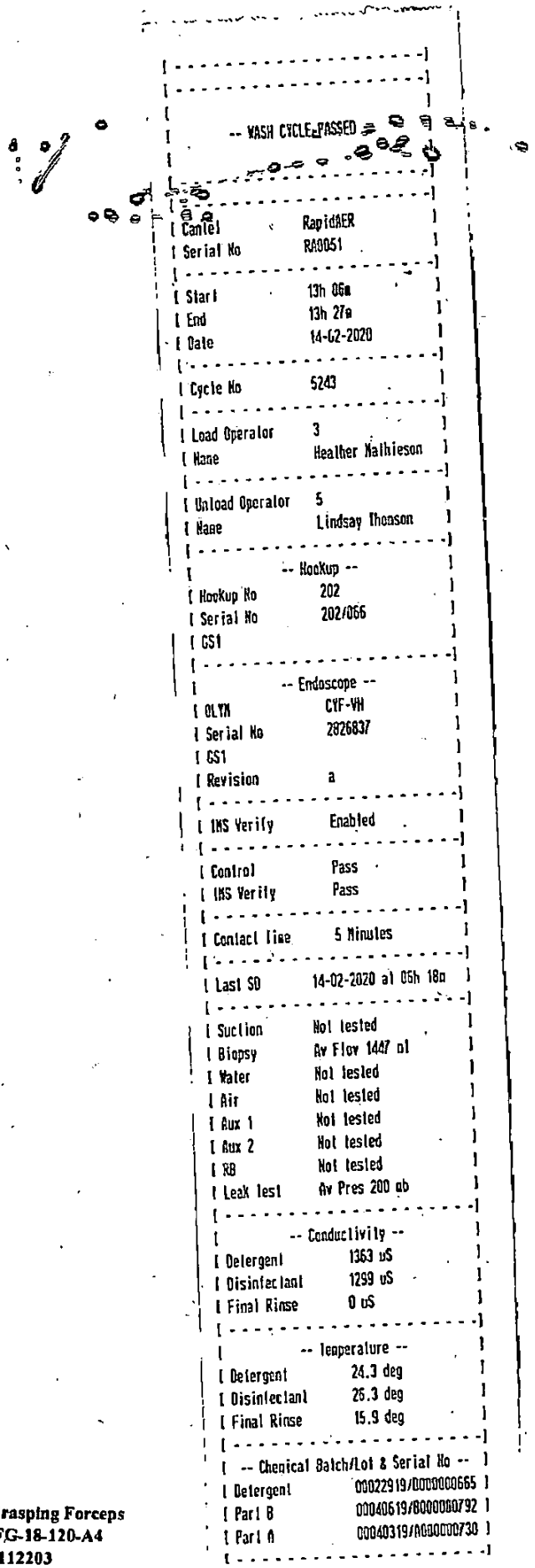
SPECIAL INSTRUCTIONS TO WARD

Discharge

Sandra Reid
Advanced Nurse Practitioner
NMC: 11A0328S

Signature .....

DRS 5964



-- WASH CYCLE PASSED --

| | |
|---|---|
| Cantel | RapidAER |
| Serial No | RA0051 |
| Start | 13h 06m |
| End | 13h 27m |
| Date | 14-02-2020 |
| Cycle No | 5243 |
| Load Operator | 3 |
| Name | Heather Mathieson |
| Unload Operator | 5 |
| Name | Lindsay Thomson |
| -- HookUp -- | |
| HookUp No | 202 |
| Serial No | 202/066 |
| GS1 | |
| -- Endoscope -- | |
| OLYM | CYF-VH |
| Serial No | 2826837 |
| GS1 | |
| Revision | a |
| IMS Verify | Enabled |
| Control | Pass |
| IMS Verify | Pass |
| Contact Time | 5 Minutes |
| Last SD | 14-02-2020 at 05h 18m |
| Suction | Not tested |
| Biopsy | Av Flow 1447 ml |
| Water | Not tested |
| Air | Not tested |
| Aux 1 | Not tested |
| Aux 2 | Not tested |
| RB | Not tested |
| Leak Test | Av Pres 200 mb |
| -- Conductivity -- | |
| Detergent | 1363 uS |
| Disinfectant | 1299 uS |
| Final Rinse | 0 uS |
| -- Temperature -- | |
| Detergent | 24.3 deg |
| Disinfectant | 26.3 deg |
| Final Rinse | 15.9 deg |
| -- Chemical Batch/Lot & Serial No -- | |
| Detergent | 00022919/0000000665 |
| Part B | 00040619/0000000792 |
| Part A | 00040319/0000000730 |

Scope No 100/837

Clean & Ready for use ☑ Used

Nurse Signature

Endoscopist Signature

**Disposable Grasping Forceps**
**REF: JHY-FG-18-120-A4**
**LOT: FG19112203**

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

DATE
31/1/2020
Thr 1
11:30 am

SURGEON
A Hamed.

ASSISTANT

ANAESTHETIST
Dr Kerr
GA
Gentamicin 240mg on induction

OPERATION PERFORMED
(R) URS + Stone Frag + (R) stent change

DESCRIPTION OF PROCEDURE

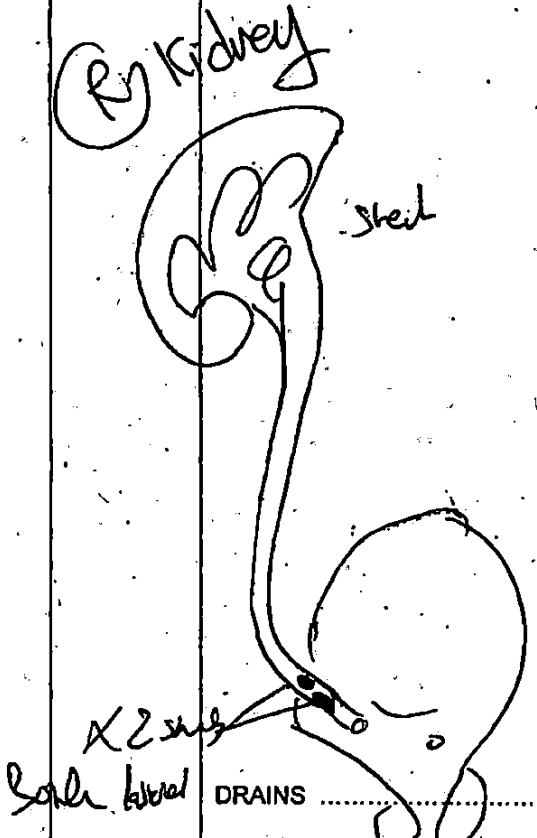
Indication: x2 URS (R) stones required stenting previously

Procedure: ↓GA. Arm LD's position, cleaned & draped

cystogram → normal ureters and Bladder + UO's

(R) UO cannulated using sensor guidewire stone stented on II

(R) URS ↑semi-rigid performed. x2 stones seen ≥ 7mm & 5mm using laser 6/0.6 Both stones were fragmented to multiple fragments & removed and No visible fragments




DRAINS ..... PACKS .....

SPECIAL INSTRUCTIONS TO WARD Up to mid-Ureter.

Then 26/6F ureteric stent inserted position confirmed on II & J wire.

Signature .....

Bladder emptied

OPERATION

Plan E+D

- Flomax if OK, if no one at [illegible] for admission
- No other symptoms
- Some blood in urine
- No requirement at present for any before ready to go
- Check PSA in 1-2/52 then in Urology F/U

Mr A H Hamed
GMC: 7238359

NHS Ayrshire & Arran

# PRE-OPERATIVE ASSESSMENT

v32

## PATIENT INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| Surname | McPhee | DOB | 1960-09-07 | AGE | 59 |
| Forename | John | CHI | 0709605390 | SEX | Male |
| Address | 37 Park View Ardrossan KA22 7BL | | | | |
| Tel No | 07443566393 | | | | |

| | | | |
|---|---|---|---|
| Planned Operation | Right rigid ureteroscopy, stone frag, stent in situ | | |
| Consultant | Ms Bekarma | | |
| Anaesthetist | | | |
| Date of Admission | | Time of Admission | |
| Date of Surgery | 31-Jan-2020 | AM/PM | |
| Surgically suitable for | | | |

Prefers to be known as: John  Occupation: Roofer

**Emergency Contact Details (1st Contact)**

To be given information on condition? Y ☑ N ☐

| | |
|---|---|
| Name | Sandra McPhee |
| Relationship | Wife |
| Address | As above |
| Home | |
| Work | |
| Mobile | 07443567119 |

Contactable Day ☑ Night ☑

Aware of admission Y ☑ N ☐

**Emergency Contact Details (2nd Contact)?** ☐

## HOME LIFE ☑

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Living Arrangements | ☐ Not Applicable | | | Details |
|---|---|---|---|---|
| Who do you live with? | Alone ☐ | With Adult(s) | ☑ | Wife |
| With dependants? | Yes ☐ | No | ☑ | |
| | Children ☐ | Adult Requiring Care | ☐ | |
| Who will care for them when you are in hospital? | Nursing Home ☐ | Family | ☐ | |
| | Respite ☐ | Social Worker | ☐ | |
| | Neighbour ☐ | Other | ☐ | |
| Do you have any special living conditions? | Residential Home ☐ | Nursing Home | ☐ | |
| | Homecare Services ☐ | Other | ☐ | |
| **Community Services In Use** | ☑ Not Applicable | | | Details |
| **Personal Cleansing and Dressing** | ☑ Not Applicable | | | Details |

| | | | | | |
|---|---|---|---|---|---|
| Eating and Drinking | ☑ Not Applicable | | | | Details |
| Communication/Learning | ☑ Not Applicable | | | | Details |
| Mobilising | ☑ Not Applicable | | | | Details |
| Eliminating | ☑ Not Applicable | | | | Details |
| Spiritual or Religous Needs | ☑ Not Applicable | | | | Details |
| Other | ☑ Not Applicable | | | | Details |
| Body Piercing | Yes | ☐ | No | ☐ | |
| Prostheses | Yes | ☐ | No | ☐ | |

## INFECTION PREVENTION & CONTROL ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

**MRSA**

**MRSA Clinical Risk Assessment (CRA)**

You **MUST CHECK PMS** for details where you see this symbol ⚠

ALL PATIENTS MUST HAVE CRA COMPLETE FOR PRE-EMPTIVE ISOLATION PURPOSES ⚠

All direct admissions to 4 high risk specialties (renal, orthopaedics, vascular surgery, intensive care) MUST be routinely swabbed - nose and perineum (& wound or device where applicable). Complete for IP/23.

**Tick if Applicable** ☐

**CJD**

| Question 1-2 to be completed for all patients | Yes | No |
|---|---|---|
| 1. Have you ever been notified that you are at risk of CJD or vCJD for public purposes? | ☐ | ☑ |

2. What is the tissue risk of the procedure?

High ☐ Medium ☐ Low ☑

If the tissue risk is high, please use Risk Screening Questionnaire for TSE, CJD, and vCJD involving high risk tissue.

If the patient answers yes to question 1, please take additional precautions for any instruments which have been or may come in contact with tissue of high or medium level infectivity.

If the patient answers no to question 1, there is no need to take any additional precautions.

For further information, please contact Infection Control.

## LIFESTYLE

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

Smoking status Smoker ☑ No. per day 10 Non-smoker ☐ Ex-smoker ☐ Date stopped

| | Yes | No | Details |
|---|---|---|---|
| Do you wish to stop smoking? | ☐ | ☑ | |

| | | | | | |
|---|---|---|---|---|---|
| Do you drink alcohol? | Yes ☐ | No ☑ | units per week | - | |

## CLINICAL ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| | Yes | No | Details |
|---|---|---|---|
| Have you ever had any operations or admissions to | | | |

| | | | |
|---|---|---|---|
| hospital?<br>Please give details. | ☑ | ☐ | Vasectomy, stent insertion, cyst removal from eyelid |
| Have you or your family had any serious anaesthetic problems in the past? Please give details. | ☐ | ☑ | |
| **What exercise are you able to do?** | **Yes** | **No** | |
| Walk indoors around the house? | ☑ | ☐ | |
| Do light housework like dusting or washing dishes? | ☑ | ☐ | |
| Walk 100-200 yards on level ground slowly? | ☑ | ☐ | |
| Walk on level ground at a brisk pace? | ☑ | ☐ | |
| Climb 2 flights of stairs without stopping? | ☑ | ☐ | |
| Do moderate exercise like jogging, cycling, swimming or climbing stairs quickly? | ☑ | ☐ | |
| **Have you ever suffered from any of the following?<br>(If YES, please give details)** | **Yes** | **No** | **Details** |
| High blood pressure | ☐ | ☑ | |
| Angina or chest pain | ☐ | ☑ | |
| Heart attack | ☐ | ☑ | |
| Heart murmur | ☐ | ☑ | |
| Heart failure or fluid in your lungs | ☐ | ☑ | |
| Palpitations or an irregular heart beat | ☐ | ☑ | |
| Breathlessness at rest | ☐ | ☑ | |
| Blackouts (if yes, what were you doing at the time?) | ☐ | ☑ | |
| Stroke or TIA (mini-stroke) | ☐ | ☑ | |
| Disease of the nerves or muscles (e.g. Parkinson's Disease, multiple Sclerosis) | ☐ | ☑ | |
| Epilepsy, convulsions or fits | ☐ | ☑ | |
| Asthma requiring regular treatment / inhalers | ☐ | ☑ | |
| Chronic bronchitis or emphysema (COPD) | ☐ | ☑ | |
| Any other respiratory illness e.g. TB, Recent chest infection | ☐ | ☑ | |
| PEFR | | | |
| Ankylosing spondylitis | ☐ | ☑ | |
| Neck or jaw restrictions | ☐ | ☑ | |
| Thyroid Disorder | ☐ | ☑ | |
| Diabetes - diet or tablet controlled | ☐ | ☑ | |
| Diabetes - insulin injection controlled | ☐ | ☑ | |
| Chronic kidney disease | ☑ | ☐ | Kidney stones. Stent in situ. |
| Anaemia or other blood disorder in last year | ☐ | ☑ | |
| Peripheral Vascular disease | ☐ | ☑ | |
| Severe bleeding or bruising problems | ☐ | ☑ | |
| Blood clots in the lungs or legs | ☐ | ☑ | |
| Jaundice or other liver disease | ☐ | ☑ | |
| Skin disorders | ☐ | ☑ | |
| Problems with bowels, bladder / urinary problems | ☐ | ☑ | |
| Heartburn, hiatus hernia or peptic ulcer | ☐ | ☑ | |
| How many pillows do you sleep with | 2 | | |
| Any other serious illness | ☐ | ☑ | |
| If female, aged 12-55 date of Last Menstrual Period | | | |
| Form of Contraception | | | |
| Sleep apnoea (obstructed breathing while sleeping)<br>***Actual*** | ☐ | ☑ | |
| Sleep apnoea (obstructed breathing while sleeping)<br>***Suspected*** | ☑ | ☐ | |

**STOP—BANG QUESTIONNAIRE**

| | **Yes** | **No** |
|---|---|---|

| | | |
|---|---|---|
| Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)? | ☐ | ☑ |
| Do you often feel TIRED during the daytime? | ☐ | ☑ |
| Has anyone ever OBSERVED you stop breathing while sleeping? | ☐ | ☑ |
| Do you have or are you being treated for high blood PRESSURE? | ☐ | ☑ |
| BMI more than 35 kg/m$^2$ | ☐ | ☑ |
| AGE over 50? | ☑ | ☐ |
| NECK circumference > 40cm | ☐ | ☑ |
| GENDER male? | ☑ | ☐ |
| **Score** (If 5 or more, do Epworth score below and refer notes to anaesthetist) | **2** | |

## OBSERVATIONS

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Date | HR Irreg | HR Reg | HR | Temp | Resps | $SaO_2$ | Height | Weight | BMI |
|---|---|---|---|---|---|---|---|---|---|
| 16-Jan-202 | ☐ | ☑ | 59 | 36.℃ | 16 | 96% | 1.67m | 72.70kg | 26.07 |

| Date | 16-Jan-2020 | BP | 118/74 | Name | Stephanie Smith |
|---|---|---|---|---|---|

BMI > 34 ☐

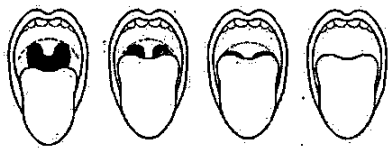
BMI < 20 ☐

## PHYSICAL EXAMINATION

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

**Mallampati Classification**

☑ Class I ☐ Class II ☐ Class III ☐ Class IV



| Neck Movement | | Mouth open | |
|---|---|---|---|
| Full range of movement ☑ | Limited ☐ | Good ☑ | Poor ☐ |

**Dentition**

**Own Teeth** ☑

| Secure ☑ | Loose ☐ | Caps ☐ | Crowns ☑ | Bridges ☐ | Braces ☐ |
|---|---|---|---|---|---|
| 3x upper | | | | | |

**Dentures** ☑

| Full ☐ | Partial ☑ | Upper ☑ | Lower ☐ |
|---|---|---|---|

**Other**

| Clinical Examination Findings ☑ | |
|---|---|
| **Cardiovascular** | |
| Heart rate/regularity | 59 reg |
| Heart Sound/Murmurs | I+II+0 |
| Peripheral Oedema | nil |
| Other | |
| **Respiratory** | |

| | |
|---|---|
| Chest Expansion | equal |
| Percussion | |
| Breath Sounds | vesicular |
| Trachea | central |
| Finger Clubbing | nil |
| Other | |
| **Other** | |
| Other | Generally well, has active job. Good GA previously. |
| **Name** | Debra Callaghan |
| **Date** | 16-Jan-2020 |

## MULTIDISCIPLINARY MEDICINES RECONCILIATION FORM

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| | | | |
|---|---|---|---|
| Patient | ☑ | Emergency Care Summary | ☐ |
| Relative / Carer | ☐ | Nursing home chart | ☐ |
| Patient's own drugs | ☐ | Previous discharge letter | ☐ |
| GP referral letter | ☐ | Repeat prescription slip | ☐ |
| GP Practice | ☐ | Other | ☐ |

| Do you have any allergies? | Yes ☑ | No ☐ | Undetermined ☐ |
|---|---|---|---|
| **If yes, tick all that apply?** | | **Details / Type of reaction** | |
| ☑ **Medication** | | **Penicillin** | |
| ☐ **Latex** | | | |
| ☐ **Metals** | | | |
| ☐ **Elastoplast** | | | |
| ☐ **Other** | | | |

| Admission Medicines | | | ☐ Nil Meds | | Action<br>Note: Unless otherwise indicated below medicine should be continued on prescription sheet |
|---|---|---|---|---|---|
| Drug Name | Formulation | Dose | Frequency | Action | Comments |
| Codeine phosphate | | 30mg | | Continue | States was given from urology clinic. Has ran out but will contact GP. |

| OTC / Herbal / homeopathic / illicit substances | | | ☑ Nil Meds | | Action<br>Note: Unless otherwise indicated below medicine should be continued on prescription sheet |
|---|---|---|---|---|---|
| Drug Name | Formulation | Dose | Frequency | Action | Comments |
| | | | | | |

| Date & Time | HEPMA Updated | Comments | Name |
|---|---|---|---|
| | ☐ | | |

| Further Information<br>e.g. compliance aid, recent discontinued medicines | Y | N/A | |
|---|---|---|---|
| Stop Form Issued | ☐ | ☑ | |
| Verbal Instructions Given? | ☐ | ☑ | |
| | **Y** | **N** | |
| Can patient manage medicines independently? | ☑ | ☐ | |
| Compliance Aid | ☐ | ☑ | |
| Additional Information | | | |

| Completed By | Designation | Grade | Date/Time | Contact No |
|---|---|---|---|---|
| Stephanie Smith | SN | 5 | 16-Jan-2020 13:42 | |
| **Reviewed By** | **Designation** | **Grade** | **Date/Time** | **Contact No** |
| | | | | |

## ANAESTHETIC ASSESSMENT

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| ASA Physical Status Classification System | | |
|---|---|---|
| **Classification** | **Definition** | **Examples, including, but not limited to:** |
| 2. ASA II | A patient with mild systemic disease | Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease |

| Surgical Outcome Risk Tool (SORT) <-- Click to open | SORT Score | 16-Jan-2020 | 0.06 % |
|---|---|---|---|

Anaesthetic Referral Indicated ☐

## CLINICAL NOTES

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Date & Time | Notes/Other Relevant Information | Name |
|---|---|---|
| 16-Jan-2020 13:43 | Pt attended pre op today. Bloods and ECG obtained. Information leaflets and fasting instructions given and exlained. | Stephanie Smith |

## INVESTIGATIONS

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

COMPLETE ☑

| Investigation | Notes | Requested Date | Reviewed By | Date Reviewed |
|---|---|---|---|---|
| ☑ ECG | sinus brady | 16-Jan-2020 | Debra Callaghan | 16-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ FBC | Filed | | Stephanie Smith | 16-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ Urea & Electrolytes | Filed | | Stephanie Smith | 16-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ CRP | Filed | | Stephanie Smith | 16-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ Bone Profile | | 16-Jan-2020 | Alice Byrne | 17-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ Urinalysis | blood protien leu | | Alice Byrne | 17-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |
| **Investigation** | **Notes** | **Requested Date** | **Reviewed By** | **Date Reviewed** |
| ☑ MSSU | no growth | 16-Jan-2020 | Debra Callaghan | 17-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |

| Investigation | Notes | Requested Date | Reviewed By | Date Reviewed |
|---|---|---|---|---|
| ☑ OTHER | Urates | 16-Jan-2020 | Alice Byrne | 17-Jan-2020 |
| | | Repeated Date | Reviewed By | Date Reviewed |
| | | | | |

## INFORMATION GIVEN / OUTCOME

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Written | Y | N/A | |
|---|---|---|---|
| Anaesthetic Overview | ☑ | ☐ | |
| GA | ☑ | ☐ | |
| Pain | ☑ | ☐ | |
| Spinal | ☐ | ☑ | |
| Regional block upper | ☐ | ☑ | |
| Regional block lower | ☐ | ☑ | |
| Fasting | ☑ | ☐ | |
| Exercise advice before surgery | ☐ | ☑ | |
| Fit following surgery (Gyn) | ☐ | ☑ | |
| Transfusion leaflet | ☐ | ☑ | |
| Rapid Recovery Pack | ☐ | ☑ | |
| Procedure specific (state) | | | Ureteroscopy and stone fragmentation |
| Other (state) | | | |

| Verbal | Y | N/A | |
|---|---|---|---|
| Visiting times | ☐ | ☑ | |
| No smoking policy | ☑ | ☐ | |
| Minimal belongings | ☐ | ☑ | |
| Objection to blood products excluded | ☐ | ☑ | |
| Consent to antibody screen/transfusion sample | ☐ | ☑ | |
| Other (state) | | | |

| Other | Y | N/A | |
|---|---|---|---|
| Urine bottle | ☑ | ☐ | |
| Other | | | |

| Enhanced Recovery After Surgery ☐ |
|---|

| PGD | Y | N/A | Date/Time | Name | Details |
|---|---|---|---|---|---|
| Ranitidine 2 x 150g tablets issued as per PGD | ☐ | ☑ | | | |
| Ref | | | | | |
| Ferrous fumarate 210 mg tablets issued as per PGD | ☐ | ☑ | | | |
| Ref | | | | | |
| Other | ☐ | ☐ | | | |
| Ref | | | | | |

| Outcome | | |
|---|---|---|
| TCI | ☑ | |
| Postponed | ☐ | |
| Cancelled (removed from waiting list) | ☐ | |

| | | |
|---|---|---|
| Day Surgery | ☐ | |
| Day Surgery MAIN theatre (Ayr only) | ☐ | |
| 23 Hour | ☐ | |
| Same Day Admission via ward | ☐ | |
| Same Day Admission via DSU | ☑ | |
| In Patient | ☐ | |

| Name | John McPhee | DOB | 1960-09-07 | CHI | 0709605390 |
|---|---|---|---|---|---|

| Verified By | Date Authorised |
|---|---|
| Debra Callaghan | 17-Jan-20 03:18 |

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
HC 37 Park View
CI Ardrossan
SI KA22 7BL
F 07/09/1960
A Dr JP Monaghan
MRN: XHI225047
Date of Birth: .....

DATE
18/11/14

SURGEON
NAFEES AHMAD (MS BOKHARI)

ANAESTHETIST

ASSISTANT

OPERATION PERFORMED
Cystoscopic Insertion of Right Ureteric Stent.

DESCRIPTION OF PROCEDURE
G.A. Lithotomy. IV Gentamicin
Cystoscope + Bladder — NAD.
Tight Right UO
Under X-ray,
- Sensor GW to Right kidney.
- Second sensor GW, still too tight to insert Rigid ureteroscope;
Dual lumen catheter, RPG to confirm position of wire
6 x 26 Right ureteric stent placed.
Bladder emptied.

Post Op:
- Home tomorrow
- Waiting list Right URS + laser

OPERATION

DRAINS ..... PACKS .....

SPECIAL INSTRUCTIONS TO WARD

Signature .....
NAFEES AHMAD (ST5)

DRS 5964

# UROLOGY ROUND 19/11/2019

*report created:* 19/11/2019 - 04:30:43

**Consultant:** MS HOLLY BEKARMA

**Reviewing Consultant:** BEKARMA

**Time:** 8:30

**Patient admitted:** 18/11/2019 (1 days)

**JOHN MCPHEE** (07/09/1960)

CHI: **0709605390**

37 Park View, , Ardrossan, Ayrshire, KA22 7BL

Location: S4 ROOM 226 BED 1 (19/11/2019 04:30:11)

**Recent blood results:** *(note only eGFR results <60 shown)*

| | [redacted] 06:56 |
|---|---|
| Hb | 136 |
| WCC | 10.1 |
| PLT | 332 |
| Na | 137 |
| K | 3.9 |
| Cl | 102 |
| Urea | 8.5 |
| Creat. | 64 |
| eGFR | - |
| Bil. | 11 |
| ALP | 75 |
| ALT | 25 |
| AST | 19 |
| Alb. | 43 |

*Time since Lab data extract last received 1 Hours 0 Minutes*

*Please note - for complete lab results please refer to the REVIVE system via Athena - results recorded as pending within labs may show in Revive (subject to revision) but will NOT show in this report until authorised.*

**Antimicrobials:**

**VTE Prophylaxis / Anti-coagulants / anti-platelets:**

TEDs: NO VTE Prophylaxis: YES Warfarin: NO NOAC: NO Aspirin: NO Clopidogrel: No

| | | | | |
|---|---|---|---|---|
| 18/11/19 22:00 | DALTEPARIN 5000 units in 0.2mL Pre-Filled Syringe | 5000 unit | 22:00 | |

Thrombo Embolic Deterrent Stockings (TEDs): Not required ☐ / Contra-indicated ☐

**Imaging review:** ☒ No ☐ Yes

**Current Issue(s):** Day 1 post R ureteric stent insertion

**Clinical Details:** Obs stable, apyrexial
Pain free

**Plan:**

FURS 4/6 weeks
Home later
Advised to drink plenty of H2O

Name: AVI Grade: FY1

Signed: AH Contact Details: 1262

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NHS Ayrshire and Arran –University Hospital, Ayr

NHS Ayrshire

**Checklist for patients undergoing operation or procedure**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

Proposed operation/procedure: (R) URETEROSCOPY + STONE FRAGMENTATION +/- STENT

Premed given Y/N?

If yes drug and dose: 9:30am

Fasted from? 9.30 am

Date 18.11.19 Station RA→54 Theatre 4

| | Station/DSU | | Reception/Recovery | | Theatre | |
|---|---|---|---|---|---|---|
| | Yes | N/A | Yes | N/A | Yes | N/A |
| ID bracelet checked? | ✓ | | ✓ | | ✓ | |
| Case/nursing notes available? | ✓ | | | | NONE | |
| Procedure/consent checked against theatre list? | ✓ | | ✓ | | EMERGENCY US | |
| Surgical site marked? | ✓ | | ✓ | | ✓ | |
| Consent/incapacity form signed by patient and surgeon (within 84 days (12 weeks))? | ✓ | | ✓ | | ✓ | |
| Allergy status confirmed? Allergic to: PENICILLIN *Consider Gentamicin in Bone cement* | ✓ | | ✓ | | Penicillin | |
| Blood/Lab results available? | ✓ | | ✓ | | ✓ | |
| Urinalysis performed? Result | | ✓ | | ✓ | | ✓ |
| Blood cross-matched or G&S? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ECG available? | ✓ | | ✓ | | ✓ | |
| Anticoagulants? If yes, please document: INR result | | ✓ | | ✓ | | ✓ |
| | | | | | | |
| Pregnancy test required? Result | | ✓ | | ✓ | | ✓ |
| Any internal metalwork? Where | | ✓ | | ✓ | | ✓ |
| TED stockings? | ✓ | | ✓ | | ✓ | |
| Caps/crowns/loose teeth/dentures? | ✓ | | ✓(in) | | DENTURES (PARTIAL) OUT | |
| Hearing aid/contact lenses? | N/A | ✓ | | ✓ | | ✓ |
| Rings/piercings/jewellery taped? | | ✓ | | ✓ | | ✓ |
| Skin bundle activated | | ✓ | | ✓ | | ✓ |

| | Station/DSU nurse | Reception nurse | Theatre nurse/ODP |
|---|---|---|---|
| Signed | Theag | [illegible] | [illegible] |

# NHS Ayrshire and Arran Surgical Safety Checklist - University Hospital, Ayr

NHS Ayrshire & Arran

## SIGN IN

- ☐ PATIENT HAS CONFIRMED
  - •IDENTITY
  - •SITE
  - •PROCEDURE
  - •CONSENT

SITE MARKED
- ☐ YES
- ☐ NOT APPLICABLE

☐ ANAESTHESIA SAFETY CHECK COMPLETED

☐ APPROPRIATE MONITORING IN PLACE AND WORKING

Does patient have a:
KNOWN ALLERGY?
- ☐ NO
- ☐ YES

ON ANTICOAGULANTS?
- ☐ NO
- ☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
- ☐ NO
- ☐ YES,AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
- ☐ NO
- ☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED/BLOOD CROSS-MATCHED

FOLLOWING AVAILABLE?
- ☐ BLOOD AND MICROBIOLOGY RESULTS
- ☐ IMAGING AVAILABLE
- ☐ ALL STAFF REQUIRED FOR PROCEDURE
- ☐ ALL INSTUMENTATION AVAILABLE AND CHECKED FOR PROCEDURE

REGIONAL BLOCK PLANNED? Y/N

IS IT SAFE TO PROCEED WITH ANAESTHESIA? Y/N

PRACTITIONER.....

ANAESTHETIST.....

## TIME OUT

☐ SURGICAL, ANAESTHESTIC AND NURSING TEAMS VERBALLY CONFIRM
- •PATIENT
- •SITE
- •PROCEDURE
- •ALLERGIES

☐ ANTICIPATED CRITICAL EVENTS
SURGEON REVIEW: ARE THERE ANY CRITICAL OR UNUSUAL STEPS?
ANTICIPATED OPERATIVE DURATION

☐ ANAESTHESIA TEAM REVIEW:ARE THERE ANY PATIENT-SPECFIC CONCERNS?

☐ NURSING TEAM REVIEW:
ARE THERE EQUIPMENT ISSUES OR ANY OTHER CONCERNS?
☐ PRESSURE AREA CARE?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES
- ☐ YES
- ☐ NOT APPLICABLE

TEDS/FLOWTRONS
- ☐ YES
- ☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?
- ☐ YES
- ☐ NOT APPLICABLE

CROSS MATCH/GROUP AND SCREEN AVAILABLE (please circle)
- ☐ YES
- ☐ NOT REQUIRED

☐ ASA GRADE RECORDED
☐ PACEMAKER/INTERNAL METALWORK STATUS CONFIRMED
☐ PATIENT WARMING IF REQUIRED
☐ DIATHERMY PAD IF REQUIRED

IS IT NOW SAFE TO OPERATE? Y/N

SURGEON.....
(anaesthetist or N/S can sign on surgeon's behalf with verbal confirmation)
ANAESTHETIST/ODP.....

## SIGN OUT

SCRUB NURSE VERBALLY CONFIRMS WITH THE TEAM:

- ☐ THE TYPE OF PROCEDURE RECORDED
- ☐ THAT INSTRUMENT, SWABS AND NEEDLE COUNTS ARE CORRECT(OR NOT APPLICABLE)
- ☐ HOW THE SPECIMEN IS LABELLED. INCLUDE VISUAL CONFIRMATION OF SPECIMEN IN CONTAINER (INCLUDING PATIENT NAME)
- ☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY INSTRUCTIONS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT
- ☐ DIATHERMY PAD SAFELY REMOVED
- ☐ PATIENT FOLLOW-UP
- ☐ IMAGING BEEN REMOVED WHERE APPROPRIATE
- ☐ SURGICAL TEAM - ANY ADVERSE EVENTS OR CRITICAL INCIDENTS Y/N
- ☐ ANAESTHETIC TEAM - ANY ADVERSE EVENTS OR CRITICAL INCIDENTS Y/N
- ☐ NURSING TEAM- ANY ADVERSE EVENTS OR CRITICAL INCIDENTS Y/N

| BRIEF DESCRIPTION OF ANY ADVERSE EVENTS: |
|---|
| |
| |
| |
| |
| |
| DATIX REQUIRED? Y/N IF YES, COMPLETED Y/N |

IS IT NOW SAFE FOR THE PATIENT TO LEAVE THEATRE? Y/N

SURGEON.....

SCRUB NURSE.....

# Anaesthetic Record

Proposed procedure: Cystoscopy + ® ureteroscopy + stone fragmentation. +/- stent insertion

Elective
Scheduled Urgent
Urgent
Emergency ✓

Consent form signed (Y)/N
Incapacity form Y/N
Fasted 9am. Y/N

SASM Consultant:
Informed Y/N

59

H CHI: 0709605390
C McPhee, John
S 37 Park View
F Ardrossan
A KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047
Date of Birth

**Preoperative Assessment:** Assessor: C. Money Date: 18/11/19 Location: AMB - CAN ASA Grade: I

## History

Previous GA: childhood - no problems

FH: /

CVS: /

Exercise Tolerance: Roofer fit + active.

Resp: /

Reflux: 0

Smoking: 10/day.

Alcohol & Recreational Drugs

## Recent Medication

nil regular.

OR ↑ NSAID's.

Allergies PENICILLIN ↳ rash.

## Examination

Mouth opening MP I
Teeth dentures partial top.
HR 55
BP 140/75
Weight 70·2
Height 5'8
BMI

Hb 136
WCC 10·1
Plats 332
Urea 8·5
Creat. 64
Na 137
K 3·9
ECG
CXR
OTHER:

CT-KUB: stones @ ® vesicoureteric junction 4/5mm

## Discussed:

| | | | |
|---|---|---|---|
| Fasting | ☑ | Failure | ☐ |
| Premed | ☐ | Hypotension | ☐ |
| Induction | ☑ | Headache | ☐ |
| Analgesia | ☑ | Numbness | ☐ |
| Suppositories | ☐ | Urine Retention | ☐ |
| Monitoring: | ☑ | Nerve Damage | ☐ |
| Other dental damage | | L.A. Toxicity | ☐ |
| | | Patient agrees | Y/N |
| | | Handout | Y/N |
| | | Other | |

## Regional Block: Complications discussed pre-operatively

## Preoperative Instructions

**Fasting:** Time
As Protocol ☐
Light breakfast
Fluids - allow:
still juices / water till:

**Usual Medicines:** Unless otherwise instructed give all medicines except insulin, oral hypoglycaemics and anticoagulants.
Give all except:
Give only:

Premedication drugs: Date Time
Signed:
Given at / by

Operation done: as above

Date 18/11/19 Location Thr 1 Start time End time

Surgeon(s)

Anaesthetic Assistant: McIntosh

Anaesthetist(s) SHAH / MONEY / SCOT
Grade SAS / ACOS / CONS GMC No.

**Remarks** Uneventful ☐ Significant events / Critical incidents Hazard warnings

Effect of premed

STA0093

ANAESTHETIC RECORD

| Postoperative Instructions: | Reviewed by |
|---|---|
| Routine monitoring & care | |
| $O_2$.....l/min till awake or.....hrs | |
| Humidified $O_2$ % as required to maintain $O_2$ Sat > 95% | |
| Morphine 1mg/ml IV up to 10mg as required for pain in recovery YES Signed..... | |
| Paracetamol 1g IV in recovery if required for pain YES Signed..... | |
| Ondansetron 4mg IV in recovery if required for nausea YES Signed..... | |
| Cyclizine 50mg IV in recovery if required for nausea YES Signed..... | |
| IV fluids as charted ☐ Special instructions | Sign off completed chart |
| Drug therapy as charted | |

| Time | Recovery Notes | Drugs |
|---|---|---|
| | | |
| | | |
| | | |

# Recovery room care

# University Hospital Ayr

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

NHS Ayrshire & Arran

| | |
|---|---|
| Date | 18/11/19. |
| Time on arrival | 1609. |
| Time on transfer | 1655. |
| Transferred to | SU4. |
| Recovery nurse | Reid. |

| | |
|---|---|
| Anaesthetist | Dr G. Scott. |
| Anaesthetic | GA. |
| Surgeon | Ms Bekarma. |
| Operation | Cystoscopic Insertion of Right ureteric Stent. |

| | | | |
|---|---|---|---|
| Condition on entering recovery & O2 therapy | asleep. breathing spontaneously via LMA. $SpO_2$ 100. | | |
| Airway | YES/NO | Time removed | |
| Laryngeal in situ | YES/NO | Time removed | 16 15 |
| E.T.T in situ | YES/NO | Time removed | |

| Drug given | Time | Amount | Route | Sign |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | PCA | Epidural | Nerve catheter | Local anaesthetic |
|---|---|---|---|---|
| | YES/NO | YES/NO | YES/NO | YES/NO |
| Connected at | | | | |

| Invasive monitoring | site | Secured with sutures | Removed on transfer | Visual check Sign 1 | Sign 2 |
|---|---|---|---|---|---|
| Arterial | | YES / NO | YES / NO | | |
| Central | | YES / NO | YES / NO | | |

| Catheter | Site | Type | Inserted | Removed on discharge | Mitomycin Inserted | time Removed |
|---|---|---|---|---|---|---|
| | | | | YES/NO | | |
| | | | | YES/NO | | |

| | Dressing type &site | Time checked | | | |
|---|---|---|---|---|---|
| Wound 1 | | | | | |
| Wound 2 | | | | | |
| Wound 3 | | | | | |

| Time checked: | | | | |
|---|---|---|---|---|
| Colour | | | | |
| Sensation | | | | |
| Movement | | | | |

| Drain in situ | Drain type & site | On suction |
|---|---|---|
| YES/NO | | YES/NO |
| YES/NO | | YES/NO |

**Nursing Notes:**

observations stable. oral fluids tolerated. passed approx 50mls rose wine. tried to move bowels but unsuccessful. home tomorrow if OK for W/L for Right URS + laser.
tried to phone wife but no answer.

CTI - Wood, Urology

STA1060

Write or attach label

HCR No: .....
CHI No: .....
Surname: .....
Forename: ...
Address: .....
.....
Date of Birth .....

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

DATE 19/11/15

Urinalysis

55

Bayer Hea...
C nitel...

Patient ...

Multistix® 8 SG
Test date 11-19-2015
Time 10:09AM
Operator ...
Test number 7940
Color Not Entered
Clarity Not Entered

GLU Negative
KET Negative
SG 1.015
BLO Trace
pH 6.5
PRO Nega...
NIT Nega...
LEU Neg...

6/12 ago → SP pain
→ had painkillers + Abx
→ normal CUTS at this point

Rec/Stats
-0

6/12 → CUTS
→ polyuria — 2x hourly
→ dribbling
→ hesitancy

SNs
-right

→ dysuria
→ SP pain
→ nocturia x 3
→ emptying bladder

Meds
nil

6/52 ago - symptoms improved

NAD SNT

US - post void 431ml — one — normal sized benign prostate
— no stones
— ? ② kidney stone
— ? 2 ① kidney stones

PSA 0.8
UFE (N)

Imp - ? prostatitis, ? bladder stones
— ? STD
— ? BPH cause

Pl - flow + scan
— CT KUB
— ? Transvaginal

UROLOGICAL

Family name:

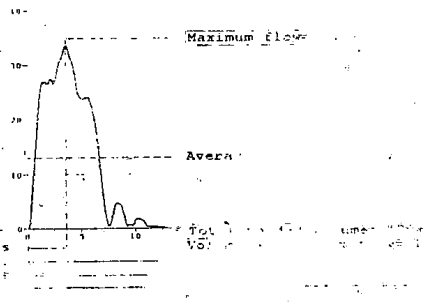
First name:

Age: ☐F. ☐M.

Date: 19/11/15

Time: 10:20 AM

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047




Time to maximum flow 3.6s
Flow time
Voiding time

DATE

NHS
Ayrshire & Arran

# Consent for Operation

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

**PROCEDURE:** rigid / flexible ureteroscopy ... laser stone fragmentation ... stent change ... RIGHT

**PURPOSE OF PROCEDURE:** treat stone

**SIDE OF PROCEDURE:** LEFT / RIGHT / BOTH / NOT APPLICABLE

## A. Statement of health professional

I confirm I am a health professional with an **appropriate knowledge of the proposed procedure** as specified in the Board's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) ☐ the proposed approach

b) ☐ the intended benefits of the procedure

c) ☐ the possible risks of the procedure (including those specific to the patient).

d) ☐ the benefits and risks of any alternative treatments (including no treatment) and any particular concerns of the patient.

e) any additional procedures that might become necessary during surgery. Commonly this would include:

☐ Blood transfusion ☐ Other procedure (please state)

.....

.....

.....

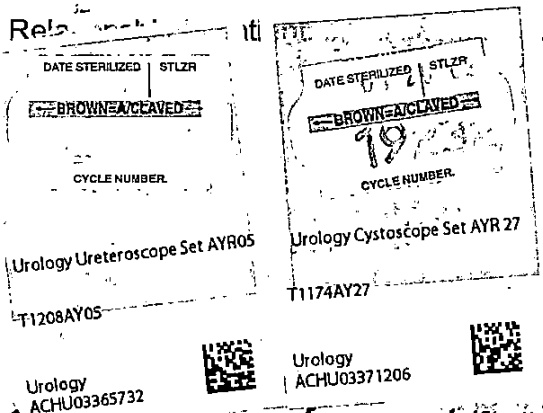
*NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.*

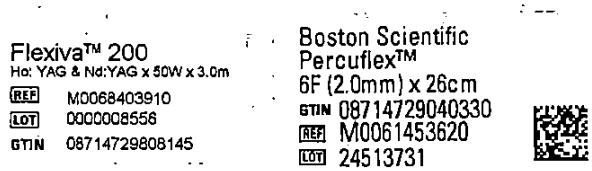
**I understand the benefits, risks and alternatives that have been explained to me, and I agree to the operation.**

Signed (patient/parent/guardian): x SM c Phee Date: 16.1.20

Name of patient/parent/guardian (PRINT): .....

Rela... ti .....




## C...mation of consent (for use on day before or day of surgery)

Confirmation of consent is only mandatory, when the original consent was signed by the patient >84 days before the date of the operation.

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

**Consultant or other responsible health professional**

Signed (health professional): ..... Date: .....

Name (PRINT): ..... Time (24 hr): .....

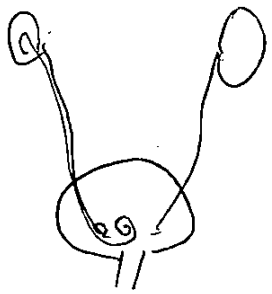
Designation: ..... GMC/GDC/NMC number: .....

**Patient**

Signed (patient/parent/guardian): ..... Date: .....

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....



# NHS Ayrshire and Arran Surgical Safety Checklist - University Hospital, Ayr

NHS Ayrshire & Arran

## SIGN IN

- ☑ PATIENT HAS CONFIRMED
  - •IDENTITY
  - •SITE
  - •PROCEDURE
  - •CONSENT
- ☑ SITE MARKED
  - ☐ YES
  - ☐ NOT APPLICABLE
- ☑ ANAESTHESIA SAFETY CHECK COMPLETED
- ☑ APPROPRIATE MONITORING IN PLACE AND WORKING

Does patient have a:

KNOWN ALLERGY?
- ☐ NO
- ☑ YES

ON ANTICOAGULANTS?
- ☑ NO
- ☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
- ☐ NO
- ☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
- ☑ NO
- ☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED/BLOOD CROSS-MATCHED

FOLLOWING AVAILABLE?
- ☑ BLOOD AND MICROBIOLOGY RESULTS
- ☑ IMAGING AVAILABLE
- ☑ ALL STAFF REQUIRED FOR PROCEDURE
- ☑ ALL INSTUMENTATION AVAILABLE AND CHECKED FOR PROCEDURE

REGIONAL BLOCK PLANNED? Y(N)

IS IT SAFE TO PROCEED WITH ANAESTHESIA? Y/N

PRACTITIONER..... N/A D Deuchar

ANAESTHETIST.....

## TIME OUT

- ☑ SURGICAL, ANAESTHESTIC AND NURSING TEAMS VERBALLY CONFIRM
  - •PATIENT
  - •SITE
  - •PROCEDURE
  - •ALLERGIES
- ☐ ANTICIPATED CRITICAL EVENTS
- ☐ SURGEON REVIEW: ARE THERE ANY CRITICAL OR UNUSUAL STEPS? ANTICIPATED OPERATIVE DURATION
- ☐ ANAESTHESIA TEAM REVIEW: ARE THERE ANY PATIENT-SPECFIC CONCERNS?
- ☐ NURSING TEAM REVIEW: ARE THERE EQUIPMENT ISSUES OR ANY OTHER CONCERNS?
- ☐ PRESSURE AREA CARE?
- ☐ HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES
  - ☑ YES
  - ☐ NOT APPLICABLE
- ☑ TEDS/FLOWTRONS
  - ☑ YES
  - ☐ NOT APPLICABLE
- ☑ IS ESSENTIAL IMAGING DISPLAYED?
  - ☑ YES
  - ☐ NOT APPLICABLE

CROSS MATCH/GROUP AND SCREEN AVAILABLE (please circle)
- ☐ YES
- ☑ NOT REQUIRED

- ☑ ASA GRADE RECORDED
- ☐ PACEMAKER/INTERNAL METALWORK STATUS CONFIRMED
- N/A PATIENT WARMING IF REQUIRED
- N/A DIATHERMY PAD IF REQUIRED

IS IT NOW SAFE TO OPERATE? Y/N

SURGEON.....

(anaesthetist or N/S can sign on surgeon's behalf with verbal confirmation)

ANAESTHETIST/ODP..... N/A D Deuchar

## SIGN OUT

- ☐ SCRUB NURSE VERBALLY CONFIRMS WITH THE TEAM:
- ☐ THE TYPE OF PROCEDURE RECORDED
- ☐ THAT INSTRUMENT, SWABS AND NEEDLE COUNTS ARE CORRECT(OR NOT APPLICABLE)
- ☐ HOW THE SPECIMEN IS LABELLED. INCLUDE VISUAL CONFIRMATION OF SPECIMEN IN CONTAINER (INCLUDING PATIENT NAME)
- ☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY INSTRUCTIONS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT
- ☐ DIATHERMY PAD SAFELY REMOVED
- ☐ PATIENT FOLLOW-UP
- ☐ IMAGING BEEN REMOVED WHERE APPROPRIAT
- ☐ SURGICAL TEAM - ANY ADVERSE EVENTS OR CRI INCIDENTS Y/N
- ☐ ANAESTHETIC TEAM - ANY ADVERSE EVENTS OR CRITICAL INCIDENTS Y/N
- ☐ NURSING TEAM- ANY ADVERSE EVENTS OR CRITICAL INCIDENTS Y/N

BRIEF DESCRIPTION OF ANY ADVERSE EVENTS:

DATIX REQUIRED? Y/N IF YES, COMPLETED Y/N

IS IT NOW SAFE FOR THE PATIENT TO LEAVE THEATRE? Y/N

SURGEON.....

SCRUB NURSE.....

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JB Monaghan

RIGHT

1) Ridgid | stone cone | grasper

2) Semi Ridgid no stent. ASA 2.

3) Ridgid stent in | stone cone.

NHS Ayrshire and Arran –University Hospital, Ayr

NHS Ayrshire & Arran

**Checklist for patients undergoing operation or procedure**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

Proposed operation/procedure: (R) rigid ureteroscopy and stone fragmentation

Premed given: (Y)/N

If yes drug and dose: Paracetamol 1g, Ibuprofen 400mg @9.35

Fasted from? 8pm last night, sips water @06.00

Date 31/01/2020 Station DSU Theatre TH1

| | Station/DSU | | Reception/Recovery | | Theatre | |
|---|---|---|---|---|---|---|
| | Yes | N/A | Yes | N/A | Yes | N/A |
| ID bracelet checked? | ✓ | | ✓ | | ✓ | |
| Case/nursing notes available? | ✓ | | ✓ | | ✓ | |
| Procedure/consent checked against theatre list? | ✓ | | ✓ | | ✓ | |
| Surgical site marked? | ✓ | | ✓ | | ✓ | |
| Consent/incapacity form signed by patient and surgeon (within 84 days (12 weeks))? | ✓ | | ✓ | | ✓ | |
| Allergy status confirmed? Allergic to: ~~Penicillin~~ RASN *Consider Gentamicin in Bone cement* | ✓ | | ✓ | | ✓ ~~Penicillin~~ | |
| Blood/Lab results available? 7/1/20 | ✓ | | ✓ | | ✓ | |
| Urinalysis performed? Result Blood, Leu, Nit | ✓ | | ✓ | | ✓ | |
| Blood cross-matched or G&S? | | ✓ | | ✓ | | ✓ |
| ECG available? 16/1/2020 | ✓ | | ✓ | | ✓ | |
| Anticoagulants? If yes, please document: INR result | | ✓ | | ✓ | | ✓ |
| | | | | | | |
| Pregnancy test required? Result | | ✓ | | ✓ | | ✓ |
| Any internal metalwork? Where | | ✓ | | ✓ | | ✓ |
| TED stockings? | ✓ | | ✓ | | ✓ | |
| Caps/crowns/loose teeth/dentures? | ✓ | | ✓ avr | | ✓ | |
| Hearing aid/contact lenses? | | ✓ | | ✓ | ~~N/A~~ ✓ | ✓ |
| Rings/piercings/jewellery taped? | | ✓ | | ✓ | | ✓ |
| Skin bundle activated | | ✓ | | ✓ | | ✓ |
| | Station/DSU nurse | | Reception nurse | | Theatre nurse/ODP | |
| Signed | ANi | | | | N/A O Devine | |

# Anaesthetic Record

| | |
|---|---|
| Proposed procedure: (R) Varicose veins | Elective ✓ |
| | Scheduled Urgent |
| | Urgent |
| | Emergency |
| Consent form signed Y / N | SASM Consultant: |
| Incapacity form Y / N | |
| Fasted Y / N | Informed Y / N |

Write or attach label

H C S. F A. I

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

**Preoperative Assessment:** Assessor GL Date: 31/1/20 Location: DSU ASA Grade: I

## History

Previous GA 5yrs ago
Probs

FH

CVS

Exercise Tolerance Good

Resp.

Reflux

Smoking 10/day

Alcohol & Recreational Drugs

## Recent Medication

Codein

NSAIDs OK

Allergies NKA

## Examination

Mouth opening

Teeth Partial denture

HR

BP

Weight 167

Height 72

BMI 26

| | |
|---|---|
| Hb | |
| WCC | |
| Plats | |
| Urea | 8.3 |
| Creat. | 70 |
| Na | 141 |
| K | 3.7 |
| ECG | NSR |
| CXR | |
| OTHER: | |

## Discussed:

| | |
|---|---|
| Fasting ☐ | |
| Premed ☐ | |
| Induction ☑ | |
| Analgesia ☐ ✓ | |
| Suppositories ☐ | |
| Monitoring: ☑ | |
| Other | |

## Regional Block: Complications discussed pre-operatively

| | |
|---|---|
| Failure ☐ | |
| Hypotension ☐ | |
| Headache ☐ | |
| Numbness ☐ | |
| Urine Retention ☐ | |
| Nerve Damage ☐ | |
| L.A. Toxicity ☐ | |
| Patient agrees | Y / N |
| Handout | Y / N |
| Other | |

## Preoperative Instructions

**Fasting:** Time
As Protocol ☐
Light breakfast
Fluids - allow:
still juices / water till:

**Usual Medicines:** Unless otherwise instructed give all medicines except insulin, oral hypoglycaemics and anticoagulants.

Give all except:

Give only:

Premedication drugs: Date Time
Paracetamol 1g PO 0930
Ibuprofen 400mg PO 0950
Signed:

Given at / by 09.35.

Operation done: (R) Varicose veins

Date 31/1/20 Location TH7 Start time End time

Surgeon(s) HAMED

Anaesthetic Assistant J STEWART

Anaesthetist(s) HEM

Grade CONS GMC No. 4407377

**Remarks** Uneventful ☐ Significant events / Critical incidents Hazard warnings

Effect of premed

STA0093

ANAESTHETIC RECORD

| Postoperative Instructions: | | | Reviewed by |
|---|---|---|---|
| Routine monitoring & care | | | |
| $O_2$.....l/min till awake or.....hrs | | | |
| Humidified $O_2$ % as required to maintain $O_2$ Sat > 95% | | | |
| Morphine 1mg/ml IV up to 10mg as required for pain in recovery | YES | Signed..... | |
| Paracetamol 1g IV in recovery if required for pain | YES | Signed..... | |
| Ondansetron 4mg IV in recovery if required for nausea | (YES) | Signed..... | |
| Cyclizine 50mg IV in recovery if required for nausea | YES | Signed..... | |
| IV fluids as charted ☐ Special instructions | | | Sign off completed chart |
| Drug therapy as charted | | | |

| Time | Recovery Notes | Drugs |
|---|---|---|
| | | |

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

DATE
31/1/2020
Thr 1
11:30 am

SURGEON
A Hamed.

ASSISTANT

ANAESTHETIST
Dr Kerr
GA
Generalised swelling on radiation

OPERATION PERFORMED
(R) URS + stone Bxy + (R) stent change

DESCRIPTION OF PROCEDURE

Indication: x2 URS (R) stones required staging previously

Procedure: ↓GA, Pt in LD's position, cleaned & draped

cystpy → normal ureteric Bladder + UO's

(R) UO cannulated using seeker guide-wire stones seen on II

(R) UO ↑semi-rigid passed x2 stones seen ≈ 7mm & 5mm using laser 6/0.6 Both stones were fragmented to multiple fragments. & removed out No visible fragments

Kidney
stent
x2 stones
Both lasered

DRAINS ..... PACKS .....

SPECIAL INSTRUCTIONS TO WARD Up to mid-ureter.

Then 26/6 F uteric stent inserted position confirmed on II & J visn.

Signature .....

Bladder emptied

OPERATION

DRS 5964

(P) Can E+D

- Flatter if OK, if no one at (M) for admission
- No other symptoms
- Some bloods normal
- No requirement for X-ray before ready to go
- Short bowel Hx 1-2/52 then no further urology F/U

AH 7238359

Mr A H Hamed
GMC: 7238359

**NHS Ayrshire & Arran**

**Bruce Day Surgery Suite**

**University Hospital Ayr**
**Dalmellington Road**
**Ayr KA6 6DX**
**Telephone: 01292 610555**
**Fax**
**www.show.scot.nhs.uk/aaaht**

NHS
Ayrshire
& Arran

Attended:

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

Dear Dr.

The above patient attended the Day Surgery Unit on 31/1/2020.

A Summary of the admission is set out below

DIAGNOSIS:

(R) VVJ stones x2 Previously treated

PROCEDURE:

(R) URS + Stone Frag + Stent exchge

The procedure was carried out under GA/LA.

The patient has been discharged home and the following arrangements have been made for follow-up.

FOLLOW-UP:

Stent removal in 1-2/52

A more detailed discharge letter will/will not follow.

Yours sincerely,

NHS
Ayrshire
& Arran

# Consent for Operation

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

**PROCEDURE:** RIGHT FLEXIBLE URETEROSCOPY + LASER STONE FRAGMENTATION + STENT REPLACEMENT

**PURPOSE OF PROCEDURE:** .....

**SIDE OF PROCEDURE:** LEFT / RIGHT / BOTH / NOT APPLICABLE

## A. Statement of health professional

I confirm I am a health professional with an **appropriate knowledge of the proposed procedure** as specified in the Board's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) ☑ the proposed approach

b) ☑ the intended benefits of the procedure

c) ☑ the possible risks of the procedure (including those specific to the patient).

d) ☑ the benefits and risks of any alternative treatments (including no treatment) and any particular concerns of the patient.

e) any additional procedures that might become necessary during surgery. Commonly this would include:

☐ Blood transfusion ☐ Other procedure (please state)

.....

.....

.....

*NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.*

**I understand the benefits, risks and alternatives that have been explained to me, and I agree to the operation.**

Signed (patient/parent/guardian): X ..... Date: 23-6-22

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

## C. Confirmation of consent (for use on day before or day of surgery)

Confirmation of consent is only mandatory, when the original consent was signed by the patient >84 days before the date of the operation.

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

**Consultant or other responsible health professional**

Signed (health professional): ..... Date: .....

Name (PRINT): ..... Time (24 hr): .....

Designation: ..... GMC/GDC/NMC number: .....

**Patient**

Signed (patient/parent/guardian): ..... Date: .....

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

# Anaesthetic Record

| | |
|---|---|
| Proposed procedure: FURS Stone Frag | Elective ✓ / Scheduled Urgent / Urgent / Emergency |
| Consent form signed Y/N | SASM Consultant: Keer. |
| Incapacity form Y/N | Informed (Y)N |
| Fasted 6pm. Y/N | |

HCR No: [illegible]
CHI No: CHI: 0709605390
Surname: McPhee, John
Forenames: 37 Park View
Address: Ardrossan KA22 7BL
..... 07/09/1960
Date of Dr JP Monaghan 61

**Preoperative Assessment:** Assessor: a Thomson Date: 28/7 Location: DSU ASA Grade: II

## History

Previous GA
Yes. No imes #4 lapel.

FH

CVS
R/MD.

Exercise Tolerance
active
Woofer.

Resp.
Pifectic or sneeze

Reflux
denies

Smoking
10/day.

Alcohol & Recreational Drugs
minimal.

## Recent Medication

diclofenac
paracetamol
bisoprolol
tramadol
} not hard hdg.

Allergies penicillin (rash)

## Examination

Mouth opening good
Teeth partial upper.
HR
BP 139/71
Weight 68
Height 1.69
BMI

Hb 149
WCC 6·8
Plats 312.
Urea 10·9
Creat. 77
Na 138
K 4.0
ECG SR. 56bpm
CXR
OTHER:

| Discussed: | | Regional Block: Complications discussed pre-operatively | |
|---|---|---|---|
| Fasting | ✓ | Failure | |
| Premed | ✓ | Hypotension | |
| Induction | ✓ | Headache | |
| Analgesia | ✓ | Numbness | |
| Suppositories | | Urine Retention | |
| Monitoring: | ✓ | Nerve Damage | |
| Other: | | L.A. Toxicity | |
| | | Patient agrees | Y/N |
| | | Handout | Y/N |
| | | Other | |

## Preoperative Instructions

**Fasting:** Time
As Protocol ☐
Light breakfast
Fluids - allow:
still juices / water till:

**Usual Medicines:** Unless otherwise instructed give all medicines except insulin, oral hypoglycaemics and anticoagulants.
Give all except:
Give only:

Premedication drugs: Date Time 08:00
paracetamol 1g PO pre-Op
Signed:
Given at / by 0825

Operation done: (R) FURS ESWL frag

Date 26/7/22 Location Th 1 Start time End time

Surgeon(s) Small Keer.

Anaesthetic Assistant

Anaesthetist(s) a Thomson ST3
Grade GMC No.

**Remarks** Uneventful ☐ Significant events / Critical incidents Hazard warnings

Effect of premed

STA0093

ANAESTHETIC RECORD

**Postoperative Instructions:**

Reviewed by

Routine monitoring & care

$O_2$ 4 l/min till awake or.....hrs

Humidified $O_2$ % as required to maintain $O_2$ Sat > 95%

Morphine 1mg/ml IV up to 10mg as required for pain in recovery (YES) Signed.....

Paracetamol 1g IV in recovery if required for pain ~~YES~~ Signed.....

Ondansetron 4mg IV in recovery if required for nausea (YES) Signed.....

Cyclizine 50mg IV in recovery if required for nausea (YES) Signed.....

IV fluids as charted ☐ Special instructions

~~Drug therapy as charted~~

Sign off completed chart

| Time | Recovery Notes | Drugs |
|---|---|---|

| Drug | Strength | Quantity Supplied | Directions | Date | Doctor's Signature |
|---|---|---|---|---|---|
| Paracetamol Tablets | 500mgs | 32 | 1-2 tablets 4-6 hrly when required for pain | 26/7 | |
| Co-codamol Tablets | 30 / 500mgs | 10 20 | 1-2 tablets 4-6 hrly when required for pain | | |
| Diclofenac Enteric coated Tablets | 50mgs | 9 | 1 tablet 3 times daily | | |
| Dihydrocodeine Tablets | 30mgs | 15 | 1 tablet 4-6 hrly when required for pain | 26/7 | |

Paracetamol

checked + dispensed by KH/ SC1384

**NHS Ayrshire & Arran**

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

DATE 26/7/22

SURGEON SMAHW

ANAESTHETIST

ASSISTANT
KERR UNSCRUBBED

OPERATION PERFORMED
RIGHT RIGID & FLEXI URETEROSCOPY, BASKET EXTRACTION OF STONE + STENT REPLACEMENT

DESCRIPTION OF PROCEDURE
- Indication: 8mm R ureteric stone, stent @ Lilbet Bain
- Procedure: GA, MLD position, MSSU-ve, gent, TEDS, cond-ve
- Cystoscopy: NAD. Sensor on RK. Stent easily removed
- Rigid: Stone mid ureter - basket extraction
  Specimen to biochem
- Flexi: ord second wire to RK, RGP.
  Upper pole - Randall Plaque.
  Mid pole - stone - likely Randall Plaque but around 3mm ⇒ Laser frag (Soltiv)
  No further stones on renoscopy.
  Ureter clear.
- 26cm 6Fr stent placed on strings.
- Bladder emptied
- Instillagel.

Post op, Home today
Slot out ~~Friday~~ Thursday

DRAINS ..... Clinic 6/12 PACKS .....

SPECIAL INSTRUCTIONS TO WARD NKW KERR.

OPERATION

Soltiv
0.312kJ.
16s.
0.05J
400Hz
20W.

Signature .....

DRS 5964

NHS Ayrshire & Arran

| | |
|---|---|
| Date of Procedure | 26/7/22 |
| Time of Procedure | AM |
| Operation Performed | RIGHT FLEXIBLE URETEROSCOPE + LASER + STENT IN SITU |
| Operating Consultant | MS Kerr |

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

# Theatre Instrument Traceability Record

Affix Labels here

Minor Scope Pack
7 313660 255851
LOT 22151170
REF 5700470604-04
2024-12-28
Mölnlycke Health Care

DATE STERILIZED 19 07 22 STLZR 01
BROWN-ACCLAVED
2183
CYCLE NUMBER

Urology Ureteroscope Set AYR01
T1208AY01
Urology
ACHU03610432

DATE STERILIZED 25 07 22 STLZR 01
BROWN-ACCLAVED
2206
CYCLE NUMBER

Urology Cystoscope Set AYR 05
T1174AY05
Urology
ACHU03612140

Patient Portion
DATE STERILIZED STLZR
20 07 22 04
BROWN-ACCLAVED
3074
CYCLE NUMBER
Ayrshire Central Hospital
Urology Flexi Stent
Forcep TH1 AYR02(S149502)
2023-07-20
14:35:16
STERILE
ACHU03610956

SINGLE USE
200 Micron
2024-11-11
SOLTIVE™
SuperPulsed Laser Fiber
REF TFL-FBX200S
LOT KR166321
PULL TAB

26/07/2022 11:52 LOT 0002
4223301
VIDEO
URETEROSCOPE 30
(21)
(01)00000000(7003)2207261152
(10)00029(240)0F0C011A3F

Boston Scientific
Zero Tip™
1.9F (0.63mm) x 120cm
GTIN 08714729469643
REF M0063901050
LOT 29177452

Boston Scientific
Percuflex™
6F (2.0mm) x 26cm
GTIN 08714729040330
REF M0061453620
LOT 28900713

Continued

NHS Ayrshire and Arran –University Hospital, Ayr

NHS Ayrshire & Arran

## Checklist for patients undergoing operation or procedure

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

Proposed operation/procedure: (R) flexible ureteroscopy

Premed given Y/N?

If yes drug and dose: 1g paracetol @ 825

Fasted from? 6pm / 7am water

Date 26/7/22 Station OSU Theatre TH1

| | Station/DSU | | Reception/Recovery | | Theatre | |
|---|---|---|---|---|---|---|
| | Yes | N/A | Yes | N/A | Yes | N/A |
| ID bracelet checked? | ✓ | | ✓ | | ✓ | |
| Case/nursing notes available? | ✓ | | ✓ | | ✓ | |
| Procedure/consent checked against theatre list? | ✓ | | ✓ | | ✓ | |
| Surgical site marked? | ✓ | | ✓ | | ✓ | |
| Consent/incapacity form signed by patient and surgeon (within 84 days (12 weeks))? | ✓ | | ✓ | | ✓ | |
| Allergy status confirmed? Allergic to: Penicillin *Consider Gentamicin in Bone cement* | ✓ | | ✓ | | ✓ | ✓ |
| Blood/Lab results available? 25/6/22 | ✓ | | ✓ | | ✓ | |
| Urinalysis performed? Result leuk ++ prot ++ Blood +++ | | | ✓ | | ✓ | |
| Blood cross-matched or G&S? | | ✓ | | ✓ | ✓ | ✓ |
| ECG available? 25/6/22 | ✓ | | ✓ | | ✓ | |
| Anticoagulants? If yes, please document: .....INR result..... | | ✓ | | ✓ | | ✓ |
| | | | | | | |
| Pregnancy test required? Result..... | | ✓ | | ✓ | | ✓ |
| Any internal metalwork? Where..... | | ✓ | | ✓ | | ✓ |
| TED stockings? | ✓ | | ✓ | | ✓ | |
| Caps/~~crowns~~/loose teeth/dentures? TOP | ✓ | | ✓ Removed | | ✓ | |
| Hearing aid/contact lenses? | | ✓ | | ✓ | | ✓ |
| Rings/piercings/jewellery taped? | | ✓ | | ✓ | | ✓ |
| Skin bundle activated | | ✓ | | ✓ | | ✓ |
| | Station/DSU nurse | | Reception nurse | | Theatre nurse/ODP | |
| Signed | | | SDonovan | | | |



LFT ~~we~~

| Covid LFD test | Department/Ward | OSJ |
|---|---|---|
| Date & Time of Test | LOT Number | Result |
| 26/7/22 0500 | 2012370 | Pos ☐ Neg ☐ |
| Designation of Tester | Print Name | Signature |
| S/N | FIONA HAMILL | FHamill |
| Theatre nurse check | Print Name | Signature |
| S/N | SOPHIE DONOVAN | SDonovan |

V02.20123

Clarity Not Entered

Visibly bloody urine may cause falsely elevated PRO results

NHS
Ayrshire
& Arran

Write or attach label

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

[redacted]

Signature

Signature

PHamilton

# LABORATORY REPORTS

Microbiology

Biochemistry

Haematology

Pathology

Including Cytology

Radiology

Ultrasonics

Miscellaneous

Including Audiometric and Orthoptic

E.C.G.

Nuclear Medicine

Irregular sized sheets to be filed in front of the appropriate mount sheet in reverse chronological order.

# US Kidneys



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 23-Dec-2025 13:26 | **Order Number** | A105153288601 |
| **Ordering Provider** | Mr B Little | **Status** | Final |

## General

Final

:
:
:
: Patient Name: John, McPhee
: Patient Address: 2 Barnett Court, KA21 5LU
: DOB: 07/09/1960
: Patient ID: 0709605390
: Accession Number: A105153288601
: Referring Cons: Brian Little (Cons)
: Referring Dept: Ayr Urology (OP)
: Visit Type: OP
: Site: University Hospital Crosshouse
:
:
: %EXAMHEADERS%
:
: Clinical Indications
: fall onto left flank with known small stones on this side. Is there any renal contusion to explain microscopic hematuria?
:
: Reported, performed and typed by GJNH. Report copied by Ellie Smith.
:
:
: Report
:
: Clinical Reason: Fall onto left flank with known small stones on this side.
:
: US Urinary Tract
:
: Both kidneys appear normal in size, shape and echotexture. Good cortical thickness.
: A couple of small echogenic foci with distal acoustic shadowing and speckle artefact
: consistent with calculi are identified within either kidney the largest measures 4 mm
: respectively. No hydronephrosis evident. No focal abnormality. A 0.7 cm simple cortical cyst
: is seen within the left kidney.
:
: Good capacity bladder outlines normally - no postvoid residual.
: Conclusion: Bilateral small renal calculi. Simple left renal cyst.
:
: Verified by:
: Donna Meahan
: Sonographer
: RA35100
: Reported Created: 23/12/2025 13:40:51
:
: Golden Jubilee National Hospital
: Name:Mcphee, John Date of Birth: 07/09/1960
: CHI Number:0709605390

# US Kidneys



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 23-Dec-2025 13:26 | **Order Number** | A105153288601 |
| **Ordering Provider** | Mr B Little | **Status** | Final |

:

: Reported by: Ellie Smith (Clerical Officer), Michelle Hutchings (Clerical Officer)

**Reported By:**Ellie Smith

**Released By:**Michelle Hutchings

# URINE CULTURE



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Collected** | 16-Dec-2024 00:00 | **Status** | Final |
| **Received** | 16-Dec-2024 15:48 | **Ordering Provider** | Dr James Monaghan |
| **Reported** | 16-Dec-2024 15:48 | **Order Number** | 0024M284970 |
| **Source System** | Revive | | |

**Culture**

**********Microbiology results should be viewed on Review or PMS to prevent misinterpretation.** Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.**********

No growth

## Organisms (0)

# UREA AND ELECTROLYTES Cumulative

| Number | **LATEST 19 of 19** | 18 of 19 | 17 of 19 | 16 of 19 | 15 of 19 | Ref. Range (Units) |
|---|---|---|---|---|---|---|
| Collected | **23-Dec-24 11:10** | 21-Nov-24 13:45 | 19-Nov-24 16:20 | 02-Feb-24 21:05 | 21-Jan-24 16:20 | |
| Source | Revive | Revive | Revive | Revive | Revive | |
| **Urea** | 7.7 | *** 8.9** | *** 8.2** | *** 8.1** | 6.2 | 2.5-7.8 (mmol/L) |
| **Creatinine** | 72 | 74 | 66 | 78 | 66 | 50-120 (µmol/L) |
| **Sodium** | 140 | 140 | 139 | 136 | 137 | 133-146 (mmol/L) |
| **Potassium** | 4.3 | 3.9 | 3.9 | 3.7 | 3.7 | 3.5-5.3 (mmol/L) |
| **Chloride** | 102 | 107 | 104 | 103 | 100 | 95-108 (mmol/L) |
| **eGFR result/1.73m2** | >60 | >60 | >60 | >60 | >60 | 60-61 (mL/min) |

Graph No tests selected

* Abnormal ** Critically Abnormal § Units or Reference Range differs

# CT KUB (Urinary Tract)



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 03-Jan-2025 10:30 | **Order Number** | A105117724901 |
| **Ordering Provider** | Ms Lynne Kerr | **Status** | Final |

**General** Final

: Patient Name: John, McPhee
: Patient Address: 2 BARNETT COURT, KA21 5LU
: DOB: 07/09/1960
: Patient ID: 0709605390
: Accession Number: A105117724901
: Referring Cons: Lynne Kerr (Cons)
: Referring Dept: Ayr Ballochmyle Suite
: Visit Type: OP
: Site: Ayrshire Central Hospital (Irvine)

: 51177249 03/01/2025 CT KUB (Urinary Tract)

: Clinical Indications
: 5mm and 3mm left ureteric stone, pain easing and bloods normal
: rpt ct kub 4 weeks please to ensure passage of stone.
: nmr7
: LG

: Report

: CT KUB, comparison made with 19/11/2024.

: The two calculi in the distal left ureter have now been passed.
: One calculus visible on the previous scan in the left lower pole calyces [190] is unchanged.

: One calculus visible in the left lower pole calyces on 19/11/2024 [226] is no longer visible and has presumably also been passed.
: A further small calcification in an inter-polar calix [202] on 19/11/14, better seen on coronal, is just visible today [160].

: In the right kidney, no change in a lower pole calculus. There is also a 3 mm right upper pole caliceal calculus. In retrospect just visible on the scan of 19/11/24 [159], being more visible on today's scan due to differences in acuity between the two scanners.

: There is no other obvious significant abnormality.

# CT KUB (Urinary Tract)



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 03-Jan-2025 10:30 | **Order Number** | A105117724901 |
| **Ordering Provider** | Ms Lynne Kerr | **Status** | Final |

: Robertson, A (Cons Radiologist 2547435)

: Reported by: Dr Alan Robertson (Radiologist )
**Reported By:**Alan Robertson
**Released By:**Alan Robertson

# Fluoroscopy Abdomen



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 22-Nov-2024 11:50 | **Order Number** | A105117938801 |
| **Ordering Provider** | Ms Lynne Kerr | **Status** | Final |

**General** Final

:
:
:
: Report
: To comply with the Ionising Radiation (Medical Exposure) Regulations 2017, this examination requires a report. Under certain instances the referring clinician has agreed to record their evaluation in the patient's clinical notes, thus complying with these regulations. If such evaluation is not possible the referring clinician must request a radiologist's report through the Diagnostic Imaging Manager.
:
: Medical Imaging Department
:
: Reported by: AUTO REPORT
**Reported By:**AUTO REPORT
**Released By:**AUTO REPORT

# CT KUB (Urinary Tract)



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 19-Nov-2024 17:46 | **Order Number** | AA15117718001 |
| **Ordering Provider** | Dr J Mulligan | **Status** | Final |

## General

Final

: Patient Name: John, McPhee
: Patient Address: 2 Barnett Court, KA22 7BL
: DOB: 07/09/1960
: Patient ID: 0709605390
: Accession Number: AA15117718001
: Referring Cons: Joanne Mulligan (Cons)
: Referring Dept: XH ED
: Visit Type: A\T\E
: Site: University Hospital Crosshouse
:
: 51177180 19/11/2024 CT KUB (Urinary Tract)
: –
:
: Clinical Indications
: Previous renal calculi and ureteric stents. Left sided colicky loin to groin pain, microscopic haematuria on dip. ?ureteric calculi
:
: Report
:
: Comparison: CT 10/1/2023.
:
: Findings:
:
: 3 x 3 mm left renal calculi. 5 mm distal left ureteric calculi and another 3 mm distal left ureteric calculi just proximal to the above. These are non-obstructing as there is no left hydronephrosis or hydroureter.
:
: 5 mm right renal calculi and a possible speck of right renal calcification. No radiopaque right ureteric calculi. No right hydronephrosis or hydroureter.
:
: Within limitations of a non-contrast scan, no acute findings in rest of the abdomen and pelvis.
:
: In the visualised lung bases, there is mild atelectasis, bronchiectasis visualised bilateral lower lobes and some mucus plugging in the visualised right lower lobe.
: No suspicious destructive bone lesion in the visualised skeleton.
:
:
:
: Dr Khurram Shahzad
: Consultant Radiologist
: Medica Reporting Ltd
: GMC: 6092779
:

# CT KUB (Urinary Tract)



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 19-Nov-2024 17:46 | **Order Number** | AA15117718001 |
| **Ordering Provider** | Dr J Mulligan | **Status** | Final |

:
: Report transcribed using a voice recognition software. If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk
:
:
: Shahzad, Khurram (Medica, 6092779)
:
: Reported by: Khurram Shahzad (Medica) (Medica Radiologist)
**Reported By**:Khurram Shahzad (Medica)
**Released By**:Khurram Shahzad (Medica)

Crosshouse Hospital
--
Kilmarnock

**Ward**
Telephone:

# EXERCISE STRESS TEST REPORT

Patient Name: McPhee, John
Patient ID: 0709605390
Height: cm
Weight: kg

DOB: 07-Sep-1960
Age: 63 yr
Gender: Male
Race: Caucasian

Study Date: 29-Feb-2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: Dr Payne
Attending Physician: --
Technician: EI/PR

Medications:
gtn

Medical History:
Smoker, Fm Hx of IHD, L.sided chest pain (nip) present all the time.

## Reason for Exercise Test:

Chest Discomfort

## Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | HR (bpm) | BP (mmHg) | Comment |
|---|---|---|---|---|---|---|---|
| PRETEST | SUPINE | 00:04 | 0.0 | 0.0 | 56 | | |
| | WARM-UP | 02:06 | 1.0 | 0.0 | 62 | 148/82 | |
| Exercise | STAGE 1 | 03:00 | 1.7 | 10.0 | | 188/80 | |
| | STAGE 2 | 03:00 | 2.5 | 12.0 | 102 | 186/86 | |
| | STAGE 3 | 03:00 | 3.4 | 14.0 | 113 | 196/88 | |
| | STAGE 4 | 00:10 | 4.2 | 16.0 | 115 | | |
| Recovery | | 06:06 | 0.0 | 0.0 | 64 | 170/70 | |

The patient exercised according to the BRUCE for 09:09 min:s, achieving a work level of Max. METS: 10.5. The resting heart rate of 56 bpm rose to a maximal heart rate of 118 bpm. This value represents 75 % of the maximal, age-predicted heart rate. The resting blood pressure of 148/82 mmHg , rose to a maximum blood pressure of 196/88 mmHg. The exercise test was stopped due to Test stopped due to reaching maximum physical eff.

## Interpretation

Summary: Resting ECG: Sinus Bradycardia 57bpm.
HR Response to Exercise: blunted HR response.
BP Response to Exercise: resting hypertension - appropriate response.
Chest Pain: L.sided chest niggle present before starting exer.
Arrhythmias: none.
ST Changes: No significant ST chnanges throughout.

## Conclusions

Patient exericsed for 9mins and 9 secs.

75% of THR achieved.
Test stopped due to reaching maximum physical effort.
L.sided chest niggle present before starting exercise - this did not worsen.
No significant ST / ECG changes throughout - blunted HR response noted.
Uneventful recovery.

Physician_____ Technician_____

McPhee, John ID:0709605390 29-FEB-2024 09:56:13 NHS AYRSHIRE & AARAN Card C ROUTINE RECORD

GRADED EXERCISE SUMMARY

07-SEP-1960 (63 yr) Caucasian Male BRUCE Total Exercise Time 9:09

Wt: Ht: Max HR: 118 bpm 75% of Max Predicted 157 bpm 25mm/s

Med: gtn Max BP: 196/88 Maximum Workload: 10.5 10mm/mV

150Hz

Referred by: Dr Payne

Technician: EMPR

Test ind: Chest D scomfort

Test type: Treadmill Stress Test

Patient exercised for 9 mins and 9 secs

75% of THR achieved

Test stopped due to reaching maximum physical effort

L sided chest niggle present before starting exercise - this did not worsen

No significant ST / ECG changes throughout - blunted HR response noted.

Uneventful recovery.

BASELINE MAX ST

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXERCISE STAGE 1 | | 62 bpm | | ST @ 10mm/mV | | 1 ead ST Slope | | RECOVERY | | 67 bpm | | ST @ 10mm/mV | | Lead ST Slope | |
| 00:00 | 1.7 | | | 60ms post J | | | | 4:21 | 1.0 | 170/70 | | 60ms post J | | | |
| I | | aVR | | V1 | | V4 | | I | | aVR | | V1 | | V4 | |
| 0.1 mm | | -0.1 | | 0.3 | | 0.8 | | 0.1 | | 0.0 | | 0.3 | | 0.1 | |
| 0.1 mV/s | | -0.8 | | -0.3 | | 0.8 | | 0.3 | | 0.6 | | -0.3 | | 0.8 | |
| II | | aVL | | V2 | | V5 | | II | | aVL | | V2 | | V5 | |
| 0.1 | | 0.1 | | 0.7 | | 0.1 | | -0.1 | | 0.1 | | 0.5 | | 0.1 | |
| -0.1 | | 0.4 | | 0.3 | | 0.2 | | 0.6 | | 0.2 | | 0.8 | | 0.3 | |
| III | | aVF | | V3 | | V6 | | III | | aVF | | V3 | | V6 | |
| 0.1 | | 0.1 | | 0.8 | | 0.1 | | -0.2 | | -0.1 | | 0.6 | | 0.1 | |
| -0.1 | | 0.0 | | 0.4 | | 0.1 | | 0.2 | | 0.4 | | 0.9 | | 0.2 | |

Unconfirmed Date:29-FEB-2024

9.0.10 CASE V6.73-6.8 SID: 585659 EID: EDT:09:56 29-FEB-2024 ORDER:

McPhee, John ID:0709805390 29-FEB-2024 09:56:13 NHS AYRSHIRE & ARAN Card_C ROUTINE RECORD

TABULAR SUMMARY REPORT

07-SEP-1960 (63 yr) Caucasian Male BRUCE Total Exercise Time 9:09

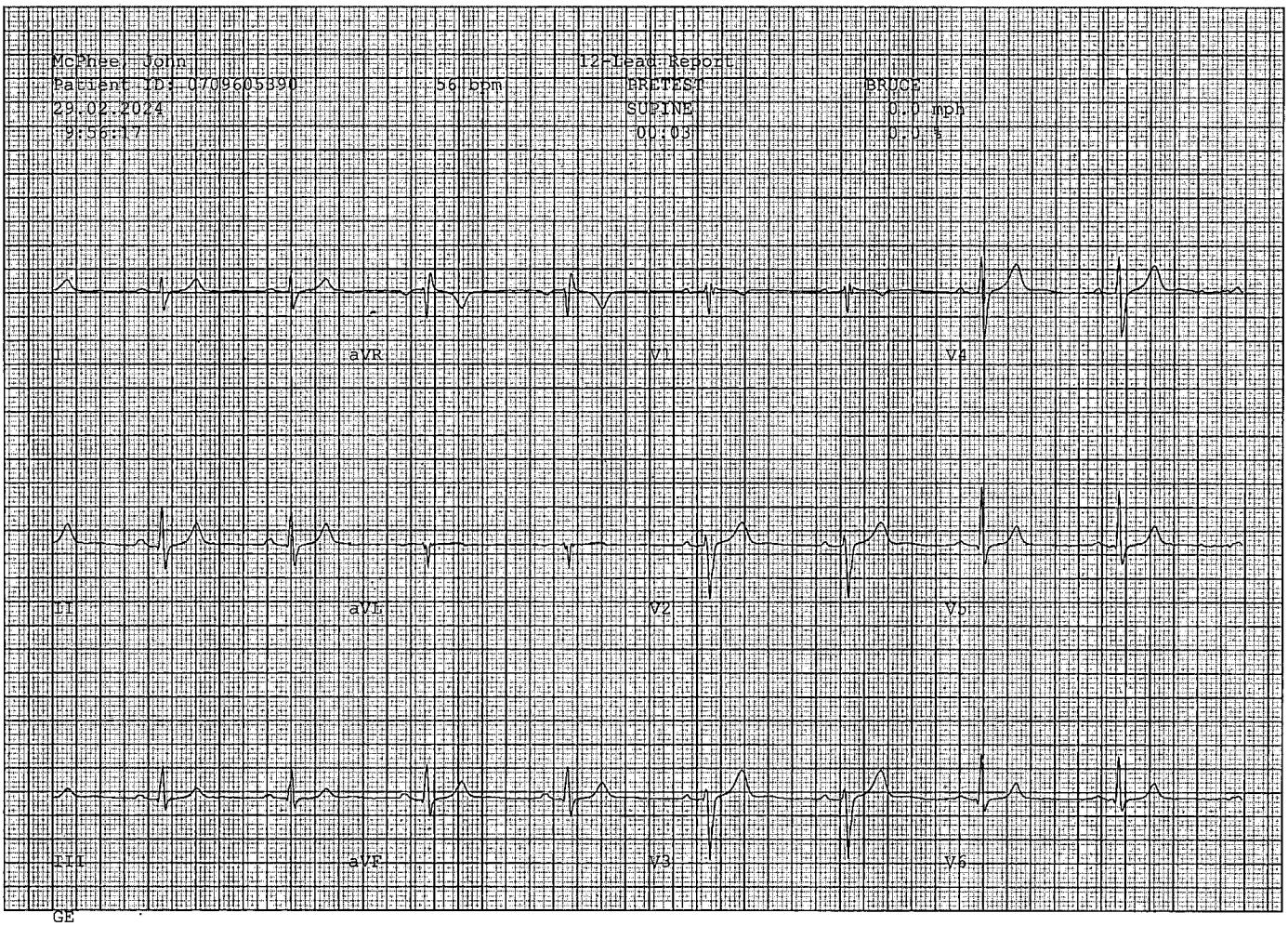
Wt: Ht: Max HR: 118 bpm 75% of Max Predicted 157 bpm

Med. stn Max BP: 196/84 Maximum Workload: 10.5

Patient exercised for 9 mins and 9 secs.
75% of THR achieved
Test stopped due to reaching maximum physical effort
Referred by: Dr Payne
Technician: EVPR
Test ind: Chest D scomfort
Test type: Treadmill Stress Test
L sided chest niggle present before starting exercise - this did not worsen
No significant ST - ECG changes throughout - blunted HR response noted.
Uneventful recovery.

| Phase | Stage | Time in Stage | Speed mph | Grade % | METS | HR bpm | BP mmHg | RPE | PVC VE/min |
|---|---|---|---|---|---|---|---|---|---|
| PRETEST | SUPINE | 0:04 | 0.0 | 0.0 | 1.0 | 56 | | | 0 |
| | WARM-UP | 2:06 | 1.0 | 0.0 | 1.7 | 62 | 148/82 | 9 | 0 |
| EXERCISE | STAGE 1 | 3:00 | 1.7 | 0.0 | 4.6 | 1 | 188/80 | | 0 |
| | STAGE 2 | 3:00 | 2.5 | 2.0 | 7.0 | 102 | 186/86 | 189 | 0 |
| | STAGE 3 | 3:00 | 3.4 | 4.0 | 10.1 | 112 | 196/88 | 221 | 0 |
| | STAGE 4 | 0:10 | 4.2 | 6.0 | 10.5 | 115 | | | 0 |
| RECOVERY | | 6:06 | 0.0 | 0.0 | 1.0 | 64 | 170/70 | 108 | 0 |

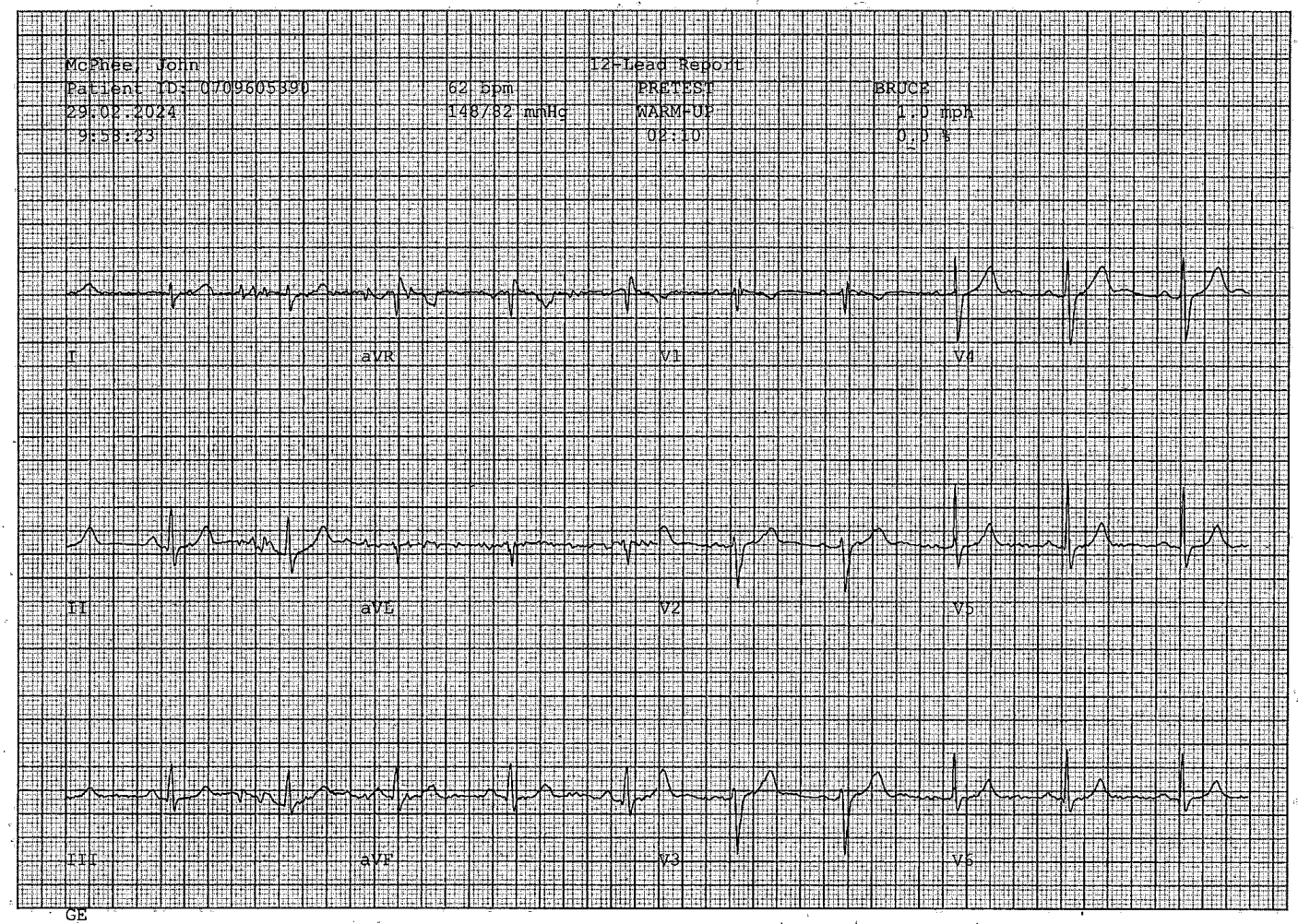
Unconfirmed Date:29-FEB-2024




GE

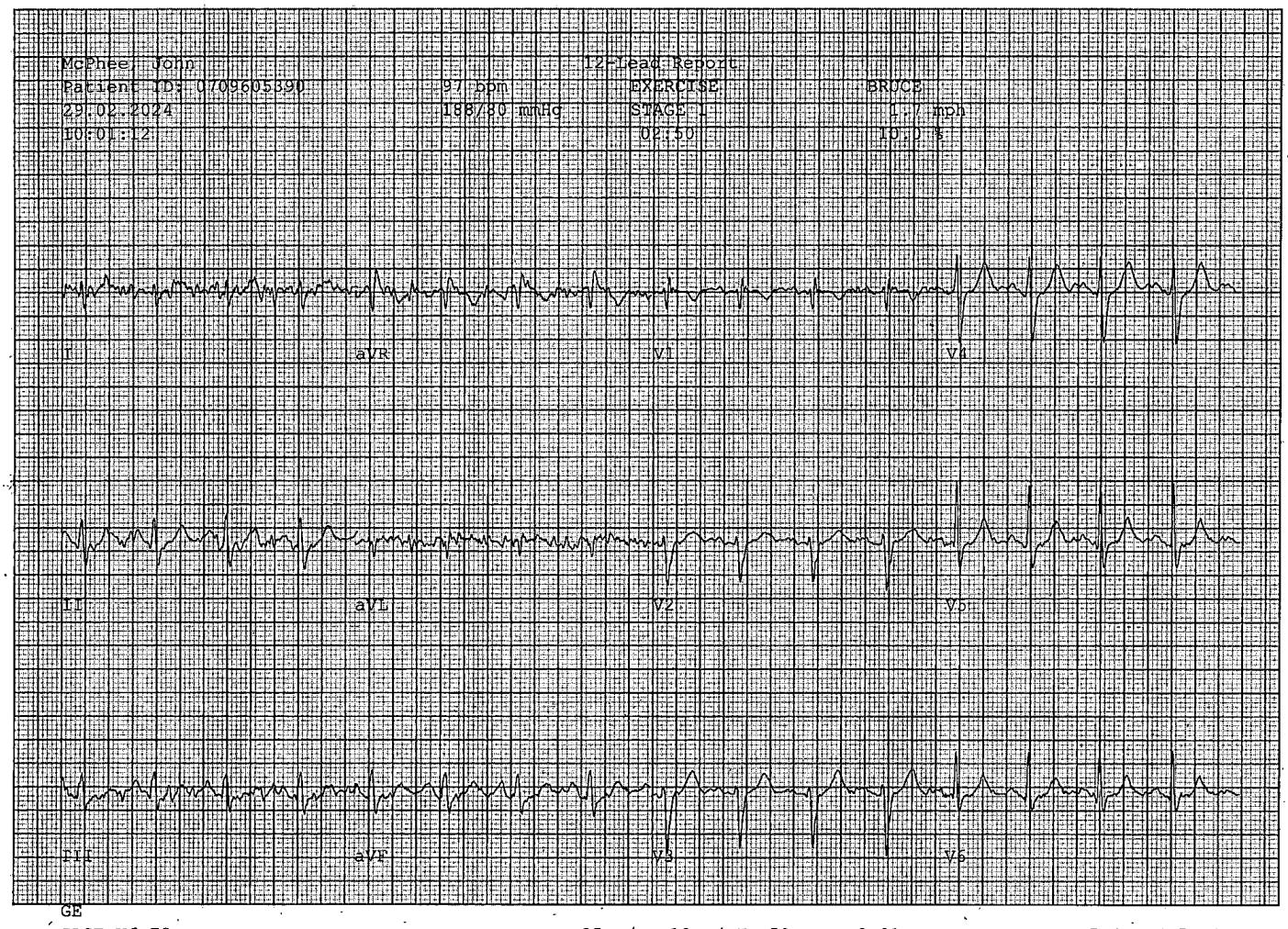
CASE V6.73 25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V6,II)

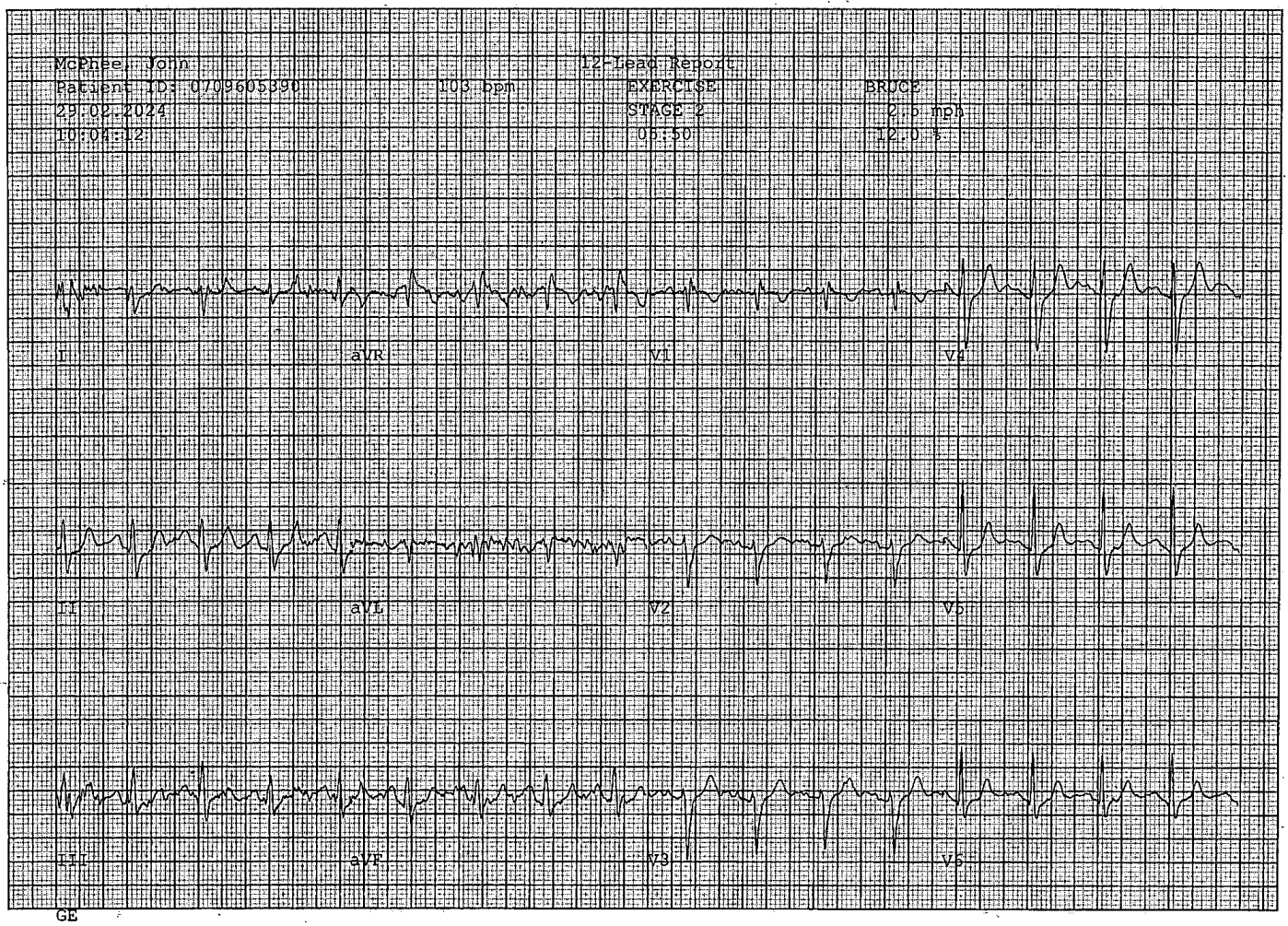
McPhee, John
Patient ID: 0709605890
29.02.2024
9:57:16
12-Lead Report
57 bpm
148/82 mmHg
PRETEST
WARM-UP
01:02
BRUCE
0.0 mph
0.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V6,II)




GE
CASE V6.73

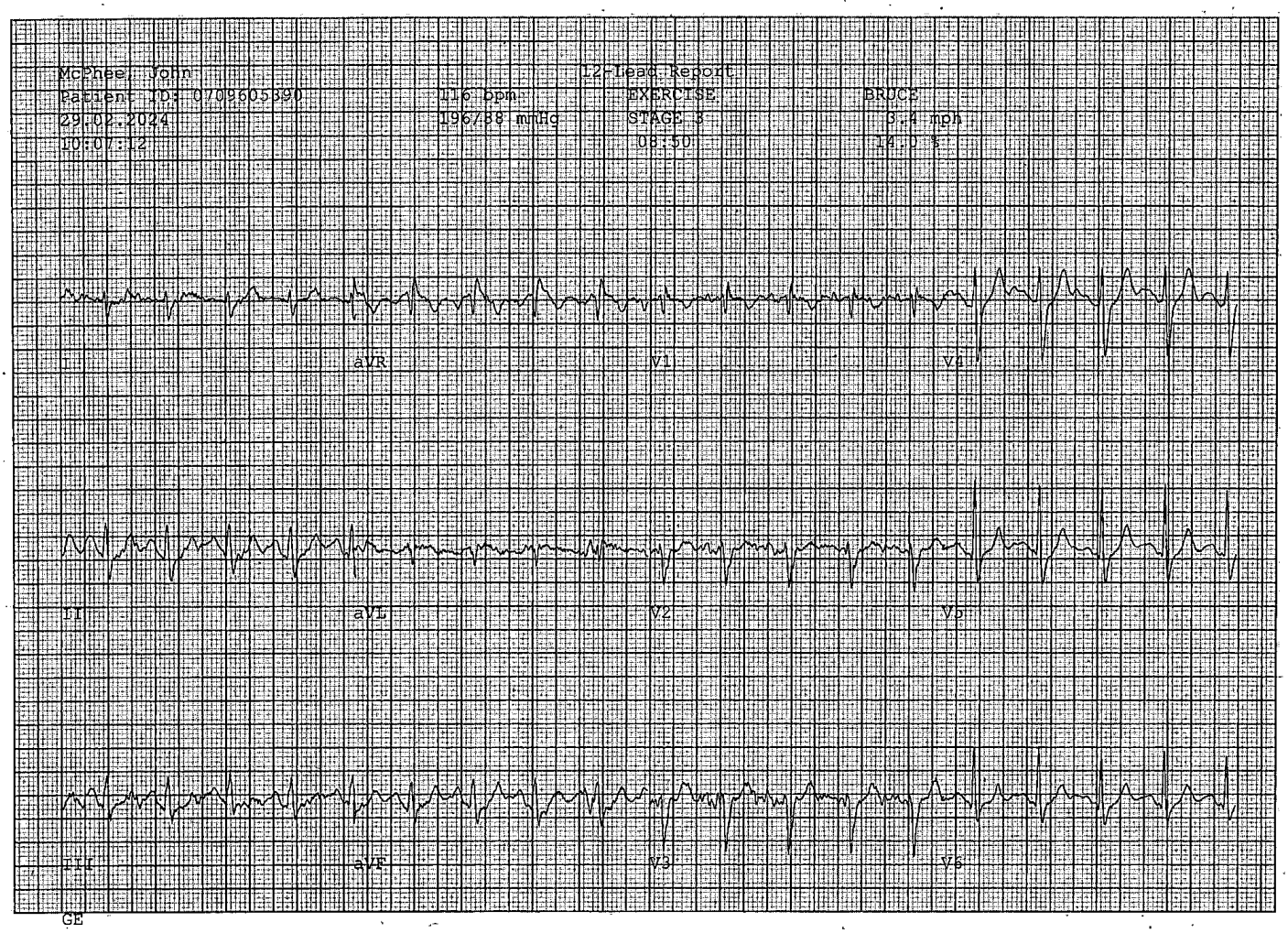
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V5,V4)

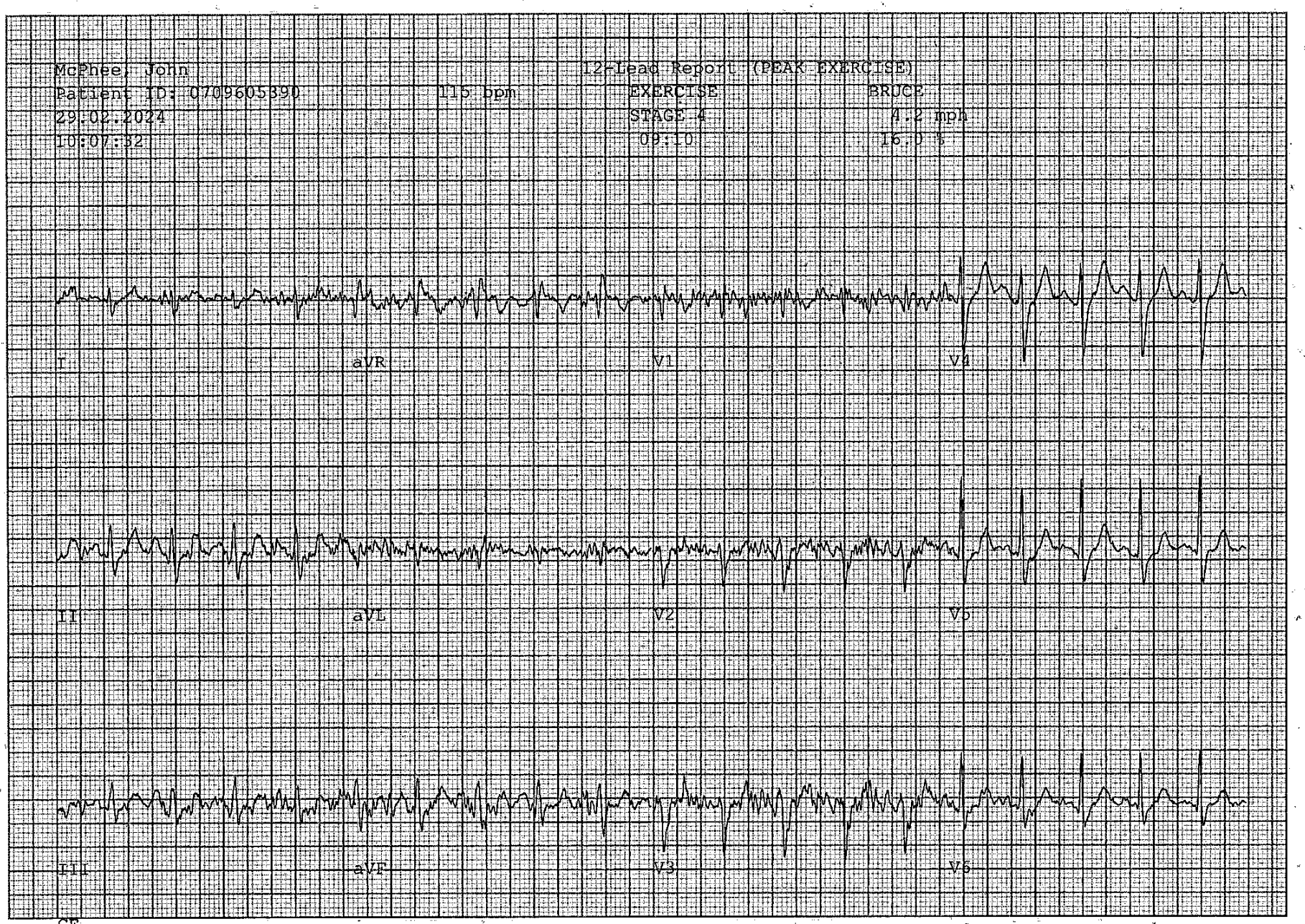

McPhee, John
12-Lead Report
Patient ID: 0709605390
97 bpm
EXERCISE
BRUCE
29.02.2024
188/80 mmHg
STAGE 1
1.7 mph
10:01:12
02:50
10.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V5,V4)

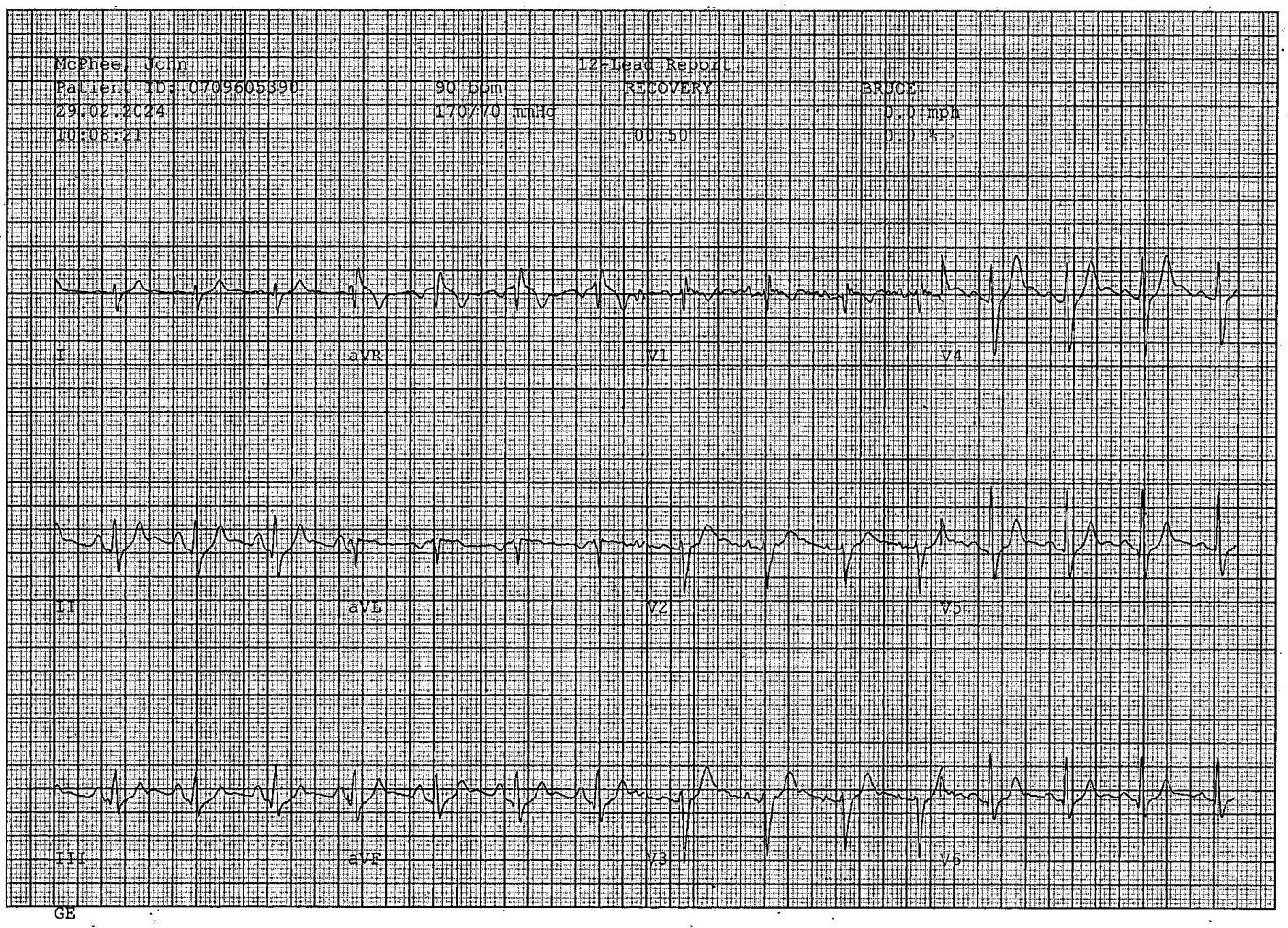


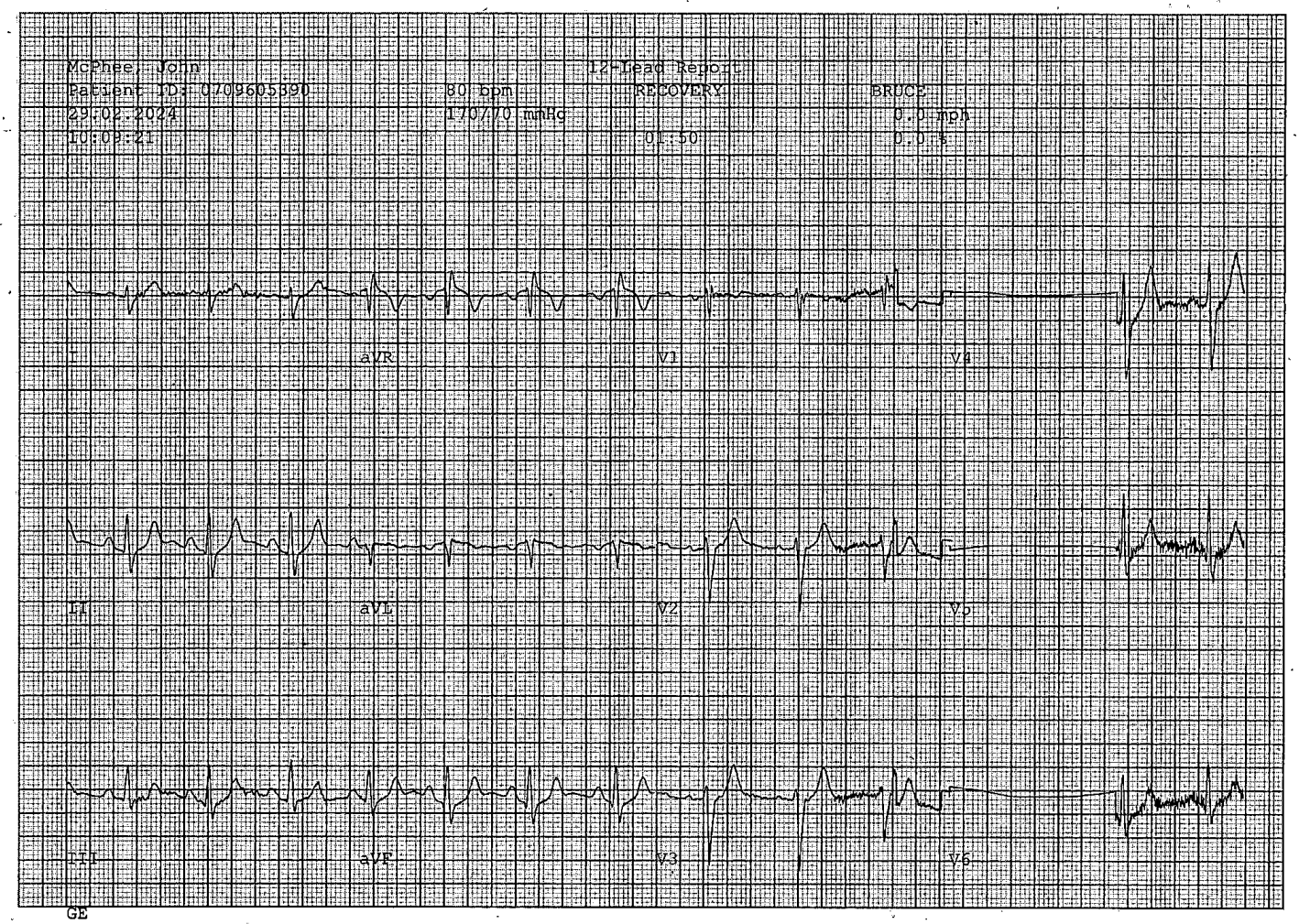

GE

CASE V6.73 25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V4,II)

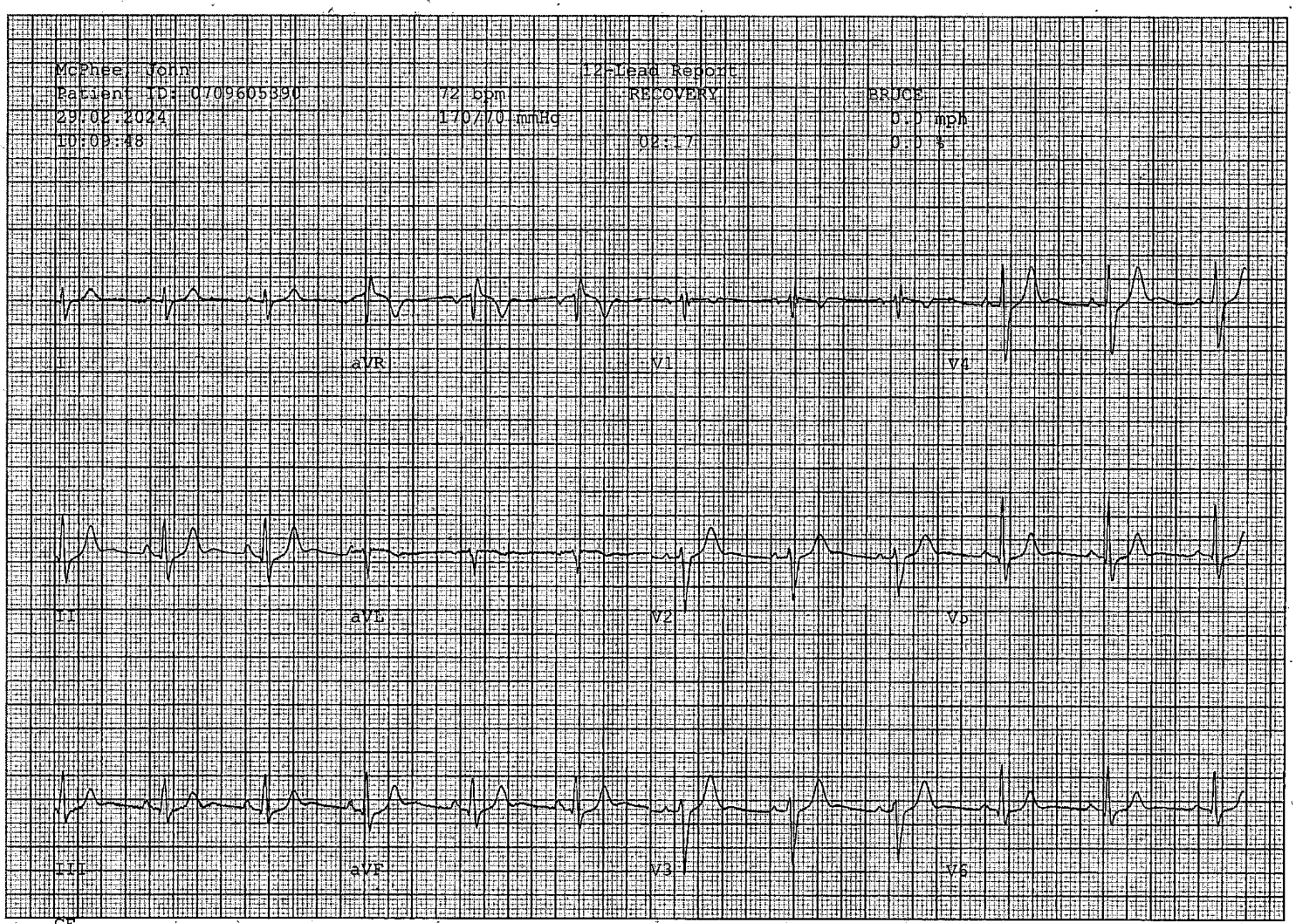

McPhee, John
Patient ID: 0709605390
29.02.2024
10:07:12
116 bpm
196/88 mmHg
12-Lead Report
EXERCISE
STAGE 3
08:50
BRUCE
3.4 mph
14.0 %
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V4,II)

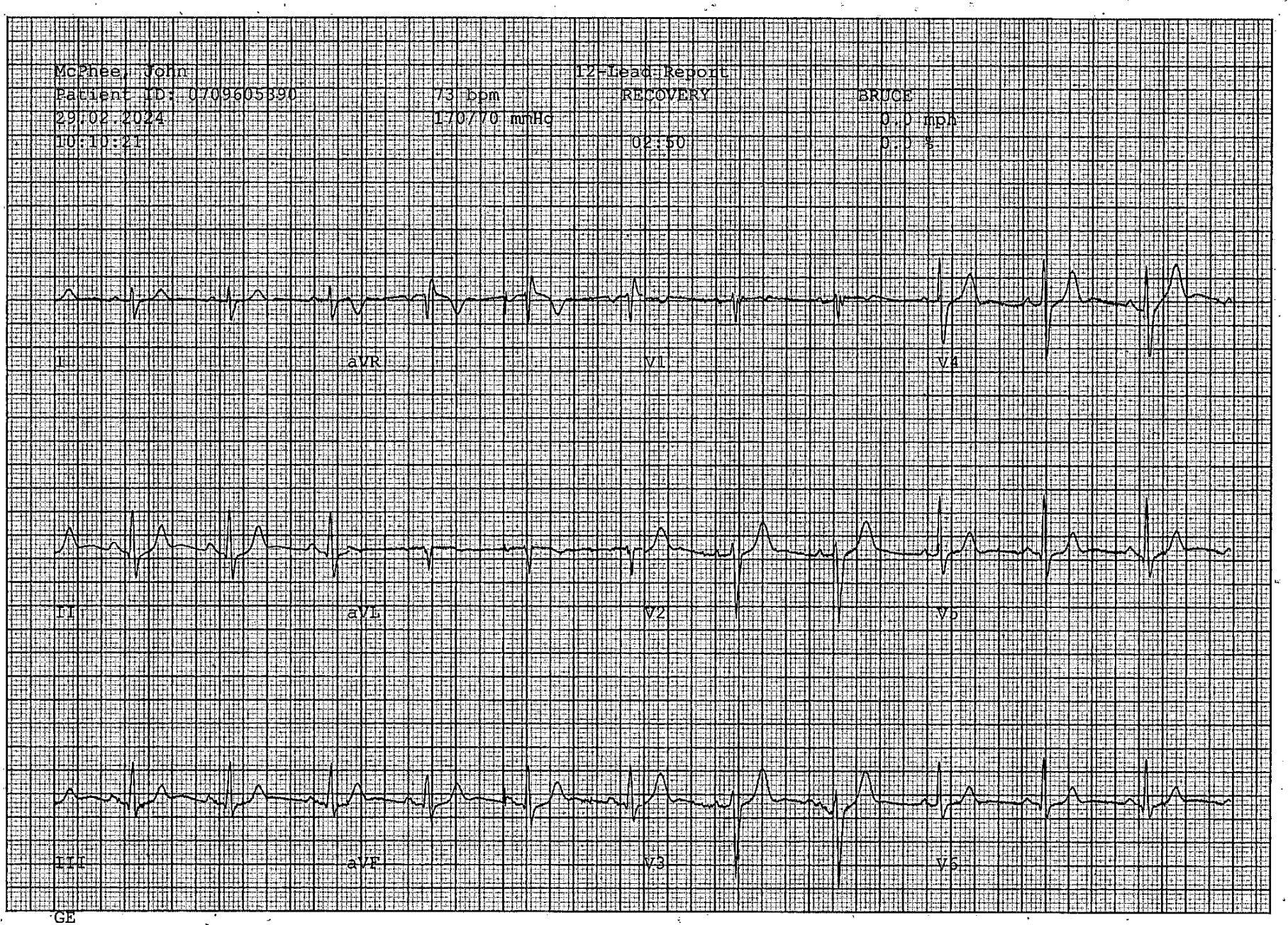

McPhee, John
Patient ID: 0709605390
29.02.2024
10:07:32
115 bpm
12-Lead Report (PEAK EXERCISE)
EXERCISE
STAGE 4
09:10
BRUCE
4.2 mph
16.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V4,V5)

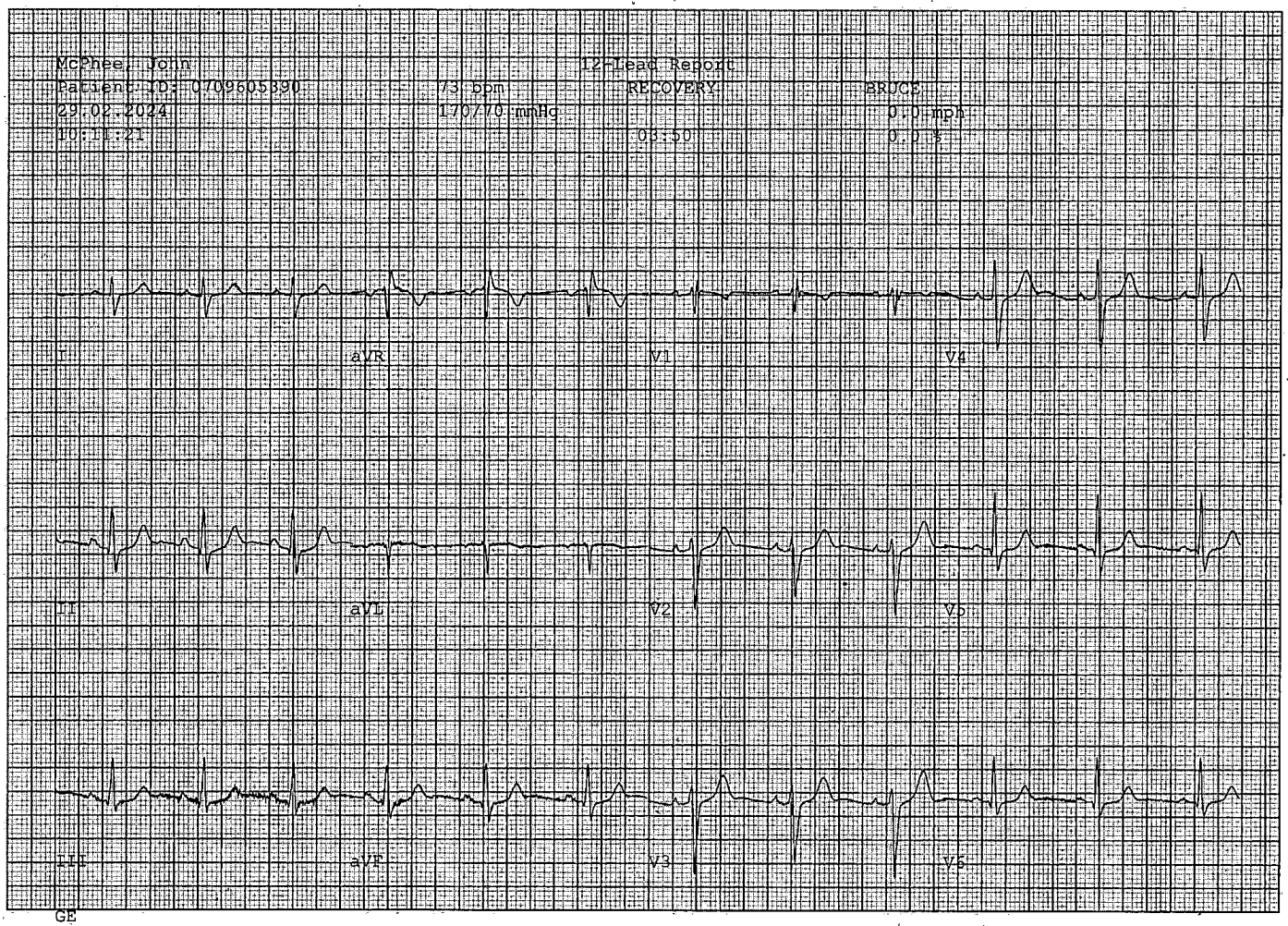

McPhee, John
Patient ID: 0709605390
29.02.2024
10:08:21
90 bpm
170/70 mmHg
12-Lead Report
RECOVERY
00:50
BRUCE
0.0 mph
0.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V4,V5)

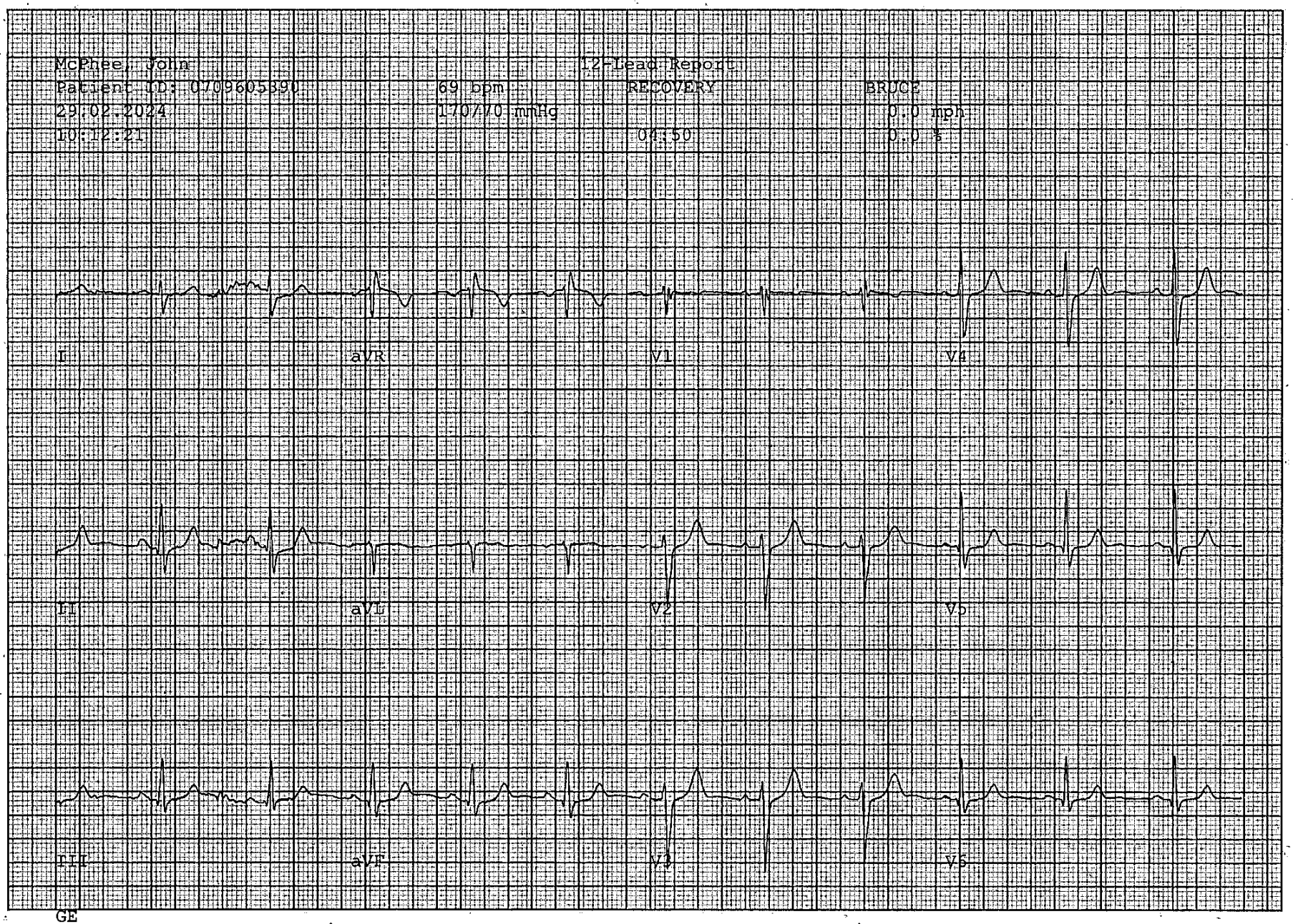



GE
CASE V6.73 25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(V4,V5)


McPhee, John
Patient ID: 0709605890
29.02.2024
10:09:48
72 bpm
170/70 mmHg
12-Lead Report
RECOVERY
02:17
BRUCE
0.0 mph
0.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)


McPhee, John
Patient ID: 0709605890
29.02.2024
10:10:21
73 bpm
170/70 mmHg
12-Lead Report
RECOVERY
02:50
BRUCE
0.0 mph
0.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)


McPhee, John
Patient ID: 0709505390
29.02.2024
10:11:21
73 bpm
170/70 mmHg
12-Lead Report
RECOVERY
08:50
BRUCE
0.0 mph
0.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)


McPhee, John
Patient ID: 0709605390
29.02.2024
10:12:21
69 bpm
170/70 mmHg
12-Lead Report
RECOVERY
04:50
BRUCE
0.0 mph
0.0 %
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)

GE

CASE V6.73 25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)

McPhee, John ID:0709605390 29-FEB-2024 09:57:31 NHS AYRSHIRE & ARAN-Card C ROUTINE RECORD

07-SEP-1960 (63 yr)
Male Caucasian
Room:
Loc:10

| | | | |
|---|---|---|---|
| Vent. rate | | 55 | BPM |
| PR interval | | 180 | ms |
| QRS duration | | 120 | ms |
| QT/QTc | | 430/411 | ms |
| P-R-T axes | 64 | 97 | 57 |

Sinus bradycardia
Rightward axis
Nonspecific intraventricular conduction delay
Borderline ECG
When compared with ECG of 02-FEB-2024 20:55
No significant change was found

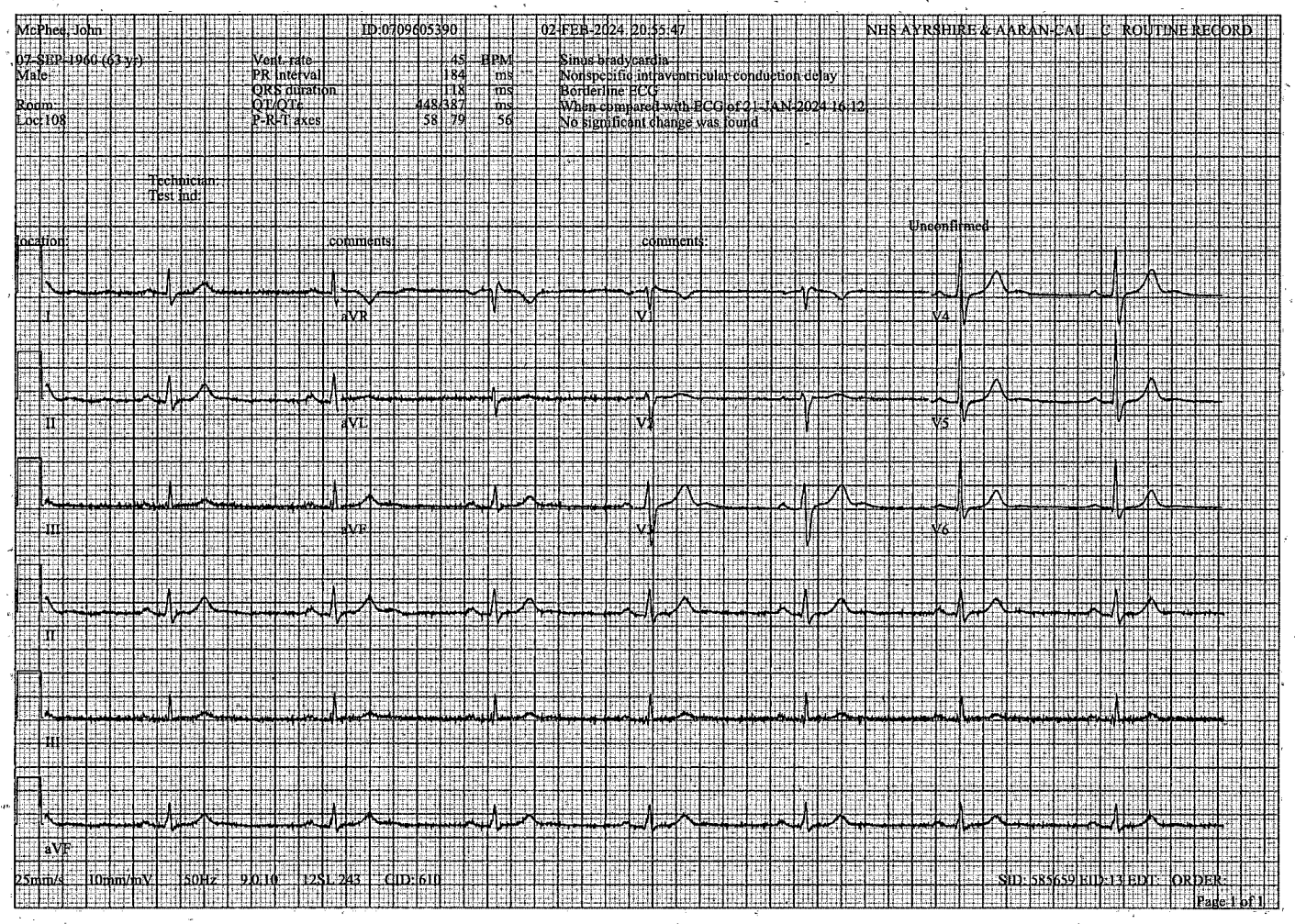
History:Smoker, hm Hx of IHD; L sided chest pain (hip) present at the time
Technician:EF/PR
Test ind:Chest Discomfort
Med: GTN

Referred by: Dr Payne

Unconfirmed

25mm/s 10mm/mV 50Hz -90,10 12SL-12SL V2 CID: 23

SID: 5855659 EID: EDT:09:59 29-FEB-2024 ORDER:


McPhee, John
ID:0709605390
02-FEB-2024 20:55:47
NHS AYRSHIRE & ARAN-CAU C ROUTINE RECORD
07-SEP-1960 (63 yr)
Male
Room
Loc:108
Vent. rate 45 BPM
PR interval 184 ms
QRS duration 118 ms
QT/QTc 448/387 ms
P-R-T axes 58 79 56
Sinus bradycardia
Nonspecific intraventricular conduction delay
Borderline ECG
When compared with ECG of 21-JAN-2024 16:12
No significant change was found
Technician:
Test ind:
Location:
comments:
comments:
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
III
aVF
25mm/s 10mm/mV 50Hz 9.0.10 12SL 243 CID: 610
SID: 585659 EID: 13 EDT ORDER:
Page 1 of 1

# XR Chest



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 03-Feb-2024 05:32 | **Order Number** | AA15089538801 |
| **Ordering Provider** | Dr Kati Carroll | **Status** | Final |

## General

Final

: Patient Name: John, McPhee
: Patient Address: 37 Park View, KA22 7BL
: DOB: 07/09/1960
: Patient ID: 0709605390
: Accession Number: AA15089538801
: Referring Cons: Kati Carroll (Cons)
: Referring Dept: XH CAU Pre-Arrivals
: Visit Type: IP
: Site: University Hospital Crosshouse

: 50895388 03/02/2024 XR Chest

: Clinical Indications
: Left sided chest pain, heaviness. ECG sinus rhythm. Chest sounds clear. CXR to assess cardiomediastinal contours.

: Report

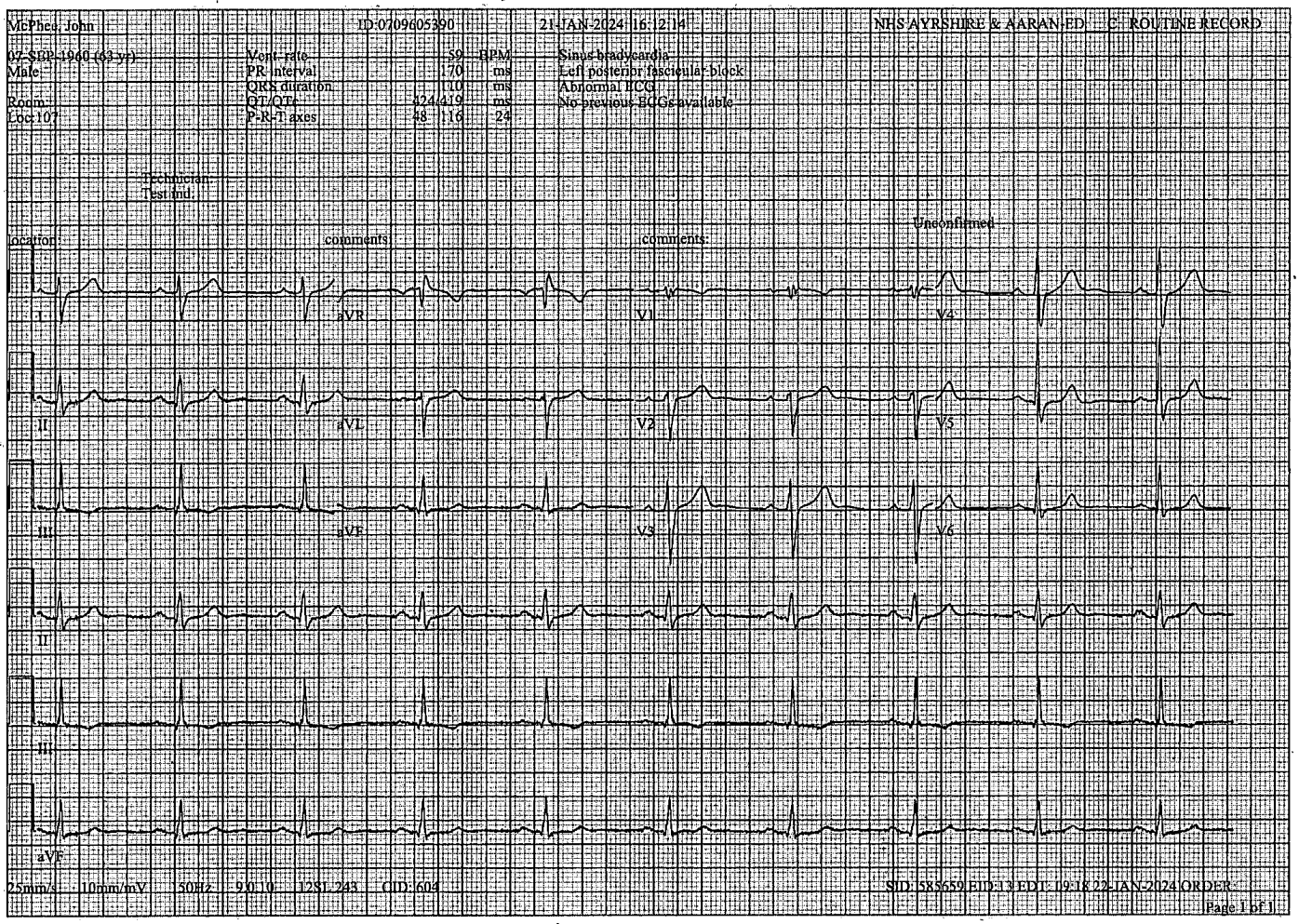
: No previous x-rays are available for comparison.

: The heart is not enlarged. Hilar and mediastinal contours are within normal limits.

: The lungs are clear; no collapse, consolidation or pulmonary oedema. No pleural effusions or pneumothorax. Visualised bony thorax appears intact.

: Hewitt, Lorna (Reporting Radiographer, RA71218)

: Reported by: Lorna Hewitt (Radiographer )
**Reported By:**Lorna Hewitt
**Released By:**Lorna Hewitt


McPhee, John
ID:0709605390
21-JAN-2024 16:12:14
NHS AYRSHIRE & AARAN ED C ROUTINE RECORD
07-SEP-1960 (63 yr)
Male
Room:
Loc:107
Vent. rate 59 BPM
PR interval 170 ms
QRS duration 110 ms
QT/QTc 424/419 ms
P-R-T axes 48 116 24
Sinus bradycardia
Left posterior fascicular block
Abnormal ECG
No previous ECGs available
Technician:
Test ind.
location
comments
comments:
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
III
aVF
25mm/s 10mm/mV 50Hz 9X 10 12SL 243 CID: 604
SID: 585659 EID: 13 EDT: 19:18 22-JAN-2024 ORDER:
Page 1 of 1

# CT KUB (Urinary Tract)



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 10-Jan-2023 08:43 | **Order Number** | A105048482101 |
| **Ordering Provider** | Ross Clark | **Status** | Final |

## General

Final

: Patient Name: John, McPhee
: Patient Address: 37 Park View, KA22 7BL
: DOB: 07/09/1960
: Patient ID: 0709605390
: Accession Number: A105048482101
: Referring Cons: Ross Clark (Cons)
: Referring Dept: Ayr CAU (OP)
: Site: Ayrshire Central Hospital (Irvine)

: 50484821 10/01/2023 CT KUB (Urinary Tract)

: Clinical Indications
: CTKUB in 4-6 weeks please. CT showing 6mm left VUJ stone. For repeat CT to see if stone passed. Patient for trial of conservative management

: Report
: Comparison is made with the previous CT study performed on 08/12/2022.

: The distal left ureteric calculus lying just proximal to the vesico-ureteric junction is no longer visualised. Dilatation of the left pelvicaliceal left collecting system has resolved.

: Phlebolith and arterial calcification is noted as previously.

: Three tiny calculi in the right kidney and two tiny calculi in the left kidney are unchanged in position.

: L4/5 anterolisthesis and pars interarticularis defects noted as previously.

: Ablett, M (Cons Radiologist 3248108)

: Reported by: Dr Mark Ablett (Radiologist )
**Reported By**:Mark Ablett
**Released By**:Mark Ablett

# URINE CULTURE



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Collected** | 06-Dec-2022 00:00 | **Status** | Final |
| **Received** | 06-Dec-2022 16:05 | **Ordering Provider** | Dr Sandie Pow |
| **Reported** | 06-Dec-2022 16:05 | **Order Number** | 0022M278976 |
| **Source System** | Revive | | |

**Culture**

**********Microbiology results should be viewed on Review or PMS to prevent misinterpretation.** Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.**********

No growth

## Organisms (0)

# Fluoroscopy Abdomen



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 26-Jul-2022 13:00 | **Order Number** | A105038228501 |
| **Ordering Provider** | Ms Lynne Kerr | **Status** | Final |

**General** Final

:
:
:
: Report
: To comply with the Ionising Radiation (Medical Exposure) Regulations 2017, this examination requires a report. Under certain instances the referring clinician has agreed to record their evaluation in the patient's clinical notes, thus complying with these regulations. If such evaluation is not possible the referring clinician must request a radiologist's report through the Diagnostic Imaging Manager.
:
: Medical Imaging Department
:
: Reported by: AUTO REPORT
**Reported By:**
**Released By:**AUTO REPORT

GE Healthcare

REF 2104773-001

**McPhee, John**
Male
07.09.1960 ( 61 Years )

| | | |
|---|---|---|
| Vent. rate | 5 | BPM |
| PR interval | 174 | ms |
| QRS duration | 114 | ms |
| QT/QTc-Baz | 416/401 | ms |
| P-R-T axes | 48 89 49 | |

Technician ID: ZD CARD AC

**Patient ID: 0709605390**

Sinus bradycardia
Otherwise normal ECG

**23.06.2022 13:02:31**

Univers

Location: PRE OP
Comment:
Comment:

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

Unconfirmed

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

III

25mm/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ VU360 1.02 SP02 12SL v23.1 4 by 2.5s + 1 rhythm Id

## Pre-operative assessment outcomes (email to sec and scanning hub)

Pre-op date 23/6/22
Admission date 26/7/22 Time
Consultant MRS KERR
Maxillofacial grade (circle) 1 2 3
Right flexible ureteroscopy + laser Stone Fragmentation – stent-in situ

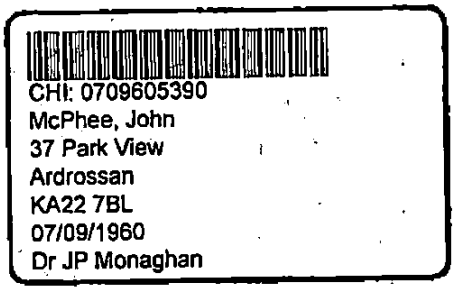
HCR
CHI N
Surna
Foren
Addre
CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
Date of Birth: _____

| Outcome | | | | | Signature | Date |
|---|---|---|---|---|---|---|
| OK TCI (to come in) | Y ☐ | DSU | SDA via ward | 23 hour | AB | 23/6 |
| | | DSU main theatre | SDA via DSU | IP admit night before | | |
| OK TCI (to come in) | N ☐ | Reason: | | | | |
| Holidays / dates to avoid (state actual from and to dates) Will patient be flying? | Y ☐ | | | | | |
| **Please notify pre-op when dated for admission because:-** Bloods to be obtained ☐ Other (state): ☐ Medication instructions to be issued ☐ Medication instructions Number of days notification required for admission for clinical reasons 5 ☐ 7 ☐ 10 ☐ Other ☐ (state) _____ | | | | | | |

| Information for theatres / ward staff | | | | |
|---|---|---|---|---|
| Allergies: Elastoplast Y ☐ Latex (first on list) Y ☐ Nickel / Cobalt Y ☐ Medication Y ☐ (state): Other relevant (state) Y ☐ Iodine Y ☐ Eggs Y ☐ Shellfish Y ☐ | | | Signature | Date |
| Diabetic first on list please Y ☐ must be am list Y ☐ | | Insulin ☐ Non-insulin ☐ | | |
| Malignant hyperpyrexia (confirmed or at risk) | Y ☐ | | | |
| Porphyria | Y ☐ | | | |
| Infections: (delete as appropriate) | Y ☐ | MRSA / ESBL / TB / HIV / Hepatitis / CPOs / CPE Other - | | |
| Weight in kg: | 166 | BMI: 23 | | |
| Beta Blockers | Y ☐ | | | |
| Alcohol score > 10 | Y ☐ | First on list please Y ☐ Must be am list Y ☐ | | |
| Increased risk of post op delirium | Y ☐ | ACE / Frailty alert Y ☐ Vulnerable patient Y ☐ | | |
| Other relevant information | | | | |

## Information for pre-op assessment team

| | | | |
|---|---|---|---|
| **Completed by:** ABURNE | | **Verified** | ☐ |
| **Awaiting** | | **Results obtained** | |
| Bloods Urea FBC U+E · LFT | | Bloods | ☑ |
| MRSA/CPE | ☐ | MRSA/CPE | ☐ |
| MSSU | ☑ | MSSU | ☐ |
| | | | |
| **Brief intervention delivered** | | **Referral accepted/info given** | |
| Smoking | ☐ | Quit your way | ☐ |
| Alcohol | ☐ | Alcohol liaison | ☐ |
| Exercise | ☐ | Vouchers | ☐ |
| Physio | ☐ | Invigor8 | ☐ |
| BMI <20 | ☐ | Dietitian | ☐ |
| BMI >34 | ☐ | Weigh to go | ☐ |
| Oral care | ☐ | Health hub | ☐ |
| Frailty assessment done | ☐ | HARP | ☐ |
| Increased risk of delirium | Y / N | | |
| | | | |
| **Destination of notes/packs (give to co-ordinator first)** | | | |
| Regular shelf | ☐ | Pending | ☐ |
| Anaesthetic Shelf | ☐ | Anaesthetic department | ☐ |
| Pharmacy shelf | ☐ | | |




emailed to Sec 23/6.

# URIC ACID Cumulative

| Number | **LATEST 2 of 2** | 1 of 2 | Ref. Range (Units) |
|---|---|---|---|
| Collected | **23-Jun-22 13:30** | 16-Jan-20 13:40 | |
| Source | Revive | Revive | |
| **Urate** | 335 | 349 | 200-430 (umol/L) |
| Graph | No tests selected | | |

* Abnormal ** Critically Abnormal § Units or Reference Range differs

# URINE CULTURE



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Collected** | 23-Jun-2022 13:30 | **Status** | Final |
| **Received** | 23-Jun-2022 16:09 | **Ordering Provider** | Pre-op Assessment Nurse |
| **Reported** | 23-Jun-2022 16:09 | **Order Number** | 0022M239612 |
| **Source System** | Revive | | |

**Culture**

**********Microbiology results should be viewed on Review or PMS to prevent misinterpretation.** Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.**********

No growth

## Organisms (0)

# URINE CULTURE



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Collected** | 14-Jun-2022 00:00 | **Status** | Final |
| **Received** | 14-Jun-2022 15:31 | **Ordering Provider** | Dr Campbell Nicol |
| **Reported** | 14-Jun-2022 15:31 | **Order Number** | 0022M237239 |
| **Source System** | Revive | | |

**Culture**

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No growth

## Organisms (0)

# US Abdomen \T\ Renal Tract



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 19-Aug-2021 13:36 | **Order Number** | A103953899101 |
| **Ordering Provider** | Ross Clark | **Status** | Final |

**General** Final

: 39535491 09/09/2021 US Abdomen \T\ Renal Tract
: –

: Clinical Indications
: NMR 5
: 60 year male with left loin to groin pain and frank haematuria.
: Scan to assess for any pathology or stone burden please

: Report

: Note CT KUB report from the 06.09.21.

: The right measures 10.8 cm in bipolar length and demonstrates normal ultrasound appearances. No obvious calculus seen.
: The left kidney measures 11.7 cm in bipolar length. A 10 mm echogenic focus with strong posterior acoustic shadowing is noted at lower pole of the left kidney. Appearances are suggestive of a renal calculus.
: Both kidneys demonstrate good cortical thickness/cortico- medullary differentiation. No renal mass or hydronephrosis seen.
: The urinary bladder is normal in outline.
: Prostate volume = 24 cc.

: Kett, E (Sonographer RA65713)

: Reported by: Elizabeth Kett (Reporting Sonographer)
**Reported By:**
**Released By**:Elizabeth Kett

# CT KUB (Urinary Tract)



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Performed** | 19-Aug-2021 15:02 | **Order Number** | AAA3956088901 |
| **Ordering Provider** | Ross Clark | **Status** | Final |

## General

Final

: 39536128 06/09/2021 CT KUB (Urinary Tract)
: _

: Clinical Indications
: NMR 7
: 60 year old male with right loin to groin pain. Flexible cystoscopy shows stone lodges in right ureter. Scan to assess for further stone burden please

: Report

: CT KUB.
: There are no calculi identified in the right or left ureters or the bladder.
: There is no upstream dilatation.
: There are several bilateral renal calculi predominantly in both right and left lower pole calyces.
: Reviewing the CT KUB of 02/10/2019, a small left mid zone calculus has subsequently been passed.
: A 4 mm right lower pole calculus has increased to 8 mm.

: No obvious abnormality in the unenhanced renal parenchyma,
: The other major organs, and biliary tree are unremarkable
: No obvious GI tract lesion. No enlarged nodes.

: Lung bases clear.
: No suspicious lesion on bone windows. There is a Grade 2-3 spondylolisthesis at L4-5

: Conclusion; lowgrade increase in volume of the pelvicaliceal calculi, mostly on the right. No ureteric calculi

: Robertson, A (Cons Radiologist 2547435)

: Reported by: Dr Alan Robertson (Radiologist )
**Reported By**:
**Released By**:Dr Alan Robertson

# URINE CULTURE

| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Collected** | 17-Aug-2021 11:00 | **Status** | Final |
| **Received** | 17-Aug-2021 15:47 | **Ordering Provider** | Dr Campbell Nicol |
| **Reported** | 17-Aug-2021 15:47 | **Order Number** | 0021M250722 |
| **Source System** | Revive | | |

**Culture**

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No significant growth

## Organisms (0)

# URINE CULTURE



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Collected** | 16-Jan-2020 13:50 | **Status** | Final |
| **Received** | 16-Jan-2020 16:24 | **Ordering Provider** | Pre-op Assessment Nurse |
| **Reported** | 16-Jan-2020 16:24 | **Order Number** | 0020M203998 |
| **Source System** | Revive | | |

**Culture**

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No growth

## Organisms (0)

General

Performed

23-Dec-2019 10:32

Ordering Provider

(Medica) Tallett

Order Number

AA13802131301

Status

Final

Final**General**

:
: 23 December 2019, 10:32:00
: 23 December 2019, 10:32:00
:
: RADIOLOGY REPORT
: CHI NUMBER: 0709605390 Examination Number: 38021313 Examination Date: 23/12/2019
: Name: MCPHEE, JOHN DOB: 07/09/1960
: Address: 37 PARK VIEW, AYRSHIRE, ARDROSSAN, KA22 7BL -- CC: -
: Referring Department / Location: Accident & Emergency
: Crosshouse Hospital
: Kilmarnock Road
: Crosshouse
: Ayrshire
: KA2 0BE
: Referring Consultant: Brown.Lesley (Cons) Clinical Specialty: Accident & Emergency
: Date Dictated: 30/12/2019 Typed by: (Medica) Tallett, P (2295862)
: Examination: XR Abdomen
:
: Clinical Indication
:
: 59 y/o with known renal stones. Ureteric stent insert 18/11/19. Represented with worsening right flank pain. D/w urology. No benefit from further CT KUB. XR KUB to ?check stent position.
:
: Report:
: Findings:
: Examination compared to a CT KUB from November. This predates the insertion of the patient's stent.
: The stent remains in satisfactory position. The proximal loop appears to be in the region the renal pelvis and the distal loop within the bladder. There is still some calcification around the VUO as identified by the position of the stent. No local intra-abdominal abnormality.
:
: Conclusion:

: Stent remains in satisfactory position. No mechanical cause for pain seen.
:
:
: Report Date : 30/12/2019
:
: Reporting Consultant: Dr Paul Tallett . Consultant Radiologist,
:
: GMC: 2295862 Medica Reporting Ltd
:
:
: Dictating Radiologist / Clinical Specialist (Medica) Tallett, P (2295862)
:
: Verified by: (Medica) Tallett, P (2295862)
**Reported By:** P (2295862) (Medica) Tallett
**Released By:** P (2295862) (Medica) Tallett
**Released On:** 31/12/2019 10:47

# URINE CULTURE



| | | | |
|---|---|---|---|
| **Patient ID** | 0709605390:OHCP | **Patient Name** | MCPHEE, John |
| **Sex** | Male | **Date Of Birth** | 07-Sep-1960 |
| **Collected** | 29-Nov-2019 00:00 | **Status** | Final |
| **Received** | 30-Nov-2019 10:23 | **Ordering Provider** | Dr Stacey Anderson |
| **Reported** | 30-Nov-2019 10:23 | **Order Number** | 0019M288597 |
| **Source System** | Revive | | |

**Culture**

**********Microbiology results should be viewed on Review or PMS to prevent misinterpretation.** Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.**********

No significant growth

## Organisms (0)

# NURSING ASSESSMENT, CARE PLANNING AND NURSING NOTES

See Filing Arrangements on inside front cover

## Glasgow Coma Scale

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | 11/1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time: | | 11.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eyes Open | Spontaneous | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | To speech | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | To pain | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Best Verbal Response | Orientated | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Confused | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inapp. words | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incomp. sounds | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Best motor response | Obeys commands | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Localise pain | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Withdrawal to pain | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Abnorm. flexion to pain | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extension to pain | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GCS TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPILS | R | Size | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | Size | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIMB MOVEMENT | ARMS | Normal power | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Abnormal flexion | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LEGS | Normal power | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials | | AB | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Pupil Reaction and size**

s = sluggish
+ = reaction
- = no reaction

Pupil Size (mm)

1
2
3
4
5
6
7
8

| | |
|---|---|
| I | Identify self/area/patient |
| S | Situation - what is your concern? |
| B | Background - relevant Hx/reason for admission |
| A | Assessment - A-E findings/NEWS2 score. |
| R | Recommendation - what do you need & when |

**NEWS > 5 THINK SEPSIS Apply SEPSIS 6 within 1 hour**

1. Give oxygen to target saturation >94% (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 and fluid balance chart

# NHS Ayrshire & Arran NEWS – National Early Warning Score

NHS Ayrshire & Arran

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

| | Ward | Date | Time |
|---|---|---|---|
| Admitted | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |

| | Resp rate | BP | HR |
|---|---|---|---|
| Acceptable parameter's | | | |
| Dr/ANP initials | | | |
| Date | | | |
| Dr/ANP discontinue date/sign | | | |

| **Sp02 Scale 2**<br>Target 88-92% |
|---|
| Signature: |
| Print Name: |
| Dr/ANP initials ONLY: |
| Date: |

| Patient on home oxygen Y☐ N☐ |
|---|
| If yes, add details of oxygen therapy |

NEWS2

## Document all actions and interventions

| NEWS 0 | NEWS 1-4 | NEWS 5-6 or 3 in one parameter | NEWS 7 or more |
|---|---|---|---|
| Min 12 Hourly Observations | Low Clinical Risk<br>Min 4 Hourly Observation<br>Inform Registered Nurse<br>Agree Frequency of Observation Required | Medium Clinical Risk<br>Hourly Observations<br>Urgent Assessment by Medical Team<br>Registered Nurse to Escalate to ANP/Dr | High Clinical Risk<br>Continuous Monitoring<br>Urgent Assessment by Senior Medical Team<br>Consider ???? |

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

### Discontinuation of NEWS2

Following MDT discussion, it has been agreed that this patient no longer has a requirement for NEWS2

Responsible Clinician: Print Name .....

Designation: .....

Date: ..... Time: .....

## Glasgow Coma Scale

| | | |

# NHS Ayrshire & Arran NEWS – National Early Warning Score

NHS Ayrshire & Arran

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

| | Ward | Date | Time |
|---|---|---|---|
| Admitted | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |

| | Resp rate | BP | HR |
|---|---|---|---|
| Acceptable parameter's | | | |
| Dr/ANP initials | | | |
| Date | | | |
| Dr/ANP discontinue date/sign | | | |

| Sp02 Scale 2<br>Target 88-92% |
|---|
| Signature: |
| Print Name: |
| Dr/ANP initials ONLY: |
| Date: |

Patient on home oxygen Y☐ N☐

If yes, add details of oxygen therapy

NEWS2

## Document all actions and interventions

| NEWS 0 | NEWS 1-4 | NEWS 5-6 or 3 in one parameter | NEWS 7 or more |
|---|---|---|---|
| | Low Clinical Risk | Medium Clinical Risk | High Clinical Risk |
| Min 12 Hourly Observations | Min 4 Hourly Observation | Min Hourly Observations | Continuous Monitoring |
| | Inform Registered Nurse | Urgent Assessment by Medical Team | Urgent Assessment by Senior Medical Team |
| | Agree Frequency of Observation Required | Think Sepsis if Suspicion of Infection | Consider 2222 |

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

### Discontinuation of NEWS2

Following MDT discussion, it has been agreed that this patient no longer has a requirement for NEWS2

Responsible Clinician: Print Name .....

Designation:.....

Date: ..... Time: .....

NHS Ayrshire & Arran

# NHS Ayrshire & Arran Care and Comfort Round

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

***Registered Nurse responsible for patient should prescribe frequency*** as per patient's greatest need, to provide individualised person centred care.
Escalate any concerns to Staff Nurse responsible for patient.
Min 12hrly *only* if patient independent with ADLs
*Weigh Patient every 7 days* Recorded Weight

| Date/Time | Name | Designation | Initials | Circle prescribed hourly frequency |
|---|---|---|---|---|
| 21/11/24 2130 | McPHEE ONE | NA . | | 1hr 2hr 3hr 4hr (12hr) |
| | | | | 1hr 2hr 3hr 4hr ~~12hr~~ |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Date/Time of Care Rounding** | 1/1/22 | 21/11 | 22/11 | | | | | | | | | | | | | |
| **24 hr format (0000 -2400)** | 0800 | 2130 | 2230 | | | | | | | | | | | | | |

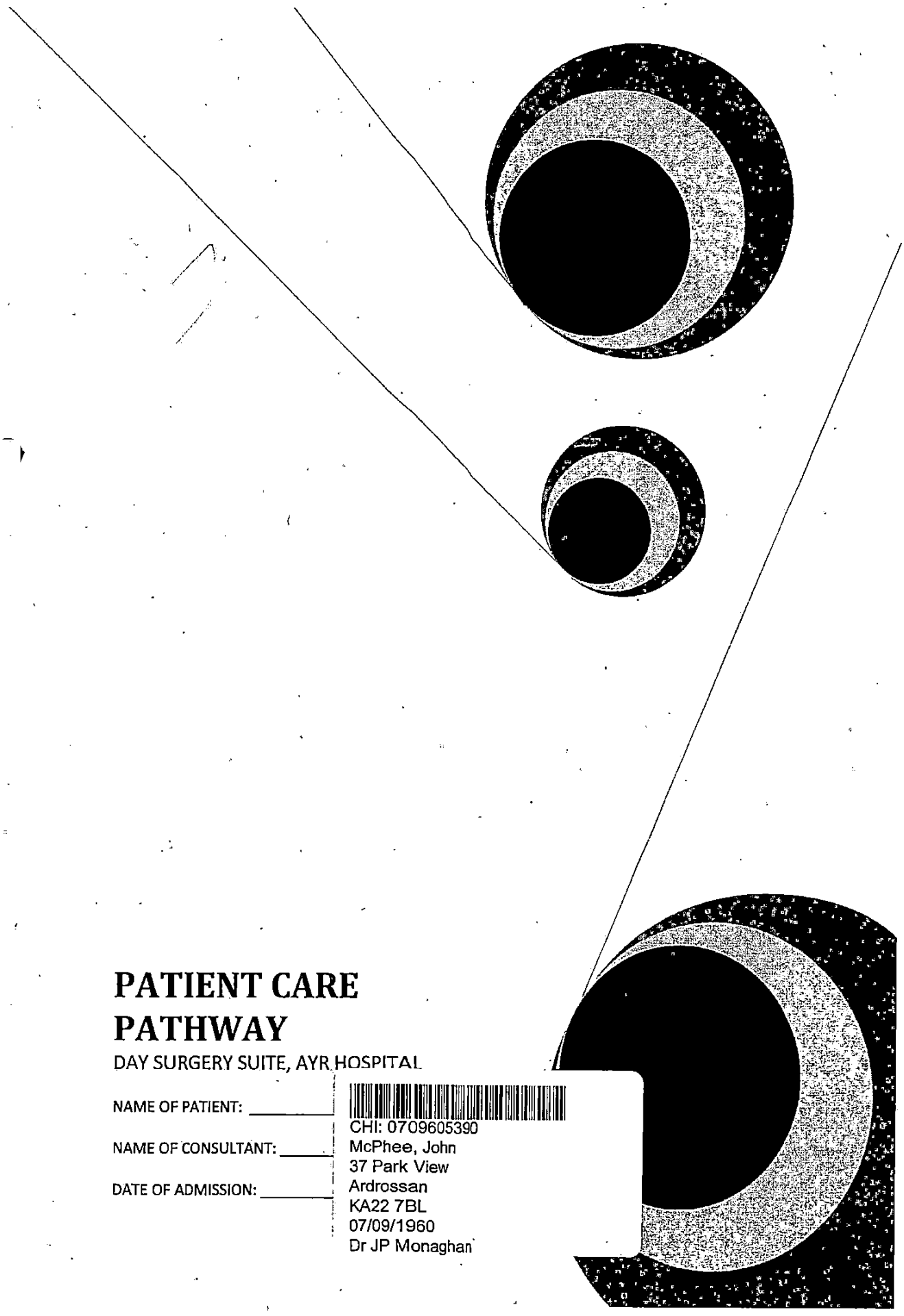
**Generic Codes : Y**- Yes **N** – No **NA**-not applicable **NT** – No Thanks **S** – Sleeping **O** – Off ward **I** - Independent

**Pressure area care should take place at a maximum of 4 hourly intervals – Consider if pain relief required prior to moving**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Pressure Ulcer Care** If new grade ≥2 PU identified complete DATIX | Skin Inspection completed? | Y | NT | NT | | | | | | | | | | | | |
| | Skin checked under devices? | Y | – | – | | | | | | | | | | | | |
| | Area of skin damage codes *if multiple document on reverse* | **RHL** - Right Heel **LHL** - Left Heel | | **RHP** - Right Hip **LHP** – Left Hip | | **C**- Coccyx **B** – Buttocks | | **SP** – Spine **OT** – Other | | **O** – Occiput (back of head) **M**- Multiple | | **N** – None | | | | |
| | Area of skin damage | C | N | N | | | | | | | | | | | | |
| | Condition of Skin Record Codes | **SR** – Slowly Reactive (3-6secs) **D** –Discolouration **U**- Pressure Ulcer **M** – Moisture **E**- Excoriation **N** – Normal Briskly Reactive (1-2 secs) | | | | | | | | | | | | | | |
| | Condition of Skin | SR | N | N | | | | | | | | | | | | |
| | Skin Surface pressure relieving equipment in use codes | **HA** - Hybrid activated **HNA** - Hybrid not activated | | | | **C** – Chair Cushion **PB** – Prolevo boots | | | | **OM** – Other (document on reverse) **HS** – Heel Safe Pad | | | | | | |
| | Skin Surface pressure relieving equipment in use | HNA | HNA | HNA | | | | | | | | | | | | |
| | Keep Moving - Record change of patient position | **R** – Right Side **L** – Left Side **B** – Back **C**-Chair to Stand **BC**-Bed to chair **I** – Independent **Recommend 30 degree lateral tilt and use of sliding sheets** | | | | | | | | | | | | | | |
| | Record change of position | R | I | I | | | | | | | | | | | | |
| | Sliding sheet used | Y | – | – | | | | | | | | | | | | |
| **Personal Hygiene** | | **I** – Independent **A** – Assistance given **B** - Basin **S**- Shower **BB** – Bed bath **FI**- Full immersion bath | | | | | | | | | | | | | | |
| | Personal Hygiene | BB | I | I | | | | | | | | | | | | |
| **Elimination** | Patient toilet facility codes | **I** – Independent **A** – Assistance given **BP**- Bed Pan **C**- Commode **NA** – Not applicable | | | | | | | | | | | | | | |
| | Offer patient toilet facility | A | I | I | | | | | | | | | | | | |
| | Continence Codes | **IU** – Incontinent Urine **IF** – Incontinent Faeces **UC** - Urinary Catheter **S** – Stoma **PU** – Passed Urine **BO** – Bowels open **NA** – Not applicable | | | | | | | | | | | | | | |
| | Bowels open/ passed urine? | IU | – | – | | | | | | | | | | | | |
| | Bristol Stool Score (if known) | NA | – | – | | | | | | | | | | | | |
| | Barrier product applied? | Y | – | – | | | | | | | | | | | | |
| | | **Document skin care intervention and barrier product used in evaluation section on reverse** | | | | | | | | | | | | | | |
| **Food Fluid and Nutrition** | Has appropriate assistance with eating and drinking been provided? | Y | Y | Y | | | | | | | | | | | | |
| | Nutritional Supplements given and encouraged | Y | N | N | | | | | | | | | | | | |
| | Fluid is within easy reach and refreshed and offered | Y | Y | Y | | | | | | | | | | | | |
| | **ensure FFN given is appropriate level** | ***Update Nutritional Intake Record Chart & Fluid Intake/Output chart if applicable** | | | | | | | | | | | | | | |
| | Oral hygiene carried out (12hrly) (Increase to 2hrly if NBM) | Y | I | I | | | | | | | | | | | | |
| **Falls** If HLS required, complete appropriate documentation | Is the nurse call buzzer working and within reach of the patient? | Y | Y | Y | | | | | | | | | | | | |
| | | **If unable to use buzzer, commence 1 hourly care and comfort round** | | | | | | | | | | | | | | |
| | How many bed rails in use? | 2 | 0 | 0 | | | | | | | | | | | | |
| | Trolley/bed at lowest level | Y | Y | Y | | | | | | | | | | | | |
| | **HLS Codes** | **S** – Standard **CO** - Cohort **CT** Constant (provide meaningful activity) | | | | | | | | | | | | | | |
| | Level of Higher Level Supervision in place | CO | S | S | | | | | | | | | | | | |
| | Is the patient more confused, drowsy or agitated? Think Delirium | N | N | N | | | | | | | | | | | | |
| | Encourage to mobilise (ie marching feet, sit to stand) | Y | Y | Y | | | | | | | | | | | | |
| | Walking aid within reach Aid in use..... | NA | – | – | | | | | | | | | | | | |
| | Ensure environment free of any trip hazards | Y | Y | Y | | | | | | | | | | | | |
| | Escalate all concerns | Y | NA | NA | | | | | | | | | | | | |
| | Completed by (Initial) | KP | | PHarvey | | | | | | | | | | | | |

**Daily Evaluation of HCSW Care Delivery & Escalation Record**

| Date | Evaluation and Escalation Record | Name |
|---|---|---|
| 01/01/22 | *Example* – Identified Concern – Slowly reactive area at coccyx | |
| 0800 | Escalated to SN. Positional change nursed on alternate side (30 degree tilt) hybrid mattress activated, barrier cream | |
| | applied. Personal Hygiene attended to using Senset foam, incontinence products replaced. Request for care | K.Perry |
| | rounding frequency to be increased to 3 hourly. Assisted wash given. | HCSW |
| | | |
| | | |
| | |



# PATIENT CARE PATHWAY

DAY SURGERY SUITE, AYR HOSPITAL

NAME OF PATIENT: _____

NAME OF CONSULTANT: _____

DATE OF ADMISSION: _____

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

**Planned operation** R. rigid ureteroscopy and stone frag

**Consultant** Ms Bekarma ..... **Anaesthetist** .....

**Date of Surgery** 31/01/2020 **GA** ☑ **LA** ☐ **SPINAL** ☐

Bloods Yes ☑ No ☐ NA ☐ 7/1/2020 ECG Yes ☑ No ☐ NA ☐ 16/1/2020

Xrays Yes ☐ No ☐ NA ☑ HCG Test Yes ☐ No ☐ NA ☑

Anti-Embolic Stockings Yes ☑ No ☐

Dentures: Full Set ☐ Partial ☑ Caps/Crowns/Bridge

Fit for Work Note Yes ☐ No ☐

Medications - Nil

Medication taken prior to surgery (With Time) Paracetamol 1g x1 ~~Ibuprofen 400mg~~ Codeine 30mg @ 7am. Ibuprofen 4

Allergies (with details of reaction) Penicilin

Diabetic Yes ☐ No ☑ Capilliary Blood Glucose

Asthmatic Yes ☐ No ☑ Epileptic Yes ☐ No ☑

GLU Neg
KET Neg
SG >=1.030
*BLO Large
pH 6
*PRO 2+ mg/dL
NIT Negative
*LEU Small

**Baseline Observations**

| BLOOD PRESSURE | HEART RATE | TEMPERATURE | RESPIRATORY RATE |
|---|---|---|---|
| 128/83 | 56 | 36'2 | 17 |
| URINALYSIS ✓ Blood | Protein, leu | | |

Will you have a responsible adult to take you home? Yes ☐ No ☑

Do you have a responsible adult to stay overnight with you? Yes ☐ No ☑ son

Have you had a cough or a cold in the last 2 weeks? Yes ☐ No ☑

Fasted from Food 8.pm last night Fasted from fluids this morning water

ADMITTING NURSE ARIADNA / PRL SIGNATURE A.Z. / PRL

PATIENTS SIGNATURE JMcPhee DATE 31/01/2020

# DRUG PRESCRIBING/RECORDING CHART

## ONCE ONLY, THROMBOEMBOLIC PROPHLAXIS DRUGS

| DRUG | Dose | Route |
|---|---|---|
| Signature | Date | Time Given |
| Additional Directions | | Given By |

| DRUG | Dose | Route |
|---|---|---|
| Signature | Date | Time Given |
| Additional Directions | | Given By |

## AS REQUIRED MEDICATIONS (PRNs)

| DRUG | Dose | Route | Date | | | | |
|---|---|---|---|---|---|---|---|
| Signature | Date | Max Freq | Time | | | | |
| Additional Directions | | | Sig | | | | |

| DRUG | Dose | Route | Date | | | | |
|---|---|---|---|---|---|---|---|
| Signature | Date | Max Freq | Time | | | | |
| Additional Directions | | | Sig | | | | |

## INTRAVENOUS FLUIDS

| DATE TIME | BAG No | FLUID AND VOLUME | Duration | ADDITIVE (Drug and Dose) | Doctor Signature | Batch Number | Nurse Signature |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

# OPERATION NOTES

Procedure: _____

Time in to theatre : 11-00

General Anaesthetic ☑ Local Anaesthetic ☐ Spinal Anaesthetic ☐

Surgeon: Mr Hamed Assistant: ✓

Anaesthetist: Dr K Kerr ODP: J Stewart

Scrub Nurse: DCN Eyres

Local Anaesthetic Infiltration: _____

Comments: _____

# POST OPERATIVE INSTRUCTIONS

Dressing: _____

Sutures/Clips: _____ Removal: _____

Review Appointment: SEE POST OP INSTRUCTIONS

Further Instructions: STENT REMOVAL 2 WEEKS.

Signature: _____ Name: _____

# 1st STAGE RECOVERY INSTRUCTIONS

Anaesthetic: General Time Entered: 11.30

Operation: ® URS + Stone fragmentation + Stent

Surgeon: Mr. Hamed Anaesthetist: Dr. Kerr

---

Condition on entering Recovery: Breathing Spont. O2 15l/min via circuit

Airway: ° I.V. Fluids: 1000mls Hartmanns soln

Laryngeal Mask: removed Peripheral Access: ✓(L) hand

E.T.T: _____

I.P.P.V. _____ Oxygen Therapy: 5l/min

Drain insitu: ° _____ Catheter Insitu: ° _____

**DRUGS GIVEN IN RECOVERY**

1.
2.
3.
4.
5.
6.
7.
8.

| TIME | COLOUR | SENSATION | MOVEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

COMMENTS: Genamcin 240mgs IV. at 11.05

Signature: D. Morrison Name: Morrison

Time Out: 12.05.

# NEWS
## National Early Warning Score

| | Date | Ward |
|---|---|---|
| Admitted | | |
| Transferred | | |
| Transferred | | |

Name:

Date of Birth:

CHI No:

NHS Ayrshire & Arran

**Special Instructions - to be completed by Medical Team**

A total NEWS score of _____ due to _____ or individual parameter range of _____
is acceptable for this patient because _____

_____

Please escalate if _____

_____

Print _____ Sign _____ Designation _____
Date _____ Time _____ *(only valid if signed and dated)*

A total NEWS score of _____ due to _____ or individual parameter range of _____
is acceptable for this patient because _____

_____

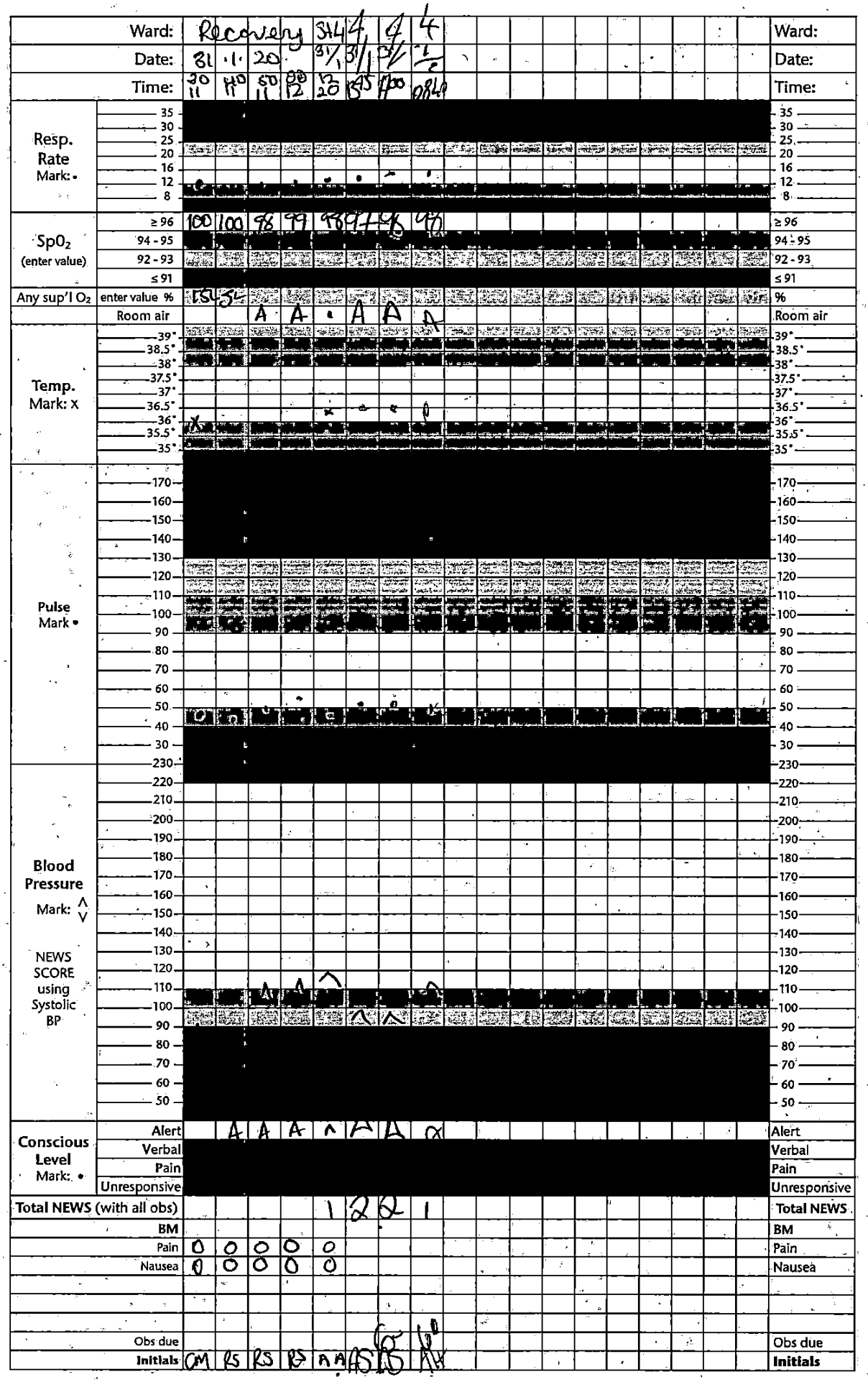
Please escalate if _____

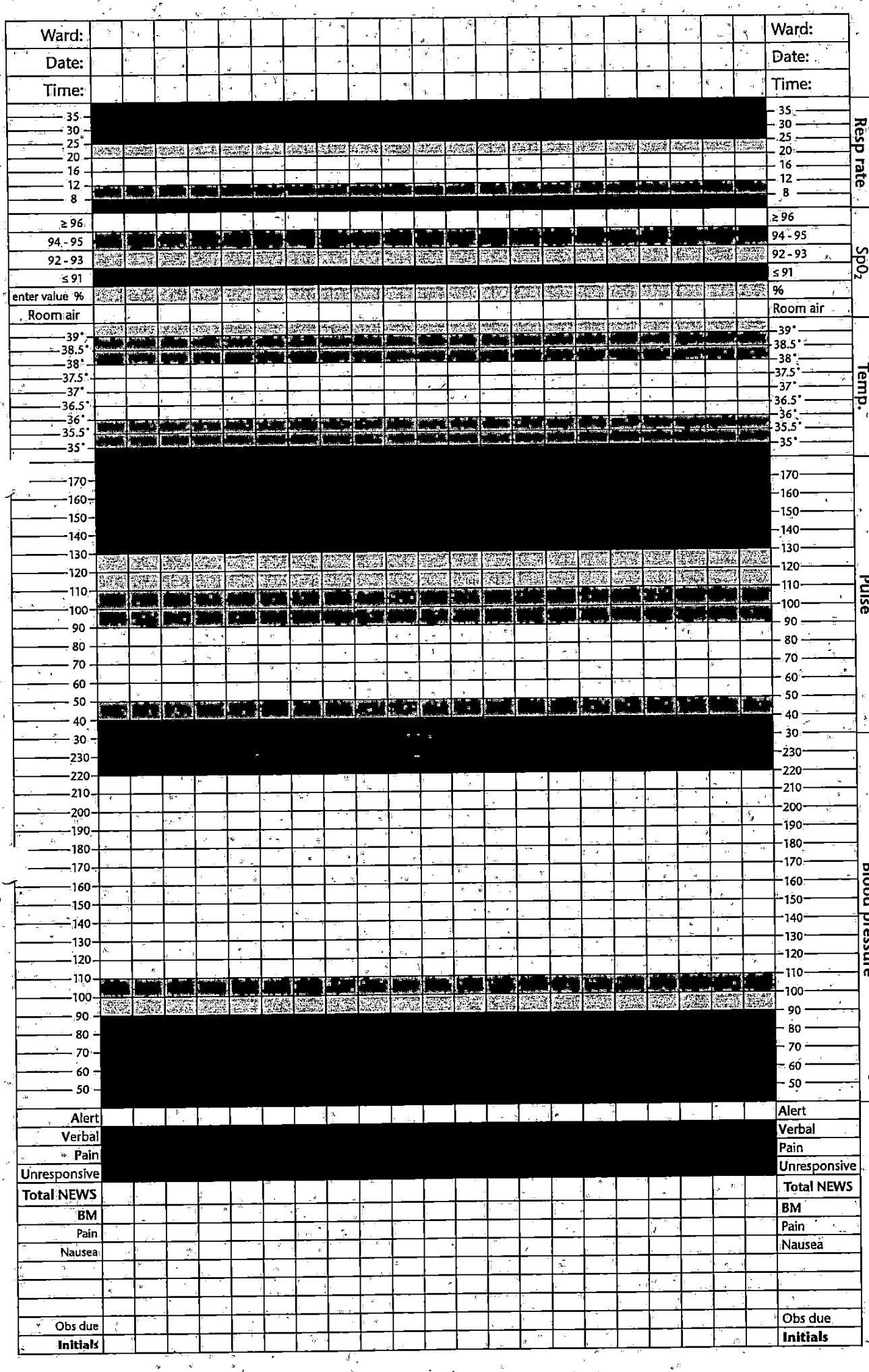
_____

Print _____ Sign _____ Designation _____
Date _____ Time _____ *(only valid if signed and dated)*

**See NEWS Actions Reference Tool for local escalation policy**

| News score | Frequency of monitoring | Clinical Response |
|---|---|---|
| 0 | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations |
| Aggregate 1-4 | Minimum 4 hourly | • Inform trained nurse<br>• Trained Nurse assessment<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate |
| **Aggregate 5 or more or any single red score** | Increase frequency to a minimum of 1 hourly | • Trained Nurse assessment<br>• Inform medical team caring for the patient and dual response<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients<br>• Consider level of monitoring required in relation to clinical care. |
| | Continuous monitoring of vital signs | • Trained Nurse to assess immediately<br>• Inform medical team caring for the patient - this should be at least senior medical staff level. If unable to attend promptly, escalate to consultant or Emergency Response Team.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients.<br>• Consider referral to high dependency or ITU. |


Ward: Recovery
Date: 31.1.20
Time: 10 11 11 11 12 12 13 20 15 17 00 08 40
Resp. Rate Mark: •
35 30 25 20 16 12 8
SpO2 (enter value)
≥ 96 94 - 95 92 - 93 ≤ 91
100 100 98 99 98 97 96 96
Any sup'l O2
enter value %
Room air
Temp. Mark: X
39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°
Pulse Mark •
170 160 150 140 130 120 110 100 90 80 70 60 50 40 30
Blood Pressure Mark: ^ V
NEWS SCORE using Systolic BP
230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
Conscious Level Mark: •
Alert
Verbal
Pain
Unresponsive
Total NEWS (with all obs)
1 2 2 1
BM
Pain 0 0 0 0 0
Nausea 0 0 0 0 0
Obs due
Initials CM RS RS RS AA AS RS AH
NEWS key
0
1
2

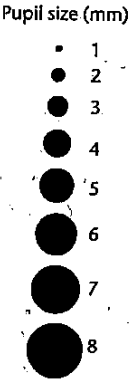

Ward:
Date:
Time:
Resp rate
35
30
25
20
16
12
8
SpO2
≥ 96
94 - 95
92 - 93
≤ 91
enter value %
Room air
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood pressure
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresponsive
Total NEWS
BM
Pain
Nausea
Obs due
Initials

# Neurological Observations

| | | | | |
|---|---|---|---|---|
| Date | | | | |
| Time | | | | |
| COMA SCALE – Eyes open | E | Spontaneously | 4 | |
| | | To speech | 3 | Eyes closed by swelling = C |
| | | To pain | 2 | |
| | | none | 1 | |
| COMA SCALE – Best verbal response | V | Oriented | 5 | |
| | | Confused | 4 | |
| | | Inappropriate words | 3 | Endotracheal tube or tracheostomy = Y |
| | | Incomprehensible sounds | 2 | |
| | | None | 1 | |
| COMA SCALE – Best motor response | M | Obeys | 6 | |
| | | Localises | 5 | |
| | | Flexion - withdrawal | 4 | Usually record the best arm response |
| | | Flexion - abnormal | 3 | |
| | | Extension to pain | 2 | |
| | | None | 1 | |
| | | TOTAL SCORE | | |
| PUPILS | R | Size | | |
| | | Reaction | | + reacts - no reaction c eyes closed |
| | L | Size | | |
| | | Reaction | | |
| LIMB MOVEMENT – ARMS | | Normal power | | |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Spastic flexion | | Record right (R) and left (L) separately if there is a difference between the two sides |
| | | Extension | | |
| | | No response | | |
| LIMB MOVEMENT – LEGS | | Normal power | | |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Spastic flexion | | |
| | | Extension | | |
| | | No response | | |

**Glasgow Coma Scale**

Pupil size (mm)




**Pain Score**

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If the patient's pain is chronic, use the generic tool. If the patient is unable to communicate, use the observational tool.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | A |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | | Asleep |

| Nausea and Vomiting |
|---|
| 0 - None |
| 1 - Mild (Not distressing - no retching/ vomiting) |
| 2 - Moderate (Troublesome - occasional retching/vomiting) |
| 3 - Severe (Distressing - frequent retching/ vomiting) |

| Physiological Parameter | NEWS - NHS Early Warning Score | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiration Rate | | | 9-11 | 12-20 | | 21-24 | |
| Oxygen Saturations | | 92-93 | 94-95 | >96 | | | |
| Any Supplementary Oxygen | | Yes | | No | | | |
| Temperature | | | 35.1-36.0° | 36.1-38.0° | 38.1-39 | ≥39.1° | |
| Pulse | | | 41-50 | 51-90 | 91-110 | 111-130 | |
| Systolic BP | | 91-100 | 101-110 | 111-219 | | | |
| Conscious Level | | | | A | | | |

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

# RECORD of ACTIONS to NEWS TRIGGER SCORES

(to be completed anytime a NEWS score of 3 or more is observed)

| DATE | TIME (24hr) | NEWS SCORE | ACTION (Nursing or Medical) | PERSON CONTACTED (Grade) | OUTCOME (eg phone advice, review, treatment etc) | PRINT NAME |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NHS Ayrshire and Arran**
Nursing Notes

| Write or attach label |
| --- |
| HCR No: ..... |
| CHI No: ..... |
| Surname: ..... |
| Forename: ..... Sex: ..... |
| Address: ..... |
| ..... |

31/1/20 - Patient transferred to st 4 from DSU 1435 following (R) ureteroscopy. stone frag & (R) stent change. To return for change stent removal 1/52 ——— AS.
N Observations stable this time. ——— AS
DP/H Independant ——— AS.
PVC Venflon in situ ——— AS.
E PU via bottles ——— old haematuria ——— AS
J Smoking disclaimer signed. ——— AS.
1/2/20 For home today as PVC = 96 hrs and return for stent removal as planned
Views O. ——— A Hawke

# DAY SURGERY UNIT DISCHARGE CRITERIA

| Criteria | Yes | No | N/A | Initials | Details |
|---|---|---|---|---|---|
| Stable vital signs | | | | | |
| Eating and drinking | | | | | |
| Pain controlled | | | | | |
| Nausea/vomiting controlled # | | | | | |
| Wound check | | | | | |
| Passed urine (if applicable)* | | | | | |
| Cannula removed | | | | | |
| Dressings provided | | | | | |
| Fit note issued | | | | | |
| Review appointment | | | | | |
| District Nurse required | | | | | |
| Practice Nurse required | | | | | |
| Suture/Clip removal | | | | | |
| Post-Op information given | | | | | |
| Discharge prescription given + explained | | | | | |
| Copy of discharge letter given to patient | | | | | |
| Responsible escort present | | | | | |

Discharged by _____(signature) Print Name _____

Date _____ Time _____

**Any patients who do not meet discharge criteria must be reviewed by medical staff prior to any overnight admission. Please ensure this occurs before 7pm.**

## # SCORING TOOL FOR POST DISCHARGE NAUSEA AND VOMITING (PDNV)

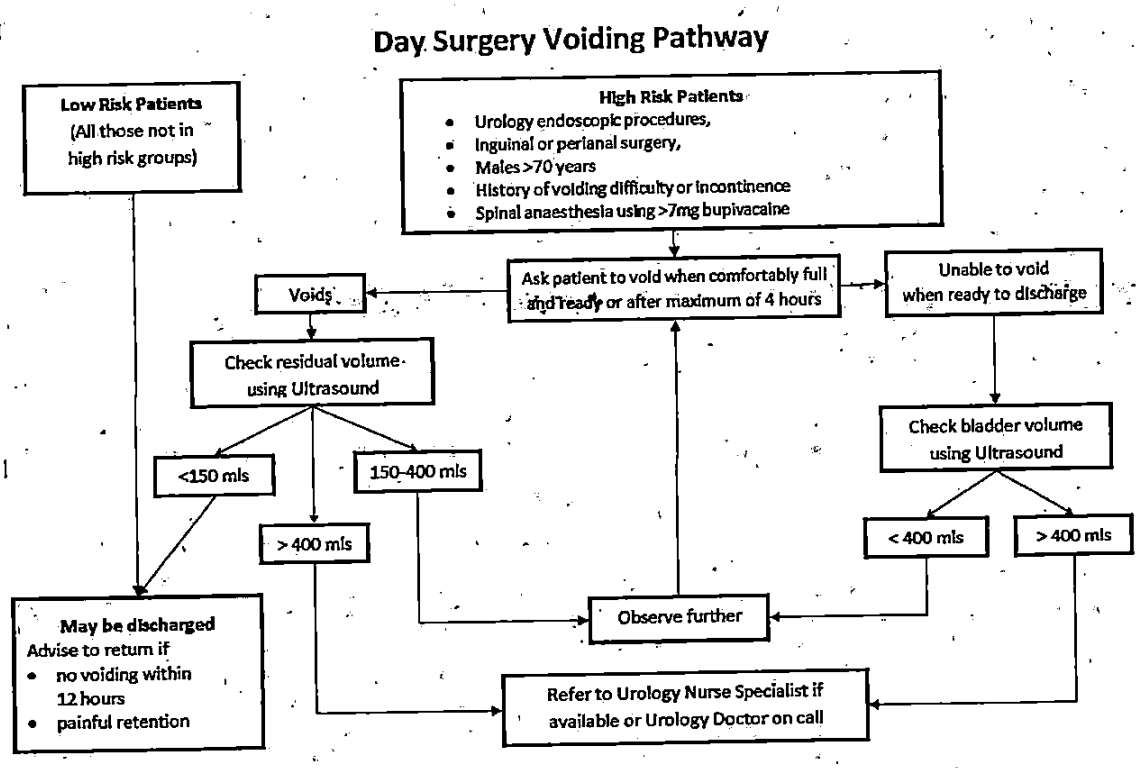
Risk factors:

- Female gender
- Age < 50 years
- History of PONV
- Opioid administration in the PACU
- Nausea in PACU

- The incidence of PDNV is approximately 10%, 20%, 30%, 50%, 60%, or 80% when 0, 1, 2, 3, 4, or 5 of these predictors are present, respectively
- Please ensure that the patient is given an antiemetic if they feel sick on the ward postoperatively.
- Patients with 3 or more risks factors should be given an antiemetic as part of their discharge prescription.

Ref Apfel CC, Philip BK, Cakmakkaya OS, et al Who Is at Risk for Post-discharge Nausea and Vomiting After Ambulatory Surgery *Anesthesiology*. 2012;117:475-486

## * DAY SURGERY POSTOPERATIVE VOIDING FLOW CHART



CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

# Intake Output Chart

**Date:** 18/11/19 Ward: Patient weight:

Previous Day's Intake: Output:

Yesterday's Maintenance Goal Achieved? Yes / No

**Maintenance Goal Today:** _____ ml

NHS Ayrshire & Arran

| Time | Intake | | | | | Output | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Oral | Oral Type | Enteral | IV | IV Type | Urine | Stool / Stoma | Vomit / Aspirate | Drain / Fistulae | Other: |
| 01:00 | | | | | | | | | | |
| 02:00 | | | | | | | | | | |
| 03:00 | | | | | | | | | | |
| 04:00 | | | | | | | | | | |
| 05:00 | | | | | | | | | | |
| 06:00 | | | | | | | | | | |
| 07:00 | | | | | | | | | | |
| 08:00 | | | | | | | | | | |
| 09:00 | | | | | | | | | | |
| 10:00 | | | | | | | | | | |
| 11:00 | | | | | | | | | | |
| 12:00 | | | | | | | | | | |
| 13:00 | | | | | | | | | | |
| 14:00 | | | | | | | | | | |
| **Subtotal** | | | | | | | | | | |

| **Stop and Check** | | | |
|---|---|---|---|
| **Intake** (Oral/Enteral + IV) less than **500ml**? | Yes | No | If Yes to any question, or if any concern **inform nurse in charge** |
| **Urine** less than **300ml?** | Yes | No | |
| **Other losses** more than **500ml?** | Yes | No | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15:00 | | | | | | | | | | |
| 16:00 | | | | 500 | Hartmans | | | | | |
| 17:00 | 150 | | | | | 50 | rose | | | |
| 18:00 | 400 | | | | | | | | | |
| **00:00-18:00 Total** | | | | | | | | | | |
| 19:00 | | | | | | | | | | |
| 20:00 | | | | | | | | | | |
| 21:00 | | | | | | | | | | |
| 22:00 | | | | | | | | | | |
| 23:00 | | | | | | | | | | |
| 00:00 | | | | | | | | | | |
| **24 hr Totals** | | | | | | | | | | |

| **Total Intake** | | **Total Output** | |
|---|---|---|---|
| | | **Fluid Balance** (Total Intake minus Total Output) | |

Use a volumetric pump to administer IV fluids

STA5752PS

# DAILY ADULT IV FLUID PRESCRIPTION CHART

Prescribe fluids for a maximum of 24 hours on this chart – **N.B. NOT FOR PAEDIATRICS**

NHS Ayrshire & Arran

| **Affix Patient Label**<br>Name:<br><br>CHI:<br><br>Date of Birth: | **Date:** Ward: Patient Weight:<br><br>Maintenance Goal Today (including oral intake) (30ml/kg/24hrs)<br>(20-25ml/kg/24hrs in frail elderly) _____<br><br>Latest U&Es/Hb checked (circle): **Yes / No** |
|---|---|

| **1. Assess patient** | **Hypovolaemic (reassess regularly)** | | **Euvolaemic (fasting >8hrs)** | **Hypervolaemic (overloaded)** | Special cases **Consult senior** | |
|---|---|---|---|---|---|---|
| **2. Why give fluid?** | **Resuscitation** | **Replacement** | **Maintenance** | **Restriction** _____ ml | Cardiac dysfunction | |
| | | | | | Renal / Liver failure | |
| **3. How much?** Look at history, weight, U&Es, other fluid intake e.g. IV antibiotics | Fluid challenge 250-500ml over 5-15mins & reassess | Estimate losses in past 24 hrs. Replacement is in addition to maintenance. | 30ml/kg/24hrs Subtract other intake **Today's IV needs:** = _____ml | Fluid restrict. Consider diuresis. | Obstetrics | |
| | | | | | Head Injury | |
| **4. Which fluid?** | Hartmann's solution / colloid / Blood on transfusion record | Hartmann's solution 0.9%NaCl+KCl for upper GI loss | 0.18%NaCl/ 4%Glucose +/- KCl * **If Na ≤132 use Hartmann's solution** | Consult Senior. | ***Give 40mmol KCl/litre in maintenance unless K is ≥ 5.0 or renal function deteriorating** | |

**Never** give 0.18%NaCl/4%Glucose/KCl at over 100ml/hr:
**RISK OF HYPONATRAEMIA**

**Diabetes**: for patients on IV insulin sliding scale use 0.18%NaCl/4%Glucose/KCl

| **Weight** (kg) | **Maintenance Requirement /24hr** (30ml/kg/24hrs) | **Rate** (ml/hr) |
|---|---|---|
| 35-44 | 1200 ml | 50 |
| 45-54 | 1500 ml | 65 |
| 55-64 | 1800 ml | 75 |
| 65-74 | 2100 ml | 85 |
| ≥75 | 2400 ml | 100 **(max)** |

**DO NOT PRESCRIBE 'X HOURLY' BAGS FOR MAINTENANCE**

**Maintenance Fluid** (Max 100ml/hr) includes fluid for patients receiving IV insulin or subcutaneous fluids

| **Fluid +/- Additions** e.g. KCl / $MgSO_4$ | **Vol** ml | **Rate** ml/hr | After this bag | Prescribed by (Sign/Print) | Batch No. | Date | Start Time | Given by / Checked by |
|---|---|---|---|---|---|---|---|---|
| | | | Continue / Stop / Review | | | | | |
| | | | Continue / Stop / Review | | | | | |
| | | | Continue / Stop / Review | | | | | |
| | | | Continue / Stop / Review | | | | | |

**Resuscitation / Replacement Fluid in this box** Still hypotensive after 2000ml of resuscitation fluid? D/w with senior/ICU.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |

Reference: ADTC/MG/3(b)A21/01 Written by: IV fluid working group Approved: 27/08/2018 (ADTC)
Review date: August 2021 Supersedes: None

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

# Intake Output Chart

**Date:** 19/11/19 **Ward:** 14 4 **Patient weight:**

Previous Day's Intake: Output:

Yesterday's Maintenance Goal Achieved? Yes / No

**Maintenance Goal Today:** _____ **ml**

NHS Ayrshire & Arran

| Time | Intake | | | | | Output | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Oral | Oral Type | Enteral | IV | IV Type | Urine | Stool / Stoma | Vomit / Aspirate | Drain / Fistulae | Other: |
| 01:00 | | | | | | | | | | |
| 02:00 | | | | | | | | | | |
| 03:00 | | | | | | | | | | |
| 04:00 | | | | | | | | | | |
| 05:00 | | | | | | | | | | |
| 06:00 | | | | | | | | | | |
| 07:00 | | | | | | | | | | |
| 08:00 | | | | | | | | | | |
| 09:00 | | | | | | | | | | |
| 10:00 | | | | | | | | | | |
| 11:00 | | | | | | | | | | |
| 12:00 | | | | | | | | | | |
| 13:00 | | | | | | | | | | |
| 14:00 | | | | | | | | | | |
| **Subtotal** | | [redacted] | | | [redacted] | | | | | |

| **Stop and Check** | | | |
|---|---|---|---|
| **Intake** (Oral/Enteral + IV) less than **500ml**? | Yes | No | If Yes to any question or if any concern **inform nurse in charge** |
| **Urine** less than **300ml?** | Yes | No | |
| **Other losses** more than **500ml?** | Yes | No | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15:00 | | | | | | | | | | |
| 16:00 | | | | | | | | | | |
| 17:00 | | | | | | | | | | |
| 18:00 | | | | | | | | | | |
| **00:00-18:00 Total** | | [redacted] | | | [redacted] | | | | | |
| 19:00 | | | | | | | | | | |
| 20:00 | | | | | | | | | | |
| 21:00 | | | | | | | | | | |
| 22:00 | | | | | | | | | | |
| 23:00 | | | | | | | | | | |
| 00:00 | | | | | | | | | | |
| **24 hr Totals** | | [redacted] | | | [redacted] | | | | | |

| **Total Intake** | | **Total Output** | |
|---|---|---|---|
| | | **Fluid Balance** (Total Intake minus Total Output) | |

Use a volumetric pump to administer IV fluids

# DAILY ADULT IV FLUID PRESCRIPTION CHART

Prescribe fluids for a maximum of 24 hours on this chart – **N.B. NOT FOR PAEDIATRICS**

NHS Ayrshire & Arran

| **Affix Patient Label**<br>Name:<br><br>CHI:<br><br>Date of Birth: | **Date:** Ward: Patient Weight:<br><br>Maintenance Goal Today (including oral intake) (30ml/kg/24hrs)<br>(20-25ml/kg/24hrs in frail elderly) _____<br><br>Latest U&Es/Hb checked (circle): **Yes / No** |
|---|---|

| **1. Assess patient** | **Hypovolaemic (reassess regularly)** | | **Euvolaemic (fasting >8hrs)** | **Hypervolaemic (overloaded)** | Special cases **Consult senior** |
|---|---|---|---|---|---|
| **2. Why give fluid?** | **Resuscitation** | **Replacement** | **Maintenance** | **Restriction** _____ ml | Cardiac dysfunction<br>Renal / Liver failure |
| **3. How much?** Look at history, weight, U&Es, other fluid intake e.g. IV antibiotics | Fluid challenge 250-500ml over 5-15mins & reassess | Estimate losses in past 24 hrs. Replacement is in addition to maintenance. | 30ml/kg/24hrs Subtract other intake **Today's IV needs:** = _____ml | Fluid restrict. Consider diuresis. | Obstetrics<br>Head Injury |
| **4. Which fluid?** | Hartmann's solution / colloid / Blood on transfusion record | Hartmann's solution 0.9%NaCl+KCl for upper GI loss | 0.18%NaCl/ 4%Glucose +/- KCl * **If Na ≤132 use Hartmann's solution** | Consult Senior. | ***Give 40mmol KCl/litre in maintenance unless K is ≥ 5.0 or renal function deteriorating** |

**Never** give 0.18%NaCl/4%Glucose/KCl at over 100ml/hr:
**RISK OF HYPONATRAEMIA**

**Diabetes:** for patients on IV insulin sliding scale use 0.18%NaCl/4%Glucose/KCl

| **Weight** (kg) | **Maintenance Requirement /24hr** (30ml/kg/24hrs) | **Rate** (ml/hr) |
|---|---|---|
| 35-44 | 1200 ml | 50 |
| 45-54 | 1500 ml | 65 |
| 55-64 | 1800 ml | 75 |
| 65-74 | 2100 ml | 85 |
| ≥75 | 2400 ml | 100 **(max)** |

**DO NOT PRESCRIBE 'X HOURLY' BAGS FOR MAINTENANCE**

**Maintenance Fluid** (Max 100ml/hr) includes fluid for patients receiving IV insulin or subcutaneous fluids

| **Fluid +/- Additions** e.g. KCl / $MgSO_4$ | **Vol** ml | **Rate** ml/hr | After this bag | Prescribed by (Sign/Print) | Batch No. | Date | Start Time | Given by / Checked by |
|---|---|---|---|---|---|---|---|---|
| | | | Continue / Stop / Review | | | | | |
| | | | Continue / Stop / Review | | | | | |
| | | | Continue / Stop / Review | | | | | |
| | | | Continue / Stop / Review | | | | | |

**Resuscitation / Replacement Fluid in this box** Still hypotensive after 2000ml of resuscitation fluid? D/w with senior/ICU.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |
| | | | Stop / Review | | | | | |

Reference: ADTC/MG/3(b)A21/01 Written by: IV fluid working group Approved: 27/08/2018 (ADTC)
Review date: August 2021 Supersedes: None

# NEWS
## National Early Warning Score

| | Date | Ward |
|---|---|---|
| Admitted | 18/11/19 | T.A. |
| Transferred | | |
| Transferred | | |

Na
Da CHI: 0709605390
CH McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

NHS Ayrshire & Arran

**Special Instructions - to be completed by Medical Team**

A total NEWS score of _____ due to _____ or individual parameter range of _____ is acceptable for this patient because _____

Please escalate if _____

Print _____ Sign _____ Designation _____

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

A total NEWS score of _____ due to _____ or individual parameter range of _____ is acceptable for this patient because _____

Please escalate if _____

Print _____ Sign _____ Designation _____

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

**See NEWS Actions Reference Tool for local escalation policy**

| News score | Frequency of monitoring | Clinical Response |
|---|---|---|
| 0 | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations |
| Aggregate 1-4 | Minimum 4 hourly | • Inform trained nurse<br>• Trained Nurse assessment<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate |
| Aggregate 5 or more or any single red score | Increase frequency to a minimum of 1 hourly | • Trained Nurse assessment<br>• Inform medical team caring for the patient and dual response<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients<br>• Consider level of monitoring required in relation to clinical care. |
| Aggregate 7 or more | Continuous monitoring of vital signs | • Trained Nurse to assess immediately<br>• Inform medical team caring for the patient - this should be at least senior medical staff level. If unable to attend promptly, escalate to consultant or Emergency Response Team.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients.<br>• Consider referral to high dependency or ITU. |

Ward: IA

Date: 8/11/

Time: 1240

| | | |
|---|---|---|
| Resp. Rate Mark: • | 35 | |
| | 30 | |
| | 25 | |
| | 20 | |
| | 16 | |
| | 12 | |
| | 8 | |
| $SpO_2$ (enter value) | ≥ 96 | |
| | 94 - 95 | |
| | 92 - 93 | |
| | ≤ 91 | |
| Any sup'l $O_2$ | enter value % | |
| | Room air | |
| Temp. Mark: X | 39 | |
| | 38.5 | |
| | 3 | |
| | 37 | |
| | ? | |
| Pulse Mark • | | |

**COMA SCALE**

| | | |
|---|---|---|
| Eyes open | To speech | 4 |
| | To pain | 3 |
| | none | 2 |
| V | Oriented | 1 |
| Best verbal response | Confused | 5 |
| | Inappropriate words | 4 |
| | Incomprehensible sounds | 3 |
| | None | 2 |
| M | Obeys | 1 |
| Best motor response | Localises | 6 |
| | Flexion - withdrawal | 5 |
| | Flexion - abnormal | 4 |
| | Extension to pain | 3 |
| | None | 2 |
| | | 1 |

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = Y

Usually record the best arm response

+ reacts
- no reaction
c eyes closed

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

| | | |
|---|---|---|
| PUPILS | R | TOTAL SCORE |
| | | Size |
| | L | Reaction |
| | | Size |
| | | Reaction |
| LIMB MOVEMENT | ARMS | Normal power |
| | | Mild weakness |
| | | Severe weakness |
| | | Spastic flexion |
| | | Extension |
| | LEGS | No response |
| | | Normal power |
| | | Mild weakness |
| | | Severe weakness |
| | | Spastic flexion |
| | | Extension |
| | | No response |

**Pain Score**

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If the patient's pain is chronic, use the generic tool. If the patient is unable to communicate, use the observational tool.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | A |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | | Asleep |

| Nausea and Vomiting |
|---|
| 0 - None |
| 1 - Mild (Not distressing - no retching/ vomiting) |
| 2 - Moderate (Troublesome - occasional retching/vomiting) |
| 3 - Severe (Distressing - frequent retching/ vomiting) |

**NEWS - NHS Early Warning Score**

| Physiological Parameter | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|---|---|
| Respiration Rate | ≤ 8 | | 9-11 | 12-20 | | 21-24 | ≥ 25 |
| Oxygen Saturations | ≤ 91 | 92-93 | 94-95 | ≥ 96 | | | |
| Any Supplementary Oxygen | | Yes | | No | | | |
| Temperature | | | 35.1-36.0° | 36.1-38.0° | 38.1-39° | ≥ 39.1° | |
| Pulse | | 41-50 | 51-90 | 91-110 | 111-130 | ≥ 131 | |
| Systolic BP | ≤ 90 | 91-100 | 101-110 | 111-219 | ≥ 220 | | |
| Conscious Level | | | A | | | | |

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

Medical Photography • NC17-00057

STAS653PS

| | |
|---|---|
| Conscious Level Mark: • | |
| | Unresponsive |
| Total NEWS (with all obs) | |
| BM | |
| Pain | 0 |
| Nausea | 0 |
| | |
| | |
| | |
| Obs due | 1600 |
| Initials | |

NHS
Ayrshire & Arran

Write or attach

CHI: 0709605390
McPhee, John
2 Barnett Court
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

# PATIENT PROFILE

Please complete below when patient is admitted or transferred to your clinical area

| | Admission | | Transfer 1 | | Transfer 2 | | Transfer 3 | |
|---|---|---|---|---|---|---|---|---|
| Hospital | UAH | | | | | | | |
| Ward | STATION 4 | | | | | | | |
| Consultant | MS JONES | | | | | | | |
| Date / Time | 21/4/24 1845 | | | | | | | |
| Relative Informed | Yes | No | Yes | No | Yes | No | Yes | No |
| ID Band in situ | Yes | No | Yes | No | Yes | No | Yes | No |
| CRA Completed * | Yes | No | Yes | No | Yes | No | Yes | No |
| Completed By - Signature | AGRAN | | | | | | | |

The Patient Profile can be used for patients with ongoing regular treatment i.e. for a course of therapy or weekly blood transfusion, however if there is a gap of more than 6 weeks since last attendance update lifestyle assessment (P6)

*If the patient is readmitted or transferred between hospitals an additional MRSA/CRA (P 1 1 must be completed. Additional forms can be obtained from the infection control AthenA site.

This profile can also be used for readmission within 3 days. Please remember to review earlier risk assessments.

## Patient's Property – Where possible send belongings home with family

You are asked to keep belongings/valuables to a minimum whilst in hospital. You are responsible for property belonging to you not handed over for safe custody. This includes cash, spectacles, hearing aids, dentures and other personal items and valuables. Valuables should be sent home at first opportunity or given to the nurse if this is not possible.

Signature of Patient / Significant Other:..... Date:.....

**Property handed over for Safe Keeping:** Yes ☐ No ☐

Date taken to Cashier: ..... Cash & Valuables Ref No:.....

**Property handed over for safe keeping**

**PLACE VALUABLES STICKER HERE**

Date Returned:

## Clinical Team Signatures

All staff completing this documentation MUST complete this section

| Name (Block Caps) | Profession | Ward/ Page No | Signature | Initials |
|---|---|---|---|---|
| AMY GIRVAN . | SN | 4 | AGirvan | AG |
| PAMELA HANLEY | SN | STL4 | PHanley | PH |
| | | | | |
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| Colour Codes for sections within | | | |
|---|---|---|---|
| | Personal Details | | Care Plans |
| | Lifestyle Assessment | | MDT Discharge Plan |
| | Risk Assessment | | Ward Care Notes |

**Record keeping is an integral part of nursing and midwifery practice. It is a tool of professional practice and one that should help the care process. It is not separate from the process and it is not an optional extra to be fitted in if circumstances allow. Good record keeping is an integral part of nursing and midwifery practice. You need to assume that any entries you make in a patient or client record will be scrutinized at some point.**

## Personal Details

| | |
|---|---|
| Prefers to be known as: JOHN. | Age: 64. |
| Receiving Consultant: | Allocated Consultant: |
| From where: ED | Accompanied by: PORTER. |
| Emergency ☑ Elective ☐ | Patient Contact Number: |
| Occupation: General Maintence. | |

Reason for Admission

(L) Sided flank Pain.

Patient and/or Carers Accounts

ABDO PAIN.

| Next of Kin/First/Contact/Significant other | | Second contact/significant other | |
|---|---|---|---|
| Name: Alex McPhee | | Name: THOMAS McPhee. | |
| Address: STEWARTON. | | Address: IRVINE | |
| Relationship to patient: | BROTHER | Relationship to patient: | SON |
| Contact No(s) Home: | | Contact No(s) Home: | |
| Mobile: | 07768 06445. | Mobile: | 07888629953. |
| Aware of Admission | Yes ☑ No ☐ | Aware of Admission | Yes ☑ No ☐ |
| Contact Overnight | Yes ☑ No ☐ | Contact Overnight | Yes ☑ No ☐ |

Patient gives consent to share information with whom?

**Spiritual or religious needs**

| | |
|---|---|
| Do you have any spiritual or religious needs whilst in hospital? (please state) Yes ☐ No ☑ | Specify needs or cultural practices that place limitations on the patients care (please state) |
| Do you wish your details to be passed to the hospital chaplaincy service? Yes ☐ No ☐ | |

## Home Circumstances on admission

| | | | |
|---|---|---|---|
| Do you live alone? | Yes ☑ No ☐ | **Living arrangements** | |
| With dependent partner? | Yes ☐ No ☑ | Type of house | DOWNSTAIRS - |
| With independent partner/family? | Yes ☐ No ☑ | Sheltered Housing | Yes ☐ No ☑ |
| Do you have a carer? | Yes ☐ No ☑ | How many steps at entrance? | 2 |
| Family ☐ Private ☐ Local Authority ☐ | | How many stairs inside? | N/A |
| Does carer require additional support? (Consider referral to social work) | Yes ☐ No ☐ | Toilet | Upstairs ☐ Downstairs ☑ |
| | | Bedrooms | Upstairs ☐ Downstairs ☑ |
| | | Bannister | Yes ☐ No ☑ |

| Are you a carer? Yes ☐ No ☑ Please specify Children ☐ Elderly relative ☐ Other ☐ ..... .... |
|---|
| |
| Who is caring for them currently? |
| |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Family | ☐ | Social Worker | ☐ | Neighbour | ☐ | Nursing Home | ☐ |
| Respite Centre | ☐ | Other ☐ | | | | | |

| Community Services in use: | | Frequency | Informed of Admission | Informed by/Comments |
|---|---|---|---|---|
| Home Care provided | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Community Alarm | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Day Hospital | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Community Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Community Mental Health Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Learning Disability Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Visited by Specialist Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | Please specify |
| Does the patient have an ACP? | Yes ☐ No ☐ | Ensure it is visible in notes | | |

## Previous Medical History

| Details | Dates |
|---|---|
| Prev Kidney Stones. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Medications

| Is the patient prescribed regular medications? | Yes ☐ No ☑ | Have they brought them in? | Yes ☐ No ☑ |
|---|---|---|---|
| Retained in the ward? | Yes ☐ No ☑ | Given to relatives? | Yes ☐ No ☑ |

Is patient on any high risk medications? Please tick the box below

| Epilepsy | Asthma | Insulin | Anticoagulation | Controlled drugs | Any others note below |
|---|---|---|---|---|---|
| | | | | | |

**Pre-Admission Status** Independent ☑ Prompting required ☐ Assistance required ☐

| **Drug Allergies** Penicillin. | **Other Allergies/including food** None Known ☐ |
|---|---|

## Informed Consent and Capacity

While undertaking the patient's clinical assessment, if you have any concerns regarding the patient's capacity and ability to make healthcare decisions refer to medical staff for **assessment and treatment plan** under the Adults With Incapacity (Scotland) Act 2000 and document your actions within the nursing notes. Refer to the Consent policy for further guidance.

Relatives and carers cannot make decisions for patients except in certain circumstances where they hold Welfare Guardianship or Power of Attorney extending to health care decisions under the Adults With Incapacity (Scotland) Act 2000.

| | | | | |
|---|---|---|---|---|
| Advanced Statement | Yes ☐ No ☑ | Guardianship details | Yes ☐ No ☐ | Please note name |
| Power of Attorney details | Yes ☐ No ☑ | Financial ☐ Please note name | Welfare ☐ Please note name | |
| "Getting to know me" in use | Yes ☐ No ☐ | If yes to any of the above obtain a copy of the relevant document | | |

## Adult Support and Protection – 3 point criteria Please see ASP toolkit

If you have a concern about an adult who you believe is or may be at risk of harm complete an ASP/Concern referral. **ASP / Concern referral submitted Yes ☐ No ☐ Date** _____

Referral information can be found on ward ASP folder or AthenA Adult Support and Protection site

| 4AT | | Circle score | | |
|---|---|---|---|---|
| **To be completed on all patients over 65 or if appropriate or if the patient has suspected delirium Ask the patient the following questions: (4AT)** N/A ↓ 65. | | 1st Assess Date | 2nd Assess Date | 3rd Assess Date |
| **Alertness** | Normal (fully alert, but not agitated, throughout assessment) | 0 | 0 | 0 |
| | Mild Sleepiness for< 10 seconds after waking then normal | 0 | 0 | 0 |
| | Clearly abnormal | 4 | 4 | 4 |
| **AMT4** | Age, Date of Birth, place (name of the hospital or building) , current year | | | |
| | No mistake | 0 | 0 | 0 |
| | 1 mistake | 1 | 1 | 1 |
| | 2 mistakes or untestable | 2 | 2 | 2 |
| **Attention** | Instruct patient to list months in reverse order starting at December | | | |
| | Lists 7> correctly | 0 | 0 | 0 |
| | Starts but lists <7 or refuses to start | 1 | 1 | 1 |
| | Untestable (cannot start became unwell, drowsy or inattentive) | 2 | 2 | 2 |
| **Acute Change or fluctuating course** | evidence of significant change or fluctuation in mental status within the last 2 weeks and still persisting in the last 24 hours | | | |
| | No | 0 | 0 | 0 |
| | Yes | 4 | 4 | 4 |
| | **Total** | | | |
| | **Sign** | | | |

**If 4AT > 4 commence TIME bundle.** **Please reassess if there is a change in clinical condition.**

**If no 4AT carried out please state reason here**.....

| | | |
|---|---|---|
| Driving Status | Do you Drive? Yes ☐ No ☐ | |
| Alcohol Use | Units per week NONE | |
| | Suitable for alcohol brief intervention? | Yes ☐ No ☐ NA ☐ |
| | Currently in Treatment | Yes ☐ No ☐ NA ☐ |
| | Refer to alcohol liaison team? | Yes ☐ No ☐ NA ☐ |
| Substance misuse | Substance misuse issues? If yes, give details: | Yes ☐ No ☐ NA ☐ |
| | Currently in treatment | Yes ☐ No ☐ NA ☐ |
| | Refer to substance misuse | Yes ☐ No ☐ NA ☐ |

Personal details

## Lifestyle Assessments

**Communicating :** **Interpreter required** Yes ☐ No ☐

| Any specific needs | What's your normal? | How is it now? | Comments |
|---|---|---|---|
| Speaking | NORMAL | SAME | |
| Reading | NORMAL | SAME | |
| Writing | NORMAL | ↓ | |
| Vision (please specify if glasses/contact lenses are worn) | GLASSES. | | |
| Hearing (please specify if hearing aids are worn and if in patient possession) | NORMAL | ✓ | |

| Breathing | What's your normal? | How is it now? | Do you suspect the patient has a respiratory infection? isolate with appropriate precautions and refer to IPC site on Athena |
|---|---|---|---|
| Do you normally have any issues breathing? | NONE | SAME | |
| Equipment / aids - tick all that apply: Inhalers ☐ oxygen-concentrator ☐ cylinder ☐ nebulisers ☐ tracheostomy ☐ | | | |
| Do you smoke? Yes ☐ No ☐ If so how many? 10 | | Patient wishes nicotine replacement therapy? Yes ☐ No ☐ ✓ | |

**Refer All** smokers to **"Quit your way"** for discussion about smoking management whilst in hospital ( Ask patients permission) Date referred..... sign.....

| Mobility | What is your normal? | How is it now? | Comments |
|---|---|---|---|
| Bed Transfers | Ind | SAME | |
| Chair Transfers | Ind | ↓ | |
| Balance | Ind | ↓ | |
| Walking Any issues with foot health affecting mobility | Ind | ✓ | |

**Oral Care**

If the answer to any of the questions below is **'yes'**, please complete an Oral Hygiene Care Plan

| | |
|---|---|
| Does the patient need assistance carrying out their basic oral care? | Yes ☐ No ☐ ✓ |
| Does the patient need assistance in caring for their denture? | Yes ☐ No ☐ ✓ |
| Is the patient suffering from mouth pain? | Yes ☐ No ☐ ✓ |
| **Comments** | |

Lifestyle Assessments

## Lifestyle Assessments continued

| Eating and Drinking | | If yes what support is required? |
|---|---|---|
| Support required for eating/drinking | Yes ☐ No ☑ | |
| Equipment required to support eating/drinking<br>**Please state what equipment required** | Yes ☐ No ☑ | |
| Is Patient on nutritional supplements / enteral feed at home Yes ☐ No ☐ | | Type: |

| | | |
|---|---|---|
| Likes……<br>Dislikes…… | Modified fluid consistency<br>Level…… | Modified diet consistency<br>Level…… |
| Swallowing ability impaired Yes* ☐ No ☐<br>*If Yes, date referred to SLT:<br>Name of referrer:<br>Signature of referrer: | Consent to therapeutic diet (Cultural, ethnic, religious requirements)<br>Yes ☐ No ☐ | Therapeutic diet details: |

| Eliminating | What is your normal | How is it now? | Do you suspect the patient has infective diarrhoea? Send a sample and isolate patient. |
|---|---|---|---|
| Normal bowel habit. **When did your bowels last move?** | Daily | SAME | |
| Any problems passing urine? | ~~DAILY~~ None | SAME | |
| Does the patient have a urinary catheter in situ Yes ☐ No ☑ | | Date of catheter insertion…… | |
| Long term catheter Yes ☐ No ☑ | | Date due changed | |

**If yes, apply the Catheter Care Bundle**

Complete continence assessment if required ☐
Refer to Adult Continence Assessment Pathway algorithm

**Urinalysis Results- Please circle where appropriate**

| NAD ☐ | Protein Trace + ++ +++ ++++ | Blood Trace + ++ +++ | Glucose Trace + ++ +++ ++++ | Leucocytes + ++ +++ | Nitrates -ve +ve |
|---|---|---|---|---|---|

**Only send for culture if suspected;**

**UTI** ☐ **Sepsis** ☐ **MSSU Sent** ☑ **CSU Sent** ☐

Date Last Menstrual Period (if appropriate) Pregnancy Test (if appropriate) +ve ☐ - ve ☐

Glucometer reading result

| Personal Cleansing and Dressing | What is your normal | How is it now? | Comments |
|---|---|---|---|
| What type of assistance is required by the patient? **(please consider patient preferences)** | Ind. | SAME | |

## Person Centred Care:

To promote person-centred care our focus is changing from asking 'What's the matter with you "' to asking "What matters to you'.

We can do this by reliably covering the five 'Must do with me' elements of care with patients and/or their families and carers. This will help to ensure all of the interactions between people using our services and the staff delivering them is person-centred and are characterised by listening, dignity, cornpassion and respect.

**The information required for the following 5 Must Do questions can be captured during your conversations with the patient and their families. There may be no need for you to ask these questions directly but gather that information during the admission process and record below**

| 'MUST DO WITH ME' |
|---|
| **1 What matters to you?**<br>*Your personal goals and the things that are important to you have been discussed and form the basis of your care or treatment.* |
| **2 Who matters to you?**<br>*We have asked you about the people that matter most in your life and we have given you the opportunity to involve them in the way that you choose* |
| **3 What information do you need?**<br>*We have provided you with understandable full information and supported you to make decisions that take account of your personal goals and the things that are important to you.* |
| **4 Nothing about me without me.**<br>*You will always be given the opportunity to be involved in discussions. All information exchanges and communication between professionals or between different services or supports are transparent and always provide you with the opportunity either to be present or to contribute to the process.* |
| **5 Personalised contact** |

# Multi – Disciplinary Discharge Plan

Aim: To ensure a safe and timely discharge planned in partnership with the local authorities, third sector patient/carer and staff to ensure a safe return to community.

Discharge planning should be commenced on day of admission. Consider early referral to social work.

**PATIENTS SHOULD BE CONSIDERED FOR CRITERIA LED DISCHRAGE IF USED APPLY STICKER TO MDT DISCHARGE SUMMARY**

**Estimated date of discharge**..... **Actual date of discharge**.....

| Date | Is the discharge location different from the admission location /Home/ family /care home/ nursing home/ community | Yes | No | Initials |
|---|---|---|---|---|
| | EDD set and patient and family/carers aware | | | |
| | Does the patient require a discharge planning meeting?<br>If yes record date and outcome overleaf. | | | |
| | Does the patient require homecare?<br>If yes, please record date and time below. | | | |
| | Homecare confirmed to start on:.....(date) at..... (time) | | | |
| | House keys available? ..... Key safe number | | | |
| | Own transport arrangements | | | |
| | Hospital booked transport Ambulance am pm Ref No:<br><br>Mode: Carry chair required ☐ chair 2 man ☐<br>Stair climber ☐ Stretcher ☐<br>Any access issues..... | | | |
| | **Referral through PMS**<br>Package requested: New homecare ☐ Restart existing package ☐ Increase package ☐ Handlers single ☐ double ☐<br>Rehab –<br>1. General Rehab – complete referral to appropriate service via track care<br>2. Stroke rehab – complete referral to appropriate service via track care<br>3. Neuro rehab – complete form on Athena | | | |
| | IDL complete | | | |

| | **Equipment** | **Date for delivery** | **Delivery confirmed** |
|---|---|---|---|
| | | | |

| **Day of Discharge checklist** | Yes | No | NA | Initials |
|---|---|---|---|---|
| Cannula removed | | | | |
| Discharge Drugs Available<br>Alert: If patient is diabetic, complete the diabetes discharge checklist | | | | |
| Patients own meds returned | | | | |
| Discharge prescription given & explained to patient & family<br>If no, please add to discharge summary | | | | |
| If DNACPR keep copy in patients notes and send original home.<br>Give to ambulance crew if applicable | | | | |
| If patient has an ACP send it home with patient. | | | | |
| Inform family/NOK when patient leaves the ward (including transfer to discharge lounge) | | | | |
| Oral supplements/enteral feeding equipment? | | | | |

## Multi – Disciplinary Discharge Plan (Continued)

| Referrals for support when patient goes home | | | |
|---|---|---|---|
| | Date of referral | Initials | Comments |
| Intermediate Care Team | | | |
| Dietician | | | |
| SLT | | | |
| Physio | | | |
| OT | | | |
| Community Nurse | | | |
| Podiatry | | | |
| Other | | | |

**Please share discharge plan on transfer**

Signature of transferring nurse.....

Signature of receiving nurse.....

Date.....

**Please use the following section to record all further discharge planning information.**

| Date | Time | All Care and communication relating to Discharge | Initials |
|---|---|---|---|
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## Infection Prevention and Control Clinical Risk Assessment (CRA): Multi-Drug Resistant Organism (MDRO Admission Screening)

Hospital + Ward/Dept: JAH ST4
Admission date: 21/11/24 Time: 1830

### CPE Clinical Risk Assessment (on admission)

Date of Screen: 21/11/24 Time: 1830 Print Name: AGIRVAN (Staff Member)

| | | (Y/N) |
|---|---|---|
| 1. | **Patient has history of CPE colonisation or infection at any time in the past** (confirm by checking PMS for ALERTS and confirm by asking the patient if there is no record on system) | N |
| 2. | **In the past 12 months** (this will most often require asking the patient):<br>• **Patient has been an inpatient outside Scotland**<br>• **Patient has received holiday dialysis outside Scotland**<br>• **Patient has been close contact of someone with CPE** | N<br>N<br>N |

If **YES**, patient should be managed as a CPE positive case - **must** be placed in a single room, and the case discussed with IPCT

If **YES** to any, patient is at increased risk of CPE colonisation - **must** be placed in a single room and the case discussed with IPCT

- Discussed with patient and provided information leaflet ☐
- 1. PATIENT PLACEMENT (Single Room)
- Date _____ Signature _____
- AND
- 2. SAMPLES FOR TESTING (refer to CPE policy)
- Rectal swab (or stool sample) ☐
- *AND*
- Wound swab, if present ☐
- *AND*
- Invasive device site swab, if present (exc urinary catheter site) ☐
- *AND*
- CSU if catheterised ☐
- Date _____ Signature _____

### MRSA Clinical Risk Assessment

Date of Screen:_____ Time:_____ Signature:_____

| | | (Y/N) |
|---|---|---|
| 1. | **Patient has history of MRSA colonisation or infection at any time in the past** (confirm by checking PMS for ALERTS and confirm by asking the patient if there is no record on the system) | N |
| 2. | **Patient admitted from somewhere other than home e.g. another hospital, care home** (confirm by checking admission documentation / PMS) | N |
| 3. | **Patient has wound / ulcer or invasive device present before admission** (may require physical inspection) | N |

If **YES**, to any, patient is at increased risk of MRSA colonisation

If **NO** to all **AND** patient is in high impact speciality*

- Discussed with patient and provided them with leaflet ☐
- 1. PATIENT PLACEMENT (refer to MRSA Policy)
- Single Room ☐
- If placement not possible as per policy, undertake risk assessment and document reasons below:
- _____
- _____
- 2. SAMPLES FOR TESTING
- Nasal + perineal ☐
- *AND*
- Wound/skin break swab, if Present ☐
- *AND*
- Invasive device site swab, if present (exc urinary catheter site) ☐
- *AND*
- CSU if catheterised ☐
- Date_____ Signature_____

**High impact specialties refers to:*
*Intensive care, Orthopaedics, Renal Medicine, Vascular Surgery*
***Note: If the patient is transferred to UHC or UHA from any NHS A&A Hospital, an additional CRA must be carried out. Additional forms can be obtained from the IPC AthenA site.***

January 2019 Version 0.12

If further advice is required contact the Infection Prevention & Control Team (ext 25765) or the on call Consultant Microbiologist (via switchboard)

## Nutritional Screening Malnutrition Universal Screening Tool (MUST)

Food Fluid and Nutrition

**Step 1** Measure height and weight to get a BMI score
**Step 2** Note percentage unplanned weight loss and score
**Step 3** Establish acute disease effect and score
**Step 4** Add scored from steps 1, 2 and 3 together to obtain overall risk of malnutrition
**Step 5** Commence the care plan appropriate to the risk category

Screening Results

**Please indicate if measurements are Measured (M), Reported (R) or Estimated (E)**
**Please Refer to BMI graph on ward**

| | | | | | |
|---|---|---|---|---|---|
| **Date** | | | | | |
| **Time** | | | | | |
| **Ward** | | | | | |
| **Height in metres (M)or(R)or(E)** | m ( ) | m ( ) | | | |
| **Current weight in Kg (M)or(R)or(E)** | Kg ( ) | Kg ( ) | Kg ( ) | Kg ( ) | Kg ( ) |
| **BMI** | | | | | |
| **Is patient within obese category?** | | | | | |
| **Usual weight (Kg)** | Kg ( ) | | | | |
| **Signature** | | | | | |
| **MUST** | | | | | |
| **Step 1: BMI Score**<br>>20 ( >30 = Obese) 0<br>18.5 - 20 1<br>< 18.5 2 | | | | | |
| **Step 2: Weight Loss Score**<br>Unplanned weight loss in past 3-6 months.<br><5% 0<br>5 - 10% 1<br>>10% 2 | | | | | |
| **Step 3: Acute Disease Effect Score**<br>If patient is acutely ill **and** there has been or is likely to be no nutritional intake for>5 days<br>Score 2 .....<br>Not applicable Score 0..... | | | | | |
| **Step 4: Overall Risk of Malnutrition**<br>Total: | | | | | |
| **Step 5:** | | 1 = Medium Risk | | | |

**N.B. When completing step 2, always compare the most recent weight with the usual weight and not the previous week's weight.**

**PLEASE RECORD REASON FOR WEIGHTS NOT BEING RECORDED**

| Date | Reason | Initials |
|---|---|---|
| | | |
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## Malnutrition Universal Screening Tool

### ('MUST') Multidisciplinary Care Plan (FFN)

| **Patient Problem** | |
|---|---|
| Nutritional screening has identified the patient as being | Low ☐ **Medium** ☐ High ☐ risk of malnutrition |
| Patient identified as having other nutritional problems | e.g. obesity, chewing certain foods (please specify) |
| **Goal**<br>To meet patients nutritional and fluid requirements | |

| Date | Time | Initial | Planned Nursing Interventions/Support | End Date | Initial |
|---|---|---|---|---|---|
| | | | [redacted] | | |
| | | | Assistance required (specify) e.g. helping, prompting, cutting up food, opening packets:- | | |
| | | | Individual / therapeutic dietary requirements (specify) e.g. likes/dislikes religious/ethical/cultural:- | | |
| | | | Modified eating equipment (specify) e.g. cutlery. | | |
| | | | Assist patient to select appropriate meals from menu card. | | |
| | | | Ensure fresh drinking water is offered regularly and available at all times, where clinically appropriate. | | |
| | | | Consider patients positioning and support oral hygiene, if required. | | |
| | | | Ensure patients nutritional needs recorded on nutrition board. | | |
| | | | Monitoring and review care plan **repeat screening weekly** (Monthly continuing care). | | |
| | | | This care plan has been discussed and agreed with the patient as appropriate. | | |
| | | | [redacted] | | |
| | | | Commence food chart for a minimum of 3 days. Only discontinue if/when dietary intake is adequate. | | |
| | | | If intake is insufficient, offer patient milk to drink with / and between meals and suitable additional snacks. | | |
| | | | Record accurate fluid intake / output on fluid balance chart until established that oral intake is adequate. If intake per 24 hours is inadequate consider IV/SC fluids. | | |
| | | | Provide "Food First" nutrition information leaflet to patient/carer/relative | | |
| | | | **RED TRAY** Yes ☐ No ☐ **RED JUG** Yes ☐ No ☐ | | |
| | | | [redacted] | | |
| | | | Refer to Dietitian, ensuring the MUST score is included. | | |
| | | | Discontinue food chart only when advised by Dietitian. | | |
| | | | Administer and monitor enteral feed via NG/PEG route as per local guidelines. | | |

**Please record any Therapeutic/Special Diet/Fluids/Oral supplements**

| Diet / supplement | Date commenced | Comments | Date discontinued |
|---|---|---|---|
| | | | |
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**If on oral nutritional supplements, please commence on supplement monitoring chart. Ensure dietary needs are reflected on the patient's bed board and ward nutritional information board.**

Care Plan

| Date | Time | Init's | Planned Nursing Interventions/Support | End Date | Init's |
|---|---|---|---|---|---|
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| | | | This care plan has been discussed and agreed with the patient as appropriate. | | |

# Daily Preliminary Pressure Ulcer Risk Assessment (PPURA)

(unless full waterlow required)

## Points to consider

- Use within 6 hours of admission to care area
- People who are overweight may not be well nourished
- Please sign after each check

| | | |
|---|---|---|
| **Date** 21/11/24 | **Time** 1830 | |
| **Mobility** | | |
| Patient is fully mobile without equipment/assistance | Yes ☑ No ☐ | |
| **Continence** | | |
| Patient is fully continent | Yes ☐ No ☑ | **If *No*, to any questions undertake Waterlow Assessment and apply SSKIN bundle as indicated.** |
| **Nutrition** | | |
| Patient appears to be well nourished and able to eat and drink | Yes ☐ No ☑ | |
| **Skin** | | **If all answers Yes, complete a daily PPURA below.** |
| Skin is healthy and intact<br>**Assess condition of skin, any wounds/lesions/stomas** | Yes ☑ No ☐ | |
| | | |

## Use daily if the person is identified to be "not at risk"

| | |
|---|---|
| **Mobility** | Person is fully mobile without equipment/assistance |
| **Continence** | Person is fully continent |
| **Nutrition** | Person appears well nourished and able to eat and drink |
| **Skin** | Persons pressure areas are healthy, with no signs of redness, discolouration, including bruising or ulceration |

Record your answer in the grid below **Y** – Yes or **N** – No
If the answer is **Yes** to all statements use this chart daily
If the answer is **No** to any questions undertake Waterlow Assessment and apply SSKIN bundle as indicated.

| Date | Time | Mobility | Continence | Nutrition | Skin Inspected | Is a full pressure ulcer risk assessment required? | Signature |
|---|---|---|---|---|---|---|---|
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# Adapted Waterlow Pressure Area – Risk Assessment

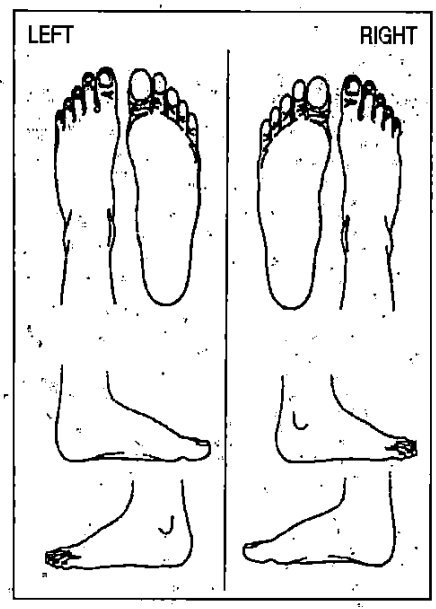
**More than one score can be used in each section. Complete assessment according to PPURA or if there is a change in individuals condition. Reassess score as per protocol.**

| <10 Low Risk - Reassess weekly<br>15+ High Risk - Reassesson alternate days | | 10+ At Risk - Reassess twice weekly<br>20+ Very High Risk - Assess daily | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date | | | | | | | | | | |
| | Time | | | | | | | | | | |
| ***Sex*** | | | | | | | | | | | |
| Male 1 Female 2 | | | | | | | | | | | |
| ***Age*** | | | | | | | | | | | |
| 14 - 49 | 1 | | | | | | | | | | |
| 50 - 64 | 2 | | | | | | | | | | |
| 65 - 74 | 3 | | | | | | | | | | |
| 75 - 80 | 4 | | | | | | | | | | |
| 81+ | 5 | | | | | | | | | | |
| ***Build/Weight for Height (BMI=weight in Kg/height in m²)*** | | | | | | | | | | | |
| Average - BMI 20-24.9 | 0 | | | | | | | | | | |
| Above average - BMI 25-29.9 | 1 | | | | | | | | | | |
| Obese - BMI > 30 | 2 | | | | | | | | | | |
| Below average - BMI < 20 | 3 | | | | | | | | | | |
| ***Continence*** | | | | | | | | | | | |
| Complete/catheterised | 0 | | | | | | | | | | |
| Urinary Incontinence | 1 | | | | | | | | | | |
| Faecal incontinence | 2 | | | | | | | | | | |
| Urinary and faecaly incontinent | 3 | | | | | | | | | | |
| ***Skin Type - Visual Risks Area*** | | | | | | | | | | | |
| Healthy | 0 | | | | | | | | | | |
| Tissue paper (thin/fragile) | 1 | | | | | | | | | | |
| Dry (appears flaky) | 1 | | | | | | | | | | |
| Oedamatous (puffy) | 1 | | | | | | | | | | |
| Clammy (moist to touch) pyrexia | 1 | | | | | | | | | | |
| Discoloured/Bruising/Grade 1 | 2 | | | | | | | | | | |
| Broken (established ulcer) Grade 2 - 4 | 3 | | | | | | | | | | |
| ***Mobility*** | | | | | | | | | | | |
| Fully mobile | 0 | | | | | | | | | | |
| Restless/fidgety | 1 | | | | | | | | | | |
| Apathetic (sedated/depressed/reluctant to move) | 2 | | | | | | | | | | |
| Restricted (restricted by severe pain or disease) | 3 | | | | | | | | | | |
| Bedbound (unconscious/unable to change position/traction) | 4 | | | | | | | | | | |
| Chair bound (unable to leave chair without assistance) | 5 | | | | | | | | | | |
| ***Nutritional Element*** | | | | | | | | | | | |
| Unplanned weight loss in past 3-6 months | | | | | | | | | | | |
| < 5% Score **0**, 5-10% Score **1**, >10% Score **2** | 0-2 | | | | | | | | | | |
| BMI >20 Score **0**, BMI 18.5-20 Score **1**, BMI < 18.5 score2 | 0-2 | | | | | | | | | | |
| Patient/ client acutely ill or no nutritional intake > 5 days | 2 | | | | | | | | | | |
| ***Special Risks - Tissue Malnutrition*** | | | | | | | | | | | |
| Multiple organ failure/terminal cachexia | 8 | | | | | | | | | | |
| Single organ failure e.g. cardiac, renal, respiratory | 5 | | | | | | | | | | |
| Peripheral vascular disease | 5 | | | | | | | | | | |
| Anaemia = Hb < 8 | 2 | | | | | | | | | | |
| Smoking | 1 | | | | | | | | | | |
| ***Special Risks - Neurological Deficit*** | | | | | | | | | | | |
| Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6* | 4-6 | | | | | | | | | | |
| ***Special Risks - Surgery/Trauma*** | | | | | | | | | | | |
| On table > 2 hours (up to 48 hours post op) | 5 | | | | | | | | | | |
| On table for up to 6 hours (up to 48 hours post op) provided 5 the rate of recovery is normal) | | | | | | | | | | | |
| Orthopedic/below waist/spinal | 8 | | | | | | | | | | |
| ***Special Risks – Medication*** | | | | | | | | | | | |
| Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4* | | | | | | | | | | | |
| | **Total** | | | | | | | | | | |
| | **Initials** | | | | | | | | | | |

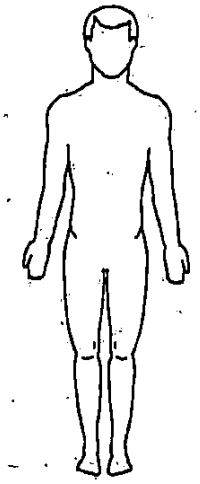
# Pressure Ulcer Record

**Indicate by circling, numbering and dating all pressure damage on diagrams, then complete box below.**

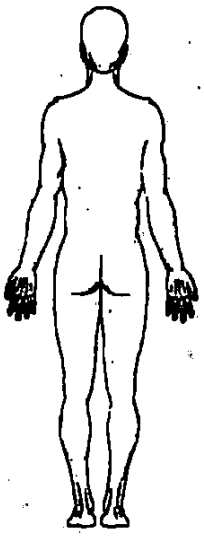
Initiate SSKIN care plan/wound assessment chart




Anterior view



Posterior view



| Date | Number of Ulcer | Location of Ulcer | Grade of Ulcer | Datix – Insert reference (grade 2-4 and suspected deep tissue injury | Logged on Safety Cross (Grade 1-4) | Signature | Print Name |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**Scottish Adapted European Pressure Ulcer Advisory Panel (EDUAP)-Pressure Ulcer Grading Tool 2014**

**GRADE 1** Intact skin with non blanchable redness, usually over a bony prominence. Darker skin tones may not have visible blanching but the colour may differ from the surrounding skin. The area may be painful, firmer, softer, warmer or cooler than the surrounding tissue.

**GRADE 2** Loss of epidermis/dermis presenting as a shallow open ulcer with red/pink wound bed without slough or bruising. May also present as a blister.

**GRADE 3** Subcutaneous fat may be visible but bone tendon or muscle is not visible or palpable. Slough may be present but does not obscure the depth of tissue loss. Often includes undermining or tunnelling

**GRADE 4** Extensive destruction with exposed or palpable bone, tendon or muscle. Slough may be present but does not obscure the depth of tissue loss. Often includes undermining or tunneling

**DEEP TISSUE INJURY** – Epidermis is intact but the area appears purple or maroon or is a blood filled blister over a dark wound bed. Over time the skin will degrade and develop into deeper tissue loss.

**UNGRADABLE** - Full thickness skin loss where the depth of the ulcer is completely obscured by slough/necrosis. Until enough slough or necrotic tissue is removed to expose the base of the wound the true depth cannot be determined. It may be a grade 3 or 4 once debrided

**All acquired pressure ulcers graded 2 - 4 and suspected deep tissue damage, must be reported via Datix. Refer to podiatry for at risk feet and foot wounds using "CPR for Feet" Criteria.**

**NHS Ayrshire & Arran**

**Pressure Prevention Care Plan (PA)**

| Patient Problem/Need |
|---|
| Patient is **at risk** of developing a pressure ulcer |
| Patient has a pressure ulcer/s grade ..... |
| **Goal** |
| Patient's skin will remain intact |
| To promote healing of ulcer and prevent infection |

| Date | Time | Initial | Planned Nursing Interventions | Discontinued Date / Time | Initial |
|---|---|---|---|---|---|
| | | | Calculate and record the Waterlow score on admission and recalculate as the patient's condition changes and on a regular basis. | | |
| | | | **Check** feet, **protect** at risk (known PVD, neuropathy/ulcer present) & **refer** to podiatry all patients with foot ulcer. | | |
| | | | Ensure regular repositioning is carried out and documented on SSKIN bundle. | | |
| | | | Ensure patient has appropriate equipment in place according to their needs (consider mattress/cushion/heel protectors). | | |
| | | | The patient should not sit out of bed for longer than 2 hours without being repositioned (for acutely ill patients return to bed for a minimum of 1 hour). | | |
| | | | Use sliding sheets to prevent shear and friction during movement in bed ensure this is documented on SSKIN bundle (Sliding sheets should not be left under the patient). | | |
| | | | When the patient is incontinent use a pH balanced cleanser to clean and barrier products to protect as per: Scottish Excoriation & Moisture Related Skin Damage Tool. | | |
| | | | Encourage a healthy, well balanced diet and adequate fluid intake. Refer to dietician if necessary. | | |
| | | | Refer to Tissue Viability any complex wounds or if admitted with grade 3 or above pressure ulcers. | | |
| | | | **If the patient has a grade 2 or above pressure ulcer a wound assessment chart is required** | | |
| | | | This care plan has been discussed and agreed with the patient as appropriate. Record evaluations in notes. | | |

| CPR for Feet | |
|---|---|
| **Check** | Check both feet:<br>* Are there any breaks in the skin/areas of discolouration?<br>* Are there any ulcers present?<br>* Is neuropathy present?<br>* Is action required? |
| **Protect** | Protect feet if:<br>* Pressure damage/ulcer present<br>or at risk due to:<br>* Neuropathy<br>* Previous ulcer/pressure damage or amputation<br>* Bed bound or fragile skin |
| **Refer** | Refer all patients with a foot ulcer / pressure damage or other major concern to the Podiatry Department or Tissue Viability Services for treatment and reassessment of pressure relief requirements.<br>Tel ..... Referal Date:..... Signature of Referrer..... |

## Falls for All Bundle

| Falls for All Bundle - 5 Questions | Ward | Ward | Ward | Ward | Ward | Ward |
|---|---|---|---|---|---|---|
| | ST4 | | | | | |
| Date | 21/11/24 | | | | | |
| Time | 1840 | | | | | |
| a. Has the patient fallen in the last 6 months – including during this admission? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| b. Does that patient have cognitive impairment or possible delirium? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| c. Does that patient attempt to walk alone although unsteady or unsafe? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| d. Does the patient or their relative/s have fear or anxiety, Re falling? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| e. Based on your clinical judgment, is this patient at high risk of falling? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| **Staff initial** | AG | | | | | |

- **If yes to any of the above, the patient is deemed as a vulnerable patient and should be commenced on the falls bundle within the care and comfort rounding chart.**
- **A slips trip and falls care plan should be completed and individualised as appropriate.**
- **Evaluate using (F) within nursing notes**

| Falls for All Bundle - 5 Questions | Ward | Ward | Ward | Ward | Ward | Ward |
|---|---|---|---|---|---|---|
| Date | | | | | | |
| Time | | | | | | |
| a. Has the patient fallen in the last 6 months – including during this admission? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| b. Does that patient have cognitive impairment or possible delirium? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| c. Does that patient attempt to walk alone although unsteady or unsafe? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| d. Does the patient or their relative/s have fear or anxiety, Re falling? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| e. Based on your clinical judgment, is this patient at high risk of falling? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| **Staff initial** | | | | | | |

- **If yes to any of the above, the patient is deemed as a vulnerable patient and should be commenced on the falls bundle within the care and comfort rounding chart.**
- **A slips trip and falls care plan should be completed and individualised as appropriate.**
- **Evaluate using (F) within nursing notes**

## Slips, Trips and Falls – Care Plan (F)

(to be used in conjunction with Falls for All bundle)

| Patient Problem/Need |
|---|
| Patient is considered to be at risk of falling |
| |
| |
| Goal |
| To promote and maintain patient safety and reduce the risk of falls |
| |
| |

| Date | Time | Initial | Planned Nursing Interventions | Discontinued Date/Time | Initial |
|---|---|---|---|---|---|
| | | | Orientate patient and family/carers to ward environment on admission and each shift. | | |
| | | | Ensure buzzer within reach. | | |
| | | | Explain importance about calling for help when needed. | | |
| | | | Ensure that bedside table and key belongings are within easy reach. | | |
| | | | Ensure patient wears appropriate clothing and footwear. | | |
| | | | Ensure that patient is wearing spectacles if appropriate. | | |
| | | | Discuss with family/carers how to assist with interventions. | | |
| | | | Ensure that patient/family receives an explanation of risk and the measures in place to minimise this risk and document outcome. | | |
| | | | Ensure that standard bed frame is used and left in a low position with brakes on. | | |
| | | | Select a chair that is the appropriate height and design for the patient (seek guidance from Physio and OT). | | |
| | | | When in use ensure that chair/commode brakes are secure. | | |
| | | | Ensure that area is illuminated appropriately at night time. | | |
| | | | Liaise with medical team re: medication review. | | |
| | | | Consider referral to Physiotherapy, Occupational Therapy, Social Work. | | |
| | | | Monitor lying and standing blood pressure. | | |
| | | | Supervise patient when transferring as per moving and handling risk assessment. | | |
| | | | Supervise patient when mobilising as per moving and handling risk assessment. | | |

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|---|---|---|---|---|---|
| | | | Offer toileting facilities as appropriate. | | |
| | | | Ensure that patient is cared for in an area proximal to toilet facilities, if possible. | | |
| | | | Encourage family, if present, to sit with patient (as appropriate). | | |
| | | | Encourage family/carers to report to nursing station when ending their visit. | | |
| | | | Consider appropriate equipment in liaison with Physio and / or OT. | | |
| | | | Ensure yellow sticker is inserted into patient's notes after each fall. | | |
| | | | Patients who may be confused or have had repeated falls where possible should be cared for in an area within the ward that is within easy view of nursing staff. | | |
| | | | Consider a higher level of supervision of the patient. | | |
| | | | Consider the use of a low level variable height bed. | | |
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| | | | Above care plan has been discussed and agreed with the patient and / or family / carer | | |

## NHS Ayrshire and Arran

Bedrails Risk Assessment

Date of Admission .....

- Each statement must be answered - Circle answer
- Complete Risk Assessment in conjunction with Bedrails Algorithm.
- Refer to Guideline – G115 -Safe use of Bed Rails – Adult in-patient settings Guideline
- As accountable RN ensure you have undertaken a visual check of the bedrail prior to use and are satisfied that there are no obvious faults.

**Re Assessment Occurs**

- Weekly
- When the patient's condition changes (i.e. patient falls / post surgery / change in medication / cognitive state changes)

**Ensure clear identification of a change in use of bedrails within documentation and at bed space if consent obtained from patient**

| Risk Factors | Ward: SAT<br>Date: 21/12<br>Time: 12:45 | Ward:<br>Date:<br>Time: | Ward:<br>Date:<br>Time: | Ward:<br>Date:<br>Time: |
|---|---|---|---|---|
| 1. Is the patient at risk of **falling** from bed? | Yes / No | Yes / No | Yes / No | Yes / No |
| 2. Is the patient at risk of **intentionally** | Yes / No | Yes / No | Yes / No | Yes / No |
| 3. Is the patient at risk of **unintentionally** | Yes / No | Yes / No | Yes / No | Yes / No |
| 4. Does the patient **understand** the purpose of the bedrails? Consider communication difficulties and physical / Cognitive condition. | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA |
| 5. Does the patient **consent** to the use of bedrails? | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA |
| Has the Bedrails Algorithm been followed? | Yes / No | Yes / No | Yes / No | Yes / No |
| According to the Bedrails Algorithm are bedrails required / appropriate? | Yes / No | Yes / No | Yes / No | Yes / No |
| Bumpers required? | Yes / No | Yes / No | Yes / No | Yes / No |
| Initials | AG | | | |

**If Yes, commence a Safe Use of Bedrails Care Plan. If No, state reason why bedrails are not required**

## Safe Use of Bed Rails – Care Plan (BR)

| Patient Problem/Need |
|---|
| The patient is at risk of falling out of bed due to (e.g. cognitive or physical condition) |
| |
| |
| Goal |
| To promote and maintain patient safety and reduce the risk of falling out of bed |
| |
| |

| Date | Time | Initial | Planned Nursing Interventions | Discontinued Date/Time | Initial |
|---|---|---|---|---|---|
| | | | Ensure assessment is made on admission, when patient's condition changes, and weekly as a minimum. | | |
| | | | Ensure rationale for decision made re; the use of bedrails is clearly documented. | | |
| | | | Consider psychological effects of bedrail usage on patient and where appropriate ensure the patient's consent to their use. | | |
| | | | Ensure risk of entrapment is minimised by careful positioning of patient prior to operating bedrails. | | |
| | | | If detachable bedrails used, ensure the gap between the top end bedrail and head of bed is less than 6cm or more than 25cm. | | |
| | | | If detachable bedrails used, ensure the gap between the bottom end of bedrail and foot of bed is more than 25cm. | | |
| | | | Continually monitor risk of patient climbing over the top of bedrails and assess the use of bedrails as necessary. | | |
| | | | Discuss with the patient, the need to share information with other nurses and health care workers re; the use of bedrails, and document within the nursing documentation whether the patient consents to display information at the bed space. | | |
| | | | Provide Falls/Use of Bedrails information leaflet to patient. Where the patient is incapacitated, ensure that relative/carer is given a leaflet and information about the assessment for bedrails is provided. | | |
| | | | Ensure all actions, including discussions with relative/ carers are documented. | | |
| | | | Refer to the Safe Use of Bedrails in Adult In-Patient Settings Guideline for further guidance on the management of bedrails. | | |
| | | | Re-assess the need for bedrail use at least weekly or as the patient's condition indicates and document on the risk assessment chart. | | |
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| | | | This care plan has been discussed and agreed with the patient as appropriate. | | |

# Moving and Handling

## Patient Risk Assessment

**All Patients:**

- Independently A hoist **must** be used if assistance is required from the floor
- Sliding aids **must** be used bed to trolley/bed unless the patient transfers
- A hoist **must** be used for bathing unless independently mobile
- **Hoists are for lifting patients and must not be used for transport between rooms**

| **Special Alerts:** **Date:** | | | | | | |
|---|---|---|---|---|---|---|
| Overweight / Obese (BMI definition) | | | | | | |
| Very tall (>185cm in height) | | | | | | |
| Restricted use of limbs | | | | | | |
| Poor standing ability | | | | | | |
| Sedation or lethargy | | | | | | |
| Irrational behaviour / confusion | | | | | | |
| Unable to co-operate | | | | | | |
| Acute pain | | | | | | |

**Assessment of Risk:**

**Low Risk:** Independently mobile / supervision only required. Aids required should be specified in care plan

**Moderate Risk:** Requires physical assistance from one or more handlers. Is able to stand or partially bear weight and has no more than one special alert.

**High Risk:** (a) Is unable to bear weight and requires assistance.
(b) 2 or more special alerts present and requires assistance.

**Aids, equipment and a minimum of 2 handlers recommended to move a patient.**

| Date: | 21/11/24 | | | | | |
|---|---|---|---|---|---|---|
| LOW RISK | ✓ | | | | | |
| MODERATE RISK | | | | | | |
| HIGH RISK | | | | | | |
| Assessor's Initials | AG | | | | | |

**If a hoist or standing aid is required please specify:**

| **Sling type:** | | **Size:** | | **Manufacturer:** | |
|---|---|---|---|---|---|

**Additional Comments:**

## Moving and Handling Care Plan (MH)

| Date: | 21/11/12 | | | | | |
|---|---|---|---|---|---|---|
| **1. Moving in bed:**<br>a) Independent<br>b) Handlers and sliding sheets required to move in bed - specify number of handlers in grid<br>c) Specify any additional equipment required in grid | a) ✓<br>b)<br>c) | | | | | |
| **2. Sitting to Standing:**<br>a) Independent<br>b) Requires assistance from sit/stand to sit? Specify number of handlers in grid<br>c) Also requires aids. Specify equipment in grid | a) ✓<br>b)<br>c) | | | | | |
| **4. Transfers: (chair / wheelchair / commode / toilet / bed)**<br>a) Independent or with minimal supervision<br>b) Assistance required from handlers specify number of handlers in grid.<br>c) Equipment required - specify equipment in grid | a) ✓<br>b)<br>c) | | | | | |
| **4. Adjusting Clothing**<br>a) Independent or minimal supervision<br>b) Can use support/grab rails while assistance is given with clothing<br>c) Requires support from Handler(s) while another assists with clothing<br>d) Requires equipment, specify equipment in grid | a) ✓<br>b)<br>c)<br>d) ✓ | | | | | |
| **5. Repositioning in chair / wheelchair:**<br>a) Independent or minimal supervision<br>b) Assistance from handler(s), specify number in grid<br>c) Specify other aids or equipment required in grid | a) ✓<br>b)<br>c) | | | | | |
| **6. Mobilising:** | Documented in Mobility Care Plan | | | | | |
| **Assessors initials** | AC | | | | | |

If it is decided to stand, transfer or mobilise a patient requiring assistance of more than 2 handlers, without equipment, a detailed assessment outlining the decision making process must be documented in the mobility care plan.

# Mobilising – Care Plan (M)

| Patient Problem/Need |
|---|
| Patient has restricted mobility/mobility is deteriorating due to..... |
| |
| **Goal** |
| To optimise ability to mobilise safely and maintain independence as much as possible |
| |
| |

| Date | Time | Initial | Planned Nursing Interventions | Discontinued Date/Time | Initial |
|---|---|---|---|---|---|
| | | | Refer to moving and handling risk assessment tool and plan care accordingly. | | |
| | | | Mobilise/transfer with assistance of one/two handlers. | | |
| | | | Mobilise/transfer with supervision. | | |
| | | | Mobilising with appropriate handling equipment and/or aids, please state:- | | |
| | | | • Walking stick one/two | | |
| | | | • Tripod/quad | | |
| | | | • Zimmer frame/rolator | | |
| | | | • Wheel chair | | |
| | | | • Hoist aid (specify equipment used) ..... | | |
| | | | • Other (please specify) ..... | | |
| | | | Refer to physiotherapist and action specialist requirements. | | |
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| | | | This care plan has been discussed and agreed with the patient and/or carer/relative as appropriate. | | |

## Care Plans and Monitoring Charts Codes for Evaluations

| Code | Care Plan / Chart / Ref | Code | Care Plan / Chart / Communication |
|---|---|---|---|
| **A** | Admitted as emergency | | |
| **AHP** | Allied health professional (Please specify) | | |
| **B** | Breathing | | |
| **BR** | Bed Rails | | |
| **BT** | Blood Transfusion | | |
| **CP** | Communication (With patients) | | |
| **CF** | Communication (With family) | | |
| **CC** | CAUTI | | |
| **CI** | Cognitive Impairment | | |
| **COI** | Control of Infection | | |
| **D** | Cleansing and Dressing | | |
| **E** | Elimination | | |
| **EM** | Emotional wellbeing / anxiety | | |
| **F** | Falls | | |
| **FFN** | Food Fluid Nutrition / MUST | | |
| **I** | Investigations | | |
| **M** | Mobilising | | |
| **MDT** | MDT Communication | | |
| **MH** | Moving and Handling | | |
| **N** | NEWS | | |
| **O** | Oral Hygiene | | |
| **P** | Pain Management | | |
| **PA** | Pressure Area Care | | |
| **Pre Op** | Pre operative | | |
| **Post Op** | Post Operative | | |
| **PVC** | PVC Chart | | |
| **T** | TIME Bundle for delirium | | |
| **V** | Violence and Aggression / Challenging Behaviour | | |
| **W** | Wound Management | | |
| **WR** | Ward Round | | |

| Date & Time | Initial Medical/ANP presentation and management plan | Initials |
|---|---|---|
| 21/11/24 1930 | Patient admitted Station 4, presented to ED with (L) sided ABDO Pain | AG |
| | - CT KUB 3x3 mm (L) Renal calculi + 5mm distal (L) Ureteric calculi - NON OBSTRUCTING | |
| | MSSU @ Sent. | |
| | FEMN | |
| | FOR TLH AM, Consented @ NEWS as charted, Settled @ This time, DTF Offered and accepted. | AG |

Ward .....

| Date & Time | Care Plan Code | Record of all care. Including Ward round / MDT and Relative communication | Initials |
|---|---|---|---|
| 22.11.24 | | Given PR voltarol for pain relief | |
| | | with effect | |
| | | Fasting for Theatre. | |
| | | ATTENDED THEATRE FOR R (L) STENT INSERTION, | |
| | | RIGID URETEROSCOPY AND LASER STONE FRAGMENTATION | |
| | | POST. OP OBS AS PER GUIDELINES. WILL RETURN MONDAY | |
| | | 25th NOV FOR STENT REMOVAL. IDL COMPLETED | |
| | | DIETARY INTAKE GOOD - FLUIDS ENCOURAGED | |
| | | NO COMPLAINTS OF PAIN. ——— | JD. |
| 21⁰⁰ | | NEWS 0 | |
| | | COMPLAINING OF STENT PAIN. ORAMORPH | |
| | | TAKEN. | |
| | | MOBILE TO THE TOILET. VOIDING URINE. | |
| | | HAS REQUESTED TO STAY OVERNIGHT. | |
| 23/11/24 | | UROLOGY SENIOR AWARE ——— | MS. |
| 0400 | | NEWS 0 | |
| | | MOBILE TO THE TOILET | |
| | | NO COMPLAINTS OF PAIN. | |
| | | SLEPT FOR SPELLS ——— | MS |
| 23/11/24. | LOL. | REVIEWED ON LOCAL GOODS — CAN GO HOME | |
| | | TO RETURN ON MONDAY TO THE LOUNGE @ 14.00 | |
| | | FOR REMOVAL OF STENT AS PER MEDICAL | |
| | | INSTRUCTION. ——— | JD |
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NHS
Ayrshire
& Arran

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

# PATIENT PROFILE

Please complete below when patient is admitted or transferred to your clinical area

| | Admission | | Transfer 1 | | Transfer 2 | | Transfer 3 | |
|---|---|---|---|---|---|---|---|---|
| Hospital | Ayr | | Ayr. | | | | | |
| Ward | CAU - RA | | ST4. | | | | | |
| Consultant | Mo Belarma | | Ms Bekong | | | | | |
| Date / Time | 18/11/19 | 1330 | 18/11/19 | (1655) | | | | |
| Relative Informed | (Yes) | No | (Yes) | No | Yes | No | Yes | No |
| ID Band in situ | (Yes) | No | (Yes) | No | Yes | No | Yes | No |
| CRA Completed * | Yes | (No) | Yes | No | Yes | No | Yes | No |
| Completed By - Signature | [signature] | | [signature] | | | | | |

The Patient Profile can be used for patients with ongoing regular treatment i.e. for a course of therapy or weekly blood transfusion, however if there is a gap of more than 6 weeks since last attendance update lifestyle assessment (P5)

*If the patient is readmitted or transferred between hospitals an additional MRSA/CRA (P10 must be completed. Additional forms can be obtained from the infection control AthenA site.

This profile can also be used for readmission within 3 days. Please remember to review earlier risk assessments.

## Patient's Property – Where possible send belongings home with family

You are asked to keep belongings/valuables to a minimum whilst in hospital. You are responsible for property belonging to you not handed over for safe custody. This includes cash, spectacles, hearing aids, dentures and other personal items and valuables. Valuables should be sent home at first opportunity or given to the nurse if this is not possible.

Signature of Patient / Significant Other:..... Date.....

**Property handed over for Safe Keeping:** Yes ☐ No ☐

Date taken to Cashier: ..... Cash & Valuables Ref No:.....

**Property handed over for safe keeping**

PLACE VALUABLES STICKER HERE

Date Returned:

## Clinical Team Signatures

All staff completing this documentation MUST complete this section

| Name (Block Caps) | Profession | Ward/ Page No | Signature | Initials |
|---|---|---|---|---|
| Jo-anne Kelly | SN | CAU | Kelly | JK |
| Lindsey Wood | SW | 1 to 4 | Lindsey Wood | LW |
| | | | | |
| | | | | |
| | | | |

## Personal Details

| | |
|---|---|
| Prefers to be known as: John | Age: 54 |
| Receiving Consultant no becuma | Allocated Consultant |
| From where: emergency department | Accompanied by: nurse |
| Emergency ☑ Elective ☐ | Patient Contact Number: |
| Occupation | |

Have you or a member of your family ever served in the Armed Forces? Yes ☐ No ☐ - **For referrals to Defence Medical Welfare Service please contact** 07377 722638 or email smurphy@dmws.org.uk

Reason for Admission: Abdo & lower back pain

Patient and/or Carers Accounts: severe pain for past 2 days

| Next of Kin/First/Contact/Significant other | | Second contact/significant other | |
|---|---|---|---|
| Name: Sandra mcphee | | Name: | |
| Address: 37 paru view ardrossan | | Address: | |
| Relationship to patient: | wife | Relationship to patient: | |
| Contact No(s) Home: | | Contact No(s) Home: | |
| Mobile: | 07443567119 | Mobile: | |
| Aware of Admission | Yes ☑ No ☐ | Aware of Admission | Yes ☐ No ☐ |
| Contact Overnight | Yes ☑ No ☐ | Contact Overnight | Yes ☐ No ☐ |

Patient gives consent to share information with whom?

### Spiritual or religious needs

| | |
|---|---|
| Do you have any spiritual or religious needs whilst in hospital? (please state) Yes ☐ No ☑ | Specify needs or cultural practices that place limitations on the patients care (please state) |
| Do you wish your details to be passed to the hospital chaplaincy service? Yes ☐ No ☑ | |

### Home Circumstances on admission

| | | | |
|---|---|---|---|
| Do you live alone? | Yes ☐ No ☑ | **Living arrangements** | |
| With dependent partner? | Yes ☐ No ☑ | Type of house | |
| With independent partner/family? | Yes ☑ No ☐ | Sheltered Housing | Yes ☐ No ☐ |
| Do you have a carer? | Yes ☐ No ☑ | How many steps at entrance? | |
| Family ☐ Private ☐ Local Authority ☐ | | How many stairs inside? | |
| Does carer require additional support? (Consider referral to social work) | Yes ☐ No ☑ | Toilet | Upstairs ☐ Downstairs ☐ |
| | | Bedrooms | Upstairs ☐ Downstairs ☐ |
| | | Bannister | Yes ☐ No ☐ |

| Are you a carer? Yes ☐ No ☑ Please specify Children ☐ Elderly relative ☐ Other ☐ ..... .... | | | | | | | |
|---|---|---|---|---|---|---|---|
| Who is caring for them currently? | | | | | | | |
| Family | ☐ | Social Worker | ☐ | Neighbour | ☐ | Nursing Home | ☐ |
| Respite Centre | ☐ | Other ☐ | | | | | |

| Community Services in use: | | Frequency | Informed of Admission | Informed by/Comments |
|---|---|---|---|---|
| Home Care provided | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Community Alarm | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Day Hospital | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Community Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Community Mental Health Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Learning Disability Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | |
| Visited by Specialist Nurse | Yes ☐ No ☑ | | Yes ☐ No ☐ | Please specify |
| Does the patient have an ACP? | Yes ☐ No ☑ | Ensure it is visible in notes | | |

## Previous Medical History

| Details | Dates |
|---|---|
| | |
| | |
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## Medications

| Is the patient prescribed regular medications? | Yes ☐ No ☑ | Have they brought them in? | Yes ☐ No ☑ |
|---|---|---|---|
| Retained in the ward? | Yes ☐ No ☑ | Given to relatives? | Yes ☐ No ☑ |

Is patient on any high risk medications? Please tick the box below

| Epilepsy | Asthma | Insulin | Anticoagulation | Controlled drugs | Any others note below |
|---|---|---|---|---|---|
| | | | | | |

**Pre-Admission Status** Independent ☑ Prompting required ☐ Assistance required ☐

| **Drug Allergies:** penicillin | **Other Allergies:** None Known ☑ |
|---|---|
| | |

## Informed Consent and Capacity

While undertaking the patient's clinical assessment, if you have any concerns regarding the patient's capacity and ability to make healthcare decisions refer to medical staff for **assessment and treatment plan** under the Adults With Incapacity (Scotland) Act 2000 and document your actions within the nursing notes. Refer to the Consent policy for further guidance.

Relatives and carers cannot make decisions for patients except in certain circumstances where they hold Welfare Guardianship or Power of Attorney extending to health care decisions under the Adults With Incapacity (Scotland) Act 2000.

| | | | | |
|---|---|---|---|---|
| Advanced Statement | Yes ☐ No ☑ | Guardianship details | Yes ☐ No ☑ | Please note name |
| Power of Attorney details | Yes ☐ No ☑ | Financial ☐ Please note name | Welfare ☐ Please note name | |
| "Getting to know me" in use | Yes ☐ No ☑ | If yes to any of the above obtain a copy of the relevant document | | |

## Adult Support and Protection – 3 point criteria – Please see ASP toolkit

If you have a concern about an adult who you believe is or may be at risk of harm complete an ASP/Concern referral. **ASP / Concern referral submitted Yes ☐ No ☐ Date** _____

Referral information can be found on ward A S P folder or AthenA Adult Support and Protection site

| 4AT | | Circle score | | |
|---|---|---|---|---|
| **To be completed on all patients over 65 or if appropriate or if the patient has suspected delirium Ask the patient the following questions : (4AT)** | | 1st Assess | 2nd Assess | 3rd Assess |
| | | Date 18/11/19 | Date | Date |
| **Alertness** | Normal | 0 | 0 | 0 |
| | Mild Sleepiness for< 10 seconds after waking then normal | 0 | 0 | 0 |
| | Clearly abnormal | 4 | 4 | 4 |
| **4AT** | Age, Date of Birth, place of birth, current year | | | |
| | No mistake | 0 | 0 | 0 |
| | 1 mistake | 1 | 1 | 1 |
| | 2 mistakes or untestable | 2 | 2 | 2 |
| **Attention**– Instruct patient to list months in reverse order starting at December | | | | |
| | Lists 7> correctly | 0 | 0 | 0 |
| | Starts but lists <7 or refuses to start | 1 | 1 | 1 |
| | Untestable (cannot start became unwell, drowsy or inattentive) | 2 | 2 | 2 |
| **Acute** | Change or fluctuating course - evidence of significant change or fluctuation in mental status within the last 2 weeks and still persisting in the last 24 hours | | | |
| | No | 0 | 0 | 0 |
| | Yes | 4 | 4 | 4 |
| | **Total** | 0 | | |
| | **Sign** | | | |

**If 4AT > 4 commence TIME bundle.** **Please reassess if there is a change in clinical condition.**

**If no 4AT carried out please state reason here**.....

| | | |
|---|---|---|
| Driving Status | Do you Drive? Yes ☑ No ☐ | |
| Alcohol Use | Units per week _____ | |
| | Suitable for alcohol brief intervention? | Yes ☐ No ☐ NA ☑ |
| | Currently in Treatment | Yes ☐ No ☐ NA ☑ |
| | Refer to alcohol liaison team? | Yes ☐ No ☐ NA ☑ |
| Substance misuse | Substance misuse issues? If yes, give details: | Yes ☐ No ☐ NA ☑ |
| | Currently in treatment | Yes ☐ No ☐ NA ☑ |
| | Refer to substance misuse | Yes ☐ No ☐ NA ☑ |

## Lifestyle Assessments

**Communicating** — Interpreter required Yes ☐ No ☑

| Any specific needs | What's your normal? | How is it now? | Comments |
|---|---|---|---|
| Speaking | No issues | No change | |
| Reading | No issues | No change | |
| Writing | No issues | No change | |
| Vision (please specify if glasses/contact lenses are worn) | No issues | No change | |
| Hearing (please specify if hearing aids are worn and if in patient possession) | No issues | No change | |

| Breathing | What's your normal? | How is it now? | Do you suspect the patient has a respiratory infection? Isolate with appropriate precautions and refer to IPC site on Athena |
|---|---|---|---|
| Do you normally have any issues breathing? | No issues | No change | |
| Equipment / aids - circle all that apply: Inhalers / oxygen-concentrator / cylinder / nebulisers / tracheostomy. | | | |
| Do you smoke? Yes ☑ No ☐ If so how many? ..... 10 a day | | Patient wishes nicotine replacement therapy ? Yes ☐ No ☑ | |
| **All** smokers ***must*** be referred to **"Quit your way"** for discussion about smoking management whilst in hospital ( Ask patients permission) | | | |

| Mobility | What is your normal? | How is it now? | Comments |
|---|---|---|---|
| Bed Transfers | Independent | as before | |
| Chair Transfers | Independent | as before | |
| Balance | No issues | No change | |
| Walking Any issues with foot health affecting mobility | No issues mobile independent | No change | |

| Oral Care | | | |
|---|---|---|---|
| Does the patient need assistance carrying their own basic oral care | Yes ☐ No ☑ | If yes - Comments | |
| Does the patient have dentures | Yes ☑ No ☐ | Top ☑ Bottom ☐ Partial ☐ With patient ☐ | |
| Is the patient suffering from mouth pain? | Yes ☐ No ☑ | Comments<br>If you have answered yes commence an oral hygiene care plan. | |

## Lifestyle Assessments continued

| Eating and Drinking | | If yes what support is required? |
|---|---|---|
| Support required for eating/drinking | Yes ☐ No ☑ | normal diet & fluids |

Equipment required to support eating/drinking Yes ☐ No ☑
**Please state what equipment required**

| | |
|---|---|
| Is Patient on nutritional supplements / enteral feed at home Yes ☐ No ☑ | Type: |

| | | |
|---|---|---|
| Likes.....<br>Dislikes..... | Modified fluid consistency | Modified diet consistency |
| Swallowing ability impaired Yes ☐ No ☐ (Refer to SLT). | Consent to therapeutic diet (Cultural, ethnic, religious requirements) | Yes ☐ No ☑ Details |

| Eliminating | What is your normal | How is it now? | Do you suspect the patient has infective diarrhoea? Send a sample and isolate patient. |
|---|---|---|---|
| Normal bowel habit. When did your bowels last move? 18/11/19 | No issues | ↑ frequency | |
| Any problems passing urine? | No issues | ↑ frequency | |

Does the patient have a urinary catheter in situ Yes ☐ No ☑ Date of catheter insertion.....

**If yes, apply the Catheter Care Bundle**

| | |
|---|---|
| Long term catheter Yes ☐ No ☑ | Date due changed |

Complete continence assessment if required ☐
Refer to Adult Continence Assessment Pathway algorithm Referral Date _____

| Personal Cleansing and Dressing | What is your normal | How is it now? | Comments |
|---|---|---|---|
| What type of assistance is required by the patient? **(please consider patient preferences)** | independent with adls | | |

**Urinalysis Results: Please circle where appropriate**

| NAD ☐ | Protein Trace + ++ +++ ++++ | Blood Trace + ++ +++ | Glucose Trace + ++ +++ ++++ | Leucocytes + ++ +++ | Nitrates -ve +ve |
|---|---|---|---|---|---|
| | | | | | |

**Only send for culture if suspected;**

**UTI ☐ Sepsis ☐ MSSU Sent ☐ CSU Sent ☐**

Date Last Menstrual Period (if appropriate) Pregnancy Test (if appropriate) +ve ☐ - ve ☐

Glucometer reading result

## Person Centred Care:

To promote person-centred care our focus is changing from asking 'What's the matter with you' to asking 'What matters to you'.

We can do this by reliably covering the five 'Must do with me' elements of care with patients and/or their families and carers. This will help to ensure all of the interactions between people using our services and the staff delivering them is person-centred and are characterised by listening, dignity, compassion and respect.

**The information required for the following 5 Must Do questions can be captured during your conversations with the patient and their families. There may be no need for you to ask these questions directly but gather that information during the admission process and record below**

### 'MUST DO WITH ME'

**1 What matters to you?**

*Your personal goals and the things that are important to you have been discussed and form the basis of your care or treatment.*

**2 Who matters to you?**

*We have asked you about the people that matter most in your life and we have given you the opportunity to involve them in the way that you choose*

**3 What information do you need?**

*We have provided you with understandable full information and supported you to make decisions that take account of your personal goals and the things that are important to you.*

**4 Nothing about me without me.**

*You will always be given the opportunity to be involved in discussions. All information exchanges and communication between professionals or between different services or supports are transparent and always provide you with the opportunity either to be present or to contribute to the process.*

**5 Personalised contact**

# Multi – Disciplinary Discharge Plan

Aim: To ensure a safe and timely discharge planned in partnership with the patient/carer and staff

**PATIENTS SHOULD BE CONSIDERED FOR CRITERIA LED DISCHRAGE IF USED APPLY STICKER TO MDT DISCHARGE SUMMARY**

**Estimated date of discharge**.....19/11/19.....**Actual date of discharge** .....19/11/19.....

| Date | Discharge planning should be commenced on the day of admission | Yes | No | Initials |
|---|---|---|---|---|
| | EDD set and patient and family/carers aware | | | |
| | Does the patient require a discharge planning meeting? | | ✓ | AH |
| | If yes Record date and outcome on discharge summary. | | ✓ | AH |
| | House keys available? ..... Key safe number | | | |
| | Own transport arrangements | ✓ | | AH |
| | Hospital booked transport Ambulance am pm Ref No:<br>Mode: Ibex chair 1 man ☐ Ibex chair 2 man ☐<br>Stair climber ☐ Stretcher ☐<br>Any access issues<br>..... | | ✓ | AH |
| | Referral through PMS<br>Package requested: New homecare ☐ Homecare and rehab ☐<br>Restart existing package ☐ Handlers single ☐ double ☐<br>Increase package ☐ ..... | | ✓ | AH |
| | Homecare confirmed to start on:..... (date & time) | | | |
| | IDL complete | | | |
| | **Equipment** / **Date for delivery** / **Delivery confirmed** | | | |

| Referrals during patients journey and for discharge | | | |
|---|---|---|---|
| | Date of referral | Initials | Comments |
| Dietician | | | |
| SALT | | | |
| Physio | | | |
| OT | | | |
| Community Nurse | | | |
| Podiatry | | | |
| Other | | | |

| Day of Discharge checklist | Y | N | NA | Initials |
|---|---|---|---|---|
| Cannula removed | ✓ | | | AH |
| Discharge Drugs Available<br>Alert: If patient is diabetic, complete the diabetes discharge checklist | | | ✓ | AH |
| Patients own meds returned | | | ✓ | AH |
| Discharge prescription given & explained to patient & family<br>If no, please add to discharge summary | | | ✓ | AH |
| If DNACPR keep copy in patients notes and send original home.<br>Give to ambulance crew if applicable | | | ✓ | AH |
| If patient has an ACP send it home with patient. | | | ✓ | AH |
| Inform family/NOK when patient leaves the ward (including transfer to discharge lounge) | | | ✓ | AH |

**When patients are transferred, the discharge plan must be handed over to the receiving nurse.**
**Signature of transferring nurse..... Signature of receiving nurse.....**
**Date.....**

MDT Discharge Plan

## Multi – Disciplinary Discharge Plan

| Date | Time | All Care and communication relating to Discharge | Initials |
|---|---|---|---|
| 19/11/19 | | Discharged home | |
| 1000 | | for EVRS in 4–6 weeks | AH |
| | | | |
| | | | |
| | | |

**Infection Prevention and Control Clinical Risk Assessment (CRA): Multi-Drug Resistant Organism (MDRO) Admission Screening**

Hospital + Ward/Dept: Ayr -cau

Admission date: 18/11/19 Time: 1300

## CPE Clinical Risk Assessment (on admission)

Date of Screen: 18/11/19 Time: 1300 Print Name: [illegible] (Staff Member)

| | (Y/N) |
|---|---|
| 1. **Patient has history of CPE colonisation or infection at any time in the past** (confirm by checking PMS for ALERTS and confirm by asking the patient if there is no record on system) | N |
| 2. **In the past 12 months** (this will most often require asking the patient): | |
| • **Patient has been an inpatient outside Scotland** | N |
| • **Patient has received holiday dialysis outside Scotland** | N |
| • **Patient has been close contact of someone with CPE** | N |

If **YES**, patient should be managed as a CPE positive case + **must** be placed in a single room, and the case discussed with IPCT

If **YES** to any, patient is at increased risk of CPE colonisation, + **must** be placed in a single room and the case discussed with IPCT

Discussed with patient and provided information sheet ☐

1. PATIENT PLACEMENT (Single room)

Date _____ Signature _____

AND

2. SAMPLES FOR TESTING (Y/N)

Rectal swab (or stool sample) ☐

*AND*

Wound swab, if present ☐

*AND*

Invasive device site swab, if present (exc urinary catheter site) ☐

*AND*

CSU if catheterised ☐

Date _____ Signature _____

## MRSA Clinical Risk Assessment

Date of Screen: 18/11/19 Time: 13·00 Signature: [illegible]

| | (Y/N) |
|---|---|
| 1. **Patient has history of MRSA colonisation or infection at any time in the past** (confirm by checking PMS for ALERTS and confirm by asking the patient if there is no record on the system) | N |
| 2. **Patient admitted from somewhere other than home e.g. another hospital, care home** (confirm by checking admission documentation/PMS) | N |
| 3. **Patient has wound/ulcer or invasive device present before admission** (may require physical inspection) | N |

If **YES** to any, patient is at increased risk of MRSA colonisation

If **NO** to all **AND** patient is in high impact specialty*

Discussed with patient and provided them with leaflet ☐

1. PATIENT PLACEMENT (refer to MRSA Policy)

Single Room ☐

If placement not possible as per policy, undertake risk assessment and document reasons below:

_____

_____

2. SAMPLES FOR TESTING

Nasal + perineal ☐

*AND*

Wound/skin break swab, if Present ☐

*AND*

Invasive device site swab, if present (exc urinary catheter site) ☐

*AND*

CSU if catheterised ☐

Date _____ Signature _____ ☐

*High impact specialties refers to:
Intensive Care, Orthopaedics, Renal Medicine, Vascular Surgery
***Note: If the patient is transferred to UHC or UHA from any NHS A&A Hospital, an additional CRA must be carried out. Additional forms can be obtained from the IPC AthenA site.***

January 2019 Version 0.12

If further advice is required contact the Infection Prevention & Control Team (ext 25765) or the on call Consultant Microbiologist (via switchboard)

# NHS Ayrshire & Arran

## Nutritional Screening Malnutrition Universal Screening Tool (MUST)

### Food Fluid and Nutrition

Step 1 Measure height and weight to get a BMI score
Step 2 Note percentage unplanned weight loss and score
Step 3 Establish acute disease effect and score
Step 4 Add scored from steps 1,2 and 3 together to obtain overall risk of malnutrition
Step 5 Follow the management guidance appropriate to the risk category and commence the corresponding care plan

### Screening Results

**Please indicate if measurements are Measured (M), Reported (R) or Estimated (E)**

| | | | | | |
|---|---|---|---|---|---|
| **Date** | 18/11/19 | | | | |
| **Time** | 13.00 | | | | |
| **Ward** | CAU | | | | |
| **Height (metres) (M) (R) (E)** | 5ft 8 m | m | | | |
| **Current weight (Kg) (M) (R) (E)** | 70.2 Kg ( ) | Kg ( ) | Kg ( ) | Kg ( ) | Kg ( ) |
| **BMI** | | | | | |
| **Is patient within obese category?** | | | | | |
| **Usual weight (Kg)** | Kg | | | | |
| **Signature** | | | | | |
| **MUST** | | | | | |
| **Step 1: BMI Score**<br>>20 ( >30 = Obese) 0<br>18.5 - 20 1<br>< 18.5 2 | | | | | |
| **Step 2: Weight Loss Score**<br>Unplanned weight loss in past 3-6 months.<br><5% 0<br>5 - 10% 1<br>>10% 2 | | | | | |
| **Step 3: Acute Disease Effect Score**<br>If patient is acutely ill **and** there has been or is likely to be no nutritional intake for>5 days<br>Score 2 ....<br>Not applicable Score 0..... | | | | | |
| **Step 4: Overall Risk of Malnutrition**<br>Total: | | | | | |
| **Step 5:** | [illegible] | 1 = Medium Risk | | | |

## NHS Ayrshire & Arran

### Malnutrition Universal Screening Tool

### ('MUST') Multidisciplinary Care Plan (FFN)

| Patient Problem | | | |
|---|---|---|---|
| Nutritional screening has identified the patient as being | Low ☑ | Medium ☐ | High ☐ Risk of |
| Patient identified as having other nutritional problems e.g. obesity, chewing certain foods (specify) | | | |

**Goal**

To meet patients nutritional and fluid requirements

| Date | Time | Init's | Planned Nursing Interventions/Support | End Date | Init's |
|---|---|---|---|---|---|
| | | | **Low Risk Care Plan** | | |
| | | | Assistance required (specify) e.g. helping, prompting, cutting up food, opening packets:- | | |
| | | | Individual / therapeutic dietary requirements (specify) e.g. likes/dislikes religious/ethical/cultural:- | | |
| | | | Modified eating equipment (specify) e.g. cutlery. | | |
| | | | Assist patient to select appropriate meals from menu card. | | |
| 18/11/14 | 1300 | JM | Ensure fresh drinking water is offered regularly and available at all times, where clinically appropriate. | | |
| | | | Consider patients positioning and support oral hygiene, if required. | | |
| | | | Ensure patients nutritional needs recorded on nutrition board. | | |
| | | | Monitoring and review care plan **repeat screening weekly** (monthly continuing care). | | |
| 18/11/14 | 1300 | JM | This care plan has been discussed and agreed with the patient as appropriate. | | |
| | | | **Medium Risk Care Plan (complete low risk section also)** | | |
| | | | Commence food chart for a minimum of 3 days. Only discontinue if/when dietary intake is adequate. | | |
| | | | If intake is insufficient, offer patient milk to drink with / and between meals and suitable additional snacks. | | |
| | | | Record accurate fluid intake / output on fluid balance chart until established that oral intake is adequate. If intake per 24 hours is inadequate consider IV/SC fluids. | | |
| | | | Provide nutrition information leaflet to carer / relative | | |
| | | | **RED TRAY** Yes☐ No☐ **RED JUG** Yes ☐ No ☐ | | |
| | | | | | |
| | | | | | |
| | | | Refer to Dietitian, ensuring the MUST score is included. | | |
| | | | Discontinue food chart only when advised by Dietitian. | | |
| | | | Administer and monitor enteral feed via NG/PEG route as per local guidelines. | | |
| | | | | | |
| | | | | | |
| | | | | | |

Care Plan

Care Plan

| Date | Time | Init's | Planned Nursing Interventions/Support | End Date | Init's |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | This care plan has been discussed and agreed with the patient as appropriate. | | |

| Please record any Therapeutic/Special Diet/Fluids | | | |
|---|---|---|---|
| **Texture/Stage/Type (include diabetic, gluten free etc)** | **Date commenced** | **Comments** | **Date discontinued** |
| | | | |
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## Daily Preliminary Pressure Ulcer Risk Assessment (PPURA)

(unless full waterlow required)

### Points to consider

- Use within 6 hours of admission to care area
- People who are overweight may not be well nourished
- Please sign after each check

| | | |
|---|---|---|
| **Date** 18/11/19 | **Time** 1300 | |
| **Mobility** | | |
| Patient is fully mobile without equipment/assistance | Yes ☑ No ☐ | |
| **Continence** | | |
| Patient is fully continent | Yes ☑ No ☐ | **If *No*, to any questions undertake Waterlow Assessment and apply SSKIN bundle as indicated** |
| **Nutrition** | | |
| Patient appears to be well nourished and able to eat and drink | Yes ☑ No ☐ | |
| **Skin** | | **Assess condition of skin, any wounds/lesions/stomas** |
| Skin is healthy and intact | Yes ☑ No ☐ | |
| pressure area's intact | | **If all answers Yes, complete a daily PPURA see page 14** |

### Use daily if the person is identified to be "not at risk"

| | |
|---|---|
| **Mobility** | Person is fully mobile without equipment/assistance |
| **Continence** | Person is fully continent |
| **Nutrition** | Person appears well nourished and able to eat and drink |
| **Skin** | Persons pressure areas are healthy, with no signs of redness, discolouration, including bruising or ulceration |

Record your answer in the grid below **Y** – Yes or **N** for No
If the answer is **Yes** to all statements use this chart daily
If the answer is **No** to any statement undertake a pressure ulcer risk assessment and consider any other relevant assessment

| Date | Time | Mobility | Continence | Nutrition | Skin Inspected | Is a full pressure ulcer risk assessment required? | Signature |
|---|---|---|---|---|---|---|---|
| 18/11/19 | 1300 | Y | Y | Y | Y | NO | |
| | | | | | | | |
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# NHS Ayrshire & Arran

## Adapted Waterlow Pressure Area – Risk Assessment Chart

More than one score can be used in each section

Complete assessment according to PPURA or if there is a charge in individual's condition and repeat regularly according to local protocol

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date | 12/11 | | | | | | | | | |
| | Time | 1300 | | | | | | | | | |
| ***Sex*** | | | | | | | | | | | |
| Male 1 Female 2 | | 1 | | | | | | | | | |
| ***Age*** | | | | | | | | | | | |
| 14 - 49 | 1 | | | | | | | | | | |
| 50 - 64 | 2 | 2 | | | | | | | | | |
| 65 - 74 | 3 | | | | | | | | | | |
| 75 - 80 | 4 | | | | | | | | | | |
| 81+ | 5 | | | | | | | | | | |
| ***Build/Weight for Height (BMI=weight in Kg/height in m²)*** | | | | | | | | | | | |
| Average - BMI 20-24.9 | 0 | | | | | | | | | | |
| Above average - BMI 25-29.9 | 1 | 0 | | | | | | | | | |
| Obese - BMI > 30 | 2 | | | | | | | | | | |
| Below average - BMI < 20 | 3 | | | | | | | | | | |
| ***Continence*** | | | | | | | | | | | |
| Complete/catheterised | 0 | | | | | | | | | | |
| Urinary Incontinence | 1 | 0 | | | | | | | | | |
| Faecal incontinence | 2 | | | | | | | | | | |
| Urinary and faecaly incontinent | 3 | | | | | | | | | | |
| ***Skin Type - Visual Risks Area*** | | | | | | | | | | | |
| Healthy | 0 | | | | | | | | | | |
| Tissue paper (thin/fragile) | 1 | 0 | | | | | | | | | |
| Dry (appears flaky) | 1 | | | | | | | | | | |
| Oedamatous (puffy) | 1 | | | | | | | | | | |
| Clammy (moist to touch) pyrexia | 1 | | | | | | | | | | |
| Discoloured/Bruising/Grade 1 | 2 | | | | | | | | | | |
| Broken (established ulcer) Grade 2 - 4 | 3 | | | | | | | | | | |
| ***Mobility*** | | | | | | | | | | | |
| Fully mobile | 0 | | | | | | | | | | |
| Restless/fidgety | 1 | 0 | | | | | | | | | |
| Apathetic (sedated/depressed/reluctant to move) | 2 | | | | | | | | | | |
| Restricted (restricted by severe pain or disease) | 3 | | | | | | | | | | |
| Bedbound (unconscious/unable to change position/traction) | | | | | | | | | | | |
| Chairbound (unable to leave chair without assistance) | 5 | | | | | | | | | | |
| ***Special Risks - Tissue Malnutrition*** | | | | | | | | | | | |
| Multiple organ failure/terminal cachexia | 8 | | | | | | | | | | |
| Single organ failure e.g. cardiac, renal, respiratory | 5 | | | | | | | | | | |
| Peripheral vascular disease | 5 | | | | | | | | | | |
| Anaemia = Hb < 8 | 2 | | | | | | | | | | |
| Smoking | 1 | | | | | | | | | | |
| ***Special Risks - Neurological Deficit*** | | | | | | | | | | | |
| Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6* | 4-6 | | | | | | | | | | |
| ***Special Risks - Surgery/Trauma*** | | | | | | | | | | | |
| On table > 2 hours (up to 48 hours post op) | 5 | | | | | | | | | | |
| On table for up to 6 hours (up to 48 hours post op) provided 5 the rate of recovery is normal) | | | | | | | | | | | |
| Orthopedic/below waist/spinal | 8 | | | | | | | | | | |
| ***Special Risks - Medication*** | | | | | | | | | | | |
| Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4* | | | | | | | | | | | |
| | **Total** | | | | | | | | | | |
| | **Initials** | | | | | | | | | | |

**<10 Low Risk - Reassess weekly**
**10+ At Risk - Reassess twice weekly**
**15+ High Risk - Reassesson alternate days**
**20+ Very High Risk - Assess daily**

- **The Waterlow must be reassessed if the patient's condition changes /deteriorates and the plan of care should be reviewed at that point.**
- **For patients who are in long term care, provided their condition is stable after one week of admission the Waterlow can be reassessed weekly/monthly**

**NHS Ayrshire & Arran**
**Pressure Prevention Care Plan ( PA )**

| Patient Problem/Need |
|---|
| Patient has a Waterlow score of ..... and is at risk of developing pressure ulcers |
| Patient has a pressure ulcer/s grade ..... |
| **Goal** |
| Patient's skin will remain intact ✓ |
| To promote healing of ulcer and prevent infection |

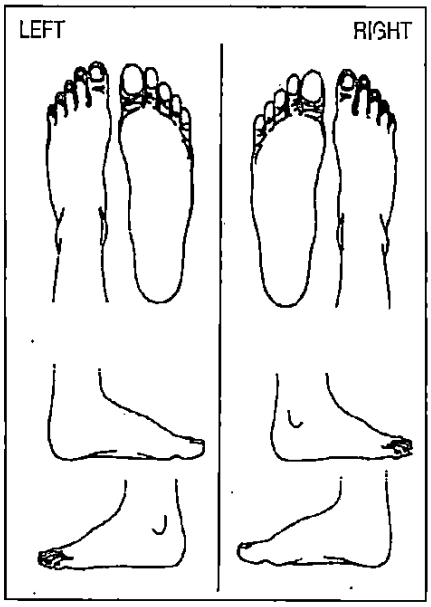
| Date | Time | Init | Planned Nursing Interventions | Discontinued Date/Time | Init |
|---|---|---|---|---|---|
| 18/11/19 | 1300 | JW | Calculate and record the Waterlow score on admission and recalculate as the patient's condition changes and on a regular basis | | |
| | | | Inspect the patient's skin especially over bony prominences on admission and at regular intervals and document findings<br>• Skin condition on admission | | |
| | | | Select pressure reducing equipment according to patient need<br>• _____<br>• _____<br>• _____<br>• _____ | | |
| | | | When in bed encourage and facilitate position changes using 30 degree tilt (indicate frequency below)<br>• _____ | | |
| | | | The patient should not sit out of bed for longer than 2 hours without being repositioned (for acutely ill patients return to bed for a minimum of 1 hour) | | |
| | | | Use sliding sheets to prevent shear and friction during movement in bed (Sliding sheets should not be left under the patient) | | |
| | | | Initiate SSKIN bundle and ensure all elements of this complete | | |
| | | | When the patient is incontinent refer to the skin care guideline | | |
| 18/11/19 | 1300 | JW | Encourage a healthy, well balanced diet and adequate fluid intake | | |
| | | | **If the patient has a grade 2 or above pressure ulcer a wound assessment chart is required** | | |
| 18/11/19 | 1300 | JW | This care plan has been discussed and agreed with the patient as appropriate | | |

Care Plan

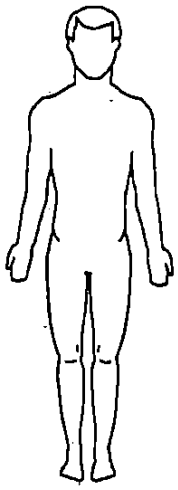
# Pressure Ulcer Record

**Indicate by circling, numbering and dating all pressure damage on diagrams, then complete box below.**

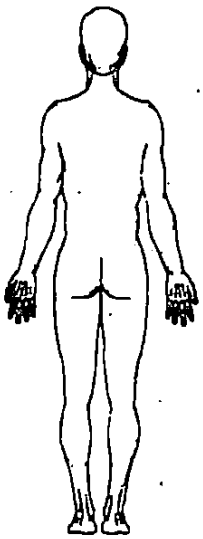
Initiate SSKIN care plan/wound assessment chart




Anterior view



Posterior view



| Date | Number of Ulcer | Location of Ulcer | Grade of Ulcer | Datix – Insert reference (grade 2-4 and suspected deep tissue Injury | Logged on Safety Cross (Grade 1-4) | Signature | Print Name |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**Scottish Adapted European Pressure Ulcer Advisory Panel (EDUAP)-Pressure Ulcer Grading Tool 2014**

**GRADE 1** Intact skin with non blanchable redness, usually over a bony prominence. Darker skin tones may not have visible blanching but the colour may differ from the surrounding skin. The area may be painful, firmer, softer, warmer or cooler than the surrounding tissue.

**GRADE 2** Loss of epidermis/dermis presenting as a shallow open ulcer with red/pink wound bed without slough or bruising. May also present as a blister.

**GRADE 3** Subcutaneous fat may be visible but bone tendon or muscle is not visible or palpable. Slough may be present but does not obscure the depth of tissue loss. Often includes undermining or tunnelling

**GRADE 4** Extensive destruction with exposed or palpable bone, tendon or muscle. Slough may be present but does not obscure the depth of tissue loss. Often includes undermining or tunneling

**DEEP TISSUE INJURY** – Epidermis is intact but the area appears purple or maroon or is a blood filled blister over a dark wound bed. Over time the skin will degrade and develop into deeper tissue loss.

**UNGRADABLE** - Full thickness skin loss where the depth of the ulcer is completely obscured by slough/necrosis. Until enough slough or necrotic tissue is removed to expose the base of the wound the true depth cannot be determined. It may be a grade 3 or 4 once debrided

**All acquired pressure ulcers graded 2 - 4 and suspected deep tissue damage, must be reported via Datix.**
**Refer to podiatry for at risk feet and foot wounds using " CPR for Feet" Criteria.**

# Falls for All Bundle

**Please complete for all patients on admission within 24 hours**

1. 5Q's

| | |
|---|---|
| a. Has the patient fallen in the last 6 months – including during this admission? | **Yes** ☐ **No** ☑ |
| **b.** Does that patient have cognitive impairment or possible delirium? | **Yes** ☐ **No** ☑ |
| **c.** Does that patient attempt to walk alone although unsteady or unsafe? | **Yes** ☐ **No** ☑ |
| **d.** Does the patient or their relative/s have fear or anxiety, Re falling? | **Yes** ☐ **No** ☑ |
| **e.** Based on your clinical judgment, is this patient at high risk of falling? | **Yes** ☐ **No** ☑ |

If yes to any of the above, the patient is deemed as a vulnerable patient and should be commenced on the more vulnerable falls bundle (recording of this is included in care and comfort rounding or alternatively should be recorded in the patients records).

**Initials:** Shelly

**Date:** 18/11/19

**Time:** 13.00

**Please repeat if patient has a fall, their condition changes or transferred into your ward or department.** Any further stickers can be placed in nursing notes

2. 5Q's

| | |
|---|---|
| a. Has the patient fallen in the last 6 months – including during this admission? | **Yes** ☐ **No** ☐ |
| **b.** Does that patient have cognitive impairment or possible delirium? | **Yes** ☐ **No** ☐ |
| **c.** Does that patient attempt to walk alone although unsteady or unsafe? | **Yes** ☐ **No** ☐ |
| **d.** Does the patient or their relative/s have fear or anxiety, Re falling? | **Yes** ☐ **No** ☐ |
| **e.** Based on your clinical judgment, is this patient at high risk of falling? | **Yes** ☐ **No** ☐ |

If yes to any of the above, the patient is deemed as a vulnerable patient and should be commenced on the more vulnerable falls bundle (recording of this is included in care and comfort rounding or alternatively should be recorded in the patients records).

**Initials:**

**Date:**

**Time:**

## Slips, Trips and Falls – Care Plan (F)

(to be used in conjunction with Falls for All bundle)

| Patient Problem/Need |
|---|
| Patient is considered to be at risk of falling |
| |
| |
| **Goal** |
| To promote and maintain patient safety and reduce the risk of falls |
| |
| |

| Date | Time | Initial | Planned Nursing Interventions | Discontinued Date/Time | Initial |
|---|---|---|---|---|---|
| | | | Orientate patient and family/carers to ward environment on admission and each shift. | | |
| | | | Ensure buzzer within reach. | | |
| | | | Explain importance about calling for help when needed. | | |
| | | | Ensure that bedside table and key belongings are within easy reach. | | |
| | | | Ensure patient wears appropriate clothing and footwear. | | |
| | | | Ensure that patient is wearing spectacles if appropriate. | | |
| | | | Discuss with family/carers how to assist with interventions. | | |
| | | | Ensure that patient/family receives an explanation of risk and the measures in place to minimise this risk and document outcome. | | |
| | | | Ensure that standard bed frame is used and left in a low position with brakes on. | | |
| | | | Select a chair that is the appropriate height and design for the patient (seek guidance from Physio and OT). | | |
| | | | When in use ensure that chair/commode brakes are secure. | | |
| | | | Ensure that area is illuminated appropriately at night time. | | |
| | | | Liaise with medical team re: medication review. | | |
| | | | Consider referral to Physiotherapy, Occupational Therapy, Social Work. | | |
| | | | Monitor lying and standing blood pressure. | | |
| | | | Supervise patient when transferring as per moving and handling risk assessment. | | |
| | | | Supervise patient when mobilising as per moving and handling risk assessment. | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | Offer toileting facilities as appropriate. | | |
| | | | Ensure that patient is cared for in an area proximal to toilet facilities, if possible. | | |
| | | | Encourage family, if present, to sit with patient (as appropriate). | | |
| | | | Encourage family/carers to report to nursing station when ending their visit. | | |
| | | | Consider appropriate equipment in liaison with Physio and / or OT. | | |
| | | | Ensure yellow sticker is inserted into patient's notes after each fall. | | |
| | | | Patients who may be confused or have had repeated falls where possible should be cared for in an area within the ward that is within easy view of nursing staff. | | |
| | | | Consider a higher level of supervision of the patient. | | |
| | | | Consider the use of a low level variable height bed. | | |
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| | | | Above care plan has been discussed and agreed with the patient and / or family / carer | | |

## NHS Ayrshire and Arran

Bedrails Risk Assessment

Date of Admission ..... 18/11/19 .....

- Each statement must be answered - Circle answer
- Complete Risk Assessment in conjunction with Bedrails Algorithm overleaf
- Refer to Guidelines - Safe Use of Bedrails in In-patient Settings & Falls Prevention
- As accountable RN ensure you have undertaken a visual check of the bedrail prior to use and are satisfied that there are no obvious faults

**Re Assessment Occurs**

- Weekly
- When the patient's condition changes (i.e. patient falls/post surgery/change in medication/cognitive state changes)

**Ensure clear identification of a change in use of bedrails within documentation and at bed space if consent obtained from patient**

| Risk Factors | Ward CAU<br>Date: 18/11/19<br>Time: 13:00 | Ward:<br>Date:<br>Time: | Ward:<br>Date:<br>Time: | Ward:<br>Date:<br>Time: |
|---|---|---|---|---|
| 1. Is the patient at risk of **falling** from bed? | YES / (NO) | YES / NO | YES / NO | YES / NO |
| 2. Is the patient at risk of **intentionally** climbing over the bedrails? | YES / (NO) | YES / NO | YES / NO | YES / NO |
| 3. Is the patient at risk of **unintentionally** falling from the bed/trolley? | YES (NO) | YES / NO | YES / NO | YES / NO |
| 4. Does the patient **understand** the purpose of the bedrails? Consider communication difficulties and physical/Cognitive condition. | (YES) / NO / NA | YES / NO / NA | YES / NO / NA | YES / NO / NA |
| 5. Does the patient **consent** to the use of bedrails? | YES / (NO) / NA | YES / NO / NA | YES / NO / NA | YES / NO / NA |
| Has the Bedrails Algorithm been followed? | Yes ☑<br>No ☐ | Yes ☐<br>No ☐ | Yes ☐<br>No ☐ | Yes ☐<br>No ☐ |
| According to the Bedrails Algorithm are bedrails required / appropriate? | Yes ☐<br>No ☑ | Yes ☐<br>No ☐ | Yes ☐<br>No ☐ | Yes ☐<br>No ☐ |
| Bumpers required | Yes ☐<br>No ☑ | Yes ☐<br>No ☐ | Yes ☐<br>No ☐ | Yes ☐<br>No ☐ |
| Initials | GR | | | |

**If yes, commence a Safe Use of Bedrails Care Plan. If No, state reason why bedrails are not required**

Risk Assessment

## Safe Use of Bed Rails – Care Plan (BR)

| Patient Problem/Need |
|---|
| The patient is at risk of falling out of bed due to (e.g. cognitive or physical condition) |
| |
| |
| **Goal** |
| To promote and maintain patient safety and reduce the risk of falling out of bed |
| |
| |

| Date | Time | Initial | Planned Nursing Interventions | Discontinued Date/Time | Initial |
|---|---|---|---|---|---|
| 18/11/19 | 1300 | [signature] | Ensure assessment is made on admission, when patient's condition changes, and weekly as a minimum. | | |
| 18/11/19 | 1300 | [signature] | Ensure rationale for decision made re; the use of bedrails is clearly documented. | | |
| | | | Consider psychological effects of bedrail usage on patient and where appropriate ensure the patient's consent to their use. | | |
| | | | Ensure risk of entrapment is minimised by careful positioning of patient prior to operating bedrails. | | |
| | | | If detachable bedrails used, ensure the gap between the top end bedrail and head of bed is less than 6cm or more than 25cm. | | |
| | | | If detachable bedrails used, ensure the gap between the bottom end of bedrail and foot of bed is more than 25cm. | | |
| | | | Continually monitor risk of patient climbing over the top of bedrails and assess the use of bedrails as necessary. | | |
| | | | Discuss with the patient, the need to share information with other nurses and health care workers re; the use of bedrails, and document within the nursing documentation whether the patient consents to display information at the bed space. | | |
| | | | Provide Falls/Use of Bedrails information leaflet to patient. Where the patient is incapacitated, ensure that relative/carer is given a leaflet and information about the assessment for bedrails is provided. | | |
| | | | Ensure all actions, including discussions with relative/ carers are documented. | | |
| | | | Refer to the Safe Use of Bedrails in Adult In-Patient Settings Guideline for further guidance on the management of bedrails. | | |
| | | | Re-assess the need for bedrail use at least weekly or as the patient's condition indicates and document on the risk assessment chart. | | |
| | | | | | |
| | | | | | |
| | | | This care plan has been discussed and agreed with the patient as appropriate. | | |

## Moving and Handling

mobile independently

## Patient Risk Assessment

**All Patients:**

Sliding aids **must** be used bed to trolley/bed unless the patient transfers independently A hoist **must** be used if assistance is required from the floor
A hoist **must** be used for bathing unless independently mobile
**Hoists are for lifting patients and must not be used for transport between rooms**

| **Special Alerts:** **Date:** | 18/11/19 | | | | | |
|---|---|---|---|---|---|---|
| Overweight / Obese (BMI definition) | | | | | | |
| Very tall (>185cm in height) | | | | | | |
| Restricted use of limbs | | | | | | |
| Poor standing ability | | | | | | |
| Sedation or lethargy | | | | | | |
| Irrational behaviour / confusion | | | | | | |
| Unable to co-operate | | | | | | |
| Acute pain | | | | | | |

**Assessment of Risk:**

**Low Risk:** Independently mobile / supervision only required. Aids required should be specified in care plan

**Moderate Risk:** Requires physical assistance from one or more handlers. Is able to stand or partially bear weight and has no more than one special alert.

**High Risk:** (a) Is unable to bear weight and requires assistance.
(b) 2 or more special alerts present and requires assistance.

**Aids, equipment and a minimum of 2 handlers recommended to move a patient.**

| Date: | 18/11/19 | | | | | |
|---|---|---|---|---|---|---|
| LOW RISK | ✓ | | | | | |
| MODERATE RISK | | | | | | |
| HIGH RISK | | | | | | |
| Assessor's Initials | [illegible] | | | | | |

**If a hoist or standing aid is required please specify:**

| **Sling type:** | | **Size:** | | **Manufacturer:** | |
|---|---|---|---|---|---|

**Additional Comments:**

_____

_____

_____

## Moving and Handling Care Plan (MH)

| Date: | 18/11/19 | | | | | |
|---|---|---|---|---|---|---|
| **1. Moving in bed:**<br>a) Independent<br>b) Handlers and sliding sheets required to move in bed - specify number of handlers in grid<br>c) Specify any additional equipment required in grid | a) ✓<br>b)<br>c) | | | | | |
| **2. Sitting to Standing:**<br>a) Independent<br>b) Requires assistance from sit/stand to sit? Specify number of handlers in grid<br>c) Also requires aids. Specify equipment in grid | a) ✓<br>b)<br>c) | | | | | |
| **4. Transfers: (chair / wheelchair / commode / toilet / bed)**<br>a) Independent or with minimal supervision<br>b) Assistance required from handlers specify number of handlers in grid.<br>c) Equipment required - specify equipment in grid | a) ✓<br>b)<br>c) | | | | | |
| **4. Adjusting Clothing**<br>a) Independent or minimal supervision<br>b) Can use support/grab rails while assistance is given with clothing<br>c) Requires support from Handler(s) while another assists with clothing<br>d) Requires equipment, specify equipment in grid | a) ✓<br>b)<br>c)<br>d) | | | | | |
| **5. Repositioning in chair / wheelchair:**<br>a) Independent or minimal supervision<br>b) Assistance from handler(s), specify number in grid<br>c) Specify other aids or equipment required in grid | a) ✓<br>b)<br>c) | | | | | |
| **6. Mobilising:** | Documented in Mobility Care Plan | | | | | |
| **Assessors initials** | | | | | | |

If it is decided to stand, transfer or mobilise a patient requiring assistance of more than 2 handlers, without equipment, a detailed assessment outlining the decision making process must be documented in the mobility careplan.

# Mobilising – Care Plan (M)

| Patient Problem/Need |
|---|
| Patient has restricted mobility/mobility is deteriorating due to..... |
| |
| **Goal** |
| To optimise ability to mobilise safely and maintain independence as much as possible |
| |
| |

| Date | Time | Initial | Planned Nursing Interventions | Discontinued Date/Time | Initial |
|---|---|---|---|---|---|
| | | | Refer to moving and handling risk assessment tool and plan care accordingly. | | |
| | | | Mobilise/transfer with assistance of one/two handlers. | | |
| | | | Mobilise/transfer with supervision. | | |
| | | | Mobilising with appropriate handling equipment and/or aids, please state:- | | |
| | | | • Walking stick one/two | | |
| | | | • Tripod/quad | | |
| | | | • Zimmer frame/rolator | | |
| | | | • Wheel chair | | |
| | | | • Hoist aid (specify equipment used) ..... | | |
| | | | • Other (please specify) ..... | | |
| | | | Refer to physiotherapist and action specialist requirements. | | |
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| | | | | | |
| | | | This care plan has been discussed and agreed with the patient and/or carer/relative as appropriate. | | |

## Care Plans and Monitoring Charts Codes for Evaluations

| Code | Care Plan / Chart / Ref | Code | Care Plan / Chart / Communication |
|---|---|---|---|
| **A** | Admitted as emergency | | |
| **AHP** | Allied health professional (Please specify) | | |
| **B** | Breathing | | |
| **BR** | Bed Rails | | |
| **BT** | Blood Transfusion | | |
| **CP** | Communication (With patients) | | |
| **CF** | Communication (With family) | | |
| **CC** | CAUTI | | |
| **CI** | Cognitive Impairment | | |
| **COI** | Control of Infection | | |
| **D** | Cleansing and Dressing | | |
| **E** | Elimination | | |
| **EM** | Emotional wellbeing / anxiety | | |
| **F** | Falls | | |
| **FFN** | Food Fluid Nutrition / MUST | | |
| **I** | Investigations | | |
| **M** | Mobilising | | |
| **MDT** | MDT Communication | | |
| **MH** | Moving and Handling | | |
| **N** | NEWS | | |
| **O** | Oral Hygiene | | |
| **P** | Pain Management | | |
| **PA** | Pressure Area Care | | |
| **Pre Op** | Pre operative | | |
| **Post Op** | Post Operative | | |
| **PVC** | PVC Chart | | |
| **T** | TIME Bundle for delirium | | |
| **V** | Violence and Aggression / Challenging Behaviour | | |
| **W** | Wound Management | | |
| **WR** | Ward Round | | |

Ward Care Notes

| Date & Time | Initial Medical/ANP presentation and management plan | Initials |
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Ward ...4.....

| Date & Time | Care Plan Code | Record of all care. Including Ward round / MDT and Relative communication | Initials |
|---|---|---|---|
| 18/11/19 | | Pt. returned from theatre following @Stent under GA. Pt. had went to theatre from CAU, CT KUB had confirmed calculi. Pt. has loaded in recovery, rosy wnl. NEWS-0. Pt. can eat & drink. ~~To leave~~ To return for FURS in approx 2-3 weeks | SK |
| 19/11/19 | 0400 | Voiding well. NEWS 1 due to slight hypertension. Paracetamol x 2 given for slight discomfort. | [illegible] |
| 19/11/19 @ 9am | | Pt's NEWS now 0. Feels well voiding well. S&S with Rekarma and for home today with FURS in 4-6 weeks AH | |

Ward Clerk's Notes:

Ward Care Notes

**Ward .....**

| Date & Time | Care Plan Code | Record of **all** care Including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan Code | Record of all care, including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan Code | Record of all care Including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan Code | Record of **all** care, including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan Code | Record of **all** care Including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan Code | Record of all care, including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan / Code | Record of all care including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan Code | Record of **all** care- Including Ward round / MDT and Relative communication | Initials |
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Ward Care Notes

Ward .....

| Date & Time | Care Plan Code | Record of **all** care Including Ward round / MDT and Relative communication | Initials |
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Ward Care Notes

Ward .....

| Date & Time | Care Plan Code | Record of all care. Including Ward round / MDT and Relative communication | Initials |
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Ward Care Notes

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Ward Care Notes

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Ward Care Notes

Ward .....

| Date & Time | Care Plan Code | Record of **all** care. Including Ward round / MDT and Relative communication | Initials |
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Ward .....

| Date & Time | Care Plan Code | Record of **all** care including Ward round / MDT and Relative communication | Initials |
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# PATIENT CARE PATHWAY

DAY SURGERY SUITE,

NAME OF PATIENT: ____

NAME OF CONSULTANT: _

DATE OF ADMISSION: __

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan

Planned operation (R) flexible ureteroscopy & laser stone frag + stent insertion

Consultant KERR Anaesthetist KERR

Date of Surgery 26/7/22 GA ☑ LA ☐ SPINAL ☐

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

Bloods Yes ☑ No ☐ NA ☐ 23/6/22 ECG Yes ☑ No ☐ NA ☐ 23/6/22

Xrays Yes ☐ No ☐ NA ☑ HCG Test Yes ☐ No ☐ NA ☑

Anti-Embolic Stockings Yes ☑ No ☐

Dentures: Full Set ☐ Partial ☑ UP Caps/Crowns/Bridge ✓

Fit for Work Note Yes ☐ No ☑

Medications Diclofenac Tramadol hyoscine paracetamol Buscopan

Medication taken prior to surgery (With Time)

Allergies (with details of reaction) Penicillin

Diabetic Yes ☐ No ☑ Capilliary Blood Glucose

Asthmatic Yes ☐ No ☑ Epileptic Yes ☐ No ☑

**Baseline Observations**

| BLOOD PRESSURE | HEART RATE | TEMPERATURE | RESPIRATORY RATE | SpO2 |
|---|---|---|---|---|
| 146/63 | 55. | 35.7. | 14. | 99%. |
| URINALYSIS | leu+ pro++ blood+++. | | | |

Will you have a responsible adult to take you home? Yes ☑ No ☐

Do you have a responsible adult to stay overnight with you? Yes ☑ No ☐ wife

Have you had a cough or a cold in the last 2 weeks? Yes ☐ No ☑

Fasted from Food 6pm Fasted from fluids 7am

ADMITTING NURSE CHUNTER SIGNATURE CA

PATIENTS SIGNATURE DATE 26/7/22

# DRUG PRESCRIBING/RECORDING CHART

## ONCE ONLY, THROMBOEMBOLIC PROPHLAXIS DRUGS

| DRUG | Dose | Route |
|---|---|---|
| Signature | Date | Time Given |
| Additional Directions | | Given By |

| DRUG | Dose | Route |
|---|---|---|
| Signature | Date | Time Given |
| Additional Directions | | Given By |

## AS REQUIRED MEDICATIONS (PRNs)

| DRUG | Dose | Route | Date | | | | |
|---|---|---|---|---|---|---|---|
| Signature | Date | Max Freq | Time | | | | |
| Additional Directions | | | Sig | | | | |

| DRUG | Dose | Route | Date | | | | |
|---|---|---|---|---|---|---|---|
| Signature | Date | Max Freq | Time | | | | |
| Additional Directions | | | Sig | | | | |

## INTRAVENOUS FLUIDS

| DATE TIME | BAG No | FLUID AND VOLUME | Duration | ADDITIVE (Drug and Dose) | Doctor Signature | Batch Number | Nurse Signature |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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# OPERATION NOTES

Procedure: RIGHT FURS + STENT INSERTION

Time in to theatre : 0905

General Anaesthetic ☐ Local Anaesthetic ☐ Spinal Anaesthetic ☐

Surgeon: MS ICKE Assistant: DR. SMITH

Anaesthetist: DR. THOMSON ~~DR. ICKE~~ ODP: SN. A. SMITH

Scrub Nurse: C. MURRAY STNS. ROOSEVELT

Local Anaesthetic Infiltration: ✓

Comments: ✓

# POST OPERATIVE INSTRUCTIONS

Dressing: ✓

Sutures/Clips: ✓ Removal:

Review Appointment: REMOVAL OF STENTS ON STRIDE IN 2 DAYS

Further Instructions:

Signature: Name: M. MPHA

# 1st STAGE RECOVERY INSTRUCTIONS

Anaesthetic: G.A Time Entered: 0945

Operation: Right rigid + flexi ureteroscopy + Basket extraction + replacement of stent (on a string).

Surgeon: Mr Small Anaesthetist: C. Thompson

---

Condition on entering Recovery: Breathing Spont via Igel

Airway: o I.V. ~~Fluids~~: _____

Laryngeal Mask: Expelled in recovery no concerns Peripheral Access: @ hand

~~E.T.T.~~ _____

~~I.P.P.V.~~ _____ Oxygen Therapy: 15Lts > Air

~~Drain insitu~~: _____ ~~Catheter Insitu~~: _____

**DRUGS GIVEN IN RECOVERY**

1.
2.
3.
4.
5.
6.
7.
8.

| TIME | COLOUR | SENSATION | MOVEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

COMMENTS: Temp 36

Signature: M. Burgess Name: M. Burgess

Time Out: 10:20

# NEWS
## National Early Warning Score

| | Date | Ward |
|---|---|---|
| Admitted | 26/7/22 | DSU |
| Transferred | | |
| Transferred | | |

Name:

Date of Birth:

CHI No:

NHS Ayrshire & Arran

**Special Instructions - to be completed by Medical Team**

A total NEWS score of _____ due to _____ or individual parameter range of _____ is acceptable for this patient because _____

_____

Please escalate if _____

_____

Print _____ Sign _____ Designation _____

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

A total NEWS score of _____ due to _____ or individual parameter range of _____ is acceptable for this patient because _____

_____

Please escalate if _____

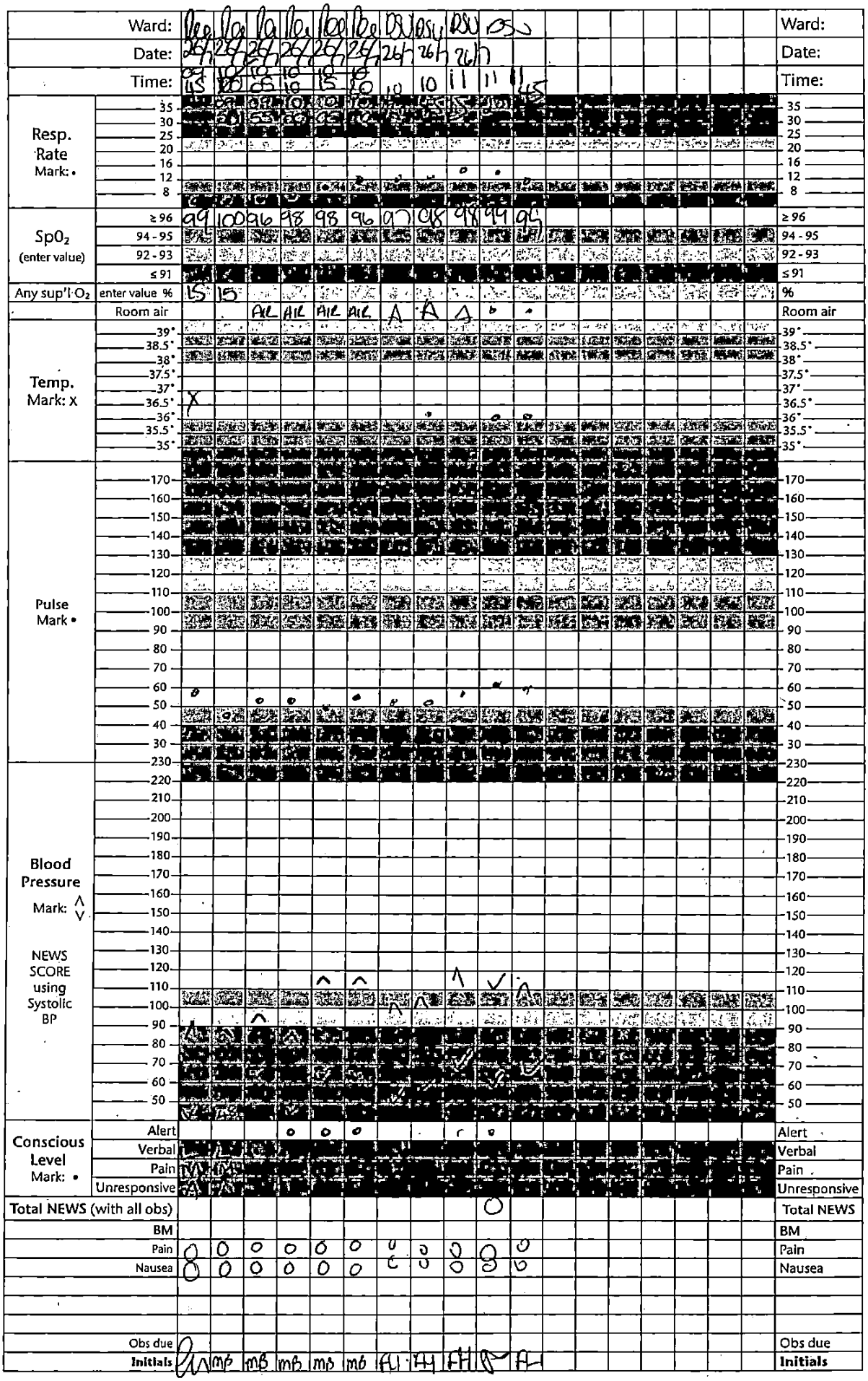
_____

Print _____ Sign _____ Designation _____

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

**See NEWS Actions Reference Tool for local escalation policy**

| News score | Frequency of monitoring | Clinical Response |
|---|---|---|
| 0 | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations |
| Aggregate 1-4 | Minimum 4 hourly | • Inform trained nurse<br>• Trained Nurse assessment<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate |
| **Aggregate 5 or more *or* any single red score** | Increase frequency to a minimum of 1 hourly | • Trained Nurse assessment<br>• Inform medical team caring for the patient and dual response<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients<br>• Consider level of monitoring required in relation to clinical care. |
| Aggregate 7 or more | Continuous monitoring of vital signs | • Trained Nurse to assess immediately<br>• Inform medical team caring for the patient - this should be at least senior medical staff level. If unable to attend promptly, escalate to consultant or Emergency Response Team<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients<br>• Consider referral to high dependency or ITU |


Ward:
Date:
Time:
Resp. Rate
Mark: •
SpO2
(enter value)
Any sup'l O2
enter value %
Room air
Temp.
Mark: X
Pulse
Mark •
Blood Pressure
Mark: ^ v
NEWS SCORE using Systolic BP
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresponsive
Total NEWS (with all obs)
BM
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Obs due
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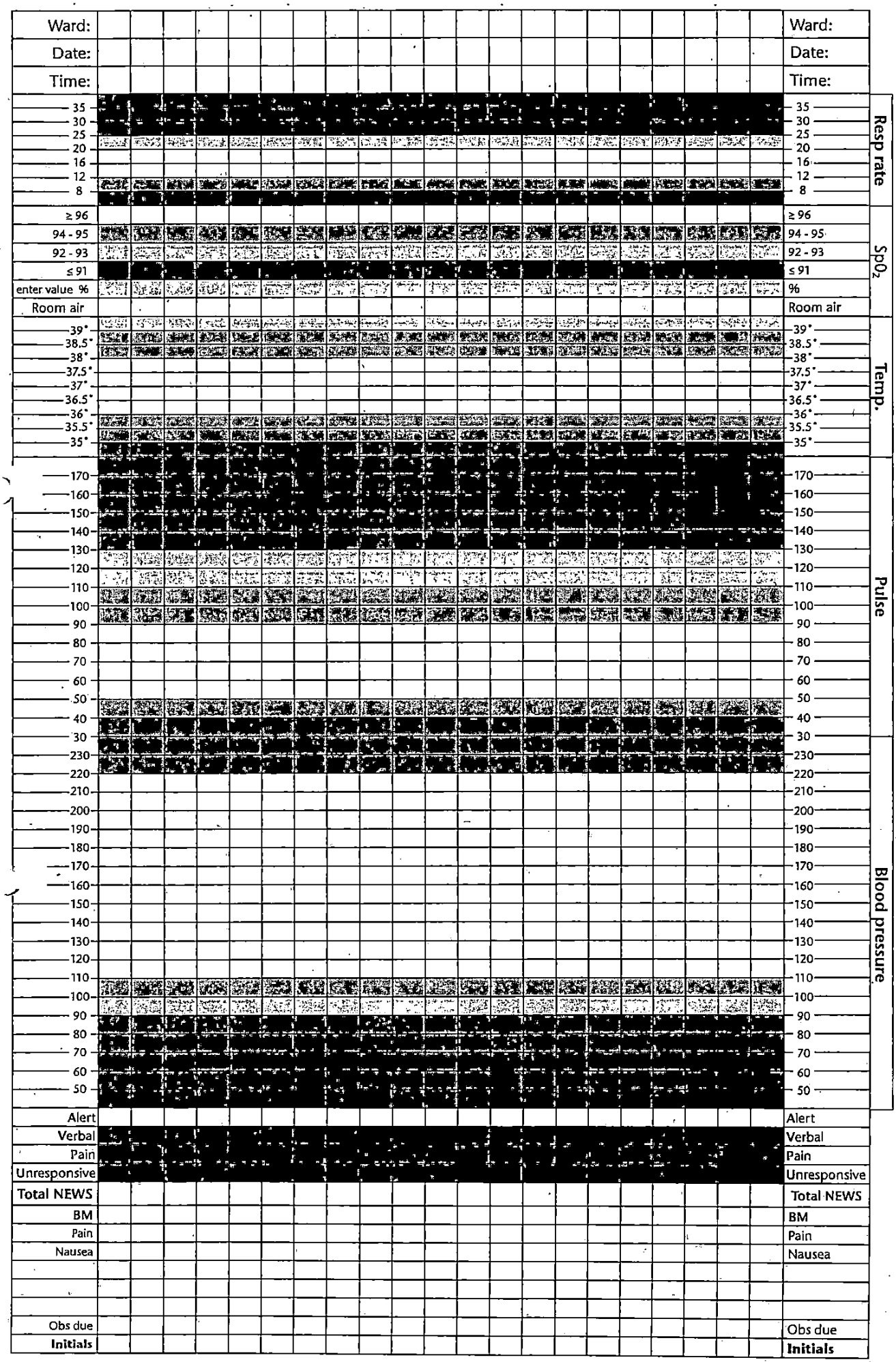
NEWS key
0
1
2
3


Ward:
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25
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8
Resp rate
≥ 96
94 - 95
92 - 93
≤ 91
enter value %
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SpO2
39°
38.5°
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170
160
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Pulse
230
220
210
200
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180
170
160
150
140
130
120
110
100
90
80
70
60
50
Blood pressure
Alert
Verbal
Pain
Unresponsive
Total NEWS
BM
Pain
Nausea
Obs due
Initials

# Neurological Observations

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMA SCALE | E | Spontaneously | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Eyes open | To speech | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | To pain | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | none | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | V | Oriented | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Best verbal response | Confused | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Inappropriate words | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Incomprehensible sounds | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | M | Obeys | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Best motor response | Localises | 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - withdrawal | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - abnormal | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension to pain | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL SCORE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPILS | R | Size | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | Size | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIMB MOVEMENT | ARMS | Normal power | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LEGS | Normal power | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | | |

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = Y

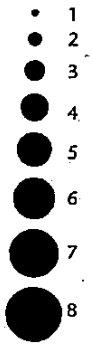
Usually record the best arm response

+ reacts
- no reaction
c eyes closed

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

## Glasgow Coma Scale

Pupil size (mm)




**Pain Score**

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If the patient's pain is chronic, use the generic tool. If the patient is unable to communicate, use the observational tool.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | A |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | | Asleep |

| Nausea and Vomiting |
|---|
| 0 - None |
| 1 - Mild (Not distressing - no retching/ vomiting) |
| 2 - Moderate (Troublesome - occasional retching/vomiting) |
| 3 - Severe (Distressing - frequent retching/ vomiting) |

| Physiological Parameter | NEWS - NHS Early Warning Score | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiration Rate | | | 9-11 | 12-20 | | 21-24 | |
| Oxygen Saturations | | 92-93 | 94-95 | >96 | | | |
| Any Supplementary Oxygen | | Yes | | No | | | |
| Temperature | | | 35.1-36.0° | 36.1-38.0° | 38.1-39° | ≥39.1° | |
| Pulse | | | 41-50 | 51-90 | 91-110 | 111-130 | |
| Systolic BP | | 91-100 | 101-110 | 111-219 | | | |
| Conscious Level | | | | A | | | |

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

# RECORD of ACTIONS to NEWS TRIGGER SCORES

(to be completed anytime a NEWS score of 3 or more is observed)

| DATE | TIME (24hr) | NEWS SCORE | ACTION (Nursing or Medical) | PERSON CONTACTED (Grade) | OUTCOME (eg phone advice, review, treatment etc) | PRINT NAME |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
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**NHS Ayrshire and Arran**
Nursing Notes

CHI: 0709605390
McPhee, John
37 Park View
Ardrossan
KA22 7BL
07/09/1960
Dr JP Monaghan
MRN: XHI225047

1020 Returned to ward. water provided. observations stable. Patient comfortable. —— FHamilton
1040 Tea and toast provided —— FHamilton
1050 Seen by Ms KERR re attend BMS clinic this thursday for stent removal. —— FHamilton
1110 Patient spoken to niece to arrange lift home at 1230. —— FHamilton
1125 Vital signs as charted.
Up to sit in chair
1130 mobile to toilet. Passed urine FHamilton
1150 All D/C info provided. venflon removed. FH

# DAY SURGERY UNIT DISCHARGE CRITERIA

| Criteria | Yes | No | N/A | Initials | Details |
|---|---|---|---|---|---|
| Stable vital signs | ✓ | | | FH | |
| Eating and drinking | ✓ | | | FH | |
| Pain controlled | ✓ | | | FH | |
| Nausea/vomiting controlled # | ✓ | | | FH | |
| Wound check | ✓ | | | FH | |
| Passed urine (if applicable)* | ✓ | | | FH | |
| Cannula removed | ✓ | | | FH | |
| Dressings provided | | | ✓ | FH | |
| Fit note issued | | | ✓ | FH | |
| Review appointment | ✓ | | | FH | 28/7/22 Bms clinic |
| District Nurse required | | | ✓ | FH | |
| Practice Nurse required | | | ✓ | FH | |
| Suture/Clip removal | | | ✓ | FH | |
| Post-Op information given | ✓ | | | FH | |
| Discharge prescription given + explained | ✓ | | | FH | Dihydrocodeine |
| Copy of discharge letter given to patient | ✓ | | | FH | |
| Responsible escort present | ✓ | | | FH | |

Discharged by FHamilton (signature) Print Name FIONA HAMILTON

Date 26/7/22 Time 1325

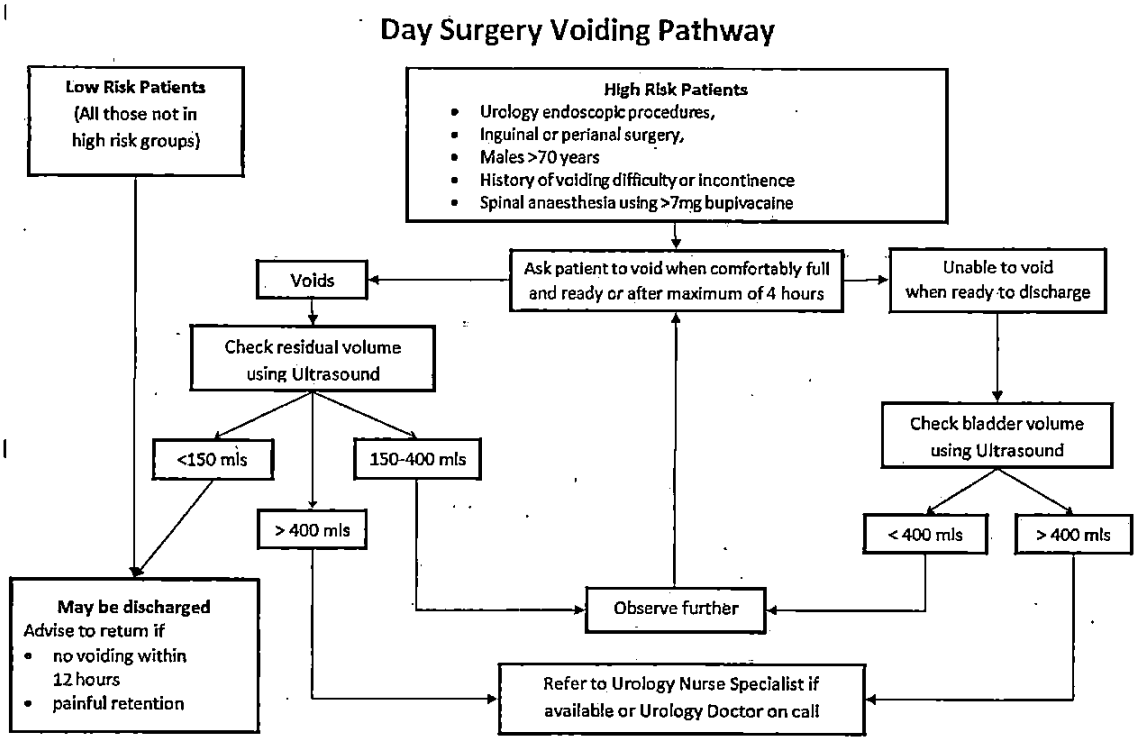
**Any patients who do not meet discharge criteria must be reviewed by medical staff prior to any overnight admission. Please ensure this occurs before 7pm.**

## # SCORING TOOL FOR POST DISCHARGE NAUSEA AND VOMITING (PDNV)

Risk factors:

- Female gender
- Age < 50 years
- History of PONV
- Opioid administration in the PACU
- Nausea in PACU

- The incidence of PDNV is approximately 10%, 20%, 30%, 50%, 60%, or 80% when 0, 1, 2, 3, 4, or 5 of these predictors are present, respectively
- Please ensure that the patient is given an antiemetic if they feel sick on the ward postoperatively.
- Patients with 3 or more risks factors should be given an antiemetic as part of their discharge prescription.

Ref Apfel CC, Philip BK, Cakmakkaya OS, et al Who Is at Risk for Post-discharge Nausea and Vomiting After Ambulatory Surgery *Anesthesiology*. 2012;117:475-486

## * DAY SURGERY POSTOPERATIVE VOIDING FLOW CHART