

Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 3rd June 2026
Your Ref:
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: ELIZABETH CAMPBELL

D.O.B: 11.03.1972

Thank you for your request received 11th May 2026 in which you seek a copy of your client's personal information.

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

**QUEEN ELIZABETH UNIVERSITY HOSPITAL
THE QUEEN MOTHER'S HOSPITAL GLASGOW**

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

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



CHI: 1103723049

Queen Elizabeth University Hospital

Title: MS

Total Att: 8

CAMPBELL

12 Mth Att: 0

Elizabeth Gibson

DOB: 11/03/1972

Age: 54y

Sex: Female

41 THORNHILL ROAD

Next of kin: RIDDELL, Mary
Relationship: MotherHamilton
Lanarkshire

ML3 9PS

07748805643

GP: TA Gray
01698 285818

Attendance Date: 22/04/2026

Arrival Time: 14:12

Registration Time: 14:12

Date of Incident: 22/04/2026

Major Incident Desc:

Reason for Attendance: elbow inj

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 0

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 22/04/2026 14:16

Nurse name: Physiotherapist Karen Aiken

RR		bpm
Oxygen		%
Air or O2		
SpO2		%
HR		bpm
BP	/	mmHg
CRT		
MAP		mmHg
AVPU		
Temp		C
EWS Total		

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Nursing Notes:

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

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

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date

Seen by (Dr)

1103723049

11/03/1972

CAMPBELL
Elizabeth Gibson

Time seen

14:30

22/4/25

54 F LHD white as clearer - attends PEUT a visiting friend today

R Pain @ elbow

HPC 2/4 walking dogs fall landed onto elbow - being working on going pain

PMH Adre elbow several weeks prior

GH HTW

denest H/O IE
CICA/TrostleupDH PK > 4 hrs deduced in depth
Lamapril NSA steroids AIC
HRTCurrent H well
O/E Convent.


1/1M pain
swelling
on warm skin intact
nmv or < 2 secs
sensibility remaining

PST (R)

nmv nmv nmv

elbow being tender radial head only

(no being tenderness olecranon med lat epicondyle
c) - oz - radius - wrist - hand - fingers - shd)
Many shd wrist fingers only rest.
Grip full.

PTU

Date


 CAMPBELL
Elizabeth Gibson

(2)

COT, Key NBI.
 Elbow from T P ER. Rep.
 Aggravated.

D St Sebastian
 1st Friday

bp Alcadine PK Gentle Rem crying probs GP.
 hscg ⇒ local ED/MIU.

Eventide

Discharge Codes (Please CIRCLE)

 1. Admission 2. Discharge 3. Refer to GP
 5. Died 6. Refer to OP Clinic (see below)

4. Transfer to other (see below)

7. Irregular Discharge 8. D.O.A.

Discharge date 22.4.26

Discharge time 15.09

Ward number (if admitted):

Transfer to hospital:

Consultant if admitted:

Follow up

Arranged

Not arranged

To be arranged

Clinic referred to

A&E

Hand injury

Fracture

Pop Check

Medical

Surgical

ENT

Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 22/04/2026.

Consultant: Dr Scott Hepburn

TA Gray
Wellhal Medical Centre
4 Hillhouse Road
Hamilton
Hamilton
ML3 9TZ

Dear TA Gray

Re: **Campbell Elizabeth Gibson**
41 THORNHILL ROAD
Hamilton ML3 9PS

DOB: 11/03/1972

CHI: 1103723049

Attended on: **22/04/2026 at 14:12 hrs.**

Departed on: **at hrs.**

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

Destination: **Private residence**

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

Presenting complaint
elbow inj

Nursing Assessment:

Investigations in ED:

1. XR Elbow Rt

XR Elbow Rt

Performed	22-Apr-2026 14:35	Received	22-Apr-2026 18:34
Reported	22-Apr-2026 18:32	Order Number	G405H43456337
Status	Final	Source System	MiSys

XR Elbow Rt

Final

Elizabeth Gibson Campbell

Clinical History :

2/7 fall onto elbow tender radial head exclude bony injury thanks

XR Elbow Rt :

The lateral projection is under flexed.

Allowing for this no acute fracture is identified.

No effusion.

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

Reported by Graham Johnstone, Reporting Radiographer. RA62764

Reported by: Graham Johnstone (Rep Radiographer)

Verified by: Graham Johnstone (Rep Radiographer)

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐

LABS

MAT GEN RECORD



Y0519307

CAMPBELL, ELIZABETH

HOSPITAL

IDENTIAL

519307

Glasgow Emergency Medical Services

(Centre Name)

WESTERN

Call No:	5052	Date:	03 May 1999	Time of Call:	18:02
Patient's Name:	Elizabeth Campbell	D.O.B. Age:	11/03/72	27 Y	
Address Today:	22 Hillhead St Flat F2 Hillhead GLASGOW G12 8PY	Home Address If different:			
Post Code:	G12 8PY	Post Code:			
Phone Number Today:	(0141) 357 4168 - Call Box	Home Phone If different:	()		
Special Directions to Today's address:					
Callers Name:	Self	Relationship to patient:			
Name of GP:	Arnot ADW	Practice No:	002		
Surgery:	31 Buckingham Terrace	Cipher No:	G0059 1		
Address:	Dr AA White & Partners 31 Buckingham Terrace Glasgow G12 8ED	Fax No:	0141 211 6232		
		Speed Dial:	040W		
Call Type:	Own Transport	ROUTINE	Time Passed:	18:04	
Receptionist's Name:	MAMCC	Time Arrived:	1812	Time complete:	
Patient's Complaint: 4wks pregnant - confirmed by family planning Saturday - bleeding & abdominal pain					
BP:	/	PR: per min	Temp:		
Clinical Notes LMP 2.4.99 Para 0+1 Gravid 2 At FPC on Sat Preg test +ve This AM developed lower abd cramps which have been coming over day. Also bright red blood P.V. occ clots. - heavy O/E Pulse BP 170/100 9 160/100 9 Treatment: Abx: Tendr ++ low abd Exp: Miscarriage - bleeding heavily Diagnosis Code: QTA will see - Admissions Referral: Seen by Dr: S MORRISON Rota No: 102 Nurse:					

Stage 1 Enquiry - Admission/Out-Patient Proforma

Patient's Name:

Permanent Address:

Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET
FLAT 2
GLASGOW
11/03/72
G12 8PY MACARA, LENA

If patient/parent/guardian answers 'yes' to any of the following then patient is exempt from cost of treatment.

- A. Have you/either parent been living in the UK for the past 12 months?
(absence of up to 3 months is disregarded) Y N
- B. Is it your/either parent's intention to live in the UK permanently?
(if permission has not yet been applied for or refused, contact Stage 2 Officer) Y N
- C. Are you/either parent a Student of a course which lasts > 6 months in the UK?
(required to produce student/registration card) Y N

Specified documentation is required to be shown to the Stage 1 Officer where indicated. If documentation is not available, please contact the Stage 2 Officer.

CATEGORY OF PATIENT: EXEMPT (documentation checked) []
EXEMPT (documentation still required/stage 2) []
NO EXEMPTION APPARENT (stage 2) []

Date:

BOOKING ARRANGEMENTS ANTENATAL CARE		
	Tick	Note
Specialist Hospital Clinic		
Consultant		
Other Clinic		
Combined Care		
General Practitioner		
Consultation Only		
DELIVERY		
Specialist Hospital		
Consultant Only		
Other Hospital		
Domiciliary		
Early Discharge		
Previous Booking		
POST NATAL EXAMINATION		
Specialist Hospital		
Other Clinic		
General Practitioner		

SURNAME	UNIT NUMBER
	Y0519307 SG9
FIRST NAMES	CAMPBELL, ELIZABETH 22 HILLHEAD STREET FLAT 2 GLASGOW
DATE OF BIRTH	11/03/72 G12 8PY MACARA, LENA
ADDRESSOGRAPH PANEL	
HOSPITAL	
WARD	
CONSULTANT	

ADMISSION AND DISCHARGE DATA							
MOTHER ADMITTED			DISCHARGED			TO ATTEND	
Date	From	To	Date	From	To	Clinic	Date
INFANT							

SUMMARY OF PRESENT PREGNANCY									
Date	Place	LABOUR AND DELIVERY				INFANT			
		Gest.	Onset Sp/ind	Dur Hrs	Mode of Delivery	Sex	Weight	LB/SB 1st Week Death	Name and Unit No.
						Feeding			

PERINATAL DEATH	Cause of Death as detailed on Death Certificate	Clinicopathological Classification
1 a.		
b.		
c.		

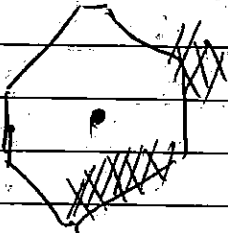
NAME: ELIZABETH CAMPBELLUNIT# 519307

DR CHATFIELD

Date	Time	Progress Notes
3/5/99	1930	GP referral 27 year P.O.+1 LMP 2/4/99 at 4+2 weeks gestation with a history of fresh heavy p.v. bleeding all day and some clots. Positive pregnancy test 2 days ago.
		o/a Tachy and Flushed looking
		T36° P105 BP 133/82 mmHg.
		Tender +++ in lower abdomen
		for review by medical staff who are presently busy in theatre.
		slm molar (MORTON MIDWIFE)
3/5/99	2040	P.O.+1 @ ~4+ weeks pregnant. Positive pregnancy test 2 1/2 ago. c/o PV Bleeding ^{fresh} + clots today heavier than normal period. No crampy abd pain c/o 1 sided abdo intermittent pain - constant. Frequency of urine • dysuria. Otherwise well. Previous miscarriage 198 July '98 at 12 weeks. Anxious.

NAME: _____

UNIT# _____

Date	Time	Progress Notes
		O/E, Anxious, flushed. Moving round bed unaided.  Rt abdo. Tenderness felt. Tender ++ LF + (D) renal angle. BSV Refused VB₂. Urine → Contaminated & blood. Blood Group → O Pos. Imp - Threatened/inevitable miscarriage ± UTI/pyelonephritis. Plan - FBC, UTEs. - Home if OK bloods OK - on analgesia. - EPAn. mane ✓ + paracetamol. ✓
21.20 _L		Na 144 Creat 72 Gwardhys SHO K 4.4 (Slightly haemolysed) Calc 2.25 Chl 109 Phos 0.75 CO₂ 26 glucose 4.5 Urea 5.0 WCC 8.9 Hb 13.7 Platelets 215 S/m mucusy Immediately

EARLY PREGNANCY UNIT

ADMISSION/DISCHARGE CHECK LIST



Y0519307 SG9

CAMPBELL, ELIZABETH

22, HILLHEAD STREET

FLAT 2

GLASGOW

F

U

11/03/72

G12 8PY

DR THOMAS TP CUDDIHY
31 BUCKINGHAM TERRACE
31 BUCKINGHAM TERRACE
GLASGOW
G12 8ED

2116210

Telephone number *None*

Next of kin

*Mr. Riddell
88 Craig Rd
Paisley 884 8780.*

*(Work - 4007070
after 10pm)*

Date

4-5-99

Presenting complaint

*14/0 Abdo cramp. Red PV loss 7c clots.
Erosion abdo ++ late pm*

*Seen in Admission 24/1 ± 8.1. Commercial Augmentin
Contraceptive at present - June Red V 6c*

LMP

2-4-99

Cycle : regular/irregular

Date of positive pregnancy test

1-5-99

Estimated gestation by LMP

4+4

Parity

0+1

Past obstetric history of note

July 198. 12+ wks D+C DMH.

Blood group

OPos.

Hb

13.7

Ultrasound report :

See scan

Relevant Medical History

Allergies

yes/no

Smoker

yes/no

Medication

yes/no

Asymptomatic

Previous GA

yes/no

complications

yes/no

OK

Discharge - continuing pregnancy

Anti - D required

yes/no

Referred for booking

yes/no

Explanation and support/pregnancy information given

yes/no

Discharge letter for GP

yes/no

Discharge - non-continuing pregnancy

Anti-D required

yes/no

Explanation of loss

yes/no

Miscarriage literature offered

yes/no

Management options discussed

yes/no

Follow-up appointment / date for evacuation

yes/no

Theatre information leaflet given

yes/no

Records/ CMW informed

yes/no

Pre-pregnancy appointment

yes/no

GP letter

yes/no

Midwife's signature

1645
S-5-99

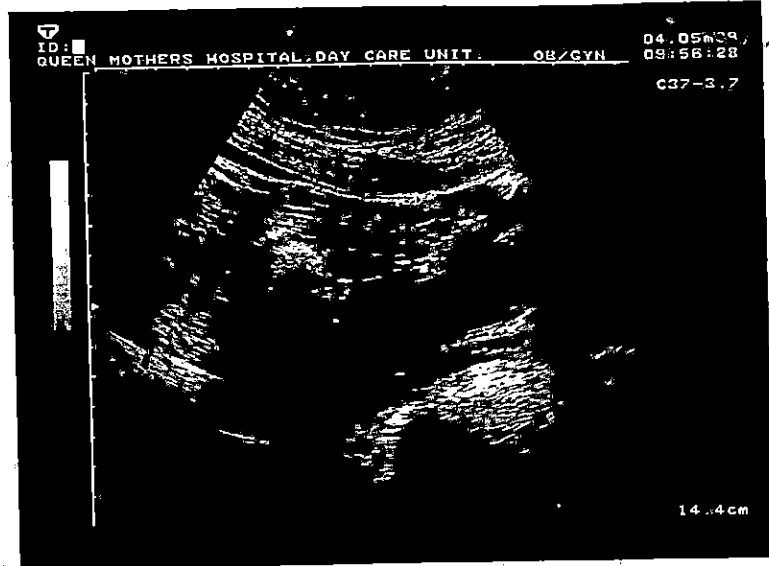
Message left at GP surgery
Dr Cuddihy busy in surgery at present
1700 Dr Cuddihy phoned back - will call K McDermott

+5-99 BHC result L 2 U/I K McDermott

Dr McDermott, probably false pos. preg. test -
Elizabeth informed & comfortable with this - will self
ref if has a problem. Cllr

Booking data and early pregnancy scan

Date	4/5/99
Menstrual age	
US age	
Fetal number	
Fetal heart	
CRL	
BPD	
FL	
Yolk sac	
Bleeding/Second sac	
Placenta	
Molar changes	
Pelvic mass/IUCD	



Declined TNS

Comment: TNS - sub optimal views - unable to get views to assist diagnosis - Elizabeth crying - too upset & unable to fill bladder on relax.

Do Hcg & make plan then

Diagnosis	
Repeat	
Operator	mf

Fetal growth and placental profile

Date					
Weeks by accepted EDD					
Presentation					
Fetal heart					
BPD					
FL					
HC					
CC					
TC					
EFW					
H/T					
Liquor volume					
BPS	activity				
	breathing				
	tone				
Placental site					
Placental maturity					
Doppler					
Comments:					
Repeat					
Operator					

**QUEEN MOTHERS HOSPITAL
ULTRASONIC DEPARTMENT REPORT**



Y0519307

SG9

CAMPBELL, ELIZABETH

22 HILLHEAD STREET

FLAT 2

GLASGOW

11/03/72

G12 8PY

MACARA, LENA

LMP

EDD

US consistent with dates YES/NO

If NO US EDD

based on Scan/s of

Single/twins/triplets

Fetal anatomy

Date					
Weeks by accepted EDD					
Head					
Ventricles VHR					
Cerebellum					
Face					
Spine					
4 chamber heart					
Diaphragm					
Abdominal wall					
Stomach					
Kidneys					
Bladder					
Limbs - upper R & L					
lower R & L					
Hydrops					
Sex					
Procedure					
Comments					
Repeat					
Operator					

See

BIOCHEMISTRY REPORT YORKHILL HOSPITALS

F1

Surname
CAMPBELLHospital Number
Y0519307Sex
FemaleDate of Birth
11.03.72

COMMENT CODES

ICT Icteric
HM1 Slightly Haemolysed
HM2 Moderately Haemolysed
HM3 Grossly Haemolysed
INS Insufficient
LIP Lipaemic
UNS Unsuitable Specimen
CON ? Contamination
NHG Note High Glucose

Forename
ELIZABETHWard
AdmissionsHospital
Q.M.H.Consultant
Dr W.R. Chatfield

99.0023615.S
03.05.99 N.K.
03.05.99 21:03
CURRENT

Lab number
Date and Time of Collection
Date and Time of Receipt

HM1

BLOOD/PLASMA

144

(135-145)

Sodium mmol/l

4.3 HM1

(3.7-4.8)

Potassium mmol/l

*109

(95-107)

Chloride mmol/l

26

(22-27)

Bicarbonate mmol/l

5.0

(2.5-6.0)

Urea mmol/l

72

(35-88)

Creatinine µmol/l

2.25

(2.20-2.70)

Calcium mmol/l

*0.75

(0.80-1.50)

Phosphate mmol/l

Alkaline Phosphatase U/l

AST U/l

ALT U/l

Total Bilirubin µmol/l

Unconjugated Bilirubin µmol/l

Total Protein g/l

Albumin g/l

Urate mmol/l

Magnesium mmol/l

4.5

Glucose mmol/l

C.R.P. mg/l

pH

PCO₂ mmHg

Base Excess mmol/l

PO₂ mmHgOsmolality mOS/kg H₂O

When discarding previous pages, please ensure that they are disposed of as CONFIDENTIAL waste.

Reference range information related to age and gender is displayed where appropriate.
Current results lying outwith these ranges are flagged with an *. These range only advisory - further information can be obtained from the Biochemistry Department.

BIOCHEMISTRY REPORT YORKHILL HOSPITALS

F3

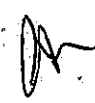
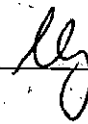
Surname
CAMPBELLHospital Number
Y0519307Sex
FemaleDate of Birth
11.03.72Forename
ELIZABETHWard Hospital
EARLY PREGNANCY ASS. UNITConsultant
Dr. Lena Macara

Collected: 04.05.99 @ 11:00 Received: 04.05.99 @ 11:25 Specimen: Plasma

Lab No: 1,99.0023720.G [Current]

Human Chorionic Gonadotrophin <2 u/l

Comments: Reference Range: Related to gestation



Biochemist's Signature

When discarding previous pages, please ensure that they are disposed of as CONFIDENTIAL waste.

Information related to age and gender is displayed where appropriate. Information with these ranges are flagged with an *. These ranges. Further information can be obtained from the Biochemistry Department.

HAEMATOLOGY REPORT YORKHILL HOSPITALS

F1

SURNAME
CAMPBELL

HOSPITAL

HOSPITAL NUMBER
Y0519307

FORENAME
ELIZABETH

WARD

EARLY PREGNANCY ASS.

SPECIMEN DETAILS
UNIT Blood

DATE OF BIRTH
11.03.72

SEX
F

CONSULTANT

Dr. Lena Macara Y

CLINICAL PRESENTATION

/: POST EVAC. PYREXIA

160798 200798

030599

1805:228 1929:088 2103:132

PREVIOUS REPORTS

CURRENT REPORT

			8.3	13.0	8.9		WBC x 10 ⁹ /Litre
			4.45	4.34	4.50		RBC x 10 ¹² /Litre
			13.7	12.8	13.7		Hb g/dl
			40.5	40.1	41.7		Hct %
			91.0	92.4	92.7		MCV fl
			30.8	29.5	30.4		MCH pg
			205	204	215		PLATS x 10 ⁹ /L
							NEUT x 10 ⁹ /L
							LYMPHS %
							MONOS %
							EOSIN %
							BASO %
							METAMYELO %
							'BLASTS' %
							NRBC/100 WBC
							RETIC %
							ESR mm FALL
							GFST/Monospot

RECEIVED BY:

REMOVE TOP PAPER HERE

REMOVE TOP PAPER HERE

REMOVE

REMOVE

MICROBIOLOGY DEPARTMENT

YORKHILL NHS TRUST

Sec

Name: CAMPBELL ELIZABETH

Sex F

D.O.B.

11.03.72

Hosp.

Admissions

Address 22 HILLHEAD STREET

Consultant

Dr W.R. Chatfie

Hosp. No. Y0519307

FLAT 2

HISS No: MIC.19990503-0132

Taken

03.05.99

Investigation Urine Culture

Received

04.05.99

Specimen Urine URINE-Mid Stream Specimen

Copy to :Admissions

Q

Culture result: No Evidence of Infection

* FINAL REPORT *

Dr Michie Consultant Microbiologist

Microbiologists

Authorised by Hugh G Campbell

Urine URINE-Mid Stream Specimen

Reported

05.05.99

Lab No.

29771

Page

of

F

228041

CH/KtR
201-0509

20.7.98

ELIZABETH CAMPBELL
22 HILLHEAD STREET
FLAT 2
GLASGOW
G12 8PY

11.3.72

519307

Dear Dr

Cadell

Your patient attended the Early Pregnancy Assessment Unit on 17.7.98 and an ultrasound scan has confirmed a non-continuing pregnancy.

Your patient has opted for a surgical evacuation of uterus which was carried out today with no complications.

Anti-D 250iu was ~~was~~ not administered on

Other comments:

Developed pyrexia, kept overnight, had 11 Antibiotics
LVS, MSU & FBC
Medical review, home on Augmentin 21.7.98.

Yours sincerely

CH

C HORAN - Staff Midwife
Early Pregnancy Assessment Unit

YORKHILL HOSPITAL NHS TRUST

SUMMARY OF DELIVERY

RUN DATE: 20/07/98
RUN TIME: 1308

PAGE: 1
PRINTED BY: MW. HEALELI

Patient: CAMPBELL, ELIZABETH Unit Number: Y0519307 Acct No.: Q10006393/98
Date of Birth: 11/03/72 Age: 26
Letter: 84258 Service: OBS Team:
Blood Type: OPOS
Gestation: Gravida: Parity: 0+0
Booking Type: CONGPMW Consultant: GENERIC OBSTETRICIAN

BLOOD GROUP O RHESUS POSITIVE
RUBELLA STATUS UNSURE
PREGNANCY PROBLEMS:

BLOOD ANTIBODIES NOT KNOWN
LAST Hb 13.7

FETAL PROBLEMS:

Labour

ONSET OF LABOUR: OTHER
REASON FOR IOL:
MATERNAL PROBLEMS: NO PROBLEMS

FETAL PROBLEMS: NO PROBLEMS

BABY

BABIES BORN: 1

BABY #: 1

= RECORD OF ABORTION - QUEEN MOTHER'S HOSPITAL =

Date of abortion: 20/07/98 Gestation at abortion (weeks): 8

Type of abortion: MISS MISSED (BLIGHTED OVUM)

Reason for termination: O OTHER

Management of abortion: VAC VACUUM ASPIRATION

Sterilisation following abortion: N NONE

Principle complication of abortion: N NONE

Place of delivery: LS LABOUR SUITE

Attending Midwife: MW. HEALELI HEALEY, ELIZABETH

Burial/cremation of fetus: HIS HISTOPATHOLOGY

= FOLLOW-UP =

Follow up arrangements: GP GP

Comments:

3RD STAGE

PLACENTA DELIVERED: OTHER METHOD
OXYTOCIC DRUGS:

PLACENTA APPARENTLY COMPLETE: Y

MEMBRANES APPARENTLY COMPLETE: Y

BLOOD LOSS: 100

UTERUS: NOT PALPATED

PASSED URINE?: N

STERILISATION AFTER DELIVERY: NONE
PROBLEMS:

TEMP: 36.7

PULSE: 90

BLOOD PRESSURE: 131/103

LOCHIA: AVERAGE

SPONTANEOUS?:

PERINEUM

PERINEUM: NOT APPLICABLE

SUTURED BY:

SUPERVISED BY:

LABIA:

POST VAG WALL:

YORKHILL HOSPITAL NHS TRUST

SUMMARY OF DELIVERY

RUN DATE: 20/07/98
 RUN TIME: 1308

PAGE: 2
 PRINTED BY: MW.HEALELI

Patient: CAMPBELL, ELIZABETH	Unit Number: Y0519307	Acct No.: QI0006393/98
Letter: 84258	Date of Birth: 11/03/72	Age: 26
Blood Type: OPOS	Service: OBS	Team:
Gestation:	Gravida:	Parity: 0+0
Booking Type: CONGPMW	Consultant: GENERIC OBSTETRICIAN	

PERINEAL MUSCLE:
 POST REPAIR CHECK:

SKIN:

ANALGESIA	DATE	TIME
GENERAL ANAESTHETIC (DELIVERY)	20/07/98	1245
MEDICATIONS:		

YORKHILL HOSPITAL NHS TRUST

SUMMARY OF DELIVERY

RUN DATE: 20/07/98
RUN TIME: 1312

PAGE: 2
PRINTED BY: MW.HEALELI

Patient: CAMPBELL, ELIZABETH

Unit Number: Y0519307

Acct No.: QI0006393/98

Date of Birth: 11/03/72

Age: 26

Letter: 84258

Service: OBS

Team:

Blood Type: OPOS

Gestation:

Gravida:

Parity: 0+0

Booking Type: CONGPMW

Consultant: GENERIC OBSTETRICIAN

PERINEAL MUSCLE:
POST REPAIR CHECK:

SKIN:

ANALGESIA

DATE

TIME

GENERAL ANAESTHETIC (DELIVERY)

20/07/98

1245

MEDICATIONS:

Name	Elizabeth Campbell.
Hospital Number	519307.
DoB / Age	26.

Anaesthetic Procedure(s) Anaesthetist(s)

Elas.

Grade ☐ C ☐ SpR ☐ R ☐ SHO ☐ Other

Date 20 10/198

Parity 0+1:

Gestation

Patient Assessment / Anaesthetist's notes

Fasted.
V. sore ? cervicem.
No previous anaesthetics
NRDA
Non smoker
won't cooperate for MAP. ? II
Dose.

Central Opioids - This patient has had:

Spinal Opioid ☐ Drug / Dose _____ Time _____

Epidural Opioid ☐ Drug / Dose _____ Time _____

Post-Procedure Instructions.

Oxygen

If SpO₂ _____ % _____

IV Fluids

Monitoring Routine for _____

Hourly Urine Volumes ☐

CVP ☐

Analgesia prescribed ☐

Does Anaesthetist wish to see patient before return to ward?

Yes / No (delete)

EPIDURAL PRESCRIPTION

Midwife top-ups

Infusion

Patient Controlled Epidural Analgesia

Bolus _____ Lockout _____ min.

Allow _____ Boluses in _____ hr

Bolus _____ Lockout _____ min.

Allow _____ Boluses in _____ hr

Drug(s) _____

Sign. _____

Drug(s) _____

Sign. _____

[illegible]

IV Site(s):

Mode of Delivery:

Sign.	IV Fluids	Events
	①	①
	②	②
	③	③
	④	④
	⑤	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	Epidural catheter removal

Technique details:

Continuous (Epidural Analgesia) Record

[illegible]

Leg Movement
0 - Absent
1 - Diminished
2 - Appears normal

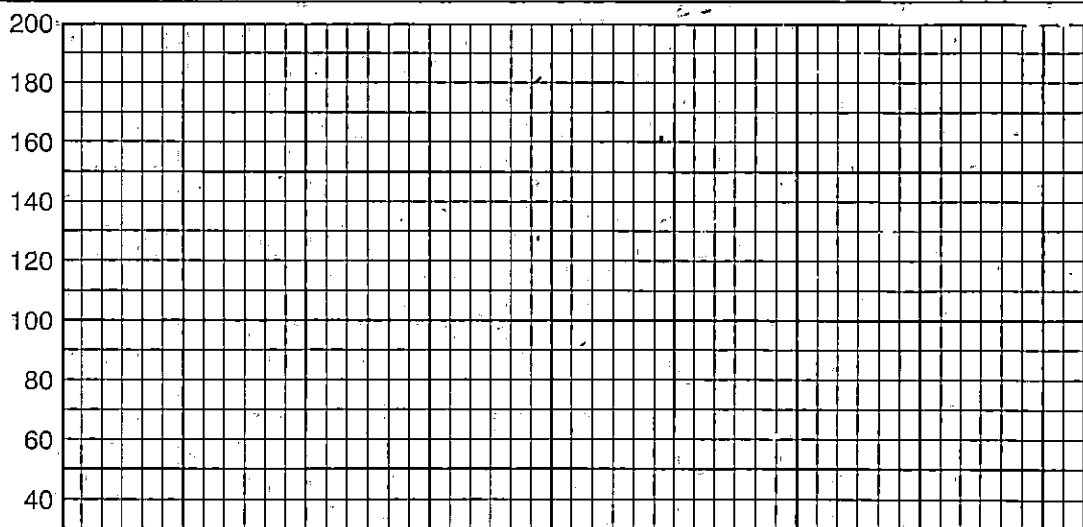
Maternal

V

^

BP

- HR

[illegible]

	Time	Top-up	Sign.		Time	Top-up
①				⑩		
②				⑪		
③				⑫		
④				⑬		
⑤				⑭		
⑥				⑮		
⑦				⑯		
⑧				⑰		
⑨				⑱		

Anaesthetic Details - Operative Procedure _____ Surgeon _____

Spinal ☐ Epidural ☐ Other LA _____

GA ☐ ETT _____ Laryngoscopy _____

Face Mask ☐ LMA _____ Airway _____ Breathing system _____

IV Site(s)
Other Lines

Technique details: Time Induction GA _____ Time Spinal Injection _____

Block height Time: _____ To Cold/To Sharp Time: _____ To Cold/To Sharp

Upper R

L

Lower R

Sacral L

Motor Block Dense?

Y/N

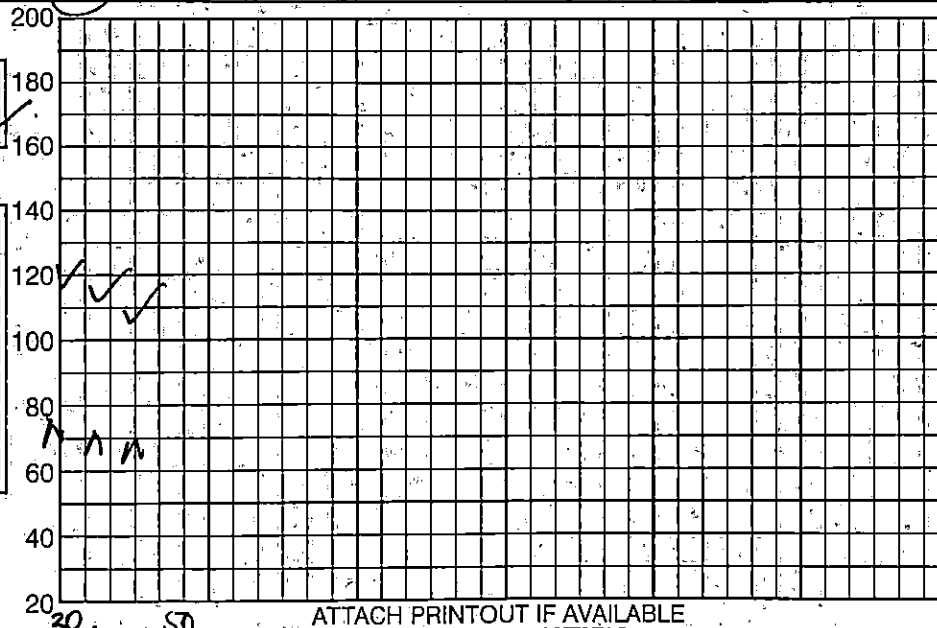
Y/N

Alentanal 500mg
Nepo 1. 200mg
N2O 2/100 2:20

IV Fluids (N)

RSI ☐
Pre-ox ☒

SpO₂ ☐
NIBP ☐
ETCO₂ ☐
ETAA ☐
All the above ☐
PNS ☐



Time	13	12	SD
Events			
FiO ₂	7		
SpO ₂	76	95	
ETCO ₂	5.4	4.5	
ETAA	0.3		

IV Fluids

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Events / Drugs

- 1 Idon
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Neonate

Appar 1'

5'

Anaesthetist

MNR

(print)

(sign)

Grade ☐ C ☐ SpR ☐ R ☒ SHO ☐ Other

THE QUEEN MOTHER

Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET F
FLAT 2
GLASGOW
11/03/72
G12 8PY

THEATRE CHECKLIST

DATE

20.7.98

To be completed in Wing:

1. Identification/bracelet

2. Consent form signed

3. a) Blood group & save

b) Cross-matched

4. Removal of jewellery - Valubles in safekeeping

5. Removal of make-up

6. Skin prep.

7. Ranitidine administered

8. Fasted from 2330 on 19.7.98

9. Casenotes / Nursing notes prepared

Comments / Alerts:

Completed by:

Chlor S/M
Horta

To be completed by Theatre Staff:

Ensure 1 - 8 completed

9. Confirm identification

10. Consent signed & operative procedure identified

11. Removal of dentures/prosthesis

12. Identify dental crowns

13. Cimetidine administered (for emergency procedure)

Comments:

Completed by:

YO KHILL NHS TUST

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

(Notes for Guidance of Doctors and Patients overleaf)

Patients Name ELIZABETH CAMPBELL Date: 20.7.98
(BLOCK CAPITALS)
Unit number 519307 Proposed Procedure ERPOC
(BLOCK CAPITALS)

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/ ~~parent/ guardian/ next of kin*~~
(*DELETE AS APPROPRIATE)

1. The procedure named on this form
2. Appropriate alternatives which are available
3. Significant side-effects which may result from the procedure

Name KAM L. FONG
(BLOCK CAPITALS)
Signature [Signature]

TO BE COMPLETED BY THE PATIENT, PARENT OR GUARDIAN

You should read this form and the notes overleaf carefully. If there is anything you do not understand, ask the doctor or dentist for an explanation. If the information is correct and you understand the procedure, you should sign the form.

I AM The patient/ ~~parent/ guardian/ next of kin*~~
(*DELETE AS APPROPRIATE)

I UNDERSTAND The procedure which has been explained to me by the Doctor or Dentist named on this form.

That the procedure may not be carried out by the Doctor or Dentist who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my (the patient's) best interests and can be justified for medical reasons.

I AGREE To the administration of an anaesthetic or to sedation if required

To the procedure named on this form

That examination for the purposes of teaching will not be undertaken without my consent (see overleaf)

Signature Elizabeth Campbell

The patient/ ~~parent/ guardian/ next of kin*~~
(*DELETE AS APPROPRIATE)

Name
(BLOCK CAPITALS)
Address


Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET
FLAT 2
GLASGOW
G12 8PY

11/03/72

Notes for Guidance

1. DOCTORS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor or Dentist must give the patient sufficient information, in a way that he/she can understand, about the procedure, any significant side effects and the possible alternatives. In broad terms, a significant side effect is one which is serious but uncommon or one which occurs frequently, even if it is not serious. You must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent at any time. Consent to a procedure must be recorded on this form.

- 1.1 The patient must give written consent to be examined by students during any procedure for which written consent is required. (See below)
- 1.2 A competent adult (parent or guardian) must give consent for any procedure on a child aged less than 16. You must, however, consider the capacity of the child to understand the procedure that is to be undertaken and ensure that a child who has that capacity also gives their consent. A child who fully understands a procedure and its implications has the right in law to withhold his/her consent.

2. PATIENTS

- 2.1 The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information if you wish.
- 2.2 You may ask for a relative, friend or nurse to be present while the doctor or dentist explains the procedure and asks you to sign the form.
- 2.3 Students need to learn how to examine patients and to see how procedures are done. This is important for the future of the health service. You may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether to give your consent or not but, whatever you decide, it will not affect your treatment.

-
1. I agree / do not agree* to the involvement of a student at the procedure named on this form.
 2. I agree / do not agree* to examination by a student during the procedure named on this form under the supervision of the senior doctor or dentist undertaking the procedure.

Name _____
(BLOCK CAPITALS)

Date _____

Signature _____

(*DELETE AS APPROPRIATE)

EARLY PREGNANCY UNIT (EPU)

ADMISSION FOR SURGERY

Last ate & drank at midnight. 19.7.98.

0 Pos

Demographic I

Y0519307 SG9

CAMPBELL, ELIZABETH

22 HILLHEAD STREET

FLAT 2

GLASGOW

G12 8PY

11/03/72

16.7.98

Hb 13.7

WCC 8.3

PLT 205

Parity 0 to

Previous pregnancies

Past medical/surgical history of note

1 mild essential hypertension

Current medication

Allergies

Current pregnancy - diagnosis pv bleed (brownish discharge)
Scan - missed abortion
~ 8 wks.

EXAMINATION BMI > average

General condition alert & orientated

Pulse 80 bpm

Blood pressure 130/80 mmHg

Auscultation of chest H&I to chest - clear

Heart sounds

Doctor's Signature: *[Signature]* (GHO)
K. FONG

Plan 1mg Carvagum at 11.00 a.m.
✓ consent

G17



soft, non-tender
CLIKS
VBS

VE - anti-Cx, as closed
size

Hospital use Only Clinic Day Date Time Hospital No. 40012 GP112

40012

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category

Routine ☒ Soon ☐ Urgent ☐

Hospital Queen Mother's Date 3.7.98

CHI No. 1 1 0 3 7 2 3 0 4 9

Please arrange for this patient to attend the Ante Natal clinic of Dr/Mr

Patient's Surname Campbell Maiden Surname

First Names Elizabeth Single/Married/Widowed/Other

Address Flat 2, 22 Hillhead Street, Date of Birth 11.3.72

Glasgow Patient's Occupation

Postal Code G12 8PY Contact telephone number

Has the patient attended hospital before? YES / NO If "YES", please state:

Name of Hospital

Year of attendance Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of
MEDICAL / DENTAL PRACTITIONER

Dr. T.P. Cuddihy,
31 Buckingham Terrace,
Glasgow,
G12 8ED
Tel: 0141-211 6210

Please use rubber stamp

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:
Dear Doctor,

I would appreciate if this young woman who is pregnant for the first time could be seen for combined ante natal care. Her LMP was at the end of April although she is unsure of the exact date. She normally has a four weekly cycle. She has been well thus far in the pregnancy and is taking Folic Acid. There is no significant medical history and she is a non-smoker. However she is somewhat overweight and her blood pressure was 152/98 at the time that she registered with the practice in December 1997. Her blood pressure when seen recently in early pregnancy was 150/90. Although I have no other recent readings, it seems likely that she has mild essential hypertension. We would be happy to share her care.

Many thanks.

Yours sincerely,

Dr. T.P. Cuddihy

MEDICAL RECORDS
Q M H

- 6 JUL 1998

URGENT
SOON
ROUTINE
OTHER

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Address: FLAT 2, 22 HILLHEAD STREET
Glasgow
Tel: G12 8PY

Surname:

Campbell

Unit Number:

40519307

First Names:

Elizabeth

Date of Birth:

11-03-72

M.S. Sep. Div.

General Practitioner:

Dr. Cuddihy
31 Boddington Terrace
Glasgow G12 8ED

Change:

Next of Kin:

Address:

Tel:

Change:

Maiden Name

Partner's Name

Religion

Ethnic Group

Drug Sensitivity

Other Potential Hazards

1

1

2

2

3

3

4

4

Patient Identification

Health Records System ID		Patient Identifier	Y519307
Surname	CAMPBELL		
First Forename	ELIZABETH		
Second Forename			
Previous Surname			
Date of Birth	11031972		
Sex (Gender)	2		
Marital Status	9		
Central Index (CI)/CHI Number	1103723049		
NHS Number			
Alternative Case Ref. Number			

Hospital

Coppish SMR
Episode Record Key

Patient's Address

Flat 1/2,
22 Hillhead St.
Glasgow

Postcode

G128PY

Ethnic Group

00

GP Practice Code

40012

GMCNo. of Referring
GP/GDP/Consultant

3207532

Episode Management

Spell/ Care Package ID	
Specialty/ Discipline	F3
Significant Facility	11
Clinical Facility Start	1J
Consultant/HCP Responsible for Care	3256378
Management of Patient	7
Patient Category	3

Location/
Hospital

G515H

Admission Date

190798

Admission Type

42

Admission Reason

21

Admission/Transfer From

12

Admission/Transfer
From - Location

GP Referral Letter Number

Provider	Purchaser	Contract Serial Number	Contract Service Number	Iso Resource Group	Invoice Number	Invoice Line
Contract Identifier	SGC02					
Contract Charge						

Previous Pregnancies

Total Number	0	Spontaneous Abortions (Miscarriages)	0	Therapeutic Abortions	0
Caesarean Sections	0	Stillbirths	0	Neonatal deaths	0

Maternal Discharge Data

Ready for Discharge Date	210798
Date of Discharge	210798
Clinical Facility End	1K
Condition on Discharge	2
Discharge Type	11
Discharge/Transfer To	12
Discharge/Transfer To - Location	
Booking Smoking History	0
Smoker during Pregnancy	0
Diabetes	9

General Clinical - Maternal Condition

In Condition/ Principal Diagnosis/ Problem Managed - ICD 10	0021
Other Condition/ Comorbidity/ Complication - ICD 10 - 2	0864
Other Condition/ Comorbidity/ Complication - ICD 10 - 3	
Other Condition/ Comorbidity/ Complication - ICD 10 - 4	
Other Condition/ Comorbidity/ Complication - ICD 10 - 5	
Other Condition/ Comorbidity/ Complication - ICD 10 - 6	

Operation/Procedure

Main Operation/Procedure		Date Main Operation	
Other Operation/Procedure (OPP2)		Clinician Responsible	
		Date (OPP2)	
		Clinician Responsible (2)	

SMR 02

I/A/D/C ☐

For Hospital Use Only

Current PregnancyNumber of *Previous* Admissions to
Any Hospital in this Pregnancy

1

Date of Booking

Original Booking

00000

Delivery Plan - Place

8

Delivery Plan - Management

8

Booking Change - Place

8

Booking Change - Management

8

Feeding Intention at Booking

9

Height _____ ft _____ ins

MK
gm

Type of Abortion

2

Management of Abortion

2

Last Menstrual Period (LMP)

000498

Estimated Gestation at Abortion or Delivery

08

Certainty of Gestation based on LMP

2

Record of Labour

Induction of Labour (not augmentation)

Duration of Labour (hours)

Analgesia in Labour

Analgesia during Delivery

Sterilisation after Delivery

Date of Delivery

Number of Births this Pregnancy

Episiotomy

Tears

Indication for Operative Delivery (baby 1)

Senior Doctor Present at Delivery

Senior Midwife Present at Delivery

Midwife to Consultant Transfer

Antenatal Steroids

Baby Record

Baby CHI:

1

2

3

Baby 1

Baby 2

Baby 3

Presentation at Delivery

Mode of Delivery

Outcome of Pregnancy

Birthweight (g)

Resuscitation

Apgar Score at 5 min.

Sex

OFC (cm)

Crown/Heel (cm)

Neonatal Indicator

Baby Discharged to

Feed on Discharge

Patient Identification

Health Records System ID		Patient Identifier	Y0519307
Surname	CAMPBELL		
First Forename	ELIZABETH		
Second Forename			
Previous Surname			
Date of Birth	11031972		
Sex (Gender)	2		
Marital Status	9		
Central Index (CI)/CHI Number	1103723049		
NHS Number			
Alternative Case Ref. Number			

Hospital	
Coppish SMR Episode Record Key	

Patient's Address
FLAT/2
22 Hillhead St
Glasgow

Postcode	G12 8PY
Ethnic Group	00
GP Practice Code	40012
GMC No. of Referring GP/GDP/Consultant	3207532

Episode Management

Cell/ Care Package ID	
Specialty/ Discipline	F3
Significant Facility	11
Clinical Facility Start	1J
Consultant/HCP Responsible for Care	3256378
Management of Patient	6
Patient Category	3

Location/ Hospital	G515H	Admission Date	170798
Admission Type	42		
Admission Reason	28		
Admission/Transfer From	12		
Admission/Transfer From - Location			
GP Referral Letter Number			

Provider	Purchaser	Contract Serial Number	Contract Service Number	Iso Resource Group	Invoice Number	Invoice Line
Contract Identifier	SGC02					
Contract Charge						

Previous Pregnancies

Total Number	0	Spontaneous Abortions (Miscarriages)	0	Therapeutic Abortions	0
Cesarean Sections	0	Stillbirths	0	Neonatal deaths	0

General Clinical - Maternal Condition

Condition/ Principal Diagnosis/ Problem Managed - ICD 10	0209
Other Condition/ Comorbidity/ Complication - ICD 10 - 2	
Other Condition/ Comorbidity/ Complication - ICD 10 - 3	
Other Condition/ Comorbidity/ Complication - ICD 10 - 4	
Other Condition/ Comorbidity/ Complication - ICD 10 - 5	
Other Condition/ Comorbidity/ Complication - ICD 10 - 6	

Maternal Discharge Data

Ready for Discharge Date	
Date of Discharge	170798
Clinical Facility End	1J
Condition on Discharge	8
Discharge Type	11
Discharge/Transfer To	12
Discharge/Transfer To - Location	
Booking Smoking History	0
Smoker during Pregnancy	0
Diabetes	

Operation/Procedure

Main Operation/Procedure		Date Main Operation	
Other Operation/Procedure (OPP2)		Clinician Responsible	
		Date (OPP2)	
		Clinician Responsible (2)	

For Hospital Use Only

Current PregnancyNumber of *Previous* Admissions to
Any Hospital in this Pregnancy

0

Date of Booking

Original Booking

00000

Delivery Plan - Place

Delivery Plan - Management

8

Booking Change - Place

Booking Change - Management

8

Feeding Intention at Booking

M/K

Height _____ ft _____ ins

Type of Abortion

Management of Abortion

Last Menstrual Period (LMP)

000498

Estimated Gestation at Abortion or Delivery

Certainty of Gestation based on LMP

Record of Labour

Induction of Labour (not augmentation)

Duration of Labour (hours)

Analgesia in Labour

Analgesia during Delivery

Sterilisation after Delivery

Date of Delivery

Number of Births this Pregnancy _____

Episiotomy

Tears

Indication for Operative Delivery (baby 1)

Senior Doctor Present at Delivery

Senior Midwife Present at Delivery

Midwife to Consultant Transfer

Antenatal Steroids

Baby Record

Baby CHI:

1

2

3

Baby 1

Baby 2

Baby 3

Presentation at Delivery

Mode of Delivery

Outcome of Pregnancy

Birthweight (g)

Resuscitation

Apgar Score at 5 min.

Sex

OFC (cm)

Crown/Heel (cm)

Neonatal Indicator

Baby Discharged to

Feed on Discharge

519307

Date	Time	Progress Notes
22	Hillhead ST	GP DL Seargie
6/7/98	1620	GLASGOW G12 8PY 07970301 879
		Buchingham TCE glasgow
		NOK Mrs Riddell (foster mother) 57 Craigs Rd Paisley 0141 884 8780
		LMF GND/4/98 ? date
		P. O+O
		BP 190/120 rechecked with wide cuff & diameter 150/74
		Minimal red spotting IV no pain. SL Adrenal

Date and Time	IN-PATIENT NOTES
	PO+O
	LMP: end of April, not sure exactly.
	8pm last night noticed small amount of fresh red spotting.
	Intermittent fresh spotting since.
	Never heavy.
	No abdominal pain.
	No history of PID, ectopic pregnancy, no history of surgery.
	Blood Group unknown.
PWH	mild essential hypertension
	No other health problems
DH	nil
	NKDA.
GE	BP 150/74
	Undistressed
	Not bleeding now.
	Abd Soft, non-tender.
	speculum / PV not done.
Plan	FBC, G+S/Rhesus
	Home
	EPHIL 0845 tomorrow
	Knows TCI if ↑ bleeding overnight.
	JEM Ellison

[illegible]

Robert Campbell

UNIT#

ne

No notes.

Progress Notes

for EPAU

Non-continuing pregnancy.

For evac tomorrow a.m.

Reattending :: ↑ bleeding + crampy lower abdo pain

QE Undistressed P80 BP 120/75

Soft abdomen.

Light fresh blood on pad.

Spec: minimal fresh blood in vagina

Not actively bleeding

G: (N); No products seen.

VE

A/V uterus

? size — difficult exam.

Os is closed.

Abortion not inevitable tonight.

Prefers to stay in overnight.

lan Admit

Analgesia

Fast from midnight.

Chiseth dphs to go home
Refused to stay in, declined

2x lo-proxamol given orally as prescribed

Jellin

ELLISON

Styblinski

519307

UNIT#

Time

Progress Notes

Longest Mass

1:20. (Eugene Campbell)

11/3/72

O to O then for

Dr. Arnott

Yukingham Terrace

22, Willard St.

Slagoo

My record 2A abnormal wraps today. Shaking
px not locked. I've looked for EAC
more. 10-11-15 moved guitar (activity notes)

of Unstrung (blue) 10/80/72

Good of a heavy pos
hit most blue 2 pm.

for medium 1/1

Sh. Williams
11/3/72

1. System architecture & components

no 98
127/100
Frank and Lora
en

1005
1 dE

11/15/2019

Transcribed & sent
in
for audit (not chart).

For observation for 1-2 hr. Will review later

Will review later

37.8°C

stay 01N for observation.

To stay O/N for observation
for antibiotics therapy

For 1/2 ant + 1/2 bit + 1/2
for 1/2 BC. 1/2 LVS. 1/2 for MSSN.

For FBC. For LUS. For MSSM.

thru temp. 14 feet

thru temp. If temp continue to be 38°C , for 24 hrs.

NAME: ELIZ. CAMPBELL

UNIT# 519307

Date	Time	Progress Notes
21.7.98		Temp - apyrexia.
09.30am		BP $\frac{120}{75}$ mmHg Pulse 80 bpm.
		O/E alert & orientated
		GI soft, non-tender
		Minimal brownish staining PV
		Plan Home with Argemone.
		To return if any problems
		Patient happy with arrangements.

THE QUEEN MOTHER'S HOSPITAL

ELIZABETH CAMPBELL
22 HILLHEAD STREET
FLAT 2
GLASGOW
G12 8PY

519307

O. Pos

Hb 13.7

11.3.72

OPERATION NOTES

Indication: Missed abortion

Operation: ERPOC

Date 20.7.98 Time 12.10 pm

Findings - Scan - 8+ wks, missed abortion, FH - ve.
- ant. Cx, long & closed, anteverted, mobile uterus.

Procedure - Cleaned & draped as per procedure

- Cx os dilated to 8 #
- Uterus empty using suction curettage size 2mm
- Uterus confirmed empty with blunt curettage
- Definite POCs seen → Pathology
- Uterus contracted ↓.

- ✓ Haemostasis
- ✓ Instruments
- ✓ Swabs

Plan

For simple analgesia if required.

Pathology
POCs.

Surgeon

Assistant

Sister

[Signature]
K. P. ... Sinto

EARLY PREGNANCY UNIT

ADMISSION/DISCHARGE CHECK LIST

Demographic details

Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET
FLAT 2
GLASGOW

11/03/72

G12 8PY

07970 301879 mobile

GP details

DR TP Waddington
31 Buckingham Terr
Glasgow
G12 8ED

Date

17/7/98

Presenting complaint

no pain

Red p.v. discharge for past 2 days

LMP

End April 98

Cycle: regular/irregular

Date of positive pregnancy test

2nd wk June

Estimated gestation

10WKS

Parity

0+0

Blood group

O POS.

Ultrasound report:

Missed abortion
8/52

Hb 13.7

wcc 8.3

Plat 205

Discharge - continuing pregnancy

Anti - D required

yes/no

Referred for booking

yes/no

Explanation and support/pregnancy information given

yes/no

Discharge letter for GP

yes/no

Discharge - non-continuing pregnancy

Anti-D required

yes/no

Explanation of loss

yes/no

Miscarriage literature offered

yes/no

Management options discussed

yes/no

Follow-up appointment / date for evacuation

yes/no

EVAC 20.7.98

Theatre information leaflet given

yes/no

Records/ CMW informed

yes/no

Pre-pregnancy appointment

yes/no

GP letter

yes/no

GP letter on 20.7.

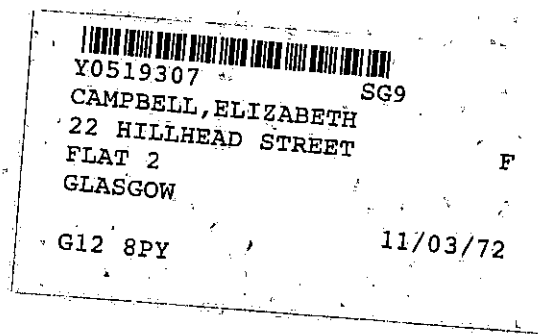
Midwife's Signature

Chlorine

Booking data and early pregnancy scanning

Date	17/11/18				
Menstrual age					
US age	8+1				
Fetal number	one				
Fetal heart	No				
CRL	21mm				
BPD					
FL					
Yolk sac					
Bleeding/Second sac					
Placenta					
Molar changes					
Pelvic mass/IUCD					
Comment:	Normal Δ missed ABU				
Diagnosis					
Repeat					
Operator	Went / JB				

QUEEN MOTHERS HOSPITAL ULTRASONIC DEPARTMENT REPORT



LMP

7

EDD

US consistent with dates YES/NO

If NO US EDD

based on Scan/s of

Single/twins/triplets

Fetal anatomy

Date					
Weeks by accepted EDD					
Head					
Ventricles VHR					
Cerebellum					
Face					
Spine					
4 chamber heart					
Diaphragm					
Abdominal wall					
Stomach					
Kidneys					
Bladder					
Limbs - upper R & L					
lower R & L					
Hydrops					
Sex					
Procedure					
Comments					
Repeat					
Operator					

Yorkhill NHS Trust

REGIONAL PAEDIATRIC & PERINATAL
PATHOLOGY SERVICE

Surname: CAMPBELL
Forename(s): ELIZABETH

Hosp.No: Y0519307
Source: Labour Suite, QMH

Address: 22 HILLHEAD STREET
FLAT 2
G12 8PY

DOB/Age: 11.03.72
Sex: F

Consultant: Dr. Lena Macara

21.07.98 B,98.0001348

Products of conception: Chorionic and haemorrhagic decidual tissue, weighing 10.1g.

Histological sections show chorion and haemorrhagic in places necrotic decidua with part of a gestational sac and a number of slightly hydropic chorionic villi but no abnormal trophoblastic proliferation.

88.0

WJA.Patrick
Reported/Through 23.7.98
Typed 23.7.98/RT

P

File

NAME. Elizabeth	DATE: 16/7/98	TIME: 1800
Campbell		OTHER.
HAEMOGLOBIN	13.7	Blood group O positive
WHITE CELL COUNT	8.3	
PLATELETS.	205	
PROTHROMBIN TIME		
THROMBIN TIME		
APTT.		
TCT.		
FIBRINOGEN		

HAEMATOLOGY REPORT YORKHILL HOSPITALS

F1

SURNAME CAMPBELL HOSPITAL HOSPITAL NUMBER Y0519307

FORENAME ELIZABETH WARD South Wing Q.M.H.

DATE OF BIRTH 11.03.72 SEX F CONSULTANT Dr. Lena Macara Y 160798 1805:228

SPECIMEN DETAILS Blood

CLINICAL PRESENTATION POST EVAC. PYREXIA 200798 1929:088

PREVIOUS REPORTS

CURRENT REPORT

				8.3	13.0	WBC x 10 ⁹ /Litre
				4.45	4.34	RBC x 10 ¹² /Litre
				13.7	12.8	Hb g/dl
				40.5	40.1	Hct %
				91.0	92.4	MCV fl
				30.8	29.5	MCH pg
				205	204	PLATS x 10 ⁹ /L
						NEUT x 10 ⁹ /L
						LYMPHS %
						MONOS %
						EOSIN %
						BASO %
						METAMYELO %
						'BLASTS' %
						NRBC/100 WBC
						RETIC %
						ESR mm FALL
						GFST/Monospot

CHECKED BY:

YH0176



NAME:

HOSPITAL No.

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2

YORKHILL HOSPITALS BLOOD TRANSFUSION DEPARTMENT

SURNAME CAMPBELL	FORENAMES ELIZABETH	HOSP No. Y0519307	D.O.B. 11-Mar-72
MEDICAL OFFICER Dr. Lena Macara	WARD Admissions	SEX Female	HOSPITAL

see
from
Coul
23/7

BLOOD GROUP O	Rh. (D) POS	ANTIBODY SCREEN Negative
------------------	----------------	-----------------------------

LABORATORY NUMBER 8.68281.	LOCATION OF COMPATIBLE BLOOD	TO BE COMPLETED BY NURSE/MED. OFF.
-------------------------------	------------------------------	------------------------------------

EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK NOS.	DATE/TIME BLOOD TAKEN	SIGNATURE	DATE/TIME BLOOD RETURNED	SIGNATURE

THIS BLOOD WILL BE DERESERVED

AT 9.00 a.m. on

Antibody Panel : neg
No antibodies detected in this specimen.

SPECIMEN RECEIVED DATE 16-Jul-98 TIME 18:20 DATE OF TEST 17-Jul-98 SIG *JK*

YH0123

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MICROBIOLOGY DEPARTMENT

YORKHILL NHS TRUST

Name	CAMPBELL ELIZABETH	Sex	F	D.o.B.	11.03.72	Hosp.	wa South Wing QMH
Address	22 HILLHEAD STREET	Consultant	Dr. Lena Macara	HISS No:	MIC.19980720-0134	Hosp. No.	Y0519307
	FLAT 2					Taken	20.07.98
Investigator	Routine Culture					Received	21.07.98
Specimen	Vaginal swab Vaginal Low					Copy to :	South Wing QMH

Direct culture yields moderate growth of perineal flora

* FINAL REPORT *

Dr Michie Consultant Microbiologist

Microbiologists

Authorised by Beata Sim

Vaginal swab Vaginal

Reported

23.07.98

Page

of

Lab No.

43309

F

228041

MICROBIOLOGY DEPARTMENT

YORKHILL NHS TRUST

Name	CAMPBELL ELIZABETH	Sex	F	D.o.B.	11.03.72	Hosp.	WaSouth Wing QMH
Address	22 HILLHEAD STREET FLAT 2	Consultant	Dr. Lena Macara	HISS No:	MIC.19980720-0138	Hosp. No.	Y0519307
Investigation	Urine Culture					Taken	20.07.98
Specimen	Urine URINE-Mid Stream Specimen					Received	20.07.98

Copy to :South Wing QMH

Microscopy WBC's: Scanty
RBC's: +++

Culture result: Bacterial Count Nil

Ward phoned 20.25
Date phoned 20.7.98

* FINAL REPORT *

Dr Michie Consultant Microbiologist

Microbiologists

Authorised by Elaine H. McCormick,

Urine URINE-Mid Stream Specimen

Reported

21.07.98

Page

of

Lab No.

43278

F

HOSPITAL
MEDICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS																COMMENTS ON DISCREPANCIES
DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES						
9/27/98	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial					
9/28/98		In sc								Sc 19°						
9/29/98																
9/30/98																
10/1/98																
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10/30/98																
10/31/98																

NAME
Elizabeth Campbell

UNIT NUMBER
519707

WARD

KEY:

- CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED
- CODE LETTER SCORED E.G. ✕ = PATIENT ABSENT

51712 WBF MEDIFORMS FORM MRI 10/98

REGULAR PRESCRIPTIONS												COMMENTS ON DISCREPANCIES
DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES		
19/10/88	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	
NAME	UNIT NUMBER			WARD			KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED DE LETTER SCORED E.G. X = PATIENT ABSENT					

DIET

.....may receive any preparation on the Unit Midwifery Standing Instructions except for the following:-

Date Nov 1. 98

NOTES

KNOWN MEDICINE SENSITIVITIES	1.	
	2.	

WARD CAMPBELL, ELIZABETH

3 / DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
---------	--------	--------	-------------	------------

REGULAR PRESCRIPTIONS - OTHERS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES										Prescribers Signature (Full)	DISCONTINUED	
					am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times		Date	Signed
A	19-7-98	Coprocamol	2 tab	o	4hrly	PRN	max 8/24h								Jelli Bennett		
B	20-7-98	PARACETAMOL	1g	o	PRN	4-6 hourly	PRN										
C																	
D																	
E																	
F																	
G																	
H																	
I																	
J																	
K																	
L																	
M																	
N																	
O																	
P																	
R																	
S																	
T																	
V																	
W																	
X																	

REGULAR PRESCRIPTIONS - INJECTIONS

YA	20-7-98	AUGMENTIN	1-2g	IV	✓				✓								
YB																	
YC																	
YD																	
YE																	
YF																	
YG																	
YH																	
YI																	
YJ																	
YK																	
YL																	

WARD	NAME OF PATIENT	AGE / DOB	HEIGHT	WEIGHT	UNIT NUMBER	am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	CONSULTANT
	Elizabeth Campbell															

TIMES FOR ADMINISTRATION

**NURSING REPORT
MUST ACCOMPANY
PATIENT ON TRANSFER**

ALL ENTRIES MUST BE SIGNED

DATE	NEEDS PROBLEMS	POTENTIAL PROBLEMS	NURSING INSTRUCTIONS	MATERNAL EVALUATION	INFANT NEEDS AND EVALUATION
2/1/98 19 ⁰⁰	Admitted to S/W		4° T + P for infection antibiotics Hb taken ✓ LVS taken ✓ urine for microscopy - requested ✓	S/S Dr. Feng - commenced on I.V. augmentin Paracetamol tabs x 2 Hb 12.8 WCC 13 Minimal loss	given. Feels well Platelets 204 (14-30 hrs) pu.
				2200 324/100 Dr. Gaudin did not give WAKBiotics at 2200 hrs as had been given at 1900 hrs. <i>Chad</i>	<i>[Signature]</i>
2/1/98 D	Microscopy result		OTB Temp 37° scanty w/c, bloody specimen -	Sleep well. scanty w/c, bloody specimen -	mf (line) culture set up
10 ²⁰			BP 113/90 pulse 90 temp 37°	Minimal pu loss S/S by S.H.O. - allow hand awaiting antibiotic Given GP letter etc. Vexflex removed	L. Haggerty. by S/M C. Horan <i>[Signature]</i>

[illegible]

ACUTE CARE CHART

Surname	Campbell	Hasp No.	519803
Christian Names	Elizabeth	Age	
Ward No.	2 PAL	Rel	

All Quantities in mls.

Date 20/7/98

Diagnosis Post WAC

Time	T	P	R	B.P.	F.H.	Intake		Output		Drugs	Remarks
						Oral	I.V.	Urine	Emesis		
230		84		100/40		2/3 g water				heavy red loss	Campbell
000		87		100/56						adil PV.	OK
015		94		126/68		hot chocolate				more PV loss	OK
030		105		116/61						fresh PV loss	
040		96		98/50						fresh PV loss	
050	37°	109		96/48		bowl				SpB AL Fong - Reviewing	OK
0630		106		120/67						her with her	
0720										S/B Dr Fong - minimal	
	37°	112		100/66						PV loss if chag. hr →	
										can go home	
0830	37°	117		111/76						lochia minimal, feels well	

ACUTE CARE CHART

Surname	Husb. No.
Christian Names	Age
Rel.	
Ward No.	

All Quantities in mls.

Date _____

Diagnosis

[illegible]

THE
QUEEN
MOTHER'S
HOSPITAL
GLASGOW

DIAGNOSIS

Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET
FLAT 2
GLASGOW
11/03/72
G12 8PY

Sur
Chr
Add

F
U

Hosp. No.
Dept.

4° T + P

20/7/92

