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

NHS
Greater Glasgow and Clyde

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 QEEN MOTHER'S HOPSITAL 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	☐		

Including:

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

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 1103723049

Queen Elizabeth University Hospital

Total Att: 8

12 Mth Att: 0

Title: MS

CAMPBELL

Elizabeth Gibson

DOB: 11/03/1972

Age: 54y

Sex: Female

41 THORNHILL ROAD

Hamilton
Lanarkshire
ML3 9PS
07748805643

Next of kin: RIDDELL, Mary
Relationship: Mother

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		l/min
Expected PF		l/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) Cael Abbott · 1103723049 11/03/1972 CAMPBELL Elizabeth Gibson · (1) · Time seen 14:30

22.4.26

54 F LHD works as cleaner → attends QEUH as visiting friend today

PC Pain (L) elbow

HPC 2/7 walking dogs fall landed onto elbow - bony working ongoing pain

PMH Ache elbow several weeks prior

OH PK > 4hrs declined in dept

SH HTW

denies ETOH/E cig/Tobacco

DH Ramipril NKDA °steroids °AIC HRT

Current I well

O/E Consent.

→ L/M pain

°swelling °bruising °erythema

°warmth skin intact

NVI CR ≤ 2secs °PN

sensation normally

Post (R) FROM ROM

elbow bony tender radial head only

(no bony tenderness olecranon med lat epicondyle c/- or- radius - wrist - hand - humerus - shd)

Moving shd weight bearing limb ready.

Grip full.

PTh

Date	
	1103723049 11/03/1972 CAMPBELL Elizabeth Gibson (2)
C/O T,	Xray NBI.
	Elbow flexn T/P ER. flexp.
	Agg ala.
D	sisebow
	r/f today
Ap	Codeine D/C Gentle ROM ongoing probs GP.
	WSG => local ED/MIU.
	[signature]

Discharge Codes (Please CIRCLE) 1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below) 5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.	Discharge date	22.4.26
	Discharge time	1509

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

NHS Greater Glasgow and Clyde

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** DOB: **11/03/1972** CHI: **1103723049**
41 THORNHILL ROAD
Hamilton ML3 9PS

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 Post Code: G12 8PY	Home Address If different: 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 0ED		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 Gravida 2

At FPC on Sat, Preg test +ve

This AM developed lower abd cramps which have been coming ovr day. Also bright red blood P.V. occ clots, - heavy

O/E Pulse BP 170/100 ♀ 160/100 ♀

Treatment: Abd: Tender ++ low abd.

Exp: Miscarriage - bleeding heavily

Diagnosis Code: GMA will see - Admission

Referral:

Seen by Dr: C MORRISON	Rota No: 102	Nurse:

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

FIRST NAMES

DATE OF BIRT

UNIT NUMBER

Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET
FLAT 2
GLASGOW
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.		

Stage 1 Enquiry - Admission/Out-Patient Proforma

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

Patient's Name: _____

Permanent Address: _____

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? Y N
(absence of up to 3 months is disregarded)

B. Is it your/either parent's intention to live in the UK permanently? Y N
(if permission has not yet been applied for or refused, contact Stage 2 Officer)

C. Are you/either parent a Student of a course which lasts > 6 months in the UK? Y N
(required to produce student/registration card)

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) [ ]

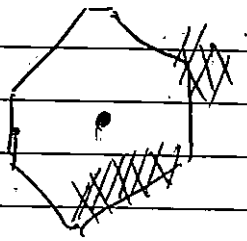
Date: _____

NAME: ELIZABETH CAMPBELL UNIT# 519307.

DR CHATFIELD.

Date	Time	Progress Notes
3/5/99	1930	GP referral 27 year P0+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 Tearful and flushed looking
		T36.6 P105 BP 153/82 mmHg.
		Tender +++ in lower abdomen
		for review by medical staff who are presently busy in theatre.
		s/m moton (MORTON MIDWIFE)
3/5/99.	2040	P 0+1 @ ~ 4+ weeks pregnant. Positive pregnancy test 2/7 ago. c/o PV Bleeding fresh + clots today - heavier than normal period. ~~Abdominal~~ c/o D sided abdo ~~menstrual~~ pain - constant. Frequency of urine + dysuria. Otherwise well. Previous miscarriage ~~'98~~ July '98 at 12 weeks. Anxious.

NAME: _____ UNIT# _____

Date	Time	Progress Notes
		O/E, Anxious, flushed.
		Mouth mucosa dehydrated.
		 Abd abdo fundus felt - Tender ++ LIF + (L) renal angle. BS ✓ Refused VE.
		Urine → Contaminated ē blood.
		Blood Group → O Pos.
		Imp - Threatened / inevitable miscarriage ± UTI / pyelonephritis.
		Plan - FBC, UTEs. - Home if bloods OK - on augmentin - EPAU Mane ✓ + paracetamol. ✓
		Wardhaya SHO.
	21.20	Na 144 Creat 72
		K 4.4 (Slightly haemolysed) Calc 2.25
		Cl 109 Phos 0.75
		CO_2 26. Glucose 45
		Urea 5.0.
		WCC 8.9
		Hb 13.7
		Platelets 215
		S/n ommusey (illegible)

EARLY PREGNANCY UNIT

ADMISSION/DISCHARGE CHECK LIST

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

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

211620

Telephone number - Nophone. (Work - 4007070 after 10pm.)

Next of kin Mrs. Riddell
58 Craigs Rd
Paisley 884 8780.

Date 4-5-99

Presenting complaint 14/0. Abdo cramp. Red PVloss 7c clots.
Endeabdo ++ last pm.
Seen in Admission 7M/C ± OTT. Commenced Augmentin
Comfortable at present. - June Reed RGN

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 '98. 12+wks D+C QMH.

Blood group OPOS. **Hb** 13.7

Ultrasound report :

Scan

Relevant Medical History

Allergies yes/no (no circled)

Smoker yes/no (no circled)

Medication yes/no (yes circled) Augmentin

Previous GA yes/no (yes circled)

complications yes/no (no circled)

CM

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

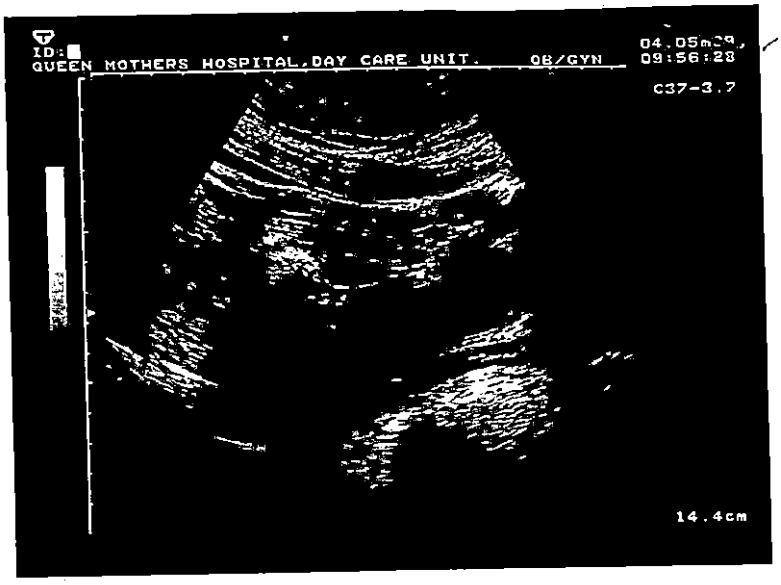
Discharge - non-continuing pregnancy

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

1645hrs
5.5.99 Message left at GP surgery Dr Cuddihy busy in surgery at present
1700 Dr Cuddihy phoned back - [illegible] K McDermott
7.5.99 BHCG result < 2 u/l K McDermott.
D/W Mr. Brennand, probably false pos. preg. test.
Elizabeth informed & comfortable with this - will self refer if has a problem. CM

Booking data and early pregnancy scann



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 TVS

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

Do HCG + make plan then

Diagnosis	
Repeat	
Operator	

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					
BPS breathing					
BPS 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: CAMPBELL
Hospital Number: Y0519307
Sex: Female
Date of Birth: 11.03.72

Forename: ELIZABETH
Ward: Admissions
Hospital: Q.M.H.
Consultant: Dr W.R. Chatfield

COMMENT CODES
ICT Icteric
HAE or HM1 Slighty Haemolysed
HM2 Moderately Haemolysed
HM3 Grossly Haemolysed
INS Insufficient
LIP Lipaemic
UNS Unsuitable Specimen
CON ? Contamination
NHG Note High Glucose

99.0023615.S	Lab number
03.05.99 N.K.	Date and Time of Collection
03.05.99 21:03 CURRENT	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	
	PCO_2	mmHg
	Base Excess	mmol/l
	PO_2	mmHg
	Osmolality	mOS/kg H_2O

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 Di

[printed 4-May-99 at 09:03]

Biochemist's Signature

HAEMATOLOGY REPORT YORKHILL HOSPITALS

F1

SURNAME: CAMPBELL
HOSPITAL:
HOSPITAL NUMBER: Y0519307

FORENAME: ELIZABETH
WARD: EARLY PREGNANCY ASS. UNIT
SPECIMEN DETAILS: Blood

DATE OF BIRTH: 11.03.72
SEX: F
CONSULTANT: Dr. Lena Macara Y
CLINICAL PRESENTATION: /: POST EVAC. PYREXIA

PREVIOUS REPORTS					CURRENT REPORT		
			160798	200798	030599		
			1805:228	1929:088	2103:132		
			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

CHECKED BY:

YH0176

REMOVE TOP PAPER HERE

REMOVE TOP PAPER

MICROBIOLOGY DEPARTMENT

YORKHILL NHS TRUST

See

Name: CAMPBELL ELIZABETH
Sex F D.o.B. 11.03.72
Hosp. Ward Admissions
Address 22 HILLHEAD STREET
FLAT 2
Consultant Dr W.R. Chatfie
Hosp. No. Y0519307
HISS No: MIC.19990503-0132
Investigation Urine Culture
Taken 03.05.99
Specimen Urine URINE-Mid Stream Specimen
Copy to :Admissions
Received 04.05.99

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

228041

BIOCHEMISTRY REPORT YORKHILL HOSPITALS

F3

Surname	Hospital Number	Sex	Date of Birth
CAMPBELL	Y0519307	Female	11.03.72

Forename	Ward	Hospital	Consultant
ELIZABETH	EARLY PREGNANCY ASS. UNIT		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

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

n related to age and gender is displayed where appropriate.
with these ranges are flagged with an *. These range
rther information can be obtained from the Biochemistry De...

Biochemist's Signature

YORKHILL HOSPITAL NHS TRUST

SUMMARY OF DELIVERY

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

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

BLOOD GROUP O RHESUS POSITIVE BLOOD ANTIBODIES NOT KNOWN
RUBELLA STATUS UNSURE LAST Hb 13.7
PREGNANCY PROBLEMS:

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 TEMP:36.7
MEMBRANES APPARENTLY COMEPLETE: Y PULSE: 90
BLOOD LOSS: 100 BLOOD PRESSURE: 131/103
UTERUS: NOT PALPATED LOCHIA: AVERAGE
PASSED URINE?: N SPONTANEOUS?:
STERILISATION AFTER DELIVERY: NONE
PROBLEMS:

PERINEUM

PERINEUM: NOT APPLICABLE

SUTURED BY:
SUPERVISED BY:
LABIA: POST VAG WALL:

CH/KtR
201-0509

20.7.98

ELIZABETH CAMPBELL
22 HILLHEAD STREET
FLAT 2
GLASGOW
G12 8PY

11.3.72. S19307

Dear Dr Cadelisy

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 IV antibiotics
LVS, MSU & FBC
Medical notes, home on Augmentin 21.7.98.

Yours sincerely

C HORAN - Staff Midwife
Early Pregnancy Assessment Unit

YORKHILL HOSPITAL NHS TRUST

SUMMARY OF DELIVERY

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

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:
SKIN:
POST REPAIR CHECK:

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

MEDICATIONS:

The Queen Mother's Hospital
Yorkhill NHS Trust

Anaesthetic Record

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

Anaesthetic Procedure(s) Anaesthetist(s)

Evac.

Grade ☐ C ☐ SpR ☐ R ☐ SHO ☐ Other

Date 20/07/98 Parity 0+1. Gestation

Patient Assessment / Anaesthetist's notes

Fasted.
V. sore ? cervagem.
No previous anaesthetics
NKDA
Non smoker
Won't cooperate for MAP. ? IV
Dose.

Central Opioids - This patient has had:

Spinal Opioid ☐ Drug / Dose _____ Time _____

Epidural Opioid ☐ Drug / Dose _____ Time _____

Post-Procedure Instructions.

Oxygen

If SpO_2 _____ % _____

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

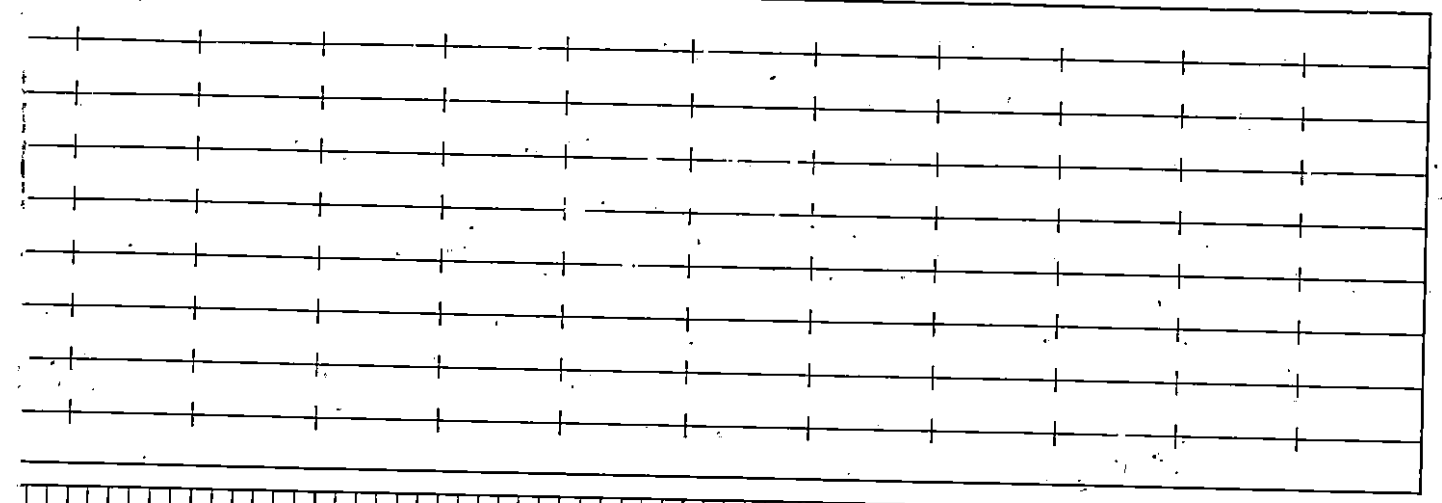
Patient Controlled Epidural Analgesia

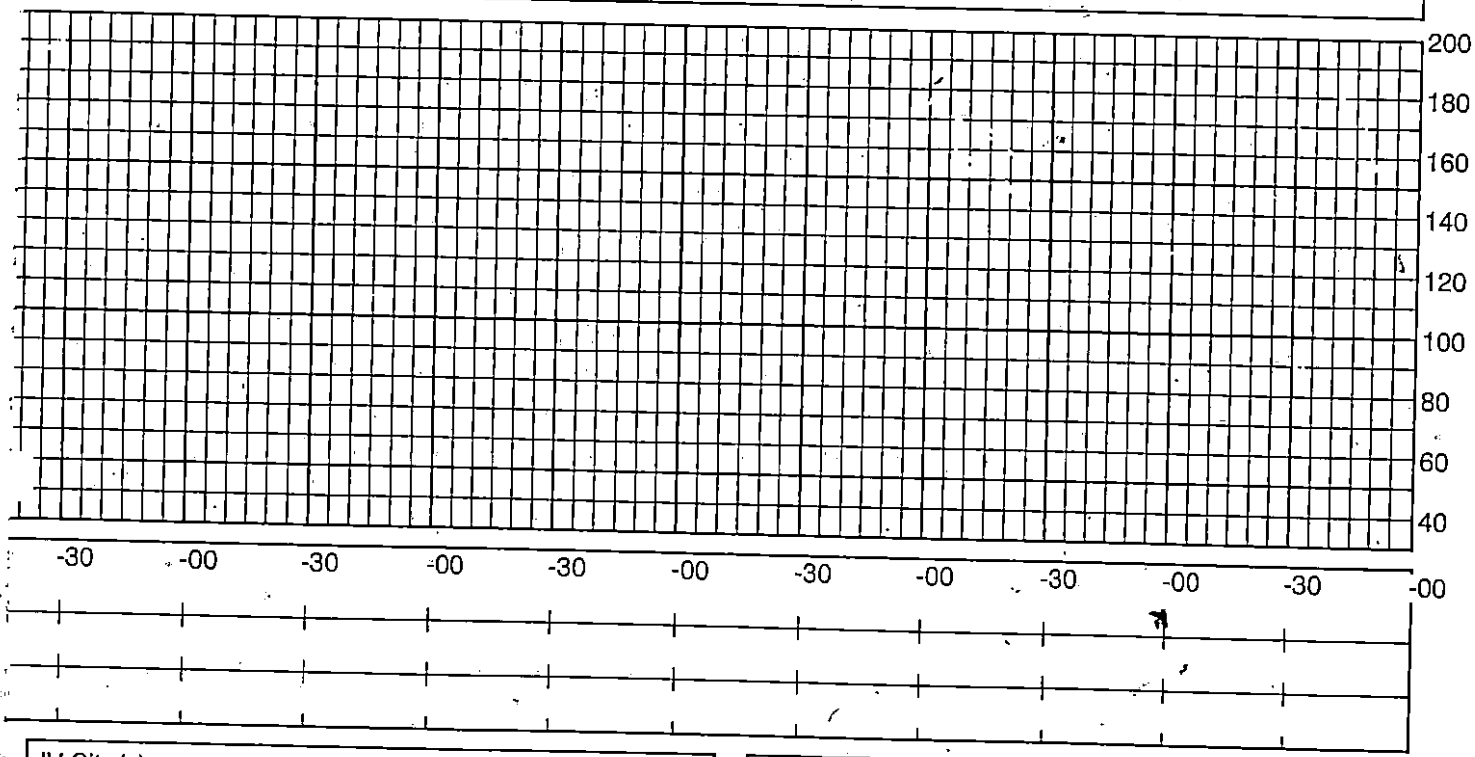
Bolus _____ Lockout _____ min.
Allow _____ Boluses in _____ hr

Drug(s) _____
Sign. _____

Bolus _____ Lockout _____ min.
Allow _____ Boluses in _____ hr

Drug(s) _____
Sign. _____





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

YORKHILL HOSPITAL NHS TRUST

SUMMARY OF DELIVERY

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

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:
SKIN:
POST REPAIR CHECK:

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

MEDICATIONS:

Anaesthetist _____ **Continuous (Epidural Analgesia) Record**

Technique details:

✓ =
please record

	Cumulative Dose (ml) from syringe/bag
	Volume Remaining (ml)
	Infusion (mls/hr)
	Top up (no) *eg* (1)
	Mark PCEA Bolus as ↓
	Sensory Block (R)
	Sensory Block (L)
	Leg movement see below
	Respiratory rate / min

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

Maternal
V
Λ BP
• HR

200
180
160
140
120
100
80
60
40

	-00	-30	-00	-30	-00	-30	-00	-30	-00
Time									
Events									
IV Fluids									

	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 (Sacral) R

L

Motor Block Dense? Y/N Y/N

alfentanil 500μg	
Propofol. 200mg	
N2O/O2/ISO 2:2/1	
IV Fluids (N)	

200, 180, 160, 140, 120, 100, 80, 60, 40, 20

RSI [ ]
Pre-ox [✓]

[ ]
SpO2 [ ]
NIBP [ ]
ETCO2 [ ]
ETAA [ ]
All the above [ ]
PNS [ ]

ATTACH PRINTOUT IF AVAILABLE

Time	12 30	12 50
Events		
FiO2	·7.	
SpO2	96.	95
ETCO2	5.4	4.5
ETAA	0.3.	

IV Fluids

1
2
3
4
5
6
7
8

Events / Drugs

1 Induct.
2
3
4
5
6
7
8

Neonate

Apgar 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:

	YES	NO
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 hours on 19.7.98		
9. Casenotes / Nursing notes prepared	✓	

Comments / Alerts:

Completed by: S/M. Horan.

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 T UST

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

(Notes for Guidance of Doctors and Patients overleaf)

Patients Name (BLOCK CAPITALS) ELIZABETH CAMPBELL Date: 20.7.98

Unit number 519307 Proposed Procedure (BLOCK CAPITALS) ERPoC

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 (BLOCK CAPITALS) KAH L. FONG

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 F
FLAT 2
GLASGOW
11/03/72
G12 8PY

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 _____ Date _____
(BLOCK CAPITALS)

Signature _____

(*DELETE AS APPROPRIATE)

EARLY PREGNANCY UNIT (EPU)

ADMISSION FOR SURGERY

Last ate & drank at midnight. 19.7.98.

O Pos

16.7.98
Hb 13.7
WCC 8.3
Plt 205.

Demographic I

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

Parity 0 to

Previous pregnancies

—

Past medical/surgical history of note

? mild essential hypertension.

Current medication —

Allergies —

Current pregnancy - diagnosis PV bleed (brownish discharge)
Scan – missed abortion
≥ 8wks.

EXAMINATION BMI > average

General condition alert & orientated.

Pulse 80 6 pm

Blood pressure 130/80 in mthg

GIT  soft, non-tender
BCLKCS
NBS

VE – anti Cx, os closed
? size

Auscultation of chest HS I + II + 0 chest - clear

Heart sounds

Doctor's Signature: (GHO)
K-FNG

Plan: Tmg Cervagem at 11.00 a.m.
✓ Consent.

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112
				Y051930	

40012 **REQUEST FOR OUT-PATIENT CONSULTATION**
E 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 ....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

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

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,

~~SOON~~
~~ROUTINE~~
SOON AT ANTE NATAL CLINIC

T P Cuddihy

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 ....

355-2104

Printed for The Stationery Office , Dd8457208,08/97, R.P.(53791)

Address: Flat 2, 22 Hillhead Street Glasgow Tel: G12 8PY	Surname: Campbell	Unit Number: 4051930T
Change:	First Names: Elizabeth	
	Date of Birth: 11-03-72	M.S.Sep. Div. ✓
Next of Kin: Address: Tel:	General Practitioner: Dr Cuddihy 31 Buckingham Terrace Glasgow, G12 8ED	
Change:	Change:	

Maiden Name	Partner's Name	Religion	Ethnic Group

Drug Sensitivity	Other Potential Hazards
1	1
2	2
3	3
4	4

isd Scotland — SCOTTISH HEALTH SERVICE
Information & Statistics Division

Medical In Confidence
Maternity Record

Patient Identification

Hospital

Health Records System ID

Patient Identifier: Y519307

Coppish SMR Episode Record Key

Surname: CAMPBELL

First Forename: ELIZABETH

Second Forename

Previous Surname

Date of Birth: 11/03/1972

Sex (Gender): 2

Marital Status: 9

Central Index (CI)/CHI Number: 1103723049

NHS Number

Alternative Case Ref. Number

Patient's Address: Flat 1/2, 22 Hillhead St, Glasgow

Postcode: G12 8PY

Ethnic Group: 00

GP Practice Code: 40012

GMC No. of Referring GP/GDP/Consultant: 3207532

Episode Management

Spell/ Care Package ID

Location/ Hospital: G515H

Admission Date: 190798

Specialty/ Discipline: F3

Admission Type: 42

Significant Facility: 11

Admission Reason: 21

Clinical Facility Start: IJ

Admission /Transfer From: 12

Consultant/HCP Responsible for Care: 3256378

Admission /Transfer From — Location

Management of Patient: 7

GP Referral Letter Number

Patient Category: 3

	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: IK

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

Principal Condition/ Principal Diagnosis/ Problem Managed - ICD 10

O02.1

Other Condition/ Comorbidity/ Complication - ICD 10 - 2: O86.4

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

Clinician Responsible

Other Operation/Procedure (OPP2)

Date (OPP2)

Clinician Responsible (2)

SMR 02

I/A/D/C ☐

For Hospital Use Only

Current Pregnancy

Number 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 / cm	N/K
Type of Abortion	2
Management of Abortion	2
Last Menstrual Period (LMP)	bbb498
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			

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Information & Statistics Division

Medical In Confidence
Maternity Record

Patient Identification

Hospital

Health Records System ID

Patient Identifier: Y051930 7

Coppish SMR Episode Record Key

Surname: CAMPBELL

First Forename: ELIZABETH

Second Forename

Previous Surname

Date of Birth: 11 03 1972

Sex (Gender): 2

Marital Status: 9

Central Index (CI)/CHI Number: 1103723049

NHS Number

Alternative Case Ref. Number

Patient's Address: FLAT/2, 22 Hillhead St, Glasgow

Postcode: G12 8PY

Ethnic Group: 00

GP Practice Code: 4001 2

GMC No. of Refering GP/GDP/Consultant: 3207532

Episode Management

Care Package ID

Specialty/ Discipline: F3

Significant Facility: 11

Clinical Facility Start: LJ

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

Caesarean Sections: 0 — Stillbirths: 0 — Neonatal deaths: 0

General Clinical - Maternal Condition

Main 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: LJ

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

Clinician Responsible

Other Operation/Procedure (OPP2)

Date (OPP2)

Clinician Responsible (2)

SMR 02

I/A/D/C ☐

For Hospital Use Only

Current Pregnancy

Number of ***Previous*** Admissions to ***Any*** Hospital in this Pregnancy: 0

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

Height _____ ft _____ ins M K cm

Type of Abortion

Management of Abortion

Last Menstrual Period (LMP): ~~N K~~ 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			

D.O.B 11-3-72

NAME: Elizabeth Campbell. UNIT# 519307

Date	Time	Progress Notes
6/7/98	1620	22 Hillhead ST GP Dr Scorgie GLASGOW Buchnaghan TCE G12 8PY glasgow. 07970301 879
		N.O.K Mrs Riddell (foster mother) 57 Crags Rd PAISley 0141 884 8780
		LMP GW 6/4/98 ? date.
	P.	010
		BP 190/120 rechecked with wide cuff e dinamap 150/74.
		Minimal red spotting PV no pain. SL Adams

Date and Time	IN-PATIENT NOTES
	PD+0
	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.
PMH	mild essential hypertension
	No other health problems
DH	nil
	NKDA.
O/E	BP 150/74 Abd.
	Undistressed Soft, non-tender.
	Not bleeding now.
	∴ speculum / PV not done.
Plan	FBC, G+S/Rhesus.
	Home
	EPAU 0845 tomorrow
	Knows TCI if ↑ bleeding overnight.
	JEM Ellison.

Date and Time	
	Dr Bondurelle Missed abortion on scan Wishes evac on Monday 20.7.98 NB

Elizabeth Campbell UNIT#

Progress Notes ? for EPAU ?

Time	
	No notes.
	Non-continuing pregnancy.
	For evac tomorrow a.m.
	Reattending ∵ ↑ bleeding + crampy lower abdo pain
OE	Undistressed P80 BP 120/75
	Soft abdomen.
	Light fresh blood on pad.
	Spec: minimal fresh blood in vagina
	Not actively bleeding
	Cx: (N); No products seen.
	VE
	A/V uterus.
	? size — difficult exam.
	Os is closed.
	Abortion not inevitable tonight.
	Prefers to stay in overnight.
Plan	Admit
	Analgesia
	Fast from midnight.
	J Ellis ELLISON
[illegible]	[illegible] to go home
	Advised to stay in declined
	2x Co-proxamol given orally as prescribed [illegible]

MEDIFORMS

S19307 UNIT#

Time	Progress Notes
	Consultant Macara
1-20.	Elizabeth Campbell
	11/3/72
	O to O Rhesus Pos.
	Dr. Arnott
	Buckingham Terrace
	22, Hillhead St.
	Glasgow.
	Self referred with abdominal cramps today, bleeding pv pad not soaked.
	Seen @ EPAU on Friday 17th looked for EVAC/ more ? 10-11 wks missed abortion (awaiting notes)
	O/A Undistressed flushed Apyrexial P 80 ® BP 120/75
	Blood gp O rhesus pos
	Full meal taken @ 7pm.
	For medical rv.
	[signature] MACDONALD

Time	Progress Notes
98	12.00 General anaesthetic in Theatre (1.)
	Vacuum aspiration & contents → Histopathology.
	12.50 Transferred to recovery P97 Sats 98 BP 127/100. Awake and verbal Sm
	13.20 PSO BP 130/98 Sats 100 Pt transfer to S.W. (early postop)
1330	Transferred to ward. Sm See acute care chart.
16.15	PV bleed fresh red since ERPOC → seems to settled ↓. BP was 130/98 → 96/48. For observation for 1-2hr. Will review later Sr/O K. Fong
19.05pm	Temp 37.8°C Post ERPOC (8 wks gestation) PV bleed settled (minimal) To stay O/N. for observation. For IV antibiotics (Augmentin) + paracetamol. For FBC. ✓LVS. For MSSU. (Not keen for HWS) Sr/O K. Fong.

Hrly temp. If temp continue to be ≥38°C, for IV fluids.

NAME: ELIZ - CAMPBELL UNIT# 519307

Date	Time	Progress Notes
24.7.98		Temp - apyrexia.
09.30am		BP 120/75 mmHg Pulse 80 bpm.
		O/E alert & orientated
		· GIT soft, non-tender
		Minimal brownish staining PV
		Plan Home with Arrangements.
		To return if any problems
		Patient happy with arrangements.

SHO

YA1013 WBF MEDIFORMS

THE QUEEN MOTHER'S HOSPITAL

ELIZABETH CAMPBELL 519307
22 HILLHEAD STREET
FLAT 2
GLASGOW
G12 8PY

O Pos

HB13.7

11.3.72

OPERATION NOTES

dication 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 8mm
- Uterus confirmed empty with blunt curettage
- Definite POCs seen → Pathology
- Uterus contracted ↓.

✓ Haemostasis
✓ Instruments
✓ Swabs

Plan
For simple analgesia if required.

Pathology
POCs.

Surgeon K. Ronge SHO
Assistant
Sister

EARLY PREGNANCY UNIT

ADMISSION/DISCHARGE CHECK LIST

Demographic details

Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET F
FLAT 2
GLASGOW
11/03/72
G12 8PY 07970 301879 mobile

GP details
DR TP Codding
31 Buckingham Terr
Glasgow
G12 8ED

Date 17/7/98
Presenting complaint Red P.V. discharge for past 2 days no pain.

LMP End April 98 **Cycle:** regular/~~irregular~~

Date of positive pregnancy test 2nd wk June

Estimated gestation 10wks

Parity 0+0.

Blood group 0 pos. **Hb** 13.7
WCC 8.3
Plat 205

Ultrasound report :
Missed abortion 8/52.

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 20.7.98 ~~to be~~ given on 20.7.

Midwife's Signature

[signature]

Booking data and early pregnancy scanning

Date	17/7/98				
Menstrual age					
US age	8+1				
Fetal number	one				
Fetal heart	No				
CRL	21 mm				
BPD					
FL					
Yolk sac					
Bleeding/Second sac					
Placenta					
Molar changes					
Pelvic mass/IUCD					
Comment:	Normal Δ ruptured ABN.				
Diagnosis					
Repeat					
Operator	[illegible] / JB				

QUEEN MOTHERS HOSPITAL
ULTRASONIC DEPARTMENT REPORT

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

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					

Yorkhill NHS Trust

REGIONAL PAEDIATRIC & PERINATAL
PATHOLOGY SERVICE

Surname:	CAMPBELL	Hosp.No:	Y0519307
Forename(s):	ELIZABETH	Source:	Labour Suite QMH
Address:	22 HILLHEAD STREET FLAT 2 G12 8PY		
DOB/Age:	11.03.72	Consultant:	Dr. Lena Macara
Sex:	F		

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

Print run:87

NAME. Elizabeth Campbell	DATE: 16/7/98	TIME: 1800.
		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.
SPECIMEN DETAILS: Blood
DATE OF BIRTH: 11.03.72
SEX: F
CONSULTANT: Dr. Lena Macara Y
CLINICAL PRESENTATION: POST EVAC. PYREXIA

PREVIOUS REPORTS					CURRENT REPORT		
				160798 1805:228	200798 1929:088		
				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

[redacted]

NAME:

HOSPITAL No.

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YORKHILL HOSPITALS BLOOD TRANSFUSION DEPARTMENT

see from Card 2317

SURNAME	FORENAMES	HOSP No.	D.O.B.
CAMPBELL	ELIZABETH	YØ519307	11-Mar-72

MEDICAL OFFICER	WARD	SEX	HOSPITAL
Dr. Lena Macara	Admissions	Female	

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

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

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

R[illegible] 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 .....

YH0123

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MICROBIOLOGY DEPARTMENT

YORKHILL NHS TRUST

Name CAMPBELL ELIZABETH Sex F D.o.B. 11.03.72 Hosp. Ward South Wing QMH

Address 22 HILLHEAD STREET Consultant Dr. Lena Macara Hosp. No. Y0519307

FLAT 2 HISS No: MIC.19980720-0134 Taken 20.07.98

Investigat Routine Culture Received 21.07.98

Specimen Vaginal swab Vaginal Low Copy to : South Wing QMH

Direct culture yields moderate growth of perineal flora

LPS

* FINAL REPORT *

Dr Michie Consultant Microbiologist

Microbiologists

Authorised by Beata Sim

Vaginal swab Vaginal

Reported 23.07.98

Lab No. 43309

Page of F

228041

[redacted]

MICROBIOLOGY DEPARTMENT

YORKHILL NHS TRUST

Name CAMPBELL ELIZABETH | Sex F | D.o.B. 11.03.72 | Hosp. Ward South Wing QMH

Address 22 HILLHEAD STREET
FLAT 2

Consultant Dr. Lena Macara | Hosp. No. Y0519307

HISS No: MIC.19980720-0138 | Taken 20.07.98 | Received 20.07.98

Investigation Urine Culture

Specimen Urine URINE-Mid Stream Specimen

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

LAS

* FINAL REPORT *

Dr Michie Consultant Microbiologist

Microbiologists

Authorised by Elaine M. McCormick

Urine URINE-Mid Stream Specimen

Reported 21.07.98

Lab No. 43278

Page 1 of 1

F

HOSPITAL

MEDICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS

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	COMMENTS ON DISCREPANCIES
19/7/98	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	A @ 21.30 Initial	VW
20/7/98		JA SG								B @ 19°°	
21/7											

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

NAME	UNIT NUMBER	WARD
Elizabeth Campbell.	519707.	

KEY: CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. A̸ = PATIENT ABSENT

61712 WBF MEDIFORMS FORM MR1 10/90

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

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		
19/7/90			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

CODE LETTER SCORED E.G. A = PATIENT ABSENT

61712 WBF MEDIFORMS FORM MRI 10/90

366608 WBF MEDIFORMS

OBSTETRIC
PRESCRIPTION SHEET

SIDE I

ONCE ONLY PRESCRIPTIONS

DIET

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN
20.7.98	11.00	CEFUROXIM	1mg	IV	[signature]	[signature]	11.00am
20.7.98	19.00	AUGMENTIN	1.2g	IV	[signature]	[signature]	19.00

STANDING INSTRUCTIONS

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

Signed .....(Doctor)

Date 20.7.98

NOTES

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

LABOUR RECORD			
INSULIN		FLUID / ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION ENTER BELOW

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES: 1. 2.

Y0519307

CAMPBELL, ELIZABETH

F

WARD	/ DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT

OBSTETRIC

PRESCRIPTION SHEET NO. SIDE 2

REGULAR PRESCRIPTIONS - OTHERS

Pharmacy Use		Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A	19.7.98	Coproxamol	2 tab	O					4hrly PRN; max 8/24h								
	B	20.7.98	PARACETAMOL	1g	O					PRN 4-6 hourly pain								
	C																	
	D																	
	E																	
	F																	
	G																	
	H																	
	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																	
	YJ																	
	YK																	
	YL																	

WARD	NAME OF PATIENT	AGE / DOB	HEIGHT	WEIGHT	UNIT NUMBER	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	CONSULTANT
	Elizabeth Campbell				[redacted]											

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
20/7/98	Admitted to		4° T + P antibiotics	S/B Dr Feng - commenced on I.V. augmentin	
1900	S/W		for ~~infection~~	Paracetamol tabs x 2 given. Feels well	
			Hb taken ✓	Hb 12.8 WCC 13 Platelets 204 (19.30hrs)	
			LVS taken ✓	Minimal loss pv.	
			urine for microscopy requested ✓		[signature]
				2200 37.2 P 100 Dr [illegible] did not give IV ANTIBIOTICS at 2200 hrs as had been given at 1900 hours. [signature]	
21/7/98			07	Slept well.	
				Temp 37°	[signature]
D	Microscopy result			scanty w/c, bloody specimen - culture set up	
10³⁰			BP [illegible]/90 Pulse 90 temp 37°	Minimal pv loss	L. Haggerty
				S/B by S.H.O. - allow home	
				awaiting antibiotic prescription	
				Given GP letter etc. by S/M C. Horan	
				Venflon removed	[signature]

DATE	NEEDS PROBLEMS	POTENTIAL PROBLEMS	NURSING INSTRUCTIONS	MATERNAL EVALUATION	INFANT NEEDS AND EVALUATION

ADDRI

Y0519307 SG9
CAMPBELL, ELIZABETH
22 HILLHEAD STREET
FLAT 2 F
GLASGOW U

HOSPI

NAME

G12 8PY 11/03/72

DELIVERY	TEAR	BLOOD LOSS	DATE	BOY	A	BIRTH WEIGHT
	EPISIOTOMY		TIME	GIRL	SB	TRANSFERRED TO
APGAR						FEEDING

	ADMISSION DATE	TIME	L.M.P.	E.D.D.	REL.
AGE	PARITY	REASON FOR ADMISSION			
	G2 P0	Post E.R.P.O.C		(8/10)	

ACUTE CARE CHART

Surname	Campbell	Hosp. No.	519303
Christian Names	Elizabeth	Age	Rel
Ward No.	2 PAH		

All Quantities in mls.

Date 20/7/98. Diagnosis Post EWAC

Time	T	P	R	B.P.	~~F.H.~~	Intake: Oral	Intake: I.V.	Output: Urine	Output: Emesis	~~Drugs~~ PV loss	Remarks
330		84		100/70		sips of water				heavy red loss	Comfortable
400		87		100/56						nil PV.	
[illegible]5		94		126/68		hot chocolate				nil PV loss	
[illegible]		105		112/61						fresh PV loss.	
[illegible]40		96		98/50						fresh PV loss.	
500	37^2	109	-	96/48		toast				S/B Dr Tong - review in 1 hr	
630		106		120/67							
7^20										S/B Dr Fay - minimal pv loss, if okay 1hr → can go home	
	37^1	112		128/66							
8^38	37^8	117		111/76						lochia minimal, feels well	

ACUTE CARE CHART

Surname | Hosp. No.

Christian Names | Age | Rel

Ward No.

All Quantities in mls.

Date ____________ Diagnosis ____________________________

Time	T	P	R	B.P.	F.H.	Intake		Output		Drugs	Remarks
						Oral	I.V.	Urine	Emesis		

THE QUEEN MOTHER'S HOSPITAL GLASGOW

DIAGNOSIS

4° T+P

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

F
U

11/03/72

Hosp. No.

Dept.

20/7/92

	AM			PM			AM			PM			AM			PM			AM			PM			AM			PM			AM			PM			AM			PM			°F
TIME	2	6	10	14	18	22	2	6	10	14	18	22	2	6	10	14	18	22	2	6	10	14	18	22	2	6	10	14	18	22	2	6	10	14	18	22	2	6	10	14	18	22	
°C																																											
41°																																											106
40.4°																																											105
39.8°																																											104
39.3°																																											103
38.7°																																											102
38.2°																																											101
37.2°																																											100
37.6°																																											99
36.8°																																											98.4
36.5°																																											98
36°																																											97
150																																											
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Days of Rx
Date