

Clinic Letters & Notes

70220 VIVI MEDICINE

610051143W F 16/09/1964

F Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167

Arrived inunit for procedure
 Date: 18/5/18 & time: 14.35

GP Name: Dr McBride
 Address: Tranent medical Practice

Religion: / Ethnic Origin:

Preferred Name: Hilda

Tel. number: 0752 8033 223

Next of Kin: Name/address: Stewart Inverarity Husband
 Tel. number(s):home: / mobile: 07977 920 972

ALLERGIES: NONE KNOWN

document if pt has no known allergies/sensitivities

Consultant:
 Proposed Procedure: with Sedation Yes No
 Colonoscopy
 Endoscopy
 Flexible Sigmoidoscopy
 Pouch Endoscopy
 Other
 Other
 Proposed date: 18/5/18 & time: /
 Date confirmed by patient as suitable

| KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP | | | | |
|--|-------------|------------|-------------|----------|
| Print name | Designation | Initials | Signature | date |
| 1 AMELOSSE | SN | AM | [Signature] | 18/5/18 |
| 2 A McBeath | SN | AM | [Signature] | 18/5/18 |
| 3 [Signature] | JN | [Initials] | [Signature] | 18-5-18 |
| 4 N BERNARD | SN | NB | [Signature] | 18/05/18 |
| 5 F [Signature] | SN | F | [Signature] | 18/5/18 |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION:** eg Interpreter

N , Y specify Wears Glasses

b) **OVERNIGHT CARE** N/A , or Escort Y / (who) Transport

24hr Care Y / (who) I/P bed required Yes , No

PHONE NUMBER 07393951269

c) **MOBILITY:** Wheelchair Y / Walking Aid Y / requires: Hoist

FALLS RISK ASSESSMENT REQUIRED Y /

d) **HOSPITAL TRANSPORT:** Required N , Y . If Yes, reason why

If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.

Clinicians are free to exercise their own professional judgements as appropriate.

Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

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CHI 1609641167
76226; VM McBride

severity, frequency, duration, recent changes : what where how etc

Patient to complete this Pre-Procedural Assessment
for information for the staff to know before the procedure
Clinical Assessment

Nurse comments in shaded areas

- Have you ever had any of the following:
- | | | |
|---|-------------------------------------|-------------------------------------|
| | No | Yes |
| 1. Heart attack or Stroke | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Angina / Chest Pains on exercise or at night. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Heart murmur | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Heart Valve replacement | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a Pacemaker | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. High Blood Pressure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Asthma or Bronchitis | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Shortness of Breath | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Diabetes | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Epilepsy | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Glaucoma | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Could you be pregnant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use recreational drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Any noticeable weight loss over last 3-6 months? <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldtJacob disease)for public health purposes? <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If YES: Insulin ,
Diet , or Tablets **Nurse record of BM**

- Are you taking any of the following medication:
- | | | |
|--|-------------------------------------|--------------------------|
| | No | Yes |
| i) Clopidogrel | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ii) Warfarin | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| iii) other anticoagulants (blood thinning drugs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you receive instructions about stopping? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES:
INR result

What were they?.....

CURRENT MEDICATIONS – including complementary medicines / vitamins etc Tick if none

| Drugs | dose | frequency | Drugs | dose | frequency |
|-------|------------------|---------------|-------|------|-----------|
| 1 | Ranitidine | 150mg QDS | 7 | | |
| 2 | Ferrons Fumerate | 210mg TDS | 8 | | |
| 3 | Premarin | 0.625mg Daily | 9 | | |
| 4 | | | 10 | | |
| 5 | | | 11 | | |
| 6 | | | 12 | | |

* * Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover * *

Have you had previous operations (including what, where, dates etc) & were there any complications

Hysterectomy

Please list any other health problems

nil

Worsening
dyspepsia
reversal
burning
for OGD
no sedation

Would you like any information to be discussed in private YES NO

Admitting Nurse initials DM date 18/5/18 time 14:40

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PRE-PROCEDURE CHECKS

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart - p.7

| CHECKLIST | WARD | | Endoscopy | | notes |
|--|------|-----|-----------|-----|-------------------------|
| Orientation to the ward/dept./unit | (Y) | N | | | |
| Patient identification checked & name band(s) applied | (Y) | N | (Y) | N | |
| ALLERGIES RE-CHECKED (same as on front cover) | (Y) | N | (Y) | N | |
| Correct procedure | (Y) | N | (Y) | N | |
| Pre, Peri and Post procedure care explained | (Y) | N | | | |
| Explanation of withdrawing consent during procedure | (Y) | N | (Y) | N | |
| Ensure baseline obs & weight recorded (Obs chart pg 4) | (Y) | N | | | |
| Last food: date 18/5/18 time 07.00 | Y | N | | | |
| Last drink: date 18/5/18 time 07.00 | Y | N | | | |
| Bowel prep taken / phosphate enema given or N/A <input checked="" type="checkbox"/> | Y | (N) | Y | N | |
| Taken routine drug therapy | Y | (N) | | | |
| Any limitations to movement identified: If YES, Specify | Y | (N) | Y | N | |
| Any other relevant issues identified: | | | | | |
| Jewellery REMOVED/TAPED or N/A <input type="checkbox"/> | (Y) | N | Y | N | |
| Belongings secured | (Y) | N | | | |
| Hearing Aids in situ: L R or N/A <input type="checkbox"/> | Y | (N) | Y | N | |
| Dentures in situ: Top / Bottom / Full or N/A <input type="checkbox"/> | Y | (N) | Y | (N) | |
| Glasses sent with patient or N/A <input type="checkbox"/> | (Y) | N | Y | N | |
| Spare Stoma bag sent or N/A <input type="checkbox"/> | Y | (N) | Y | N | |
| Ask patients permission for presence of medical student / work experience student | | | | | NO problems |
| Consent signed | (Y) | N | (Y) | N | |
| Pre procedure Nurse check: initials* <i>AM</i> | | | | | date 18/5/18 time 14.15 |
| Endoscopy Nurse initials* <i>EL</i> | | | | | date 18-5-18 time 15.40 |

initials can be used IF the staff member has signed in on the 'Initial table' on page one
otherwise, full name / print / designation is required.

Pre-, Peri-, Post-procedural observations
 date 18/5/18.

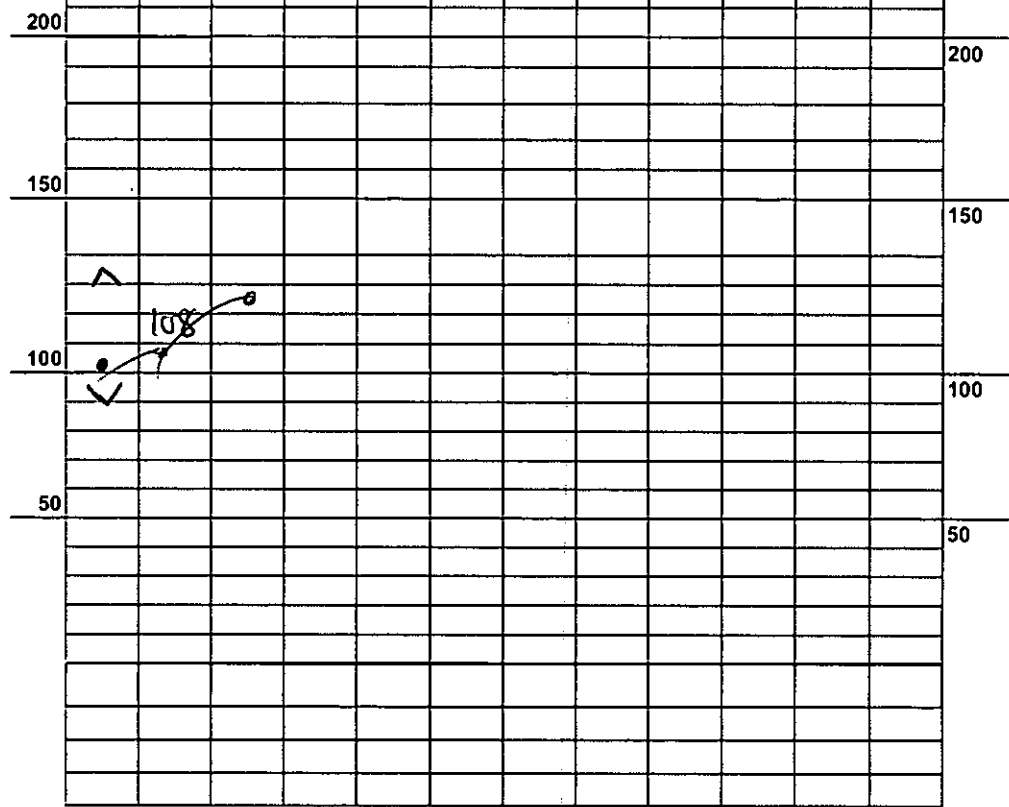
| Ht (m) | Wt(kg) | BMI | Hr: min | O/A | 20 | 30 |
|--------------------------|---------------------------------|-----|---------|-------------|-------------|-------------|
| | <u>71.7</u> | | | <u>1435</u> | <u>1520</u> | <u>1530</u> |
| Oral Airway | or N/A <input type="checkbox"/> | | | <u>/</u> | <u>SV</u> | <u>SU</u> |
| Oxygen Therapy (L / Min) | or N/A <input type="checkbox"/> | | | <u>/</u> | <u>AVC</u> | <u>AVC</u> |
| Oxygen Saturation | or N/A <input type="checkbox"/> | | | <u>96</u> | <u>96</u> | <u>98</u> |
| Respiration | or N/A <input type="checkbox"/> | | | <u>16</u> | <u>14</u> | <u>14</u> |
| Sedation Score | or N/A <input type="checkbox"/> | | | <u>0</u> | <u>0</u> | <u>0</u> |
| Pain Score | or N/A <input type="checkbox"/> | | | <u>2</u> | <u>2</u> | <u>2</u> |
| Nausea Score | or N/A <input type="checkbox"/> | | | <u>0</u> | <u>0</u> | <u>0</u> |
| Procedure site checked | or N/A <input type="checkbox"/> | | | <u>/</u> | <u>-</u> | <u>0</u> |
| Blood Loss | or N/A <input type="checkbox"/> | | | <u>/</u> | <u>-</u> | <u>-</u> |
| Blood sugar | or N/A <input type="checkbox"/> | | | <u>/</u> | <u>-</u> | <u>-</u> |
| Temp | or N/A <input type="checkbox"/> | | | <u>36.6</u> | <u>-</u> | <u>-</u> |

SCORING SYSTEM
 see table below

Pain: - use 0 - 10 scoring system

- 0 NONE
Continue to assess pain with every set of observations
- 1-3 MILD
Continue to assess pain with Every set of observations
- 4-5
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW
- 6-10
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW

- Blood Loss** or N/A
- 0 None
 - 1 Slight
 - 2 Heavy



[Record 'Drugs given' on table across]

| Sedation | Nausea |
|---|--|
| 0 None, patient alert | 0 None |
| 1 Mild, occasionally drowsy, easy to rouse | 1 Mild nausea, no treatment required |
| 2 Moderate, frequently drowsy, easy to rouse | 2 Nausea/vomiting helped by Rx |
| 3 Severe, somnolent, difficult to rouse | 3 Persistent nausea / vomiting despite Rx |
| S Normal, sleep, stirs to light touch | S Score S if sleeping normally |

Endoscope label

Add Inventory
610051142W

```

*****
** Labcaire - ESC **
** 3 Day Endoscope **
** Storage Cabinet **
** **
** S/N: ESC0000400 **
** ----- **
** BOOK OUT **
** Record copy **
** Date: 18/05/2018. **
** Time: 14:21 **
*****
Hook -05- Book/Out.

```

```

Model - Olympus GIFH260.
Serial- 2243885.
Booked in 18/05/2018.
at 11:09.
By[Name] HARVEY.
[ID] 48.
Booked out 18/05/2018.
at 14:20.
By[Name] L BENDO.
[ID] 43.
Status=OK.

```

```

[-----]
[-----]
[-----]
[-----]
[-----]
[-----]
[-----]
[ Cante] RapidAER
[ Serial No RA0070'
[-----]
[ Start 10h 44m
[ End 11h 04m
[ Date 18-05-2018
[-----]
[ Cycle No 5982
[-----]
[ Load Operator 35
[ Name LAZE
[-----]
[ Unload Operator 43
[ Name Harvey
[-----]
[-----]
[ Hookup ---
[ CANTEL RAH017
[ Serial No 000619
[ GS1
[-----]
[-----]
[ Endoscope ---
[ OLYMPUS GIF H260
[ Serial No 2243885
[ GS1
[-----]
[ IMS Verify Enabled
[-----]
[ Control Pass
[ IMS Verify Pass
[-----]
[ Contact Time 5 Minutes
[-----]
[ Last SD 18-05-2018 at 06h 07m
[-----]
[ Suction Av Flow 1244 ml
[ Biopsy Av Flow 725 ml
[ Water Av Flow 53 ml
[ Air Av Flow 72 ml
[ Aux 1 Not tested
[ Aux 2 Not tested
[ RB Not tested
[ Leak Test Av Pres 203 mb
[-----]
[-----]
[ Conductivity ---
[ Detergent 1448 uS
[ Disinfectant 1270 uS
[ Final Rinse 6 uS
[-----]
[-----]
[ Temperature ---
[ Detergent 27.4 deg
[ Disinfectant 29.4 deg
[ Final Rinse 23.6 deg
[-----]
[-----]
[ Chemical Batch/Lot & Serial No ---
[ Detergent 00000918/000000274
[ Part B 00010318/800000302
[ Part A 00010218/800000263
[-----]

```


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 MacMerry,
 N Tranent,
 L East Lothian, EH33 1PZ
 CHI 1609641167
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PRESCRIPTION & ADMINISTRATION RECORD

Clinical area *2*

ONCE ONLY

| Date | Time | Medicine (Approved name) | Dose | Route | Prescriber - sign + print | Time given | Given by |
|-----------------|------|------------------------------|--------------|------------|---------------------------|------------------------|----------|
| | | OXYGEN <i>N/A</i> | L | NASAL/ORAL | | | |
| <i>18/05/18</i> | | <i>Xylocaine + Woodspray</i> | <i>100mg</i> | <i>TOP</i> | | <i>15²³</i> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| PERI-PROCEDURE CARE | | | time, initials |
|--|--|---|----------------|
| Cannula site | Size | Skin Prep <input type="checkbox"/> | <i>N/A</i> |
| Handwash <input type="checkbox"/> Gloves <input type="checkbox"/> | Aseptic Insertion <input type="checkbox"/> | Dressing labelled <input type="checkbox"/> | |
| Difficulties/complication/deviation from standard technique | | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| BIOPSIES TAKEN OESOPHAGEAL <input type="checkbox"/> GASTRIC <input type="checkbox"/> DUODENAL <input type="checkbox"/> | | | |
| CLO TEST <input type="checkbox"/> COLON <input type="checkbox"/> POLYP/S <input type="checkbox"/> OTHER <input type="checkbox"/> | | | |
| Oral Suction required Y <input checked="" type="checkbox"/> | | or N/A <input type="checkbox"/> | |
| Diathermy: none required <input checked="" type="checkbox"/> | | | |
| Monopolar <input type="checkbox"/> , Bipolar <input type="checkbox"/> site | | | |
| Patient Nurse: initials* <i>2</i> | | date <i>18-5-18</i> | |
| Endoscopy Nurse initials* <i>W</i> | | date <i>18/05/18</i> | |

* initials if signed in on page 1 'Initials table'

| POST-PROCEDURE: |
|---|
| Procedure performed Upper GI Endoscopy <input checked="" type="checkbox"/> Colonoscopy <input type="checkbox"/> Flexible Sigmoidoscopy <input type="checkbox"/> ERCP <input type="checkbox"/> Other (please specify) |
| PROCEDURE SUMMARY: procedure comfort mild <input checked="" type="checkbox"/> , moderate <input type="checkbox"/> , severe <input type="checkbox"/> |
| <i>See Report</i> |
| Follow-up required: N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If YES, specify |
| Please refer to discharge summary Y <input type="checkbox"/> N/A <input type="checkbox"/> |
| SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE |
| Patient can DRINK Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> after 30 mins <input type="checkbox"/> |
| Patient can EAT Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> after 30 mins <input type="checkbox"/> |
| Suitable for NURSE-LED DISCHARGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

Endoscopist print *TRINKA EC* designation *N Endoscopy* signature *[Signature]* date *18/5/18* time

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POST PROCEDURE and DISCHARGE CRITERIA

| POST PROCEDURE | | initials | Comment overleaf |
|----------------|--|----------|------------------|
| 1 | Trolley lowered, bed rails in situ, buzzer given | Y, N/A | |
| 2 | Observations recorded: | | |
| | on return <i>time</i> | Y, N/A | |
| | at 30mins | Y, N/A | |
| | after 1 hour | Y, N/A | |

NOTE: Obs regime to follow is O₂ sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]

| DISCHARGE CRITERIA | | initials | Comment overleaf |
|---|--|----------|------------------|
| 1. | Discharged by Endoscopist | Y, N/A | |
| 2. | Transport home arranged collection time: | Y, N/A | |
| 3. | Vital signs stable & satisfactory | Y, N/A | |
| 4. | Alert & orientated (as on admission) | Y, N/A | |
| 5. | Pain controlled | Y, N/A | |
| 6. | Nausea controlled, no vomiting | Y, N/A | |
| 7. | Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray] | Y, N/A | |
| 8. | Mobilising as on admission | Y, N/A | |
| 9. | Patient told if further pathological specimens will be available, from whom and when | Y, N/A | |
| 10. | Discharge information given | Y, N/A | |
| 11. | Out Patient appointment given | Y, N/A | |
| 12. | IV cannula removed | Y, N/A | |
| 13. | Has passed urine | Y, N/A | |
| 14. | Identity bracelet removed | Y, N/A | |
| 15. | Collected by a responsible adult | Y, N/A | |
| 16. | Responsible adult at home for first 24h | Y, N/A | |
| Discharge Criteria met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> * (record as variance) | | | |
| Patient discharged, or, back to Relative/Carer/Support person <input type="checkbox"/> or N/A <input checked="" type="checkbox"/> | | | |
| Time patient left department 1.5.55 | | | |

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances further Variance Sheet are available

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

| date | time | Description of issue | Reason | Action | Initials | Var. code |
|------|------|----------------------|--------|--------|----------|-----------|
| / | : | | | | | |
| | | | | | | |
| | | | | | | |

NHS Lothian
Endoscopy Room 2, WGH

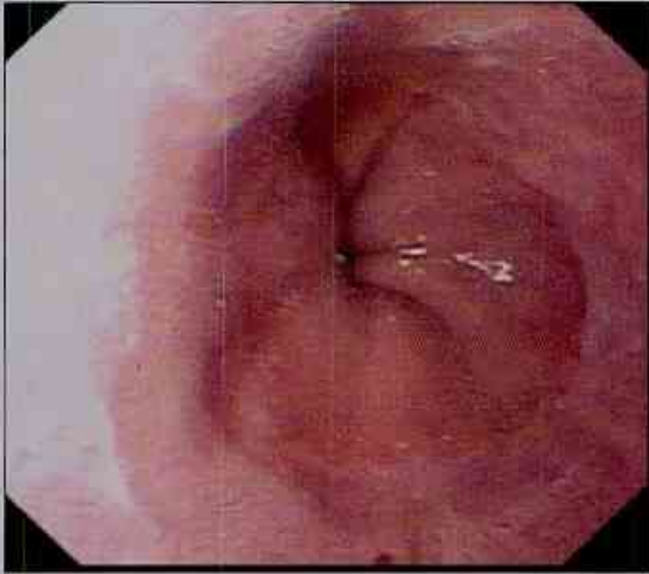
Name: Hilda INVERARITY
CHI No: 1609641167

Address: 31 Merryfield Avenue
MacMerry
Tranent
East Lothian
EH33 1PZ

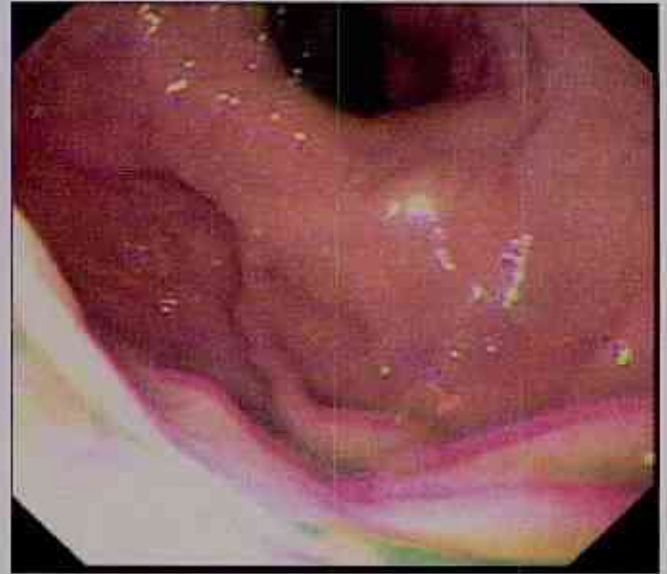
Date of birth: 16/09/1964
Case note No: 610051143W

Page 1 of 2

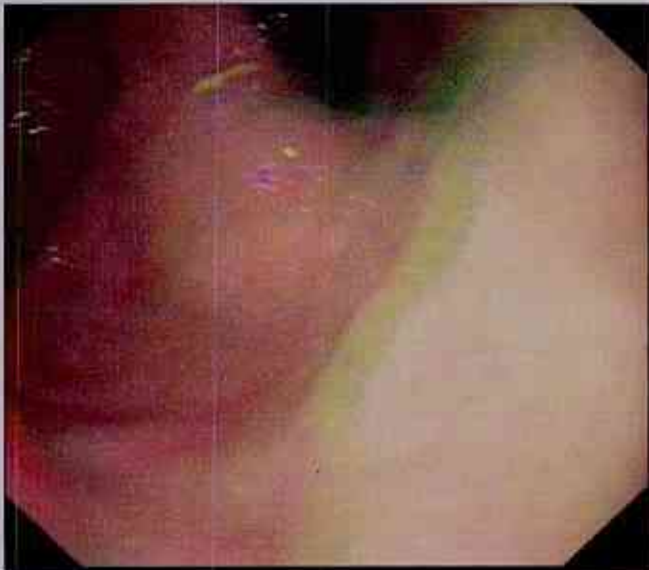
Procedure date: 18th May 2018



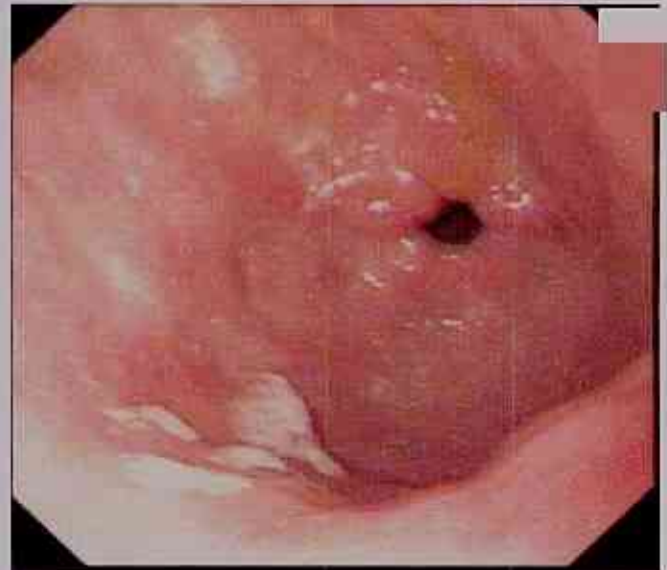
Site a: Lower oesophagus



Site b: Upper body
Hiatus hernia: sliding of length 3 cm.



Site b: Upper body
Hiatus hernia: sliding of length 3 cm.



Site c: Antrum

NHS Lothian
Endoscopy Room 2, WGH

Name: Hilda INVERARITY
CHI No: 1609641167

Address: 31 Merryfield Avenue
MacMerry
Tranent
East Lothian
EH33 1PZ

Date of birth: 16/09/1964
Case note No: 610051143W

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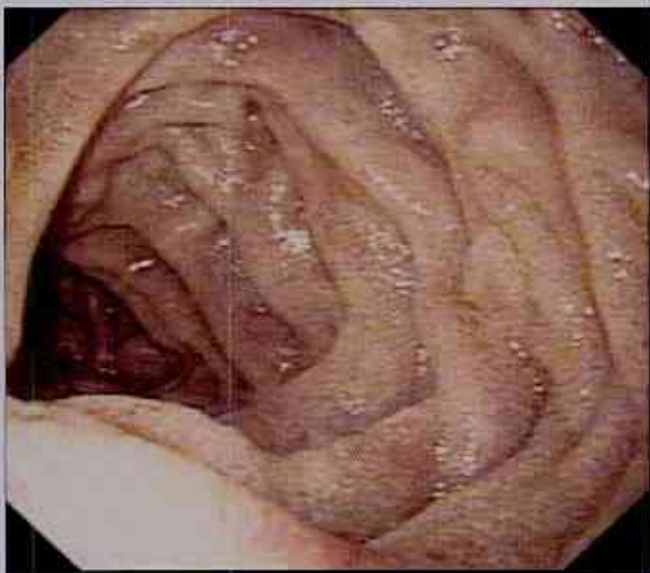
Procedure date: 18th May 2018



Site c: Antrum



Site d: Bulb



Site e: Second part

NHS Lothian
Endoscopy Room 2, WGH
GASTROSCOPY REPORT

Name: **Hilda INVERARITY, 16/09/1964 (F)**
CHI No: **1609641167**
Case note no.: **610051143W**

Address: 31 Merryfield Avenue
MacMerry
Tranent
East Lothian
EH33 1PZ

GP: **Dr VM McBride**
Tranent Medical Practice
The Health Centre
Loch Road
Tranent
EH33 2JX

Procedure date
18th May 2018

Priority: Urgent
Status: Outpatient/NHS
Hospital: Royal Infirmary of Edinburgh

Referring Cons: GP (Direct Referral)

Indications

Dyspepsia.
Allergy: nicotinell.
Physical status ASA I.
Clinically important comments: Recently finished triple therapy for helicobacter.

Consultant/Endoscopist

Tammy Kingstree
Nurses: Samantha Lioia
Nathalie Bernard

Report

The procedure was completed successfully.
Apparent mucosal junction at 37cm from the incisors.
STOMACH. Hiatus hernia: sliding of length 3 cm within (b). Result of urease test within (c) proved negative for Helicobacter pylori.
Complications: poorly tolerated.

Instrument
WGH 885 GIF-H260 2243885

Premedication
Xylocaine (Spray) 100 mg

Diagnosis

OESOPHAGUS. Hiatus hernia.
STOMACH. Gastritis.
DUODENUM. Normal.

Medication

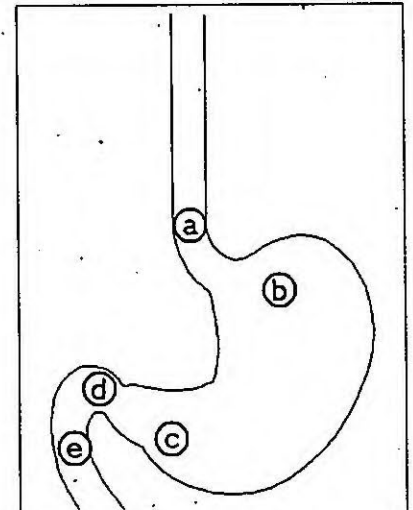
Continue medication.

Follow up

Return to the referring GP.

Advice/comments

Normal findings in the oesophagus do not exclude a diagnosis of reflux disease. 3cm HH evident.
Antral gastritis and active bile reflux, CLO taken - eradicate if positive.
No focal abnormalities within the duodenum.




a: Lower oesophagus (photographed)
b: Upper body (photographed)
c: Antrum (photographed)
d: Bulb (photographed)
e: Second part (photographed)

Tammy Kingstree
Advanced Nurse Practitioner
c.c. Inverarity, Hilda

Specimens taken
Urease: H.pylori negative (site c)

W.G.H. GASTROINTESTINAL UNIT

RAPID BIOPSY UREASE (CLO) TEST FOR H. PYLORI

| | |
|-----------|---|
| PATIENT: | 610051143W F 16/09/1964 |
| UNIT NO.: | Inverarity, Hilda M |
| D.O.B.: | 31 Merryfield Avenue, |
| ADDRESS: | MacMerry, Tranent, East Lothian, EH33 1PZ CHI 1609641167  76226 VM McBride |

| | |
|-------------|----------|
| DATE: | 18/05/18 |
| TIME: | 15.30 |
| REF. CONS.: | GP |
| WARD: | |
| THEATRE: | 2 |

INFORMATION REQUIRED

Has the patient taken the following within one week of endoscopy:

Proton Pump Inhibitor: Y / N
 Antibiotic: Y / N

RESULT **NEGATIVE**

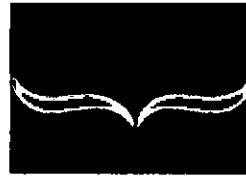
| TIME | CLO TEST RESULT (Positive / <u>Negative</u>) |
|----------------------------------|--|
| 3 hours | |
| 24 hours (read Mon if taken Fri) | |
| Antral biopsies sent? | Y / N |

REMEMBER to enter results in theatre book and diary before passing this sheet through to secretary

Staff Initials for form completion: SM.....
 Staff Initials for results: MY.....



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Consent form

Patient agreement to endoscopic investigation or treatment

Name of procedure(s) (include a brief explanation if the medical term is not clear)

Oesophago-gastro-duodenoscopy/endoscopy/gastroscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography).
Biopsy specimens will be retained and anonymised images may be used for teaching purposes

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner

I would like to have: sedation or no sedation, local anaesthetic throat spray
please tick box

Signed *Hilda Inverarity*

Date 18/5/2018

Name (print in capitals) HILDA INVERARITY

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have talked to the healthcare professional
Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure).

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks.

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed *Aurie MacLose*

Date 18/5/2018

Name (print in capitals) AURIE MACLOSE

Job title STAFF NURSE

If your patient requires further information please complete page 2

mouth, if sucked, they will not interfere with the procedure. Take three (3) tablets initially, followed by a further three (3) if symptoms continue after 15 minutes. If your medication has been adjusted this should not be a problem.

Blood glucose monitoring

If you usually test your blood glucose levels, check them, as usual, on the morning of the procedure and carry your equipment with you to the appointment. If you do not usually test your blood, do not worry, your blood glucose levels will be checked when you arrive for the procedure.

07/03

R1

10:30



Department of Dermatology

Biopsy Triage Form

610051143W F 16/09/1964
 Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron

Please complete this form and attach to the Pathology forms prior to clerical staff adding patients to the waiting list for treatment.

Date of Clinic attendance:

16/2/2020

Biopsy Appointment

| | |
|---------|-------------------------------------|
| Routine | <input checked="" type="checkbox"/> |
| Urgent | <input type="checkbox"/> |

Category

| | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| Suspected High Risk Skin Cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| INR to be checked before procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd procedure (after diagnosis) | <input type="checkbox"/> | <input type="checkbox"/> |

Time Required

| | |
|--------|-------------------------------------|
| Single | <input checked="" type="checkbox"/> |
| Double | <input type="checkbox"/> |
| Triple | <input type="checkbox"/> |

Who can carry out procedure (Please specify):

C

Triage by: (sign)

Arbyn

Print

Date

16/2/2020

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

Anything documented on this sheet will be scanned and made available to view electronically via SCI Store

Essential Scanning Sheet

PATIENT PROGRESS / COMMUNICATION SHEET

610051143W
Name: Inverarity, Hilda M
31 Merryfield Avenue,
MacMerry,
Tranent,
East Lothian, EH33 1PZ
CHI 1609641167
Ur...



Clinical Area: Out Patients Department:

State Action/s taken After Exception Reporting
Each entry should be dated & timed

| Date & Time | Progress notes / Problems Action Taken & Investigations Required | Signature (Print name & designation) |
|-------------|---|---|
| 16/11/2020 | Review by Colleague Dermetoflon | |
| | Furor | |
| | | Arby |
| | | Gory |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Dermatology Surgical Procedure

Date: 7/3/20

Operator: MR. LOHANA

Site: Right arm

Diagnosis: Dermatofibroma

Consultant: Dr. James McLeod

Assistant: P. Saffell

Consent: written / verbal

A 610051143 Wh cF No: 16/09/1964
 Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent, CHI
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron

Checklist & Surgical Pause

Team introduced: Verbal patient identification:

Drug allergies: Y/N Specimen correctly labelled + checked:

Infection risk: Y/N (HIV, HEP B/C) Number of sharps: 12/13/14/15/16/17/18/19/10/11/12/ _____

Implantable electric device*: Y/N Sharps removed:

Sign: [Signature] (Operator) Sign: [Signature] (Assistant)

Anaesthetic:

Lignocaine 1% / Adrenaline 1/200,000 10ml ml

Other: _____ ml

Cleaning Prep: Trisept / Unisept Other: _____

Anticoagulant: N / Y Pre op INR _____

Procedure/s:

Shave: _____

Curettage: _____

Punch biopsy: _____

Incisional biopsy: _____

Excision:

Periph Margin: 2 mm

Deep Margin: cut 8/10

Mohs No. of stages: _____

Closure:

Primary:

Graft: _____ Site: _____

Flap: _____ Type: _____

Partial/ Secondary intention: _____

Sutures:

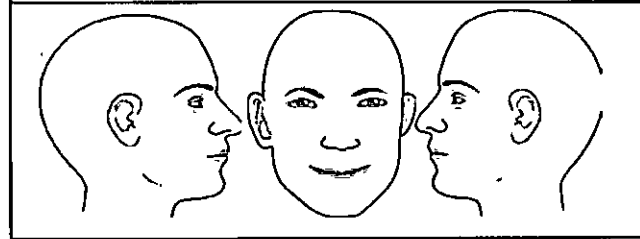
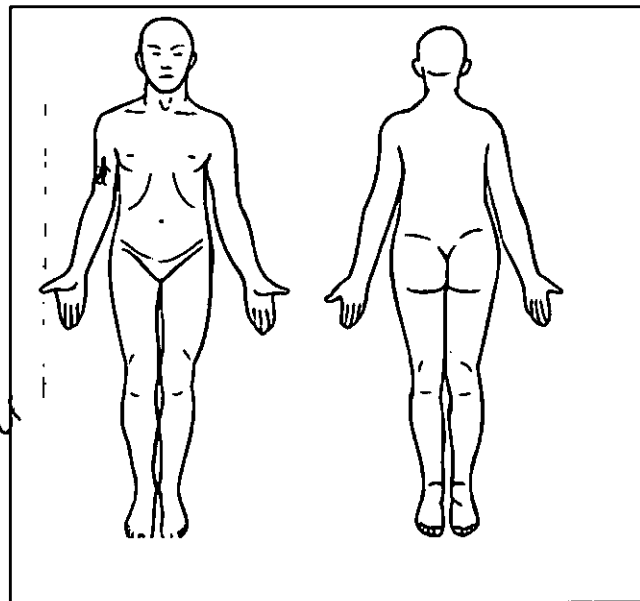
Buried: Vicryl (other) _____

Superficial: Monosof / CAPROSIN (other) _____

Suture removal: 2 days Dermatology / GP

Antibiotics: No / Flucloxacillin / Clarithromycin / _____

Other: wound check 6/7



Size: 3.0 No: _____

Size: 4.0 No: _____

Histology: Yes / No Other: _____

Follow up: 1 BA

Signature: [Signature]

Print Name and Grade: Mr Logan Consultant Plastic Surgeon

Authorised: Nov 2019 Review: Nov 2022
 Version 2.0 LOT910

*Pacemaker, ICO, rectal stimulator, cochlear implant

Consent Form

Medical or Dental Investigation, Treatment or Operation

Name 610051143W F 16/09/1964
 Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 Unit No./CHI 76226 C. Cameron
Capital



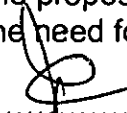
To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

Excision Surgery LESION RIGHT ARM

Relevant written information outlining risks given to patient (tick box) Yes No

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature  Date 07/03/2020
 Name and Status of Practitioner *Palaniswaran* *Consultant* *Plastic Surgeon*

Reconfirmation of Consent on the day of admission:

Signature Date
 Name and Status of Practitioner

Medical Students

Tick relevant box YES NO

I agree to allow students to be present in theatre: YES NO

I agree to be examined by a medical student whilst under general anaesthesia: YES NO

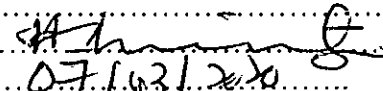
To the patient (or Parent or Guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree - to what is proposed which has been explained to me by the practitioner above
 I understand - that anaesthesia (general/regional/local) or sedation will be needed
 - the procedure may not be done by the practitioner who has treated me so far
 - any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first

Signature  Name HILDA INVERARITY
 Date 07/03/2020

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

The health practitioners are here to help you. He or she will explain the proposed treatment and what other alternatives exist. You can ask any questions and seek further information. You can also refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

- I. Nature of your condition and proposed procedures, including degree of urgency
- II. Benefits to be reasonably accepted of the procedure
- III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
- IV. Inability of the practitioner to predict results
- V. Irreversibility of the procedure, if that is the case
- VI. The likely result of not having the proposed treatment or procedure
- VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present. It is important that you understand all the information given to you. Please ask for clarity if something is not clear.

Your treatment may provide an important opportunity for training doctors, dentists, nurses and other health professionals. Such training is under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

| | Tick relevant box | YES | NO |
|---|-------------------|-----|----|
| For my medical records for the purpose of diagnosis and treatment | | | |
| For the purpose of teaching and education | | | |
| For the purpose of publication | | | |
| To be shown to other patients as an example | | | |

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

Anything documented on this sheet will be scanned and made available to view electronically via SCI Store

Essential Scanning Sheet

PATIENT PROGRESS / COMMUNICATION SHEET

610051143W F 16/09/1964
 Name Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 DOB Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 Unit No./# 76226 A Recks



Clinical Area: Out Patients Department:

State Action/s taken After Exception Reporting
 Each entry should be dated & timed

| Date & Time | Progress notes / Problems Action Taken & Investigations Required | Signature (Print name & designation) |
|-------------|---|---|
| 16/10/22 | pt ref. G.M.P. Chee parohid | |
| 16/10/22 | swelling. Job tightening (2) + (2) | |
| 16/10/22 | parohid & swells. Occurs 2-3 times | |
| J.M. | a year - Problem for 2-3 days. | |
| | can be up to 7 days. Problem 2-3 | |
| | years. Wound area left side. | |
| | No depress mouth or eyes. | |
| | puff - amepazole - Fleming | |
| | Heat° Chest° and° low | |
| | Duo° | |
| | | |
| | Allges - | |
| | Smoking - 10 a day | |
| | Alcohol - occasional | |
| | | |
| | SH - Not working at present | |
| | Elo - Bilateral slightly enlarged | |
| | parohid. Soft | |
| | | |
| | LCC - 'xerostomia' | |
| | | |
| | | |
| | | |

RADIOLOGY CLINICAL REPORT

| | | | |
|----------------------|------------------------------|--------------|------------|
| PATIENT NAME: | Inverarity Hilda | UHPI: | 610051143W |
| CHI: | 1609641167 | | |
| Order Items: | US Salivary Glands (Parotid) | | |

Clinical History

pt. intermittent swelling left and right parotid ??sjrogens??

*Has review
25/5/22
(82)*

6209254 12/04/2022 US Salivary Glands (Parotid)

Normal submandibular and parotid glands bilaterally with no evidence of intra or extra glandular duct dilatation, calcification, mass or collection. No ultrasound features of Sjogren's.

No cervical lymphadenopathy.

| | | | |
|-----------------|----------------------|-------------|------------|
| ADDRESS: | 31 Merryfield Avenue | DOB: | 16/09/1964 |
| | MacMerry | SEX: | Female |
| | Tranent | | |
| | EH33 1PZ | | |

| | |
|------------------|--|
| REFERRER: | |
| ADDRESS: | |

| | |
|--------------------------------|------------------------------------|
| Episode Consultant: | Mr James I Morrison |
| Order Patient Location: | SJH OPD4 - Outpatient Department 4 |
| Receiving Location: | SJH - US |

| | | | |
|------------------------------|-----------------|---------------------|----------------------------|
| Order Items(s): | Visit No | Date of Exam | Referring Clinician |
| US Salivary Glands (Parotid) | 41136420 | 12/04/2022 | Dr Simon Henderson |

| | | | |
|---------------|------------|---------------------------------|-----------------|
| D.O.R: | | Reporting Radiologist: | Dr Helen S Reid |
| D.O.T: | 12/04/2022 | Overseen by Radiologist: | |
| D.O.V: | 12/04/2022 | Verifying Radiologist: | Dr Helen S Reid |
| | | Typist/Secretary: | Dr Helen S Reid |
| | | Radiologist Signature: | |

Printed: 12/04/2022 10:25:08

RADIOLOGY CLINICAL REPORT

| | | | |
|-----------------------------|------------------------------|--------------|------------|
| PATIENT NAME: | Inverarity Hilda | UHPI: | 610051143W |
| CHI: | 1609641167 | | |
| Order Items: | US Salivary Glands (Parotid) | | |
| Dr Helen Reid. GMC: 3431526 | | | |

Consultant Radiologist.

| | | | |
|-----------------|----------------------|-------------|------------|
| ADDRESS: | 31 Merryfield Avenue | DOB: | 16/09/1964 |
| | MacMerry | SEX: | Female |
| | Tranent | | |
| | EH33 1PZ | | |

| | |
|------------------|--|
| REFERRER: | |
| ADDRESS: | |

| | |
|--------------------------------|------------------------------------|
| Episode Consultant: | Mr James I Morrison |
| Order Patient Location: | SJH OPD4 - Outpatient Department 4 |
| Receiving Location: | SJH - US |

| | | | |
|------------------------------|-----------------|---------------------|----------------------------|
| Order Items(s): | Visit No | Date of Exam | Referring Clinician |
| US Salivary Glands (Parotid) | 41136420 | 12/04/2022 | Dr Simon Henderson |

| | | | |
|---------------|------------|---------------------------------|-----------------|
| D.O.R: | | Reporting Radiologist: | Dr Helen S Reid |
| D.O.T: | 12/04/2022 | Overseen by Radiologist: | |
| D.O.V: | 12/04/2022 | Verifying Radiologist: | Dr Helen S Reid |
| | | Typist/Secretary: | Dr Helen S Reid |
| | | Radiologist Signature: | |

Printed: 12/04/2022 10:25:08

Gynaecology

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 08/03/99
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: Gynaecology | Consultant: Dr GE Smart |

Dear Dr Blyth

Your patient was reviewed in GOPD today. As you know she had a total abdominal hysterectomy, bilateral salpingo-oophorectomy and partial omentectomy in January this year. The pathology proved to be benign with the presence of a dermoid cyst in the ovary.

Today on examination the abdominal scar has healed very well and she has no problems, although she was complaining of some post-menopausal symptoms like hot flushes. She doesn't seem to be responding to the HRT she is already on, so I have decided to put her on Premarin 0.625 mg on a daily basis, and I would be grateful if you could give her a prescription for this.

Yours sincerely

Dr T Malik
Specialist Registrar to Dr Smart

Gastroenterology

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 15/06/2018
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|--|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: Gastroenterology | Consultant: Gastroenterology Team RIE (Virtual) |

Thank you for your letter about this lady with mildly deranged LFTs.

Her most recent LFTs show an isolated raised GGT of 78. Her ultrasound scan shows a fatty looking liver but with a normal size and shape, and a normal spleen size. Her platelet count is normal and her fib4 score is low at 1.24, making significant liver fibrosis very unlikely. This picture is all in keeping with fatty liver due to either alcohol or non-alcoholic fatty liver disease with no evidence of fibrosis.

The only concern was a mildly positive ANA with a titre of 1:80. Her ALT has always been normal with a most recent value of just 17, and the rest of her liver specific auto antibodies are negative. There is therefore no evidence that this reflects auto immune hepatitis, and I think you are right to simply manage this as fatty liver disease. She should be given lifestyle advice if relevant with regard to alcohol and weight.

I have not arranged to see her in the liver clinic but do let me know if you have any other concerns.

Yours sincerely

Dr Michael J Williams
Consultant Hepatologist
Electronically checked and approved by Dr Williams

Dictated: 14.06.18 Typed: 15.06.18 MJW/KB

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary: 0131 242 1248
Tel. Appointments: 0131 242 3063

Gastroenterology

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 15/06/2018
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|--|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: Gastroenterology | Consultant: Gastroenterology Team RIE (Virtual) |

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The only concern was a mildly positive ANA with a titre of 1:80. Her ALT has always been normal with a most recent value of just 17, and the rest of her liver specific auto antibodies are negative. There is therefore no evidence that this reflects auto immune hepatitis, and I think you are right to simply manage this as fatty liver disease. She should be given lifestyle advice if relevant with regard to alcohol and weight.

I have not arranged to see her in the liver clinic but do let me know if you have any other concerns.

Yours sincerely

Dr Michael J Williams
Consultant Hepatologist
Electronically checked and approved by Dr Williams

Dictated: 14.06.18 Typed: 15.06.18 MJW/KB

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary: 0131 242 1248
Tel. Appointments: 0131 242 3063

Dermatology

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 22/02/2020
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: Dermatology | Consultant: Dr Caroline Angit |

Diagnosis:
Atypical dermatofibroma

Treatment:
Listed for excision

Thanks for referring this 55 year old who has noticed a hard lump on the right upper arm for a few years but it has become itchy lately. She has type 3 skin.

There is brownish plaque measuring 16x12mm, rather indurated on the right upper arm. This is rather unusual but I think this is most likely to an atypical dermatofibroma although it does not have all the typical features. She was also reviewed by my colleague Dr Costache and agreed clinically this is a dermatofibroma.

In view of her symptoms I have arranged for her to have this excised.

Yours sincerely

Dr Caroline Angit
Consultant Dermatologist

CA/BL

Dictated: 16.2.20

Dermatology

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 23/04/2020
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: Dermatology | Consultant: Dr Caroline Angit |

You saw one of the external provider consultant dermatologists in the Dermatology department who arranged for some skin surgery. The result is now available. Due to the Covid-19 outbreak, I have been asked to write to you.

The biopsy from your right upper arm has shown a benign area of scar tissue called a dermatofibroma. There were no worrying features.

I hope you find this reassuring.

Yours sincerely,

Dr Lisa Naysmith
Consultant Dermatological Surgeon & Dermatologist

CC: GP

LN/hl/Dictated 16/04/2020

For queries concerning the above, please contact Hana Lagha on 0131-536-3741

Dermatology Patient Pathways www.dermatology.nhs.scot <<http://www.dermatology.nhs.scot>>
<<<http://www.dermatology.nhs.scot>>>

For Google and Apple apps, please see links under the INTRODUCTION (<<http://www.dermatology.nhs.scot/dermatology-pathways/introduction>>)

Dermatology

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 23/04/2020
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: Dermatology | Consultant: Dr Caroline Angit |

LETTER SENT TO PATIENT/GP COPY

You saw one of the external provider consultant dermatologists in the Dermatology department who arranged for some skin surgery. The result is now available. Due to the Covid-19 outbreak, I have been asked to write to you.

The biopsy from your right upper arm has shown a benign area of scar tissue called a dermatofibroma. There were no worrying features.

I hope you find this reassuring.

Yours sincerely,

Dr Lisa Naysmith
Consultant Dermatological Surgeon & Dermatologist

LN/hl/Dictated 16/04/2020

For queries concerning the above, please contact Hana Lagha on 0131-536-3741

Dermatology Patient Pathways www.dermatology.nhs.scot <<http://www.dermatology.nhs.scot>>
<<<http://www.dermatology.nhs.scot>>>

For Google and Apple apps, please see links under the INTRODUCTION (<<http://www.dermatology.nhs.scot/dermatology-pathways/introduction>>)

Surgical Ambulatory Care

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 10/07/2020
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: Surgical Ambulatory Care | Consultant: Miss Sarah C Thomasset |

HOT clinic review Miss Thomasset

Presented yesterday with severe RUQ pain, very much resolved today.

PMH - hysterectomy, hiatus hernia, HRT.

Bloods - deranged LFT's, WCC CRP

On examination, well healed lower midline laparotomy, abdomen soft, mild tenderness RUQ.

Returned today for MRCP - large gallstone in neck of gallbladder.

Impression - gallstones.

Plan - will require cholecystectomy. Options are to return tomorrow for cholecystectomy, or add to WL. Ms Inverarity would prefer to have her operation as soon as possible. To reattend SOU at 0800, and await her operation. Consent attained for laparoscopic cholecystectomy +/- open +/- proceed. Risks discussed, including bleeding, infection, bile duct injury.

Craig Shortel surgical nurse practitioner

General Surgery

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 20/08/2020
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: General Surgery | Consultant: Miss Sarah C Thomasset |

Misc ltr to pt 17.7.20

I note after we discharged you with drains in-situ following your recent gallbladder operation, you were re-admitted under the care of one my colleagues, Mr Paterson-Brown. He arranged a CT scan and MRI scan which were satisfactory and your drains were removed. I hope you are continuing to recover well.

On your last MRI scan, there were some very small cysts in the tail of the pancreas. These are usually nothing to worry about. I have requested another MRI scan in a year's time just to ensure they do not get any bigger. If you have any queries or questions when you receive this letter, then please do not hesitate to contact me.

Kind regards.

Yours sincerely

Miss SARAH THOMASSET Consultant Surgeon

cc: Dr Rachael Duncan, Tranent Medical Practice, The Health Centre, Loch Road, Tranent,
EH33 2JX Mr Simon Paterson-Brown, Consultant Surgeon, General Surgery, Royal Infirmary of
Edinburgh

General Surgery

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 20/08/2020
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: General Surgery | Consultant: Miss Sarah C Thomasset |

Misc ltr to pt 17.7.20

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Kind regards.

Yours sincerely

Miss SARAH THOMASSET Consultant Surgeon

cc: Dr Rachael Duncan, Tranent Medical Practice, The Health Centre, Loch Road, Tranent,
EH33 2JX Mr Simon Paterson-Brown, Consultant Surgeon, General Surgery, Royal Infirmary of
Edinburgh

General Surgery

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 25/08/2020
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | | | |
|-------------------|---|-----------------------|------------------------------|
| Patient: | Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: | 610051143W |
| | | Date of Birth: | 16/09/1964 |
| Specialty: | General Surgery | Consultant: | Hepatobiliary MDM(Advice) |

Your patient was discussed at the MDT meeting on 21/08/2020

REFERRAL DETAILS

Referring Doctor: Mr Patterson-Brown
Referring Hospital: RIE

Consultant/Clinician in charge: Mr Ewen M Harrison

INVESTIGATIONS

Investigation: MRCP, Date of investigation: 10/07/2020
Investigation: CT Abdo, Date of investigation: 20/07/2020
Investigation: MRCP, Date of investigation: 20/07/2020

DISCUSSION

Thank you for referring this 55 year old patient who has a subtotal cholecystectomy. She has a drain in place. An MRCP has shown two small pancreatic cysts which was the focus of discussion today.

MRCP 14.07.20 shows two cysts measuring 2mm and 3mm in the pancreatic tail.

These maybe side branch IPMN. An MRCP has been arranged by Miss Thomasset for one year.

Yours sincerely,

Signed.....EH/ZS

General Surgery

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 25/08/2020
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Consultant on call this week - Mr. E. Harrison

cc.

Dr Rachel Duncan, Tranent Medical Practice, Tranent.
Miss Sarah Thomasset, RIE

Please note that the MDT is acting in an advisory role and its recommendations are based on the information available at the time of the meeting. As always, the patient, who may not be aware of the proposed plan, should decide with their treating clinician what is right for them. The responsibility of the patient remains with the referring clinician until seen in the OPD or otherwise stated

General Surgery

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 10/09/2021
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

| | |
|---|---|
| Patient: Mrs Hilda Inverarity 7 THE BUTTS Haddington EH41 4DE | UHPI: 610051143W Date of Birth: 16/09/1964 |
| Specialty: General Surgery | Consultant: Hepatobiliary MDM(Advice) |

Your patient was discussed at the MDT meeting on 03/09/2021

REFERRAL DETAILS

Referring Doctor: Mr Patterson-Brown
Referring Hospital: RIE

Consultant/Clinician in charge: Prof SJ Wigmore

INVESTIGATIONS

Investigation: MRCP, Date of investigation: 10/07/2020
Investigation: CT Abdo, Date of investigation: 20/07/2020
Investigation: MRCP, Date of investigation: 20/07/2020
Investigation: MRCP, Date of investigation: 23/08/2021

DISCUSSION

This lady was admitted to the Royal Infirmary in the summer of 2020 and underwent a subtotal cholecystectomy and during her stay in hospital had an MRCP scan which showed two small pancreatic cysts. These had been re-imaged and we reviewed the scans today. The two cysts are tiny, one measuring 2mm and the other measuring 3mm both in the pancreatic tail and are impossible to characterise because they are so small but do not appear to be worrying at all. They don't seem to have changed since her previous scan. According to our protocol Mrs Inverarity should undergo a further MRCP scan in two year's time and this has already been arranged.

Yours sincerely,

General Surgery

Dr Brown
Tyne Medical Practice
Newton Port Surgery
Newton Port
Haddington
EH41 3NF

Date First Created: 10/09/2021
Date/Time Printed: 01/05/2026 12:40
Our Ref: 610051143W
CHI: 1609641167

Signed.....Professor SJ Wigmore/vg
Consultant on call this week Professor SJ Wigmore

Please note that the MDT is acting in an advisory role and its recommendations are based on the information available at the time of the meeting. As always, the patient, who may not be aware of the proposed plan, should decide with their treating clinician what is right for them. The responsibility of the patient remains with the referring clinician until seen in the OPD or otherwise stated

Dr Cameron
Tranent Medical Practice
The Health Centre
Loch Road
Tranent
EH33 2JX

Date: 23/04/2020

Outpatient Clinic Letter

| | | | |
|-------------------|---|--------------------------------|-----------------------|
| Patient | Hilda Inverarity 31 Merryfield Avenue MacMerry Tranent EH33 1PZ | CHI | 1609641167 |
| | | Date of Birth / Age | 16/09/1964 (55 years) |
| | | UHPI | 610051143W |
| Specialty | Dermatology Insource Medicare | Attendance Date | 16/02/2020 |
| Consultant | Dr Caroline Angit | | |

Dear Dr Cameron

LETTER SENT TO PATIENT/GP COPY

You saw one of the external provider consultant dermatologists in the Dermatology department who arranged for some skin surgery. The result is now available. Due to the Covid-19 outbreak, I have been asked to write to you.

The biopsy from your right upper arm has shown a benign area of scar tissue called a dermatofibroma. There were no worrying features.

I hope you find this reassuring.

Yours sincerely,

Dr Lisa Naysmith
Consultant Dermatological Surgeon & Dermatologist

LN/hl/Dictated 16/04/2020

For queries concerning the above, please contact Hana Lagha on 0131-536-3741

Dermatology Patient Pathways www.dermatology.nhs.scot <<http://www.dermatology.nhs.scot>>
<<<http://www.dermatology.nhs.scot>>>

For Google and Apple apps, please see links under the INTRODUCTION (<<http://www.dermatology.nhs.scot/dermatology-pathways/introduction>>)

Adult Mental Health EL CWIC

Dr Reeks
Tranent Medical Practice
The Health Centre
Loch Road
Tranent
EH33 2JX

Date: 13/12/2024

Outpatient Clinic Letter

| | | | |
|------------------------|---|---|--|
| Patient | Hilda Inverarity 31 Merryfield Avenue MacMerry Tranent EH33 1PZ | CHI Date of Birth / Age UHPI | 1609641167 16/09/1964 (60 years) 610051143W |
| Attendance Date | 12/12/2024 | | |
| Consultant | Wendy Skilling | | |

Dear Dr Reeks

. CWIC Primary Care Mental Health Service Initial Assessment
Face to Face consultation on 12/12/24 @ 14.30 for 40 mins
GP advised contact

Presenting concern:

Hilda was assessed by IHTT and Dr Finlayson on 16/08/24, and reviewed on 10/10/24 after a breakdown in family relationships. (See Trak) She was suicidal and had stockpiled medication. At her review with Dr Finlayson a slight improvement was noted and she was back living in her house with her husband and was able to see her grand daughter, [REDACTED] albeit supervised by her husband. Although she still experienced suicidal ideation it was less intense. She agreed to take Mirtazapine 15mg.

Unfortunately, at today's meeting she had deteriorated further - she was tearful throughout appointment and expressed hopelessness that things would improve. There has been no contact with daughter [REDACTED] since her birthday and her marital relationship has fractured further - she told me that the house would be put on the market in January and she didn't know where she would go as she would not be eligible for council housing and her share of the house sale would not be enough to buy another house. She told me that she had not yet been invited to Lisa's house for Xmas and did not think that she would be invited.

Discussion around symptoms:

Mood: low; despairing; hopeless; tearful.

Sleep: "so-so" - manages around 4-5 hours.

Appetite: "so-so".

Physical Health:

Motivation: seems intact - has spent time with her friend and was meeting her today.

Thoughts/Perceptions: ruminations about her situation; missing her grand daughter; suicidal thoughts.

Concentration:

Insight/Self Management: going for walks sometimes helps.

Risk factors: practitioner will consider the following points during assessment. The TRAK Mental Health Risk Assessment will also be checked and used for more risky clients.

Risk to self:

At the moment thoughts of her grand daughter stop her. No intent or planning voiced today but increased risk evident.

. Risk to others: none known;

Risk from others: none known

Specialty specific risks: none known;

Children at risk: none known;

Protective factors/risk management plan:

*** Grand daughter currently protective.

Previous History and Treatments:

Medication: prescribed Mirtazapine 15mg but has not taken it for past 2 weeks.

Therapy/3rd Sector: Personal history:

Not discussed today.

Social Factors and Stressors:

lives separate lives with husband in the same house.

sees grand daughter when she visits her grandfather - she is not allowed to do anything with not working

has a couple of good friends who are supportive.

minimal alcohol.

Brief Intervention:

Supportive session;

encouraged time for herself with walks, meeting friends, music etc to obtain some respite from intrusive thoughts.

encouraged to recommence Mirtazapine to stabilise sleep.

PLAN:

1. If spending Xmas alone with no contact with her grand daughter risk of impulsive attempt on her life increases.
2. Positively Hilda has agreed to f/up on Xmas eve: 24/12/@ 13.30 F2F @ ELCH.
3. I will phone on 19/12/24 to touch base.
4. LOW threshold for referral to IHTT.

Wendy Skilling

Primary Care Mental Health Nurse

CWIC MENTAL HEALTH SERVICE

Email: Wendy.Skilling@nhslothian.scot.nhs.uk

Adult Mental Health EL CWIC

Dr Reeks
Tranent Medical Practice
The Health Centre
Loch Road
Tranent
EH33 2JX

Date: 24/12/2024

Outpatient Clinic Letter

| | | | |
|------------------------|---|----------------------------|-----------------------|
| Patient | Hilda Inverarity 31 Merryfield Avenue MacMerry Tranent EH33 1PZ | CHI | 1609641167 |
| | | Date of Birth / Age | 16/09/1964 (60 years) |
| | | UHPI | 610051143W |
| Attendance Date | 24/12/2024 | | |
| Consultant | Wendy Skilling | | |

Dear Dr Reeks

CWIC MENTAL HEALTH SERVICE F/up Appointment
Face to Face Consultation @ ELCH on 24/12/24 @ 13.30 for 30 mins

Review:

Hilda presented as low in mood with flat affect and tearfulness. Answers were brief and monotone. She exhibited sense of hopelessness. She had written a letter to her daughter as I had suggested as perhaps being easier than verbal communication. However, Hilda said that she was abused by her daughter for the letter. Although her daughter will not speak to her, nor spend xmas with her she has sent a present to her. Hilda is confused by this behaviour as it seems like her daughter is trolling her.

[REDACTED]

[REDACTED]

Review of Risk factors and management plan based on initial assessment. The TRAK Mental Health Risk Assessment will also be checked and used for more risky clients.

*** Suicidal ideation remains but is much less intense. No risks to self or others voiced today.

Brief intervention:

- * Supportive session.
- * Encouraged to go for a walk or do some crotcheting on xmas day to be occupied.
- * Encouraged to phone a couple of friends just to communicate with someone.
- * Encouraged to use crisis numbers (which Hilda has) if she begins to feel unsafe.

* Hilda has recommenced Mirtazapine antidepressant this week.

PLAN:

Hilda will action the above suggestions - agreed on safety plan..

F/up: 20/01/11.30 for F2F @ ELCH.Wendy Skilling

Primary Care Mental Health Nurse

CWIC MENTAL HEALTH SERVICE

Email: Wendy.Skilling@nhslothian.scot.nhs.uk

Adult Mental Health EL CWIC

Dr Reeks
Tranent Medical Practice
The Health Centre
Loch Road
Tranent
EH33 2JX

Date: 20/01/2025

Outpatient Clinic Letter

| | | | |
|------------------------|---|---|--|
| Patient | Hilda Inverarity 31 Merryfield Avenue MacMerry Tranent EH33 1PZ | CHI Date of Birth / Age UHPI | 1609641167 16/09/1964 (60 years) 610051143W |
| Attendance Date | 20/01/2025 | | |
| Consultant | Wendy Skilling | | |

Dear Dr Reeks

CWIC MENTAL HEALTH SERVICE F/up Appointment
Face to Face Consultation @ ELCH on 20/01/25 @ 11.30 for 45 mins

Review:

Hilda said that she had had an awful time over the weekend. [REDACTED]

At Xmas she followed advice and occupied herself by going for a walk and phoning a friend. Her grand daughter was allowed a 3 minute call with her.

Review of Risk factors and management plan based on initial assessment. The TRAK Mental Health Risk Assessment will also be checked and used for more risky clients.

*** Suicidal thoughts remain - feels after everything that has happened she may as well just "do it"; although thoughts come every day there may possibly be less of them; no active intent or planning voiced.

Brief intervention:

- * Supportive session.
- * positive re-enforcement given for involving the police.
- * Encouraged to call Women's Aid for support and advice.

* Discussed housing situation - advised to contact CAB for information and advice.

* Feels there has been no improvement on current dose of Mirtazapine (15mg?) and sleep is poor.

PLAN:

Hilda will action the above suggestions re Women's Aid and CAB.

REQUEST GP considers an increase in Mirtazapine as no improvement on current dose.

F/up: 17/02/@ 15.30 for F2F @ ELCH.

Wendy Skilling

Primary Care Mental Health Nurse

CWIC MENTAL HEALTH SERVICE

Email: Wendy.Skilling@nhslothian.scot.nhs.uk

Adult Mental Health EL CWIC

Dr Reeks
Tranent Medical Practice
The Health Centre
Loch Road
Tranent
EH33 2JX

Date: 25/02/2025

Outpatient Clinic Letter

| | | | |
|------------------------|---|----------------------------|-----------------------|
| Patient | Hilda Inverarity 31 Merryfield Avenue MacMerry Tranent EH33 1PZ | CHI | 1609641167 |
| | | Date of Birth / Age | 16/09/1964 (60 years) |
| | | UHPI | 610051143W |
| Attendance Date | 25/02/2025 | | |
| Consultant | Wendy Skilling | | |

Dear Dr Reeks

CWIC MENTAL HEALTH SERVICE F/up Appointment
Seen @ ELCH on 25/02/25 @ 14.30 for 35 mins.

Review:

Hilda presented as flat and low today and was frequently wiping away tears. She has not been able to see her grand daughter [REDACTED] for the past month although has spoken to her briefly as she passed her school - she has also given her a small gift. However, she has now received a text telling her she is not to speak to Mia. She is very distressed about this and worries about the impact on [REDACTED] as they have a very close bond and she has played a big part in [REDACTED] life.

[REDACTED]

Housing have said that there may be a chance of accommodation for her in 4 weeks.

Review of Risk factors and management plan based on initial assessment. The TRAK Mental Health Risk Assessment will also be checked and used for more risky clients.

*** No risks to self or others voiced today.

Brief intervention:

* Supportive session.

* [REDACTED]

* continues to meet with her friend and does go window shopping - encouraged not to stay in the house as she will find it more difficult to get out when she needs to.

* discussion about putting together elements of her life again, and although not seeing Mia at present

circumstances may change.

PLAN:

F/up: 11/03/25 @ 10.30 F2F @ ELCH.

Wendy Skilling

Primary Care Mental Health Nurse

CWIC MENTAL HEALTH SERVICE

Email: Wendy.Skilling@nhslothian.scot.nhs.uk



CWIC MENTAL HEALTH SERVICE

**HILDA INVERARITY
31 Merryfield Avenue,
MacMerry,
East Lothian
EH33 1PZ**

**Date: 11/03/25
Ref: CWIC/160964 1167**

Dear Hilda,

Thank you for letting us know that you would be unable to attend our appointment today. I hope your meeting went well.

As you are aware, today's appointment would have been our last appointment and I would have discharged you from CWIC, as we are a short term, brief intervention service.

However, if you wish you can call back into Cwic for support (after you have taken some time to process the events of the last few months) if you find you are struggling with your mental health.

I hope our sessions have been helpful in giving you the time and space to talk about your circumstances and have allowed you to accept but not fully understand, for the time being at least, the restrictions put in place by your daughter. What we do know though, is that circumstances can change through time and I sincerely hope that this happens for you.

Best wishes,
Wendy

**Wendy Skilling
Primary Care Mental Health Nurse
CWIC Mental Health Service
0300 790 6292**

In Patient Records

Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,



DOB East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron
 Unit No./CHI Hospital

Consent Form

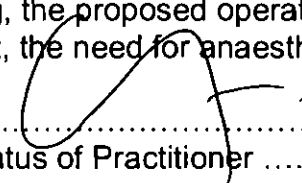
Medical or Dental Investigation, Treatment or Operation

To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate TI - proceed

Laparoscopic +/- open cholecystectomy +/- IOC.
 Relevant written information outlining risks given to patient (tick box) Yes No

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature  Date 10/7/20
 Name and Status of Practitioner General

Reconfirmation of Consent on the day of admission:

Signature Date
 Name and Status of Practitioner

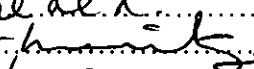
Medical Students

| | Tick relevant box | YES | NO |
|---|-------------------|-----|----|
| I agree to allow students to be present in theatre: | | | |
| I agree to be examined by a medical student whilst under general anaesthesia: | | | |

- To the patient (or Parent or Guardian if appropriate)**
- Please read this form and the notes overleaf very carefully.
 - If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
 - Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)
 I agree - to what is proposed which has been explained to me by the practitioner above
 I understand - that anaesthesia (general/regional/local) or sedation will be needed
 - the procedure may not be done by the practitioner who has treated me so far
 - any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first
 I will be asked to sign a consent form for the procedure, which will be explained to me by the practitioner before I sign it.
 I will be asked to sign a consent form for the procedure, which will be explained to me by the practitioner before I sign it.

Signature  Name HILDA INVERARITY
 Date 10/7/2020

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

The health practitioners are here to help you. He or she will explain the proposed treatment and what other alternatives exist. You can ask any questions and seek further information. You can also refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

- I. Nature of your condition and proposed procedures, including degree of urgency
- II. Benefits to be reasonably accepted of the procedure
- III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
- IV. Inability of the practitioner to predict results
- V. Irreversibility of the procedure, if that is the case
- VI. The likely result of not having the proposed treatment or procedure
- VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present. It is important that you understand all the information given to you. Please ask for clarity if something is not clear.

Your treatment may provide an important opportunity for training doctors, dentists, nurses and other health professionals. Such training is under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

| | Tick relevant box | YES | NO |
|---|-------------------|-----|----|
| For my medical records for the purpose of diagnosis and treatment | | | |
| For the purpose of teaching and education | | | |
| For the purpose of publication | | | |
| To be shown to other patients as an example | | | |

610051143W/E4486696 F 16/09/1964

Inverarity, Hilda M
31 Merryfield Avenue,
MacMerry,
Tranent,
East Lothian, EH33 1PZ

CHI 1609641167 
76226 C Cameron

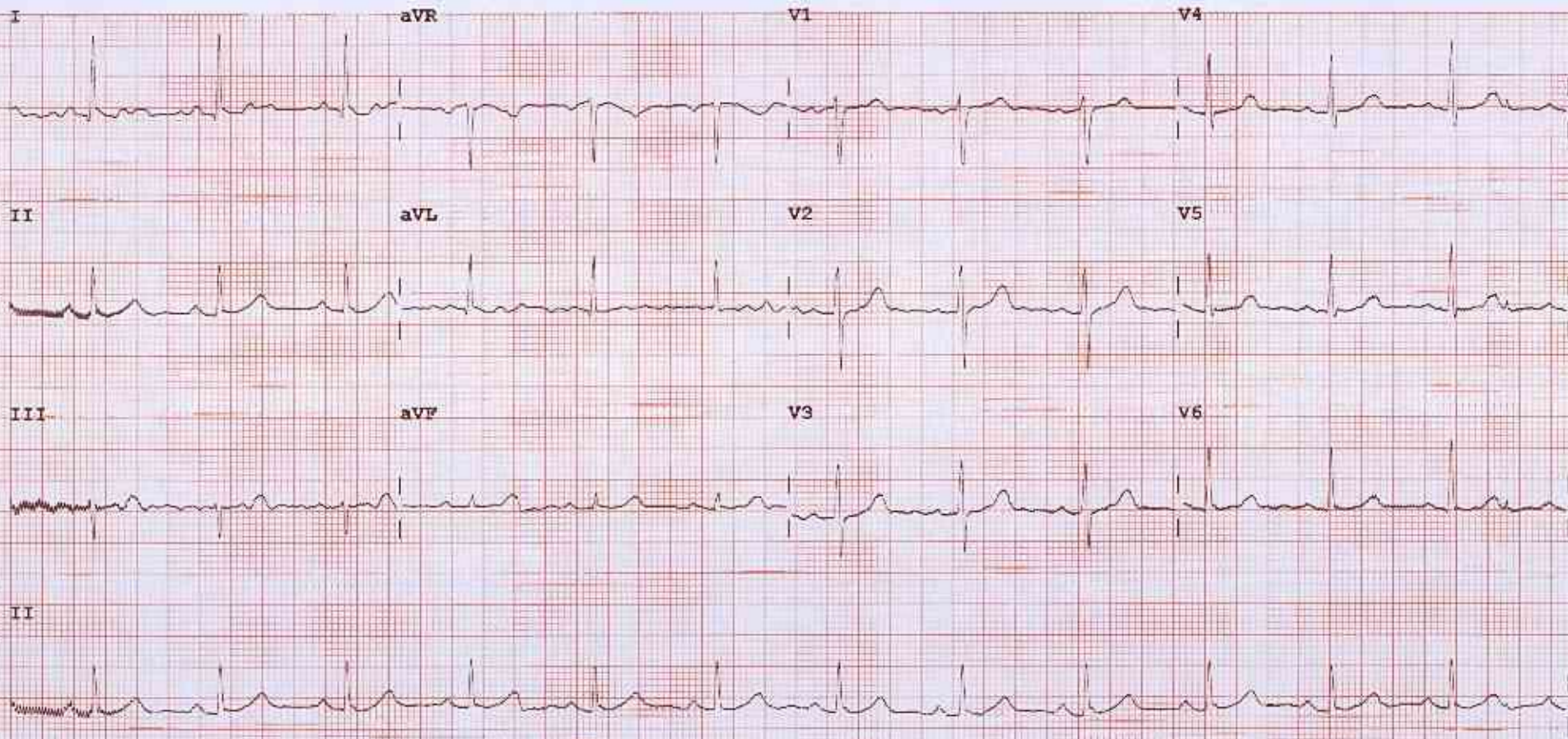
Rate

PR
QRSD
QT
QTc

--AXIS--

P
QRS
T

ANALYSIS ERROR [30] MEAS_EXCESSIVE_AC_NOISE



Dev: 350522

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

f 50x 0.15-100 Hz

P?

THEATRE PATIENT CARE PLAN

610051143WF
 INVERARITY Hilda
 16-Sep-64 CHI: 160 964 1167
 76226 C Cameron
 31 Merryfield Avenue East Lothian
 EH33 1PZ



PRE-OPERATIVE ASSESSMENT: Pre-operative visit performed? Yes No

Signature: _____ **Name (print):** _____ **Date:** _____

| Identified Problems | Planned Nursing Care |
|---------------------|----------------------|
| | |
| | |
| | |
| | |

PRE-OPERATIVE CHECKLIST:


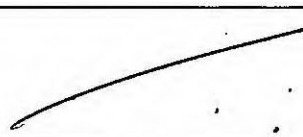
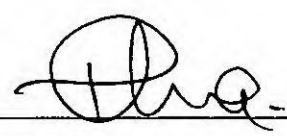
| Check | Ward Nurse | | Theatre Nurse | | Comments |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| | Y | N | Y | N | |
| Correct patient? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Correct procedure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| All bracelets in situ with name, date of birth, ward, unit number, gender & CHI number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Operation consent form signed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Operation site & side marked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Prescribed pre-medication given? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A |
| Routine drug therapy taken? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Make up removed as required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Jewellery (incl body piercings) & hairclips removed, rings taped? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Items accompanying patient to theatre? (eg wigs, hearing aids, prosthesis etc) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Reading Glasses |
| Dressed for theatre? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Does the patient have any allergies? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nausea with anaesthetic itching w/ microfine patches |
| Has the patient passed urine? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Urinalysis results recorded? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Date of last menstrual period? | Not having periods. | | (Note: hysterectomy) | | |
| Last food? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Date: 10/7/20 Time: 17:00hrs | | | | | |
| Last drink? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Date: 10/7/20 Time: 21:00hrs | | | | | 11pm 12.7.20 |
| Documents accompanying patient? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Healthcare record <input type="checkbox"/> | | | | | |
| ICP (if separate) <input type="checkbox"/> | | | | | |
| Xrays <input type="checkbox"/> Drug chart <input checked="" type="checkbox"/> | | | | | |
| Blood results <input type="checkbox"/> Cross matched <input type="checkbox"/> | | | | | |

| | Signature | Print name | Date |
|----------------------|--------------------------------|------------------------------|---------------------|
| Ward Nurse | <i>[Signature]</i> | J. HENDERSON | 11/7/20 |
| Theatre Practitioner | <i>[Signature]</i> I BARBER | <i>[Signature]</i> BARBER | 13/07/20 13/7 20 |

No Asthma
No Diabetes

INTRAOPERATIVE CARE RECORD

Patient name:
 CHI number:
 Patient address:

| | | | |
|---|---|--|----------|
| Surgical Position <i>Supine</i> | | Equipment Used/Protection/Pressure Care <i>Bar eyes taped + leg strap + mages + side supports + flat trays + TEDS</i> | |
| Initials: | | | |
| Mobility | Special Actions taken <i>Pre op - Self transfer Post op - Pad slide + slide sheet</i> | | |
| Initials: | | | |
| Diathermy | Position <i>Right thigh</i> | | |
| Initials: | <i>TM</i> | | |
| Skin prep. | Details <i>chloraprep.</i> | | |
| Initials: | <i>TM</i> | | |
| Skin closure | Details <i>4/0 Absorb Subcut Absorbable suture</i> | | |
| Initials: | <i>TM</i> | | |
| Dressings <input type="checkbox"/> N/A | Details <i>Mepore x 4</i> | | |
| Initials: | <i>TM</i> | | |
| Drains <input type="checkbox"/> N/A | Details <i>size 20 Pottex Drain x2 (u&v) and secured with silk suture.</i> | | |
| Initials: | <i>TM</i> | | |
| Catheters <input checked="" type="checkbox"/> N/A | Details MIs in balloon  | | |
| Initials: | <i>TM</i> | | |
| Specimens <input type="checkbox"/> N/A | Details <i>Gall Bladder -> Pathology</i> | | |
| Initials: | <i>TM</i> | | |
| Packs <input checked="" type="checkbox"/> N/A | Details  | | |
| Initials: | <i>TM</i> | | |
| Tourniquet <input checked="" type="checkbox"/> N/A | Position | Pressure | Time on |
| Initials: | Protection used | | Time off |
| Comments: | | | |
| Signature:  Print name: <i>T. M. Mumbwa (TM)</i> | | | |

INTRAOPERATIVE COUNTS

Patient name:
 CHI number:
 Patient address:
 Post code:

| | Initial Count | Intraoperative | Intraoperative | Intraoperative | Final count |
|------------------------------|----------------------------|-------------------------|---------------------------------|----------------|-------------|
| Correct | <i>N/A</i> | | | <i>N/A</i> | <i>N/A</i> |
| Signature | <i>N/A</i> | | | <i>N/A</i> | <i>N/A</i> |
| Discrepancy and Action taken | | | | | |
| Scrub nurse | Comments | | Total blood loss <i>Minimal</i> | | |
| | 1. Print <i>J. Mawhood</i> | Sign <i>[Signature]</i> | | | |
| | 2. Print _____ | Sign _____ | | | |

HSDU LABELS - FROM PACKS/INSTRUMENTS USED

NHS Lothian - New General Laparoscopy
 2022-11-28 Mölnlycke Health Care
 REF 97100547-04 LOT 20091485 0012

GENERAL LAPAROSCOPY R I E
 A024359
 2020 07 06 GS049
 Edinburgh Royal Infirmary

TELESCOPE OLYMPUS 30DED/10MM
 ID: A005849
 2020 07 07 S2680
 Edinburgh Royal Infirmary

GENERAL M.I.S
 A047420
 2020 07 06 GS155
 Edinburgh Royal Infirmary

STERILE
 12 KG
 Store in clean dry conditions. DO NOT USE if wrap damaged
 ONLY for use by trained personnel - for its intended purpose
HSDU Store
NEW GENERAL M.I.S
 GS155
 ID: No: A047420
 Edinburgh Royal Infirmary
 Sterile Services
 0131 5361000
 This pack has been manufactured in accordance with article
 12 of council directive 93/42/EEC concerning medical devices

INTRAOPERATIVE COUNTS


Patient name:
CHI number:
Patient address:

Post code:

IMPLANTS

[Empty box for implants]

OPERATION SUMMARY (surgeon or deputy to complete)

| | | | |
|--|--|--|--|
| Surgeon: THOMASSET / MAGNUM | | Assistants: DRUGOUTI | |
| Drugs: Operation performed: SUBTOTAL LAPAROSCOPIC CHOLECYSTECTOMY (NO BILE FROM THE STUMP THAT WAS LEFT OPEN) ANALGESIA | | Diathermy used <input checked="" type="checkbox"/> | |
| Postoperative instructions: - KEEP DRAINS 48 HRS - PAR HEPARIN 5000 U.I. CONTINUED - ANALGESIA | | - MOBILIZE - CAN EAT AND DRINK CONTINUED | |
| Printed: MAGNUM | | Signed:  | |

✓ - 0880

WHO Surgical Safety Checklist

(adapted for General Surgery NHS Lothian)



610051143W/E4486696 F 16/09/1964
Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron

*DATE 13.07.2020
 *THEATRE 13
 *SITE RIE

*OPERATING/SUPERVISING CONSULTANT MR. DETNIS
 *PROCEDURE LAP. CHOLE + IOC

Please complete ALL boxes

SIGN IN (To be read out loud) Before commencement of anaesthesia

Member verbally confirms with the team:

| | | | |
|---|---|--|---|
| Patient confirmed his/her identity, site, procedure and consent | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Correct operating table? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Surgical site/side marked | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Are prophylactic antibiotics required? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Does the patient have a: | Yes | No | N/A |
| Known Allergy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficult airway/aspiration risk? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Complete case notes available? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Estimated blood loss > 500ml? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, adequate IV access/fluid warming/cell salvage planned? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Negative pregnancy test documented? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Blood results available? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Group & Save available? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Patient temperature (°C) | <u>36.7°C</u> | | |
| Patient diabetic? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| If yes, BM (millimoles) | _____ | | |
| Patient on Beta blockade? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| If yes, Beta blockade given? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| If not given, state reason omitted: | _____ | | |

TIME OUT (To be read out loud) Before start of surgical intervention

Member verbally confirms with the team:

| | | | |
|--|---|--|---|
| Team members introduce themselves by name and role | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Correct patient? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Correct procedure/consent? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Correct site/side marked? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Correct positioning? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the patient have a known allergy? | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| Essential imaging displayed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has DVT prophylaxis been undertaken? | Yes | No | N/A |
| TEDS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calf compression | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heparin | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Antibiotic prophylaxis administration complete? | Complete <input type="checkbox"/> | Started <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Diathermy plate on | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Extra/Specific Equipment required | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Any anticipated difficulties expected by? | Yes | No | |
| Surgeon | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Anaesthetist | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Theatre Practitioner | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

SIGN OUT (To be read out loud) Before patient leaves operating room

Member verbally confirms with the team:

| | | | |
|--|---|-----------------------------|---|
| Has the operation/procedure summary been completed? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Have the post operative instructions been documented by: | Yes | No | |
| Surgeon | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Anaesthetist | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Theatre Practitioner | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Have the specimens been labelled correctly (including patient name)? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Have blood tags been completed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Regular DVT prophylaxis prescribed? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Further antibiotic doses prescribed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cardiac medication prescribed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Discharge medical analgesia prescribed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Please ensure all *asterisk boxes have been completed | Yes <input checked="" type="checkbox"/> | | |

Name: _____
 Signature: Drogan

Name: M. A. Cameron
 Signature: _____

Name: _____
 Signature: _____

RECOVERY AREA (On arrival:)

Patient temperature (°C) _____
 Patient BM if diabetic (millimoles) _____ N/A
 Name: _____
 Signature: _____

Please record any Problems Identified overleaf
www.patientsafetyalliance.scot.nhs.uk/programme

VTE RISK ASSESSMENT

To be completed within 24 hours of admission

Affix label here

Name:.....

CHI:.....

Date:

Ward:

Part 1: Consider Contraindications to VTE prophylaxis + Bleeding Risk (Tick)

| | | |
|----------------------------------|--|---|
| Platelets <50 | Known/suspected bleeding | Awaiting lumbar puncture |
| Uncontrolled severe hypertension | CNS surgery within 1 month-discuss with neurosurgery | On apixaban (or similar), warfarin or therapeutic heparin |
| Advanced liver disease | Acute stroke/intracranial bleed | On ACS treatment |
| Coagulopathy | Cerebral metastases | History of HIT |

ACTION: YES TO ANY OF THE ABOVE, DO NOT PRESCRIBE DALTEPARIN

Other contraindication or other reasons (e.g. needle phobia, refusal).....

Dalteparin NOT Prescribed-Contraindication as above. *Consider TED Stockings (tick if relevant)

Assessed by (name/grade) Signature.....

ASSESSMENT COMPLETED FOR PATIENTS WITH CONTRAINDICATION. FOR REVIEW AFTER 24 HOURS

Part 2: If NO contraindication-Consider Risk Factors for VTE (Tick)

| | | | |
|---------------|---|----------------------------|---------------------------------|
| Age >60 | Obesity | Immobility | Systemic infection |
| Active Cancer | Chronic inflammatory states (e.g. heart failure, inflammatory bowel disease, HIV) | Hormone therapy/ pregnancy | Previous/family history of VTE |
| Thrombophilia | Varicose veins | Fracture | Recent surgery/ hospitalisation |

If YES to any of above

If NO Go to 'ACTION' below

Part 3: Check Weight and eGFR (Tick correct dose and tick the relevant action below)

| eGFR | Weight | Prescribe the correct dose on the kardex |
|-----------------------------|------------|---|
| >10 | < 50kg | Dalteparin 2500 units S/C once daily |
| >10 | 50-100 kg | Dalteparin 5000 units S/C once daily |
| >10 | 101-150 kg | Dalteparin 5000 units S/C twice daily* |
| >30** | >150 kg | Dalteparin 7500 units S/C twice daily* |
| ≤10 or on renal replacement | Any | Consider mechanical measures. If high thrombotic risk consider Dalteparin 2500 units once daily*. Monitor anti-Xa levels after 10 days as per LUHD guidelines |

For eGFR 11-30: Monitor anti-Xa levels after 10 days as per LUHD guidelines.

*Off-license dose: **For extreme weight and eGFR<30ml/min: please consult Haematology for advice

ACTION: FOR DALTEPARIN, PRESCRIBE THE CORRECT DOSE ON THE KARDEX

Dalteparin NOT prescribed-NO significant VTE risk factors. *Consider TED stockings.

Assessed by (name/grade) Signature.....

Part 4: Reassessment after 24 hours (Tick+explain any changes)


Continue Discontinue Modify/Other changes.....

Name/grade: Signature:

***CONTRAINDICATIONS TO TEDS**

- Massive leg oedema
- Pulmonary oedema
- Severe peripheral arterial disease
- Major leg deformity
- Peripheral neuropathy
- Active dermatitis.

Please file with the prescription chart

| | | | |
|-----------|---|----------|--------------------------|
| NH Sur | 610051143WF | Division | Patient's Name : |
| | INVERARITY Hilda | | Unit No : |
| DE | 16-Sep-64 CHI: 150 964 1167 | | Date of Birth : |
| | 76226 C Cameron | | (or affix patient label) |
| | 31 Merryfield Avenue East Lothian | | |
| | EH33 1PZ | | |
| |  | | Date : 13/7/20 |

TYPE OF DRAIN : Portex Drain (1)

(TOTAL OUTPUT TO BE RECORDED @ MIDNIGHT EVERY DAY)

| DATE | TIME | ON-GOING OUTPUT | OBSERVATION OF DRAINAGE | TOTAL VOLUME OVER 24HRS (24.00-2400) |
|---------------------------|-------------------------|----------------------------|---|---|
| <i>Example</i> 21/2/08 | 08.00 14.00 24.00 | 220mls 200mls 320mls | Blood stained Blood stained Blood stained | 740mls (Now add to FBC) |
| 13/7/20 | 00.30 | 131mls | Dark Red Fluid | <input type="text"/> (Now add to FBC) |
| 14/7/20 | 13.30 | 100mls | Dark Red Fluid (Drain cut + bagged) | <input checked="" type="checkbox"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |

DRAIN OUTPUT CHART

Date: 13/7/20

TYPE OF DRAIN: Portex Drain (2)

(TOTAL OUTPUT TO BE RECORDED @ MIDNIGHT EVERY DAY)

| DATE | TIME | ON-GOING OUTPUT | OBSERVATION OF DRAINAGE | TOTAL VOLUME OVER 24HRS (24.00-24.00) |
|---------------------------|-------------------------|-------------------------------|---|---------------------------------------|
| <i>Example</i> 21/2/08 | 08.00 14.00 24.00 | 220mls 200mls 320mls | Blood stained Blood stained Blood stained | 740mls (Now add to FBC) |
| 14/7/20 | 00.30 | 4mls | Blood stained Fluid | (Now add to FBC) |
| 14/7/20 | 1330 | 50mls | Blood stained Fluid Drain cut + bagged | (Now add to FBC) |
| 15/07/20 | 00.00 | 20 - (1) 10 - (2) 30 ml | Blood stained | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |

610051143WF
 INVERARITY Hilda
 16-Sep-64 CHI: 160 964 1167
 76226 C Cameron
 31 Merryfield Avenue East Lothian
 EH33 1PZ

ADULT FLUID PRESCRIPTION CHART



Date 13/7/20 Sheet no. (1)

Ward 106



IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

| Volume 30ml/kg | Sodium 1mmol/kg | Potassium 1mmol/kg (unless K ⁺ > 5.0) |
|----------------|-----------------|--|
| ml | mmol | mmol |

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤ 132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

| Weight (kg) | Maintenance Fluid Requirement in 24hr | Rate (ml/hr) | Equivalent to 1000 ml over: |
|-------------|---------------------------------------|--------------|-----------------------------|
| 35-44 | 1200 ml | 50 | 20 hr |
| 45-54 | 1500 ml | 65 | 16 hr |
| 55-64 | 1800 ml | 75 | 14 hr |
| 65-74 | 2100 ml | 85 | 12 hr |
| ≥75 | 2400 ml | 100 (max) | 10 hr |

Prescribe **Maintenance fluids and diabetic fluids** here. **Max rate is 100ml/hr.**
 Prescribe subcutaneous fluids using SC guidelines Use separate prescription chart if more bags are required Mark as 'Sheet 2'

| Type + Additions | Vol (ml) | IV/ SC | Rate (ml/hr) | Start time | Finish time | Prescribed by (Sign and Print) | Set up by (Sign and Print) |
|------------------|----------|--------|--------------|------------|-------------|--------------------------------|----------------------------|
| Plasmalyte 148 | 500 | IV | 60 | | | <i>[Signature]</i> | |
| | | | | | | | |
| | | | | | | | |

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Date 13/7/20

ADULT FLUID BALANCE CHART

Name: Hilda Inverarity

CHI/Unit No.

Today's PEG/NG Feed:

ml/24hr

TPN

ml/24hr

Total Input Goal:

ml in 24hr

Fluid Restriction:


ml in 24hr

| | IV FLUIDS or SC FLUIDS IV MEDICATION | Line 1 | ORAL INPUT | | ENTERAL: NG/ PFG / RIG | TPN/Other Line 2 | IIRINE | | GASTRIC | DRAIN 1 | DRAIN 2 OTHER |
|--|---|--|------------|------------------|---------------------------|---------------------|--------|-----------|------------------|-----------|------------------|
| | | Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl | Volume | Type e.g. Tea | Volume e.g. 100 ml | Volume | Volume | Volume | Running Total | Volume | Volume |
| 06.00 | | | | | | | | / | | | |
| 07.00 | | | | | | | | / | | | |
| 08.00 | | | | | | | | / | | | |
| 09.00 | | | | | | | | / | | | |
| 10.00 | | | | | | | | / | | | |
| 11.00 | | | | | | | | / | | | |
| 12.00 | | | | | | | | / | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 13.00 | | | | | | | | / | | | |
| 14.00 | | | | | | | | / | | | |
| 15.00 | | | | | | | | / | | | |
| 16.00 | | | | | | | | / | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 17.00 | | | | | | | | / | | | |
| 18.00 | | | | | | | | / | | | |
| 19.00 | | | | | | | | / | | | |
| 20.00 | | | | | | | | 150 / 150 | - Post - OP. | | |
| 21.00 | | | | | | | | / | | | |
| 22.00 | | | | | | | | / | | | |
| 23.00 | | | | | | | | / | | | |
| 24.00 | | | | | | | | pu'0' | | | |
| 01.00 | | | | | | | | / | | | |
| 02.00 | | | | | | | | / | | | |
| 03.00 | | | | | | | | / | | | |
| 04.00 | | | | | | | | / | | | |
| 05.00 | | | | | | | | / | | | |
| Totals | | A | | B | C | D | | E | F | G | H |
| | Total input and output | | | A+B+C+D | Total in | | | | E+F+G+H | Total out | |

NOTES 24 Hr Balance

Ward: 106 Site: R1B Date: 13/7/20
 This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.
 1hrly 2hrly 3hrly 4hrly (please circle/complete)
 Print name and sign [Signature]

Addressograph, or
 610051143W/E4486696 F 16/09/1964
Inverarity, Hilda M
 N31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron



Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre.

Time of Care Rounding
 Document the exact time care rounding took place e.g. 0830
 20:00 20:04
 08.00 am ← 24 hour period → 07.00 am

| | | | | |
|---|---|---|----|----|
| Pressure Area Care | Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review | | | |
| | Waterlow 10+ - Visual Skin Check (tick) | W | | |
| | Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister | | NS | AS |
| | Vulnerable areas? (circle areas of damage) | Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... | | |
| | If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan | | | |
| Elimination | Have you changed position since last CR? | Y | I | I |
| | Positioning (R) or (L) side (B) Back (C) Chair | C | L | L |
| | Mattress type / Cushion type | please state type: <u>Pentaflex</u> | | |
| | Do you need the toilet? | N | I | I |
| | Is the patient continent of urine? (at time of Care Rounding) | I | Y | Y |
| Food, Fluid & Nutrition | Continence product changed/offered? | NA | NA | NA |
| | Catheter care performed? | NA | NA | NA |
| | Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact | | | |
| | Is patient continent of faeces? (at time of Care Rounding) | Y | Y | Y |
| | Bowel function monitored | Observe bowel function and update daily | | |
| Falls | Would you like a drink? | W | W | W |
| | Ensure fluids are within easy reach | Y | Y | Y |
| | Fluid Balance Chart (if clinically indicated) | S | S | S |
| | When did you last eat? | | | |
| | (B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required | | | |
| Pain | Oral Hygiene Performed (ref to risk assessment) | I | N | AS |
| | Appropriate Footwear? | Y | Y | Y |
| | Walking aid available (and within reach) | NA | NA | NA |
| | Area de-cluttered? | Y | Y | Y |
| | Chair and bed height assessed? | Y | Y | N |
| General | Falls alarm in use and attached? | NA | NA | NA |
| | Glasses available for use? (if worn) | Y | Y | Y |
| | Hearing aid available for use? (if worn) | N | Y | Y |
| | Requires close observation for commode, toilet, bathing or showering Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | | | |
| | Are you in pain? | N | N | AS |
| Personal Care | Analgesia Given? | N | N | AS |
| | Peripheral Venous Cannula observed? | Y | Y | Y |
| | Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily | | | |
| | Are you comfortable? Y/N | Y | Y | AS |
| | Anything else I can do for you? | N | N | AS |
| Buzzer within easy reach | Y | Y | Y | |
| Personal Care Type _____ (specify) Time Given _____ | | | | |
| Initials — document at time of care delivery | | S COCK | | |

Ward: 106 Site: RIE Date: 14/07/20

Addressograph, or
610051143W/E4486696 F 16/09/1964
NHS
Lothian
Inverarity, Hilda M
31 Merryfield Avenue,
MacMerry,
Tranent,
East Lothian, EH33 1PZ
CHI 1609641167
Ur 76226 C Cameron

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

1hrly 2 hrly 3 hrly 4 hrly (please circle/complete)

Print name and sign _____

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding
Document the exact time care rounding took place e.g. 0830
08.00 am ← 24 hour period → 07.00 am

Pressure Area Care
Waterlow score less than 10 low risk requires only a daily skin review:
Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick) 8W

Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister AS AS

Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Have you changed position since last CR? Y Y Y Y I I

Positioning (R) or (L) side (B) Back (C) Chair B W B B B L

Mattress type / Cushion type please state type: Pentaflex

Elimination
Do you need the toilet? N N N N I I

Is the patient continent of urine? (at time of Care Rounding) Y Y Y Y Y Y

Continence product changed/offered? Y Y Y Y N N

Catheter care performed? NA NA NA NA NA NA

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces? (at time of Care Rounding) Y Y Y Y Y Y

Bowel function monitored Observe bowel function and update daily

Food, Fluid & Nutrition
Would you like a drink? I I I I W W

Ensure fluids are within easy reach I I I I W W

Fluid Balance Chart (if clinically indicated) B B B B D D

When did you last eat? B B B B D D

(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Falls
Oral Hygiene Performed (ref to risk assessment) Y Y Y Y I I

Appropriate Footwear? Y Y Y Y Y Y

Walking aid available (and within reach) Y Y Y Y Y Y

Area de-cluttered? Y Y Y Y Y Y

Chair and bed height assessed? Y Y Y Y Y Y

Falls alarm in use and attached? Y Y Y Y Y Y

Glasses available for use? (if worn) Y Y Y Y Y Y

Hearing aid available for use? (if worn) Y Y Y Y Y Y

Requires close observation for commode, toilet, bathing or showering Y N

Pain
Are you in pain? Y N N N AS AS

Analgesia Given? Y N N N N N

General
Peripheral Venous Cannula observed? Y Y N S Y US US

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N Y Y Y Y AS AS

Anything else I can do for you? Y Y Y Y AS AS

Buzzer within easy reach Y Y Y Y Y Y

Personal Care Type IND (specify) Time Given 4

Initials — document at time of care delivery
add for CR

Ward: 106 Site: RIF Date: 15/07/20 610051143W/E4486696 F 16/09/1964

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

Inverarity, Hilda M
31 Merryfield Avenue,
MacMerry,
Tranent,
East Lothian, EH33 1PZ
CHI 1609641167
76226 C Cameron

1hrly 2hrly 3hrly 4hrly (please circle/complete)

Print name and sign [Signature]



Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding
Document the exact time care rounding took place e.g. 0830

0845 08.00 am ← 24 hour period → 07.00 am

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review:
Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick) N

Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister NS

Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Have you changed position since last CR? Y

Positioning (R) or (L) side (B) Back (C) Chair B

Mattress type / Cushion type please state type: Pentaglex

Elimination

Do you need the toilet? N

Is the patient continent of urine? (at time of Care Rounding) Y

Continence product changed/offered? NA

Catheter care performed? NA

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces? (at time of Care Rounding) Y

Bowel function monitored Observe bowel function and update daily

Food, Fluid & Nutrition

Would you like a drink? Y

Ensure fluids are within easy reach Y

Fluid Balance Chart (if clinically indicated) N

When did you last eat? B

(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Oral Hygiene Performed (ref to risk assessment) I

Falls

Appropriate Footwear? Y

Walking aid available (and within reach) NA

Area de-cluttered? Y

Chair and bed height assessed? Y

Falls alarm in use and attached? NA

Glasses available for use? (if worn) Y

Hearing aid available for use? (if worn) Y

Requires close observation for commode, toilet, bathing or showering Y N

Pain

Are you in pain? N

Analgesia Given? N

General

Peripheral Venous Cannula observed? Y

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N Y

Anything else I can do for you? N

Buzzer within easy reach Y

Personal Care Type IND (specify) Time Given _____

Initials — document at time of care delivery EB

PRESCRIPTION AND ADMINISTRATION RECORD



including the Warfarin Chart 610051143W/E4486696 F 16/09/1964

| | | |
|------------------------|---------------|--|
| Hospital/Ward: | Consultant: | Inverarity, Hilda M 31 Merryfield Avenue, MacMerry, Tranent, East Lothian, EH33 1PZ CHI 1609641167 76226 C Cameron |
| Weight: | Height: | |
| Il re-written, date: | | |
| DISCHARGE PRESCRIPTION | | |
| Date completed: | Completed by: | |

| OTHER MEDICINE CHARTS IN USE | | PREVIOUS ADVERSE REACTIONS | Completed by (sign & print) | Date |
|------------------------------|---------------|---|-----------------------------|------|
| Date | Type of Chart | This section must be completed before any medicine is given None known (tick box) <input type="checkbox"/> | | |
| | | Medicine / Agent / Food / Other | Description of reaction | |
| | | Nicotine patch | itch | |
| | | | | |
| | | | | |
| | | | | |

Risk assessment for Venous Thromboembolism (VTE) has been completed

Outcome: No action required TEDS LMWH/heparin (please prescribe)

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
 - The only acceptable abbreviations are:
 - IV - intravenous SL - sublingual NG - nasogastric
 - IM - intramuscular PR - per rectum ID - intradermal
 - SC - subcutaneous PV - per vagina TOP - topical
 - INHAL - inhaled NEB - nebulised
 - Never abbreviate ORAL or INTRATHECAL
 - Specify RIGHT or LEFT for eye and ear preparations
- Write the medicine dose clearly
 - The only acceptable abbreviations are:
 - g - gram mg - milligram ml - millilitre
 - all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

ONCE ONLY

| Date | Time | Medicine (Approved Name) | Dose | Route | Prescriber - Sign + Print | Time Given | Given By |
|------|------|--------------------------|-------|-------|---------------------------|------------|-----------|
| 13/7 | 1200 | Morphine 2mg x 20 tabs | 5mg | IV | H.A. Khan | | H.A. Khan |
| 13/7 | 1330 | Amoxicillin | 1G | IV | H.A. Khan | 1345 | H.A. Khan |
| 13/7 | 1330 | Centamycin | 120mg | IV | H.A. Khan | 1345 | H.A. Khan |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

| PRESCRIPTION | | Patient's Own Medicine | Date → | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-------|------------------------------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | Time → | | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | 14 | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date | 18 | | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | 22 | | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | 14 | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date | 18 | | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | 22 | | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | 14 | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date | 18 | | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | 22 | | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | 14 | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date | 18 | | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | 22 | | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | 14 | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date | 18 | | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | 22 | | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | 14 | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date | 18 | | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | 22 | | | | | | | | | | | | | | | | | | | | |

TURN OVER →

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

| PRESCRIPTION | | Patient's Own Medicine | | | | | | | | | | | | | | | | | | |
|---|--|------------------------|----------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|
| Medicine (Approved Name) Panacetamol | For Use <i>stock</i> <i>13/7</i> | Quantity | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Dose + frequency + max 1g x 6^o | Route 1/0ad | Quantity | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials |
| Indication + notes Pain | Start Date 13/7 | Date | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Prescriber - sign + print M.A. Khan | Pharmacy | Dose | Initials | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) Oxycodone IR | For Use <i>stock</i> <i>13/7</i> | Quantity | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Dose + frequency + max 5mg x 1^o | Route Oral | Quantity | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials |
| Indication + notes Pain | Start Date 13/7 | Date | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Prescriber - sign + print M.A. Khan | Pharmacy | Dose | Initials | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) Ondansetron | For Use <i>stock</i> <i>13/7</i> | Quantity | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Dose + frequency + max 4mg x 6^o | Route 1/0 | Quantity | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials |
| Indication + notes Nausea/vomiting | Start Date 13/7 | Date | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Prescriber - sign + print M.A. Khan | Pharmacy | Dose | Initials | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) Cyclizine | For Use <i>stock</i> <i>13/7</i> | Quantity | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Dose + frequency + max 50mg x 3^o | Route 1/0 | Quantity | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials |
| Indication + notes Nausea/vomiting | Start Date 13/7 | Date | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Prescriber - sign + print M.A. Khan | Pharmacy | Dose | Initials | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | For Use | Quantity | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Dose + frequency + max | Route | Quantity | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials |
| Indication + notes | Start Date | Date | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Prescriber - sign + print | Pharmacy | Dose | Initials | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | For Use | Quantity | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Dose + frequency + max | Route | Quantity | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials | Dose | Initials |
| Indication + notes | Start Date | Date | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Prescriber - sign + print | Pharmacy | Dose | Initials | | | | | | | | | | | | | | | | | |

610051143W/E4486696 F 16/09/1964
Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron



ANAESTHETIST(S) Mansoor Ahmed Khan GRADE Cons

SUPERVISING CONSULTANT:
 INFORMED Yes No

OPERATION PERFORMED:
Lap Chole
 LOCATION:
OR - 13
 SURGEON:

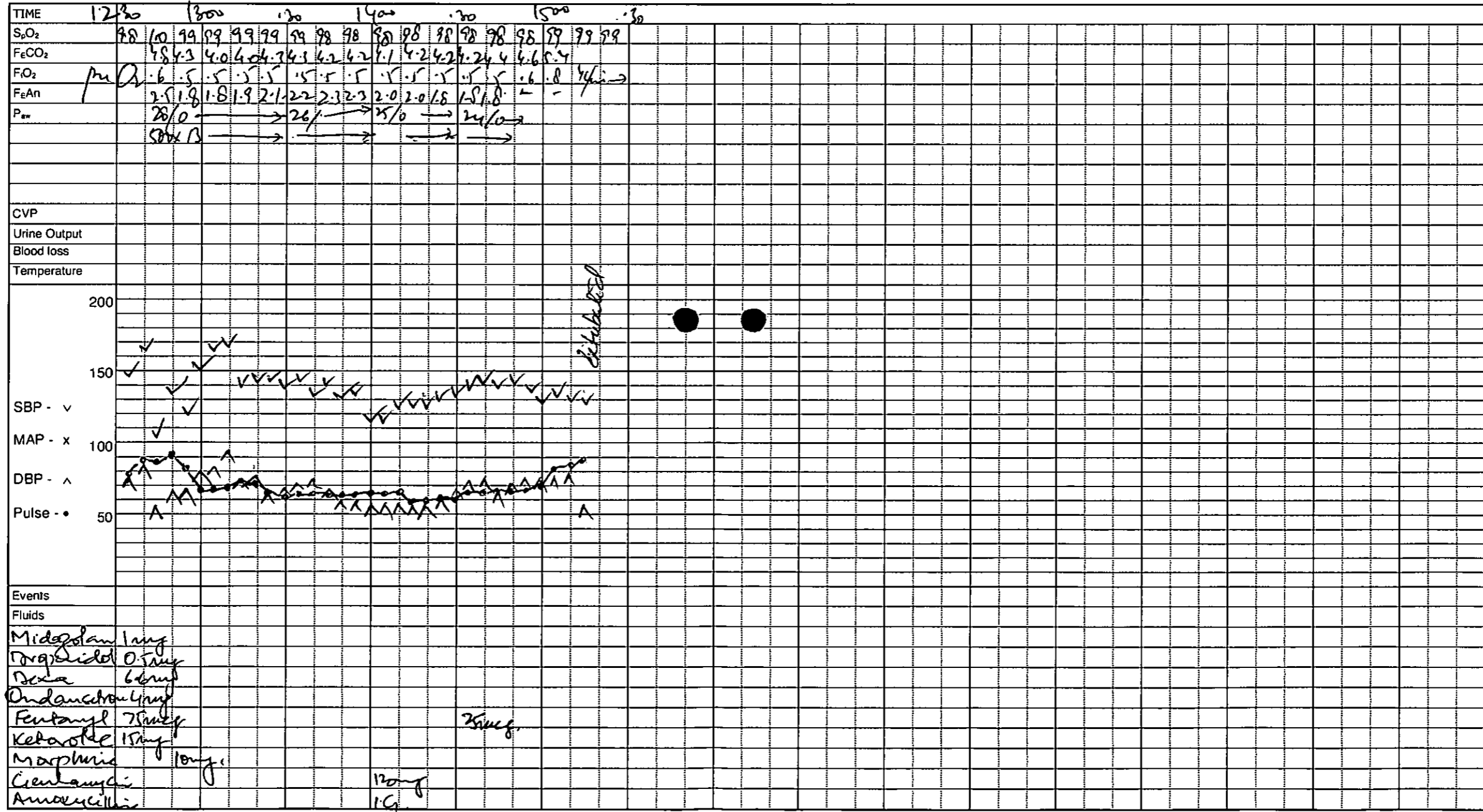
DATE: 13/7/20
 START TIME: 1335
 END TIME:

TRAINED ASSISTANT PRESENT

| CONDUCT OF ANAESTHETIC | AIRWAY | BREATHING SYSTEM | VASCULAR ACCESS | MONITORING | POSITION | REGIONAL TECHNIQUE |
|---|---|--|---|---|--|--|
| Induction Pre O ₂ <input checked="" type="checkbox"/> RSI <input type="checkbox"/> Cricoid <input type="checkbox"/> <u>propofol 150mg</u> <u>vecuronium 7mg</u> Maintenance <u>O₂ + N₂O + Sevo</u> Reversal <u>N - 2.5</u> <u>A - 0.5</u> | Face Mask <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway <input type="checkbox"/> LMA <input type="checkbox"/> Type _____ Size _____ ETT <input checked="" type="checkbox"/> Cuff <u>Porex</u> <input checked="" type="checkbox"/> Type _____ Size _____ Laryngoscopy grade 1 2 3 4 | Circuit <u>Cirde</u> Ventilator <u>CS2</u> Gas flow <u>0.8L/min</u> Filter /Humidifier <input checked="" type="checkbox"/> S.V. <input type="checkbox"/> I.P.P.V. <input checked="" type="checkbox"/> Throat Pack In <input type="checkbox"/> Out <input type="checkbox"/> Easy to hand ventilate Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Cannula(e) Site <u>18G R Hand</u> A-line <input type="checkbox"/> CVP <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Ultrasound guidance <input type="checkbox"/> <input type="checkbox"/> | Machine checks Anaesthetic room <input checked="" type="checkbox"/> Theatre <input checked="" type="checkbox"/> Monitor used <u>mk</u> ECG <input checked="" type="checkbox"/> P _{aw} <input checked="" type="checkbox"/> S _p O ₂ <input checked="" type="checkbox"/> Disconnect <input checked="" type="checkbox"/> NIBP <input checked="" type="checkbox"/> NMB <input type="checkbox"/> F _i O ₂ <input checked="" type="checkbox"/> Steth <input type="checkbox"/> F _e CO ₂ <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Anaesthetic depth <u>MAC</u> <input checked="" type="checkbox"/> | Patient / limb position <u>Lap chole position</u> PROPHYLAXIS Eye care <input checked="" type="checkbox"/> Pressure care <input checked="" type="checkbox"/> Fluid warmer <input type="checkbox"/> Warming blanket <input checked="" type="checkbox"/> DVT Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Antibiotics <input type="checkbox"/> PONV <input checked="" type="checkbox"/> | Type of block <u>Rectus Sheath Block</u> Consent <input checked="" type="checkbox"/> Awake <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> Stimulator <input type="checkbox"/> Ultrasound guidance <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Entry site <u>Right lateral above umbilicus</u> Needle used <u>22x100mm Stimplex</u> Drugs given <u>10mls of 0.375% Chlorocain</u> Technique <u>Asceptic, US-guided, In-plane technique</u> |

EVENTS

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



FLUIDS

1 PL 148 - 1000mls
 2 PL 148 - 500mls
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18

TOTAL FLUIDS
1L

TOTAL BLOOD LOSS
150 - 200mls

TOTAL URINE

Continuation

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

GP Practice
Tranent Medical Practice

GP Practice Code
76226

Allergies

| Description | Date Recorded | Comments |
|-------------------|---------------|--|
| H/O: drug allergy | 28/11/2001 | Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare) |
| | | |
| | | |

Sources:

ECS

Patient's Drugs

Referrer Kardex

GP Practice

TRAK

Patient

Relative / Carer

Referrer Letter

Comm Pharmacy

Other - Specify

Actions:

C: Continue

W: Withhold

S: Stop

Acute Medication (including those greater than 30 days)

| Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Source | | | Action | | | Comments | |
|--|-------------|--|-----------|-----------------------|-------------------|--------|----|----|--------|---|---|----------|--|
| | | | | | | 1* | 2* | 3* | C | W | S | | |
| Champix 1mg tablets (Pfizer Ltd) | 14 tablet | 1 TABLET TWICE DAILY | | | 20/03/2020 | 1 | | | | | | | |
| Salbutamol 100micrograms/dose inhaler CFC free | 200 dose | 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED | | | 06/02/2020 | 1 | | | | | | | |
| Trimethoprim 200mg tablets | 6 tablet | ONE TO BE TAKEN TWICE A DAY | | | 28/01/2020 | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Repeat Medication

| Originator | Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Dispensed Date | Source | | | Action | | | Comments |
|-------------|---|-------------|-------------------------|-----------|-----------------------|-------------------|----------------|--------|----|----|--------|---|---|----------|
| | | | | | | | | 1* | 2* | 3* | C | W | S | |
| GP practice | Omeprazole 10mg gastro-resistant capsules | 56 capsule | 1 CAPSULE ONCE A DAY | | 06/07/2020 | 06/07/2020 | | 1 | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Patient Name
INVERARITY HILDA

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GP
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| | | |
| | | |

Sources:

ECS

Patient's Drugs

Referrer Kardex

GP Practice

TRAK

Patient

Relative / Carer

Referrer Letter

Comm Pharmacy

Other - Specify

Actions:

C: Continue

W: Withhold

S: Stop

Acute Medication (including those greater than 30 days)

| Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Source | | | Action | | | Comments | |
|--|-------------|--|-----------|-----------------------|-------------------|--------|----|----|--------|---|---|----------|--|
| | | | | | | 1* | 2* | 3* | C | W | S | | |
| Champix 1mg tablets (Pfizer Ltd) | 14 tablet | 1 TABLET TWICE DAILY | | | 20/03/2020 | 1 | | | | | | | |
| Salbutamol 100micrograms/dose inhaler CFC free | 200 dose | 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED | | | 06/02/2020 | 1 | | | | | | | |
| Trimethoprim 200mg tablets | 6 tablet | ONE TO BE TAKEN TWICE A DAY | | | 28/01/2020 | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Repeat Medication

| Originator | Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Dispensed Date | Source | | | Action | | | Comments |
|-------------|---|-------------|-------------------------|-----------|-----------------------|-------------------|----------------|--------|----|----|--------|---|---|----------|
| | | | | | | | | 1* | 2* | 3* | C | W | S | |
| GP practice | Omeprazole 10mg gastro-resistant capsules | 56 capsule | 1 CAPSULE ONCE A DAY | | 06/07/2020 | 06/07/2020 | | 1 | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

GP Practice
Tranent Medical Practice

GP Practice Code
76226

| Compliance Device | Name and telephone number for community pharmacy |
|-------------------|--|
| | |

| Completed by | Designation | Grade | Date | Time | Contact Number |
|--------------|-------------|-------|------|------|----------------|
| | | | | | |
| Reviewed by | Designation | Grade | Date | Time | Contact Number |
| | | | | | |

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

GP Practice
Tranent Medical Practice

GP Practice Code
76226

Key Information Summary

(Extract of selected information - additional information may be available in the full KIS report)

Is there a DNACPR Form in Place?

Is there a CYPADM Form in Place? No

Medical History

Date Recorded Diagnosis

| | |
|------------|---|
| 04/08/1982 | Spontaneous vaginal delivery |
| 15/04/1984 | Spontaneous vaginal delivery |
| 01/01/1985 | Hiatus hernia |
| 01/01/1985 | Oesophageal reflux |
| 24/01/1987 | Deliv by emerg caesar section |
| 05/08/1994 | Spontaneous vaginal delivery |
| 01/06/1995 | Female sterilisation op. NEC |
| 26/11/1998 | Dysmenorrhoea |
| 26/11/1998 | Menorrhagia |
| 14/12/1998 | Ovarian cysts |
| 28/12/1998 | Omentectomy |
| 28/12/1998 | TAH and BSO |
| 02/01/1999 | Hormone replacement therapy |
| 01/01/2002 | Death of daughter |
| 15/11/2008 | [V]Breast reduction |
| 03/12/2012 | Notes summary on computer |
| 30/09/2014 | Bowel cancer screening programme |
| 22/01/2016 | Benign paroxysmal positional vertigo or nystagmus |
| 18/05/2018 | Gastritis unspecified |
| 18/05/2018 | Diagnostic fiberoptic gastroscopy |
| 18/05/2018 | Hiatus hernia |
| 18/05/2018 | CLO test negative |
| 21/05/2018 | Gallstones |
| 21/05/2018 | Fatty change of liver |
| 16/02/2020 | Dermatofibroma |

Special Note

Date:

Expiry Date:

Anticipatory Care Plan

No data recorded

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

GP Practice
Tranent Medical Practice

GP Practice Code
76226

Allergies

| Description | Date Recorded | Comments |
|-------------------|---------------|--|
| H/O: drug allergy | 28/11/2001 | Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare) |
| | | |
| | | |

Sources:

- ECS
 Patient's Drugs
 Referrer Kardex
 GP Practice
 TRAK
 Patient
 Relative / Carer
 Referrer Letter
 Comm Pharmacy
 Other - Specify

Actions:

- C: Continue
 W: Withhold
 S: Stop

Acute Medication (including those greater than 30 days)

| Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Source | | | Action | | | Comments | |
|--|-------------|--|-----------|-----------------------|-------------------|--------|----|----|--------|---|---|----------|--|
| | | | | | | 1* | 2* | 3* | C | W | S | | |
| Champix 1mg tablets (Pfizer Ltd) | 14 tablet | 1 TABLET TWICE DAILY | | | 20/03/2020 | 1 | | | | | | | |
| Salbutamol 100micrograms/dose inhaler CFC free | 200 dose | 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED | PRN | | 06/02/2020 | 1 | 2 | | | | | | |
| Trimethoprim 200mg tablets | 6 tablet | ONE TO BE TAKEN TWICE A DAY | | | 28/01/2020 | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Repeat Medication

| Originator | Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Dispensed Date | Source | | | Action | | | Comments |
|-------------|---|-------------|-------------------------|-----------|-----------------------|-------------------|----------------|--------|----|----|--------|---|---|----------|
| | | | | | | | | 1* | 2* | 3* | C | W | S | |
| GP practice | Omeprazole 10mg gastro-resistant capsules | 56 capsule | 1 CAPSULE ONCE A DAY | | 06/07/2020 | 06/07/2020 | | 1 | 2 | | | | | |
| | premarin | | 0.625mg | OD | | | | | 2 | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Patient Name
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| Compliance Device | Name and telephone number for community pharmacy |
|-------------------|--|
| N/A | |

| Completed by | Designation | Grade | Date | Time | Contact Number |
|---------------|-------------|-------|---------|-------|----------------|
| KAREN M SMAIL | PHARM TECH | 5 | 14-7-20 | 12-10 | 7780 |
| Reviewed by | Designation | Grade | Date | Time | Contact Number |
| | | | | | |

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

GP Practice
Tranent Medical Practice

GP Practice Code
76226

Key Information Summary

(Extract of selected information - additional information may be available in the full KIS report)

Is there a DNACPR Form in Place?

Is there a CYPADM Form in Place? No

Medical History

| Date Recorded | Diagnosis |
|---------------|---|
| 04/08/1982 | Spontaneous vaginal delivery |
| 15/04/1984 | Spontaneous vaginal delivery |
| 01/01/1985 | Hiatus hernia |
| 01/01/1985 | Oesophageal reflux |
| 24/01/1987 | Deliv by emerg caesar section |
| 05/08/1994 | Spontaneous vaginal delivery |
| 01/06/1995 | Female sterilisation op. NEC |
| 26/11/1998 | Dysmenorrhoea |
| 26/11/1998 | Menorrhagia |
| 14/12/1998 | Ovarian cysts |
| 28/12/1998 | Omentectomy |
| 28/12/1998 | TAH and BSO |
| 02/01/1999 | Hormone replacement therapy |
| 01/01/2002 | Death of daughter |
| 15/11/2008 | [V]Breast reduction |
| 03/12/2012 | Notes summary on computer |
| 30/09/2014 | Bowel cancer screening programme |
| 22/01/2016 | Benign paroxysmal positional vertigo or nystagmus |
| 18/05/2018 | Gastritis unspecified |
| 18/05/2018 | Diagnostic fiberoptic gastroscopy |
| 18/05/2018 | Hiatus hernia |
| 18/05/2018 | CLO test negative |
| 21/05/2018 | Gallstones |
| 21/05/2018 | Fatty change of liver |
| 16/02/2020 | Dermatofibroma |

Special Note

Date:

Expiry Date:

Anticipatory Care Plan

No data recorded

National Early Warning Score 2 (NEWS2) Chart



610051143WF
 INVERARITY Hilda
 16-Sep-64 CHI: 160 964 1167
 76226 C Cameron
 31 Merryfield Avenue East Lothian
 EH33 1PZ

Date chart commenced: 13/07/20
 This is chart number ONE of this admission

| GLASGOW COMA SCALE | | Conscious Level Chart to be completed when clinically indicated | | | | | | | | | | | |
|----------------------|-------------------------|---|--|--|--|--|--|--|--|--|--|--|---|
| | | Date | | | | | | | | | | | |
| | | Time | | | | | | | | | | | |
| Eyes Open | Spontaneously | 4 | | | | | | | | | | | Eyes closed by swelling = C |
| | To speech | 3 | | | | | | | | | | | |
| | To pain | 2 | | | | | | | | | | | |
| | None | 1 | | | | | | | | | | | |
| Best Verbal Response | Orientated | 5 | | | | | | | | | | | Endotracheal tube or tracheostomy = T |
| | Confused | 4 | | | | | | | | | | | |
| | Inappropriate words | 3 | | | | | | | | | | | |
| | Incomprehensible sounds | 2 | | | | | | | | | | | |
| Best Motor Response | Obey commands | 6 | | | | | | | | | | | Always record the best arm response |
| | Localise to pain | 5 | | | | | | | | | | | |
| | Flexion to pain | 4 | | | | | | | | | | | |
| | Abnormal flexion | 3 | | | | | | | | | | | |
| | Extension to pain | 2 | | | | | | | | | | | |
| None | | 1 | | | | | | | | | | | |
| | Total GCS Score | | | | | | | | | | | | |
| Right Pupil | Size | | | | | | | | | | | | + reacts - no reaction c. eye closed |
| | Reaction | | | | | | | | | | | | |
| Left Pupil | Size | | | | | | | | | | | | |
| | Reaction | | | | | | | | | | | | |
| ARMS | Normal power | | | | | | | | | | | | Record right (R) and left (L) separately if there is a difference between the two sides |
| | Mild weakness | | | | | | | | | | | | |
| | Severe weakness | | | | | | | | | | | | |
| | Extension | | | | | | | | | | | | |
| LEGS | No response | | | | | | | | | | | | |
| | Normal power | | | | | | | | | | | | |
| | Mild weakness | | | | | | | | | | | | |
| | Severe weakness | | | | | | | | | | | | |
| Extension | | | | | | | | | | | | | |
| | No response | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | |

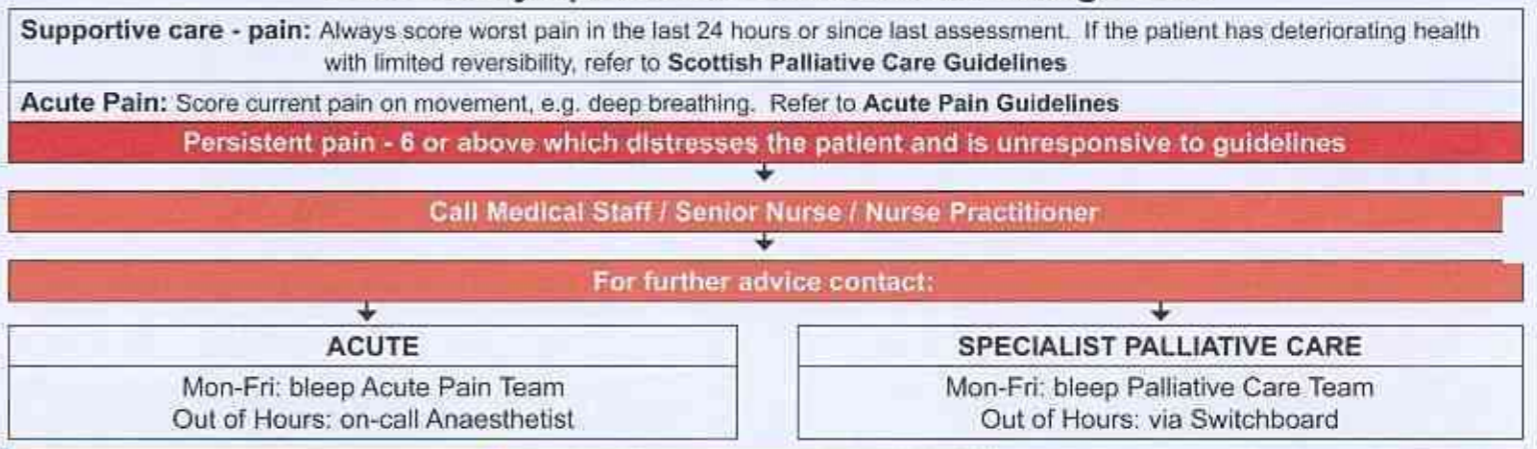
Pupil Scale mm 1 • 2 • 3 ● 4 5 6 7 8

REMEMBER

- Record all observations on NEWS2 chart
- Document concerns/decisions in clinical notes
- Escalate your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

| | Assess | Possible Actions |
|--------------------|--|---|
| AIRWAY | Is the airway - • patent • at risk • obstructed | • suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk |
| BREATHING | • respiratory rate • SpO ₂ • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture | • administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO ₂ / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing |
| CIRCULATION | • pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4+ on the floor) • monitor drain losses | • obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions |
| DISABILITY | • AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs A = Alert V = Voice / Verbal P = Pain U = Unresponsive | • re-assess GCS • check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol • check drug chart • remember accurate documentation |
| EXPOSURE | • top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc | • control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions |

Pain and Symptom Assessment and Management



| Pain Score | Nausea Score | Epidural Motor Block Score please do not (✓) motor block column |
|--|--|---|
| 0 - None Continue to assess pain at least daily | 0 - No Nausea | 0 - Full Power |
| 1 - 3 Mild Continue to assess pain with routine observations, must be at least daily | 1 - Nausea Consider anti-emetic | 1 - Weak but able to raise legs |
| 4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient | 2 - Nausea / Vomiting Administer anti-emetic | 2 - Able to bend knees |
| 6 - 10 Severe Assess, administer and review analgesia as appropriate for patient | 3 - Persistent Nausea &/or Vomiting Contact Doctor | 3 - Minimal movement |
| Using appropriate Lothian Guidelines | Using guidelines prescribe / give anti-emetics and review | 4 - Paralysis |
| If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours | | |

National Early Warning Score 2 (NEWS2) Chart

| NEWS Key | | Date: | 9/7/20 | 11/11/20 | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------|--------|----------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 0 1 2 3 | | Time: | 1830 | 08:00 | | | | | | | | | | | | | | | | | | | |
| A+B Respirations Breaths/min | >25 | | | | | | | | | | | | | | | | | | | | | | |
| | 21-24 | | | | | | | | | | | | | | | | | | | | | | |
| | 18-20 | | | | | | | | | | | | | | | | | | | | | | |
| | 15-17 | 16 | 17 | | | | | | | | | | | | | | | | | | | | |
| | 12-14 | | | | | | | | | | | | | | | | | | | | | | |
| | 9-11 | | | | | | | | | | | | | | | | | | | | | | |
| A+B SpO ₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-96% | >96 | 97 | 96 | | | | | | | | | | | | | | | | | | | | |
| | 94-95 | | | | | | | | | | | | | | | | | | | | | | |
| | 92-93 | | | | | | | | | | | | | | | | | | | | | | |
| | <91 | | | | | | | | | | | | | | | | | | | | | | |
| | SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure | >97 on O ₂ | | | | | | | | | | | | | | | | | | | | | |
| | | 95-96 on O ₂ | | | | | | | | | | | | | | | | | | | | | |
| 93-94 on O ₂ | | | | | | | | | | | | | | | | | | | | | | | |
| >93 on air | | | | | | | | | | | | | | | | | | | | | | | |
| * ONLY use Scale 2 under the direction of a qualified clinician | 88-92 | | | | | | | | | | | | | | | | | | | | | | |
| | 86-87 | | | | | | | | | | | | | | | | | | | | | | |
| | 84-85 | | | | | | | | | | | | | | | | | | | | | | |
| Tick box if using SpO ₂ Scale 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Spn: | <83 | | | | | | | | | | | | | | | | | | | | | | |
| Air or Oxygen? Oxygen is a drug and prescribed by target range | A = Air | A | A | A | | | | | | | | | | | | | | | | | | | |
| | O ₂ L/min or % | | | | | | | | | | | | | | | | | | | | | | |
| C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M | >220 | | | | | | | | | | | | | | | | | | | | | | |
| | 201-219 | | | | | | | | | | | | | | | | | | | | | | |
| | 181-200 | | | | | | | | | | | | | | | | | | | | | | |
| | 161-180 | | | | | | | | | | | | | | | | | | | | | | |
| | 141-160 | 128 | | | | | | | | | | | | | | | | | | | | | |
| | 121-140 | A | 133 | 133 | | | | | | | | | | | | | | | | | | | |
| | 111-120 | | | | | | | | | | | | | | | | | | | | | | |
| | 101-110 | | | | | | | | | | | | | | | | | | | | | | |
| | 91-100 | | | | | | | | | | | | | | | | | | | | | | |
| | 81-90 | | | | | | | | | | | | | | | | | | | | | | |
| 71-80 | | | | | | | | | | | | | | | | | | | | | | | |
| 61-70 | | | | | | | | | | | | | | | | | | | | | | | |
| 51-60 | | | | | | | | | | | | | | | | | | | | | | | |
| <50 | | | | | | | | | | | | | | | | | | | | | | | |
| C Pulse Beats/min Manual pulse | >131 | | | | | | | | | | | | | | | | | | | | | | |
| | 121-130 | | | | | | | | | | | | | | | | | | | | | | |
| | 111-120 | | | | | | | | | | | | | | | | | | | | | | |
| | 101-110 | | | | | | | | | | | | | | | | | | | | | | |
| | 91-100 | | | | | | | | | | | | | | | | | | | | | | |
| | 81-90 | 99 | 80 | 80 | | | | | | | | | | | | | | | | | | | |
| 71-80 | | | | | | | | | | | | | | | | | | | | | | | |
| 61-70 | | | | | | | | | | | | | | | | | | | | | | | |
| 51-60 | | | | | | | | | | | | | | | | | | | | | | | |
| 41-50 | | | | | | | | | | | | | | | | | | | | | | | |
| 31-40 | | | | | | | | | | | | | | | | | | | | | | | |
| <30 | | | | | | | | | | | | | | | | | | | | | | | |
| D Consciousness Score for new onset of confusion (no score if chronic) | Alert | A- | A | A | | | | | | | | | | | | | | | | | | | |
| | New Confusion | | | | | | | | | | | | | | | | | | | | | | |
| | V | | | | | | | | | | | | | | | | | | | | | | |
| | P | | | | | | | | | | | | | | | | | | | | | | |
| E Temperature °C | >39.1° | | | | | | | | | | | | | | | | | | | | | | |
| | 38.1-39.0° | | | | | | | | | | | | | | | | | | | | | | |
| | 37.1-38.0° | 36.4 | 36.9 | 36.9 | | | | | | | | | | | | | | | | | | | |
| | 36.1-37.0° | | | | | | | | | | | | | | | | | | | | | | |
| | 35.1-36.0° | | | | | | | | | | | | | | | | | | | | | | |
| <35.0° | | | | | | | | | | | | | | | | | | | | | | | |
| NEWS TOTAL | | | 1 | 0 | | | | | | | | | | | | | | | | | | | |
| Monitoring frequency | | | | | | | | | | | | | | | | | | | | | | | |
| Escalation of care Y/N | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Glucose reading or N/A | | | | | | | | | | | | | | | | | | | | | | | |
| Pain score (0-10) | | | | | | | | | | | | | | | | | | | | | | | |
| Initials | | | AC | W | W | | | | | | | | | | | | | | | | | | |

IV Fluid Prescription

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

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

Drug Name:

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

Drug Name:

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

NEWS of 5 or more? Think Sepsis!



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

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name: _____

DOB: _____

CHI: _____

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

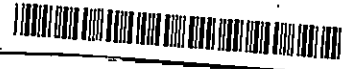
or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

| | | Date | | | | | | | | | | | | | | | | |
|---------------------------|-------------------|----------------------|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|---|-----------------------------|
| | | Time | | | | | | | | | | | | | | | | |
| GLASGOW COMA SCALE | Eyes Open | Spontaneously | 4 | | | | | | | | | | | | | | | Eyes closed by swelling = C |
| | | To speech | 3 | | | | | | | | | | | | | | | |
| | | To pain | 2 | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | |
| | | Best Verbal Response | Orientated | 5 | | | | | | | | | | | | | | |
| Confused | 4 | | | | | | | | | | | | | | | | | |
| Inappropriate words | 3 | | | | | | | | | | | | | | | | | |
| Incomprehensible sounds | 2 | | | | | | | | | | | | | | | | | |
| None | 1 | | | | | | | | | | | | | | | | | |
| Best Motor Response | Obey commands | 6 | | | | | | | | | | | | | | | Always record the best arm response | |
| | Localise to pain | 5 | | | | | | | | | | | | | | | | |
| | Flexion to pain | 4 | | | | | | | | | | | | | | | | |
| | Abnormal flexion | 3 | | | | | | | | | | | | | | | | |
| | Extension to pain | 2 | | | | | | | | | | | | | | | | |
| None | 1 | | | | | | | | | | | | | | | | | |
| Total GCS Score | | | | | | | | | | | | | | | | | | |
| Right Pupil | Size | | | | | | | | | | | | | | | | + reacts - no reaction c. eye closed | |
| | Reaction | | | | | | | | | | | | | | | | | |
| Left Pupil | Size | | | | | | | | | | | | | | | | | |
| | Reaction | | | | | | | | | | | | | | | | | |
| LIMB MOVEMENT | ARMS | Normal power | | | | | | | | | | | | | | | Record right (R) and left (L) separately if there is a difference between the two sides | |
| | | Mild weakness | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | |
| LEGS | Normal power | | | | | | | | | | | | | | | | | |
| | Mild weakness | | | | | | | | | | | | | | | | | |
| | Severe weakness | | | | | | | | | | | | | | | | | |
| | Extension | | | | | | | | | | | | | | | | | |
| | No response | | | | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | | | | |

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

610051143WF
INVERARITY Hilda
16-Sep-64 CHI: 160 964 1167
76226 C Cameron
31 Merryfield Avenue East Lothian
EH33 1PZ



DRAIN OUTPUT CHART

TYPE OF DRAIN: *Upper drain Drain ①*
(TOTAL OUTPUT TO BE RECORDED @ MIDNIGHT EVERY DAY)

| DATE | TIME | ON-GOING OUTPUT | OBSERVATION OF DRAINAGE | TOTAL VOLUME OVER 24HRS (24.00-2400) |
|---------------------------|-------------------------|----------------------------|---|---|
| <i>Example</i> 21/2/08 | 08.00 14.00 24.00 | 220mls 200mls 320mls | Blood stained Blood stained Blood stained | <input type="text" value="740mls"/> (Now add to FBC) |
| 19/7/20 | 2400 | 8ml | bile | <input type="text"/> (Now add to FBC) |
| 20/7/20 | 2400 | 10ml | yellow bile. | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
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| | | | | <input type="text"/> (Now add to FBC) |
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| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |
| | | | | <input type="text"/> (Now add to FBC) |

Patient's Name :
Unit No :
Date of Birth :
(or affix patient label)

DRAIN OUTPUT CHART

Date :

TYPE OF DRAIN :

(TOTAL OUTPUT TO BE RECORDED @ *MIDNIGHT* EVERY DAY)

| DATE | TIME | ON-GOING OUTPUT | OBSERVATION OF DRAINAGE | TOTAL VOLUME OVER 24HRS (24.00-2400) |
|---------------------------|-------------------------|----------------------------|---|--------------------------------------|
| <i>Example</i> 21/2/08 | 08.00 14.00 24.00 | 220mls 200mls 320mls | Blood stained Blood stained Blood stained | 740mls (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |

Ward: 106 Site: R1E Date: 21/7/20

Addressograph, or
610051143W F 16/09/1964



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

Inverarity, Hilda M
31 Merryfield Avenue,
MacMerry,
Tranent,
East Lothian, EH33 1PZ

1hrly 2hrly 3hrly 4hrly (please circle/complete)

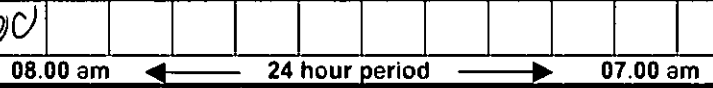
CHI 1609641167
76226 C Cameron

Print name and sign E. Eastwood


Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830



| | | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|--|--|
| Pressure Area Care | Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review | | | | | | | | | | | |
| | Waterlow 10+ - Visual Skin Check (tick) | <input checked="" type="checkbox"/> | | | | | | | | | | |
| | Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister | H | | | | | | | | | | |
| | Vulnerable areas? (circle areas of damage) | Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... | | | | | | | | | | |
| | If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan | | | | | | | | | | | |
| Pressure Area Care | Have you changed position since last CR? | Y | | | | | | | | | | |
| | Positioning (R) or (L) side (B) Back (C) Chair | C | | | | | | | | | | |
| | Mattress type / Cushion type | please state type: <u>pentaflex</u> | | | | | | | | | | |
| Elimination | Do you need the toilet? | N | | | | | | | | | | |
| | Is the patient continent of urine? (at time of Care Rounding) | Y | | | | | | | | | | |
| | Continence product changed/offered? | / | | | | | | | | | | |
| | Catheter care performed? | / | | | | | | | | | | |
| | Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact | | | | | | | | | | | |
| Food, Fluid & Nutrition | Is patient continent of faeces? (at time of Care Rounding) | Y | | | | | | | | | | |
| | Bowel function monitored | Observe bowel function and update daily | | | | | | | | | | |
| | Would you like a drink? | Y | | | | | | | | | | |
| | Ensure fluids are within easy reach | | | | | | | | | | | |
| | Fluid Balance Chart (if clinically indicated) | Y | | | | | | | | | | |
| Falls | When did you last eat? | B | | | | | | | | | | |
| | (B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required | | | | | | | | | | | |
| | Oral Hygiene Performed (ref to risk assessment) | Y | | | | | | | | | | |
| | Appropriate Footwear? | Y | | | | | | | | | | |
| | Walking aid available (and within reach) | NA | | | | | | | | | | |
| Pain | Area de-cluttered? | Y | | | | | | | | | | |
| | Chair and bed height assessed? | Y | | | | | | | | | | |
| | Falls alarm in use and attached? | NA | | | | | | | | | | |
| | Glasses available for use? (if worn) | Y | | | | | | | | | | |
| | Hearing aid available for use? (if worn) | N | | | | | | | | | | |
| General | Requires close observation for commode, toilet, bathing or showering Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | | | | | | | | | | | |
| | Are you in pain? | N | | | | | | | | | | |
| | Analgesia Given? | N | | | | | | | | | | |
| | Peripheral Venous Cannula observed? | Y | | | | | | | | | | |
| | Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily | | | | | | | | | | | |
| General | Are you comfortable? Y/N | Y | | | | | | | | | | |
| | Anything else I can do for you? | N | | | | | | | | | | |
| | Buzzer within easy reach | Y | | | | | | | | | | |
| Personal Care Type _____ (specify) Time Given _____ | | | | | | | | | | | | |
| Initials — document at time of care delivery <u>EE</u> | | | | | | | | | | | | |

| | | | |
|---|-------|-------|--|
| Ward: | Site: | Date: | Addressograph, or |
| This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency. | | |  Name DOB Unit no. / CHI |
| 1hrly 2 hrly 3 hrly ____ hrly (please circle/complete) | | | |
| Print name and sign | | | |

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--------------------|--|----------|--|--|--|--|--|----------|--|--|--|--------------------|--|----------|--|--|--|
| Time of Care Rounding Document the exact time care rounding took place e.g. 0830 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">08.00 am</td> <td colspan="2" style="text-align: center;">← 24 hour period →</td> <td colspan="4" style="text-align: center;">07.00 am</td> </tr> </table> | | | | | | | | | | | 08.00 am | | | | ← 24 hour period → | | 07.00 am | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 08.00 am | | | | ← 24 hour period → | | 07.00 am | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|
| Pressure Area Care | Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review | | | | | | | | | | |
| | Waterlow 10+ - Visual Skin Check (tick) | | | | | | | | | | |
| | Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister | | | | | | | | | | |
| | Vulnerable areas? (circle areas of damage) | Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... | | | | | | | | | |
| | If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan | | | | | | | | | | |
| | Have you changed position since last CR? | | | | | | | | | | |
| | Positioning (R) or (L) side (B) Back (C) Chair | | | | | | | | | | |
| | Mattress type / Cushion type | please state type: | | | | | | | | | |
| | Do you need the toilet? | | | | | | | | | | |
| | Is the patient continent of urine? (at time of Care Rounding) | | | | | | | | | | |
| Continenence product changed/offered? | | | | | | | | | | | |
| Catheter care performed? | | | | | | | | | | | |
| Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact | | | | | | | | | | | |
| Is patient continent of faeces? (at time of Care Rounding) | | | | | | | | | | | |
| Bowel function monitored | Observe bowel function and update daily | | | | | | | | | | |
| Food, Fluid & Nutrition | Would you like a drink? | | | | | | | | | | |
| | Ensure fluids are within easy reach | | | | | | | | | | |
| | Fluid Balance Chart (if clinically indicated) | | | | | | | | | | |
| | When did you last eat? | | | | | | | | | | |
| | (B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required | | | | | | | | | | |
| Oral Hygiene Performed (ref to risk assessment) | | | | | | | | | | | |
| Falls | Appropriate Footwear? | | | | | | | | | | |
| | Walking aid available (and within reach) | | | | | | | | | | |
| | Area de-cluttered? | | | | | | | | | | |
| | Chair and bed height assessed? | | | | | | | | | | |
| | Falls alarm in use and attached? | | | | | | | | | | |
| | Glasses available for use? (if worn) | | | | | | | | | | |
| | Hearing aid available for use? (if worn) | | | | | | | | | | |
| Requires close observation for commode, toilet, bathing or showering Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | | | | | | | |
| Pain | Are you in pain? | | | | | | | | | | |
| | Analgesia Given? | | | | | | | | | | |
| | Peripheral Venous Cannula observed? | | | | | | | | | | |
| General | Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily | | | | | | | | | | |
| | Are you comfortable? Y/N | | | | | | | | | | |
| | Anything else I can do for you? | | | | | | | | | | |
| | Buzzer within easy reach | | | | | | | | | | |
| Personal Care Type _____ (specify) Time Given _____ | | | | | | | | | | | |
| Initials — document at time of care delivery | | | | | | | | | | | |

Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron

ADULT FLUID PRESCRIPTION CHART



| | |
|-----------------|---------------|
| Date 2017/20 | Sheet no ② |
|-----------------|---------------|

| |
|-------------|
| Ward 106 |
|-------------|

IV fluids for adults: for more details, see pocket guideline or App
 Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

| |
|------------------------------|
| Weight (kg) Essential |
|------------------------------|

| | | |
|----------------------|-------------------------|--|
| Volume 30ml/kg ml | Sodium 1mmol/kg mmol | Potassium 1mmol/kg (unless K ⁺ > 5.0) mmol |
|----------------------|-------------------------|--|

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should
 be used for maintenance. Plasmalyte 148 not to be
 used for maintenance in other circumstances

| Weight (kg) | Maintenance Fluid Requirement in 24hr | Rate (ml/hr) | Equivalent to 1000 ml over: |
|-------------|---------------------------------------|--------------|-----------------------------|
| 35-44 | 1200 ml | 50 | 20 hr |
| 45-54 | 1500 ml | 65 | 16 hr |
| 55-64 | 1800 ml | 75 | 14 hr |
| 65-74 | 2100 ml | 85 | 12 hr |
| ≥75 | 2400 ml | 100 (max) | 10 hr |

Prescribe Maintenance fluids and diabetic fluids here. Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

| Type + Additions | Vol (ml) | IV/ SC | Rate (ml/hr) | Start time | Finish time | Prescribed by (Sign and Print) | Set up by (Sign and Print) |
|------------------|----------|--------|--------------|------------|-------------|--------------------------------|----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| Type + Additions | Vol (ml) | IV/ SC | Rate (ml/hr) | Start time | Finish time | Prescribed by (Sign and Print) | Set up by (Sign and Print) |
|------------------|----------|--------|--------------|------------|-------------|--------------------------------|----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Date 20/7/20

ADULT FLUID BALANCE CHART

Name: _____

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr
 Fluid Restriction: _____ ml in 24hr

| | IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl | Line 1 Volume | ORAL INPUT | | ENTERAL: NG/ PEG / RIG Volume | TPN/Other Line 2 Volume | URINE | | GASTRIC Volume | DRAIN 1 Volume | DRAIN 2 OTHER Volume |
|--|---|------------------|------------------|-----------------------|-------------------------------------|-------------------------------|--------|------------------|-------------------|-------------------|----------------------------|
| | | | Type e.g. Tea | Volume e.g. 100 ml | | | Volume | Running Total | | | |
| 06.00 | NI conv | 85 | | | | | / | | | | |
| 07.00 | | | | | | | / | | | | |
| 08.00 | | | | | | | / | | | | |
| 09.00 | | | | | | | / | | | | |
| 10.00 | | | | | | | / | | | | |
| 11.00 | | | | | | | / | | | | |
| 12.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 13.00 | | | | | | | / | | | | |
| 14.00 | | | | | | | / | | | | |
| 15.00 | | | | | | | / | | | | |
| 16.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 17.00 | | | | | | | / | | | | |
| 18.00 | | | | | | | / | | | | |
| 19.00 | | | | | | | / | | | | |
| 20.00 | | | | | | | / | | | | |
| 21.00 | | | | | | | / | | | | |
| 22.00 | Amox + flush | 30 | | | | | / | | | | |
| 23.00 | Gentamicin + flush | 150 | | | | | / | | | | |
| 24.00 | | | | | | | / | | | 10ml | |
| 01.00 | | | | | | | / | | | | |
| 02.00 | | | | | | | / | | | | |
| 03.00 | | | | | | | / | | | | |
| 04.00 | | | | | | | / | | | | |
| 05.00 | | | | | | | / | | | | |
| Totals | | A | | B | C | D | | E | F | G | H |
| | Total input and output | | | A+B+C+D | Total in | | | | E+F+G+H | Total out | |

NOTES

24 Hr Balance

Scanned

610051143W F 16/09/1964
Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron

ADULT FLUID PRESCRIPTION CHART



| | |
|----------------------------------|-------------|
| Date 20 / 7 / 2020 | Sheet no |
| 21 | Ward 106 |

IV fluids for adults: for more details, see pocket guideline or App
 Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic
Does your patient need IV fluids? If so, are they needed for:
Maintenance, Replacement, or Resuscitation?
 Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

| Volume 30ml/kg | Sodium 1mmol/kg | Potassium 1mmol/kg (unless K ⁺ > 5.0) |
|----------------|-----------------|--|
| ml | mmol | mmol |

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤ 132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

| Weight (kg) | Maintenance Fluid Requirement in 24hr | Rate (ml/hr) | Equivalent to 1000 ml over: |
|-------------|---------------------------------------|--------------|-----------------------------|
| 35-44 | 1200 ml | 50 | 20 hr |
| 45-54 | 1500 ml | 65 | 16 hr |
| 55-64 | 1800 ml | 75 | 14 hr |
| 65-74 | 2100 ml | 85 | 12 hr |
| ≥75 | 2400 ml | 100 (max) | 10 hr |

Prescribe **Maintenance fluids and diabetic fluids** here. **Max rate is 100ml/hr.**
 Prescribe subcutaneous fluids using SC guidelines Use separate prescription chart if more bags are required Mark as 'Sheet 2'

| Type + Additions | Vol (ml) | IV/ SC | Rate (ml/hr) | Start time | Finish time | Prescribed by (Sign and Print) | Set up by (Sign and Print) |
|------------------|----------|--------|--------------|------------|-------------|--------------------------------|----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Date 21/7/20

ADULT FLUID BALANCE CHART

Name: _____

Total Input Goal: _____ ml in 24hr

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Fluid Restriction: _____ ml in 24hr

| | IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl | Line 1 | ORAL INPUT | | ENTERAL: NG/ PEG / RIG | TPN/Other Line 2 | URINE | | GASTRIC | DRAIN 1 | DRAIN 2 OTHER |
|--|---|--------|------------------|-----------------------|---------------------------|---------------------|--------|------------------|-----------|---------|------------------|
| | | Volume | Type e.g. Tea | Volume e.g. 100 ml | Volume | Volume | Volume | Running Total | Volume | Volume | Volume |
| 06.00 | | | | | | | / | | | | |
| 07.00 | | | | | | | / | | | | |
| 08.00 | | | | | | | / | | | | |
| 09.00 | | | | | | | / | | | | |
| 10.00 | | | | | | | / | | | | |
| 11.00 | | | | | | | / | | | | |
| 12.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 13.00 | | | | | | | / | | | | |
| 14.00 | | | | | | | / | | | | |
| 15.00 | | | | | | | / | | | | |
| 16.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 17.00 | | | | | | | / | | | | |
| 18.00 | | | | | | | / | | | | |
| 19.00 | | | | | | | / | | | | |
| 20.00 | | | | | | | / | | | | |
| 21.00 | | | | | | | / | | | | |
| 22.00 | | | | | | | / | | | | |
| 23.00 | | | | | | | / | | | | |
| 24.00 | | | | | | | / | | | | |
| 01.00 | | | | | | | / | | | | |
| 02.00 | | | | | | | / | | | | |
| 03.00 | | | | | | | / | | | | |
| 04.00 | | | | | | | / | | | | |
| 05.00 | | | | | | | / | | | | |
| Totals | | A | | B | C | D | E | F | G | H | |
| | Total input and output | | | A+B+C+D | Total in | | | E+F+G+H | Total out | | |

NOTES _____ 24 Hr Balance

Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 226 C Cameron

General Surgery SBA

| | | | |
|----------|---|--|----------------------------------|
| S | SITUATION: | Patient Name and CHI: | |
| | Date: 19/7/20 | Location: RIESOU | |
| | Consultant: SPB | | |
| | Presenting complaint, clinical symptoms: Adm from home with abdo pain around drain site. Recent d/c from 106 following subtotal hysterectomy 2x insitu drains | | |
| B | BACKGROUND: | Allergies: NKDA | Relevant patient history: Hiatus |
| | nemia, gallstones, fatty liver, TAH | | |
| | Social History / POC: ind | Mobility: ind | |
| A | ASSESSMENT: | Most recent vital signs @ 23:40 | |
| | Temp: 36.6 | HR: 81 | RR: 16 |
| | BP: 129/84 | SaO2: 96% | on RA O2 |
| | Neuro Obs GCS: | | |
| | Deranged Bloods: WCC 12.6, CRP 125 | | |
| | Lactate: 1.9 | | |
| | Infection Risk/Trak Alert: NO. Inform ward if cubicle required. | | |
| R | RECOMMENDATIONS: | | |
| | Differential Diagnosis: ? bile leak | | |
| | Actions required PRIOR to admission to ward. | | |
| | IV FLUIDS <input checked="" type="checkbox"/> | IV ABX <input checked="" type="checkbox"/> | NBM <input type="checkbox"/> |
| | D+F <input checked="" type="checkbox"/> | CF <input type="checkbox"/> | FF <input type="checkbox"/> |
| | ANALGESIA <input checked="" type="checkbox"/> | Gent level @ ___:___ | |
| | Scan Results/Plan: | | |
| | Is DNACPR form in place: Y/N | | |

NHS Lothain University Hospital Acute Division
Surgical Directorate 106 /107

610051143WF

INVERARITY Hilda

16-Sep-64 CHI: 160 964 1167

76226 C Cameron

31 Merryfield Avenue East Lothian

EH33 1PZ



DRAIN OUTPUT CHART

TYPE OF DRAIN: Lower drain Drain (2)
(TOTAL OUTPUT TO BE RECORDED @ MIDNIGHT EVERY DAY)

| DATE | TIME | ON-GOING OUTPUT | OBSERVATION OF DRAINAGE | TOTAL VOLUME OVER 24HRS (24.00-2400) |
|---------------------------|-------------------------|----------------------------|---|--------------------------------------|
| <i>Example</i> 21/2/08 | 08.00 14.00 24.00 | 220mls 200mls 320mls | Blood stained Blood stained Blood stained | 740mls (Now add to FBC) |
| 19/7/20 | 24.00 | 23ml | Amber / orange | (Now add to FBC) |
| | | 10ml | ye | (Now add to FBC) |
| 20/7/20 | | Drain | removed | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |

DRAIN OUTPUT CHART

Date :

TYPE OF DRAIN :

(TOTAL OUTPUT TO BE RECORDED @ MIDNIGHT EVERY DAY)

| DATE | TIME | ON-GOING OUTPUT | OBSERVATION OF DRAINAGE | TOTAL VOLUME OVER 24HRS (24.00-2400) |
|---------------------------|-------------------------|----------------------------|---|--------------------------------------|
| <i>Example</i> 21/2/08 | 08.00 14.00 24.00 | 220mls 200mls 320mls | Blood stained Blood stained Blood stained | 740mls (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |
| | | | | (Now add to FBC) |

GENTAMICIN DOSE CALCULATOR AND PRESCRIPTION RECORD FOR ADULT PATIENTS

NOT for synergistic use prophylaxis. See guidance document for exclusion conditions and contraindications.

To ensure the most up-to-date versions of the option chart and calculator are used, they should only be used when accessed from the AMT Intranet site.



INSTRUCTIONS

1. Enter patient details into shaded blue cells in the calculator to the right.
2. Gentamicin dosage regimen will automatically be calculated.
3. Print worksheet and place with prescription and administration record.
4. Use the table in the print out to record drug monitoring levels.

IF CREATININE IS **NOT KNOWN**, SEE **BOX B** ON **PAGE 2** FOR INSTRUCTIONS ON HOW TO GIVE THE FIRST DOSE OF GENTAMICIN

Calculator version: Version 2.3; February 2017

Print date: 19/07/2020 23:35

| | |
|---|------------------|
| Patient Name: | Hilda Inverarity |
| CHI Number: | 1609641167 |
| After printing, patient label may be affixed above if available | |

| | | | |
|---|------|---|---|
| Type in the data into shaded blue boxes and press <center> | | Recommended doses and dosage intervals are shown in red | |
| Creatinine Clearance (ml/min) | | | |
| Age* (years) | 55 | Dose (mg) | 360 |
| Height* (cm) | 154 | | |
| OR Height* (feet) | | | |
| (inches) | | Duration of infusion | 30 mins |
| Actual Body Weight* (kg) | 76.0 | Dosing interval is determined by monitoring levels | Take a sample 6-14 hours after start of administration |
| Sex* (m/f) | f | | |
| Creatinine* (µmol/L) (NOT eGFR) <i>Caution if not stable</i> | 68 | | |
| Creatinine Clearance (ml/min) | 73 | Predicted dosing interval | Based on data entered, calculator expects dosing interval to be 24 hours, but confirm this with levels before prescribing the next dose |
| Fields marked with * are mandatory (height can be recorded in either cm OR feet & inches) | | | |
| Administer within 1 hour of recognising sepsis to reduce mortality | | | |
| Calculation must be checked by person administering first dose | | Checked by: <i>[Signature]</i> | |

Prescribe gentamicin "as charted" on the prescription and administration record; use the table below to prescribe individual doses

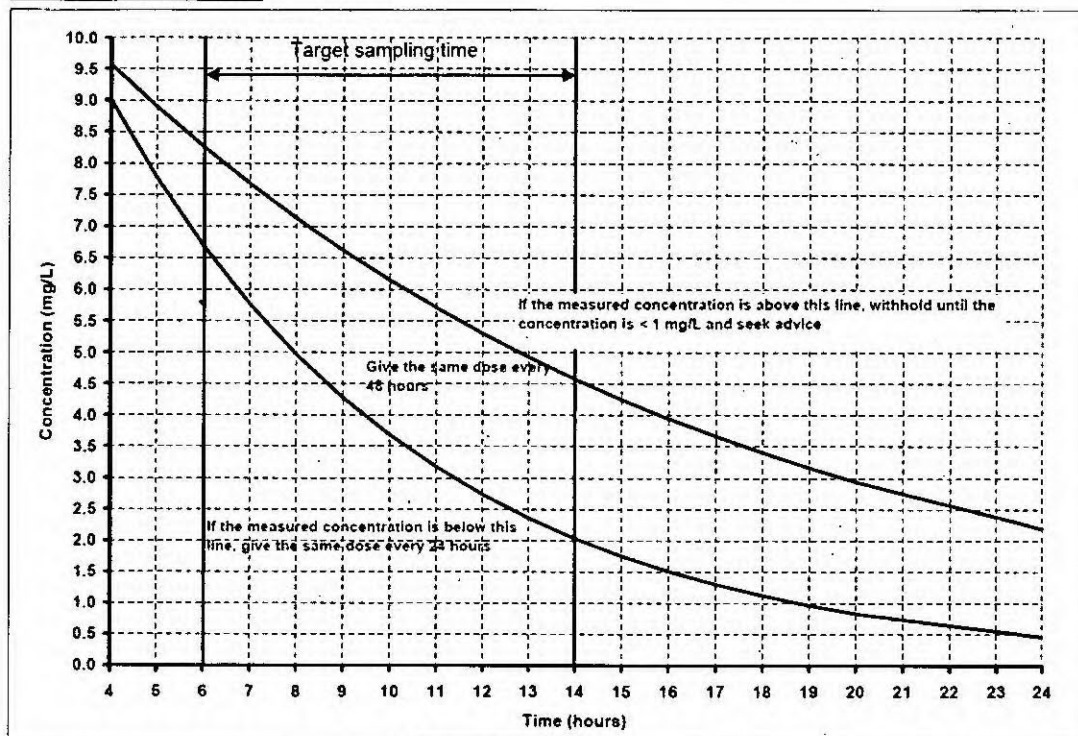
Check creatinine EVERY day

| Date/time | Creatinine (µmol/L) |
|------------|---------------------|
| 18/07/2020 | |
| 19/07/2020 | |
| 20/07/2020 | |
| 21/07/2020 | |
| 22/07/2020 | |
| 23/07/2020 | |
| 24/07/2020 | |

| Gentamicin Prescription Record | | | | Administration Record | | | Monitoring Record | | | | | | |
|---|--------------------------------|----------------------|---|--|----------------------------|----------|---|------------------------------|-------------------------|--|--------------------------|--------------------------|--------------------------|
| Complete a line for each day. If dosing 48 hourly write 'No dose today' against date. | | | | Complete each time gentamicin is administered (in addition to the prescription and administration record). | | | Levels must be taken between 6 and 14 hours after start of each dose. | | | | | | |
| Date to be given | Time to be given (24 hr clock) | Gentamicin Dose (mg) | Prescriber's signature and PRINTED name | *Infuse over 30 mins* | | Given by | Date of sample | Time of sample (24 hr clock) | Gentamicin level (mg/L) | Actions / Comments (please initial action to be taken and document in patient notes) | | | |
| | | | | Date given | Time started (24 hr clock) | | | | | 24 hourly | 48 hourly | Withhold | Stop |
| 19/07/2020 | 23:30 | 360mg | <i>[Signature]</i> GODSON | 19/7 | 23:30 | CF | 20/7/20 | 5:30 | 5-6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gentamicin isn't always given every day; check today is the day | | | | | | | | | | | | | |
| 20/07/2020 | 23:30 | 360mg | <i>[Signature]</i> L. L. L. TYZ | 20/7/20 | 23:30 | EE | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gentamicin isn't always given every day; check today is the day | | | | | | | | | | | | | |
| 21/07/2020 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gentamicin isn't always given every day; check today is the day | | | | | | | | | | | | | |
| 22/07/2020 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gentamicin isn't always given every day; check today is the day | | | | | | | | | | | | | |
| 23/07/2020 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gentamicin isn't always given every day; check today is the day | | | | | | | | | | | | | |
| 24/07/2020 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gentamicin isn't always given every day; check today is the day | | | | | | | | | | | | | |

AFTER 3 DAYS REVIEW NEEDED FOR CONTINUED GENTAMICIN - SEE GUIDANCE ON MICROGUIDE OR INTRANET, DISCUSS WITH YOUR CONSULTANT AND/OR MICROBIOLOGY OR ID

MONITORING CHART



C: MONITORING GUIDELINES

IF CREATININE CLEARANCE IS ≥ 21 ml/min.

- Make sure all doses are documented with the date and time of administration
- Take a sample 6 – 14 hours after the start of the first infusion and every infusion thereafter
- Record the exact time of the dose and sample
- Record the serum concentration on the monitoring record (overleaf) and determine appropriate next dose/interval from the chart (left)
- The plot will indicate one of 3 options:
 - (1) continue present dosage regimen OR
 - (2) adjust dosage interval OR
 - (3) withhold and resample after 24 hours
- If the concentration falls exactly on the line choose the option above the line and seek advice from Pharmacy
- Seek advice from Pharmacy or Microbiology if help needed to interpret the result or if concentration unexpectedly high or low
- Monitor serum creatinine concentrations daily
- Take a further sample 6 – 14 hours after each dose
- Do not continue with treatment for more than 3 days unless recommended by a specialist consultant, ID physician or microbiology. The IVOS policy (available on the antibiotic app or on the intranet) gives more guidance.

IF CREATININE CLEARANCE IS ≤ 21 ml/min.

- Make sure all doses are documented with the date and time of administration
- Take a sample 24 hours after the start of the first infusion
- Record the exact time of the dose and sample
- Record the serum concentration on the monitoring record (overleaf). Do not give a further dose until the level is <1mg/L
- Seek advice from Pharmacy or Microbiology if you are unsure how to interpret the result or if concentration very low
- Monitor serum creatinine concentrations daily
- If therapy to continue, take additional samples every 24 hours and give a further dose only when the measured concentration is <1mg/L
- Do not continue with treatment for more than 3 days unless recommended by a specialist consultant, ID physician or microbiology. The IVOS policy (available on the antibiotic app or on the intranet) gives more guidance.

A: SIGNS OF GENTAMICIN TOXICITY.

RENAL:

- Decreased urine output/oliguria
- OR
- Increased serum creatinine

OTO/VESTIBULAR : development of NEW:

- tinnitus
- dizziness
- poor balance
- hearing loss
- oscillating vision

B: HOW TO GIVE FIRST DOSE OF GENTAMICIN WHEN CREATININE NOT KNOWN

- Give 5mg/kg (max 400mg) gentamicin
- OR IF CKD 5: give 2.5mg/kg (max 180mg) gentamicin on advice of senior medical staff
- Round doses to the nearest multiple of 20mg
- Check creatinine
- Once creatinine is known, use calculator to determine dose regimen and follow monitoring guidelines
- Check level between 6 – 14 hrs after initial dose and follow guidelines


Ward: 50V Site: R/E Date: 19/7/20

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

1hrly 2hrly 3hrly ____hrly (please circle/complete)

Print name and sign _____

610051143W F 16/09/1964
Inverarity, Hilda M
 Na31 Merryfield Avenue,
 MacMerry,
 DC Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 Un 76226 C Cameron



Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding
 Document the exact time care rounding took place e.g. 0830

08.00 am ← 24 hour period → 07.00 am

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review:
 Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick) ✓ -

Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister
 H NS

Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other... DRAINS

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Have you changed position since last CR? I Y

Positioning (R) or (L) side (B) Back (C) Chair C B

Mattress type / Cushion type please state type:

Elimination

Do you need the toilet? I Y

Is the patient continent of urine? (at time of Care Rounding) Y Y

Continence product changed/offered? NA NA

Catheter care performed? NA NA

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces? (at time of Care Rounding) Y Y

Bowel function monitored Observe bowel function and update daily

Food, Fluid & Nutrition

Would you like a drink? SPS W

Ensure fluids are within easy reach

Fluid Balance Chart (if clinically indicated) N Y

When did you last eat? ?

(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Oral Hygiene Performed (ref to risk assessment) I I

Falls

Appropriate Footwear? Y Y

Walking aid available (and within reach) NA NA

Area de-cluttered? Y N

Chair and bed height assessed? Y Y

Falls alarm in use and attached? NA NA

Glasses available for use? (if worn) X Y

Hearing aid available for use? (if worn) NA NA

Requires close observation for commode, toilet, bathing or showering Y N

Pain

Are you in pain? Y N

Analgesia Given? Y N

General

Peripheral Venous Cannula observed? Y Y

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N Y Y

Anything else I can do for you? N N

Buzzer within easy reach Y N

Personal Care Type _____ (specify) Time Given _____

Initials - document at time of care delivery LT EE

Ward: 106 Site: R16 Date: 20/7/2020

610051143W F 16/09/1964
Inverarity, Hilda M
 31 Merryfield Avenue,
 MacMerry,
 Tranent,
 East Lothian, EH33 1PZ
 CHI 1609641167
 76226 C Cameron
 Unit no. / Unit



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

1hrly 2hrly 3hrly 4hrly (please circle/complete)

Print name and sign *[Signature]*

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding
 Document the exact time care rounding took place e.g. 0830

| | | | | | | | | | | | | | | | | | |
|----------|----|----|----|--------------------|----|----|----|----|----|----|----|----|----|----|----|----------|----|
| 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | | | | | | | | | | | | |
| 08.00 am | | | | ← 24 hour period → | | | | | | | | | | | | 07.00 am | |

Waterlow score less than 10 low risk requires only a daily skin review:
 Use codes for outcome of skin review

| | | | | | | | | | | | | | | | | | |
|---|---|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|
| Waterlow 10+ - Visual Skin Check (tick) | N | N | N | N | | | | | | | | | | | | | |
| Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister | NS | NS | NS | NS | NS | NS | | | | | | | | | | | |
| Vulnerable areas? (circle areas of damage) | Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other..... | | | | | | | | | | | | | | | | |

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

| | | | | | | | | | | | | | | | | | |
|---------------------------|--|-------------------------------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Pressure Area Care | Have you changed position since last CR? | I | I | I | I | I | I | | | | | | | | | | |
| | Positioning (R) or (L) side (B) Back (C) Chair | B | B | C | B | B | I | | | | | | | | | | |
| | Mattress type / Cushion type | please state type: <i>pentaflex</i> | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|--------------------|---|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|
| Elimination | Do you need the toilet? | I | I | I | I | I | I | | | | | | | | | | |
| | Is the patient continent of urine? (at time of Care Rounding) | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| | Continence product changed/offered? | Na | Na | Na | Na | Na | Na | | | | | | | | | | |
| | Catheter care performed? | Na | Na | Na | Na | Na | Na | | | | | | | | | | |

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

| | | | | | | | | | | | | | | | | | |
|--------------------|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Elimination | Is patient continent of faeces? (at time of Care Rounding) | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| | Bowel function monitored | Observe bowel function and update daily | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|------------------------------------|---|------|---|---|---|---|----|--|--|--|--|--|--|--|--|--|--|
| Food, Fluid & Nutrition | Would you like a drink? | Y | Y | Y | Y | W | W | | | | | | | | | | |
| | Ensure fluids are within easy reach | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| | Fluid Balance Chart (if clinically indicated) | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| | When did you last eat? | 19.0 | B | L | D | S | AD | | | | | | | | | | |

(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

| | | | | | | | | | | | | | | | | | |
|--------------|---|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|
| Falls | Oral Hygiene Performed (ref to risk assessment) | N | N | N | N | I | I | | | | | | | | | | |
| | Appropriate Footwear? | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| | Walking aid available (and within reach) | Na | Na | Na | Na | Na | Na | | | | | | | | | | |
| | Area de-cluttered? | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| | Chair and bed height assessed? | Y | Y | Y | Y | Y | N | | | | | | | | | | |
| | Falls alarm in use and attached? | Na | Na | Na | Na | Na | Na | | | | | | | | | | |
| | Glasses available for use? (if worn) | Y | Y | Y | Y | Y | Y | | | | | | | | | | |
| | Hearing aid available for use? (if worn) | Y | Y | Y | Y | Y | Y | | | | | | | | | | |

Requires close observation for commode, toilet, bathing or showering Y N

| | | | | | | | | | | | | | | | | | |
|-------------|------------------|---|---|---|---|---|----|--|--|--|--|--|--|--|--|--|--|
| Pain | Are you in pain? | N | N | N | N | N | AS | | | | | | | | | | |
| | Analgesia Given? | N | N | N | N | N | N | | | | | | | | | | |

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

Personal Care Type _____ (specify) Time Given _____

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Initials - document at time of care delivery | U | W | W | W | W | W | W | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

610051143WF
 INVERARITY Hilda
 16-Sep-64 CHI: 160 964 1167
 76226 C Cameron
 31 Merryfield Avenue East Lothian
 EH33 1PZ

ADULT FLUID PRESCRIPTION CHART



Date 19/7/20 Sheet no. ①
 Ward 106

For adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

 Essential

| | | |
|----------------|-----------------|--|
| Volume 30ml/kg | Sodium 1mmol/kg | Potassium 1mmol/kg (unless $K^+ > 5.0$) |
| ml | mmol | mmol |

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤ 132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

| Weight (kg) | Maintenance Fluid Requirement in 24hr | Rate (ml/hr) | Equivalent to 1000 ml over: |
|-------------|---------------------------------------|--------------|-----------------------------|
| 35-44 | 1200 ml | 50 | 20 hr |
| 45-54 | 1500 ml | 65 | 16 hr |
| 55-64 | 1800 ml | 75 | 14 hr |
| 65-74 | 2100 ml | 85 | 12 hr |
| ≥ 75 | 2400 ml | 100 (max) | 10 hr |

Prescribe Maintenance fluids and diabetic fluids here. Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

| Type + Additions | Vol (ml) | IV/SC | Rate (ml/hr) | Start time | Finish time | Prescribed by (Sign and Print) | Set up by (Sign and Print) |
|--|----------|-------|--------------|------------|-------------|--------------------------------|----------------------------|
| 0.18% NaCl / 4% Glu + 100mmol/l Bst | 1000 | IV | 85 | 07:10 | | <i>[Signature]</i> | <i>[Signature]</i> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| Type + Additions | Vol (ml) | IV/SC | Rate (ml/hr) | Start time | Finish time | Prescribed by (Sign and Print) | Set up by (Sign and Print) |
|------------------|----------|-------|--------------|------------|-------------|--------------------------------|----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Date 19/7/20

ADULT FLUID BALANCE CHART

Name: _____

Total Input Goal: _____ ml in 24hr

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Fluid Restriction: _____ ml in 24hr

| | IV FLUIDS or SC FLUIDS IV MEDICATION | Line 1 | ORAL INPUT | | ENTERAL: NG/ PEG / RIG | TPN/Other Line 2 | URINE | | GASTRIC | DRAIN ① <small>upper</small> | DRAIN 2 OTHER <small>(lower)</small> |
|--|---|--------|--|----------|---------------------------|-----------------------|---------|-----------|---------|---------------------------------|---|
| | | | Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl | Volume | Type e.g. Tea | Volume e.g. 100 ml | Volume | Volume | Volume | Running Total | Volume |
| 06.00 | | | | | | | / | | | | |
| 07.00 | | | | | | | / | | | | |
| 08.00 | | | | | | | / | | | | |
| 09.00 | | | | | | | / | | | | |
| 10.00 | | | | | | | / | | | | |
| 11.00 | | | | | | | / | | | | |
| 12.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 13.00 | | | | | | | / | | | | |
| 14.00 | | | | | | | / | | | | |
| 15.00 | | | | | | | / | | | | |
| 16.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 17.00 | | | | | | | / | | | | |
| 18.00 | | | | | | | / | | | | |
| 19.00 | | | | | | | / | | | | |
| 20.00 | | | | | | | / | | | | |
| 21.00 | | | | | | | / | | | | |
| 22.00 | | | | | | | / | | | | |
| 23.00 | | | | | | | / | | | | |
| 24.00 | | | | | | | / | | | 8ml | 23ml |
| 01.00 | 0.18% NaCl 4% dext 40 | 85 | | | | | / | | | | |
| 02.00 | umel | 85 | | | | | / | | | | |
| 03.00 | | 85 | | | | | / | | | | |
| 04.00 | | 85 | | | | | / | | | | |
| 05.00 | disconnected (off feed) | | | | | | / | | | | |
| Totals | | A | B | C | D | | E | F | G | H | |
| | Total input and output | | A+B+C+D | Total in | | | E+F+G+H | Total out | | | |

NOTES _____ 24 Hr Balance

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

Practice
Tranent Medical Practice

GP Practice Code
76226

| Allergies | | |
|-------------------|---------------|--|
| Description | Date Recorded | Comments |
| H/O: drug allergy | 28/11/2001 | Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare) |
| | | |
| | | |

Sources:

- ECS
 Patient's Drugs
 Referrer Kardex
 GP Practice
 TRAK
 Patient
 Relative / Carer
 Referrer Letter
 Comm Pharmacy
 Other - Specify

Actions:

- C: Continue
 W: Withhold
 S: Stop

| Acute Medication (including those greater than 30 days) | | | | | | | | | | | | | |
|---|-------------|--|-----------|-----------------------|-------------------|--------|----|----|--------|---|---|----------|--|
| Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Source | | | Action | | | Comments | |
| | | | | | | 1* | 2* | 3* | C | W | S | | |
| Champix 1mg tablets (Pfizer Ltd) | 14 tablet | 1 TABLET TWICE DAILY | | | 20/03/2020 | 1 | | | | | | | |
| Salbutamol 100micrograms/dose inhaler CFC free | 200 dose | 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED | | | 06/02/2020 | 1 | | | | | | | |
| Trimethoprim 200mg tablets | 6 tablet | ONE TO BE TAKEN TWICE A DAY | | | 28/01/2020 | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Repeat Medication | | | | | | | | | | | | | | |
|-------------------|---|-------------|-------------------------|-----------|-----------------------|-------------------|----------------|--------|----|----|--------|---|---|----------|
| Originator | Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Dispensed Date | Source | | | Action | | | Comments |
| | | | | | | | | 1* | 2* | 3* | C | W | S | |
| GP practice | Omeprazole 10mg gastro-resistant capsules | 56 capsule | 1 CAPSULE ONCE A DAY | | 06/07/2020 | 06/07/2020 | | 1 | 2 | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

GP Practice
Tranent Medical Practice

GP Practice Code
76226

| Compliance Device | Name and telephone number for community pharmacy |
|-------------------|--|
| | |

| Completed by | Designation | Grade | Date | Time | Contact Number |
|--------------|-------------|-------|------|------|----------------|
| | | | | | |
| Reviewed by | Designation | Grade | Date | Time | Contact Number |
| | | | | | |

Patient Name
INVERARITY HILDA

CHI
1609641167

Date of Birth
16/09/1964

Age
55

GP
SMAIL, JOANNA

GP Practice
Traent Medical Practice

GP Practice Code
76226

Key Information Summary

(Extract of selected information - additional information may be available in the full KIS report)

Is there a DNACPR Form in Place?

Is there a CYPADM Form in Place? No

Medical History

| Date Recorded | Diagnosis |
|---------------|---|
| 04/08/1982 | Spontaneous vaginal delivery |
| 15/04/1984 | Spontaneous vaginal delivery |
| 01/01/1985 | Hiatus hernia |
| 01/01/1985 | Oesophageal reflux |
| 24/01/1987 | Deliv by emerg caesar section |
| 05/08/1994 | Spontaneous vaginal delivery |
| 01/06/1995 | Female sterilisation op. NEC |
| 26/11/1998 | Dysmenorrhoea |
| 26/11/1998 | Menorrhagia |
| 14/12/1998 | Ovarian cysts |
| 28/12/1998 | TAH and BSO |
| 28/12/1998 | Omentectomy |
| 02/01/1999 | Hormone replacement therapy |
| 01/01/2002 | Death of daughter |
| 15/11/2008 | [V]Breast reduction |
| 03/12/2012 | Notes summary on computer |
| 30/09/2014 | Bowel cancer screening programme |
| 22/01/2016 | Benign paroxysmal positional vertigo or nystagmus |
| 18/05/2018 | CLO test negative |
| 18/05/2018 | Diagnostic fiberoptic gastroscopy |
| 18/05/2018 | Gastritis unspecified |
| 18/05/2018 | Hiatus hernia |
| 21/05/2018 | Fatty change of liver |
| 21/05/2018 | Gallstones |
| 16/02/2020 | Dermatofibroma |
| 13/07/2020 | Laparoscopic cholecystectomy |

Special Note

Date:

Expiry Date:

Anticipatory Care Plan

No data recorded

PRESCRIPTION AND ADMINISTRATION RECORD

including the Warfarin Chart



| | | |
|-------------------------------|---------------|-----------------------------------|
| Hospital/Ward: R1E/106 | Consultant: | 610051143WF |
| Weight: 76kg | Height: | INVERARITY Hilda |
| If re-written, date: | | 16-Sep-64 CHI: 160 964 1167 |
| DISCHARGE PRESCRIPTION | | 76226 C Cameron |
| Date completed: | Completed by: | 31 Merryfield Avenue East Lothian |
| | | EH33 1PZ |
| | | |

| OTHER MEDICINE CHARTS IN USE | | PREVIOUS ADVERSE REACTIONS | Completed by (sign & print) | Date |
|------------------------------|---------------|---|-----------------------------|----------------|
| Date | Type of Chart | This section must be completed before any medicine is given | | |
| | | None known (tick box) <input type="checkbox"/> | | |
| | | Medicine / Agent / Food / Other | Description of reaction | |
| | | NICOTINE PATCH | skin irritation | 19/7/20 |
| | | | | 06 |
| | | | | Garson |
| | | | | |
| | | | | |
| | | | | |

Risk assessment for Venous Thromboembolism (VTE) has been completed

Outcome: No action required TEDS LMWH/heparin (please prescribe)

- Write clearly in block capitals, using a black ballpoint pen
 - Use approved names for medicines
 - Never alter a prescription
 - Route of administration
- The only acceptable abbreviations are:
- | | | |
|--------------------|-----------------|------------------|
| IV - intravenous | SL - sublingual | NG - nasogastric |
| IM - intramuscular | PR - per rectum | ID - intradermal |
| SC - subcutaneous | PV - per vagina | TOP - topical |
| INHAL - inhaled | NEB - nebulised | |
- Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
- The only acceptable abbreviations are:
 - g - gram mg - milligram ml - millilitre
- All other doses must be written out in full eg. micrograms
- Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
- Prescribe liquids by writing the dose in mg
- For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
- Write units as 'units' not 'iu'

ONCE ONLY

| Date | Time | Medicine (Approved Name) | Dose | Route | Prescriber - Sign + Print | Time Given | Given By |
|------|-------|--------------------------|-----------|-------|---------------------------|------------|----------|
| 19/7 | 23:30 | AMOXICILLIN | 1g | IV | Garson | 23:40 | CF |
| 19/7 | 23:30 | METRONIDAZOLE | 600mg | ORAL | Garson | 23:40 | CF |
| 19/7 | 23:30 | GENTAMICIN | 360mg | IV | Garson | 23:40 | CF |
| 19/7 | 23:30 | DALTEPARIN | 5000units | SC | Garson | 23:40 | CF |
| | | | | | | | |
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REGULAR THERAPY

610051143W F
 INVERARITY Hilda
 16-Sep-64 CHI: 160 964 1167
 76226 C Cameron
 31 Merryfield Avenue East Lothian
 EH33 1PZ



CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

- | | |
|---|---|
| 1. Patient refuses | 6. Vomiting / nausea |
| 2. Patient not present | 7. Time varied on doctor's instructions |
| 3. Medicines not available - CHECK ORDERED | 8. Once only / as required medicine given |
| 4. Asleep / drowsy | 9. Dose withheld on doctor's instructions |
| 5. Administration route not available - CHECK FOR ALTERNATIVE | 10. Possible adverse reaction / side effect |

| O X Y G E N | Start | | Mask (%) | Route | | Prongs (l/min) | Prescriber - Sign + Print | Administered by | Stop | |
|----------------------------|-------|------|----------|-------|------|----------------|---------------------------|-----------------|------|--|
| | Date | Time | | Date | Time | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| PRESCRIPTION | | Patient's Own Medicine | Date | Time | | | | | | | | | | | | | | | |
|---|---------------------------|------------------------|------|------|----|----|----|----|---|--|--|--|--|--|--|--|--|--|--|
| Medicine (Approved Name) TEOS | For Use | Date | 6 | 8 | 12 | 14 | 18 | 22 | | | | | | | | | | | |
| Dose 1 PAIR | Route TOP | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date | 14 | 18 | 22 | | | | | | | | | | | | | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) DALTEPARIN | For Use | Date | 6 | 8 | 12 | 14 | 18 | 22 | 8 | | | | | | | | | | |
| Dose 5000 units | Route S/C | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date | 14 | 18 | 22 | | | | | | | | | | | | | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) OMEPRAZOLE | For Use | Date | 6 | 8 | 12 | 14 | 18 | 22 | | | | | | | | | | | |
| Dose 10mg | Route ORAL | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date | 14 | 18 | 22 | | | | | | | | | | | | | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) PARACETAMOL | For Use | Date | 6 | 8 | 12 | 14 | 18 | 22 | | | | | | | | | | | |
| Dose 1gram | Route ORAL | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date | 14 | 18 | 22 | | | | | | | | | | | | | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy | | | | | | | | | | | | | | | | | | |

Continuation

REGULAR THERAPY

610051143W F

INVERARITY Hilda

16-Sep-64 CHI: 160 964 1167

76226 C Cameron

31 Merryfield Avenue East Lothian

EH33 1PZ



| PRESCRIPTION | | Patient's Own Medicine | Date | Time |
|---|--------------------------------|------------------------|------|------|
| Medicine (Approved Name) AMOXICILIN | For Use | 6 | | |
| Dose lg | Route IV | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) METRONIDAZOLE | For Use | 6 | | |
| Dose 600mg | Route ORAL | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) GENTAMICIN | For Use | 6 | | |
| Dose APC | Route IV | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| | | 23 | | |
| Medicine (Approved Name) CO-AMOXICILIN | For Use | 6 | | |
| Dose 625mg | Route ORAL | Quantity 8 | | |
| Notes/Indication for antibiotic (Total 5 days max) | Start Date 21/7/20 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) | For Use | 6 | | |
| Dose | Route | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date | Stop Date 14 | | |
| Prescriber - sign + print | Pharmacy | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) | For Use | 6 | | |
| Dose | Route | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date | Stop Date 14 | | |
| Prescriber - sign + print | Pharmacy | 18 | | |
| | | 22 | | |

REGULAR THERAPY

610051143W F

INVERARITY Hilda

16-Sep-64 CHI: 160 964 1167

76226 C Cameron

31 Merryfield Avenue East Lothian

EH33 1PZ



| PRESCRIPTION | | Patient's Own Medicine | Date | Time |
|--|--------------------------------|------------------------|------|------|
| Medicine (Approved Name) AMOXICILIN | For Use | 6 | | |
| Dose lg | Route IV | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) METRONIDAZOLE | For Use | 6 | | |
| Dose 600mg | Route ORAL | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) GENTAMICIN | For Use | 6 | | |
| Dose APC | Route IV | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date 19/7 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| | | 23 | | |
| Medicine (Approved Name) CO-AMOXICILIN | For Use | 6 | | |
| Dose 625mg | Route ORAL | Quantity 8 | | |
| Notes/Indication for antibiotic (Total 5 days ORAL) | Start Date 21/7/20 | Stop Date 14 | | |
| Prescriber - sign + print <i>[Signature]</i> | Pharmacy <i>[Signature]</i> | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) | For Use | 6 | | |
| Dose | Route | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date | Stop Date 14 | | |
| Prescriber - sign + print | Pharmacy | 18 | | |
| | | 22 | | |
| Medicine (Approved Name) | For Use | 6 | | |
| Dose | Route | Quantity 8 | | |
| Notes/Indication for antibiotic | Start Date | Stop Date 14 | | |
| Prescriber - sign + print | Pharmacy | 18 | | |
| | | 22 | | |

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

| PRESCRIPTION | | Patient's Own Medicine | Date → | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-------|------------------------|-----------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | Time ↓ | | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | Stop Date | 14 | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | | 18 | | | | | | | | | | | | | | | | | | | |
| | | | | 22 | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | Stop Date | 14 | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | | 18 | | | | | | | | | | | | | | | | | | | |
| | | | | 22 | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | Stop Date | 14 | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | | 18 | | | | | | | | | | | | | | | | | | | |
| | | | | 22 | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | Stop Date | 14 | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | | 18 | | | | | | | | | | | | | | | | | | | |
| | | | | 22 | | | | | | | | | | | | | | | | | | | |
| Medicine (Approved Name) | | For Use | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Date | 8 | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Quantity | 12 | | | | | | | | | | | | | | | | | | | | |
| Notes/Indication for antibiotic | | Start Date | Stop Date | 14 | | | | | | | | | | | | | | | | | | | |
| Prescriber - sign + print | | Pharmacy | | 18 | | | | | | | | | | | | | | | | | | | |
| | | | | 22 | | | | | | | | | | | | | | | | | | | |

TURN OVER →

AS REQUIRED THERAPY

610051143W F

INVERARITY Hilda

16-Sep-64 CHI: 160 964 1167

76226 C Cameron

31 Merryfield Avenue East Lothian

EH33 1PZ



| PRESCRIPTION | | Patient's Own Medicine | | | | |
|--|--|---------------------------|----------|----------|--|--|
| Medicine (Approved Name) SALBUTAMOL | | For Use | Date | | | |
| Dose + frequency + max 1-2 puffs ^{no} _{max} | | Route INH | Quantity | Dose | | |
| Indication + notes Wheeze/SOB | | Start Date 1917 | Date | Time | | |
| Prescriber - sign + print <i>[Signature]</i> | | Pharmacy | Dose | Initials | | |
| Medicine (Approved Name) OCCLIZINE | | For Use | Date | | | |
| Dose + frequency + max 50mg 8^{hrs} ^{no} _{max} | | Route ORAL | Quantity | Dose | | |
| Indication + notes N+V | | Start Date 1917 | Date | Time | | |
| Prescriber - sign + print <i>[Signature]</i> | | Pharmacy | Dose | Initials | | |
| Medicine (Approved Name) DILHYDROCODEINE | | For Use | Date | | | |
| Dose + frequency + max 30mg 4-6^{hrs} ^{no} _{max} | | Route ORAL | Quantity | Dose | | |
| Indication + notes PAIN | | Start Date 1917 | Date | Time | | |
| Prescriber - sign + print <i>[Signature]</i> | | Pharmacy | Dose | Initials | | |
| Medicine (Approved Name) ORAMORPH | | For Use | Date | | | |
| Dose + frequency + max 5mg 2^{hrs} ^{no} _{max} | | Route ORAL | Quantity | Dose | | |
| Indication + notes PAIN | | Start Date 1917 | Date | Time | | |
| Prescriber - sign + print <i>[Signature]</i> | | Pharmacy | Dose | Initials | | |
| Medicine (Approved Name) | | For Use | Date | | | |
| Dose + frequency + max | | Route | Quantity | Dose | | |
| Indication + notes | | Start Date | Date | Time | | |
| Prescriber - sign + print | | Pharmacy | Dose | Initials | | |
| Medicine (Approved Name) | | For Use | Date | | | |
| Dose + frequency + max | | Route | Quantity | Dose | | |
| Indication + notes | | Start Date | Date | Time | | |
| Prescriber - sign + print | | Pharmacy | Dose | Initials | | |

National Early Warning Score 2 (NEWS2) Chart

| NEWS Key | | Date: 4/7 | Time: 21:25 |
|--|--|-----------------------|-------------|
| A+B Respirations Breaths/min | >25 | 3 | |
| | 21-24 | 2 | |
| | 18-20 | 1 | |
| | 15-17 | 1 | 16 |
| | 12-14 | 1 | |
| A+B SpO ₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-95% | ≥96 | 1 | |
| | 94-95 | 1 | 95 |
| | 92-93 | 2 | |
| | ≤91 | 3 | |
| | SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 95-96% eg. in hypercapnic respiratory failure | ≥97 on O ₂ | 3 |
| 95-96 on O ₂ | | 2 | |
| 93-94 on O ₂ | | 1 | |
| ≥93 on air | | | |
| 88-92 | | | |
| Air or Oxygen? Oxygen is a drug and prescribed by target range | A = Air | 2 | A |
| | O ₂ L/min or % | 2 | |
| | Device | | |
| | >220 | 3 | |
| | 201-219 | | |
| Blood Pressure mmHg Score used: Systolic BP only | 181-200 | | |
| | 161-180 | | |
| | 141-160 | | |
| | 121-140 | | 121 |
| | 111-120 | | 111 |
| If manual BP mark as M | 101-110 | 1 | |
| | 91-100 | 2 | |
| | 81-90 | 3 | |
| | 71-80 | 3 | 75 |
| | 61-70 | 3 | |
| Pulse Beats/min | 51-60 | 3 | |
| | ≤50 | 3 | |
| | ≥131 | 3 | |
| | 121-130 | 2 | |
| | 111-120 | 2 | |
| Manual pulse | 101-110 | 1 | |
| | 91-100 | 1 | |
| | 81-90 | 1 | |
| | 71-80 | 1 | |
| | 61-70 | 1 | |
| Consciousness Score for new onset of confusion (Use score if chronic) | 51-60 | 1 | |
| | 41-50 | 1 | |
| | 31-40 | 3 | |
| | ≤30 | 3 | |
| | D Alert New Confusion | Alert | 3 |
| New Confusion | | 3 | |
| V | | 3 | |
| E Temperature °C | P | 3 | |
| | U | 3 | |
| | ≥39.1° | 3 | |
| NEWS TOTAL | 38.1-39.0° | 1 | |
| | 37.1-38.0° | 1 | |
| | 36.1-37.0° | 1 | |
| | 35.1-36.0° | 1 | |
| | ≤35.0° | 3 | |
| NEWS TOTAL | | 1 | |
| Monitoring frequency | | 4 | |
| Escalation of care Y/N | | | |
| Blood Glucose reading or N/A | | | |
| Pain score (0-10) | | | |
| Initials | | | |

NEWS of 5 or more? Think Sepsis!



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

Signs of Infection

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

Addressograph

Name: _____
 DOB: _____
 CHI: _____

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

| | | Date | Time | | |
|--------------------|----------------------|-------------------------|------|--|---------------------------------------|
| GLASGOW COMA SCALE | Eyes Open | Spontaneously | 4 | | Eyes closed by swelling = C |
| | | To speech | 3 | | |
| | | To pain | 2 | | |
| | Best Verbal Response | None | 1 | | Endotracheal tube or tracheostomy = T |
| | | Orientated | 5 | | |
| | | Confused | 4 | | |
| | | Inappropriate words | 3 | | |
| | | Incomprehensible sounds | 2 | | |
| | Best Motor Response | None | 1 | | Always record the best arm response |
| | | Obey commands | 6 | | |
| Localise to pain | | 5 | | | |
| Flexion to pain | | 4 | | | |
| Abnormal flexion | | 3 | | | |
| Total GCS Score | | | | | |
| | | | | | |
| Right Pupil | Size | | | + reacts - no reaction c. eye closed | |
| | Reaction | | | | |
| Left Pupil | Size | | | | |
| | Reaction | | | | |
| LIMB MOVEMENT | ARMS | Normal power | | Record right (R) and left (L) separately. If there is a difference between the two sides | |
| | | Mild weakness | | | |
| | Severe weakness | | | | |
| | Extension | | | | |
| LEGS | No response | | | | |
| | Normal power | | | | |
| | Mild weakness | | | | |
| | Severe weakness | | | | |
| | | Extension | | | |
| | | No response | | | |
| | | Initials | | | |

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

National Early Warning Score 2 (NEWS2) Chart



610051143WF
 INVERARITY Hilda
 No: 16-Sep-64 CHI: 160 964 1167
 76226 C Cameron
 D 31 Merryfield Avenue East Lothian
 EH33 1PZ
 CHI:

Date chart commenced: 20/7/20
 This is chart number _____ of this admission

Conscious Level Chart to be completed when clinically indicated

| Date | | | | | | | | | | | | | | | |
|----------------------|-------------------------|---------------|---|--|--|--|--|--|--|--|--|--|---|---------------------------------------|-----------------------------|
| Time | | | | | | | | | | | | | | | |
| GLASGOW COMA SCALE | Eyes Open | Spontaneously | 4 | | | | | | | | | | | | Eyes closed by swelling = C |
| | | To speech | 3 | | | | | | | | | | | | |
| | | To pain | 2 | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | |
| Best Verbal Response | Orientated | 5 | | | | | | | | | | | | Endotracheal tube or tracheostomy = T | |
| | Confused | 4 | | | | | | | | | | | | | |
| | Inappropriate words | 3 | | | | | | | | | | | | | |
| | Incomprehensible sounds | 2 | | | | | | | | | | | | | |
| | None | 1 | | | | | | | | | | | | | |
| Best Motor Response | Obey commands | 6 | | | | | | | | | | | | Always record the best arm response | |
| | Localise to pain | 5 | | | | | | | | | | | | | |
| | Flexion to pain | 4 | | | | | | | | | | | | | |
| | Abnormal flexion | 3 | | | | | | | | | | | | | |
| | Extension to pain | 2 | | | | | | | | | | | | | |
| | None | 1 | | | | | | | | | | | | | |
| Total GCS Score | | | | | | | | | | | | | | | |
| Right Pupil | Size | | | | | | | | | | | | | + reacts - no reaction c. eye closed | |
| | Reaction | | | | | | | | | | | | | | |
| Left Pupil | Size | | | | | | | | | | | | | | |
| | Reaction | | | | | | | | | | | | | | |
| LIMB MOVEMENT | ARMS | Normal power | | | | | | | | | | | Record right (R) and left (L) separately if there is a difference between the two sides | | |
| | | Mild weakness | | | | | | | | | | | | | |
| | Severe weakness | | | | | | | | | | | | | | |
| | Extension | | | | | | | | | | | | | | |
| LEGS | No response | | | | | | | | | | | | | | |
| | Normal power | | | | | | | | | | | | | | |
| | Mild weakness | | | | | | | | | | | | | | |
| | Severe weakness | | | | | | | | | | | | | | |
| | Extension | | | | | | | | | | | | | | |
| | No response | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | |

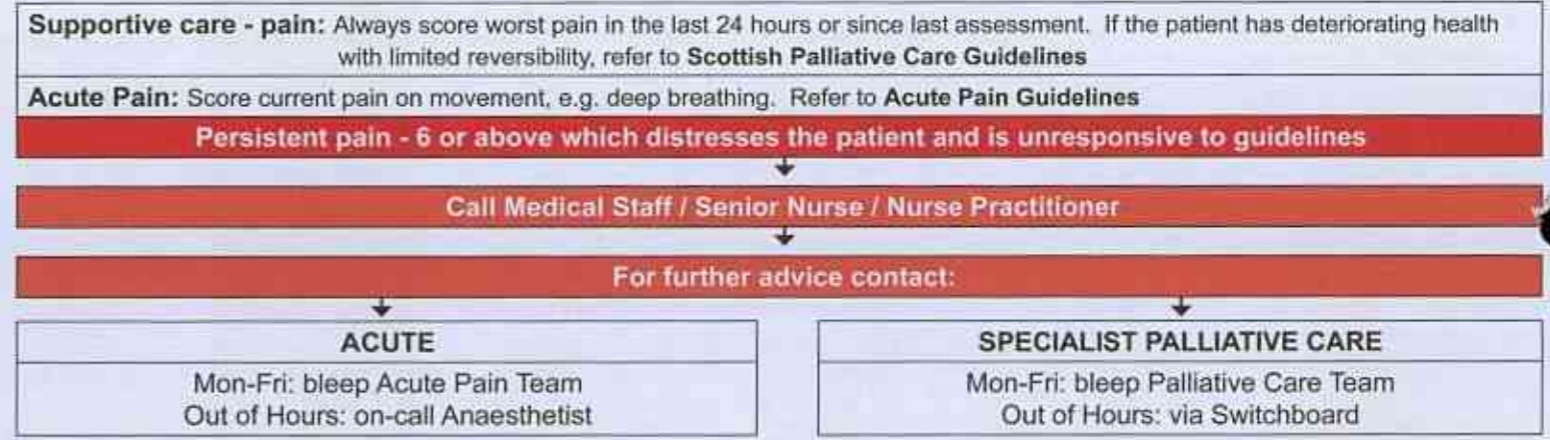
Pupil Scale mm 1 • 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

REMEMBER

- Record all observations on NEWS2 chart
- Document concerns/decisions in clinical notes
- Escalate your frequency of observations
- If at any point during your assessment you are concerned about your patient - CALL FOR HELP

| | Assess | Possible Actions |
|--------------------|---|---|
| AIRWAY | Is the airway - • patent • at risk • obstructed | • suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk |
| BREATHING | • respiratory rate • SpO ₂ • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture | • administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO ₂ / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing |
| CIRCULATION | • pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses | • obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions |
| DISABILITY | • AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs A = Alert V = Voice / Verbal P = Pain U = Unresponsive | • re-assess GCS • check blood glucose if less than 4mmols/litre • activate hypoglycaemia protocol • check drug chart • remember accurate documentation |
| EXPOSURE | • top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc | • control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions |

Pain and Symptom Assessment and Management



| Pain Score | Nausea Score | Epidural Motor Block Score please do not (✓) motor block column |
|--|---|---|
| 0 - None Continue to assess pain at least daily 1 - 3 Mild Continue to assess pain with routine observations, must be at least daily 4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient 6 - 10 Severe Assess, administer and review analgesia as appropriate for patient | 0 - No Nausea 1 - Nausea Consider anti-emetic 2 - Nausea / Vomiting Administer anti-emetic 3 - Persistent Nausea &/or Vomiting Contact Doctor | 0 - Full Power 1 - Weak but able to raise legs 2 - Able to bend knees 3 - Minimal movement 4 - Paralysis |
| Using appropriate Lothian Guidelines | Using guidelines prescribe / give anti-emetics and review | If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours |

Progress Notes

Patient & GP Information

| | |
|-------------------------|---|
| UHPI Number | 610051143W |
| CHI Number | 1609641167 |
| Episode Number | I0000256800 |
| Surname/Forename | Inverarity, Hilda |
| Date of Birth | 16/09/1964 |
| Sex | Female |
| Patient Address. | 7 THE BUTTS Haddington EH41 4DE |
| Registered GP | N Brown |
| GP Address. | Tyne Medical Practice,Newton Port Surgery,Newton Port,Haddington EH41 3NF |

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

| | |
|---|---|
| 610051143W | 610051143W |
| 1609641167 | 1609641167 |
| I0004974273 | I0004974865 |
| Inverarity, Hilda | Inverarity, Hilda |
| 16/09/1964 | 16/09/1964 |
| Female | Female |
| 7 THE BUTTS Haddington EH41 4DE | 7 THE BUTTS Haddington EH41 4DE |
| N Brown | N Brown |
| Tyne Medical Practice,Newton Port Surgery,Newton Port,Haddington EH41 3NF | Tyne Medical Practice,Newton Port Surgery,Newton Port,Haddington EH41 3NF |

Patient & GP Information

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| 610051143W |
| 1609641167 |
| I0004978546 |
| Inverarity, Hilda |
| 16/09/1964 |
| Female |
| 7 THE BUTTS Haddington EH41 4DE |
| N Brown |
| Tyne Medical Practice, Newton Port Surgery, Newton Port, Haddington EH41 3NF |

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|-------------------------|-------------------|
| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

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| Episode Number | I0000256800 |
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Inpatient/Outpatient Clinical Notes

| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004974273 Nurse 11/07/2020 08:31 Jane Millar | Hilda has been admitted to SOU awaiting lap chole today. She is consented and checklisted - NEWS: 0. No current new concerns. |

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| Note Details | Clinical Notes |
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| Ward Round Episode/Ref: I0004974273 Miss Sarah C Thomasset 11/07/2020 08:44 Emma McFarlane (NMR) | WR SCT „returns today for lap chole ,advised unlikely to get done today given current situation in theatres ,given option of staying of staying in hospital versus going home ,patient is keen to go home and return next week for this ,advised that this may not get done on monday either „Plan: ,DC home ,return on monday 13/7 for lap chole via emergency list ,to go to 106 at 08.00 on 13/7 (106 staff aware of this) |

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| Surname/Forename | Inverarity, Hilda |
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| Note Details | Clinical Notes |
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| Pharmaceutical Care Issues Episode/Ref: I0004974865 14/07/2020 12:09 Karen McGill | Phar:T,Med history completed: Yes,Sources used (min.of 2): ECS against kardex,Referral code:,MCA: N |

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| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

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| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004974865 Nurse 14/07/2020 13:21 Oran Larkin | NURSING: „Hilda has been doing well today, observations NEWS score 1 due to spo2% levels of 94% on room air - will continue to monitor. Hilda required PRN analgesia today as charted. Hilda has been off the ward today numerous times for a cigarette -nil concerns. „Both drains have been cut and bagged as per ET2 plan. Hilda has been tolerating diet and fluids well. No new concerns. Buzzer within reach. „S/N O.Larkin. |

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| Surname/Forename | Inverarity, Hilda |
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| Note Details | Clinical Notes |
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| Ward Round Episode/Ref: I0004974865 Miss Sarah C Thomasset 14/07/2020 16:54 Dr Angus Wallace | Ward round Thomasset ET,,Feeling well,,Only small amounts from drains- haemoserous fluid in both,,Plan,Aim home tomorrow- if drains ok,,Angus Wallace FY1 |

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| Note Details | Clinical Notes |
|---|---|
| Progress Notes Episode/Ref: I0004974865 Nurse 15/07/2020 00:50 Sheela Paulose | Obs checked news 0 . weand off oxygen. sats 96%on room air. Drain emptied @12 mn. 30 ml drained and looks blood stained . Nil concerns voiced. Prn analgesia given as per kardex. |

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| Note Details | Clinical Notes |
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| Ward Round Episode/Ref: I0004974865 Miss Sarah C Thomasset 15/07/2020 09:44 Dr Angus Wallace | Ward round Thomasset ET,,Feeling well,Slight pain from drain site which we have explained is normal,,NEWS 0,Small volumes of haemoserous fluid in drains,,Plan,Home- patient aware with how to change drain bags,Return to Surgical ops at 2pm- phone Miss Thomasset who will come and review,Worsening advice given,,Angus Wallace FY1 |

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| UHPI Number | 610051143W |

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| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004974865 Nurse 13/07/2020 17:24 Jennifer Watson | Hilda has been settled since returned from theatre - observations news 3 due to 2L 02 requirement + BP 107/62. Eating and drinking as able. Currenty no issues at present - will continue to observe. |

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| Note Details | Clinical Notes |
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| Inpatient Discharge Summary Episode/Ref: I0004974865 Miss Sarah C Thomasset 15/07/2020 10:19 Dr Angus Wallace | <p>Dear Doctor,,PRINCIPAL DIAGNOSIS/PROCEDURE, Laparoscopic cholecystectomy,,TREATMENT, Ms Inverarity was admitted on 9/7/20 with abdominal pain. She was started on analgesia and returned to hospital on 12/7/20 for a laparoscopic cholecystectomy. During the operation an impacted stone was found in Hartmann's pouch and thus a subtotal cholecystectomy was performed to avoid damage to the bile duct. Following this two drains were left in situ. Ms Inverarity remained in hospital until 15/7/20 when the output from her drains was minimal. She is to return on Monday 20/7/20 for review and removal of drains in the surgical observation unit at 2pm.,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL, Return on Monday 20/7/20 to surgical observation unit,,CHANGES TO DRUGS SINCE ADMISSION,Started Paracetamol 1g PRN,Started Dihydrocodeine 30mg PRN,,ALLERGIES / ADVERSE DRUG REACTIONS, Nicotine patch,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil,,CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING ,Nil,,GP to please consider the following..., Thank you for your continued care of this patient.,Should you need further information please contact..., Miss Thomasset's team, General surgery, RIE,,Information contained in this letter has been discussed with the patient/carer.,Yours sincerely....., Staff Signature..... Print Name...Angus Wallace.....,Designation....FY1,,Patient/Carer Signature....., This is an immediate discharge letter and a further letter may follow.</p> |

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| Surname/Forename | Inverarity, Hilda |
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| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004974865 Nurse 15/07/2020 12:28 Michael Lind | NURSING - Mrs Inverarity discharged from ward 106C. Discharge script and discharge medication given to patient. Venflon removed. Wound sites checked and redressed - supply of dressings and dressings advice given to patient. Patient has portex drains x 2 cut and bagged - patient can empty drains herself - spare bags supplied. Mrs Inverarity is to attend clinic Monday. Student nurse contacted District Nurses to advise of discharge as has drains in situ. Mrs Inverarity making own arrangements for transport home. |

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| Note Details | Clinical Notes |
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| Specialty Review Episode/Ref: I0004974865 Miss Sarah C Thomasset 19/07/2020 21:05 Dr Emma Godson | SpR Connor Senior Review,,Event noted - recent admission due ,,Increasing abdominal pain around top drain site - localised to top drain,Colour of liquid draining - now yellow in top drain,Itch around ,RUQ; radiating to shoulder tip,Felt hot/cold yesterday,,O/E:,,x2 abdo drains in situ; haemoserous in lower drain,skin excoriation around drain site,Top drain; suspicious for bile leak,Bottom drain - haemoserous,,abdo soft, slightly tender RUQ, nil signs local peritonism,,Plan:,,1. Bloods - FBC, U+Es, CRP, LFTs, coag,2. Set of obs,,FY1 E Godson, 5244, |

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| Note Details | Clinical Notes |
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| <p>Inpatient Discharge Summary Episode/Ref: I0004974865 Miss Sarah C Thomasset</p> <p>20/08/2020 12:50 Christine McCaig</p> | <p>Clinical Summary:.,This 55 year old lady was admitted with a short history of right upper quadrant pain. Gallstones had been evident in an ultrasound scan in May 2018. ,Her liver function tests were slightly deranged.,An MRCP was therefore undertaken which showed a large gallstone in the neck of the gallbladder with no evidence of choledocholithiasis. ,A laparoscopic cholecystectomy was therefore undertaken on 12 July 2020. This was a difficult procedure which required a sub-total cholecystectomy and removal of the large stone from Hartmann's Pouch. Two abdominal drains were left in-situ and Mrs Inverarity was discharged three days later, with a plan to return for review of these drains. ,I can see that she was subsequently re-admitted under the care of Mr Paterson-Brown who since has been in touch. During this repeat admission, she underwent both a CT-abdomen-pelvis and MRCP, both of which were satisfactory and the abdominal drains were removed. ,No routine follow-up has been arranged. ,Of note, on Mrs Inverarity's last MRCP on 20 July 2020, a very small cysts in the tail of the pancreas were evident (2mm and 3mm). Discussion with HPB was suggested. From this point of view, I will organise a repeat MRCP in a year's time, just to ensure that there is no change in these tiny cysts. I will write to Mrs Inverarity to inform her of the above. ,Kind regards.,Yours sincerely,,,,,Miss SARAH THOMASSETConsultant Surgeon,</p> |

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| Note Details | Clinical Notes |
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| Outpatient Clinic Letter Episode/Ref: I0004974865 Miss Sarah C Thomasset 20/08/2020 12:57 Christine McCaig | Misc ltr to pt 17.7.20,I note after we discharged you with drains in-situ following your recent gallbladder operation, you were re-admitted under the care of one my colleagues, Mr Paterson-Brown. He arranged a CT scan and MRI scan which were satisfactory and your drains were removed. I hope you are continuing to recover well.,On your last MRI scan, there were some very small cysts in the tail of the pancreas. These are usually nothing to worry about. I have requested another MRI scan in a year's time just to ensure they do not get any bigger. If you have any queries or questions when you receive this letter, then please do not hesitate to contact me. ,Kind regards.,Yours sincerely,,,,Miss SARAH THOMASSETConsultant Surgeon,cc: Dr Rachael Duncan, Tranent Medical Practice, The Health Centre, Loch Road, Tranent, EH33 2JX Mr Simon Paterson-Brown, Consultant Surgeon, General Surgery, Royal Infirmary of Edinburgh , |

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| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004974865 Nurse 14/07/2020 02:21 Chelsea Osborne | Hilda has had a settled night. News 4 due to O2 requirement and Hypotension. Hilda required pain relief before bed - this seemed to settle the pain. No complaints of Nausea. Hilda has been mobilising on and off the ward. 2x Portex Drains insitu - these were emptied at mid-night. Drain (2) had minimal fluid present (blood-stained). Drain (1) had 131mls of Deep Dark Red Fluid present. I contacted the FY1 in SOU @ 00.45 to review the drain fluid - Awaiting Review. Drain (1) checked 2 hours later and minimal fluid present. Blood pressure has remained low. Hilda has passed urine post-op. Slept well. No concerns overnight. |

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| Note Details | Clinical Notes |
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| Ward Round Episode/Ref: I0004974865 Miss Sarah C Thomasset 14/07/2020 08:59 Dr Angus Wallace | Ward round Thomasset ET,,Has had some leaks from medial drain,,O/E,,Both drain sites looks healthy,131 mls of bile from medial drain and 4 mls from inferior lateral drain,NEWS 4 sats 95 on 2L,,Plan,Cut and bag drain,Continue to monitor drain output,,Angus Wallace FY1 |

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| Episode Number | I0000256800 |
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| Note Details | Clinical Notes |
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| <p>Operation Note Episode/Ref: I0004974865 Miss Sarah C Thomasset</p> <p>14/07/2020 10:52 Heidi O'Guntke</p> | <p>BILIARY TREE AND GALL BLADDER Gall stones acute symptoms Laparoscopic cholecystectomy 100524 „Operative Findings and Techniques,Indication: Recurrent biliary colic in patient with known gallstones. The patient underwent an MRCP 3/7 ago and CBD was clear. „Procedure:„WHO checklist done. Patient prepped and draped in sterile manner. Vertical incision above the umbilicus of about 1cm and uncomplicated entry into abdominal cavity. Insertion in the same place of a 10mm port and induction of pneumoperitoneum. Insertion of further three ports, 10mm port in epigastrium and two 5mm ports in the right flank. Multiple adhesions between omentum and abdominal wall were found (due to previous surgery). Adhesiolysis with diathermy hook and Metzenbaum scissors. The gallbladder was visualised and was retracted cephalad. The liver was extremely fatty and with this manoeuvre the area was a tear on anterior face of left lobe near the falciform ligament. Haemostasis with diathermy hook and compression. The gallbladder was difficult to mobilise due to impacted stone at Hartmann's pouch. Incision of peritoneum anterior and posteriorly from back of infundibulum of gallbladder. Cystic artery was identified and isolated and divided between triple clips. It was not possible to obtain a satisfactory critical view of safety and continue dissection of Calot's Triangle due to inflammation of tissue and the impacted stone that impaired and trialled mobilisation of the gallbladder. Ms Thomasset attended theatre and took over. It was decided to dissect the gallbladder from the gallbladder fossa of the liver and to perform a subtotal cholecystectomy. „The gallbladder was opened off the Hartmann's pouch and transected at this level. Retrieval of a specimen through a parachute bag through the epigastric port. The impacted stone was extracted from the Hartmann's pouch and was retrieved through a parachute bag through the epigastric port. There was no bile coming from the gallbladder stump and so it was decided to leave it open without suturing it or putting on an endoloops. Two drains were inserted using the incisions in the right flank, the superior one with the tip in the gallbladder pouch and the inferior one with the tip on the liver. Wash out of cavity until clear fluid was recovered. Removal of ports under vision. Closure of fascia of paraumbilical incision. Skin closure with 4/0 Monosyn subcuticular stitches. Dressing applied. Blood loss minimal. „Post Op: Keep drains at least 48 hours. Dalteparin tonight 5,000 iu. Analgesia. Mobilise. Eat and drink tonight. „dictated by/not signed by,,,,,Dr MATTEO MAGNOLI,Clinical Research Fellow to Miss SARAH THOMASSET,</p> |

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| UHPI Number | 610051143W |

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| Episode Number | I0000256800 |
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| Note Details | Clinical Notes |
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| Clerking Episode/Ref: I0004978546 Dr Emma Godson 19/07/2020 23:46 Dr Emma Godson | <p>HISTORY:.,Presenting complaint,» pain around drain site.,History of presenting complaint,»,.Note recent subtotal cholecystectomy; x2 abdo drains in situ.,24 hours of increased pain around upper drain site. At times 6/10, radiating through to back. constant, exac by movement or breathing. Some itchiness localised to drain site. Also noticed change in colour to bright yellow; with need to change bag more frequently ?6 times in 24 hours.,.Intermittently feeling hot and cold. .Reduced appetite since d/c from hospital,Nil associated sx - no n+v, B/O normally, no change to urine or stool colour,No LUTS. No PMB - note prior hysterectomy. , .SYSTEMATIC ENQUIRY:., .CVS / Heart Failure » nil,RS » nil,Abdominal » see above,GU (inc LMP /Pregnancy) » nil,Neurology » nil,Musculoskeletal » nil,Previous GA » Y ,Adverse effects » N,.,PAST MEDICAL HISTORY:.,Emergency total hysterectomy for ?ovarian cyst,C-section,Subtotal cholecystectomy,On HRT,.,Hiatus hernia - on PPI,.,LIFESTYLE CHOICES:.,Alcohol status: Currently within recommended daily and weekly limits: States she drinks rarely. .Diet preferences: No specific preference: .Smoking status: Current smoker: 7-8 per day., .Spiritual care preference: Patient requested no specific spiritual care: .Travel history: No Relevant History: .,ALLERGIES:.,Nicotine Patches (On ECS, pt reports itching at site of patch.),.,PHYSICAL EXAMINATION:.,General (including skin & ENT) ,»,Looks uncmofrotable but well,.,NEWS = 0, apyrexial,.,Cardiovascular System ,» HS pure. wwp, pulse reg and 80 bpm, .Respiratory System ,» RR 14, sats 97% RA,.,Abdomen / Gastrointestinal / Genito-urinary system ,» abdo soft, tender around upper drain site and RUQ, no signs erythema,BS active,.,Central nervous system / Locomotor system ,Moving all 4 limbs appropriately, GCS 15,.,INITIAL MANAGEMENT PLAN:.,1. As per senior r/v,2. Imaging mane - MRCP ordered,.</p> |

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| Surname/Forename | Inverarity, Hilda |
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| Episode Number | I0000256800 |
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| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004978546 Nurse 20/07/2020 13:31 Olivia McGinley | Hilda has had settled day. She was independent with a shower this morning. Meds as charted as prescribed, IVabx continue. Obs stable as charted, current NEWS 0. Hilda has been eating and drinking as able throughout the day. I removed bottom drain this morning as per plan, wound site clean, no signs of infection. I redressed Hildas other wounds which are also healing well. Hilda has been going on and off the ward throughout the day for cigarettes. No concerns to raise |

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| Surname/Forename | Inverarity, Hilda |
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| Note Details | Clinical Notes |
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| Pharmaceutical Care Issues Episode/Ref: I0004978546 20/07/2020 13:34 Karen McGill | Phar:1 Gent/med rec,Med Rec completed: N ,Sources used (min.of 2): ECS + Kardex,Outstanding Med Rec issues:,Outstanding/ ongoing care issues:,Changes to medication:,Discharge/Compliance information: ,,Phar:T,Med history completed: No,Sources used (min.of 2): ECS against kardex,Referral code: C2 Gentamicin,MCA: N |

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| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

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| Episode Number | I0000256800 |
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| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004978546 Nurse 21/07/2020 03:00 Eliza Eastwood | Nursing- Hilda had been on and off the ward for cigarettes at the start of the shift but has been settled in bed since approx 2400. IVAbx given as prescribed, gent given 2330 will attempt to take gent level in the morning. ,Drain emptied- minimal output volume documented.,No complaints of pain or nausea, observations remain stable, current NEWs 0. ,No further concerns at present. |

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| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

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| Episode Number | I0000256800 |
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| Note Details | Clinical Notes |
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| Progress Notes Episode/Ref: I0004978546 Mr S Paterson-Brown 21/07/2020 07:43 Dr Luke Walls | WR Mr Simon Patterson-Brown (Consultant General Surgeon),,Hilda, 55yo female.,Admitted with pain at drain site.,Minimal output from drains yesterday - and thus bottom drain removed.,CT A/P: nil collection. normal post-surgical discharge.,,Bloods 19/7: WCC 12.6, CRP 125.,,Minimal in drain,,NEWS 1 sats 94% ,,Plan ,1. Drain out ,2. Home this afternoon if well,,Dr Luke Walls, Surgical FY2 RIE |

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| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

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| Episode Number | I0000256800 |
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| Note Details | Clinical Notes |
|---|---|
| Inpatient Discharge Summary Episode/Ref: I0004978546 Mr S Paterson-Brown 21/07/2020 10:29 Dr Paul Campbell | <p>OPERATION/PROCEDURE(S): ,Nil ,,UNDERLYING DIAGNOSIS: ,Abdominal Pain related to drain site,,TYPE OF ADMISSION: Emergency,,CHANGES TO MEDICATIONS SINCE ADMISSION (relative to ECS):,Started: Paracetamol 1g QDS, Co-Amoxiclav 625mg TDS for 5 days ,Stopped: Nil ,Changed: Nil ,Withheld: Nil ,,ALLERGIES / ADVERSE DRUG REACTIONS:.,Nicotine Patches - Skin Rash ,,Discharge prescription checked against ECS med rec: Yes,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL: Nil ,,ACTION REQUIRED FROM GP: Nil ,_____.,Dear Doctor,,,COURSE OF ADMISSION:.,Hilda was admitted to the Royal Infirmary of Edinburgh with abdominal pain situated near her drain sites. She had previous 2x abdominal drain placement following cholecystectomy. A CT scan was arranged to look for possible bile leak or collection formation. CT showed normal post surgical change. Hilda's symptoms have settled with analgesia and her drains have now been removed. She is medically fit for discharge. No surgical follow up is required. , ,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS/ DNACPR STATUS/ANTICIPATORY CARE PLANNING:.,Nil,,Should you need further information please contact: Mr Paterson-Brown's Team, General Surgery, Ward 106, RIE, ,Thank you for your ongoing care of this patient.,,Yours sincerely,,,,,Paul Campbell ,FY1,Department of General Surgery, Royal Infirmary of Edinburgh, ,This is an immediate discharge letter and a further letter may follow.,</p> |

| | |
|-------------------------|-------------------|
| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

| | |
|-----------------------|-------------|
| Episode Number | I0000256800 |
|-----------------------|-------------|

| Note Details | Clinical Notes |
|--|---|
| Progress Notes Episode/Ref: I0004978546 Nurse 21/07/2020 11:54 Olivia McGinley | Hilda is to be discharged from ward 106. Hilda feels well. Drain 2 was removed this morning as per plan. No sign of infection on drain site. Hilda voiced to me that she felt such relief when drain 2 was removed. Discharge letter and medications have been supplied and explained. Hilda to be discharged with 5 more days oabx which I have explained. No venflons insitu. Currently waiting ondaughter coming to collect her from ward. No concerns regarding discharge |

| | |
|-------------------------|-------------------|
| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

| | |
|-----------------------|-------------|
| Episode Number | I0000256800 |
|-----------------------|-------------|

| Note Details | Clinical Notes |
|---|---|
| Inpatient Discharge Summary Episode/Ref: I0004978546 Mr S Paterson-Brown 29/07/2020 09:48 Christine McCaig | Clinical Summary:.,The above patient was admitted as an emergency with ongoing right-sided abdominal pain associated with two drains left in-situ after a difficult laparoscopic cholecystectomy the previous week. .A CT scan showed no intra-abdominal collections and as neither drain was draining bile, they were both removed. This resolved her symptoms and she was discharged home with no further follow-up.,Kind regards.,Yours sincerely,,,,,Mr SIMON PATERSON-BROWNConsultant Surgeon, |

| | |
|-------------------------|-------------------|
| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

| | |
|-----------------------|-------------|
| Episode Number | I0000256800 |
|-----------------------|-------------|

| Note Details | Clinical Notes |
|---|---|
| Progress Notes Episode/Ref: I0004978546 Nurse 20/07/2020 03:59 Eliza Eastwood | Nursing- ,Hilda has been readmitted to ward 106 following recent d/c on wednesday 15/7. Gentamicin put up as she arrived onto the ward approx 2400, IVI has been up and running since then. Mobilising independently to and from the bathroom. No complaints of pain so far. Drains emptied at midnight, volumes documented. ,No further concerns at present. |

| | |
|-------------------------|-------------------|
| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

| | |
|-----------------------|-------------|
| Episode Number | I0000256800 |
|-----------------------|-------------|

| Note Details | Clinical Notes |
|---|--|
| Ward Round Episode/Ref: I0004978546 Mr S Paterson-Brown 20/07/2020 08:57 Dr Paul Campbell | Date : 20/07/2020,Ward Round Lead : Mr S Paterson-Brown,Team : ET1,,DIAGNOSIS / PROCEDURE : Pain at drain site ,DAILY UPDATE : Recent subtotal cholecystectomy ,Drain 1 - 8mls,Drain 2 - 23mls,Admitted with severe pain around drain site radiating to shoulder tip ,Reports high drain volumes over weekend,WCC 12.6 CRP 125,MANAGEMENT PLAN : 1. CTAP ,2. Bottom drain out,,30 day re-admission : Yes,30 day re-operation : No,NEWS Score : 0,Results reviewed : Yes,IVI fluids : Reviewed ,Nutrition reviewed : Yes,VTE risk assessed, reviewed : Yes,Adequate analgesia : Yes,Antibiotics status : Continue,Estimated discharge date : 21/07/2020, |

| | |
|-------------------------|-------------------|
| Surname/Forename | Inverarity, Hilda |
| UHPI Number | 610051143W |

| | |
|-----------------------|-------------|
| Episode Number | I0000256800 |
|-----------------------|-------------|

| Note Details | Clinical Notes |
|--|---|
| Progress Notes Episode/Ref: I0004978546 Mr S Paterson-Brown 20/07/2020 12:31 Dr Luke Walls | Radiology result,,CT A/P: nil collection. normal post-surgical discharge.,L Walls, Surgical FY2 |

Referrals

Department of Laboratory Medicine

Haematology, WGH

PATIENT: INVERARITY HILDA **UPI:** 1609641167 **CHI:** 1609641167

DOB: 16/09/1964 **SEX:** F **CONSULTANT/GP:** Dr Vicky McBride

SOURCE: Tranent Medical Practice **SENDER:**

CLIN DETAILS: Patient is not known to have a worsening dyspepsia.

| Date Collected | 24/10/08 | 17/12/08 | 03/06/13 | 13/04/18 | 13/04/18 |
|------------------|-----------------------------|----------|-----------|-------------|-----------|
| Time Collected | 11:00 | 09:00 | 10:00 | 11:02 | 11:02 |
| Date Received | 24/10/08 | 18/12/08 | 03/06/13 | 13/04/18 | 13/04/18 |
| Time Received | 13:41 | 12:04 | 14:25 | 14:00 | 14:02 |
| Specimen Number | QC399883 | QC447852 | QB643228 | QB582184 | QB582151 |
| Haemoglobin | 115-160 g/L | 139 | 133 | 139 | |
| Red cell count | 3.8-5.8 10 ¹² /L | 4.32 | 4.58 | 4.69 | |
| Haematocrit | 0.37-0.47 ratio | 0.417 | 0.398 | 0.415 | |
| Mean cell volume | 78-98 fL | 96.5 | 87 | 89 | |
| White cell count | 4-11 10 ⁹ /L | 9.6 | 7.7 | 11.6 | |
| Neutrophil Count | 2-7.5 10 ⁹ /L | 6.47 | 4.53 | 7.45 | |
| Lymphocyte Count | 1.5-4.0 10 ⁹ /L | 2.51 | 2.33 | 3.31 | |
| Monocyte Count | 0.2-0.8 10 ⁹ /L | 0.45 | 0.59 | 0.70 | |
| Eosinophil Count | 0.04-0.4 10 ⁹ /L | 0.19 | 0.19 | 0.12 | |
| Basophil Count | 0.01-0.1 10 ⁹ /L | 0.03 | 0.04 | 0.04 | |
| Platelet count | 150-400 10 ⁹ /L | 266 | 246 | 307 | |
| ESR | 3-15 mm/hr | | 18 | | |
| Vitamin B12 | 200-900 ng/L | | | | |
| Serum Folate | 5-20 ug/L | | | | |
| Ferritin | 15-200 ug/L | | | | 10 |

COMMENTS:

Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood unless otherwise stated.

DATE PRINTED: 14Apr18
TIME PRINTED: 10:00

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: INVERARITY, HILDA **UPI:** 1609641167 **CHI:** 1609641167
DOB: 16/09/1964 **SEX:** F **CONSULTANT/GP:** Dr Vicky McBride
SOURCE: Tranent Medical Practice **SENDER:**

CLINICAL DETAILS: Patient is not known to have a thyroid condition.
worsening dyspepsia.

| | | | | |
|-----------------|----------------|------------|------------|--------------|
| Date Collected | 10/11/2004 | 24/10/2008 | 03/06/2013 | 13/04/2018 |
| Time Collected | 09:20 | 11:00 | 10:00 | 11:02 |
| Date Received | 10/11/2004 | 24/10/2008 | 03/06/2013 | 13/04/2018 |
| Time Received | 13:05 | 13:41 | 14:25 | 14:02 |
| Specimen Number | QC328829F | QC399884G | QB643228A | QB582151J |
| Urea | 2.5-6.6 mmol/L | 4.5 | 3.8 | |
| Creatinine | 50-98 umol/L | 67 | 67 | 69 |
| eGFR (/1.73m2) | ml/min | | >60 | >60 |
| eGFR (/1.73m2) | ml/min | | >60 | |
| Sodium | 135-145 mmol/L | 143 | 141 | 141 |
| Potassium | 3.6-5 mmol/L | 4.4 | 4.9 | 4.3 |
| Spec type | Rand/Fast | Limits | | |
| Plasma glucose | mmol/L | 4.2 | | |
| Bilirubin | 3-21 umol/L | 7 | 6 | 5 |
| ALT | 10-50 U/L | 35 | 15 | 12 |
| Alk.Phos | 40-125 U/L | 113 | 100 | 143 H |
| GGT | 5-35 U/L | | 23 | 170 H |
| Albumin | 36-47 g/L | | | 33 L |
| Calcium | 2.2-2.6 mmol/L | | | 2.37 |
| Adjustd Calcium | 2.2-2.6 mmol/L | | | 2.51 |
| Iron | 10-32 umol/L | 19.9 | | |
| Transferrin | 2-4 g/L | 2.78 | | |
| Transferrin Sat | % | 27 | | |
| Ferritin | 15-200 ug/L | | | 10 L |
| TSH | 0.2-4.5 mU/L | 0.76 | 1.6 | 0.70 |
| Free T4 | 9-21 pmol/L | 14 | | 12 |

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 14/04/2018
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

Department of Laboratory Medicine

Haematology, WGH

PATIENT: INVERARITY HILDA **UPI:** 1609641167 **CHI:** 1609641167

DOB: 16/09/1964 **SEX:** F **CONSULTANT/GP:** Dr Vicky McBride

SOURCE: Tranent Medical Practice **SENDER:**

CLIN DETAILS: worsening dyspepsia.

| | | | | | |
|------------------------|-----------------------------|----------|----------|-----------|-------------|
| Date Collected | 10/11/04 | 24/10/08 | 17/12/08 | 03/06/13 | 13/04/18 |
| Time Collected | 09:20 | 11:00 | 09:00 | 10:00 | 11:02 |
| Date Received | 10/11/04 | 24/10/08 | 18/12/08 | 03/06/13 | 13/04/18 |
| Time Received | 13:05 | 13:41 | 12:04 | 14:25 | 14:00 |
| Specimen Number | QC328829 | QC399883 | QC447852 | QB643228 | QB582184 |
| Haemoglobin | 115-160 g/L | 147 | 139 | 133 | 139 |
| Red cell count | 3.8-5.8 10 ¹² /L | 4.49 | 4.32 | 4.58 | 4.69 |
| Haematocrit | 0.37-0.47 ratio | 0.426 | 0.417 | 0.398 | 0.415 |
| Mean cell volume | 78-98 fL | 94.9 | 96.5 | 87 | 89 |
| White cell count | 4-11 10 ⁹ /L | 6.4 | 9.6 | 7.7 | 11.6 |
| Neutrophil Count | 2-7.5 10 ⁹ /L | 3.47 | 6.47 | 4.53 | 7.45 |
| Lymphocyte Count | 1.5-4.0 10 ⁹ /L | 2.28 | 2.51 | 2.33 | 3.31 |
| Monocyte Count | 0.2-0.8 10 ⁹ /L | 0.46 | 0.45 | 0.59 | 0.70 |
| Eosinophil Count | 0.04-0.4 10 ⁹ /L | 0.11 | 0.19 | 0.19 | 0.12 |
| Basophil Count | 0.01-0.1 10 ⁹ /L | 0.03 | 0.03 | 0.04 | 0.04 |
| Platelet count | 150-400 10 ⁹ /L | 223 | 266 | 246 | 307 |
| ESR | 3-15 mm/hr | | | 18 | |
| Vitamin B12 | 200-900 ng/L | | 607 | | |
| Serum Folate | 5-20 ug/L | | 7.8 | | |

COMMENTS:

Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood unless otherwise stated.

DATE PRINTED: 14Apr18
TIME PRINTED: 10:00

11. SAFETY PLAN

SAFETY PLAN

Step 1: Warning signs (thoughts, mood, situation, behaviour) that a crisis may be developing

1. Anxious about seeing granddaughter (and have to see husband)

2. Having to explain my situation is really upsetting and difficult

3. _____

Step 2: Internal coping strategies - things I can do to take my mind off my problems (relaxation, activity)

1. Going for a walk (depending on the weather)

2. Crochet

3. Meeting with group (Tranent wombles)

Step 3: People and social settings that provide a distraction

1. Name Julie Phone _____
2. Name Sheelagh Phone _____
3. Place Sharon 4. Place Forest garden (wombles proj)

Step 4: People who I can ask for help

1. Name Julie Phone _____

2. Name Sheelagh Phone _____

3. Name Sharon Phone _____

Step 5: Professionals or services I can contact during a crisis

1. Contact Name IHTT Phone _____

Emergency contact number _____ (to complete with Ross' information)

2. Contact Name _____ Phone _____

Emergency contact number _____

3. Crisis services phone _____

Crisis services address _____

4. Helpline support (freephone): Samaritans 116 123 Breathing Space 0800 83 85 87

Step 6: Making the environment safe

1. Not ready to do that. _____

2. _____

NHS Lothian - Referral Letter

| | |
|----------------------------|---|
| Referral To | AHP - Physiotherapy East Lothian - Roodlands Hospital L Physiotherapy |
| Urgency of referral | Routine |
| Date of referral | 05/11/2013 |
| Date submitted | 05/11/2013 |
| UCPN | 1010062238988 |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|----------------------------|
| CHI number: | 1609641167 | 36 EDINBURGH ROAD | Voice (Home) : 01875616033 |
| Name: | MRS HILDA INVERARITY | TRANENT | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1AW | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|---------------------------------------|-------------------------|
| Name: | Dr. Alexander Cavaghan (GMC: 6134572) | The Health Centre |
| Practice: | Tranent Medical Practice (76226) | Loch Road |
| Phone: | Voice : 01875 610697 | Tranent EH33 2JX |

CLINICAL INFORMATION

Reason for Referral: Recurrent tennis elbow

Main Referral Text: Dear Colleague

Text:

Thank you for your review of this supermarket worker who has been complaining of pain in the right lateral epicondyle on a couple of occasions over the last 6 months.

She was initially seen with this in June and subsequently underwent a successful steroid injection to this area. This gave her a good length of remission however she returned around 2 weeks ago complaining of a similar problem and asking for a further steroid injection.

I subsequently treated her with a further 10mg Depomedrone injection to the area however in view of its recurrent nature it would almost certainly be sensible for a physiotherapist to review her.

Undoubtedly her work is probably exacerbating the problem and I suggest she contact her Occupational Health department at her work for further intervention. She was not, however, very confident that anything beneficial would come from this.

I wonder if you might be able to review this lady in due course.

Investigations

Description **Result Date**

Time since onset? (Weeks) : 0-3

Pre-existing conditions (High & Medium Priority)

| Description | Modifier | Extension | Start Date | Date Recorded |
|-------------------------------|-----------------|--------------------|-------------------|----------------------|
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |
| Hiatus hernia | | | 26/08/2010 | 26/08/2010 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |
| Death of daughter | | suicide by hanging | 01/01/2002 | 01/01/2002 |
| Spontaneous vaginal delivery | | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | | 24/01/1987 | 24/01/1987 |
| Hiatus hernia | | | 01/01/1985 | 01/01/1985 |
| Oesophageal reflux | | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|------------------------------|----------------|-----------------|-----------------------|----------------------|
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro resistant capsules | capsule | 1 CAP DAILY | | 26/08/2010 | | 28/10/2013 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---------------------------------------|--------------------|----------------|------------------|-----------------------|-----------------|-----------------------------|
| Premarin 0.625mg tablets (Pfizer Ltd) | tablet | 1 TAB DAILY | | 28/10/2013 | | 28/10/2013 |

Additional information

Smoking history (Encounters):Trying to give up smoking Date recorded:20 Jul 2012

Alcohol history (Encounters):Alcohol 7u or less/week Date recorded:23-Aug-2010

NHS Lothian - Referral Letter

| | |
|----------------------------|--|
| Referral To | Roodlands General Hospital Dermatology L Dermatology |
| Urgency of referral | Routine |
| Date of referral | 24/07/2014 |
| Date submitted | 24/07/2014 |
| UCPN | 101007612329K |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|----------------------------|
| CHI number: | 1609641167 | 36 EDINBURGH ROAD | Voice (Home) : 01875616033 |
| Name: | MRS HILDA INVERARITY | TRANENT | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1AW | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|----------------------------------|-------------------------|
| Name: | Dr. Sophie Zaidi (GMC: 6075296) | The Health Centre |
| Practice: | Tranent Medical Practice (76226) | Loch Road |
| Phone: | Voice : 01875 610697 | Tranent |
| | | EH33 2JX |

CLINICAL INFORMATION

Reason for Referral: itchy rash on palms, lower arms, feet and back

Main Referral Text: I would be grateful for your opinion of this 49 year old lady. She is keen for a dermatology opinion on an itchy rash on her palms, lower arms, feet and back. This has been going on for a few weeks. No one else at home has had any rash and there has been no trigger identified.

On examination there is erythema mainly over the palms, excoriations, a few papules, however no burrows. She has been tried on emollients, antihistamines and eumovate along with a course of Permethrin in case of scabies infection.

Thank you very much for seeing her.

Investigations

| <u>Description</u> | <u>Result</u> | <u>Date</u> |
|---|---------------|-------------|
| List all previously prescribed treatment(s) : emollients, antihistamines and eumovate along with a course of Permethrin | | |

Pre-existing conditions (High & Medium Priority)

| <u>Description</u> | <u>Modifier</u> | <u>Extension</u> | <u>Start Date</u> | <u>Date Recorded</u> |
|-------------------------------|-----------------|--------------------|-------------------|----------------------|
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |
| Hiatus hernia | | | 26/08/2010 | 26/08/2010 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |
| Death of daughter | | suicide by hanging | 01/01/2002 | 01/01/2002 |
| Spontaneous vaginal delivery | | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 01/01/1985 | 01/01/1985 |
| Hiatus hernia | | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|------------------------------|----------------|-----------------|-----------------------|----------------------|
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|---------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro resistant capsules | capsule | 1 CAP | DAILY | 26/08/2010 | | 09/07/2014 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|-------------------------------------|------------------|-----------------------|-----------------|-----------------------------|
| Permethrin 5% cream | gram | APPLY TO WHOLE BODY AND WASH [more] | | 23/07/2014 | | 23/07/2014 |
| Cetirizine 10mg tablets | tablet | 1 TABLET ONCE A DAY | | 09/07/2014 | | 09/07/2014 |
| Eumovate 0.05% cream (GlaxoSmithKline UK Ltd) | gram | APPLY SPARINGLY TWICE DAILY | | 09/07/2014 | | 09/07/2014 |
| Dermol 500 lotion (Dermal Laboratories Ltd) | ml | APPLY GENEROUSLY AND FREQUENT[more] | | 09/07/2014 | | 09/07/2014 |

Additional information

Smoking history (Encounters):Current smoker Date recorded:16 Apr 2014

Alcohol history (Encounters):Alcohol 7u or less/week Date recorded:23-Aug-2010

NHS Lothian - Referral Letter

| | |
|----------------------------|---|
| Referral To | Roodlands General Hospital Ear, Nose & Throat (ENT) L Basic SIGN Referral |
| Urgency of referral | Urgent |
| Date of referral | 06/11/2015 |
| Date submitted | 06/11/2015 |
| UCPN | 101010274314Y |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|-----------------------|
| CHI number: | 1609641167 | 15 MCLACHLAN GARDENS | Voice (Home) : 819510 |
| Name: | MRS HILDA INVERARITY | PRESTONPANS | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH32 9FQ | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|--------------------------------|-------------------------|
| Name: | Dr Penny Miller (GMC: 6097174) | PRESTON ROAD |
| Practice: | Prestonpans Group Practice | PRESTONPANS |
| Phone: | Voice : 01875812979 | EH32 9QS |

CLINICAL INFORMATION

Reason for Referral: Severe vertigo. Unable to work for 5 weeks.

Main Referral Text: This 51 year old lady has had persistent severe vertigo (room spinning) on head movements. Ongoing for 5 weeks and unable to work due to severe symptoms. She had some otitis externa and hearing ok since treatment with Otomise. O/E ears NAD. No nystagmus. No past-pointing or cerebellar issue. There has no no improvement with cinnarizine or stemetil, although styemetil has helped the nausea.

Imp labyrinthine vertigo. ?BPV

In view of her inability to work for 5 weeks, I would be grateful if she could be seen urgently.

Pre-existing conditions (High & Medium Priority)

| Description | Modifier | Extension | Start Date | Date Recorded |
|------------------------------------|-----------------|---|-------------------|----------------------|
| Body mass index 20-24 - normal | | - BMI 24.3 | 20/11/2014 | 20/11/2014 |
| Lateral epicondylitis of the elbow | | - right | 22/04/2013 | 22/04/2013 |
| [V]Breast reduction | | - bilateral - therapeutic surgery | 15/11/2008 | 15/11/2008 |
| [X]Depressive episode | First ever | - 2nd to daughter's suicide | 06/03/2002 | 06/03/2002 |
| Death of daughter | | - suicide at age 17 years (hanged herself) | 01/01/2002 | 01/01/2002 |
| Acute pyelonephritis | | - right | 20/01/1999 | 20/01/1999 |
| Ovarian cyst NOS | | - left | 14/12/1998 | 14/12/1998 |
| Lipoma | | -on left lateral chest wall | 17/05/1995 | 17/05/1995 |
| Spontaneous vaginal delivery | | - para 4 + 0 - live female | 05/08/1994 | 05/08/1994 |
| Caesarean delivery | | - para 3 + 0 - Em LUSCS, foetal distress, poor progress - live male | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 30/01/1985 | 30/01/1985 |
| Hiatus hernia | | | 30/01/1985 | 30/01/1985 |
| Spontaneous vaginal delivery | | - para 2 + 0 - live female | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | - para 1 + 0 - live male | 04/08/1982 | 04/08/1982 |
| Child in care | | - Hilda placed into care | 01/03/1980 | 01/03/1980 |
| Chickenpox - varicella | | | 27/04/1972 | 27/04/1972 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|---|---|-----------------|-----------------------|----------------------|
| Steroid injection into lateral epicondyle tendon of humerus | - right | | 04/11/2013 | 04/11/2013 |
| Steroid injection into lateral epicondyle tendon of humerus | - right | | 26/06/2013 | 26/06/2013 |
| TAH - Tot abdom hysterectomy and BSO bilat salpingophorect | & partial omentectomy for pelvic mass pathology reports no evidence of malignancy & benign dermoid cyst | | 28/12/1998 | 28/12/1998 |
| Laparotomy | | | 28/12/1998 | 28/12/1998 |
| Endoscopic bilateral female sterilisation | - BTO with Filshie clips | | 01/06/1995 | 01/06/1995 |
| Tine test | negative | | 15/03/1977 | 15/03/1977 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 15/12/2014 | | 14/10/2015 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|--|--------------------|-------------------------------------|------------------|-----------------------|-----------------|-----------------------------|
| Prochlorperazine 5mg tablets | tablet | TWO TO BE TAKEN UP TO THREE T[more] | | 05/11/2015 | | 05/11/2015 |
| Otomize ear spray (Forest Laboratories UK Ltd) | ml | ONE SPRAY THREE TIMES A DAY | | 30/10/2015 | | 30/10/2015 |
| Prochlorperazine 5mg tablets | tablet | ONE TO BE TAKEN UP TO THREE T[more] | | 14/10/2015 | | 14/10/2015 |
| Cinnarizine 15mg tablets | tablet | ONE TO BE TAKEN THREE TIMES DAILY | | 08/10/2015 | | 08/10/2015 |
| Premarin 0.625mg tablets (Pfizer Ltd) | tablet | TAKE ONE TABLET ONCE DAILY | | 01/09/2015 | | 01/09/2015 |
| Flucloxacillin 500mg capsules | capsule | 1 CAPSULE FOUR TIMES A DAY | | 24/08/2015 | | 24/08/2015 |
| Varenicline 1mg tablets and Varenicline 500microgram tablets | tablet | AS DIRECTED BY STOP SMOKING SERVICE | | 21/08/2015 | | 21/08/2015 |
| Nitrofurantoin 50mg capsules | capsule | 1 FOUR TIMES A DAY | | 19/08/2015 | | 19/08/2015 |
| Trimethoprim 200mg tablets | tablet | 1 TWICE A DAY | | 17/08/2015 | | 17/08/2015 |

Clinical warnings**Allergies**

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--|--|-----------------|-------------------|----------------------|
| Drugs and other substances-adverse effects in therapeutc use | [TRUNCATED]Drug code for allergy: Nicotinell TTS 20 patches (Novartis Consumer Health UK Ltd), Reaction type: Allergy, Read code for reaction: Skin irritation [M18z.11], Certainty of allergy: Likely | | 28/11/2001 | 28/11/2001 |

Additional information

Smoking history (Encounters):Ex smoker Date recorded:14-Oct-2015
 Alcohol history (Encounters):Teetotaller Date recorded:20-Nov-2014
 Patient Weight in Kilograms:60.3
 Patient Height in Metres:1.575

NHS Lothian - Referral Letter

| | |
|----------------------------|---|
| Referral To | Roodlands General Hospital Ear, Nose & Throat (ENT) L Basic SIGN Referral |
| Urgency of referral | Urgent |
| Date of referral | 06/11/2015 |
| Date submitted | 06/11/2015 |
| UCPN | 101010274314Y |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|-----------------------|
| CHI number: | 1609641167 | 15 MCLACHLAN GARDENS | Voice (Home) : 819510 |
| Name: | MRS HILDA INVERARITY | PRESTONPANS | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH32 9FQ | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|--------------------------------|-------------------------|
| Name: | Dr Penny Miller (GMC: 6097174) | PRESTON ROAD |
| Practice: | Prestonpans Group Practice | PRESTONPANS |
| Phone: | Voice : 01875812979 | EH32 9QS |

CLINICAL INFORMATION

Reason for Referral: Severe vertigo. Unable to work for 5 weeks.

Main Referral Text: This 51 year old lady has had persistent severe vertigo (room spinning) on head movements. Ongoing for 5 weeks and unable to work due to severe symptoms. She had some otitis externa and hearing ok since treatment with Otomise. O/E ears NAD. No nystagmus. No past-pointing or cerebellar issue. There has no no improvement with cinnarizine or stemetil, although styemetil has helped the nausea.

Imp labyrinthine vertigo. ?BPV

In view of her inability to work for 5 weeks, I would be grateful if she could be seen urgently.

Pre-existing conditions (High & Medium Priority)

| Description | Modifier | Extension | Start Date | Date Recorded |
|------------------------------------|-----------------|---|-------------------|----------------------|
| Body mass index 20-24 - normal | | - BMI 24.3 | 20/11/2014 | 20/11/2014 |
| Lateral epicondylitis of the elbow | | - right | 22/04/2013 | 22/04/2013 |
| [V]Breast reduction | | - bilateral - therapeutic surgery | 15/11/2008 | 15/11/2008 |
| [X]Depressive episode | First ever | - 2nd to daughter's suicide | 06/03/2002 | 06/03/2002 |
| Death of daughter | | - suicide at age 17 years (hanged herself) | 01/01/2002 | 01/01/2002 |
| Acute pyelonephritis | | - right | 20/01/1999 | 20/01/1999 |
| Ovarian cyst NOS | | - left | 14/12/1998 | 14/12/1998 |
| Lipoma | | -on left lateral chest wall | 17/05/1995 | 17/05/1995 |
| Spontaneous vaginal delivery | | - para 4 + 0 - live female | 05/08/1994 | 05/08/1994 |
| Caesarean delivery | | - para 3 + 0 - Em LUSCS, foetal distress, poor progress - live male | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 30/01/1985 | 30/01/1985 |
| Hiatus hernia | | | 30/01/1985 | 30/01/1985 |
| Spontaneous vaginal delivery | | - para 2 + 0 - live female | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | - para 1 + 0 - live male | 04/08/1982 | 04/08/1982 |
| Child in care | | - Hilda placed into care | 01/03/1980 | 01/03/1980 |
| Chickenpox - varicella | | | 27/04/1972 | 27/04/1972 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|---|---|-----------------|-----------------------|----------------------|
| Steroid injection into lateral epicondyle tendon of humerus | - right | | 04/11/2013 | 04/11/2013 |
| Steroid injection into lateral epicondyle tendon of humerus | - right | | 26/06/2013 | 26/06/2013 |
| TAH - Tot abdom hysterectomy and BSO bilat salpingophorect | & partial omentectomy for pelvic mass pathology reports no evidence of malignancy & benign dermoid cyst | | 28/12/1998 | 28/12/1998 |
| Laparotomy | | | 28/12/1998 | 28/12/1998 |
| Endoscopic bilateral female sterilisation | - BTO with Filshie clips | | 01/06/1995 | 01/06/1995 |
| Tine test | negative | | 15/03/1977 | 15/03/1977 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 15/12/2014 | | 14/10/2015 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|--|--------------------|-------------------------------------|------------------|-----------------------|-----------------|-----------------------------|
| Prochlorperazine 5mg tablets | tablet | TWO TO BE TAKEN UP TO THREE T[more] | | 05/11/2015 | | 05/11/2015 |
| Otomize ear spray (Forest Laboratories UK Ltd) | ml | ONE SPRAY THREE TIMES A DAY | | 30/10/2015 | | 30/10/2015 |
| Prochlorperazine 5mg tablets | tablet | ONE TO BE TAKEN UP TO THREE T[more] | | 14/10/2015 | | 14/10/2015 |
| Cinnarizine 15mg tablets | tablet | ONE TO BE TAKEN THREE TIMES DAILY | | 08/10/2015 | | 08/10/2015 |
| Premarin 0.625mg tablets (Pfizer Ltd) | tablet | TAKE ONE TABLET ONCE DAILY | | 01/09/2015 | | 01/09/2015 |
| Flucloxacillin 500mg capsules | capsule | 1 CAPSULE FOUR TIMES A DAY | | 24/08/2015 | | 24/08/2015 |
| Varenicline 1mg tablets and Varenicline 500microgram tablets | tablet | AS DIRECTED BY STOP SMOKING SERVICE | | 21/08/2015 | | 21/08/2015 |
| Nitrofurantoin 50mg capsules | capsule | 1 FOUR TIMES A DAY | | 19/08/2015 | | 19/08/2015 |
| Trimethoprim 200mg tablets | tablet | 1 TWICE A DAY | | 17/08/2015 | | 17/08/2015 |

Clinical warnings**Allergies**

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--|--|-----------------|-------------------|----------------------|
| Drugs and other substances-adverse effects in therapeutc use | [TRUNCATED]Drug code for allergy: Nicotinell TTS 20 patches (Novartis Consumer Health UK Ltd), Reaction type: Allergy, Read code for reaction: Skin irritation [M18z.11], Certainty of allergy: Likely | | 28/11/2001 | 28/11/2001 |

Additional information

Smoking history (Encounters):Ex smoker Date recorded:14-Oct-2015
 Alcohol history (Encounters):Teetotaller Date recorded:20-Nov-2014
 Patient Weight in Kilograms:60.3
 Patient Height in Metres:1.575

NHS Lothian - Imaging Request

| | |
|----------------------------|--|
| Referral To | Roodlands General Hospital Clinical Radiology L Radiology - Ultrasound |
| Urgency of referral | Urgent |
| Date of referral | 23/04/2018 |
| Date submitted | 23/04/2018 |

| <u>PATIENT DETAILS</u> | | Contact Details | |
|-------------------------------|----------------------|------------------------|------------------------------|
| CHI number: | 1609641167 | 31 MERRYFIELD AVENUE | Voice (Mobile) : 07528033223 |
| Name: | MRS HILDA INVERARITY | MACMERRY | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1PZ | |

| <u>REFERRING PRACTITIONER DETAILS</u> | | Practice address |
|--|---------------------------------|-------------------------|
| Name: | Dr Vicky Mcbride (GMC: 6097354) | LOCH ROAD |
| Practice: | TRANENT HEALTH CENTRE | EAST LOTHIAN |
| Phone: | Voice : 01875610697 | EH33 2JX |

INVESTIGATION REQUESTED

Test

Requested: **Ultrasound Upper abdomen**

Reason for Request: Markedly deranged LFTs in patient with no alcohol intake. Also has increasing dyspepsia and upper abdo discomfort. Referral to GI also being made. Many thanks.

CLINICAL INFORMATION

Investigations

| <u>Description</u> | <u>Result</u> | <u>Date</u> |
|---|----------------------|--------------------|
| Duration of Symptoms : | 2 months | |
| Is the patient diabetic? : | No | |
| Is the patient allergic to Latex? : | No | |
| Does this patient weigh more than 20 stone? : | No | |
| Any previous imaging? : | No | |

Additional information

Smoking history (Encounters):Ex smoker Date recorded:20-Dec-2017

Alcohol history (Encounters):Teetotaller Date recorded:03-Oct-2016

NHS Lothian - Referral Letter

| | |
|----------------------------|--|
| Referral To | Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical L GI - Upper (AN) |
| Urgency of referral | Urgent |
| Date of referral | 23/04/2018 |
| Date submitted | 23/04/2018 |
| UCPN | 101015954139D |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|------------------------------|
| CHI number: | 1609641167 | 31 MERRYFIELD AVENUE | Voice (Mobile) : 07528033223 |
| Name: | MRS HILDA INVERARITY | MACMERRY | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1PZ | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|-------------------------------------|-------------------------|
| Name: | Dr. Victoria McBride (GMC: 6097354) | The Health Centre |
| Practice: | Tranent Medical Practice (76226) | Loch Road |
| Phone: | Voice : 01875 610697 | Tranent |
| | | EH33 2JX |

CLINICAL INFORMATION

Reason for Referral: Worsening dyspepsia

Main Referral Text: I would be most grateful for your urgent review of this 53 year old lady who has had worsening dyspepsia over the last 2 months.

Mrs Inverarity was told she had a hiatus hernia several years ago and has had long term issues with indigestion and reflux. In the last two months these symptoms have become significantly worse despite her regular omeprazole. She describes problematic retrosternal burning which is often worse at night. She denies dysphagia. She has abdominal discomfort and bloating but no loss of appetite and her weight is steady. Bowel habit is unchanged. There are no masses to feel on abdominal examination.

Following initial consultation in early April, I switched her from omeprazole to ranitidine for the purposes of carrying out a stool helicobacter test. This has been sent away and result is awaited. I also checked bloods which show a newly deranged LFTs with a markedly raised GGT and Alk phos. She does not drink alcohol. While she is not anaemic her ferritin is low. She does not menstruate as she had a TAH and BSO in 1998.

I have requested an ultrasound scan of the upper abdomen. Given this sudden deterioration in her symptoms along with abnormal bloods, I was hoping to seek your urgent opinion.

Kind regards,

Dr V McBride

Investigations

Description **Result** **Date**

Interpreter Required : No

Learning Disability : No

Pre-existing conditions (High & Medium Priority)

| Description | Modifier | Extension | Start Date | Date Recorded |
|---|-----------------|------------------|-------------------|----------------------|
| Benign paroxysmal positional vertigo or nystagmus | New event | | 22/01/2016 | 22/01/2016 |
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |
| Hiatus hernia | | | 26/08/2010 | 26/08/2010 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |

| | | | | |
|-------------------------------|-----------|--|------------|------------|
| | | | 01/01/2002 | 01/01/2002 |
| Ovarian cysts | New event | LEFT SIDE COMPLEX DERMOID CYST, BENIGN | 14/12/1998 | 14/12/1998 |
| Dysmenorrhoea | New event | | 26/11/1998 | 26/11/1998 |
| Menorrhagia | New event | | 26/11/1998 | 26/11/1998 |
| Spontaneous vaginal delivery | | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 01/01/1985 | 01/01/1985 |
| Hiatus hernia | | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|----------------------------------|----------------|-----------------|-----------------------|----------------------|
| Bowel cancer screening programme | NEGATIVE | New event | 30/09/2014 | 30/09/2014 |
| Hormone replacement therapy | | New event | 02/01/1999 | 02/01/1999 |
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|-------------------------------------|------------------|-----------------------|-----------------|-----------------------------|
| Ranitidine 150mg tablets | tablet | TAKE ONE TABLET FOUR TIMES A DAY | | 23/04/2018 | | 23/04/2018 |
| Omeprazole 10mg gastro-resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 15/12/2016 | | 21/03/2018 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|--------------------------------|--------------------|--------------------------------------|------------------|-----------------------|-----------------|-----------------------------|
| Ferrous fumarate 210mg tablets | tablet | ONE TO BE TAKEN THREE TIMES A DAY | | 23/04/2018 | | 23/04/2018 |
| Ranitidine 150mg tablets | tablet | TAKE ONE TABLET FOUR TIMES A DAY | | 03/04/2018 | | 03/04/2018 |

Clinical warnings

Allergies

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--------------------|--|-----------------|-------------------|----------------------|
| H/O: drug allergy | Drug code for allergy: Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare), Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | | 28/11/2001 |

Additional information

Smoking history (Encounters):Ex smoker Date recorded:20-Dec-2017
 Alcohol history (Encounters):Teetotaler Date recorded:03-Oct-2016

NHS Lothian - Referral Letter

| | |
|----------------------------|--|
| Referral To | Roodlands General Hospital Dermatology L Dermatology |
| Urgency of referral | Routine |
| Date of referral | 29/01/2020 |
| Date submitted | 29/01/2020 |
| UCPN | 101020556253W |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|--------------------------------|
| CHI number: | 1609641167 | 31 MERRYFIELD AVENUE | Voice (Mobile) : 07534 810 273 |
| Name: | MRS HILDA INVERARITY | MACMERRY | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1PZ | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|------------------------------------|-------------------------|
| Name: | Dr. Claudia Cameron (GMC: 7485620) | The Health Centre |
| Practice: | Tranent Medical Practice (76226) | Loch Road |
| Phone: | Voice : 01875 610697 | Tranent |
| | | EH33 2JX |

CLINICAL INFORMATION

Reason for Referral: lesion upper right arm

Main Referral: Dear Colleague

Text: I would be very grateful for your review of this 55 year old woman who has noticed a lesion on her right upper arm for the past couple of months. It initially started quite small but over the past few months it has grown quite significantly in size and is now about 1cm. She has a well defined but very firm superficial lump on her right upper arm which over the past couple of weeks has become increasingly itchy.

On examination I do think there is a small amount of scattered pigmentation on the surface of the lesion. She was given a course of Flucloxacillin by my colleague but this made no difference to the lesion. It has a slightly atypical appearance and I am not quite sure what this lesion is so I would be very grateful for your expert opinion.

Kind regards.

Pre-existing conditions (High & Medium Priority)

| <u>Description</u> | <u>Modifier</u> | <u>Extension</u> | <u>Start Date</u> | <u>Date Recorded</u> |
|---|-----------------|--|-------------------|----------------------|
| Gallstones | New event | | 21/05/2018 | 21/05/2018 |
| Fatty change of liver | New event | | 21/05/2018 | 21/05/2018 |
| Gastritis unspecified | New event | | 18/05/2018 | 18/05/2018 |
| Hiatus hernia | New event | | 18/05/2018 | 18/05/2018 |
| Benign paroxysmal positional vertigo or nystagmus | New event | | 22/01/2016 | 22/01/2016 |
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |
| Hiatus hernia | | | 26/08/2010 | 26/08/2010 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |
| Death of daughter | | suicide by hanging | 01/01/2002 | 01/01/2002 |
| Ovarian cysts | New event | LEFT SIDE COMPLEX DERMOID CYST, BENIGN | 14/12/1998 | 14/12/1998 |

| | | | |
|-------------------------------|-----------|------------|------------|
| Dysmenorrhoea | New event | 26/11/1998 | 26/11/1998 |
| Menorrhagia | New event | 26/11/1998 | 26/11/1998 |
| Spontaneous vaginal delivery | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | 01/01/1985 | 01/01/1985 |
| Hiatus hernia | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|-----------------------------------|----------------|-----------------|-----------------------|----------------------|
| Ultrasound scan | upper abdomen | New event | 21/05/2018 | 21/05/2018 |
| CLO test negative | | New event | 18/05/2018 | 18/05/2018 |
| Diagnostic fibreoptic gastroscopy | | New event | 18/05/2018 | 18/05/2018 |
| Bowel cancer screening programme | NEGATIVE | New event | 30/09/2014 | 30/09/2014 |
| Hormone replacement therapy | | New event | 02/01/1999 | 02/01/1999 |
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro-resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 15/12/2016 | | 16/01/2020 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|----------------------------|--------------------|-----------------------------|------------------|-----------------------|-----------------|-----------------------------|
| Trimethoprim 200mg tablets | tablet | ONE TO BE TAKEN TWICE A DAY | | 28/01/2020 | | 28/01/2020 |

Clinical warnings

Allergies

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--------------------|--|-----------------|-------------------|----------------------|
| H/O: drug allergy | Drug code for allergy: Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare), Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | 28/11/2001 | 28/11/2001 |

Additional information

Smoking history (Encounters):Ex smoker Date recorded:20-Dec-2017
 Alcohol history (Encounters):Teetotaller Date recorded:03-Oct-2016
 Patient Blood Pressure (Systolic):143
 Patient Blood Pressure (Diastolic):88

NHS Lothian - Referral Letter

| | |
|----------------------------|---|
| Referral To | Royal Infirmary of Edinburgh at Little France Flow Centre Referral L Flow Centre Referral |
| Urgency of referral | Urgent |
| Date of referral | 09/07/2020 |
| Date submitted | 09/07/2020 |
| UCPN | 101021289128J |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|--------------------------------|
| CHI number: | 1609641167 | 31 MERRYFIELD AVENUE | Voice (Mobile) : 07534 810 273 |
| Name: | MRS HILDA INVERARITY | MACMERRY | |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1PZ | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|----------------------------------|-------------------------|
| Name: | Dr Rachael Duncan (GMC: 7013428) | LOCH ROAD |
| Practice: | TRANENT HEALTH CENTRE | EAST LOTHIAN |
| Phone: | Voice : 03007906277 | EH33 2JX |

CLINICAL INFORMATION

Reason for Referral: Severe upper abdominal pain ?cholecystitis

Main Referral Text: This 55 year old woman with a background of known gallstones and hiatus hernia presents with sudden onset severe upper abdominal pain radiating to both sides associated with 1 episode of vomiting. She has suffered from intermittent upper abdominal pain every few months but this usually only lasts a couple of hours and then improves and has never been this severe. Bowel movements have been normal and she has been unable to identify any obvious trigger for pain today.

O/e BP 148/74, HR 85, sat 98, Temp 36.2
Chest clear, HS I+II+0

Abdo tender +++ RUQ and epigastrium with guarding and percussion tenderness, bs active

Imp ?cholecystitis, ??ulcer

Given severity of pain, patient agrees for admission for further assessment, many thanks for your review.

Investigations

| <u>Description</u> | <u>Result</u> | <u>Date</u> |
|--|-----------------|-------------|
| Discussed with Receiving Service? : | No | |
| Receiving Specialty : | General Surgery | |
| Have there been any changes to medicines/dosage in the past two weeks? : | No | |

Pre-existing conditions (High & Medium Priority)

| <u>Description</u> | <u>Modifier</u> | <u>Extension</u> | <u>Start Date</u> | <u>Date Recorded</u> |
|---|-----------------|---|-------------------|----------------------|
| Dermatofibroma | New event | -right upper arm - biopsy has shown a benign are of scar tissue called a dermatofibroma | 16/02/2020 | 16/02/2020 |
| Gallstones | New event | | 21/05/2018 | 21/05/2018 |
| Fatty change of liver | New event | | 21/05/2018 | 21/05/2018 |
| Gastritis unspecified | New event | | 18/05/2018 | 18/05/2018 |
| Hiatus hernia | New event | | 18/05/2018 | 18/05/2018 |
| Benign paroxysmal positional vertigo or nystagmus | New event | | 22/01/2016 | 22/01/2016 |
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |

| | | | | |
|-------------------------------|-----------|--|------------|------------|
| Hiatus hernia | | | 26/08/2010 | 26/08/2010 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |
| | | | 01/01/2002 | 01/01/2002 |
| Ovarian cysts | New event | LEFT SIDE COMPLEX DERMOID CYST, BENIGN | 14/12/1998 | 14/12/1998 |
| Dysmenorrhoea | New event | | 26/11/1998 | 26/11/1998 |
| Menorrhagia | New event | | 26/11/1998 | 26/11/1998 |
| Spontaneous vaginal delivery | | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 01/01/1985 | 01/01/1985 |
| Hiatus hernia | | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|-----------------------------------|-----------------|-----------------|-----------------------|----------------------|
| Ultrasound scan | - upper abdomen | New event | 21/05/2018 | 21/05/2018 |
| CLO test negative | | New event | 18/05/2018 | 18/05/2018 |
| Diagnostic fibreoptic gastroscopy | | New event | 18/05/2018 | 18/05/2018 |
| Bowel cancer screening programme | NEGATIVE | New event | 30/09/2014 | 30/09/2014 |
| Hormone replacement therapy | | New event | 02/01/1999 | 02/01/1999 |
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro-resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 15/12/2016 | | 06/07/2020 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro-resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 15/12/2016 | | 05/05/2020 |

Clinical warnings

Allergies

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--------------------|--|-----------------|-------------------|----------------------|
| H/O: drug allergy | Drug code for allergy: Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare), Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | 28/11/2001 | 28/11/2001 |

Additional information

Smoking history (Encounters): Ex smoker Date recorded: 20-Dec-2017
 Alcohol history (Encounters): Teetotaler Date recorded: 03-Oct-2016
 Patient Blood Pressure (Systolic): 143
 Patient Blood Pressure (Diastolic): 88

NHS Lothian - Referral Letter

| | |
|----------------------------|---|
| Referral To | St John's Hospital Oral and Maxillofacial Surgery LI Oral Maxillofacial Surgery |
| Urgency of referral | Routine |
| Date of referral | 27/04/2021 |
| Date submitted | 28/04/2021 |
| UCPN | 101023193853D |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|-----------------------------------|
| CHI number: | 1609641167 | 31 MERRYFIELD AVENUE | Voice (Mobile) : 07534 810 273 |
| Name: | MRS HILDA INVERARITY | MACMERRY | E-mail : hildainver@hotmail.co.uk |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1PZ | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|----------------------------------|-------------------------|
| Name: | Dr. Alison Reeks (GMC: 4613026) | The Health Centre |
| Practice: | Tranent Medical Practice (76226) | Loch Road |
| Phone: | Voice : 0300 790 6277 | Tranent |
| | | EH33 2JX |

CLINICAL INFORMATION

Reason for Referral: recurrent parotid swelling episodes with more persistent episode currently. ?blocked ducts

Main Referral: Dear Doctor

Text: I wonder if you would see this 56 year old ex smoker who, over the past year, has had about 4 or 5 episodes of a painful swelling at her right parotid region that tends to last for a few hours before settling. She currently has a more persisting painful swelling at her right parotid region that started about 4 days ago and was slightly red and has been treated with antibiotics.

On examination she has a diffusely firm and swollen tender parotid region on the right side. (I have done a viral swap to exclude mumps, although she has had mumps in the past.)

I would be grateful for your assessment of her with advice on any further investigation because of the recurrent nature of her symptoms.

Yours sincerely
Dr A Reeks

Pre-existing conditions (High & Medium Priority)

| Description | Modifier | Extension | Start Date | Date Recorded |
|-----------------------|-----------------|---|-------------------|----------------------|
| Pancreatic cyst | New event | - very small cysts in the tail of the pancreas noted on MRI - for f/u MRI in one year | 20/08/2020 | 20/08/2020 |
| Abdominal pain | New event | related to drain site. Both drains removed and symptoms resolved. | 19/07/2020 | 19/07/2020 |
| Dermatofibroma | New event | -right upper arm - biopsy has shown a benign are of scar tissue called a dermatofibroma | 16/02/2020 | 16/02/2020 |
| Gallstones | New event | | 21/05/2018 | 21/05/2018 |
| Fatty change of liver | New event | | 21/05/2018 | 21/05/2018 |
| Gastritis unspecified | New event | | 18/05/2018 | 18/05/2018 |
| Hiatus hernia | New event | | 18/05/2018 | 18/05/2018 |

| | | | | |
|---|-----------|--|------------|------------|
| Benign paroxysmal positional vertigo or nystagmus | New event | | 22/01/2016 | 22/01/2016 |
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |
| Hiatus hernia | | | 26/08/2010 | 26/08/2010 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |
| | | | 01/01/2002 | 01/01/2002 |
| Ovarian cysts | New event | LEFT SIDE COMPLEX DERMOID CYST, BENIGN | 14/12/1998 | 14/12/1998 |
| Dysmenorrhoea | New event | | 26/11/1998 | 26/11/1998 |
| Menorrhagia | New event | | 26/11/1998 | 26/11/1998 |
| Spontaneous vaginal delivery | | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 01/01/1985 | 01/01/1985 |
| Hiatus hernia | | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|-----------------------------------|----------------|-----------------|-----------------------|----------------------|
| Laparoscopic cholecystectomy | (subtotal) | New event | 13/07/2020 | 13/07/2020 |
| Ultrasound scan | upper abdomen | New event | 21/05/2018 | 21/05/2018 |
| CLO test negative | | New event | 18/05/2018 | 18/05/2018 |
| Diagnostic fibreoptic gastroscopy | | New event | 18/05/2018 | 18/05/2018 |
| Bowel cancer screening programme | NEGATIVE | New event | 30/09/2014 | 30/09/2014 |
| Hormone replacement therapy | | New event | 02/01/1999 | 02/01/1999 |
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 10mg gastro-resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 15/12/2016 | | 06/04/2021 |

Clinical warnings

Allergies

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--------------------|---|-----------------|-------------------|----------------------|
| H/O: drug allergy | Drug code for allergy: Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare UK Ltd), Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | 28/11/2001 | 28/11/2001 |

Additional information

Patient Blood Pressure (Systolic):143
 Patient Blood Pressure (Diastolic):88
 Smoking history (Screening):Ex smoker Date Recorded:20-Dec-2017
 Smoking history (Encounters):Ex smoker Date Recorded:20-Dec-2017
 Alcohol history (Screening):Teetotaller Date Recorded:03-Oct-2016
 Alcohol history (Encounters):Teetotaller Date Recorded:03-Oct-2016

NHS Lothian - Referral Letter

| | |
|----------------------------|---|
| Referral To | Mental Health East Lothian - Community Mental Health Team LI Gen Psychiatry - E Lothian |
| Urgency of referral | Urgent |
| Date of referral | 13/08/2024 |
| Date submitted | 13/08/2024 |
| UCPN | 101033886837Y |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|-----------------------------------|
| CHI number: | 1609641167 | 31 MERRYFIELD AVENUE | Voice (Mobile) : 07534 810 273 |
| Name: | MRS HILDA INVERARITY | MACMERRY | E-mail : hildainver@hotmail.co.uk |
| Date of birth: | 16/09/1964 | EAST LOTHIAN | |
| Sex: | Female | EH33 1PZ | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|-------------------------------------|-------------------------|
| Name: | Dr. Victoria Poulton (GMC: 7514037) | The Health Centre |
| Practice: | Tranent Medical Practice (76226) | Loch Road |
| Phone: | Voice : 0300 790 6277 | Tranent |
| | | EH33 2JX |

CLINICAL INFORMATION

Reason for Referral: Stockpiling medication and suicidal

Main Referral: Dear Colleagues

Text: I would like to refer the above 59 year old woman who has presented to me with significant low mood following a marriage breakdown.

Mrs Inverarity came to me rather tearful reporting that she had moved out of the marital home and in with a friend and felt that she could not see a way out, and has not felt like this before she separated from her husband. She denies any alcohol or drugs, she is a smoker of 10 day which has recently increased to 20 a day. She is currently unemployed and highly stressed at present as she now needs to go onto Universal Credit. She reports feeling suicidal and purposefully stockpiling Co-codamol in order to take this as an overdose, however did report that she could not ever do anything like that and did not have any active plans to do anything at present, although did have medication in the house that she is staying in with a friend. There was no evidence of hallucinations or psychosis. We decided in order to make things as safe as possible for her to remove the medications from the house with her friend. She is open with her friend about how she is feeling.

An urgent review by psychiatry would be much appreciated. I have given her crisis numbers and she is aware to get in touch with us if she feels like she is acting upon some of these thoughts. I will be giving her a call on Friday to see how she is doing, and knows she can get in touch with us sooner. I think this is probably a significant stress reaction to the marital breakdown and financial stresses as well, however given her increased thoughts of suicide and active stockpiling I would appreciate an urgent review by yourselves.

Many thanks
Dr V Poulton

Investigations

| Description | Result | Date |
|-------------------|--------|------|
| Risk of Self Harm | true | |
| Risk of Suicide | true | |

Pre-existing conditions (High & Medium Priority)

| Description | Modifier | Extension | Start Date | Date Recorded |
|-------------------------------|-----------|--|------------|---------------|
| Plantar fasciitis | New event | -left - seen by physiotherapy -patient happy to trial self management | 24/04/2024 | 24/04/2024 |
| Seen by maxillofacial surgeon | New event | [TRUNCATED]-parotid swelling - ? Sjogrens syndrome - for USS R and L parotid glands to help confirm diagnosis - 29.06.22 | 26/01/2022 | 26/01/2022 |

| | | | | |
|---|-----------|---|------------|------------|
| | | normal submandibular and parotid glands with no ultrasound features of Sjogre | | |
| Pancreatic cyst | New event | very small cysts in the tail of the pancreas noted on MRI for f/u MRI in one year | 20/08/2020 | 20/08/2020 |
| Abdominal pain | New event | related to drain site. Both drains removed and symptoms resolved. | 19/07/2020 | 19/07/2020 |
| Dermatofibroma | New event | right upper arm biopsy has shown a benign area of scar tissue called a dermatofibroma | 16/02/2020 | 16/02/2020 |
| Gallstones | New event | | 21/05/2018 | 21/05/2018 |
| Fatty change of liver | New event | | 21/05/2018 | 21/05/2018 |
| Gastritis unspecified | New event | | 18/05/2018 | 18/05/2018 |
| Hiatus hernia | New event | | 18/05/2018 | 18/05/2018 |
| Benign paroxysmal positional vertigo or nystagmus | New event | | 22/01/2016 | 22/01/2016 |
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |
| Hiatus hernia | | | 26/08/2010 | 26/08/2010 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |
| ██████████ | | ██████████ | 01/01/2002 | 01/01/2002 |
| Ovarian cysts | New event | LEFT SIDE COMPLEX DERMOID CYST, BENIGN | 14/12/1998 | 14/12/1998 |
| Dysmenorrhoea | New event | | 26/11/1998 | 26/11/1998 |
| Menorrhagia | New event | | 26/11/1998 | 26/11/1998 |
| Spontaneous vaginal delivery | | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 01/01/1985 | 01/01/1985 |
| Hiatus hernia | | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|-----------------------------------|-----------------|-----------------|-----------------------|----------------------|
| Laparoscopic cholecystectomy | (subtotal) | New event | 13/07/2020 | 13/07/2020 |
| Ultrasound scan | - upper abdomen | New event | 21/05/2018 | 21/05/2018 |
| CLO test negative | | New event | 18/05/2018 | 18/05/2018 |
| Diagnostic fibreoptic gastroscopy | | New event | 18/05/2018 | 18/05/2018 |
| Bowel cancer screening programme | NEGATIVE | New event | 30/09/2014 | 30/09/2014 |
| Hormone replacement therapy | | New event | 02/01/1999 | 02/01/1999 |
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|----------------------------|------------------|-----------------------|-----------------|-----------------------------|
| Omeprazole 20mg gastro-resistant capsules | capsule | TAKE ONE CAPSULE EVERY DAY | | 15/12/2016 | | 12/07/2024 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|--|--------------------|-----------------------|------------------|-----------------------|-----------------|-----------------------------|
| Nitrofurantoin 100mg modified-release capsules | capsule | 1 CAPSULE TWICE DAILY | | 16/07/2024 | | 16/07/2024 |

Omeprazole 20mg gastro-resistant capsules

capsule

TAKE ONE CAPSULE EVERY DAY

15/12/2016

20/05/2024

Clinical warnings

Allergies

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--------------------|---|-----------------|-------------------|----------------------|
| H/O: drug allergy | Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: Itch [M18z.12], Certainty of allergy: Possible, Severity of allergy: Moderate. | | 20/01/2023 | 20/01/2023 |
| H/O: drug allergy | Drug code for allergy: Trimethoprim 100mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | 17/01/2023 | 17/01/2023 |
| H/O: drug allergy | Drug code for allergy: Nicotinell TTS 20 patches (Haleon UK Ltd), Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | 28/11/2001 | 28/11/2001 |

Additional information

Patient Blood Pressure (Systolic):132

Patient Blood Pressure (Diastolic):85

Smoking history (Screening):Ex smoker Date Recorded:20 Dec 2017

Smoking history (Encounters):Ex smoker Date Recorded:20-Dec-2017

Alcohol history (Screening):Teetotaler Date Recorded:03 Oct 2016

Alcohol history (Encounters):Teetotaler Date Recorded:03-Oct-2016



| 1. DETAILS | | | | | | | | | | |
|---|---|----------------------------------|---|---|---|---|---|---|--------------------|----|
| Name of Referred Person: <i>Hilda Inverarity</i> | Date of Birth: <i>16/09/64</i> | CHI number: <i>1609641167</i> | | | | | | | | |
| Address: <i>14 Fleets View TRAMONT EH33 2QA</i> | Contact Telephone number(s): <i>07534810273</i> | | | | | | | | | |
| Email Address (optional): | GP Details: | | | | | | | | | |
| Other Professionals involved (if relevant): <i>Outpatients appt.</i> | Advise phone call or text within 24hrs is default contact method. Alternative instructions for contact (method, 2nd named contact etc; optional): | | | | | | | | | |
| Best time to contact: Anytime <input checked="" type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> | | | | | | | | | | |
| 2. REFERRER'S DETAILS | | | | | | | | | | |
| Name of Referrer: <i>Ross Cotter</i> | Job Designation: <i>RMN</i> | | | | | | | | | |
| Address & Contact Number of Referrer: | | | | | | | | | | |
| Email Address: | | | | | | | | | | |
| 3. FURTHER INFORMATION | | | | | | | | | | |
| Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service. Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc): | | | | | | | | | | |
| <i>Distress, low mood, suicidal ideation (overdose + stockpiling)</i> | | | | | | | | | | |
| Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc): | | | | | | | | | | |
| <i>3yr marriage breakdown. Falling out w/ daughter with no access to Granddaughter which is causing distress.</i> | | | | | | | | | | |
| Are there any known risks to self (e.g. suicidal thoughts, self harm etc), from others (e.g. physical, sexual, emotional etc), or related to substance use: | | | | | | | | | | |
| <i>Stockpiling overdose. Mixed overdose of painkillers</i> | | | | | | | | | | |
| Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 0 (No Distress) and 10 (Extreme Distress) | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| (No Distress) | | | | | | | | | (Extreme Distress) | |
| Has the individual admitted to being under the influence of alcohol or other substances at the time of referral? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refused to answer <input type="checkbox"/> | | | | | | | | | | |
| Has the Information Sheet been given to the person in distress? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| 4. TO BE COMPLETED BY REFERRER; Risks to others | | | | | | | | | | |
| Information may be disclosed to the level two provider under Data Protection Act 2018 Schedule 2, Part 1, Section 2, subject to considerations of relevancy and proportionality, if this person is known to be violent , and it is likely that the safety of the level two provider will be compromised. Please provide relevant information below. <i>Will know</i> | | | | | | | | | | |
| Signed (referrer): <i>Ross</i> | Date & Time (when seen): <i>0930 16/08/24</i> | | | | | | | | | |

Please email this referral form to Penumbra.DBIEastLothian@nhs.scot

NHS Lothian - Referral Letter

| | |
|----------------------------|---|
| Referral To | Royal Infirmary of Edinburgh at Little France Respiratory Physiology LI L Primary Care Spirometry |
| Urgency of referral | Routine |
| Date of referral | 27/03/2026 |
| Date submitted | 27/03/2026 |
| UCPN | 101039498585R |

| PATIENT DETAILS | | Contact Details | |
|------------------------|----------------------|------------------------|------------------------------------|
| CHI number: | 1609641167 | 7 THE BUTTS | Voice (Mobile) : 07534810273 |
| Name: | Mrs HILDA INVERARITY | HADDINGTON | E-mail : hildainverarity@gmail.com |
| Date of birth: | 16/09/1964 | EAST LoTHIAN | |
| Sex: | Female | EH41 4DE | |

| REFERRING PRACTITIONER DETAILS | | Practice address |
|---------------------------------------|---------------------------------|-------------------------|
| Name: | Dr. Nadeen Brown (GMC: 6115477) | Newton Port Surgery |
| Practice: | Tyne Medical Practice (76000) | Newton Port |
| Phone: | Voice : 01620 823183 | Haddington |
| | | EH41 3NF |

CLINICAL INFORMATION

Reason for Referral: 61 year old smoker with breathlessness ? COPD

Main Referral: Dear Respiratory Physiology,

Text: Hilda is a 61 year old who has smoked cigarettes since she was a teenager. She has been feeling more "wheezy" over the past few months and describes feeling breathless on exertion. She doesn't seem to have a history of recurrent infection but, given her extensive smoking history, I would be grateful if you would consider arranging pulmonary function tests.

Yours sincerely,

Kyle McLachlan

Examinations and Investigations

Description Result Date

Middle name : MARY

Investigations

Description

Has patient had previous spirometry? :

Result Date

No

Are any specific infection control measures required? :

No

I authorise any required tests for this patient, including all required medicines for the test to be administered by qualified NHS Staff? :

true

If asthma is suspected, I authorise the Respiratory Physiologist to proceed to a Challenge test if deemed appropriate. This involves inhalation of a maximum cumulative dose of 635mg Mannitol as per protocol? :

Yes

Pre-existing conditions (High & Medium Priority)

| <u>Description</u> | <u>Modifier</u> | <u>Extension</u> | <u>Start Date</u> | <u>Date Recorded</u> |
|---------------------------|-----------------|---|-------------------|----------------------|
| Pre-diabetes | | | 17/10/2025 | 17/10/2025 |
| Xanthelasma | | left sided | 17/06/2025 | 17/06/2025 |
| Seen in psychiatry clinic | New event | | 16/10/2024 | 16/10/2024 |
| [X]Adjustment disorders | New event | | 16/08/2024 | 16/08/2024 |
| Plantar fasciitis | New event | -left - seen by physiotherapy -patient happy to trial self management | 24/04/2024 | 24/04/2024 |

| | | | | |
|---|-----------|--|------------|------------|
| Seen by maxillofacial surgeon | New event | [TRUNCATED]-parotid swelling - ? Sjogrens syndrome - for USS R and L parotid glands to help confirm diagnosis 29.06.22 normal submandibular and parotid glands with no ultrasound features of Sjogre | 26/01/2022 | 26/01/2022 |
| Pancreatic cyst | New event | - very small cysts in the tail of the pancreas noted on MRI - for f/u MRI in one year | 20/08/2020 | 20/08/2020 |
| Abdominal pain | New event | related to drain site. Both drains removed and symptoms resolved | 19/07/2020 | 19/07/2020 |
| Dermatofibroma | New event | -right upper arm - biopsy has shown a benign are of scar tissue called a dermatofibroma | 16/02/2020 | 16/02/2020 |
| Fatty change of liver | New event | | 21/05/2018 | 21/05/2018 |
| Gallstones | New event | | 21/05/2018 | 21/05/2018 |
| Gastritis unspecified | New event | | 18/05/2018 | 18/05/2018 |
| Hiatus hernia | New event | | 18/05/2018 | 18/05/2018 |
| Benign paroxysmal positional vertigo or nystagmus | New event | | 22/01/2016 | 22/01/2016 |
| Notes summary on computer | New event | | 03/12/2012 | 03/12/2012 |
| [V]Breast reduction | | Bilateral | 15/11/2008 | 15/11/2008 |
| | | | 01/01/2002 | 01/01/2002 |
| Ovarian cysts | New event | LEFT SIDE COMPLEX DERMOID CYST, BENIGN | 14/12/1998 | 14/12/1998 |
| Dysmenorrhoea | New event | | 26/11/1998 | 26/11/1998 |
| Menorrhagia | New event | | 26/11/1998 | 26/11/1998 |
| Spontaneous vaginal delivery | | | 05/08/1994 | 05/08/1994 |
| Deliv by emerg caesar section | | | 24/01/1987 | 24/01/1987 |
| Oesophageal reflux | | | 01/01/1985 | 01/01/1985 |
| Hiatus hernia | | | 01/01/1985 | 01/01/1985 |
| Spontaneous vaginal delivery | | | 15/04/1984 | 15/04/1984 |
| Spontaneous vaginal delivery | | | 04/08/1982 | 04/08/1982 |

Past procedures (High and Medium Priority)

| <u>Procedure</u> | <u>Comment</u> | <u>Modifier</u> | <u>Date Performed</u> | <u>Date Recorded</u> |
|-----------------------------------|--|-----------------|-----------------------|----------------------|
| Mental health review | (CWIC) | New event | 25/02/2025 | 25/02/2025 |
| Mental health review follow-up | - CWIC face to face | New event | 20/01/2025 | 20/01/2025 |
| Mental health assessment | CWIC F2F follow up - low mood with flat affect and tearfulness | New event | 24/12/2024 | 24/12/2024 |
| Mental health assessment | - CWIC face to face. Reports taking an overdose 10 days ago but has not done anything since. Suicidal thoughts daily | New event | 12/12/2024 | 12/12/2024 |
| Cognitive-behaviour therapy | - Penumbra | New event | 16/08/2024 | 16/08/2024 |
| Laparoscopic cholecystectomy | (subtotal) | New event | 13/07/2020 | 13/07/2020 |
| Diagnostic fibreoptic gastroscopy | | New event | 18/05/2018 | 18/05/2018 |
| CLO test negative | | New event | 18/05/2018 | 18/05/2018 |
| Bowel cancer screening programme | NEGATIVE | New event | 30/09/2014 | 30/09/2014 |
| Hormone replacement therapy | | New event | 02/01/1999 | 02/01/1999 |
| TAH and BSO | | | 28/12/1998 | 28/12/1998 |
| Omentectomy | | | 28/12/1998 | 28/12/1998 |
| Female sterilisation op. NEC | | | 01/06/1995 | 01/06/1995 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|---|--------------------|--|------------------|-----------------------|-----------------|-----------------------------|
| Mirtazapine 30mg tablets | tablet | 1 TABLET ONCE A DAY AT NIGHT.[more] | | 17/07/2025 | | 19/02/2026 |
| Atorvastatin 40mg tablets | tablet | TAKE 1 TABLET ONCE A DAY | | 17/07/2025 | | 19/03/2026 |
| Omeprazole 20mg gastro-resistant capsules | capsule | 1 CAPSULE ONCE A DAY | | 17/07/2025 | | 06/02/2026 |

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

| <u>Drug name</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> | <u>Last Prescribed Date</u> |
|--|--------------------|---|------------------|-----------------------|-----------------|-----------------------------|
| Nitrofurantoin 100mg modified-release capsules | capsule | TAKE 1 CAPSULE TWICE A DAY FO[more] | | 22/01/2026 | | 22/01/2026 |
| Mirtazapine 30mg tablets | tablet | 1 TABLET ONCE A DAY AT NIGHT.[more] | | 17/07/2025 | | 19/02/2026 |

Clinical warnings**Allergies**

| <u>Description</u> | <u>Comment</u> | <u>Modifier</u> | <u>Start Date</u> | <u>Recorded Date</u> |
|--------------------|---|-----------------|-------------------|----------------------|
| H/O: drug allergy | Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: Itch [M18z.12], Certainty of allergy: Possible, Severity of allergy: Moderate. | | 20/01/2023 | 20/01/2023 |
| H/O: drug allergy | Drug code for allergy: Trimethoprim 100mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | 17/01/2023 | 17/01/2023 |
| H/O: drug allergy | Drug code for allergy: Nicotinell TTS 20 patches (Dr Reddy's Laboratories (UK) Ltd), Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. | | 28/11/2001 | 28/11/2001 |

Additional information

Patient Weight in Kilograms:67

Patient Height in Metres:1.55

Patient BMI:27.8

Patient Blood Pressure (Systolic):127

Patient Blood Pressure (Diastolic):73

Smoking history (Screening):Cigarette smoker Date Recorded:30-Jun-2025

Smoking history (Encounters):Cigarette smoker Date Recorded:30-Jun-2025

Alcohol history (Screening):Teetotaller Date Recorded:30-Jun-2025

Alcohol history (Encounters):Teetotaller Date Recorded:30-Jun-2025

NHS Lothian - Imaging Request

| | |
|----------------------------|---|
| Referral To | East Lothian Community Hospital Clinical Radiology LI Radiology Plain X-ray |
| Urgency of referral | Routine |
| Date of referral | 27/03/2026 |
| Date submitted | 27/03/2026 |
| UCPN | 101039498680Z |

| <u>PATIENT DETAILS</u> | | Contact Details | |
|-------------------------------|----------------------|------------------------|------------------------------------|
| CHI number: | 1609641167 | 7 THE BUTTS | Voice (Mobile) : 07534810273 |
| Name: | Mrs HILDA INVERARITY | HADDINGTON | E-mail : hildainverarity@gmail.com |
| Date of birth: | 16/09/1964 | EAST LoTHIAN | |
| Sex: | Female | EH41 4DE | |

| <u>REFERRING PRACTITIONER DETAILS</u> | | Practice address | |
|--|----------------------------------|-------------------------|--|
| Name: | Dr Kyle McLachlan (GMC: 7711588) | Newton Port Surgery | |
| Practice: | Tyne Medical Practice (76000) | Newton Port | |
| Phone: | Voice : 01620 823183 | Haddington | |
| | | EH41 3NF | |

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: 61 year old. has smoked since teenage years. more breathless over last few months. no cough. O/E chest clear with good air entry. arranging PFTs ?COPD but requesting CXR as part of work up. ? any evidence malignancy

CLINICAL INFORMATION

Examinations and Investigations

Description Result Date

Middle name : MARY

Investigations

Description Result Date

Dyspnoea : true

Please provide smoking status : Smoker

Could the patient be pregnant? : Blank

Signature of requesting doctor **Designation** **Date** **PATIENT INFO - Call Monday to Friday only**
Radiology Departments – to arrange

appointments:

| | | |
|---|-----------------|---------------|
| East Lothian Community Hospital (Roodlands) | 8:30am - 4:00pm | 0131 536 6400 |
| Lauriston Building | 8:30am - 4:00pm | 0131 536 6400 |
| Leith Community Treatment Centre | 8:30am - 4:00pm | 0131 536 6400 |
| Midlothian Community Hospital | 9:15am - 4:00pm | 0131 536 6400 |
| Royal Hospital for Sick Children - U16s Only | 8:30am - 4:00pm | 0131 536 6400 |
| Royal Infirmary of Edinburgh | 9:00am - 5:00pm | 0131 536 6400 |
| St John's Hospital | 8:30am - 5:00pm | 0131 536 6400 |

Radiology Reports

US Upper Abdomen

US Upper Abdomen

Clinical details

US Upper Abdomen

Markedly deranged LFTs in patient with no alcohol intake. Also has increasing dyspepsia and upper abdo discomfort. Referral to GI also being made. Many thanks. / Ultrasound Upper abdomen

Report

There is increased reflectivity of the liver parenchyma most likely due to fatty infiltration. The liver is normal in shape and size. No obvious focal lesions noted, however the posterior segments of the liver are not well seen. Uni directional flow is noted in the portal vein.

The gallbladder appears contracted with thickened walls and contains a 15mm gallstone. No biliary tract dilatation seen. CBD within normal limits.

Both kidneys are normal in shape and size. The spleen is normal size. The visible pancreas appears ultrasonically normal. The aorta is normal calibre. No free fluid seen.

Reporting Radiologist: Kirsty Williamson

Report Information

Requestor MCBRIDE, VICTORIA

Requesting Location Tranent Medical Practice LLP

Report Identifier 29688609

Sample Date 21/05/2018 09:30:00

XR Chest

XR Chest

Clinical details

XR Chest

55F presents with acute onset upper abdo pain, worst in epigastrium. No radiation through to back. Prev SHx includes TAH. ?free air

Report

No free subdiaphragmatic gas. Normal heart and mediastinal contours. The lungs are clear. Unremarkable bony thorax.

Dr Kenneth Muir

Consultant Radiologist, RIE

kenneth.muir2@nhs.net

Reporting Radiologist: Dr Kenneth C Muir

Report Information

Requestor Richards, Ellenor

Requesting Location (RIESOE) RIE,Surgical Observ. Emergency

Report Identifier 36033175

Sample Date 09/07/2020 21:06:00

MRCP

MRCP

Clinical details

MRCP

****HOT CLINIC**** GS on US in 2018 presents with worsening episode of epigastric pain. Much longer than usual episodes. Pain has settled in department however LFTs significantly deranged. ALT 111 ALP 221 GGT 490 ?ductal stone ?biliary obstruction ?hepatosteator

Report

Comparison with previous ultrasound dated 21/05/18.

Large gallstone is seen within the gallbladder neck measuring 23 x 16 mm. Gallbladder wall is mildly thickened and there is biliary sludge layering within the fundus. Trace of pericholecystic fluid. Normal insertion of the cystic duct.

No intrahepatic or extrahepatic biliary dilatation. CBD measures 4 mm and tapers normally to the ampulla. No intraductal filling defects or stricturing disease. No evidence of Mirizzi syndrome. Posterior sectoral duct inserts into the common hepatic duct approximately 5 mm below the right and left main hepatic ducts.

Pancreatic duct is normal in calibre and origin. No focal liver or pancreatic lesions. Unremarkable partially visualised spleen, adrenal glands and both kidneys. No upper abdominal free fluid or nodal enlargement.

Opinion

Large gallstone within the gallbladder neck. No biliary dilatation or evidence of choledocholithiasis.

Reported by Dr S Eljamel (Consultant Radiologist) (RIE)

Reporting Radiologist: Dr Sarah Eljamel

Report Information

Requestor Richards, Ellenor
Requesting Location (RIESOE) RIE,Surgical Observ. Emergency
Report Identifier 36033297
Sample Date 10/07/2020 22:07:00

CT Abdomen/Pelvis With Contrast

CT Abdomen/Pelvis With Contrast

Clinical details

CT Abdomen/Pelvis With Contrast

Admitted with pain around abdominal drain site. 2x abdominal drain in situ following subtotal cholecystectomy 7/7 ago. WCC 12.6 and CRP 125. minimal in drain bags today. ?collection ?bile leak

Report

CT abdomen/pelvis with contrast. Reference is made to the recent MRCP 10/7/20.

Subtotal cholecystectomy noted. A single right sided surgical drain is in situ with tip lying in the gallbladder bed. A small gallbladder remnant is noted. There is minor stranding in the adjacent fat but no collections. There is no intra or extrahepatic biliary dilatation. No free gas. Minor expected postsurgical change in the subcutaneous tissues, no collections.

Unremarkable liver with no focal liver lesions. Portal, SMV, splenic and hepatic veins are patent. Unremarkable spleen, pancreas, kidneys and adrenal glands. Thin-walled urinary bladder is unremarkable. Normal calibre abdominal aorta with minor atheroma only. Hysterectomy noted. No pelvic masses. Scattered diverticula but no CT evidence of diverticulitis. Mild faecal loading throughout the colon, otherwise unremarkable appearance of the unprepared bowel. Normal appendix. No size-significant abdominal or pelvic nodes.

There is segmental atelectasis in the right lower lobe. The imaged lung bases are otherwise clear. No sinister bony lesions of the scanned skeleton.

Opinion:

Subtotal cholecystectomy noted. Expected post surgical change. No collections

Verified by Dr. F. Minns.

Consultant Radiologist, RIE.

Reporting Radiologist: Dr Fiona Minns

Report Information

Requestor Campbell, Paul
Requesting Location (RIE106) RIE Ward 106
Report Identifier 36101910
Sample Date 20/07/2020 09:18:00

MRCP

MRCP

Clinical details

55F with BG: hiatus hernia, total hysterectomy, D6 post subtotal cholecystectomy. Presenting with increased pain around drain site, feeling feverish, reduced appetite, assoc with change of drain to bright yellow fluid. Assoc rise in CRP to 125, and WCC 12.6. Obs stable. On IV triple therapy. Suspect bile leak. Would like targeted imaging of biliary tree please.

MRCP: Comparison with 10/07/20 and CT from earlier today.

Collapsed gallbladder remnant, with drain tip within the gallbladder bed. Traces of RUQ fluid in keeping with post-operative status, with no evidence of free bile leak or collection. Normal calibre biliary tree (CBD measures 4 mm). The CBD also tapers normally, with no filling defect within. Normal pancreatic duct. Two tiny cysts within the pancreatic tail (2 mm and 3 mm), which appear separate from the main pancreatic duct.

Normal insertion of the posterior sectoral and cystic ducts.

Normal liver, spleen, adrenal glands, kidneys and imaged unprepared bowel.

Right basal atelectasis/small volume consolidation. No concerning lymph node or bone lesion. Right-sided subcutaneous oedema, within normal post-operative limits.

Opinion:

1. Post-operative appearances, with no bile leak demonstrated.
2. Very tiny cysts within the pancreatic tail. HPB discussion regarding follow-up is advised.
3. Right lower lobe atelectasis/consolidation.

Reported by Dr L Gibson, ST5 Clinical Radiology, GMC 7070380, lornagibson1@nhs.net, LG76

Checked by Dr F Minns, Consultant Radiologist.

Reporting Radiologist: Dr Lorna Gibson

Report Information

Requestor Godson, Emma
Requesting Location (RIE106) RIE Ward 106
Report Identifier 36100254
Sample Date 20/07/2020 23:46:00

MRCP

MRCP

Clinical History

Small pancreatic cysts reported on last MRCP and HPB RV suggested. For follow-up MRCP in a year please, ? changing. Thanks (August 2021)

5029108 23/08/2021 MRCP

Standard sequences.

Comparison: CT urogram and MRCP of 20/07/2020

Findings:

Tiny 3 mm pancreatic tail cyst noted, no change since MRCP 1 year ago. A slightly more proximal cyst in the tail measuring just 2 mm of visualised and also unchanged. No clear communication with duct is demonstrated. No new focal pancreatic abnormality. No pancreatic duct dilatation. The remainder of the pancreatic parenchyma appears normal.

Subtotal cholecystectomy with gallbladder remnant noted.

No biliary dilatation.

Normal liver parenchyma.

Normal kidneys, spleen and adrenal glands.

No gross mass lesion of the imaged colon.

There are small periportal nodes, unchanged from previous; no size significant upper abdominal nodes.

No gross lung base lesion.

No focal skeletal abnormality.

Opinion:

The 2 tiny pancreatic tail cysts described on the previous MRCP are unchanged, see key images.

No new abnormality.

—
Dr Colette Macrosson. GMC: 7266345

Radiology Registrar. nicollette.macrosson@nhslothian.scot.nhs.uk

Checked by Dr. Minns, consultant radiologist

Reporting Radiologist: Dr Nicolette Macrosson

Report Information

Requestor Thomasset, Dr Sarah C
Requesting Location (RIE106) RIE Ward 106
Report Identifier 36307167
Sample Date 23/08/2021 19:00:00

US Salivary Glands (Parotid)

US Salivary Glands (Parotid)

Clinical History

pt. intermittent swelling left and right parotid ??sjrogens??

6209254 12/04/2022 US Salivary Glands (Parotid)

Normal submandibular and parotid glands bilaterally with no evidence of intra or extra glandular duct dilatation, calcification, mass or collection. No ultrasound features of Sjogren's.

No cervical lymphadenopathy.

—
Dr Helen Reid. GMC: 3431526
Consultant Radiologist.

Reporting Radiologist: Dr Helen S Reid

Report Information

Requestor Henderson, Dr Simon
Requesting Location (SJHOPD4) OPD 4, SJH
Report Identifier 41136420
Sample Date 12/04/2022 10:00:00

US Upper Abdomen

US Upper Abdomen

Clinical History

"USS upper abdomen pleaseAbnormal LFTsHx cholecystectomy subsequent MRCP and CT - 2 tiny pancreatic cysts, not worryingDue repeat MRCP around September 2023. Recent dyspepsia, vomited x 1 Flatus orallyo/e abdo SNT no masses palp?any pathology visible on USS " /
Ultrasound Upper abdomen

7102285 31/01/2023 US Upper Abdomen

Reference is made to previous examinations including MRCP from August 2021.

The liver appears normal in size and shape, hyperechoic in reflectivity suggestive of fatty infiltration. There are several tiny hyperechoic calcifications in the right lobe - probable granulomas. No other type of focal lesion seen.

Hepatopetal flow is demonstrated in the portal vein.

Subtotal cholecystectomy with gallbladder remnant noted. CBD and biliary tree appear normal with no intrahepatic duct dilatation or retained stones seen.

Both kidneys, spleen, head and body of pancreas and aorta appear normal. The tail of pancreas and previously reported pancreatic cysts could not be seen. No free fluid.

—
Jamie Pattinson. HCPC: RA52246
Sonographer.

Reporting Radiologist: Jamie Pattinson

Report Information

Requestor SMAIL, JOANNA
Requesting Location Tranent Medical Practice LLP
Report Identifier 44401580
Sample Date 31/01/2023 10:20:00

MRCP

MRCP

Clinical History

2 very small pancreatic cysts. Repeat MRCP 2 years please, as per protocol. Many thanks

5872460 30/08/2023 MRCP

Comparison to previous MRCP dated 23/08/2021.

Stable small pancreatic tail cysts, measuring 2 and 3 mm in maximum diameters.
No new pancreatic lesions. No pancreatic duct dilatation.

Subtotal cholecystectomy. No biliary tree dilatation.
Normal liver, spleen, kidneys and adrenal glands.
Unremarkable appearances of the partially imaged bowel.
No enlarged upper abdominal lymph nodes.

Opinion: Two small cysts within the pancreatic tail, unchanged in size.

—
Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reporting Radiologist: Dr Joanna W Davis

Report Information

Requestor Thomasset, Dr Sarah C
Requesting Location (RIEOPD4F) RIE OPD4 Front Desk Outpatient Department
Report Identifier 39758685
Sample Date 30/08/2023 17:30:00

XR Chest

XR Chest

Clinical History

"61 year old. has smoked since teenage years. more breathless over last few months. no cough. O/E chest clear with good air entry. arranging PFTs ?COPD but requesting CXR as part of work up. ? any evidence malignancy " / Chest

9999966 02/04/2026 XR Chest

Comparison to previous dated 09/07/2020.

Normal heart size and mediastinal contours.

The lungs are clear.

No pleural effusions.

Unremarkable bony thorax.

Cholecystectomy clips.

—
Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reporting Radiologist: Dr Joanna W Davis

Report Information

Requestor MCLACHLAN, KYLE
Requesting Location Tyne Medical Practice
Report Identifier 55102764
Sample Date 02/04/2026 09:35:00