Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

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

Date: 26/06/2026
Your Ref: 100839
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: LISA HUGHES **D.O.B: 17/01/1980**

Thank you for your request received 02ND June 2026 in which you seek a copy of your client's personal information.

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

PRINCESS ROYAL MATERNITY RECORDS

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Subject Access Request Team

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☑		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

Maternity Summary Record

Please use black ink

CONFIDENTIAL

Personal details

CHI

64057442B
HUGHES F
LISA ROSEMARY 17/01/1980
2/2 5 Mossview Quadrant
GLASGOW G52 2TU
CHI-1701806541

Surname/f
First name
Likes to be
Address
Postcode
Home ☎
Other ☎
Other ☎

Parity 1+0 Agreed EDD 26/3/08

LMP 2/7/07 Blood group A Pos

Thrombosis risk

Allergies

nil

Change of details

Address

Postcode

Home ☎

Other

Booked @ S-G-H.

Previous pregnancies

	Date	Outcome	Sex	Weight	
1					
2					
3					
4					
5					
6					

Health issues/special features (including regular medications)

twins

GP B strep on NHS 11/1/08

Planned type of antenatal care/place of birth

Lead professional

Designation

Change(s) to type of antenatal care/place of birth

Reason

Signed / /

Likes to be called

First name(s)

Surname/family name

Name _____ CHI

Personal details

Ethnic group

Current religion or faith

Language used at home

Help needed with interpreting, communicating or advocacy No Yes

Cultural requirements/details on the above

Occupation

Health and safety advice needed No Yes

Maternity benefits advice needed No Yes

Details on the above

Social circumstances/family support

Referrals

/ /	To
/ /	To
/ /	To

Health status BMI at booking

Specific dietary needs No Yes

Smoking status

At risk of passive smoking No Yes

Problem drug/alcohol use No Yes

Details of any of the above

Domestic abuse

Seen alone at booking No Yes

Issue raised at booking No Yes

Issue raised on / / at weeks

Comments

Child protection

Issues first identified on / /

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

Key professionals

Named midwife

Midwifery team

Base

☎

Obstetrician Dr Bain

Clinic

☎

Health Visitor

Base

☎

Social Worker

Base

☎

General Practitioner

Base

☎

Practice code

Other

Designation

Base

☎

Other

Designation

Base

☎

VERSION 1.0 MARCH 2004

Name ______________________ CHI [| | | | | |] [| | |]

Partner/supporter details
Name
Relationship
Address

Postcode
Home ☎
Other ☎

Please tick if emergency contact ☐

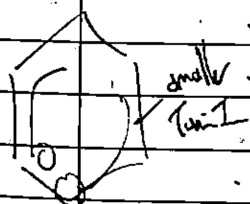
Alternative/emergency contact
Name
Relationship
Address

Postcode
Home ☎
Other ☎

Directions to home

Booking completed by .... Print .... Designation ....

Date [/ /] Gestation [weeks] Location ....

Date	Gestation	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry		
8/2/8	33+3	I.UT from JGH P5+0 33+3
20:00		geot twin pregnancy confirmed
		SRM
		O/E well looking
		T36.2 P80 BP 110/70
		O/E Abd soft not tender
		Tw I long lie
		cephalic pres
		Tw II ? Breech
		FHx2 H FMF++
		CTG commenced
		for medical R/V
		MHomo
		MW
8/2/8	21:40	28y P5+0 c̄ DCDA twins @ 33+3 : SROM from SGH
		SROM at 11:00 on 8/2/8 confirmed - growth discordance noted
		[illegible] on [illegible] - GBS positive
		had [illegible] in December 07.
		 TAS : Twin I cephalic, FH+, no [illegible] cord [illegible]
		Twin II cephalic, FH+, normal LV
		has been discussing mode of delivery, 5 SVDs previously
		CTG reactive x2, no VA at [illegible]
		→ transfer 68, aim for vaginal delivery given parity, cephalic 2 [illegible]
		[illegible] in labour.

VERSION 1.0 MARCH 2004

Name _____ CHI | | | | | | | | | | |

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
8.2.08	33+4	Welcomed and orientated to ward 68. On arrival
23:15		looks well clear liquor PV only. no uterine activity.
		Mw observation knows to contact staff if any concerns. IV access with
		requesting tea same given
		A Lang (m/w)
		Loughrea
9.2.08	06:00	Blood results via computer
		Hb 9.9
		WCC 13.5
		Plts 328
		'A' +ve Pos.
		A Lang (m/w)
		Loughrea
9.2.08	06:30	Slept well overnight, clear
		liquor PV o regular
		uterine activity. A Lang (m/w)
		Loughrea
9/2/08		
33+4 wks	0900	Well this am T 36.8 P 106 BP 87/46 otw
		draining clear liquor PV o/a foll
		FmFx2 ✓ External CTG monitoring
		Commenced. L Timpson
9/2/08	9.50a	Well. DCDA 33+4
		SRM.
		No UA.
		Had steroids
		on erythromycin
		Plan/ observe
		WCC / CRP.
		USS 11/2.
		to see reg

Name Lisa Hughes CHI

Maternity Summary Record (continued)

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
9/2/08	10[15] 33+4	CTG reactive x2 ✓✓ – Discontinued. Paedo asked to come and review L Tinpoa S/L
9/2/08		Neonatal Reg Notes:
4.00 AM		Called to speak to mum re: Preterm twins delivering. Spoken to Miss Hughes (Lisa). Told her what to expect in the unlikely event of preterm delivery. Lisa very satisfied & happy c discussion. Lokhadwala Reg, Neonates
9/2/08	18[00]	T 36.1 P 96 BP 112/66, clear liquor/ PV - c/o irregular tightenings – analgesia declined/ advised not to leave ward area/ inform staff if ↑ etc. FMF x2 ✓ L Tinpoa S/L
	18[30]	
10/2/08	09[10] 33+5	BP 102/59 P 92 T 36.7°C Looks & feels well. Aware of irregular tightenings, not requiring analgesia. Clear liquor PV. Aware of FM's from both twins. O/P Twin I – Long lie Cephalic presentation Head 4/5ths palpable. FHH (R). Twin II Long lie

Name Lisa Hughes CHI 17 01 80 6541

Maternity Summary Record (continued)

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
10/2/08	ctd	Cephalic presentation FHH (R) CTG monitoring x 2 commenced. M/W (Tourish) (TOURISH)
	09[50]	CTG - Twin I - baseline ~ 145bpm good variability, accelerative. Twin II - baseline ~ 155bpm good variability, accelerative.. Tracings discontinued. (Tourish
10-2-08	10cm.	WR. Not at bedside just now No acute problem
10/2/08.	22[00]	Obs BP 117/58 P 95 T 36.9 oC clear liq PS. abdo pain P Allen (RM)
11/2/08	10.00	FBL & CEP obtained BP 101/60 P. 101 T. 36.4°C Twin I, cephalic presentation Twin II cephalic presentation FMF by mother CTG Commenced SMW M. Mitchell
	10.40	Twin I - baseline 155 bpm, reactive Twin II - baseline 140 bpm, reactive M. Mitchell
	15[05] —	PS 3376
	—	SRM 8/2. Had thrush Rx Erythromycin.
	—	CEP 5 Temp @ — Clear fluid
	—	CTG x 2 OK.
	—	NAD 2 bkd — wishes to go home + deliver SFH.
	—	See Dr Gibson tomorrow as planned.

Name Lisa Hughes CHI 170180 6541

Maternity Summary Record (continued)

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
14/2/08.		For home
		Home on Entonox an Tripple Iron.
	33+6	
		Has appointment at SGH tomorrow 1.30 pm – Dr Gibson.
		Will phone if any – UA – Ligour changes. – Worries
		VMCarthur MW VMCARTHUR
15.2.08		MW letter Please → Needs tripple iron SSL Boundary

Name _____ CHI

Maternity Summary Record (continued)

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		

DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY

CPA ACCREDITED LABORATORY

North Glasgow University Hospitals Division
Glasgow Royal Infirmary ☎(0141)-211-5165

Surname	Forename	Date of Birth	Sex	Hospital Number	CHI Number
HES	LISA ROSEMARY	17.01.80	F	64057442B	

	Postcode	Consultant / GP	Hospital ward / GP Practice
2/2 5 MOSSVIEW QUAD	G52 2TU	MCKENZIE	
	Hospital / GP: PRM	Ward / Clinic: Ward 68 (PRM)	

Date and Time Received	Laboratory Number	Clinical Information
11.02.08 10:20 HRS	5051519	33 WKS PROM

Date Withdrawn	WBC x10⁹/L (4.0–11.0)	NEUT x10⁹/L (2.0–7.5)	LYMP x10⁹/L (1.5–4.0)	Hb g/dL (M 13.0–18.0 F 11.5–16.5)	RBC x10¹²/L (M 4.5–6.5 F 3.8–5.8)	Hct l/L (M 0.40–0.54 F 0.37–0.47)	MCV fl (76–99)	MCH pg (27–32)	RDW % (11.5–14.5)	Retic x10⁹/L (50–100)	Plts x10⁹/L (150–400)	ESR mm/hr (M<10 F<12)
08.02.08	13.5	8.7	3.4	9.9	3.42	0.309	90	28.9	13.9		328	
11.02.08	10.7	6.6	2.7	* 9.8	3.44	* 0.312	91	28.5	14.2		332	

	NEUT x10⁹/L (2.0–7.5)	LYMP x10⁹/L (1.5–4.0)	MONO x10⁹/L (0.2–0.8)	EOS x10⁹/L (0.04–0.4)	BASO x10⁹/L (0.01–0.1)	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test
Analyser Diff	6.6	2.7	* 1.1	0.28	0.01						

nments

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

CHECKED BY (PRINT)	
FILE PLEASE	
FOR APPOINTMENT	
REPEAT TEST	
PRESCRIPTION	
NOTES PLEASE	01/2
SHOW TO	
INFORM CP/PATIENT	
ACTION BY — TO FILE	
DATE	

Haematologist

FULL BLOOD COUNT | Reported On 11.02.08 11:30HRS | Authorised By Auto Check

PRINCESS ROYAL MATERNITY HOSPITAL ULTRASOUND REPORT

PATIENT NAME

64057442B F
HUGHES
LISA ROSEMARY 17/01/1980
2/2 5 Mossview Quadrant
GLASGOW G52 2TU
CHI-1701806541

DATE OF BIRTH

ADDRESS

HOSPITAL NUMBER

Single/Twins/Triplets

LMP

EDD (BY DATES)

Ultrasound = dates YES/NO

EDD (BY SCAN)

BOOKING DATA AND EARLY PREGNANCY SCANNING

Date			
Menstrual age			
Ultrasound age			
Fetal number			
Fetal heart			
CRL			
BPD			
FL			
Yolk sac			
Second sac			
Placenta			
Membrane separation			
Molar changes			
Pelvic mass/IUCD			
Comment			
Review			
Operator			

POSTNATAL SCANS

Date			
Indication	Comment	Comment	Comment
Review			
Operator			

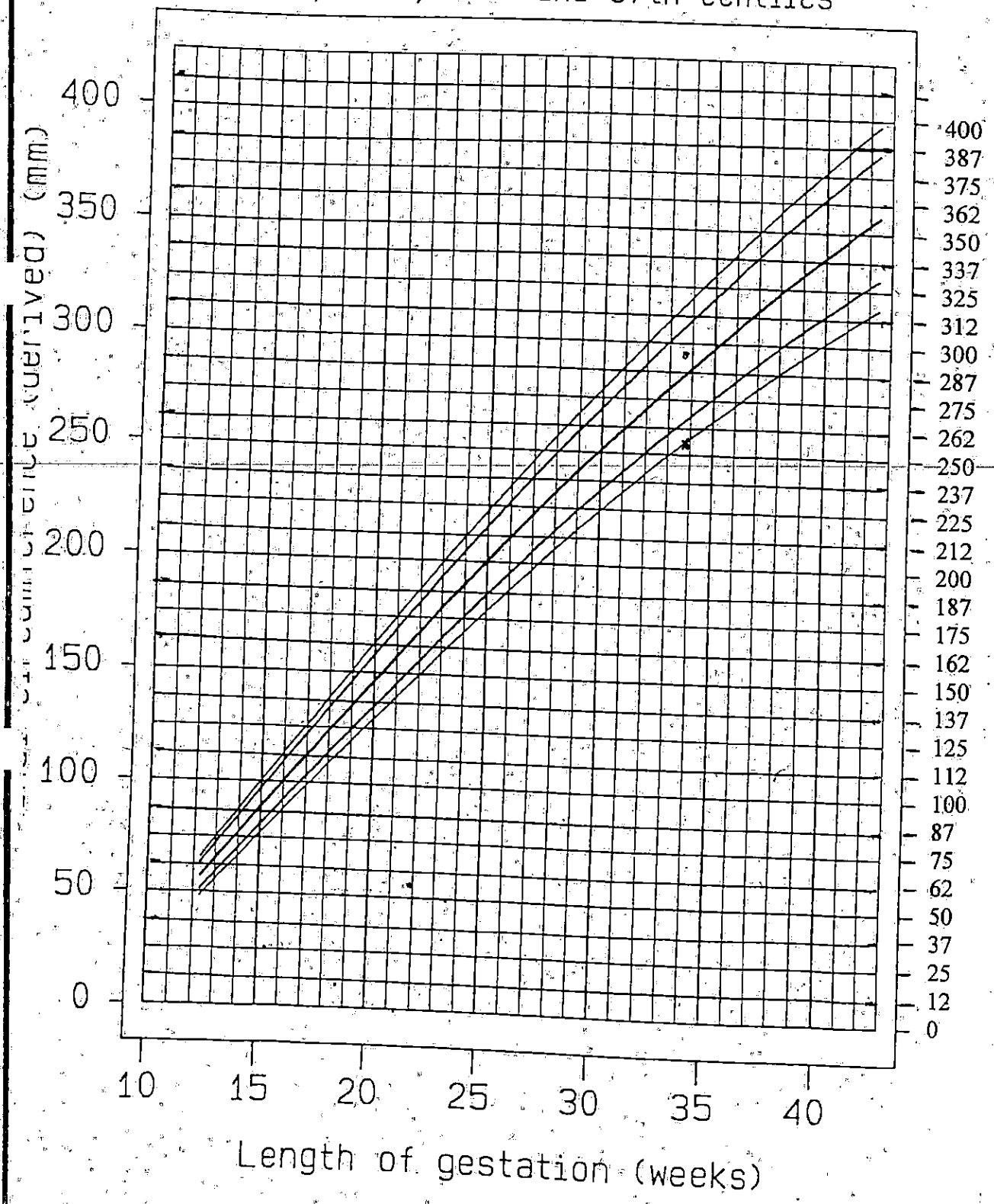
64057442B
HUGHES F
LISA ROSEMARY 17/01/1980
2/2 5 Mossview Quadrant

GLASGOW G52 2TU
CHI-1701806541

Tw I - x
Tw II - o.

ABDOMINAL CIRCUMFERENCE (derived)

3rd, 10th, 50th, 90th and 97th centiles



C/DGA 30 August 1991

FETAL GROWTH, BIOPHYSICAL PROFILE AND DOPPLER

Date	10/02/08.		
Gestational age	(1) 33+6 (1)		
Presentation	Ceph→Lt Ceph→Rt		
Fetal heart	+ve - 4ch - +ve		
BPD			
CI			
HC	300 305		
CC			
AC	254 298		
FL	64 69		
EFW			
HC/AC			
Amniotic fluid	DVP.		
AFI (4 quadrant)	2.6 5.6.		
Fetal movements	active active.		
Tone			
Breathing			
BPP score/8			
UA RI	Normal Normal		
UA PI	– EDF present.		
AO RI			
AO PI			
ID CER RI			
D CER PI			
cental site	Post Ant		
cental grade	– nil/none		
mment	Fetal stomach, kidneys, bladder ×2 seen		
	[signature] CS1		

TPR - 4 HOURLY
ADULT

64057442B
HUGHES
LISA ROSEMARY F 17/01/1980
2/2 5 Mosaview Quadrant
GLASGOW G52 2TU
CHI-1701806541

UNIT NUMBER | WARD No.

CONSULTANT
Dr Bain

DATE	8/2/8	9,2,08	10/2/08	11/2/08			
TIME	0/a	08 00 14 00 18 00 22 00	09 00 14 00 18 00 22 00	10.15			

TEMPERATURE: 41° 40° 39° 38° 37° 36° 35°

PULSE: 150 140 130 120 110 100 90 80 70 60

RESPIRATION: 50 45 40 35 30 25 20 15 10

B.P.	110/70	87/46 112/66	102/59 117/58	101/60			

02-473

PRESCRIPTION FORM

Hospital Name: ....

PATIENT DETAILS

Name: 64057442B
HUGHES F
Hospital: LISA ROSEMARY 17/01/1980
2/2 5 Mossview Quadrant
DOB: GLASGOW G52 2TU
CHI-1701806541

Height:

Weight:

Surface area:

Date of Admission: 8/2/8

Date of writing discharge prescription: __/__/__

Consultant Name:

Ward:

Date and time this form prepared:	Sheet No	2nd Prescription in use
9/2/8 Time: 0555	....	Yes or NO

DRUG SENSITIVITIES

NKDA. IUT from SGH.

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐

PCA and other infusions ☐

Anticoagulants: Heparin ☐

Oral ☐

Topical: ☐

TPN: ☐

Enteral Nutrition: ☐

Oxygen Therapy: ☐

Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMIN TRATION

		DATE	8	9	10	11
		MONTH	2	2	2	2

J

DRUG: ERYTHROMYCIN

DOSE	ROUTE	DATE	STOPPED DATE:	INITIALS:
250mg	O	8/2/18		

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: FOR 10 DAYS.

Time	8	9	10	11
Other time				
0700-0900 ✓	X	CS	[illegible]	[illegible]
1200-1400 ✓	X	LT	[illegible]	[illegible]
1600-1800 ✓	X	LT	[illegible]	
2200-2400 ✓	[illegible]	[illegible]	PA	
Other time				

FOR DOCTORS USE ONLY

K

DRUG: FERROUS SULPHATE

DOSE	ROUTE	DATE	STOPPED DATE:	INITIALS:
200mg	PO	9/2/18		

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	8	9	10	11
Other time				
(0700-0900)	✓	x	[illegible]	[illegible]
(1200-1400)	✓	LT.	[illegible]	[illegible]
1600-1800				
(2200-2400)	✓	[illegible]	PA.	
Other time				

FOR DOCTORS USE ONLY

L

DRUG: ASCORBIC ACID

DOSE	ROUTE	DATE	STOPPED DATE:	INITIALS:
100mg	PO	9/2/18		

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	8	9	10	11
Other time				
(0700-0900)	✓	x	[illegible]	[illegible]
1200-1400				
1600-1800				
(2200-2400)	✓	[illegible]	PA	
Other time				

FOR DOCTORS USE ONLY

M

DRUG: FOLIC ACID.

DOSE	ROUTE	DATE	STOPPED DATE:	INITIALS:
5mg	PO	9/2/18		

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	8	9	10	11
Other time				
(0700-0900)	✓	✓	[illegible]	[illegible]
1200-1400				
1600-1800				
2200-2400				
Other time				

FOR DOCTORS USE ONLY

Nurse/Midwife Administration by Protocol - Authorised Nurses/Midwives Or

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: 9/2/18

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**
   Millilitre = **ml** Microgram: **to be written in full.**
   Units: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

   Intravenous = **IV** Oral = **O**
   Subcutaneous = **SC** Per rectum = **PR**
   Inhalations = **INH** Topical = **TOP**
   Sublingual = **SL** Nasogastric = **NG**
   Intramuscular = **IM** Vaginal = **PV**
   Intradermal = **ID**

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 7, 07/2005

HOSPITAL MEDICINE PRESCRIPTION FORM

THIS R[illegible]UST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

PRINCESS ROYAL MATERNITY
16A [illegible]A PARADE
GLASGOW [illegible]1 2ER
Telephone 0141 211 5400

FORM No. 61084

Dear [illegible]

Your [illegible]
64057442B
HUGHES F
Age... LISA ROSEMARY 17/01/1980
Addr 2/2 5 Mossview Quadrant
GLASGOW G52 2TU
CHI-1701806541

Under the care of .....

was seen as an outpatient/discharged from ward* 68 on 11/2/08

with a diagnosis of PROM 33 weeks

Please TICK box if child proof containers are UNSUITABLE ☐ twins.

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment ***from date of discharge*** is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.

(A SEVEN DAYS SUPPLY HAS/HAS NOT* BEEN DISPENSED BY THE HOSPITAL.)

(*Delete as applicable)

Note to hospital prescriber:

(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark "INDEFINITE".
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration					Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength Supplied by Pharmacy.
Erythromycin	250mg	PO	✓		✓	✓			7	ERYTHROMYCIN 250mg
										611037
										EXP 03/08

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: [signature] Checked by: [signature] Date Dispensed 11/2/08

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

On Erythromycin since 8th.

MEDICATION COLLECTED BY (MESSENGER)

.....

FOR WARD USE ONLY

Received on ward by .....
Issued by .....
Date Issued .....
Signature of Patient or Representative .....

DRs. NAME IN BLOCK CAPITALS R GUPTA SIGNATURE [signature] DATE 11-2-8

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy Radiopager No. 2106

HOSPITAL MEDICINE PRESCRIPTION FORM

A/N

THIS F[illegible]UST BE COMPLETED FULLY BEFO[illegible]E IT WILL BE DISPENSED

PRINC[illegible]AL MATERNITY
16 ALE[illegible] PARADE
GLASGO[illegible] 2ER
Telephone 0141 211 5400

FORM No. 61073

64057442B F
HUGHES
LISA ROSEMARY 17/01/1980
2/2 5 Mossview Quadrant
GLASGOW G52 2TU
CHI-1701806541

Dear Dr .....
Your Patient .....
Age .....
Address .....

Under the care of .....
was seen as an outpatient/discharged from ward* 68 on .....
with a diagnosis of Anaemia
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment ***from date of discharge*** is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.
(A SEVEN DAYS SUPPLY HAS/HAS NOT BEEN DISPENSED BY THE HOSPITAL.)
(*Delete as applicable)

Note to hospital prescriber:
(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark "INDEFINITE".
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration 8am	12pm	4pm	6pm	12am	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE No. of Days Supply	Quantity, Name and Strength Supplied by Pharmacy.
Ferrous Sulphate	200mg TDS	200mg	✓		✓		✓	1/12		28×200mg Alpharma
Folic Mis	5mg TDS	5mg	✓					1/12		28×5mg CP
Bisoprolol MIS	TDS	100mg	✓				✓	1/12		28×100mg Norbrook

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: SH Checked by: _____ Date Dispensed 9-2-08

OTHER TREATMENT and COMMENTS (including details of appliances, etc.)
336 Home home
Erythro[illegible]

MEDICATION COLLECTED BY (MESSENGER)

FOR WARD USE ONLY
Received on ward by .....
Issued by .....
Date Issued .....
Signature of Patient or Representative .....

DRs. NAME IN BLOCK CAPITALS [illegible] SIGNATURE [illegible] DATE 9/2/08

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Radiologer No. [illegible]

Acute Services Division

Women and Children's Directorate

NHS
Greater Glasgow and Clyde

Southern General Hospital
8 Feb 2008.

Dear Doctor

RE:

SG00953485
LISA HUGHES
5 MOSSVIEW QUADRANT
FLAT 2/2
GLASGOW 17/01/1980
G52 2TU CHI 1701806541

Many thanks for accepting this 28yr old para 5 who is 33+3 with DCDA twins.

She had a SROM at 1400hrs today, confirmed on speculum examination. Cx appeared long + closed.

Twin 1 is cephalic, twin II transverse, scanned on 29-1-08, Good EDF x 2, EFW 1.29kg / 1.97kg.

She had steroids at 27/40 following a pr bleed. (No UTP)

She had Erythromycin 250mg and ranitidine 150mg at 1645hrs.

Past obs Hx - 5 SVD at term.

Bldgp A+ve, Hb 10.1, WBC 14.1, Plt 340, CRP 9

Many thanks,

Carolyn Chisholm

CAROLYN CHISHOLM (ST3) Bleep 7111

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40366

[redacted]

Biochemistry & Immunology ** LIVE **
ry ---- Express results

Name	D.o.B.	Sex	Loc.
HUGHES LISA ROSEMARY	17.01.80	F	PRINCESS ROYAL

.4038278.D Type Specimen
02.08 10:05 A.Diag 33+/40 PROM

.....
5.0

---

er req \ Later req \ LD

Haematology ** LIVE **
tiry. Display results Set (FBC) Full Blood Count

Surname	Inits	Sex	Loc.	Specimen
HUGHES	L	F	PR68	R,08.5051519.W

)t known by (system) Type (CE) Citrate/EDTA
)d 11.02.08

	Result	Units	Comment
	10.7	x10^9/l	
-	3.44	x10^12/l	
-	9.8	g/dl	
-	0.312	l/l	
	90.7	fl	
	28.5	pg	
	31.4	g/dl	
	14.2	%	
	332	x10^9/L	
	6.6	x10^9/L	
	2.7	x10^9/l	
+	1.1	x10^9/l	
	0.28	x10^9/l	

Bak\ Nxt\ Repts\ Lims <N>