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

NHS
Greater Glasgow and Clyde

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

Date: 17th June 2026
Your Ref:
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: LORRAINE MOFFAT **D.O.B: 02.04.1968**

Thank you for your request received 28th May 2026 in which you seek a copy of your client's personal information.

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL
NEW VICTORIA INFIRMARY
GARTNAVEL GENERAL HOSPITAL

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

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	

SGH cape record.

SOUTHERN GENERAL HOSPITAL NHS TRUST 1

SURNAME (Block Letters)	FIRST NAME	UNIT No.
MOFFAT	LORRAINE	U827602

ADDRESS	OCCUPATION	SEX	DATE OF BIRTH
223 CALLOWAY DRIVE GLASGOW		F	2-4-68

PHONE No.

CHANGE OF ADDRESS

PHONE No.

CHANGE OF ADDRESS

PHONE No.

NEXT OF KIN (Name and Address)

NAME AND ADDRESS OF OWN DOCTOR
DR LUNCH
130 STONECRAW ROAD
GLASGOW G73 2PQ.

NAME AND ADDRESS OF OWN DOCTOR

BLOOD GROUP

SENSITIVITY

UNIT CASE RECORDS

GENERAL		ORTHOPAEDIC	
INSTITUTE		PODIATRY	
MATERNITY	✓	PSYCHIATRIC	
SPINAL			

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
22/1/00	URO-GYN OP	Ramsay			
29/11/00	URO GYN OP	"			
12/1/01	DSU Gyn	Ramsay			
21/3/01	URO/GYN OP	Ramsay			

USE RED INK FOR NOTIFICATION OF DEATH — ALL OTHER ENTRIES IN BLACK

Continued

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE

SOUTHERN GENERAL HOSPITAL NHS TRUST
DEPARTMENT OF RADIOLOGY

01039014 W
MOFFAT, Lorraine
223 GALLOWAY DR, GLASGOW
DID NOT ATTEND.

24/07/01
33Y F
*DR J MORRISON/CM 24/07/01

XR 0157954
G0482762
W, RAMSAY

24/07/01 - ULT KIDNEYS

X-RAY REPORT
OPGYN

USE RED INK FOR NOTIFICATION OF DEATH – ALL OTHER ENTRIES IN BLACK

CONTRACT PAYMENT FORM

GYNAECOLOGY

MEDICAL IN CONFIDENCE

A0482762
MOFFAT LORRAINE F
223 GALLOWAY DRIVE NK
GLASGOW 02/04/1968
G42G73 4DD CHI

CONSULTANT: Ramsay WARD NO: 05a
DATE ON W.LIST:
DATE OF ADMISSION 12/11/01
DATE OF DISHCARGE/TRANSFER:

IN-PATIENT / DAY CASE

Please tick CONDITIONS		Main Diagnosis (One Only)	Tick Diagnosis
N95.0	Postmenopausal Bleeding	☐	☐
N92.0	Excessive/Frequent Menstruation	☐	☐
N92.1	Irregular Menstrualcycle	☐	☒
R87.6	Abnormal Smear	☐	☐
C54.1	Endometrial Cancer	☐	☐
C56.X	Ovarian Cancer	☐	☐
N83.2	Ovarian Cyst	☐	☐
004.9	Legally Induced Abortion	☐	☐
002.1	Missed Abortion	☐	☐
003.9	Spontaneous Abortion	☐	☐
020.0	Threatened Abortion	☐	☐
N81.4	Uterovaginal Prolapse	☐	☐
R32X	Urinary Incontinence ✓	☐	☐
Z30.2	Request for Sterilisation	☐	☐
Z31.0	Request for Reversal of Sterilisation	☐	☐
N94.6	Dysmenorrhoea	☐	☐
N73.9	Pelvic Infection - N.O.S.	☐	☐
N97.9	Subfertility	☐	☐
N80.9	Endometriosis - Site Unspecified	☐	☐
E28.3	Oestrogen Deficiency	☐	☐
Z51.2			
N75.0	Bartholins Cyst	☐	☐
R10.2	Pelvic Pain	☐	☐
000.9	Ectopic Pregnancy	☐	☐
N84.1	Cervical Polyp.	☐	☐
D25.9	Fibroid Uterus	☐	☐
N94.6	Dysmenorrhoea - Unspecified	☐	☐
N94.1	Dyspareunia	☐	☐
N84.2	Polyp of Vagina	☐	☐
OTHER CONDITIONS _____		☐	☐
_____		☐	☐
_____		☐	☐
CO-EXISTING COMPLICATING MEDICAL DISORDER _____		☐	☐
_____		☐	☐
_____		☐	☐

D.D.U. OVERNIGHT (Please Specify) _____

Please tick PROCEDURES		Tick Diagnosis
Q35.9	Laparoscopic Sterilisation	☐
Q39.9	Diagnostic laparscopy/	☐
Q41.3	Hydrotubation	☐
Q10.3	D & C	☐
Q18.9	Hysteroscopy	☐
Q11.1	Evacuation of Uterus	☐
P03.2	Marsupialisation of Bartholins Cyst	☐
Q03.3	Cone Biopsy of Cervix	☐
M45.9	Cystoscopy ✓	☐
S52.1	Insertion of Oestrogen Implant	☐
Q07.4	Total Abdominal Hysterectomy	☐
Q22.1	& Ovaries (B.S.O)	☐
Q22.1	Salpingo Oophorectomy Bilateral	☐
Q23.1	Salpingo Oophorectomy Unilateral	☐
Q22.2	Salpingectomy Bilateral	☐
Q23.3	Salpingectomy Unilateral N.E.C.	☐
Q22.3	Bilateral Oophorectomy	☐
P22.9	Pelvic Floor Repair (Manchester)	☐
P23.9	Pelvic Floor Repair	☐
Q08.0	Vaginal Hysterectomy	☐
Q29.9	Reversal Sterilisation	☐
T30.9	Laparotomy	☐
Q17.4	RAFEA	☐
Y11.4		
Q17.8	TCRE	☐
Q08.8	LAVH (Laparoscopic Assisted Vaginal	☐
Y50.8	Hysterectomy)	
Q14.6	Cerragem Pessary	☐
M52.3	Colposuspension	☐
M52.1	Suburethral Sling	☐
V55.9	I/P Bladder Physio	☐
V58.9	I/P Bladder Physio	☐
Q12.1	Insertion of I.U.C.D.	☐
Q12.4	Removal of I.U.C.D.	☐
Q51.3	Cervical Polypectomy	☐

DATE OF PROCEDURE 12/11/1

LAPARASCOPIC OPS. (Please Specify)

_____ ☐
_____ ☐
_____ ☐

OTHER PROCEDURES. (Please Specify)

_____

RUTHERGLEN HEALTH CENTRE

Tel: 0141 531 6025 (24 hrs). Tel: 0141 531 6010 (Appt. Only)
Fax: 0141 613 3450

4822624 (N)

Dr. A. D. Bremner
Dr. D. M. Reid
Dr. J. Lynch

130 Stonelaw Road
RUTHERGLEN
Glasgow , G73 2PQ

Ref: JL/AC
3 October 2000

SOUTHERN GENERAL HOSPITAL
URO-GYNAECOLOGY CLINIC

DR RAMSAY

Dear Dr Ramsay,

Re: Lorraine Moffat, D.o.B 2.4.68, 223 Galloway Drive,
Rutherglen, Glasgow, G73

Thank you for seeing this 32 year old woman who gives a one year history of recurrent "cystitis".

Lorraine has a constant feeling of dysuria of varying severities and frequency up to 10 times daily, nocturia x2 and a sensation of urgency. She also describes stress incontinence over this time.

On examination today there are no abdominal abnormalities and bimanual palpation was normal. Urinalysis and MSSU were performed and revealed a definite e-coli infection but on review of her casenotes there have been no previous samples submitted over the past year, although several courses of antibiotics have been administered. She tells me these have partially alleviated her symptoms but the dysuria and frequency have definitely been a consistent chronic problem.

In her past history, this lady has had 2 pregnancies, one SVD and one low cavity forceps delivery in 1985. She has been sterilised and is currently awaiting colposcopic examination to follow-up mild dyskariosis on her cervical smear of August 2000.

Many thanks,

Yours sincerely

DR J LYNCH

TRACKING SECTION
07 OCT 2000

AM/IH

CONSULTANTS

Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr Robert J S Hawthorn
Dr Ian N Ramsay
Dr Douglas Mack
Dr Andrew Kraszewski
Dr Neil McDougall
Dr Hassan – Staff Grade

(Dr Ramsay's Secretary) - ☎ Direct Dial: 0141 201 2236

Date Dictated: 29th November 2000
Date Typed: 7th December 2000

Dr Lynch
Rutherglen Health centre
130 Stonelaw Road
RUTHERGLEN
G73

Dear DR Lynch

LORRAINE MOFFAT DOB 2 8 68 HN 482762
223 GALLOWAY DRIVE GLASGOW

I saw Mrs Moffat at the clinic today following your referral. She gives a history of possible recurrent cystitis having had approximately 10 episodes over the last year. She describes a burning sensation while micturating but also interestingly while having intercourse. This latter finding could certainly suggest a diagnosis of the urethral syndrome rather than recurrent urine infections but obviously we will have to proceed on the basis of the former diagnosis. She also eluded one other interesting symptom that being a possible peri-urethral fistula as she has noticed her urine escaping from an orifice other than the external meatus.

Unfortunately she was menstruating today and was not keen on examination and I have therefore deferred this till next week when we will also perform a dye test as well as a clinical examination. Should this be normal then I think a cystoscopy would be our initial investigation and we will keep you posted as to her progress.

Yours sincerely

Dr A Morris
Registrar to Dr Ramsay

South Glasgow
University Hospitals
NHS Trust

Trust Headquarters
Southern General Hospital
1345 Govan Road, Glasgow G51 4TF
Telephone: 0141-201-1100
Fax: 0141-201-2999

Consultants:
Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr Robert J S Hawthorn
Dr Ian N Ramsay
Dr Douglas Mack
Dr Andrew Kraszewski
Dr Neil McDougall
Dr Stewart Pringle
Dr A Hassan - Staff Grade

Direct Dial: 201 2236
Dr Ramsay's Secretary - Cheryl

AH/CSM/482762

18 December 2000

Dr Lynch
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73

Dear Dr Lynch

Lorraine Moffat – DoB **02.04.68**
223 Galloway Drive, Glasgow

This lady was reviewed in the Urogynaecology clinic on 6 December 2000. The dye test was negative and there is no evidence of fistula. I have arranged a renal ultrasound scan and she is coming in for a cystoscopy.

Yours sincerely

A Hassan
Staff Grade in Obstetrics and Gynaecology

SGH 401 cat no. 0368349

DOCTOR'S LETTER SHEET

UNIT NUMBER

DAY SURGERY UNIT

Department of Obstetrics & Gynaecology

Consultants: Dr M J Carty Dr I N Ramsay
Dr Wm C M K Naismith Dr Neil McDougall
Dr V Hood Dr Douglas Mack
Dr R J S Hawthorn Dr Andrew Kraszewski
Staff Grade: Dr Hassan

Dr Ramsay's Secretary
DIRECT LINE: 0141 201 2236

IR/KH 482762

15 January 2001

Dr Lynch
Rutherglen Health Centre
130 Stonelaw Road
Glasgow

Dear Dr Lynch

Lorraine Moffat DOB 02 04 68
223 Galloway Drive Glasgow

As previously arranged we took this lady to theatre in the Day Surgery Unit on 12 January 2001 for a cystoscopy and to investigate her recurrent urinary tract infections.

There was no underlying cause of these found within the bladder and we took the opportunity to hydrodistend the bladder and gently dilate the urethra in an effort to improve her symptomatology.

We will see her back in the clinic a couple of months time to assess her response to this.

Yours sincerely

Ian N Ramsay
Consultant Obstetrician & Gynaecologist

SGH
Southern General Hospital
NHS Trust

SOUTHERN GENERAL HOSPITAL NHS TRUST

O ANAESTHESIA, OPERATION, IGATION OR TREATMENT

Guidance of Doctors and Patients overleaf)

0482762
MOFFAT LORRAINE
223 GALLOWAY DRIVE F
GLASGOW NK
Patient Name 02/04/1968 Date: 6/12/06
Block Capitals CHI
Unit Number ..... Proposed Procedure Cystoscopy
(BLOCK CAPITALS)

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

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

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

Name ..... Glasgow
(BLOCK CAPITALS)
SIGNATURE .....

TO BE COMPLETED BY THE PATIENT

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

I AM	The Patient/Parent/Guardian/Next of Kin (DELETE AS APPROPRIATE)
I UNDERSTAND	The procedure which has been explained to me by the Doctor or Dentist named on this form.
	That the procedure may not be carried out by the Doctor/Dentist who has been treating me so far.
	That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
I AGREE	To the administration of an anaesthetic or sedation if required.
	To the procedure named on this form.
	That examination for the purposes of teaching will not be undertaken without my consent (see overleaf).

Signature L. Moffat Patient/Parent/Guardian/ next of kin* (*DELETE AS APPROPRIATE)

Name (BLOCK CAPITALS) LORRAINE MOFFAT

Address 223 GALLOWAY DRIVE
fernhill

SGH-111
0369740

NOTES OF GUIDANCE

1. DOCTORS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way which he/she can understand, about the proposed procedure, any significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on this form.

1.1 The patient must give written consent to be examined by students during any procedure for which written consent is required. (See Below)

2. PATIENTS

2.1 The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

2.2 You may ask for a relative or friend or a nurse to be present while the Doctor /Dentist explains the procedure and asks you to sign this form.

2.3 Students need to learn how to examine patients and to see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give your consent or not but whatever you decide, it will not affect your treatment.

---

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

Name ..... Date: .....
(BLOCK CAPITALS)

SIGNATURE .....

**DELETE AS APPROPRIATE*

92710/AG

0482762
MOFFAT LORRAINE F
223 GALLOWAY DRIVE NK
GLASGOW 02/04/1968
CHI

Date of First Visit .....

Name: ..... Unit No: .....

SYMPTOMS

SI	☐	NOCTURIA	☑	VOIDING DIFFICULTY	☐
FREQUENCY	☑	ENURESIS	☐	BLADDER PAIN	☐
URGENCY	☑	HAEMATURIA	☐	SYMPTOMS OF PROLAPSE	☐
UI	☑	CYSTITIS	☑		

PREVIOUS TREATMENTS

PHYSIO ☐ PARITY 2

BLADDER RE-TRAINING ☐ SURGERY Sterilisation

DRUGS ☐ .....

EXAMINATION

URODYNAMIC DIAGNSOSIS .....

TREATMENT AND FOLLOW UP

TREATMENT OFFERED Dye Test → dc cystoscopy FOLLOW UP .....

DISCHARGE DATE 1 Renal Rev FINAL OUTCOME .....

[illegible] ORRAINE
[illegible] GALLOWAY DRI E
[illegible] 02/0 /1966
CHI

GYNAECOLOGY SHEET

DATE	Reason for Attendan—	Diagnosis
		Treatment

29/11/00 "Permanent cystitis" +10/last year
burning when micturating
& when having intercourse. Doesn't
always occur.
No haematuria.
Gives hx of possible fistula - noted
1st last time she was heard GP's.
No SI / enuresis / nocturia.
Key urgency ✱ - no UTI. Novodimpro
Previous Illness Nil.
Operations Lap ster.
Parity 2+0 - 13 & 16 1x LCD 1x SVD
Menarche Cycle 5/28 Menopause
L.M.P. Due repeat Contraception Smear 6/12
Urinary symptoms DF SI
NF Dysuria
Menstruating -> examine 6/12/00
Examination by: + dye test.

POST-OPERATIVE CARE PLAN

		Signature of Nurse
1)	Remain with patient until conscious	SThomson
2)	Airway in situ until normal breathing	SThomson
3)	Oxygen and suction available	SThomson
4)	Record BP and Pulse	SThomson
5)	Check wound / operative site	SThomson
6)	Check post-operative instructions	SThomson
7)	Return to ward	SThomson

SPECIFIC POST-OPERATIVE PROBLEMS

Specific Problem(s)	Action Taken	Outcome	Signature

DISCHARGE CRITERIA

		YES	NO
1)	Stable vital signs — Temp — BP 110/62 — Pulse 76 — Resp	✓	
2)	Dressing intact with no obvious bleeding at wound site	✓	
3)	Alert and orientated	✓	
4)	Tolerating oral fluids	✓	
5)	IV cannula removed	✓	
6)	Able to sit unaided	✓	
7)	Voided urine	✓	
8)	Escort	✓	
9)	Discharge instructions and advice	✓	
10)	Seen by Anaesthetist	✓	
11)	Seen by Surgeon	✓	
12)	Medication to take home	✓	
13)	Anti-D Administered	N/A	
14)	Letter to GP	✓	
15)	Liaison Nurse referral — PHONE/OASIS	✓	
16)	Follow-up appointment	✓	
17)	Date and Time of discharge — Date: 12/01/01 — Time: 1520		
18)	Destination: HOME		
19)	Valuables returned		

Signature of Nurse RBrass

South Glasgow University Hospitals NHS Trust

Day Surgery Unit - Patient Record

General Anaesthetic

Named Nurse S. Cunning — Date of Admission Day Month Year 12 | 1 | 01

0482762
MOFFAT LORRAINE
223 GALLOWAY DRIVE F
GLASGOW NK
02/04/1968
G73 4DD CHI

Sex: D.O.B.
Maiden Name
Consultant Ramsay
G.P. & Address Lynch 130 Stonelaw Road Rutherglen G73 2PQ.

Next of Kin Neil McQuat (partner) — Telephone 07960 576 420
Person Collecting Neil McQuat — Telephone S/A 569/3158
Address S/A: — Surgeon Ramsay
Proposed Surgery Cystoscopy

Pre-Operative notes / Comments
SKPS - ops. SK cystitis 11/12. P 1H - NIL. Flucloxacillin 500mg

Hb | Blood Group
U & E's
Wt 99kgs 53 kgs.
Urine Analysis
ECG
B/P 114/72 | Temp. 35·8
Pulse 78 | Resp.

Pre-Medication: Time
Given By Time
Anaesthetist

PRE-OPERATIVE CHECKLIST

	Y	N
Case Notes	✓	
X-Rays (Films)		✓
Identiband	✓	
Fasted From: 1800 11·01·01		
Routine Medication Taken		✓
Dentures ~~Removed~~ in situ	✓	
Crowns / Caps / Bridges		✓
Prosthesis / Contact Lenses Removed		✓
Hearing Aid		✓
Jewellery Removed / Rings (taped)	✓	
Make-up / Nail Varnish Removed		✓
Bowel Prep (If necessary)	N/A	
Shave Op. Site (If necessary)	N/A	
Pre-medication Time:		
Bladder Empty	✓	
Allergies Flucloxacillin	✓	

Signature of Nurse S. Cunning / P Draper

GYNAE PATIENTS ONLY

	Y	N
Pregnant		
Smear - During last 2 years	✓	
Normal Smear ~~abnormal~~		✓
Date of last Menstrual Period: at present		
Contraceptive Method: sterilised		

PREPARATION

Valuables Listed / Stored		✓
Consent for Operation	✓	
Seen by Surgeon	✓	
Seen by Anaesthetist	✓	
Preparation Complete	✓	

Comments

INTRA-OPERATIVE CARE PLAN

1) Surgery performed	Cystoscopy and urethral dilation
2) Dressings	
3) Local Anaesthetic/Regional Block	
4) Packing	
5) Sutures	
6) Drains	
7) Tourniquet Time	

Scrub Nurse K. Graham

Anaesthetic Nurse L Draper / C Nesbitt

INDUCTION

- Thiopentone ____
- Propofol TCI
- Etomidate ____
- Benzodiazepine ____
- Ketamine ____
- Methohexitone ____
- Gaseous ~~mask~~ face ~~: sev~~ sevo
- Other: Specify ____

ANTIEMETIC

- Droperidol ____
- Prochlorperazine ____
- Metoclopramide ____
- Ondansetron ____

RELAXANT

- Sux ____ Atrac ____
- Vec ____
- Miv ____
- Precurarised ____
- Other: Specify ____

AIRWAY

- Face Mask ____
- Laryngeal Mask #3
- Oral/Nasal Airway ____
- ETT ____
- NTT ____
- Intubation Grade ① ② ③ ④

VENTILATION

- Spontaneous
- IPPV ____

MAINTENANCE

- N_2O/O_2 ____
- O_2 Only ✓
- Enflurane ____
- Isoflurane ____
- Sevoflurane ____
- IV Infusion ✓
- Air ✓
- Other: Specify ____

MONITORS

- ECG ✓ NIBP ✓
- SaO_2 ✓ FIO_2 ✓
- $ETCO_2$ ✓ V
- Paw ____
- N. Stim. ____
- Other: Specify ____

ANALGESIA

- Morphine ____
- Fentanyl ____
- Alfentanil ____
- Ketorolac ____
- Other: Specify ____

REVERSAL

- Neostigmine ____
- Atropine ____
- Glycopyrrolate ____
- Naloxone ____
- Flumazenil ____
- Other: Specify ____

LA TECHNIQUE

LA AGENTS

- Lignocaine ____
- Bupivacaine ____
- Prilocaine ____
- Adrenaline ____
- Amethocaine ____
- Other: Specify ____

SEDATION/INFUSION

- Benzodiazepine ____
- Propofol TCI
- Opiate: Specify ____
- Other: Specify ____

OTHER DRUGS GIVEN

ONCE ONLY PRESCRIPTIONS

Drug	Dose	Time of Admin. /Indication	Route	Doctors Sig	Given by (Sig)	Time Given
DICLOFENAC	50mg	PRN	PR			

POST-OPERATIVE INSTRUCTIONS

IV Fluid	Volume or Dose	Timing	Doctors Sig	Nurses Sig	Time Given

Oxygen 4 litres via mask

Other Instructions

Signature of Anaesthetist

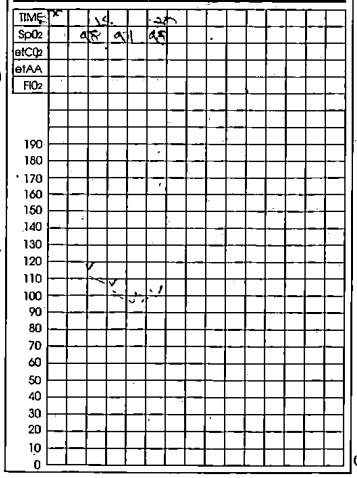
DISCHARGE MEDICATIONS

Drug	Quantity	Dose	Time/ Frequency	Route	Doctors Sig	Nurses Sig (Given to Patient)
CO-CODAMOL	1packet	8/500	6hourly PRN	O		A Burns

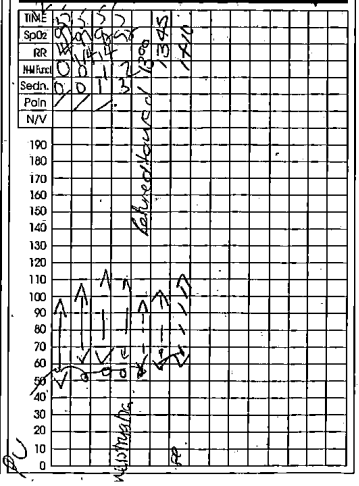
Discharge Medication Received

Patient Signature J. Matthews

INTRA-OPERATIVE RECORDINGS



POST-OPERATIVE RECORDINGS



SOUTHERN GENERAL HOSPITAL
NHS TRUST

OPERATION REPORT

8

0482762
MOFFAT LORRAINE
223 GALLOWAY DRIVE
GLASGOW
N
02/04/1968
G73 4DD CHI

SURGEONS:

Harris Spr 4

DATE:

12/1/01

OPERATION PERFORMED

Cystoscopy + urethral dilation

FINDINGS & PROCEDURE

Standard prep
Normal pelvic organs
Inflamed urethra in keeping
c. uti
No stones / ulcer
Tight urethra
Dilated to 16ga 9

TISSUE SENT FOR PATHOLOGICAL EXAMINATION.

Signature.....

DAY SURGERY UNIT

BOOKING OF PATIENT FOR SURGERY UNDER GENERAL ANAESTHESIA

0482762
MOFFAT LORRAINE
223 GALLOWAY DRIVE
GLASGOW
973 400 CHI 02/04/1968

NK F

UNIT NUMBER

OPERATION

Cystoscopy

CONSULTANT

Ramsay

PREFERRED DATE (if any)

INVESTIGATIONS DONE

PATIENT NAME:	LORRAINE IDAH MOFFAT.
UNIT NUMBER:	482762
APPOINTMENT DATE:	12-01-2001
GIVEN BY:	S Cuming
DATE CANCELED:	
REASON FOR CANCELLATION:	

DAY SURGERY UNIT

Patient Assessment Form

Assessor: S. Cuning

Unit Number:	482762.
Surname:	MOFFAT
First Name:	LORRAINE
Address:	223 GALLOWAY DRIVE G73 4DD

Date of Assessment:	6.12.00.
Consultant:	RAMSAY
Operation:	CYSTOSCOPY.

DOB:	02.04.68 AGE: 32.
Home Telephone:	07931 485 746.
Work Telephone:	
Occupation:	HOUSEWIFE.

GP Name:	BROUNAR.
GP Address:	RUTHERGLEN N/K.
GP Telephone:	

Height:	157cms
Weight:	53 kgs.
Urinalysis:	NAD.

BP: 1.	127/73
2.	
3.	
Pulse: (reg/irreg)	72.

MEDICATION

Name	Dose	Frequency
anti depressant ? name will phone.		
Cipramil	10mg	daily

Oral Contraception	**Yes**	**No**	**Name:**

Investigations:	1.		Date:	
	2.		Date:	
	3.		Date:	
	4.		Date:	

RESULTS

Pre-Post-operative information leaflet given to patient?	(Yes)	No

NEED ANTIDEPRESSANT NAME

DOCTOR'S SIGNATURE: _____

PTO

COMMENTS

Family problems with daughter (15). Now commenced on anti depressants since mon 4.12.00.

DAY CASE SURGERY UNIT
ANAESTHETIC ASSESSMENT

Date : 06/12/100

Unit Number 482762

General Health.

Has had an operation before
Has had a General anaesthetic before not in the last 3 months.
Allergic to - antibiotics - . This caused swelling FLUCLOXACILLIN *
Smoker 10 - 30 a day
Lives with family whose health is good
Will go home by car . Journey will take < 1 hour
Still menstruating -

Nature of previous operation : STERILISATION 96'
Date of previous operation :

COMPUTER SUGGESTED INVESTIGATIONS

Patient to have operation AS AN OUT PATIENT

Are you satisfied that the above information is correct ?
If so please tick the box. [✓]

482762 L. McAt

DAY SURGERY UNIT
PAIN ASSESSMENT CHART

SGH
General Hospital
S Trust

0482762
MOFFAT LORRAINE
223 GALLOWAY DRIVE
GLASGOW N
02/04/1968
G73 4DD CHI

Name:

Operation:

	Action →																
	Time	1230	800	1400													
Worst Pain Imaginable	10																
Severe	9																
	8																
	7																
Moderate	6																
	5																
	4																
Slight	3																
	2																
	1	X	X	*													
No Pain	0																

sore pain

COMMENTS

DAY SURGERY UNIT

GENERAL ANAESTHETIC POST OPERATIVE TELEPHONE CALL / HOME VISIT

PATIENTS NAME	LORRAINE MOFFAT		
UNIT NUMBER:	482762	**TELEPHONE NUMBER:**	7931485746
DATE FIRST CONTACTED:	15/01/01		
CONSULTANT:	RAMSAY	**SURGEON:**	RAMSAY
DATE OP PERFORMED:	12/01/01	**OPERATION PERFORMED:**	CYSTOSCOPY
TIME FIRST CONTACTED:	09:52:25	**OUTCOME IST CONTACT:**	NO REPLY
		OUTCOME 2ND CONTACT:	NO REPLY
IF ADMITTED WHICH WARD?:		**DATE ADMITTED:**	
		DATE DISCHARGED:	

1.A Have you had any pain from your operation?

1.B If yes was this :

2.A Were you given painkillers on discharge?

2.B Which painkillers were you given?

2.C Which painkillers have actually been taken?

2.D How would you rate the control these tablets provided?

3.A Have you experienced any of the following?

3.B If you experienced any vomiting, how frequently were you sick?

Please specify.

For Gyn Patients Only

4. Are you passing urine normally?

5.A Is your dressing clean and dry?

5.B is you wound :

6.A Do you still have PV loss?

6.B If yes, is this :

7.A Have you contacted your doctor at all?

7.B If yes, at what stage did you call your doctor?

7.C If Yes, for what reason did you call your doctor?

7.D If yes, did you get a home visit?

DAY SURGERY UNIT

GENERAL ANAESTHETIC POST OPERATIVE TELEPHONE CALL / HOME VISIT

PATIENTS NAME LORRAINE MOFFAT

UNIT NUMBER: 482762 **TELEPHONE NUMBER:** 7931485746

8. Would you have your opertaion as a daycase again?

9. Comments made by patient :

10. Comments made by nurse :

11. Follow-up visit arranged?:

Details Entered By: SHIRLEY THOMSON

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	

V1C manual care note

[redacted]

Name

Address

SG99796718
LORRAINE MOFFAT
CHI:0204686547

Unit Number

Date of Birth/Sex
Civil Stat

Occupation

GREATER GLASGOW HEALTH BOARD

VICTORIA INFIRMARY GLASGOW

[redacted]

AL

NOT TO BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS.

No

SG99796718
LORRAINE MOFFAT
CHI:0204686547

04 04 2004

[redacted]

VICTOI ...S TRUST 6194

SURNAME (Block Letters)	FIRST NAME	UNIT No.
MOFFAT	LORRAINE	796718

ADDRESS	OCCUPATION	DATE OF BIRTH
223 GALLOWAY DR. G73 4DS		2-4-68

TEL. No. ~~634 457~~

NEXT OF KIN (Name and Address)

CHANGE OF ADDRESS ~~07931 485746~~
4 KIRKCONNEL DRIVE
SPITTAL
G73 4QW 07931 485746

NAME AND ADDRESS OF OWN DOCTOR
~~DR LYNCH~~ DR BREMNER
~~DR REES~~ H.C. (REID)
RUTHERGLEN 130 Stonelaw Rd
G73 2PQ 0141 531 6025

CHANGE OF ADDRESS
54 Lochlea Rd
Glasgow
G73 4QH
0141 ~~569 3158~~

NAME AND ADDRESS OF OWN DOCTOR

BLOOD GROUP

SENSITIVITY

UNIT CASE RECORDS

GENERAL ☐ ORTHOPAEDIC ☐
INSTITUTE ☐ PSYCHIATRIC ☐
MATERNITY ☐ CHEST ☐

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC/WARD	DOCTOR	DIAGNOSIS/OPERATION	CODED	DISCH. DATE
23/12/93	Skin	Dr Munro			
24/1/95	Eye	Dr Marsh			~
4.6.95	Breast	MR.C SMITH			
1/12/98	"	"			
8/11/00	Colposcopy	DR HASSAN			
23/4/09	HAIR	HOLMES			
5/11/09	✓	✓			
6/5/10	Hair	Holmes		DNA	
1.9.11	DCP.	AKerr			
8/12/11	✓	✓			

Form 3012

USE RED INK FOR NOTIFICATION OF DEATH - ALL OTHER ENTRIES IN BLACK

GYNAECOLOGY DEPARTMENT

Tel: 0141 232 7907
Fax: 0141 201 2774
E-mail: sue.rank@ggc.scot.nhs.uk

Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Our Ref: SB/SLR
Dictated: 10/02/11
Typed: 17/02/11
CHI: 0204686547

DR J LYNCH
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Dear Dr Lynch,

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718)
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

I reviewed this 42 year old para 2 lady on behalf of Dr Bjornsson in the Gynaecology clinic today. As you mentioned she has been struggling with small urine leaks over the past year, but on further questioning this would actually appear to be a more mixed bladder picture. She has a chronic smokers cough and experiences small urine leaks, but does not require to wear pads. Moreover, she experiences nocturia, urge and frequency with occasional urge incontinence. Her periods are not problematic and she has no bowel disturbance. She keeps otherwise generally quite active. She is allergic to Flucloxicillin.

On examination the abdomen was slim with a normal vulva, vagina and cervix. There was no demonstrable stress urinary incontinence today. There was satisfactory vaginal sensation and only slightly reduced tone.

I have explained to Lorraine that her symptoms are common, and she should employ the usual lifestyle measures such as avoidance of caffeine, adequate fluid intake to optimise things. She is happy to commence a three month trial of Vesicare to see if this helps settle the overactive component. I shall refer her to our pelvic Physiotherapist regarding the stress leaks. I have offered her a return appointment in four months time to see how she is getting on.

Yours sincerely,

Dr V Flanagan
ST6 to Dr Bjornsson

VB5506 @ 10:15.

OWL AH DATE 9/12

Patient Details

Surname	MOFFAT
Forename	LORRAINE
CHI	0204686547
GP Details	LYNCH, JANIS RUTHERGLEN HEALTH CENTRE
Age	42
Hospital CRNs	SG99796718, 64379332K

Referral Details

Date Received	24/11/2010 12:23:15
ReferralID	5645119
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE	24/11/2010 12:40:27	no priority reason given

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
Gynaecology - other	Victoria Infirmary	Record Creation	24/11/2010 12:40	Angela Harte

acking/Vetting Details

Cancer Code	
Date Vetted	24/11/2010 12:50:49
Vetting Status	Vetted
Outcome	Direct OP Appointment
Vetted By	Rita Panigrahy

Tests

Clinics

General Gyn

Consultant Bjornsson, Steingrimur, 3374328 **Site** Victoria Infirmary

Instructions

HRCompleted False

-E9979671 8 KH
00482762

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gynaecology - other
GGC Gynae Gen Ref

— **Consultant / receiving practitioner** and/or **specialty clinic**

Victoria Infirmary
55 Grange Road
Glasgow
G42 9LF

— **Hospital** and **hospital address**

Hospital location code.
G306H

Email address

Urgency of referral ROUTINE
Date of referral 24-Nov-2010 **Date sent** 24-Nov-2010

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)
Voice: 07784694005

1010012999267 Unique Care Pathway Number: 1010012999267

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)
Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	08818
Practice name	RUTHERGLEN HEALTH CENTRE (49111)		
Practice code	49111		

Practice address

130 STONELAW ROAD
RUTHERGLEN
GLASGOW

Contact number(s)
Voice: 01415316010

DATE RECEIVED
24 NOV 2010

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Clinic of Dr Bjornsson - stress incontinence

Comment: This forty-two year old lady, para 2 + 0, has been experiencing stress incontinence in the last two years. This occurs with coughing, laughing and sometimes spontaneously with exercise/walking. She has COPD and during a recent chest infection her symptoms were particularly troublesome. In her obstetric history, this lady had one SVD and one forceps delivery. Her periods are currently irregular with vaso-motor symptoms and there is a family history of early menopause.

On examination today the uterus is retroverted and there are no adnexal masses. There is mild anterior wall laxity on straining but certainly no visible prolapse at rest.

This lady is keen to be considered for a repair procedure if this is felt to be appropriate, and I would be grateful if you could see her for further assessment at clinic.

Many thanks.

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Date recorded
Chronic obstructive pulmonary disease	26-Jul-2006
O/E - BP reading normal	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date recorded
Spirometry	26-Jul-2006
Health ed. - alcohol	12-Mar-1996
Health ed. - diet	12-Mar-1996
Health ed. - exercise	12-Mar-1996
Health ed. - smoking	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Budesonide	1	100 Dose Dry Powder Breath Actuated INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	16-Nov-2010
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	16-Nov-2010
Tacrolimus	60	OINT 0.1%	Apply sparingly	At night	22-Oct-2009	12-Feb-2010

Recent medication (Any medication issued within last 168 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone	30	TABS 5MG	6tabs	Daily	09-Nov-2010	09-Nov-2010
Amoxicillin	15	CAPS 500MG	1 Cap	3 times daily	09-Nov-2010	09-Nov-2010

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Moderate smoker - 10-19 cigs/d:	14-Sep-2004
Heavy smoker - 20-39 cigs/day:	12-Mar-1996
Current smoker:	24-Nov-2010
Current smoker:	12-Nov-2009
Current smoker:	13-May-2009
Current smoker:	20-Jan-2009
Ex smoker:	02-Nov-2007
Trivial drinker - <1u/day:	12-Mar-1996
Alcohol intake within recommended sensible limits:	13-May-2009
Alcohol intake within recommended sensible limits:	07-Sep-2007

Investigations

Description/Question	Result/Comment	Date
Last smear result:	result not available -	

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

OWL DATE AM 7/5

99-796775
00-482762 SU

Hospital use only	Clinic	Day Date	Time	Hospital No.
	UBJOGNRTHA			

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gynaecology
GGC General Referral

— **Consultant / receiving practitioner and/or specialty clinic**

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

— **Hospital and hospital address**

Hospital location code.
G306H

Email address

Urgency of referral ROUTINE
Date of referral 26-Apr-2010 **Date sent** 27-Apr-2010

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)

-

101000430609U Unique Care Pathway Number: 101000430609U

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Lynda Henderson		
GMC code	3459676	GP code	04839
Practice name	RUTHERGLEN HEALTH CENTRE (49111)		
Practice code	49111		

Practice address

130 STONELAW ROAD
RUTHERGLEN
GLASGOW

Contact number(s)

Voice: 01415316010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Polymenorrhagia

Comment: This forty-two year old lady has developed polymenorrhagia since Christmas. She previously had three weekly cycles with her period being of moderate flow and lasting for only three days. However, now her periods are occurring more or less every fortnight, lasting longer, five or six days associated with pain and clots and some flooding. I checked Lorraine's bloods, full blood count, clotting and FSH levels all of which have come back as normal. Vaginal examination was unremarkable and her cervix was intact. Lorraine's smear last year was reported as normal with a routine thirty-six month recall. I would be very grateful if her abnormal vaginal bleeding could be further assessed to exclude any intra-uterine pathology.

Very many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset
Chronic obstructive pulmonary disease	26-Jul-2006
O/E - BP reading normal	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date performed
Spirometry	26-Jul-2006
Health ed. - diet	12-Mar-1996
Health ed. - exercise	12-Mar-1996
Health ed. - smoking	12-Mar-1996
Health ed. - alcohol	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Tacrolimus	60	OINT 0.1%	Apply sparingly	At night	22-Oct-2009	113 Days
Budesonide	1	100 Dose Dry Powder Breath Actuated INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	1099 Days
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	1297 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Amoxicillin	21	CAPS 250MG	1 Cap	3 times daily	14-Apr-2010	0 Days
Lodine Sr	30	TABS 600MG	1 Tab	In the morning	12-Feb-2010	0 Days
Omeprazole	28	CAPS 20MG	1 Cap	In the morning	12-Feb-2010	0 Days
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	29-Dec-2009	0 Days
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily	14-Dec-2009	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Moderate smoker - 10-19 cigs/d:	14-Sep-2004
Heavy smoker - 20-39 cigs/day:	12-Mar-1996
Current smoker:	12-Nov-2009
Current smoker:	13-May-2009
Current smoker:	20-Jan-2009
Ex smoker:	02-Nov-2007
Current smoker:	07-Sep-2007
Trivial drinker - <1u/day:	12-Mar-1996
Alcohol intake within recommended sensible limits:	13-May-2009
Alcohol intake within recommended sensible limits:	07-Sep-2007

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

GYNAECOLOGY OPD

Name: SG99796718 LORRAINE MOFFAT
Address: 54 LOCHLEA ROAD, RUTHERGLEN, GLASGOW, G73 4QH
Unit Number: CHI 0204686547
Date of Birth: 02/04/1968
Civil State:
Occupation:
Date of First Attendance: 10/2/11
Surgeon: Dr. Bjarnason

Diagnosis: SUI + OAB -

Disposal
Report to Dr.
Admit - Immediate / per Waiting List / Urgent/Soon/Non-Urgent
O.P. Treatment
at ____ on ____

Years Married: married
Total Pregnancies: 2+

42

HISTORY

- >1yr ↑ urine leak on coughing/sneezing
- ↑ UTIs also. Urine prolapse cure of Tubigrin (~3 x last 6/12).
- Also OAB symptoms 2-3x Nocturia, urge, frequency urge incontinence (several pads/day), no recent Pessary d/t ? vaginal cycle

MENARCHE / MENOPAUSE / PREVIOUS MENSTRUAL CYCLE / PRESENT MENSTRUAL CYCLE / L.M.P.
Generally quite irregular.

PAST HISTORY

- COPD → Pulmonaire
- Allergy → Phenoxymethylpenicillin ↓ hand/feet swelling
- Asthma / Vertigo
- Smoker 10-15 cpd

EXAMINATION

- Sterilisation (laparoscopic) ~15 years ago.

S/E Skin
CVS Murmur & Co.
No Abnormalities Seen.

Examined by

RECOMMENDATIONS

Rep Pessary Urine MC&S (Pt to SIT competent)
Trial Oxybutynin
- Refer Urogynae Physio

0163739 VIC 654

RE GYNECOLOGY OPD

Name

Unit Number

Address

Date of Birth
Civil State

Occupation

Date of First Attendance

Surgeon

Diagnosis

Disposal

Report to Dr. _____

Admit - Immediate
per Waiting List
Urgent/Soon/Non-Urgent

O.P. Treatment _____

at _____ on _____

Years Married

Total Pregnancies

+

HISTORY

MENARCHE
MENOPAUSE

PREVIOUS MENSTRUAL CYCLE / PRESENT MENSTRUAL CYCLE / L.M.P.

PAST HISTORY

EXAMINATION

Examined by

RECOMMENDATIONS

VIC 654

0163739

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Dermatology
GGC General Referral

— **Consultant / receiving practitioner and/or specialty clinic**

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

— **Hospital and hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral ROUTINE
Date of referral 11-Jul-2011 **Date sent** 14-Jul-2011

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)

Voice: 07784694005

101002249984D Unique Care Pathway Number: 101002249984D

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	08818
Practice name	Overtoun Medical Practice (49111)		
Practice code	49111		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow

Contact number(s)

Voice: 01415316010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Clinic of Dr S Holmes - recurrence of alopecia areata

Comment: This forty-three year old lady attended your clinic in 2008 when she developed extensive alopecia areata affecting the scalp having had a much milder episode ten years previously which spontaneously resolved. She also has vitiligo affecting the trunk. She had no benefit from topical steroids and protopic and was supplied with modacrylic wigs. She attended the local Essential Health Clinic who gave her a trial of low dose Naltrexone. She was last reviewed in November 2009 when she had complete regrowth of hair.

Unfortunately in the last six months Lorraine has had recurrence of the alopecia with significant loss on the vertex and right parietal area and around the hairline but not as severe as previously. She has vitiligo actively on her back. She has read about injection therapy and is keen to be re-referred to discuss any further potential therapy but also to review the situation with the wigs she has been supplied.

Many thanks for seeing her once again.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date recorded
MRC Breathlessness Scale: grade 3	:	07-Jul-2011
Chronic obstructive pulmonary disease	-	26-Jul-2006
O/E - BP reading normal	-	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date recorded
Spirometry	26-Jul-2006
Health ed. - alcohol	12-Mar-1996
Health ed. - diet	12-Mar-1996
Health ed. - smoking	12-Mar-1996
Health ed. - exercise	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	07-Jul-2011
Budesonide	1	100 Dose Dry Powder Breath Actuated INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	07-Jul-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Quinine Sulphate	28	TABS 300MG	1 Tab	Daily	07-Jul-2011	07-Jul-2011
Citalopram	28	TABS 20MG	1 Tab	In the morning	10-Mar-2011	10-Mar-2011
Solifenacin Succinate	30	TABS 5MG	1 Tab	Daily	17-Feb-2011	17-Feb-2011
Trimethoprim	6	TABS 200MG	1 Tab	Twice daily	08-Feb-2011	08-Feb-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Moderate smoker - 10-19 cigs/d:		14-Sep-2004
Heavy smoker - 20-39 cigs/day:		12-Mar-1996
Current smoker:	:	07-Jul-2011
Cigarette smoker:	:	07-Jul-2011
Ex smoker:		17-Dec-2010
Current smoker:		24-Nov-2010
Current smoker:		12-Nov-2009
Trivial drinker - <1u/day:		12-Mar-1996
Alcohol units per week:	10:units/week	07-Jul-2011
Alcohol intake within recommended sensible limits:		13-May-2009
Alcohol intake within recommended sensible limits:		07-Sep-2007
Exercise grading:	6:	07-Jul-2011
Exercise grading NOS:	5:	07-Jul-2011
Declined referral to physical exercise programme:	:	07-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 25/02/10
Typed: 02/03/10

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. Felicity Campbell

This patient was seen for review at the dermatology department today.
Diagnosis: Alopecia areata, and vitiligo.
Treatment: Try stopping Protopic 0.1% but restart if vitiligo recurs, for UVB phototherapy.
Review: None arranged.
This lady's vitiligo remained the same despite Protopic and I have suggested she try stopping this to see whether there is any difference but she should restart if her vitiligo becomes worse. I have referr4ed her to the camouflage clinic for some make up advice. While here she asked me about UVB treatment and I have discussed this with Dr. Drummond. We have arranged some UVB for her and will write to her with regard to this. If she is still using the Protopic she should stop this prior to UVB treatment.

Kind regards.

Yours sincerely

Dr. Janika Borg
ST3 in Dermatology
Victoria ACH

Ref: JB/RM

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
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New Victoria Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

British Red Cross
Camouflage Clinic
Royal Infirmary
Glasgow

Clinic: 25/02/10
Typed: 02/03/10

Dear Colleague

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. Felicity Campbell

I would be grateful if you could see this lady who has vitiligo affecting the face with a view to advice about make up application. Many thanks.

Kind regards.

Yours sincerely

Dr. Janika Borg
ST3 in Dermatology
Victoria ACH

Ref: JB/RM

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
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THE ALAN LYELL CENTRE FOR DERMATOLOGY

Ms Lorraine Moffat
54 Lochlea Road
Rutherglen
Glasgow G73 4QH

Clinic: 25/02/10
Typed: 02/03/10

Dear Ms Moffat

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. Angela Drummond

I have discussed your case with Dr. Drummond, in particular your enquiry about UVB phototherapy. We have decided to give this a try if you are happy to go ahead. I have enclosed some information leaflets about UVB treatment and the consents you need to sign and bring with you for the treatment to start. However there is quite a long waiting list for phototherapy which is the light treatment and in your case this is likely to be a prolonged course of about a year during which you would have to attend twice weekly. The main risk of this treatment is eventual development of skin cancer because we would be submitting you to UVB radiation. At the Victoria ACH we offer this treatment only in the mornings but it is offered in the afternoons as well at the Southern General. I have enclosed envelopes, one addressed to our unit at the Victoria and one addressed to the Southern General Hospital. Kindly send to the unit which you would prefer. Many thanks.

Kind regards.

Yours sincerely

Dr. Yit Nah Lau
SpR in Dermatology
Victoria ACH

Ref: YNL/RM

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
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DOCTOR'S LETTER SHEET

UNIT NUMBER

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr A Drummond
Consultant Dermatologist
VICTORIA ACH

Ref: SH/DMCB
Clinic: 05/11/09
Typed: 12/11/09

Dear Angela

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

DIAGNOSIS : Alopecia areata
Vitiligo

I reviewed this woman at the Hair Clinic today. Since we last saw her she had lost all of her facial hair but happily this has now completely regrown. The hair on her scalp is also regrowing and she is delighted with this. On examination today there was extensive terminal white hair growth over the scalp. There were no obvious patches of active areata. I have emphasised to Ms Moffat that these signs are excellent and we can simply hope that the progress continues. I have explained that if the hair continues to grow then hopefully it should start to repigment.

I have given her an appointment for the clinic in 6 months if she is running into problems but if all goes well I have asked her simply to cancel this.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

cc **Dr Reid**
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

SOUTH GLASGOW HOSPITALS
SOUTHERN GENERAL HOSPITAL

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

LORRAINE MOFFAT
DOB:02/04/68

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
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Acute Services Division

F4. 6/5/10
HAIR CL.

NHS
Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 29/10/09 Typed: 02/11/09

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr A. Drummond

Diagnosis: Alopecia areata - now recovering
Vitiligo
Treatment: Protopic 0.1% once daily for 2 month
Follow up: January 2010

I was delighted to see that this lady was experiencing re-growth of the hair of her scalp, her eyelashes and her pubic area, albeit with altered colour. Interestingly when she began to notice re-growth of the hair, she simultaneously began to develop vitiligo affecting her chest, back, upper arms and face, with sparing of her hands. She has not yet received any treatment for this and as per Dr Drummond's letter I have given her a prescription for some Protopic to try although I have counselled her about the limited efficacy of treatment we have for this condition.

Yours sincerely

SWalsh

S. WALSH
SPECIALIST REGISTRAR
VICTORIA ACH
REF: SW/CLH

Dr SGH
cls

c.c. Dr S. Holmes
Consultant Dermatologist
Dermatology Department
Glasgow Royal Infirmary

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
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10 NOV 2009

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 29/10/09 Typed: 02/11/09

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr A. Drummond

Diagnosis: Alopecia areata - now recovering
Vitiligo
Treatment: Protopic 0.1% once daily for 2 month
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Yours sincerely

S. WALSH
SPECIALIST REGISTRAR
VICTORIA ACH
REF: SW/CLH

c.c. Dr S. Holmes
Consultant Dermatologist
Dermatology Department
Glasgow Royal Infirmary

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
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Drummond

9-45 am

29/10/09. 10:30

OVERTOUN MEDICAL PRACTICE
RUTHERGLEN PRIMARY CARE CENTRE

DR D M REID MB Ch B, DFM
DR J LYNCH MB Ch B, DRCOG, MRCGP
DR L M HENDERSON MB Ch B, DRCOG, DFFP, MRCGP
Practice Nurse: Sister E Boud RGN, RMN, BSc

130 STONELAW ROAD
RUTHERGLEN
GLASGOW G73 2PQ

Our Ref: DMR/ITCW

Friday, 25 September 2009

Dr Drummond
Consultant Dermatologist
Langside Road
GLASGOW G42 9TY

Dear Dr Drummond

LORRAINE MOFFAT, 54 LOCHLEA ROAD, RUTHERGLEN G73 4QH
DATE OF BIRTH: 02.04.1968 CHI NUMBER: 0204686547

This lady was referred to you some months ago with extensive alopecia areata and was referred on to the Hair Loss Clinic of Dr Holmes at the Southern General Hospital. Lorraine presented recently with scattered patches of vitiligo on chest and shoulders, but has returned today with a marked progressive of that condition. The vitiligo is evident on her face, trunk and limbs, and has become much more obvious since a recent holiday abroad. She has a review clinic appointment with Dr Holmes in November, but I wonder if you would consider seeing her at your own clinic on a soon basis, for advice re her progressive vitiligo.

Thanking you in anticipation.

Yours sincerely

Dr D M Reid

HAS APP WITH SUSAN HOLMES 5/11/9
NO APP HERE

12/10/09

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Typed: 09/10/09

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YB
Consultant: Dr A. Drummond

Thank you for your letter on this patient. She has actually been discharged from the Victoria Dermatology Clinic and as this is a new problem I have vetted her referral into a new patient clinic. As the vitiligo is affecting her face as well as her body I would be grateful if you could prescribe 0.1% Protopic ointment to be used at night to all affected areas. Unfortunately, as you are probably aware response to treatment is variable and often disappointing. However, response can be assessed when she attends Dr Holmes' clinic in November or at the Victoria, depending on which appointment is first.

Kind regards.

Yours sincerely

A. DRUMMOND
CONSULTANT DERMATOLOGIST
VICTORIA ACH
REF: AD/CLH

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
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Acute Services Division

Emergency Care and
Medical Services Directorate

THE ALAN LYELL CENTRE FOR DERMATOLOGY

NHS
Greater Glasgow
and Clyde

Dr David Bilsland
Clinical Director of Dermatology
SOUTHERN GENERAL HOSPITAL

Ref: SH/DMCB
Clinic: 07/05/09
Typed: 13/05/09

Dear David

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

Please see the attached clinic letter. I feel it would be appropriate for this woman to be prescribed 2 real hair wigs for a 3 year period. I would be very grateful if you could approve this. Thereafter I will send the patient a script for these.

Very many thanks.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

GK
D Bilsland
CD

cc **Mr Stewart Kyle, Service Management, Dermatology Directorate, Queen's Park House, Victoria Infirmary**

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
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Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr A Drummond
Consultant Dermatologist
SOUTHERN GENERAL HOSPITAL

Ref: SH/DMCB
Clinic: 07/05/09
Typed: 13/05/09

Dear Dr Drummond

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

Many thanks for referring this 41 year old woman to see me at the Hair Clinic. She first developed alopecia areata in 1995 when she had a limited area of loss which spontaneously regrew. A year ago however she developed initially patchy loss which has extended to involve all of her scalp, eyelashes, eyebrows and body hair. She is however seeing some areas of white regrowth at present. Various topical treatments including topical steroids and Protopic have been of no benefit. She has a recent history of asthma but this is not atopic. She is otherwise well. Currently she is receiving low dose Naltrexone for her hair loss. Her mother also suffered from mild alopecia areata.

On examination today she had widespread hair loss consistent with alopecia areata. There was evidence of patchy white terminal hair growth on limited areas of the scalp.

As you mentioned in the referral letter this woman is a cook who works in the kitchens where there are naked flames and very hot ovens. Unfortunately the heat is severely damaging her acrylic wigs. I think this would be an occasion in which it would be appropriate to prescribe real hair wigs. I have explained to the patient however that this needs to be approved by the Clinical Director and Service Manager and will copy them in on this letter.

We did discuss treatment today. Unfortunately she is unable to take the time from work for DCP treatment but we have discussed Dithranol treatment today and she would be keen to try this. I have issued her with a script for this today for her GP and have also given her our written information leaflet on this. We plan to review her again in 6 months.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

LORRAINE MOFFAT
DOB:02/04/68

cc Dr Reid, Rutherglen Health Centre, 130 Stonelaw Road, Glasgow G73 2PQ
Dr David Bilsland, Clinical Director for Dermatology, Southern General Hospital
Mr Stewart Kyle, Dermatology Service Manager, Queen's Park House, Victoria Infirmary

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
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Acute Services Division

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Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr S. Holmes
Consultant Dermatologist
Dermatology Department
Glasgow Royal Infirmary
GLASGOW

Thurs 23/4/09 1000

Clinic: 19/02/09
Typed: 20/02/09

Dear Dr Holmes

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YB
Consultant: Dr A. Drummond

Diagnosis: Extensive alopecia areata - scalp, eyebrows, eyelashes and pubic area
Asthma

Treatment: Modacrylic wigs prescribed
No benefit from topical steroids and Protopic

Follow up: Referral to Hair clinic at Southern General Hospital

I would be grateful if you could review this lady to assess her suitability for DCP and for consideration of real human hair wigs. She has extensive alopecia areata with no improvements on Protopic and topical steroids. She had problems with 2 of her acrylic wigs melting at work as she works as a chef. I have tried to dissuade her from using wigs at work due to safety issues but she feels unable to work without the wig. I wonder if she is a candidate for human hair wigs in such a case.

Yours sincerely

A. WONG
ST3 IN DERMATOLOGY
VICTORIA INFIRMARY
REF: AW/CLH

HAIR SGH

c.c. Dr Reid
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
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NHS
Greater Glasgow and Clyde

SG99796718
LORRAINE MOFFAT
53 LOCHLEA ROAD
RUTHERGLEN
GLASGOW 02/04/1968
G43 2YB CHI 0204686547

Department of Dermatology

7/5/9 (41)

History

Areata from 1995 — 1 patch regrew — v light c/o patches — X patches extended — soft eyelash / eyebrows — areas back in white — body + scalp.

R/ Pubic Hair also — normal.

Hair loss details

Localised / diffuse	Loss at roots / broken shafts
Facial / body hair loss — soft hair regrowth	Loss continous / intermittent
Loss rapid / gradual	regrowth evident

Medical history

Medical history — well	Dermatology history — asthma — hyposensitised (atopic).
Recent operations / severe illness / pregnancy	Menstrual / Obstetric history
(N)	Medication — LDN — low dose naltrexone

Family history

Androgenetic alopecia	Endocrine disorders
	mum — small patchy loss.
Other	OTH.

Hair Care

Frequency of washing	Last washed
Blow dried / permed / coloured / ironed / straightened	
Use of hair accessories	

Examination

Loss diffuse or focal

Scarring / non scarring

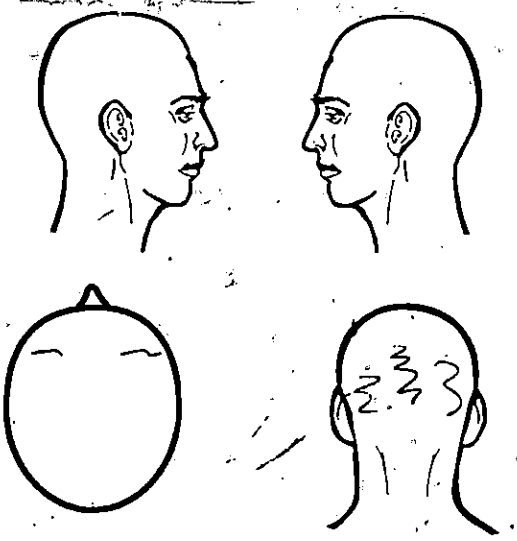
Loss of hairline

!Hairs

Miniturised hairs

Broken hairs

5 small areas of alt regrowth



Investigations

Scraping

Hair pull

biopsy

Microscopy

Hair shaft

Hair pluck

Anagen : Telogen

Hair bulb

Bloods

FBC ferritin B12 folate TFT

Biochemistry sex hormones immunopathology

Other

Differential diagnosis

Treatment plan

R alopecia tt — anti-androgen OCP e.g. Dianette with Dithranol — info R4 med tt

Ask re reducing wigs.

rev 6/12

Trichology referral

Date: 21/5/9 R 2x real hem mags plus client+address (max: monthly)

Date: 5/11/9 : Δ Arauta.
Vitiligo.

lost facial hir — regrown.

Date: scalp hir regrown — visible

Dell eat white tea regrth.
o patches.

Date: (N) pull.

6/12 it pulls

Date:

7/5/10 ONA (0)

Date: 1/9/11 · (43)

Arauta. — tried Dibrocream.
— couldn't manage tov DCP.

Date: Regrth until Sept 10
— started to fall out @ Christm.
— loss on top.
R with.

Dell ext. frontal loss — sme new reg^d < temp voids
⇒ Try IL steroid.. b · gus

Reviews

Date:
1/9/11 Triamcinolone 10mg/1ml injection given to frontal area / temporal areas.
Script given for repair of one real hair wig. GMoffat

Date:

27/10/11 Good regrowth noted to all areas.
Triamcinolone 10mg/1ml injection given to all areas alopecia.
Return 8/52. GMoffat Sister

Date:

8/12/11 Further regrowth noted although hair remains sparse.
Triamcinolone 10mg/1ml injection given to frontal + parietal areas alopecia.
GMoffat Sister

Date:

1/5/12 Prescription given for 2 real hair wigs. GMoffat

Date:

Date:

Dermatology Department NHS Greater ... Clyde

Prescription Form for Wig Services

This for ce on 201 5036 (65036) before giving to the patient.

Patient: SG99796718
LORRAINE MOFFAT
54 LOCHLEA ROAD
RUTHERGLEN
GLASGOW
G73 4QH CHI 0204686547

DOB 02/04/1968

Address ..... Postcode .....

Diagnosis: ALOPECIA

Please Supply: the following item(s) subject to:
Evidence of payment of the appropriate prescription charge. or
Evidence of exemption from the appropriate prescription charge. or
In exchange for a signed WF1 form. Sections A and C completed.

2 REAL HAIR WIGS

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by Doctor/Prescriber Sign: F Moffat Print: F. MOFFAT

Cons Clinic: HAIR Hosp Site: SGH Date: 1/5/12

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you. The information below explains how to access these services.

Will there be a prescription charge?
As of April 2011, there is no prescription charge in Scotland.

Who provides these services?
Wig services are provided by Hair Salons contracted to the NHS.

Am I restricted to one supplier?
No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.

Is there a range of wigs available?
Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:

- Freestyle
- Natural Image
- Noriko
- Amore
- Rene of Paris
- Revlon

These are just some of the Brands available. Each supplier should be able to give you a very wide choice of styles as well.

Clin Copy

DERMATOLOGY

Prescription Form for Wig Services

SG99796718
LORRAINE MOFFAT
54 LOCHLEA ROAD
RUTHERGLEN
GLASGOW
G73 4QH

02/04/1968
CHI 0204686547

Patient Name..... .....DOB.....

Address ....Postcode.....

Please Supply: subject to satisfactory evidence of exemption from
OR
payment of, the appropriate prescription charge, the following item(s)

2 x real hair wigs plus clean and redress (maximum 2 monthly)

Payment may only be secured on production of the patients signature on the satisfaction form held by the supplier.

Authorised by
Print name..... HAMED ..... Sign..... Date..... 21/5/9

Clinic..... MAIN .....Hospital Site..... SGH .....

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you. The information below explains how to access these services.

Will there be a prescription charge?

If you have been prescribed a wig then there will be a prescription charge. The prescription charge will depend on the type of wig prescribed.

What do I do if I am exempt from prescription charges.

If you are exempt from prescription charges, you should show evidence of this to your supplier who will note down the number of your exemption certificate.

What do I do if I have to pay prescription charges.

If you are not exempt then you must take this form, pay the relevant prescription charge and obtain a receipt from the General office at any Greater Glasgow and Clyde Hospital. You must show this receipt to the wig supplier in exchange for your wig.

What if I need assistance with payment.

You should have been offered a form HC1 by the Dermatology practitioner who prescribed the wig

PTO

Dermatology Department NHS Greater Glasgow & Clyde

Prescription Form for Wig Services

This form must [barcode] *201 5036 (65036) before giving to the patient.*

Patient Nar SG99796718
LORRAINE MOFFAT ..... DOB .....
Address .... 54 LOCHLEA ROAD
RUTHERGLEN
GLASGOW 02/04/1968
G73 4QH CHI 0204686547 ..... Postcode .....

Diagnosis....ALOPECIA.....

Please Supply: the following item(s) subject to:
Evidence of payment of the appropriate prescription charge. or
Evidence of exemption from the appropriate prescription charge. or
In exchange for a signed WF1 form. Sections A and C completed.

REPAIR + REDRESS OF ONE REAL HAIR WIG

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign: F Moffat ..... Print: F. MOFFAT

Cons Clinic. HOLMES Hosp Site SGH Date: 1/9/11

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

Will there be a prescription charge?
If you have been prescribed a wig then there will be a prescription charge. The prescription charge will depend on the type of wig prescribed.

What do I do if I am exempt from prescription charges?
If you are exempt from prescription charges, you should show evidence of this to your supplier who will note down the number of your exemption certificate.

What do I do if I have to pay prescription charges?
If you are not exempt then you must take this form, pay the relevant prescription charge and obtain a receipt from the General office at any Greater Glasgow and Clyde Hospital. You must show this receipt to the wig supplier in exchange for your wig.

What if I need assistance with payment?
You should have been offered a form HC1 by the Dermatology practitioner who prescribed the wig

Who provides these services? Wig services are provided by Hair Salons contracted to the NHS.

PTO

DOCTOR'S LETTER SHEET

UNIT NUMBER

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr A Drummond
Consultant Dermatologist
SOUTHERN GENERAL HOSPITAL

Ref: SH/DMCB
Clinic: 07/05/09
Typed: 13/05/09

Dear Dr Drummond

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

Many thanks for referring this 41 year old woman to see me at the Hair Clinic. She first developed alopecia areata in 1995 when she had a limited area of loss which spontaneously regrew. A year ago however she developed initially patchy loss which has extended to involve all of her scalp, eyelashes, eyebrows and body hair. She is however seeing some areas of white regrowth at present. Various topical treatments including topical steroids and Protopic have been of no benefit. She has a recent history of asthma but this is not atopic. She is otherwise well. Currently she is receiving low dose Naltrexone for her hair loss. Her mother also suffered from mild alopecia areata.

On examination today she had widespread hair loss consistent with alopecia areata. There was evidence of patchy white terminal hair growth on limited areas of the scalp.

As you mentioned in the referral letter this woman is a cook who works in the kitchens where there are naked flames and very hot ovens. Unfortunately the heat is severely damaging her acrylic wigs. I think this would be an occasion in which it would be appropriate to prescribe real hair wigs. I have explained to the patient however that this needs to be approved by the Clinical Director and Service Manager and will copy them in on this letter.

We did discuss treatment today. Unfortunately she is unable to take the time from work for DCP treatment but we have discussed Dithranol treatment today and she would be keen to try this. I have issued her with a script for this today for her GP and have also given her our written information leaflet on this. We plan to review her again in 6 months.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

DOCTOR'S LETTER SHEET

UNIT NUMBER

LORRAINE MOFFAT
DOB:02/04/68

cc Dr Reid, Rutherglen Health Centre, 130 Stonelaw Road, Glasgow G73 2PQ
Dr David Bilsland, Clinical Director for Dermatology, Southern General Hospital
Mr Stewart Kyle, Dermatology Service Manager, Queen's Park House, Victoria Infirmary

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 201 5477 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 5132 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
Victoria Infirmary, Langside Road, Glasgow G42 9TY
Website:www.show.scot.nhs.uk/sguht/

DOCTOR'S LETTER SHEET

UNIT NUMBER

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr David Bilsland
Clinical Director of Dermatology
SOUTHERN GENERAL HOSPITAL

Ref: SH/DMCB
Clinic: 07/05/09
Typed: 13/05/09

Dear David

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

Please see the attached clinic letter. I feel it would be appropriate for this woman to be prescribed 2 real hair wigs for a 3 year period. I would be very grateful if you could approve this. Thereafter I will send the patient a script for these.

Very many thanks.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

cc Mr Stewart Kyle, Service Management, Dermatology Directorate, Queen's Park House, Victoria Infirmary

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
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Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr S. Holmes
Consultant Dermatologist
Dermatology Department
Glasgow Royal Infirmary
GLASGOW

Clinic: 19/02/09
Typed: 20/02/09

Dear Dr Holmes

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YB
Consultant: Dr A. Drummond G73 4QH

Diagnosis: Extensive alopecia areata - scalp, eyebrows, eyelashes and pubic area
Asthma

Treatment: Modacrylic wigs prescribed
No benefit from topical steroids and Protopic

Follow up: Referral to Hair clinic at Southern General Hospital

I would be grateful if you could review this lady to assess her suitability for DCP and for consideration of real human hair wigs. She has extensive alopecia areata with no improvements on Protopic and topical steroids. She had problems with 2 of her acrylic wigs melting at work as she works as a chef. I have tried to dissuade her from using wigs at work due to safety issues but she feels unable to work without the wig. I wonder if she is a candidate for human hair wigs in such a case.

Yours sincerely

A. WONG
ST3 IN DERMATOLOGY
VICTORIA INFIRMARY
REF: AW/CLH

c.c. Dr Reid
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 201 5477 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 5132 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
Victoria Infirmary, Langside Road, Glasgow G42 9TY
Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 20/10/08
Typed: 21/10/08

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YB
Consultant Dr. Angela Drummond

Many thanks for referring this patient who was seen for review at the dermatology department today.

Diagnosis: Alopecia areata.
Asthma
Treatment: 4 x Mod Acrylic prescribed, 0.1% Protopic ointment daily to bald areas, information leaflet on alopecia areata provided.
Review: 4 Months.

This young woman has fairly extensive alopecia areata on the scalp which is still active. She had one patch of this approximately 10 year ago which resolved spontaneously. There was no obvious trigger for this event. As you have already tried topical steroids I have asked her to use Protopic ointment. I have also prescribed her acrylic wigs as the disease is so extensive.

Kind regards

Yours sincerely

Dr. Angela Drummond
Consultant Dermatologist
Victoria Infirmary

Ref: AD/RM

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr S Holmes
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 201 5477 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 5132 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
Victoria Infirmary, Langside Road, Glasgow G42 9TY
Website:www.show.scot.nhs.uk/sguht/

Acute Services Division

NHS
Greater Glasgow and Clyde

28964

Department of Dermatology

Victoria Infirmary, Langside Road, Glasgow, G42 9TY
Direct Telephone: 0141-201-5413
Fax: 0141-201-5047

Date: 20/4/08

Consultant: Drummond

Dear

Affix addressograph label

I saw this patient in the dermatology department today.

Diagnosis / Problem:

Alopecia areata – WLKJ

prescribed

I would be grateful if you could prescribe the following treatment:

1) 0.1% potoic ointment (tacrolimus).

Other action required:

A further appointment has / has not been made.
A further letter will / will not follow.

Yours sincerely,

Name _____ Status CNS

DIV 527682198

DM 24/9

99796718-6

00482762

Hospital use only	Clinic	Day Mon Date 20/10/08	Time	Hospital No.
	UDRUMDNMA		9:00am	

Dr 26-9-08

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

DMWL

DATE 24

REFERRAL TO

Dermatology A7
G General Referral — **Consultant / receiving practitioner and/or specialty clinic**

Victoria Infirmary — **Hospital and hospital address**

Hospital location code: G306H

Email address:

Urgency of referral ROUTINE
Date of referral 10-Sep-2008 **Date sent** 11-Sep-2008

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)

Voice: 569 3158

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6025
Facsimile: 0141 613 3450

REFERRING GP DETAILS

Name	Dr. Mark Reid		
GMC code	2339252	GP code	03786
Practice name	RUTHERGLEN HEALTH CENTRE (49111)		
Practice code	49111		

Practice address

130 STONELAW ROAD
RUTHERGLEN

Contact number(s)

Voice: 01415316010

DATE RECEIVED

11 SEP 2008

FOR VETTING 12/9/08
DATE APPT SENT 24/9

DM
Urgent other
DATE 24/9

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Alopecia

Comment: This woman presented some weeks ago with several areas of alopecia affecting her scalp. Despite empirical treatment with topical steroids, her alopecia is progressive and I would value your assessment and advice re further management.

Thanks for seeing her.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		14-Sep-2004
Heavy smoker - 20-39 cigs/day:		12-Mar-1996
Ex smoker:		02-Nov-2007
Current smoker:		07-Sep-2007
Current smoker:		14-Jul-2006
Ex smoker:		24-Nov-2004
Ex smoker:		24-Nov-2004
Trivial drinker - <1u/day:		12-Mar-1996
Alcohol intake within recommended sensible limits:		07-Sep-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Modifier	Extension	Date of onset
Chronic obstructive pulmonary disease	-	-	26-Jul-2006
O/E - BP reading normal	-	-	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Spirometry	-	26-Jul-2006
Health ed. - alcohol	-	12-Mar-1996
Health ed. - diet	-	12-Mar-1996
Health ed. - smoking	-	12-Mar-1996
Health ed. - exercise	-	12-Mar-1996

Family conditions (All priorities)

Description	Modifier	Extension	Date Recorded
No family history diabetes	-	-	07-Sep-2007
FH: Ischaemic heart dis. <60	-	-	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	-	754 Days
Budesonide	1	100 Dose Dry Powder INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	-	556 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Fludroxycortide	60	CREAM 0.013%	Apply	3 times daily	09-Sep-	-	0 Days

			sparingly		2008		
Betamethasone Valerate	100	Scalp APPL 0.1%	Apply	alt days	18-Aug-2008	-	0 Days
Trimethoprim	10	TABS 200MG	1 Tab	Twice daily	16-Jul-2008	-	0 Days
Varenicline Tartrate	56	Continuation Pack TABS 0.5MG	1 Tab	morning and night	11-Jun-2008	-	0 Days
Champix	56	Continuation Pack TABS 1MG	1 Tab	Twice daily	12-May-2008	-	0 Days
Champix	1	Initiation Pack 11 X 0.5mg 14 X 1mg TABS	1 Tab	As directed	28-Apr-2008	-	0 Days
Zyban	60	TABS 150MG	1 Tab	Daily	14-Apr-2008	-	0 Days
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	14-Apr-2008	-	0 Days

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-21 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

DERMATOLOG

Name

SG99796718
LORRAINE MOFFAT
53 LOCHLEA ROAD
RUTHERGLEN
GLASGOW 02/04/1968
G43 2YB CHI 0204686547

Address

Unit Number

Date of Birth
Sex/
Civil state

Occupation

Date of First Attendance 20/10/08

Physician AO

DATE

Alopecia

Onset - End June 08.
All over.
Scalp only.
Still shedding
No regrowth

trigger - MI

Prev — Dry intolerant
1 x prev. steroid.
Allergies - Amoxil.

Rx Betnovate.

Fh °AI D.

?/c AA

Hair line
Atopic
posterior

(P) Wks

Try 0.1% protopic oint.

Collect AA.

4/12.

29.10.09 Now has vitiligo - chest, back, upper arms
hair growing back in!

(P) Try pedtopic 0.1% od x 3/12 then R/v
printed info given

Sarah
WALSH.

Form 0163451 VIC 645

Consultants
Prof. C.S. Munro
Dr D.J. Bilsland
Dr A. Drummond

Dermatology Department

Appointments: 0141 201 5132
Secretary: 0141 201 5413
Fax No: 0141 201 5477
Website: www.show.scot.nhs.uk/sguht/

Typed: **20/10/04**

Dr Reid
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Reid

LORRAINE MOFFAT 3-2, 4 KIRKCONNELL DR GLASGOW DOB. 02/04/68
Clinic date: 13 October 2004
Clinic: Dr Bilsland

This patient failed to attend the Dermatology Clinic today for their appointment. We have therefore not arranged a further appointment but would be happy to do so should you feel it necessary.

Kind regards.

Yours sincerely

D. BILSLAND
CONSULTANT DERMATOLOGIST

REF NO: DB/CLH/796718

OV

DATE: 16/9/04

E-mail Subject Line: Dermatology, Dr DAVID BILSLAND, 0204686547, Moffat, Lorraine

Clinic	Day Date	Time	Hospital No. 796718
Consultant to complete:	Appointment category	Clinic Details	

8th September, 2004 GP Urgency: Routine
Reason (if urgent):

CHI **0204686547**

Please arrange for this patient to attend **Victoria Infirmary, Dermatology, Dermatology, Dr DAVID BILSLAND**

Surname **Moffat** Title **Miss**
Forename **Lorraine** Date of birth **02/04/68**
Address **3-2 4 Kirkconnell**
Dr□RUTHERGLEN□GLASGOW Tel

Post code **G73 4QW**
Previous name
" address

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number
Referral checked by

Referring clinician: Dr D M Reid
Overtoun Medical Practice
130 Stonelaw Road
Rutherglen
G73 2PQ

0141 531 6025, fax: 0141 613 3450
Practice Number 49111

I would be grateful if you could see this woman who presented today with an interesting patchy rash affecting the necklace area and two areas of her upper arms. The rash has heliotrope discoloration and when pressure is applied blanches freely revealing an underlying area of depigmentation. The rash has a vasculitic appearance to it and I have sent her for full blood count and auto immune serology. She is otherwise well with no significant past medical history. I would value your opinion with regard to diagnosis here.

Thank you in anticipation.

Yours sincerely,

DR. D. M. REID

Vetted by

15 SEP 2004

Action R S U

DATE RECEIVED

09 SEP 2004

FOR VETTING
DATE APPT SENT

Moffat, Lorraine, 0204686547, 02/04/1968 Dr DAVID BILSLAND, Dermatology, Victoria Infirmary Routine
DD \\gpass49111w2k1\Documents\Dr D M Reid\Moffat, Lorraine 2004 09 08 #1.doc

1/a/9
11-15

Hospital use only	Clinic	Day Date	Time	Hospital No.

DCP

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

GGC General Referral Protocol (Glasgow, vR13.0)

REFERRAL TO

Dermatology
GGC General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

nurse DCP slot

Hospital and **hospital address**

Hospital location code.
G405H
Email address

Urgency of referral	ROUTINE		
Date of referral	11-Jul-2011	**Date sent**	14-Jul-2011

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	

Patient\'s address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)

Voice: 07784694005

101002249984D

Unique Care Pathway Number: 101002249984D

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	08818
Practice name	Overtoun Medical Practice (49111)		
Practice code	49111		

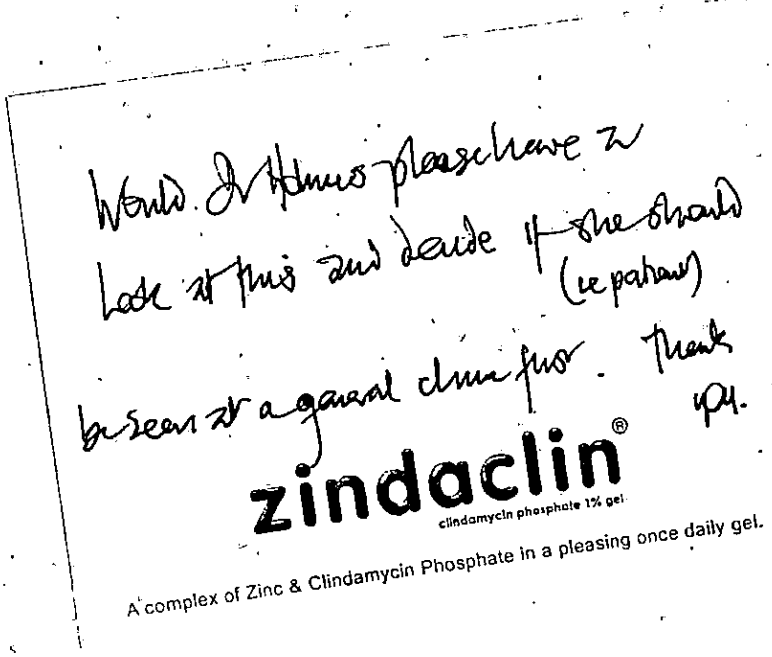
Practice address

Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow

Contact number(s)

Voice: 01415316010

Would Dr Holmes please have a
look at this and decide if she should
(re parlour)
be seen as a general clinic for. Thank
you.



CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Clinic of Dr S Holmes - recurrence of alopecia areata

Comment: This forty-three year old lady attended your clinic in 2008 when she developed extensive alopecia areata affecting the scalp having had a much milder episode ten years previously which spontaneously resolved. She also has vitiligo affecting the trunk. She had no benefit from topical steroids and protopic and was supplied with modacrylic wigs. She attended the local Essential Health Clinic who gave her a trial of low dose Naltrexone. She was last reviewed in November 2009 when she had complete regrowth of hair.

Unfortunately in the last six months Lorraine has had recurrence of the alopecia with significant loss on the vertex and right parietal area and around the hairline but not as severe as previously. She has vitiligo actively on her back. She has read about injection therapy and is keen to be re-referred to discuss any further potential therapy but also to review the situation with the wigs she has been supplied.

Many thanks for seeing her once again.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date recorded
MRC Breathlessness Scale: grade 3	:	07-Jul-2011
Chronic obstructive pulmonary disease	-	26-Jul-2006
O/E - BP reading normal	-	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date recorded
Spirometry	26-Jul-2006
Health ed. - alcohol	12-Mar-1996
Health ed. - diet	12-Mar-1996
Health ed. - smoking	12-Mar-1996
Health ed. - exercise	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	07-Jul-2011
Budesonide	1	100 Dose Dry Powder Breath Actuated INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	07-Jul-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Quinine Sulphate	28	TABS 300MG	1 Tab	Daily	07-Jul-2011	07-Jul-2011
Citalopram	28	TABS 20MG	1 Tab	In the morning	10-Mar-2011	10-Mar-2011
Solifenacin Succinate	30	TABS 5MG	1 Tab	Daily	17-Feb-2011	17-Feb-2011
Trimethoprim	6	TABS 200MG	1 Tab	Twice daily	08-Feb-2011	08-Feb-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Moderate smoker - 10-19 cigs/d:		14-Sep-2004
Heavy smoker - 20-39 cigs/day:		12-Mar-1996
Current smoker:	:	07-Jul-2011
Cigarette smoker:	:	07-Jul-2011
Ex smoker:		17-Dec-2010
Current smoker:		24-Nov-2010
Current smoker:		12-Nov-2009
Trivial drinker - <1u/day:		12-Mar-1996
Alcohol units per week:	10:units/week	07-Jul-2011
Alcohol intake within recommended sensible limits:		13-May-2009
Alcohol intake within recommended sensible limits:		07-Sep-2007
Exercise grading:	6:	07-Jul-2011
Exercise grading NOS:	5:	07-Jul-2011
Declined referral to physical exercise programme:	:	07-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Patient Details

Surname	MOFFAT
Forename	LORRAINE
CHI	0204686547
GP Details	LYNCH, JANIS RUTHERGLEN HEALTH CENTRE, 130 STONELAW ROAD, RUTHERGLEN, GLASGOW
Age	36
Hospital CRNs	SG99796718, 64379332K

Referral Details

Date Received	14/07/2011 14:11:26
ReferralID	6861353
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE	14/07/2011 16:21:54

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
Dermatology	Southern General Hospital	Record Creation	14/07/2011 16:21	Helen Ipermakhou

Tracking/Vetting Details

Cancer Code	
Date Vetted	15/07/2011 11:03:46
Vetting Status	Vetted
Outcome	Referred Onwards
Vetted By	DR Felicity Campbell

Tests

Clinics

Consultant		Site	Southern General Hospital

Instructions	
HRCompleted	False

9996718 (L) 482762 MA SG

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

GGC General Referral Protocol (Glasgow, vR13.0)

REFERRAL TO

Dermatology
GGC General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

— **Hospital** and **hospital address**

Hospital location code: G405H

Email address: -

Urgency of referral ROUTINE
Date of referral 11-Jul-2011 **Date sent** 14-Jul-2011

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)

Voice: 07784694005

101002249984D Unique Care Pathway Number: 101002249984D

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	08818
Practice name	Overtoun Medical Practice (49111)		
Practice code	49111		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow

Contact number(s)

Voice: 01415316010

14 JUL 2011

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Clinic of Dr S Holmes - recurrence of alopecia areata

Comment: This forty-three year old lady attended your clinic in 2008 when she developed extensive alopecia areata affecting the scalp having had a much milder episode ten years previously which spontaneously resolved. She also has vitiligo affecting the trunk. She had no benefit from topical steroids and protopic and was supplied with modacrylic wigs. She attended the local Essential Health Clinic who gave her a trial of low dose Naltrexone. She was last reviewed in November 2009 when she had complete regrowth of hair.

Unfortunately in the last six months Lorraine has had recurrence of the alopecia with significant loss on the vertex and right parietal area and around the hairline but not as severe as previously. She has vitiligo actively on her back. She has read about injection therapy and is keen to be re-referred to discuss any further potential therapy but also to review the situation with the wigs she has been supplied.

Many thanks for seeing her once again.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date recorded
MRC Breathlessness Scale: grade 3	-	07-Jul-2011
Chronic obstructive pulmonary disease	-	26-Jul-2006
O/E - BP reading normal	-	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date recorded
Spirometry	26-Jul-2006
Health ed. - alcohol	12-Mar-1996
Health ed. - diet	12-Mar-1996
Health ed. - smoking	12-Mar-1996
Health ed. - exercise	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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Trimethoprim	6	TABS 200MG	1 Tab	Twice daily	08-Feb-2011	08-Feb-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Moderate smoker - 10-19 cigs/d:		14-Sep-2004
Heavy smoker - 20-39 cigs/day:		12-Mar-1996
Current smoker:	:	07-Jul-2011
Cigarette smoker:	:	07-Jul-2011
Ex smoker:		17-Dec-2010
Current smoker:		24-Nov-2010
Current smoker:		12-Nov-2009
Trivial drinker - <1u/day:		12-Mar-1996
Alcohol units per week:	10:units/week	07-Jul-2011
Alcohol intake within recommended sensible limits:		13-May-2009
Alcohol intake within recommended sensible limits:		07-Sep-2007
Exercise grading:	6:	07-Jul-2011
Exercise grading NOS:	5:	07-Jul-2011
Declined referral to physical exercise programme:	:	07-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Name

Address

Unit Number

Date of Birth
Sex/
Civil state

Occupation

Date of First Attendance

Physician

DATE

13/10/04 Dr MS ANC JR

19/2/19. DERM.

Extensive alopecia.
↓
Affecting - eyebrows + eyelashes.
- ~~to~~ pubic hair.
a-a. much worse

Still axillary + leg hair.

No benefit to steroids + protopic

- Atypia wips Melting due to between work - chef.
↓
- Plan: D/w pt re. Health + Safety.

Referred to hae clinic.

Answer STB.

28/2/19 Vitiligo

No better. No worse
Affects face + back.
on protopic 0-1 %.

Suggested steroid + protopic but to restart it if it gets worse

No fu

Will send c Dr Drummond re: phototherapy

Changing clinic referral

JR

...AL HOSPITAL

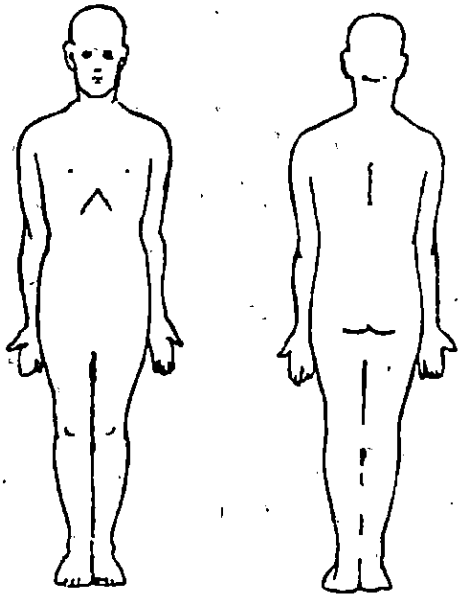
SG99796718
LORRAINE MOFFAT
54 LOCHLEA ROAD
RUTHERGLEN
GLASGOW. 02/04/1968
G73 4QH CHI 0204686547

DERMATOLOGY DEPARTMENT

DATE

HISTORY Vitiligo - March '09
Axillae
chest
Back
face
some involvement of face.

EXAMINATION



DIAGNOSIS

INVESTIGATIONS

TREATMENT

℡ Tel: (Secretary) 0141 201 5466
℡ Fax (Secretary) 0141 201 5117
e-mail: ann.izatt@gvic.scot.nhs.uk

Ref: DCS/AI.796718
Breast Clinic: 2nd March 2004
Dictated: 2nd March 2004
Typed: 2nd March 2004

Dr D M Reid
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73 2PQ

Dear Dr Reid

Lorraine Moffat, 3/2 4 Kirkonnell Drive, Rutherglen G73 4QW
D.O.B. 02/04/68

Thank you for your note about Lorraine who I saw this morning at the breast clinic. She tells me that her breast pain has never really settled since she first attended here in 1996, but recently it has become much worse again affecting the left breast more than the right. It has a clear-cut cyclical pattern and lasts for seven days before each period. Her periods are regular, she has been sterilised and is not taking any medication which could be incriminated in the development of this problem.

On examination there is a generalised increase in nodularity in the upper half of the left breast but no focal abnormality that worried me. I was seeing her at the immediate postmenstrual phase of her cycle when her breasts will be at their quietest.

As she had not responded in the past to Efamast, Danazol, Bromocriptine or Tamoxifen I thought we should go straight on to the preparation that seemed to be most helpful, namely Provera, taken in a dose of 2.5mgs daily for the last ten days of each cycle. I have given her a breast pain diary chart and asked her to see you to get this prescription some time next week. She is going to monitor her symptoms prospectively and I would like her to go through two full cycles before I reassess the situation. She has a review appointment for May.

Yours sincerely

David C Smith
Consultant Surgeon

E-mail Subject Line: Breast Clinic, Mr DAVID SMITH, 0204686547, Moffat, Lorraine

Clinic DC Smith	Day Date 2/3/04	Time 9.10.	Hospital No. 796718
Consultant to complete:	Appointment category	Clinic Details	

Date27-Jan-04 GP Urgency: Routine
Reason (if urgent):

CHI **0204686547**

Please arrange for this patient to attend **Victoria Infirmary, Breast Clinic, Breast Clinic, Mr DAVID SMITH**

Surname **Moffat**
Forename **Lorraine**
Address **3-2 4 Kirkconnell**
Dr□RUTHERGLEN□GLASGOW

Post code **G73 4QW**
Previous name
" address

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number 796718
Referral checked by

Title **Miss**
Date of birth **02/04/68**

Tel

Referring clinician: Dr D M Reid
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

0141 531 6025, fax: 0141 613 3450
Practice Number 49111

I would be grateful if you could see this woman who has suffered from benign breast pain for many years. She has previously attended your Clinic (1998) and is known to have fairly nodular breast tissue. She presented today with her old problem of benign breast pain, in association with a new lump she had found in the left breast. Examination revealed a 2cm firm, cystic feeling lump in the upper outer quadrant of the left breast. No lymph nodes were palpable in the left axilla or supraclavicular region. I would be grateful for your assessment of this lump, and suggestions as to further management of her benign breast pain.

Yours sincerely

DCS
2/3/04

Dr D M Reid

RECEIVED 03 FEB 2004

ING 4/2/04

PT. SENT 10/2/04.

Moffat, Lorraine, 0204686547, 02/04/1968 Mr DAVID SMITH Breast Clinic Victoria Infirmary Routine
IW \\Gps49111serv2\Documents\Dr D M Reid\Moffat, Lorraine 2004 01 27 #1.doc

Victoria Infirmary Colposcopy Clinic **Printed on:** 17/03/03 12:34

Clinic Examination Sheet

Patient: LORRAINE MOFFAT Review Marital status: (None)
Due Date: 02/04/03 Unit Number: 6194 PAS Number 796718

Examination sheet

Supervised by :
remarks >> ~~3/52~~ 17/3/3

LMP :
date >>

Cervix present :
(Yes)
No

SCJ visible :
Yes
(No)

Cervical lesion :
Yes
No

Upper limit seen :
Yes
No

Vaginal lesion :
Yes
No

Vulval lesion :
Yes
No

Colp opinion: cx/vag :
remarks >>

Vulvoscopic opinion :
remarks >>

Tests (specify no.) :
(Cytology) x (1) ~~Cervical biopsy~~
Vaginal Biopsy
Vulval biopsy
Bacteriology
Chlamydia
Other

Treatment performed :
remarks >>

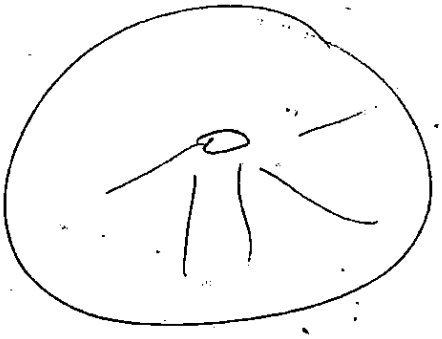
Anaesthesia :
Local
Other

Treatment comps. :
remarks >>

Excision :
Complete
Inconclusive
Incomp - endocervix
Incomp -ectocervix
Incomp - both

Planned follow-up :
remarks >>

Letters to send :
remarks >> (1)



SCJ not seen

radial scar marks from cc.

min AWE post lip - prob scar

w negative



SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A Hassan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/HR/796718

27 March 2002

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat-D.o.B. 2.4.68
223 Galloway Drive, Glasgow G73 4DD

Your patient returned to the colposcopy clinic on 13/3/02. Her colposcopic examination today was normal. Cervical smear however was unsatisfactory. In view of this she will be reviewed back at the Colposcopy clinic in one year's time.

Yours sincerely

Hassan Ali
Staff Grade

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A Hassan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/HR/796718

27 March 2002

Ms Lorraine Moffat
223 Galloway Drive
Rutherglen
Glasgow
G73 4DD

Dear Ms Moffat

Your colposcopic examination on 13/3/02 was normal. We would like to see you in 1 year's time for a check up. An appointment has been made for you to attend on Wednesday 12/3/03 at 10.20a.m.

If the date or time is not convenient please phone the colposcopy clinic on 0141 201 5378 to arrange an alternative appointment.

Yours sincerely

Hassan Ali
Staff Grade

Patient Details

Name:	LORRAINE MOFFAT	Unit no.:	6194
Address:	223 GALLOWAY DRIVE	PAS no.:	796718
	GLASGOW	Phone no.:	634-4572
		Work no.:	
	G73 4DD	Mobile no.:	
GP		NHS no.:	0
Name:	Bremner,	Date of birth:	02/04/68
Address:	Rutherglen H/C	Ethnic origin:	G.G.H.B.
	130 Stonelaw Road	Religion:	(None)
	Glasgow	Marital status:	(None)
	G73 2PQ		

Referral Details

Date:	04/09/00	Referrer:	
RMO:	Dr. Hassan Ali	Organisation:	
Specialty:	Colposcopy	Address:	
Source:	GP		
Reason:	Ab. Screen. Smear		

Baseline

Method of contracept	Sterilised
Referring cytology	Mild dyskaryosis
Date ref. cytology	17/08/00
Laboratory ID	VIC
Ref.No. smear	c,00.0010105
Parity A	Two
Pregnant	No
Patient smokes	Former smoker
Cigarettes per day	20
Genital warts - pat.	No
Genital warts - ptnr	No
Chlamydia	No
Drugs	NO
Drugs	no
Allergies	No

Event

Date	Type	Purpose
04/09/00	New registr/referral	(None)
08/11/00	OP clinic attendance	New patient

09/05/01	OP clinic attendance	Review
27/06/01	OP cancel appointmen	Period
12/09/01	OP clinic attendance	Treatment

Summary

Date	Cyto	CxBx	Treat	BxVag	BxVul	Bact	Chlam	Next
04/09/00								
08/11/00		HPV CIN1						
09/05/01	MildD	HPV CIN1						
27/06/01								
12/09/01			CCoag					

Victoria Infirmary MT Q002

Clinic Examination Sheet Colposcopy Clinic **Printed on:** 04/03/02 16:05

Patient: LORRAINE MOFFAT Review Marital status: (None)

Due Date: 13/03/02 Unit Number: 6194 PAS Number 796718

Examination sheet

Supervised by :
remarks >>

LMP :
date >>

Cervix present :
Yes
No

SCJ visible :
Yes
No

Cervical lesion :
Yes
No

Upper limit seen :
Yes
No

Vaginal lesion :
Yes
No

Vulval lesion :
Yes
No

Colp opinion: cx/vag :
remarks >>

Vulvoscopic opinion :
remarks >>

Tests (specify no.) :
Cytology
Cervical biopsy
Vaginal Biopsy
Vulval biopsy
Bacteriology
Chlamydia
Other

Treatment performed :
remarks >>

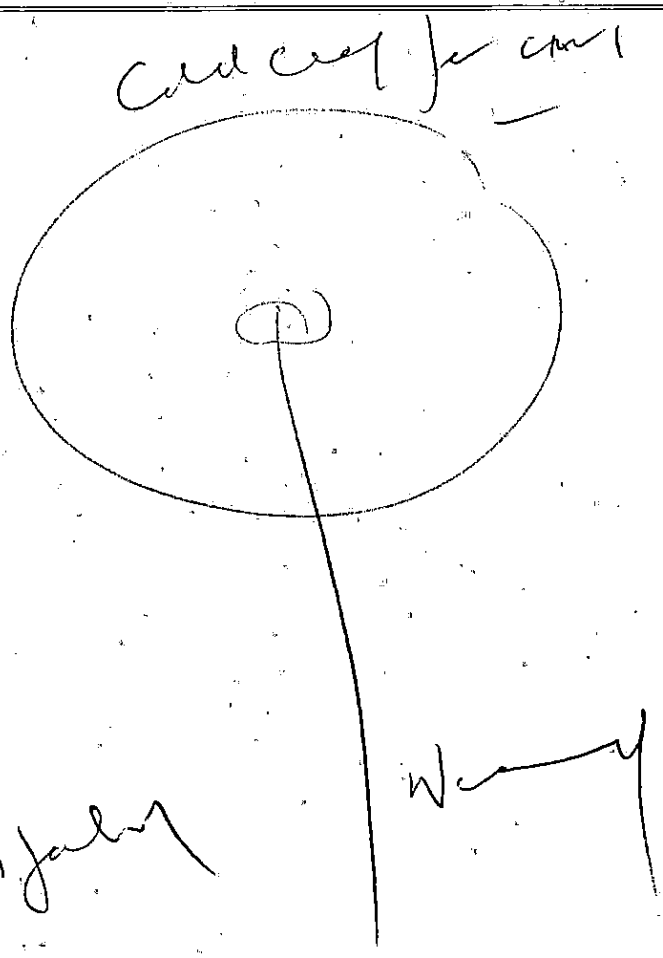
Anaesthesia :
Local
Other

Treatment comps. :
remarks >>

Excision :
Complete
Inconclusive
Incomp - endocervix
Incomp -ectocervix
Incomp - both

Planned follow-up :
remarks >>

Letters to send :
remarks >>



Patient Details

Name:	LORRAINE MOFFAT	Unit no.:	6194
Address:	223 GALLOWAY DRIVE	PAS no.:	796718
	GLASGOW	Phone no.:	634-4572
		Work no.:	
	G73 4DD	Mobile no.:	
		NHS no.:	0
		Date of birth:	02/04/68
		Ethnic origin:	G.G:H.B.
		Religion:	(None)
		Marital status:	(None)

GP

Name:	Bremner,
Address:	Rutherglen H/C
	130 Stonelaw Road
	Glasgow
	G73 2PQ

Referral Details

Date:	04/09/00	Referrer:	
RMO:	AH	Organisation:	
Specialty:	Colposcopy	Address:	
Source:	GP		
Reason:	Ab. Screen. Smear		

Baseline

Method of contracept	Sterilised
Referring cytology	Mild dyskaryosis
Date ref. cytology	17/08/00
Laboratory ID	VIC
Ref.No. smear	c,00.0010105
Parity A	Two
Pregnant	No
Patient smokes	Former smoker
Cigarettes per day	20
Genital warts - pat.	No
Genital warts - ptnr	No
Chlamydia	No
Drugs	NO
Drugs	no
Allergies	No

Event

Date	Type	Purpose
04/09/00	New registr/referral	(None)
08/11/00	OP clinic attendance	New patient
09/05/01	OP clinic attendance	Review

Victoria Infirmary MT Q002

Clinic Examination Sheet Colposcopy Clinic **Printed on:** 03/09/01 09:36

Patient: LORRAINE MOFFAT Treatment Marital status: (None)

Due Date: 12/09/01 Unit Number: 6194 PAS Number 796718

Examination sheet

Supervised by :

remarks >>

LMP :

date >> 1/1/9/01.

Cervix present :

(Yes)
No

SCJ visible :

(Yes)
No

Cervical lesion :

(Yes)
No

Upper limit seen :

(Yes)
No

Vaginal lesion :

Yes
(No)

Vulval lesion :

Yes
(No)

Colp opinion: cx/vag : CIN I → Rpt Biopsy.

remarks >>

Vulvoscopic opinion :

remarks >>

Tests (specify no.) :

Cytology
Cervical biopsy
Vaginal Biopsy
Vulval biopsy
Bacteriology
Chlamydia
Other

Treatment performed : Cold Coag

remarks >>

Anaesthesia :

(Local)
Other

Treatment comps. :

remarks >> —

Excision :

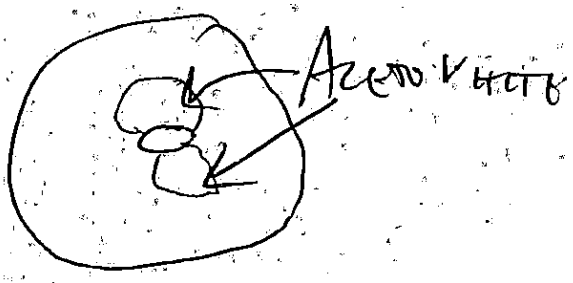
Complete
Inconclusive
Incomp - endocervix
Incomp -ectocervix
Incomp - both

Planned follow-up :

remarks >>

Letters to send :

remarks >>



ST III - 1

Repeat Smear 6/12

Cold Coag

JT Lorrey WED 13/3/01 at 10.50a

SPR.

Victoria Infirmary MT Q002

Clinic Examination Sheet Colposcopy Clinic **Printed on:** 11/06/01 15:12

Patient: LORRAINE MOFFAT Treatment Marital status: (None)
Due Date: 27/06/01 Unit Number: 6194 PAS Number 796718

Examination sheet

Supervised by :
remarks >>
LMP :
date >>
Cervix present :
Yes
No
SCJ visible :
Yes
No
Cervical lesion :
Yes
No
Upper limit seen :
Yes
No
Vaginal lesion :
Yes
No
Vulval lesion :
Yes
No
Colp opinion: cx/vag :
remarks >>
Vulvoscopic opinion :
remarks >>
Tests (specify no.) :
Cytology
Cervical biopsy
Vaginal Biopsy
Vulval biopsy
Bacteriology
Chlamydia
Other
Treatment performed :
remarks >>
Anaesthesia :
Local
Other
Treatment comps. :
remarks >>
Excision :
Complete
Inconclusive
Incomp - endocervix
Incomp -ectocervix
Incomp - both
Planned follow-up :
remarks >>
Letters to send :
remarks >>

PT. Cancelled.

26+27/6.

P.T. Phoned to cancel due to heavy period spoke to Allison, new app made for TX on 12/9/01 @ 11:00.

Summary

Date	Cyto	CxBx	Treat	BxVag	BxVul	Bact	Chlam	Next		
08/11/00		CIN1 HPV							VIR	MildD

Victoria Infirmary MT Q002

Clinic Examination Sheet Colposcopy Clinic **Printed on:** 25/04/01 12:49

Patient: LORRAINE MOFFAT Review Marital status: (None)

Due Date: 09/05/01 Unit Number: 6194 PAS Number 796718

Examination sheet

Supervised by :
remarks >>

LMP :
date >>

Cervix present :
(Yes)
No

SCJ visible :
(Yes)
No

Cervical lesion :
(Yes)
No

Upper limit seen :
(Yes)
No

Vaginal lesion :
Yes
(No)

Vulval lesion :
Yes
(No)

Colp opinion: cx/vag :
remarks >>

Vulvoscopic opinion :
remarks >>

Tests (specify no.) :
(Cytology)
(Cervical biopsy)
~~Vaginal Biopsy~~
Vulval biopsy
Bacteriology
Chlamydia
Other

Treatment performed :
remarks >>

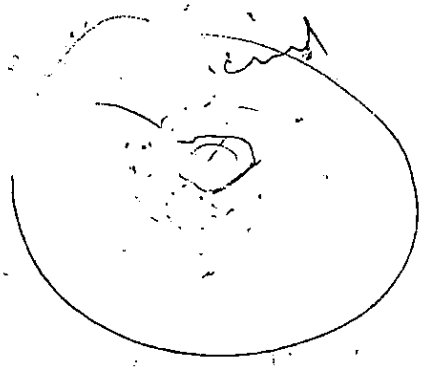
Anaesthesia :
Local
Other

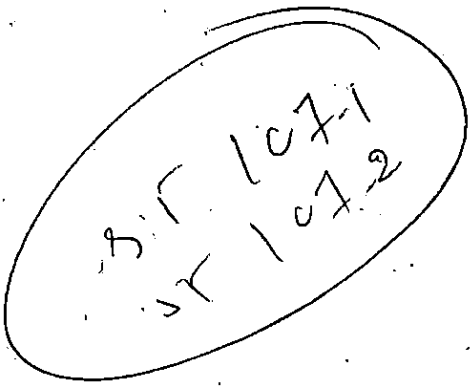
Treatment comps. :
remarks >>

Excision :
Complete
Inconclusive
Incomp - endocervix
Incomp -ectocervix
Incomp - both

Planned follow-up :
remarks >>

Letters to send :
remarks >>





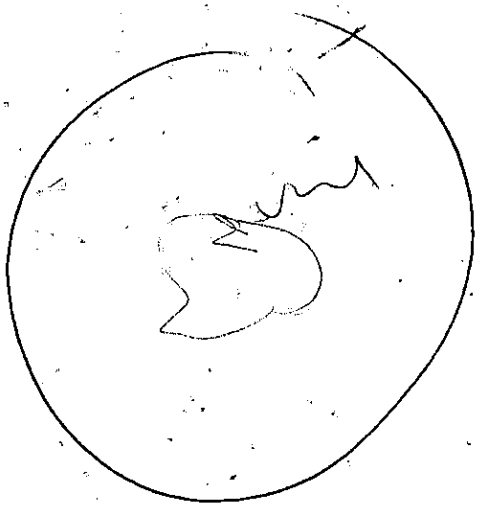
Victoria Infirmary MT Q002

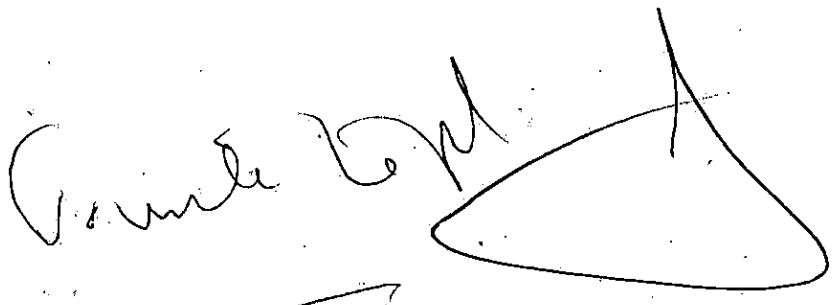
Clinic Examination Sheet Colposcopy Clinic **Printed on:** 02/11/00 10:08

Patient:	LORRAINE MOFFAT	New patient		Marital status:	(None)
Due Date:	08/11/00	Unit Number:	6194	PAS Number	796718

Examination sheet

Supervised by :
remarks >>
LMP :
date >>
Cervix present :
Yes
No
SCJ visible :
Yes
No
Cervical lesion :
Yes
No
Upper limit seen :
Yes
No
Vaginal lesion :
Yes
No
Vulval lesion :
Yes
No
Colp opinion: cx/vag :
remarks >>
Vulvoscopic opinion :
remarks >>
Tests (specify no.) :
Cytology
Cervical biopsy
Vaginal Biopsy
Vulval biopsy
Bacteriology
Chlamydia
Other
Treatment performed :
remarks >>
Anaesthesia :
Local
Other
Treatment comps. :
remarks >>
Excision :
Complete
Inconclusive
Incomp - endocervix
Incomp -ectocervix
Incomp - both
Planned follow-up :
remarks >>
Letters to send :
remarks >>





ST 109.1
ST 109.2

796718mg

VICTORIA INFIRMARY NHS TRUST
GYNAECOLOGICAL CYTOLOGY

Lab No: C,00.0010105

Name : MOFFAT Lorraine
Previous surname:

DOB: 02.04.68 CHI No:
Date of Examination: 14.07.00
Unit No.:796718
FP No:
Home Correspondence:

Address: 223 Galloway Drive
G73

Sender:Dr A.Bremner
GP. :

Source:Rutherglen Health Centre B
GP. Address: B

Sender:
Reason:Routine Repeat
LMP :

No.Pregnancies :2
Age at Menopause:
Smear Type :Cervical

IUCD :
Oral :Past
Cervix:INTACT

Clinical details:Irregular bleeding

REPORT:
Mild dyskaryosis. Inflammatory changes present. Please REFER TO COLPOSCOPY.

C,00.0010105

Date:17.08.00

Screener:SGH

Medical screener:FR

Dr Hassan
Colposcopy

Dr Hassan
WED 8/11/00
0920AM

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A Hassan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/JC/796718

16 April 2003

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat – DoB 2/4/68.
4 Kirkconnel Drive Rutherglen Glasgow G73 4QW.

Your patient was seen at colposcopy clinic 2/4/03. Her cytology and colposcopy have now returned normal. She requires only one follow up in 1 year's time with GP.

Yours sincerely

Hassan Ali.
Staff Grade

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

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Dr Pyone Myint
Dr A Hassan

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G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/JC/796718

16 April 2003

Ms Lorraine Moffat
4 Kirkconnel Drive
Rutherglen
Glasgow
G73 4QW

Dear Ms Moffat

Your cervical smear result is now available which has been reported negative. You should see your GP in 1 year's time for a repeat cervical smear.

Yours sincerely

Hassan Ali
Staff Grade

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A Hassan

Langside Road
Glasgow
G42 9TY
Tel 0141 201 5378
Fax 0141 201 5580

Ref: HA/CC/796718

12 September 2001

Dr Bremner
Rutherglen H/C
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr. Bremner

Re: **Lorraine Moffat – DoB 2.4.68**
223 Galloway Drive, Glasgow G73 4DD

Your patient returned to the clinic and biopsy found: CIN I.

This has been treated with: Cold coagulation 12-09-01

There were no complications and an appointment has been made for her to return to the clinic for colposcopic and cytological review in 6 months.

In the meantime if there is any unexpected bleeding, she has been advised to contact this clinic, and should she develop a foul smelling or coloured discharge, she has been advised to see you.

Yours sincerely,

Hassan Ali
Staff Grade

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A Hassan

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Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/CC/796718

23 May 2001

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat – DoB 2.4.68
223 Galloway Drive, Glasgow G73 4DD

Your patient was seen again at the colposcopy clinic on 9/5/01.

Cervical biopsy has found the following: CIN I and HPV.

This lesion is suitable for treatment at the colposcopy clinic and an appointment has been made for her to return for this.

Yours sincerely

Hassan Ali
Staff Grade

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A Hassan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/CC/796718

23 May 2001

Ms Lorraine Moffat
223 Galloway Drive
Glasgow
G73 4DD

Dear Ms Moffat

I now have the result of your recent cervical biopsy, which has identified abnormal cell changes.

You would benefit from having this area treated and an appointment to return to the clinic for this has been made for Wednesday 27/6/01 at 10.00am.

If it is not suitable, you can make another appointment, or speak to a member of the clinic staff by contacting us at 0141 201 5378.

Information about treatment is available in the leaflet that was sent to you with your first appointment.

Yours sincerely

Hassan Ali
Staff Grade

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A Hassan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/CC/796718

21 November 2000

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat – DoB 2.4.68
223 Galloway Drive, Glasgow G73 4DD

Thank you for referring your patient to the colposcopy clinic, whose smear test showed: mild dyskaryosis with viral changes.

Following cervical biopsy it was found that she had CIN1 and HPV. This will be kept under colposcopic review and if it persists or progress then it can be treated.

A further appointment in 6 months time has been arranged.

Yours sincerely

Hassan Ali
Staff Grade
For Dr R J S Hawthorn

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE VICTORIA INFIRMARY

COLPOSCOPY CLINIC

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Dr Pyone Myint
Dr A Hassan

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/CC/796718

21 November 2000

Ms Lorraine Moffat
223 Galloway Drive
Glasgow
G73 4DD

Dear Ms Moffat

The cervical biopsy taken recently at the colposcopy clinic has identified mild abnormal cell changes at the neck of your womb. This does not require immediate treatment but should be kept under close observation at the colposcopy clinic. Often these mild changes will return to normal after some time, but if they persist then they can be treated.

An appointment has been made for you to return to the colposcopy clinic on Wednesday 9/5/01 at 10.40am when your next smear test is due. If it is unsuitable, then please telephone 0141 201 5378.

Yours sincerely

Hassan Ali
Staff Grade
For Dr R J S Hawthorn

MADP/AI.796718

Direct Line (secretary): 0141 201 5466
Fax: Direct Line (secretary): 0141 201 5117
BREAST CLINIC 2nd MARCH 1999

Dictated: 2nd March 1999
Typed: 3rd March 1999

Dr A D Bremner
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN
G73 2PQ

Dear Dr Bremner

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW G73 4DD
D.O.B. 02/04/68

This lady returned to Mr Smith's clinic for review today. She tells me that since starting a combination of Provera, Bendrofluozide and Efamast her pain has improved in terms of duration if not in terms of amount.

I have explained to her that I do not think there is anything further that can be done from our point of view and have discharged her from the clinic. We would of course be happy to see her again if she has any further problems.

Yours sincerely

M A D PICKARD FRCS
HOSPITAL PRACTITIONER

FB/KL/796718

BREAST CLINIC
Tel: Direct Line: 0141 201 5466
Fax: Direct Line: 0141 201 5117

Dict: 30 November 1998
Typed: 2 December 1998

Dr A.D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73 4DD
D.O.B. 2.4.68

Thank you for your note about this 30 year old lady who found several lumps in her left breast about six months ago. As you know she has had severe cyclical mastalgia for about six years which has been resistant to Bromocriptine, Danazol and Tamoxifen. There is no other past medical history of note apart from sterilisation. Her periods are regular and she is on no regular medication at present. She has two children who were not breast fed and there is no family history of breast cancer.

On examination there are two prominent slightly tender areas of breast tissue in the upper outer and lower outer quadrant of the left breast. There is a soft, mobile and well defined lump in the 7 or 8 o'clock position close to the areolar margin in the same breast. This feels like fatty tissue. For her reassurance I have taken an FNA of this which showed blood and adipose tissue only with no epithelial cells.

She is still complaining bitterly of her cyclical mastalgia and I think it might be worthwhile trying Provera 2.5mg for ten days beginning on the 16th day of her cycle. I have strongly reassured her as far as the lump in her breast is concerned and have arranged to see her again in three months time.

Yours sincerely,

F. BRINCKER
SURGICAL SHO TO DAVID C. SMITH

M96718

RUTHERGLEN HEALTH CENTRE

Tel: 0141 531 6025 (24 hrs). Tel: 0141 531 6010 (Appt. Only)
Fax: 0141 613 3450

Dr. A. D. Bremner
Dr. D. M. Reid
Dr. J. Lynch

130 Stonelaw Road
RUTHERGLEN
Glasgow , G73 2PQ

Ref: ADB/AC
29 October 1998

VICTORIA INFIRMARY
BREAST CLINIC

MR DAVID SMITH

Dear Mr Smith,

Re: Lorraine Moffat, D.o.B 2.4.68, 223 Galloway Drive,
Rutherglen, Glasgow, G73.

This girl who attended you in 1997 because of breast pain has presented with a small tender cystic lump in the lower half of her left breast. This has failed to respond to antibiotics and anti inflammatories. I should be most grateful for your advice re-further investigation and management here.

Yours sincerely

TUES 1.12.98 am

DR A D BREMNER

RECEIVED - 3 NOV 1998

CLINIC 11/11/98

THE VICTORIA INFIRMARY
NHS TRUST



Our ref:
Your ref: 796718

Victoria Infirmary
Langside
Glasgow G42 9TY
Telephone: 0141-201-6000

If phoning ask for Ext 5133

M/S. Lorraine Moffat
223 Galloway Dr
Glasgow G73 4DD

Dr Reid
Rutherglen H/C

DATE: 7/3/97

Dear Madam

We note you failed to keep your appointment with MR DC SMITH

on TUES 4/3/97 You are therefore advised that:

(a) No further appointment has been allocated and you should contact your own G.P. for advice.

(b) Another appointment has been arranged for .....
at ..... a.m./p.m.

Appointments Desk
Victoria Infirmary
Langside
Glasgow
G42 9TY

DCS/CMcC/796718

✆ DIRECT LINE: 0141 201 5466
FAX LINE: 0141 201 5206

Dictated on the 4th February 1997
Typed on the 11h February 1997

BREAST CLINIC

Dr Reid
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Reid

LORRAINE MOFFAT DOB 2/4/68
223 GALLOWAY DRIVE GLASGOW G73 4DD

Lorraine has not achieved any benefit from Tamoxifen and it looks as though her breast pain is going to be refractory to all forms of treatment. I have asked her to stop her Tamoxifen, the only alternative now would be to give her a 10 day course of supplementary progesterone during the second half of the cycle on the assumption that the pain could be due to an imbalance between oestrogen and progesterone. I would like all the Tamoxifen to be washed out of her system before we do that. I am seeing her in a months time to discuss that further with her.

Yours sincerely

DAVID C SMITH
Consultant Surgeon

DNF 4/3 – DNSF

AMG/KL/796718

BREAST CLINIC
Direct Line: 0141 201 5466

Dict: 3 December 1996
Typed: 10 December 1996

Dr D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73 - D.O.B. 2.4.68

I reviewed this lady at Mr Smith's Breast Clinic today. She tells me that she has gained no benefit from her Bromocriptine therapy and that her breast pain is just as severe. She now appears to be in despair. After a long chat Lorraine has reluctantly agreed to commence Tamoxifen tablets. I would therefore be very grateful if you could issue her with a prescription for Tamoxifen 20mg daily and we will review her again in the clinic in a further two months.

Yours sincerely,

ALISON M. GAVIN
CLINICAL ASSISTANT

DCS/KL/796718

BREAST CLINIC
Direct Line: 0141 201 5466

Dict: 1 October 1996
Typed: 6 October 1996

Dr D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73
D.O.B. 2.4.68

Lorraine's symptoms have failed to improve with Bromocriptine. She is very nodular in the upper outer quadrant of the left breast. Before being certain that Bromocriptine will be of no benefit I thought she would worth treating for a further two months and if that fails perhaps a trial with Tamoxifen might be worthwhile.

I have asked her to continue with her therapy and to fill in her breast pain diary chart.

Yours sincerely,

DAVID C. SMITH
CONSULTANT SURGEON

DCS/KL/796718

BREAST CLINIC
Direct Line: 0141 201 5466

Dict: 6 August 1996
Typed: 13 August 1996

Dr D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73
D.O.B. 2.4.68

Lorraine continues to have moderately severe breast pain more troublesome in the left breast than the right. It has a clear cyclical pattern. I think she should now start Bromocriptine. Because of nausea as a side effect it has to be introduced slowly and I have attached the dose schedule at the bottom of this letter.

I will see her again for review in eight weeks by which time I hope she will have had at least one full cycle and part of a second cycle on the Bromocriptine so that we can assess the response.

Yours sincerely,

DAVID C. SMITH
CONSULTANT SURGEON

Bromocriptine - 2.5mg on 1st day, or daily 2-3 days then 2.5mg twice daily for 14 days.

DCS.LN.769718

Direct Line 0141 201 5466

Dictated 4th June, 1996.
Typed 13th June, 1996.

Dr. D. Bremner,
Rutherglen Health Centre,
130, Stonelaw Road,
Glasgow, G.73 2PQ.

Dear Dr. Bremner,

LORRAINE MOFFAT, 223, GALLOWAY DRIVE, G.73. DOB 2.4.68.

Thank you for your letter about this young woman. I note that she has failed to respond to Efamast and Danazol for her cyclical breast pain and nodularity. Examination confirmed the generalised benign nature of the problem that you had outlined in your letter. There was certainly nothing of a sinister nature that concerned me.

Rather than embark on third line therapy using Bromocriptine I thought that it might be better to chart the extent and severity of her pain and I have given her a breast pain diary chart to do this. I have also suggested that she might obtain significant relief by reducing the amount of caffeine and fat in her diet. She takes a fair amount of normal coffee supplemented by Coke and Irn bru both of which contain high levels of caffeine. I think this will make a significant difference and I will see her again in two months.

Yours sincerely,

DAVID C. SMITH,
CONSULTANT SURGEON.

Hospital use Only | Clinic BREAST | Da, Date 4.6.96 | Time 9.20 | Hospital No. 796718 | GP112

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

Appointment Category: Routine [X] Soon [ ] Urgent [ ]

Hospital Victoria Infirmary Date 26.4.96 CHI No.

Please arrange for this patient to attend the Breast clinic of Dr/Mr David Smith

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname MOFFAT Maiden Surname

First Names Lorraine Single/Married/Widowed/Other

Address 223 Galloway Drive Date of Birth 2.4.68

Rutherglen Patient's Occupation

Postal Code G73 4DD Contact telephone number

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

Name of Hospital Victoria Infirmary

Year of Attendance 1995 Hospital No. 796718

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

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Dr A D BREMNER
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen G73 2PQ
Tel: 0141 531 6025

Please use rubber stamp

ADB/IB/06325

49111

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

Dear Mr Smith David,

This girl has suffered from fairly extensive fibrocystic disease for several years now but at the present time her breasts are very tender indeed and there are some very firm, craggy lumps particularly on the left side.

Despite anti-inflammatories, antibiotics and Efamast the situation is not improving and I should be most grateful for your opinion re further management here.

Kind regards.

Yours sincerely

Dr A D Bremner

R

DATE RECEIVED 02 MAY 1996
FOR VETTING 6 MAY 1996
DATE APPT. SENT 9-5-96

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

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

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

..... Signature .....

Printed by HMSO Scotland. Dd 8391984 1/96 (114006)

355-2104

THE VICTORIA INFIRMARY N.H.S. TRUST - SURGERY DEPARTMENT

Name

Address

796718
MOFFAT LORRAINE
223 GALLOWAY DR F
RUTHERGLEN M
GLASGOW 02/04/68
G73 4DD G.P:Prac.49111

Unit Number

Surgeon

Date of Birth Sex / Civil state

Occupation

BOOK

VICTORIA	

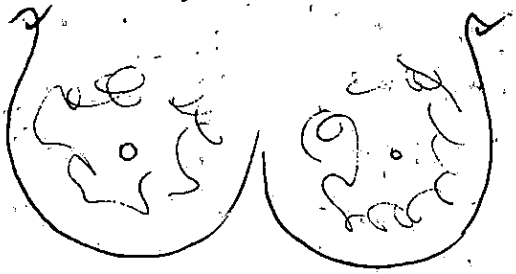
SOON URGENT

Booked by.....

Diagnosis

O.P. Treatment

at..... on .....

Date	History and Clinical Findings
4.6.96	Has had lumpectomy L breast > Rx for 3yrs. Home for 10 days premenstrually Aged 28. para 2+0 Periods recently irregular. Ovs sterilised. Last LMP 16.5.96. Has to take bra off at night. Symptoms more than clearance than pain. ? 8/day. Used Efamast 2yrs ago for 6/12 and had damaged for 8/52 last summer but hair came out. Medrol. Efamast cured the pain but not the lumpiness O/E  generalised nodularity BPDC. ↓ caffeine & fat. See 2/12
6.8.96.	Chest confirms moderate to severe breast pain L>R O/E mild to fibrotic today. (Last 1/52 ago). See 8/52 Next Mammogram

FORM 0164724

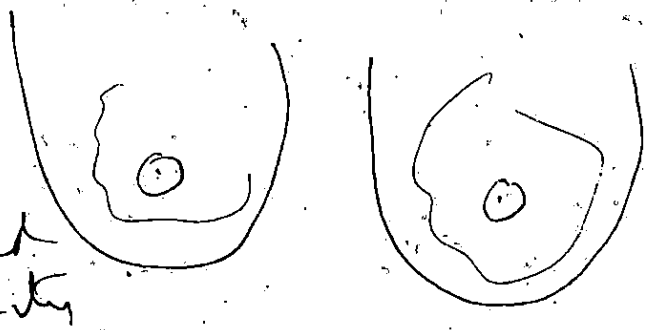
Really very difficult
O/E very [illegible] L' VOQ.

CT scan H/L ? tiny Tamoxifen thin

3/12/96 No response to Bromocryptine
Reluctant to try further Rx.
Will attempt Tamoxifen 20mg

4/2/97 Pain not settled at all with even Tamoxifen
Pattern cyclical breast pain.
2 Mild — Severe — Mild — P.

O/E



~~No~~ granular generalised nodularity
No lump.

Stop Tamoxifen — try supplementary progesterone in 1/12 time review if Tamoxifen

THE VICTORIA INFIRMARY N.H.S. TRUST - SURGERY DEPARTMENT

Name

Address

Unit Number

Date of Birth Sex / Civil state

Occupation

Surgeon

BOOK

VICTORIA

SOON URGENT

Booked by.....

Diagnosis

O.P. Treatment

at..... on .....

Date

History and Clinical Findings

1/12/98

(30) F found several lumps (L) breast ~ 6/12 ago.

Severe cyclical mastalgia (L) > (R) for 17 days/month for ~6 years

PMH: Attended '97 - therapy resistant cyc. mastalgia (Bromocriptine, Tamoxifen)

Sterilised

DH: Ø

Periods regular

SH: 2 children - not breastfed

FH: Ø

O/E:



soft, mobile, well defined lump - ? fatty tissue

FNA - blood + adipose tissue, epithelial cells

→ Try Provera 2.5mg for 10/7 beginning 16th day of cycle for mastalgia

See 3/12

Barb

FORM 0164724

THE VICTORIA INFIRMARY — SURGERY DEPARTMENT

Name

Address

Unit Number

Date of Birth / Sex / Civil state / Occupation

Surgeon

BOOK

VICTORIA

SOON URGENT

Booked by.....

Diagnosis

O.P. Treatment

at..... on .....

Date	History and Clinical Findings
2.3.04	Remenno of bilateral breast pain LT >> RT. Cyclical. Last 7 days. Used tablets previously for 3 days. LMP 26.2.04. Loc. Aged 35 para 2+0. Not feeding off FH. Caffeine intake continues.



↑ modularity benign masses

Bone — stiff Breasts

FORM 0164724 VIC 683

THE V[illegible] PMARY

IN CONFIDENCE VICTORIA INFIRM VIU-796718

ADMISSION FORM V2

16/02/95 08:30 1 WLDB 1 HOME Daycase 24/01/95 3 NHS

DAY SURGERY	HOSP. NAME GYNAECOLOGY		DR J MOWAT	CASE RECORD NUMBER			
MRS MOFFAT	TIME	TYPE LORRAINE	SOURCE	INPAT./DAYCASE 2	DATE ON W.L. 02/04/1988	PATIENT CATEGORY	M
226 GALLOWAY DR RUTHERGLEN GLASGOW		SPECIALTY		CONSULTANT			

SURNAME	FORENAME	TITLE	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
[illegible]	[illegible]	HOUSEWIFE				

ADDRESS 4 DD NO ALT./PREV. SURNAME

REID D OCCUPATION 130 STONELAW ROAD

2339252 49111|1 RUTHERGLEN

POSTCODE TELEPHONE No. OCCUPATION (HUSBAND/FATHER) 647 7171 G73 2PQ

NAME			
HUSBAND			
G.P. CODE S/A	PRACTICE	ADDRESS	
CONTRACT No.		TELEPHONE No.	POSTCODE

NAME	RELATIONSHIP		NAME	RELATIONSHIP
ADDRESS		AND / OR	ADDRESS	
Ch.of Scotland				
DAY PHONE No.	NIGHT PHONE No.		DAY PHONE No.	NIGHT PHONE No.

RELIGION	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.

DISCHARGE SUMMARY

DATE	TIME	DISCH. CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
16/02/95	14:50						
HOSPITAL		CODE		WARD	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO							

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS		
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

	CODE	DATE
MAIN OPERATION		
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE			NATIONAL USE	

MAUREEN BOYCE 16/02/95 08:53

JM/AB/796718

GYNAECOLOGY DEPARTMENT

DIRECT LINE 0141 201 5371

DICTATED 21/02/95
TYPED 22/02/95

Dr Chatfield
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow G73 2PQ

Dear Dr Chatfield

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW G73. DOB 2/4/68

This patient was admitted for sterilisation. EUA revealed no pelvic abnormality and this was confirmed at laparoscopy where a ring was applied to each tube for sterilisation. Her post-operative recovery was satisfactory and she went home the same day.

Yours sincerely

J Mowat
Consultant Gynaecologist

VICTORIA INFIRMARY N.H.S. T[illegible] ER[illegible]TION SHEET

SURNAME (Block Letters)

FIRST NAMES (Block Letters)

796718
MOFFAT LORRAINE
223 GALLOWAY DR F
RUTHERGLEN N
02/04/68
G73 4DD G.P.Prac.49111

IMED

Lap steri

AGE REGISTRATION NUMBE

ASSISTANT

Gbabel

ANAESTHETIST

Consent

16.2.95 GA

Normal fundus.
Ex. nad.
adequate flow

Laparoscopy

normal adnexa
very adhesed omentum 5cm tubes.

FORM 0168262

JMcC/920526

1240
8/2/95
on pills

THE VICTORIA INFIRMARY
NHS

796718
MOFFAT LORRAINE
223 GALLOWAY DR F
RUTHERGLEN N
02/04/68
G73 4DD G.P.Prac.49111

CONSENT TO ANAE
INVESTIGATIOI

(Notes for Guidance of D

Patient Name (BLOCK CAPITALS) Lorraine Moffat Date 16/2/95

Unit Number 796718 Proposed Procedure (BLOCK CAPITALS) Cap. Sensitivity

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

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

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

Name (BLOCK CAPITALS) SABEL

SIGNATURE

TO BE COMPLETED BY THE PATIENT

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

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

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

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

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

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

To the procedure named on this form.

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

Signature L. Moffat

Patient / Parent / Guardian / Next of Kin*
(*DELETE AS APPROPRIATE)

Name (BLOCK CAPITALS) L. MOFFAT

Address 22

0444405

JMcC/942539

IDANCE

1. A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand, about the proposed procedure, any side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on this form.

   1.1 The patient must give written consent to be examined by students during any procedure for which written consent is required. (See Below).

2. PATIENTS

   2.1 The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

   2.2 You may ask for a relative or a friend or a nurse to be present while the Doctor/Dentist explains the procedure and asks you to sign this form.

   2.3 Students need to learn how to examine patients and to see how procedure are done. This is important for the future of health services. you may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give your consent or not b whatever you decide, it will not affect your treatment.

---

1. I **agree / do not agree*** to the involvement of a student at the procedure named on this form.

2. I **agree / do not agree*** to examination by a student during the procedure named on this form under the supervision of the senior medical/dental officer undertaking the procedure.

Name _____ Date _____
(BLOCK CAPITALS)

Signature _____

* DELETE AS APPROPRIATE

GREATER GLASGOW HEALTH BOARD — VICTORIA INFIRMARY UNIT

796718
MOFFAT LORRAINE F
223 GALLOWAY DR N
RUTHERGLEN
02/04/68
G73 4DD G.P.Prac.49111

ERATION FOR PRIMARY STERILISATION

I ....

of ....

hereby consent to the operation of sterilisation performed upon myself.

The nature and purpose of this operation has been explained to me by

Dr. SABET .....

I understand that the operation is usually permanent in its effects and that it may not be possible to reverse the effects at a later date.

I consent to the administration of a general, local, regional or other anaesthetic

.....

No assurance has been given to me that the operation will necessarily be performed by a particular surgeon.

DATE 16/2/95 SIGNED L. Moffat

(BLOCK CAPITALS).....

I have explained to the patient (*and to the husband/legal guardian) the nature and purpose of the operation above.

DATE 16/2/95 SIGNED .....

(Medical Practitioner)

* To be completed where the husband or legal guardian require to sign.

Husband/Legal Guardian
(To be completed where necessary or desirable)

.....

husband of/legal guardian of

.....

hereby agree to the operation of sterilisation above being carried out on my wife/daughter/ward. I fully understand the nature, purpose and implications of the operation and in particular that sterilisation is probably not reversible, as explained to me by

Dr.....

DATE..... SIGNED..... .....

Form 11

796718
MOFFAT LORRAINE
223 GALLOWAY DR F
RUTHERGLEN N

G73 4DD 02/04/68
DAY SURGERY G.P.Prac.49111

PRE-OPERATIVE PATIENT QUESTIONNAIRE

FOR THE ATTENTION OF PATIENTS RECEIVING A GENERAL ANAESTHETIC

PLEASE TICK CORRECT ANSWERS

	NO/YES
Will you be on you own when you get home?	NO
Will this be you first operation?	YES
Have you or any of your family had problems with anaethetics?	NO
Do you have a cough, cold or nose trouble?	NO
Have you had any serious illnesses in the past?	NO
Have you had heart disease, rheumatic fever or high blood pressure?	NO
Do you get swollen ankles?	NO
Do you smoke? - (Indicate how many per day) (20)	YES
Do you have arthritis or muscle disease?	NO
Do you suffer from anaemia or blood disorder?	NO
Have you ever had liver disease or been jaundiced?	NO
Do you drink more than a moderate amount of alcohol?	NO
Have you ever had kidney disease?	NO
If female, date of last period?	8.2.98

YOU ARE REMINDED THAT YOU SHOULD NOT DRIVE OR OPERATE MACHINERY FOR 24 HOURS FOLLOWING YOUR ANAESTHETIC.

PATIENT'S SIGNATURE L Moffat

NURSE'S SIGNATURE G Steele

THE VICTORIA INFIRMARY OF GLASGOW

ANESTHESIA SHEET

796718
MOFFAT LORRAINE
223 GALLOWAY DR F
RUTHERGLEN N
02/04/68
G73 4DD G.P.Prac.49111

FIRST NAMES (Block Letters)	AGE	REGISTRATION No.
	26.	

DATE OF OPERATION 16/2/95

PREMEDICATION

TIME ADMINISTERED a.m./p.m.

OPERATION BEGAN

ENDED

ANAESTHESIA BEGAN

ENDED

OPERATION PERFORMED

laparoscopic steralisation

AGENTS AND TECHNIQUE EMPLOYED

HAEMOGLOBIN

BLOOD GROUP

ANAESTHETIST'S SIGNATURE

JMcC 920416

R46

Operation performed

Estimated Blood Loss

Tubes

Drains

Urinary Catheter

Packing

I.V. Fluids During Operation

INSTRUCTIONS

Record Pulse and B.P. every 15: 30: 60: mins.

Record Central Venous Pressure every 15: 30: 60: mins

Oxygen :

ic Aspiration :

Catheter :

Medication :

Other :

Continue I.V. Fluids with	Rate
1	
2	
3	
4	

Signature

Time	a.m./ p.m.											
Pulse	Rate											
	Irregular											
Blood Pressure												
Central Venous Pressure												
Temperature												
Airway	Present											
	Inserted											
Oxygen												
Conscious												
Unconscious												
Colour	Satisfactory											
	Poor											
Volume Fluid Loss	Vomit											
	Aspiration											
	Urine											
	Drain											
	Wound											

Discharge to Ward : Time :

	I.V. Fluids Given	
Time	Type of Fluid	Amnt.

Time	Medication	Initial

Signature

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

DATE	REGULAR PRESCRIPTIONS 6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
96/7/95	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	J at 1105 Initial	J @ 11.05 JP.

NAME: Lorraine Moffat

UNIT NUMBER: 796718

WARD: DSU. Dr Mowat

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

CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MB/1/C

HOSPITAL

MEDICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS													COMMENTS ON DISCREPANCIES
DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES			
	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial			

NAME

UNIT NUMBER

WARD

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

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

HOSPITAL
PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H 16/2/95	STEMETIC	3mg	Imm	3	8hly	as	req	for	vomiting	L. Cullen						
	J 16/2/95	co-proxamol	2 tabs	oral	6	8hly	as	req	for	pain	L. Cullen						
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS

DIET

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN
2/2/95	Home	co-proxamol 2 tabs oral	6 hly x 2	days	L Cullen	J Hardy	14 30

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
ISU	Lorraine Moffat	2/4/68			796718	OR Mowat.

KNOWN MEDICINE SENSITIVITIES: 1.

PATIENT CARE PLAN DAY SURGERY UNIT VICTORIA INFIRMARY

TO BE COMPLETED AT OUT-PATIENT CLINIC:- CONSULTANT DR. MAFFT UNIT NO.

Addressograph/Name & Address

796718
MOFFAT LORRAINE
223 GALLOWAY DR F
RUTHERGLEN N
02/04/68
G73 4DD G.P.Prac.49111

Sisters
Patients Tel No:- 630 1159
Religion C/S

Husbands work
Escort Tel No:- →634 7532

Next of Kin Name & Address David (Husband) Same address

Sisters phone
Next of Kin Tel No:- 630 1159

Proposed date of operation:- THURS 16/2/95

Operation planned:- lap ster

Nursing notes relevant to treatment

Social circumstances if relevant 2 children aged 7 + 10 - Husband will care for them after surgy.

SPECIAL REQUIREMENTS	IF YES ARRANGEMENTS MADE	SIGNATURE
Ambulance required	NO/YES	
Counselling	NO/YES	
Interpreter	NO/YES	
Community nurse pre/post op	NO/YES	
Special diet required	NO/YES	

DISCHARGE CHECK LIST

	TICK NO	TICK YES		TICK NO	TICK YES
Wound/operation site satisfactory		✓	Satisfactory analgesia		✓
Stable vital signs		✓	Responsible adult escort		✓
Alert and orientated		✓	Tolerating oral fluids		✓
Post-op instructions surgical		✓	Letter to GP		✓
Verbal and written instructions		✓	Passes urine		✓
			Venflon removed		✓

Follow up NFU

Medication to take home Coproxinal

Nurses signature [signature] Time of discharge 14.50

ANAESTHETIC ASSESSMENT

ANSWERS TO QUESTIONS IN BOX NUMBER ONE SHOULD BE NO EXCEPT FOR ALLERGIES

1) Date completed:-		PLEASE LIST ALLERGIE
Are you under 10 or over 75 years of age?	Yes/No	
Have you ever had any of the following conditions		
Angina, heart trouble, or chest pain on exercise	Yes/No	
Asthma, wheeze, or breathless on walking	Yes/No	
Fits or convulsions (except in childhood)	Yes/No	
Diabetes	Yes/No	
Hiatus hernia	Yes/No	
Stroke	Yes/No	
Heartburn regularly (more than once per week)	Yes/No	
Have you had a problem with previous anaesthetic	Yes/No	
Have you had problems with bleeding	Yes/No	
Do you have any allergies	Yes/No	
Do You take any drugs, tablets, or medication (if yes does it include any of the following, Wafarin, Digoxin, Insulin, oral antidiabetic drugs or monoaminoexidase inhibitors, Parnate, Marplan, or Nardil)	Yes/No	

ANSWERS TO QUESTIONS IN BOX NUMBER TWO SHOULD BE YES

2)	
Would you be happy to have your operation as a day patient	Yes/No
Can you arrange for a responsible adult to collect you after surgery	Yes/No
Can you arrange for a responsible adult to stay with you overnight	Yes/No
Do you have access to a telephone	Yes/No
Do you live within 30 minutes car journey of the hospital	Yes/No

B/P 124/66 (170/110) ACCEPT ~~REJECT~~

Weight 57

Height 156

BMI 24 maximun (28 Laps) (30 Others)

Bloods taken

Nurses signature Julie Anslow

PRE-OPERATIVE CHECK LIST ON DAY OF SURGERY

Locker No 13.

Patient anaesthetic questionnaire checked and signed (Yes)/No

Fasted from 16.2.95 10pm

Passed urine (Yes)/No

Consent form signed (Yes)/No

Identification bracelet (Yes)/No

Artificial teeth TBR. (Yes)/No

Contact lens removed Yes/~~No~~ N/A

Hearing aid removed Yes/~~No~~ N/A

Any Known Allergies None Known

Blood group if relevant

Nail varnish, make up, jewellery removed (Yes)/No

Any crowned/capped teeth Yes/(No)

Pre-medication given Yes/(No)

If on trolley correct way round Yes/~~No~~

Confirm operation and site with patient (Yes)/No

Patient has arranged an escort (Yes)/No

Signature of nurse completing check list SN G Steele

Anaesthetic nurse check signature

ADMISSION TO PRIMARY RECOVERY ROOM

Post op recordings Time AM/PM	9.50	10.00	10.10	10.20	10.30	10.40
B.P	114/67	114/71	119/73	121/53	107/57	96/46
Pulse	82	76	84	76	68	67
% Saturation	100%	100%	99%	99%	98%	99%
Airway Type	EM	own	own	own	own	own
Oxygen	10l/m	9l/m	Nil	Nil	Nil	Nil
Conscious	NO	YES	YES	YES	YES	YES
Unconscious	YES	NO	NO	NO	NO	NO
Colour Satisfactory Poor	SATIS	SATIS	Satis	SATIS	SATIS	SATIS
Wound PV. ABD.	NW Slight	nil SAME	nil SAME		nil SAME	nil SAME

Lorraine Moffat
796718

EDT
13.50

TIME TRANSFERED TO SECONDARY RECOVERY _____

NURSING CARE UNTIL DISCHARGE

ELIA LAP STOR
10 A.M. . Pain score 5. anaesthetist informed :

10.20am c/o Pain. Morphine 3mgs given I.V. by Dr Gilles J. Paterson

10.40. Pain much improved J. Paterson

10.55 c/o Pain pain score 8. J. Paterson.

11.05 co-proxamol tablets x2 given J. Paterson

JM/AB/796718

GYNAECOLOGY DEPARTMENT

DIRECT LINE 0141 201 5371

DICTATED 24/01/95
TYPED 26/01/95

Dr Chatfield
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73

Dear Mary

LORRAINE MOFFAT, 223, GALLOWAY DRIVE, GLASGOW G73. DOB 2/4/68

Thank you for asking me to see this patient who seeks sterilisation. She is 26 years old with 2 children aged 10 and 7. Her husband is 31, but he has rejected vasectomy. She is currently on the pill but, definitely does not want anymore children. Apart from chronic cervicitis I could detect no abnormality. I have taken a smear, and after discussing the pros and cons with her, I shall arrange for her admission for laparoscopic sterilisation as a day procedure.

Yours sincerely

J Mowat
Consultant Gynaecologist

Hospital use Only	Clinic Gyn	Day Date 24/11/94	Time 2.30	Hospital No. 796718	GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital Victoria Date 24 11 94 CHI No.

Please arrange for this patient to attend the Gynaecology clinic of Dr/Mr Dr. Mowat

Patient's Surname MOFFAT Maiden Surname

First Names Lorraine Single/Married/Widowed/Other

Address 223 Galloway Drive Date of Birth 2 4 68

Rutherglen Patient's Occupation

G73 - 4 5 D

Postal Code Contact telephone number

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

Name of Hospital

Year of Attendance Hospital No.

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

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Dr M Chatfield
Rutherglen HC
130 Stonelaw Road
G73

Please use rubber stamp

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

Dear Jim

This girl is Para 2+0. Her youngest is seven years and she is keen to be sterilised. I have counselled her at some length but she is adamant in her request. Perhaps you would be good enough to consider this.

Kind regards

Yours sincerely,

Rutherglen Health Centre

DATE RECEIVED 29 NOV 1994
FOR VETTING 2 DEC 1994
DATE APPT SENT 8/12/94.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

CF GYNAECOLOGY OF

Name

Unit Number

Address

Date of Birth
Civil State

Occupation

Date of First Attendance

Surgeon

Diagnosis

Disposal

Report to Dr.

Admit – Immediate.
per Waiting List
Urgent/Soon/Non-Urgent.

O.P. Treatment

at _____ on _____

Lupe 31

Age 26

Years Married

Total Pregnancies
10
? > 2+

HISTORY

Want sterilised considering work Dr.

Currently on the pill

Does not want more children – Gyn.

MENARCHE
MENOPAUSE

PREVIOUS MENSTRUAL CYCLE /

PRESENT MENSTRUAL CYCLE / L.M.P.

PAST HISTORY

Nil significant.

Previous lap c/o.

? cystic ovaries

EXAMINATION

Cervical chlamydia

~~Pt to theatre~~

Examined by

RECOMMENDATIONS

Counselling

Pre op tests

Lap + Steri DSO

Form 0163739 JMcC/942505

dict 1.2.94 typed 4.2.94
DERMATOLOGY DEPT EXT 5413

Dr. Reid,
Rutherglen Health Centre,
130 Stonelaw Road,
Glasgow. G73

Dear Dr. Reid,

LORRAINE MOFFAT D.O.B: 2.4.68
223 GALLOWAY DRIVE, GLASGOW. G73 4DD

Thank you for referring this above patient to Dr. Munro's Dermatology Clinic where she was seen on 1st February 1994.

Diagnosis	Alopecia areata
Treatment	No action is required
Follow up	Not intended

Lorraine's problem with alopecia seems to be self limiting as expected. She also complains of loss of eye lashes but it was explained this should also be self limiting and there is no further action required.

Yours sincerely,

S MCKEON,
SHO IN DERMATOLOGY

REF NO SM/EG/796718

use Only | Clinic Dr Munro | Day Date 23/12/93 | Time 3.50 | Hospital No. 796718 | GP112

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

Appointment Category: Routine ☐ Soon ☑ Urgent ☐

Hospital Victoria Infirmary. Date 3.11.93. CHI No.

Please arrange for this patient to attend the Dermatgological O/P Clinic clinic of Dr/Mr Any Consultant.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname MOFFAT. Maiden Surname

First Names LORRAINE. Single/Married/Widowed/Other

Address 223 GALLOWAY DRIVE. Date of Birth 2.4.1968.

RUTHERGLEN. GLASGOW. Patient's Occupation

Postal Code G73 4DD G73. Contact telephone number

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

Name of Hospital

Year of Attendance Hospital No.

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

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. D. MARK REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
GLASGOW G73 2PQ
041-647 7171

Please use rubber stamp

Our ref: DMR/EW.

49111

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

Dear Doctor,

This young woman presented about a month ago with one patch of alopecia on her scalp. Over the intervening time several other patches have appeared. The skin of the scalp appears healthy but she is understandably concerned about the prognosis here.

I would be grateful for your opinion.

Thanks for seeing her.

Yours sincerely,

D Mark Reid

DR. D. MARK REID.

NOV 1993
11 NOV 1993
12/11/93

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

355-2104

Dd8435631 3/93 15M 13161

DERMATOLOGY DE

Name

Address

796718
MOFFAT LORRAINE
223 GALLOWAY DR F
RUTHERGLEN N
02/04/68
G73 4DD G.P.Prac.49111

Unit Number

Date of Birth
Sex/ Civil state

Occupation

Date of First Attendance 1.2.94

Physician Dr Munro

DATE

1/2/94.

25yrold woman
-noticed several patches of alopecia last year on scalp. Appears to have grown in now No history of scalp irritation.
Now feels she is losing eyelashes.
No hair loss elsewhere.
No history of dermatological complaints.

Rutty nil DH; No medication
No known allergies.

Was taking oxytetracycline for acne when alopecia first noticed. Stopped this in December.
O/E. No evidence of alopecia.
Some eyelashes
no problem c nails.
A. Alopecia Areata
SIB Dr. Munro
— no action required

Form J0156

MOUNT SHEET

11 11
10 10
9 9
8 8
7 7
6 6
5 5
4 4
3 3
2 2

VICTORIA INFIRMARY NHS TRUST
GYNAECOLOGICAL CYTOLOGY

Lab No: C,01.0007058

Name : MOFFAT Lorraine
Previous surname:

Address: 223 Galloway Drive
G73 4DD

DOB: 02.04.68 CHI No:
Date of Examination: 09.05.01
Unit No.:796718
FP No:
Home Correspondence:

Sender:Hassan Ali
GP. :

Source:Colposcopy Unit
GP. Address:RUGHC

17 MAY 2001

Sender:
Reason:
LMP :

No.Pregnancies :2
Age at Menopause:
Smear Type :Cervical

IUCD :
Oral :
Cervix:INTACT

Clinical details:At colposcopy.

REPORT:
Mild dyskaryosis. Viral changes present. Biopsy indicated if clinically appropriate.

CONTROL Routine ☐ Monthly ☐
FOLLOW-UP GP ☐ Hosp ☐ Colpo ☐
DATE

Date:11.05.01 Screener:SFI

Medical screenerEMD

SGH487

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
PATHOLOGY DEPARTMENT

Name :MOFFAT Lorraine
Address :4 Kirkconnel Drive
Rutherglen
G73 4QW
Unit No.:796718

Date of Birth :02.04.68
CHI No :0204686547
Previous Name :
FP Number :

Sender :Dr.A.Hassan
Address :Colposcopy Unit, Victoria G.P.:

Smear taken : 02.04.03
Date received : 02.04.03

Reason for smear : Repeat of prev.non-neg.
Appearance of cervix: Intact
L.M.P : 17.03.03
Hormone Treatment : No

Clinical details: At colposcopy

NEGATIVE SMEAR.

Please repeat at follow up.

8/4/03

ACTION Routine ☐ Monthly ☐
COLLECT @ GP ☐ Hosp ☐ Other ☐
SIGNED DATE

Advice: AT COLPOSCOPY

JEA / /

Date reported 07.04.03 Lab. Reference No. S,03.0006972.P

SGH487

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
PATHOLOGY DEPARTMENT

Name :MOFFAT Lorraine
Address :223 Galloway Drive
Rutherglen
G73 4DD
Unit No.:Z0221960

Date of Birth :02.04.68
CHI No :
Previous Name :
FP Number :

Sender :Dr.A.Hassan
Address :Gynaecology Unit Victoria

G.P.:AD. Bremner
Rutherglen Health Centre

Smear taken : 13.03.02
Date received : 13.03.02

Reason for smear : Not indicated
Appearance of cervix: Intact
L.M.P : 01.03.02
Hormone Treatment : No

Clinical details: At colposcopy

Appt Wed 12/3/03
@ 10-20

SATISFACTORY SMEAR. This smear is predominantly composed of anucleate squamous cells and endocervical cells

Recd 20/3/02.

C & P - Colposcopy was ... endocervical curettage ... Next year cytology ... normal ... but ... each year ... one year

ACTION | Routine ☐ Monthly ☐
FOLLOW-UP | GP ☐ Hosp. ☐ Colpo. ☐
SIGNED _____ DATE _____

Advice: AT COLPOSCOPY

Date reported 19.03.02 Lab. Reference No. S,02.0005980.E

[redacted] SHEET

11 11

10 10

PATHOLOGY DEPARTMENT THE VICTORIA INFIRMARY

NAME	LAB NO.
MOFFAT Lorraine	P,01.0002804

UNIT NO.	DOB / AGE	CONSULTANT / GP
796718	02.04.68	Hassan Ali

ADDRESS	LOCATION
223 Galloway Drive Rutherglen G73 4DD	Colposcopy Unit

SPECIMEN

CERVICAL BIOPSIES

JMcC/063023

Macro:

A: CERVICAL BIOPSY - Anterior
- one 3mm. biopsy.

B: CERVICAL BIOPSY - R/Lateral
- one 4mm. biopsy.

Microscopy:

(A) The biopsy shows squamous lined mucosa with extensive features of HPV infection. In addition there is focal CIN1.

(B) Sections show transformation zone mucosa with focal features consistent with HPV infection. There is however no definite evidence of CIN.

Reported: 10.05.01 CS

WED 27/6/01 @ 10am

Routine ☐ Monday ☐
GP ☐ Hosp ☐ Colpo ☐
DATE

14 MAY 2001

09.05.01 11.05.01 Dr Colin Stewart

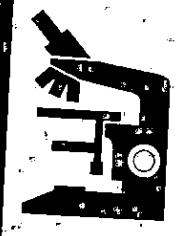
RECEIVED	TYPED	REPORTED BY	SUPERVISED BY

TEL: 0141-201 5676 (DIRECT LINE)

JB-D7600

FIX REPORTS IN ORDER ONE TO ELEVEN

PATHOLOGY DEPARTMENT THE VICTORIA [illegible]RMARY



NAME		LAB NO.
MOFFAT Lorraine		P,00.0008349
UNIT NO. 796718	DOB / AGE 02.04.68	CONSULTANT / GP Hassan Ali
ADDRESS 223, Galloway Drive Rutherglen G73 4DD		LOCATION Colposcopy Unit

SPECIMEN
CERVICAL BIOPSIES

Macro:

A: CERVICAL BIOPSY - Anterior.
A piece of cervical tissue 5 x 3 x 2mm.

B: CERVICAL BIOPSY - Posterior.
A piece of cervical tissue 3 x 3 x 2mm.

Micro:

Sections of A and B show cervical tissue from the transformation zone. There is CIN1 and koilocytosis consistent with viral infection. In addition there is florid squamous metaplasia within endocervical glands.

Summary: CIN1 and virus

Reported: 10.11.00 A

14 NOV 2000

IWG 9/5/01 @1040AM

RECEIVED	ENTERED	REPORTED BY	SIGNED BY
08.11.00	13.11.00	Dr Craig Dick	IWG

TEL: 0141-201 5676 (DIRECT LINE)

PATHOLOGY DEPARTMENT THE VICTORIA INFIRMARY NHS TRUST

NAME		LAB NO.
MOFFAT Lorraine		G,98.0002400
UNIT NO. 796718	DOB / AGE 02.04.68	CONSULTANT / GP Mr. D.C. Smith
ADDRESS 223 Galloway Drive Rutherglen G73		LOCATION SOPD Victoria Inf

SPECIMEN

FNA Breast L L.I.Q

JMcC/963923

Microscopy shows blood and adipose tissue only. NO epithelial cells are seen.

Reported: 01.12.98 C

01.12.98 02.12.98 Dr E.A.Mallon

RECEIVED	TYPED	REPORTED BY	SUPERVISED BY

TEL: 0141-201 5676 (DIRECT LINE)

ELECTRONIC PATIENT RECORDS

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

Including:

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

MOFFAT, Lorraine (Ms)
BORN 02-Apr-1968 (58y) GENDER Female
CHI 0204686547

Orthopaedic Day Case Assessment

Last updated by Megan QUINN (Megan Quinn) 4.5 years ago (v. 1) Show History

Sensitivity

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Admission Information

Hospital	Queen Elizabeth University Hospital
Ward	Ward 10D
Specialty	Trauma And Orthopaedic Surgery
Consultant	Mr Walker
Theatre date	11-Jan-2022
Procedure	(L) wrist # - ORIF Fall on ice 7/1/22
Consent to assessment	Yes
Occupation and relevant social history	Lives alone in flat. Daughter nearby Normally independent.
Relevant Medical History	COPD
Type of Assessment	—
Additional comments / advice	S/ Verbal consent for PT r/v gained at ~09:00. Nurse handed over that pt is indep mobile and indep with t/fs. Pt clarified same. Pt reports more pain today, handed over to nurse during ward round. O/ Pt high sitting in bed on arrival. Bradford sling in situ but not required to be used, pt just using for comfort. Bulky dressing in situ. Rx: 1. Finger, hand, elbow and shoulder exs taught and practiced. 2. Advice on ADLs 3. MSK referral sent A/ Pt indep mobile and indep with exs. Keen for MSK input. P/ D/C PT
Outpatient physiotherapy required	Yes — Referred to: MSK
Physiotherapy discharge	Yes
Discharge Summary	a/a

Walking Aid Issued

MOFFAT, Lorraine (Ms)
BORN 02-Apr-1968 (58y) GENDER Female
CHI 0204686547

My Admission Record

NHS Greater Glasgow and Clyde

Name:
Ad
0204686547 F
MOFFAT 02/04/1968
Lorraine
Do
CHI
Affi:

Hospital: QEUH Ward: 10D
Date of Admission: 11/01/22 Time: 05:30
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: 53 Telephone Number:
Consultant:

Communication

What is your first language? English.
Do you require an interpreter? Yes ☐ No ☑
If yes, provide details of arrangements made _____
Do you use British Sign Language (BSL)? Yes ☐ No ☐
Do you need someone to help you to communicate? Yes ☐ No ☐ If yes, who _____

Preferred first contact	**Preferred second contact**
Name: Lisa Moffat. Relationship: Daughter Address: Telephone: Is this person aware of your admission? Yes ☐ No ☐ Can we share information with this person? Yes ☑ No ☐	Name: Agnes Stephenson Relationship: Mother. Address: 0141 562 0391 Telephone: Is this person aware of your admission? Yes ☑ No ☐ Can we share information with this person? Yes ☑ No ☐

Presenting Complaint / Diagnosis

(2) wrist #

Explained to the patient? Yes ☑ No ☐ Not Applicable ☐
Do you understand the reason for your admission? Yes ☑ No ☐

Allergies / Sensitivities (Record food allergies in the Hydration and Nutrition section)

No known allergies ☐ Fluoroquinolone.

Relevant past medical history

COPD asthma
emphysema Alopecia

On admission, is there a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place
Yes ☐ No ☑ If yes, Who asked for a copy? _____
Date they asked for a copy __/__/__ Date Obtained __/__/__

Power of Attorney / Guardianship / Adult with Incapacity

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Does someone have Power of Attorney (POA) for you?

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☐

If yes, is this for:- Finance ☐ Welfare ☐ Both ☐

Which are currently in action? Finance ☐ Welfare ☐ Both ☐ Nil ☐

Please obtain a copy and place in the patient's notes

Who asked for a copy?_____ Date they asked for a copy ___/___/___ Date Obtained ___/___/___

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

N.B. If you think the patient may lack capacity inform Medical Staff to assess and, if required, consider the need for an 'Adult with Incapacity' Section 47

Carbapenemase-producing enterobacteriaceae (CPE)

Have you ever:	Yes	No
1. Been an inpatient in a hospital outside Scotland?	☐	☑
2. Received holiday dialysis outside Scotland?	☐	☑
3. Been told that you have CPE?	☐	☑
4. Been in close contact with a person with CPE?	☐	☑

If the answer is yes to **ANY** of the questions in this section, you must

- Isolate the patient in a side room ☐
- Obtain Rectal swab marked 'for CPE' ☐
- If patient refuses rectal swab, obtain a stool specimen marked 'for CPE' ☐
- **and inform the IPCT** ☐

MRSA Screening

	Yes	No	Unsure
Will the patient be an inpatient for more than 23 hours	☑	☐	☐
If **YES** complete the following section			
1. Have you ever been told that you have MRSA?	☐	☐	☐
2. Have you been admitted from another hospital/ residential setting or care home?	☐	☐	
3. Do you have a wound / skin ulcer or invasive device which you had before admission?	☐	☐	☐

If **YES** to Q1, 2 or 3 above OR the patient is admitted to a 'high impact speciality' i.e. Orthopaedics, Vascular, Renal Unit, Critical Care – obtain MRSA swabs

Nasal ☑ Perineum ☑ Other ☑ Specify Throat Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

	Yes	No	Unsure
Have you ever been informed that you are at increased risk of CJD or vCJD?	☐	☐	☑

If **YES inform the IPCT** ☐

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Lifestyle

Smoking

Carelu -

Are you a: smoker ☑ ex- smoker ☐ when did you stop? _____

Never smoked ☐

Do you use eCigarettes? Yes ☐ No ☐

If a smoker, the NHSGGC Smokefree policy has been explained and Nicotine Replacement Therapy (NRT) has been offered

Yes - administered NRT ☐ Yes - patient declined NRT ☐

If declined - Why: _____

Do you want to talk to someone about your smoking? Yes ☐ No ☐

If yes, refer to Smokefree Services (Trakcare) Date referred: ___/___/___

Drugs

Do you use recreational or illicit drugs or are you receiving opiate replacement therapy (ORT / Methadone / Suboxone)? Yes ☐ No ☑

If yes, please specify and refer to the NHSGGC Guidelines for the Management of Drug Users in Glasgow and Clyde Acute Hospitals

_____
_____

Alcohol

Do you drink alcohol? Yes ☑ No ☐ Carelu -

How often do you have more than 6 units of alcohol on one occasion:

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐

NB: If daily or almost daily commence the Glasgow Assessment and Management of Alcohol (GAMA), complete FAST Tool and take further action as per guidance.

Name (Please PRINT): Veronica Cala Registered Nurse 19D0059C

Signature:

Designation:

Date: 11/1/2022

My Assessment Record

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

1. Breathing and Circulation

Breathing	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's breathing
No breathing problems		✓	
Breathless at rest			
Breathless on exertion			
Productive / Non-productive cough			
Cyanosed			
Uses nebulisers			
Uses inhalers			
Oxygen therapy			
Do you have any other symptoms?			

Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems		✓	
Chest pain at rest			
Chest pain on exertion			
Angina			
Do you take medication for symptoms of angina?			
Hypertension			
Do you have any other symptoms?			

2. Communication

	Yes ✓	**No** ✓	Assessment of the patient's communication needs
Do you have any difficulties communicating your needs?		✓	
Do you have any difficulties with your speech?			
Do you have a Learning Disability?			
Do you have support from a Learning Disability Team? Contact details: _____			

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

3. Senses

Vision	**Yes** ✓	**No** ✓	Assessment of the patient's vision
Do you have any problems with your vision?		✓	
Do you wear glasses?			Distance ☐ Reading ☐ Both ☐
Do you have your glasses with you?			
Do you wear contact lenses?			
Do you have your lenses with you?			
Do you wear a prosthesis?			
Hearing	**Yes** ✓	**No** ✓	Assessment of the patient's hearing
Do you have any problems with your hearing?		✓	
Do you have any hearing loss?			
Do you use a hearing aid?			
Do you have your hearing aid(s) with you?			
Pain	**Yes** ✓	**No** ✓	Assessment of the patient's pain
Do you have pain?	✓		

Can you describe where and what the pain is like?

Pain left wrist (fractured)

Have you had treatment / intervention for the pain?

Analgesia

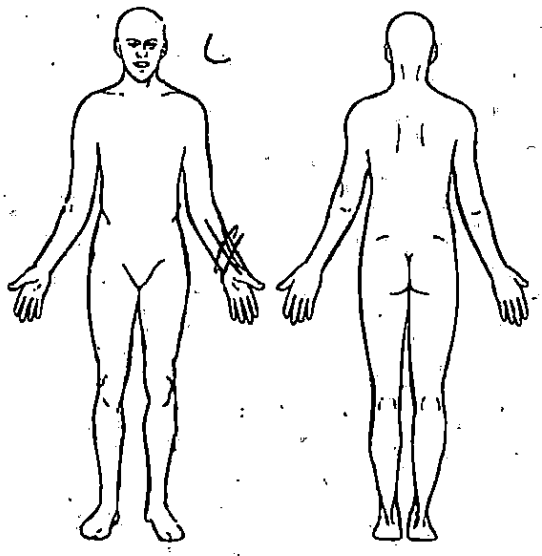
N.B. Complete generic pain assessment chart. If unable to self report complete Abbey Pain Scale.

Can you describe any chronic pain that you have?

What makes the pain better?

Analgesia

Mark current pain on body chart



Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

4. Cognitive Status THINK DELIRIUM

	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's cognitive status
Alert and orientated		✓	
Impaired conscious level			
Confused			
Dementia			
Stressed / Distressed			

N.B. Think Delirium

Complete 4AT for all patients 65 and over, AND for patients of any age with one or more of the following:

- existing cognitive impairment
- previous delirium
- current hip fracture
- severe illness

and follow the guidance

N.B. 'Getting to Know Me' and 'What Matters to Me' should be completed for all patients with dementia, cognitive impairment or complex needs

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

—

What do you like to eat and drink?

coffee.

What do you not like to eat and drink?

fish.

N.B. Malnutrition Universal Screening Tool (MUST) to be completed for all patients within 24 hours of admission

Diet and Fluids	Admission Presentation ✓	Normal for the patient ✓
Normal diet and fluids		✓
Therapeutic diet		
Cultural, ethnic or religious diet		
Texture Modified Diet Please state _____		
Thickened Fluid Please state _____		
Oral Nutritional supplements Preferred flavour _____		
Enteral Nutrition		
Parenteral Nutrition		
Nil by Mouth		

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Assessment of the patient's hydration and nutrition needs

N.B. If the patient has any difficulty in the oropharyngeal stage of swallowing complete Screening Tool for Oropharnygeal Swallow Symptoms (STOPSS) within 4 hours of admission

Assistance with eating and drinking	Admission Presentation ✓	Normal for the patient ✓
Independent (Green)		✓
Prompting / encouragement / opening packets/cutting up food (Amber)		
Full assistance with eating and drinking (Red)		

Do you have any further issues which may affect your ability to eat and drink normally during this hospital admission?

6. Elimination

Bladder	Admission Presentation ✓	Normal for the patient ✓
Pass urine with no problems		✓
Frequently pass urine during the day		
Frequently pass urine overnight		
Sense of urgency when need to pass urine		
Urine retention		

Assessment of the patient's elimination needs

Bladder (cont)	Admission Presentation ✓	Normal for the patient ✓
Haematuria		
Incontinent		

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

N.B. If new incontinence report to medical staff to rule out infection or physiological cause

What products do you normally use for this continence issue?

No urinary catheter ☑ Urinary catheter in situ: Urethral ☐ Suprapubic ☐

Date urinary catheter last changed ___/___/___

N.B. If Urinary Urethral Catheter (UCC) in situ commence NHSGGC Adult UCC Insertion and Maintenance Care Plan

Bowels

When did your bowels last move? few days ago. (Noticed as patient)

How often in a day/week do you have a bowel movement? Per day ☐ Per week 3

Do you use any medication e.g. laxative to help your bowels move? Yes ☐ No ☑

Bowel Habit	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's elimination needs
Regular			
Constipated		✓	
Diarrhoea / loose stools			
Blood in stools			
Incontinent			

What products do you normally use for this continence issue?

N.B. if concerned about bowel patterns (e.g. infrequent movement or frequent loose stools) consider using the Bristol Stool Chart

Stoma	**Yes** ✓	**No** ✓	Assessment of the patient's needs in relation to their stoma
Do you have a stoma?		✓	
Do you require assistance with your stoma care?			
Have you brought any of your stoma products with you?			

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

7. Personal Hygiene, Oral Health, Skin Care and Wound Care

Personal Hygiene	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's personal hygiene needs
Independent		✓	
Requires assistance with washing and dressing			
Oral Health	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's oral health needs
No problems		✓	
Sore mouth / mucositis / ulcer			
Requires assistance with oral hygiene			
Other (eg dry lips, tongue coated?)			
Dental work	**Yes** ✓	**No** ✓	Description of any dental work
Do you wear dentures?			
Do you have your dentures with you?	✓		
Are your dentures a good fit?			
Do you have any other dental work that we need to be aware of?			
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems		✓	
Skin broken			
Skin oedematous			
Skin discoloured / red			

N.B. Complete PUDRA for all patients within 8 hours of admission

Pressure ulcer identified on admission: Yes ☐ No ☐

Pressure Ulcer Grade: _____

Pressure Ulcer Site: _____ **Adult wound assessment and management chart required**

N.B If Grade 2 pressure damage on ankle or below refer to Podiarty via TrakCare

Wound Care	Yes ✓	No ✓	Name: _____ Address: _____ _____ _____ DoB: _____ CHI: _____ Affix patient ID label
Do you have any wounds? **N.B. If yes, complete an assessment chart for wound management**		✓	

8. Mobility

Mobility	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's mobility needs
Fully mobile and independent		✓	
Unsteady when walking			
Do you use a mobility aid	Yes ☐	No ☑	
Do you have your mobility aid with you?	Yes ☐	No ☑	

N.B. If not fully mobile and independent on admission complete moving and handling assessment within 24 hours of admission

9. Maintaining a Safe Environment

N.B. Complete a falls risk assessment for all patients within 24 hours of admission. If a falls risk is identified complete the falls intervention checklist and document all nursing actions in the care plan.

Safety	Yes ✓	No ✓	Assessment of the patient's ability to maintain a safe environment
Is the patient at risk of falling, rolling, slipping or sliding from the bed?		✓	
Would you like bedrails to be used while in hospital?			

N.B. If yes, to either of the two questions above complete a bedrail risk assessment

10. Sleep and Rest

Sleep	Yes ✓	No ✓	Assessment of the patient's sleep and rest needs
Do you have any difficulties with sleeping?		✓	
Do you do or use anything to help you sleep?		✓	

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

11. Social Circumstances

Do you:

Live alone	☑	Live with family/ friend/ other	☐
Live in a nursing home	☐	Live in a care home	☐
Live in residential supported care	☐	Live in student accommodation	☐
Live in 'homeless' accommodation	☐	Have no fixed abode	☐

Other please specify_____ ☐

Dependants	**Yes** ✓	**No** ✓
Do you have any dependants?		✓
Do you support anyone (e.g. partner, children, relatives, animals)?		✓
Do they need support from someone else whilst you are in hospital?		✓
Would someone else be able to provide this support when you are in hospital? If yes, who?		✓

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☐ Referred ☐

Services	**Yes** ✓	**No** ✓
Do you have support from social work, social services or a care package?		✓
If yes, please provide details:		
If yes, has contact been made to cancel arrangements during admission?		

12. Emotional and Spiritual Care

Do you have a religion or beliefs that we can help you observe while you are in hospital?

Is there anything else with regards to your values, religion or culture that we can support you with during your stay in hospital (e.g. prayer meditation)?

Would you like to talk to someone (e.g. Hospital Healthcare Chaplain) about you, your loved ones, your values and beliefs, or any worries you have? Yes ☐ No ☐

Healthcare Chaplain informed Yes ☐ N/A ☑

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

13. Person Centred Care

What matters and is important to you whilst you are in hospital?
This should focus on the personal preferences, choices and goals of the individual of what is important to include in their plan of care.

Family -

N.B. Participating in 'What Matters to Me' should be offered to all patients

Informal Support

Who is important to you, to help support you whilst you are in hospital?

NB. If the person who helps is not a preferred contact please ensure their details are listed below.

Name: .....
Contact Details: .....
.....
.....

How do you want the people who matter to you to be involved in your care?

Do you have someone who looks after you or someone that helps you, i.e. an informal carer?

Yes ☐ No ☐

If yes, has the help or support listed above been confirmed with the patient's family/ friends?
(please tick) Yes ☐ No ☐

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label.

Required Support

Has the patient and / or carer been advised of the hospital Support and Information Service?
Yes ☐ No ☐
Referrals can be made via the central phone number: 0141 452 2387

Has the carer been advised of the Carers Information Line?
Yes ☐ No ☐ Not appropriate at this time ☐
Carers Information Line: 0141 353 6504
Carers Information Leaflet provided?
Yes ☐ No ☐

Are you:
Employed ☐ Unemployed ☐
Self-employed ☐ Retired ☐
Full time education ☐

Has your health had an impact on your ability to carry out your day to day activities at work?
Yes ☐ No ☐ Not applicable ☐

Do you have any money worries?
Yes ☐ No ☐ Not appropriate to ask at this time ☐
If yes would you like referred to a money advice service that can offer confidential advice/ support?
Yes ☐ No ☐ If yes when was patient referred ___/___/___

Would you like a referral to a service that can support you with employment / education/ training/ skills volunteering?
Yes ☐ No ☐ Not applicable ☐ Not appropriate to ask at this time ☐
If yes when was patient referred ___/___/___

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Risk Assessments/Other Documentation

Additional NHSGGC Documentation	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Adult Wound Assessment and Management Chart					
Moving and Handling Assessment					
Falls Risk Assessment	✓				
Bedrail Risk Assessment					

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
11/01/2022		
05:55	Patient admitted last night.	
	pain relief given last night and	
	this morning. Vital signs stable.	
	Patient independent with personal	
	care. NBM today → theatre.	
	All meds given as per theatre.	Veronica Cain Registered Nurse 19D0659C

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
11/1/22	Patient returned from	
1820	theatre following ORIF	
	to L wrist. Diet + fluids	
	taken Patient passing	
	urine. NEWS = 1 at present.	
	wrist elevated via bradford	
	sling. OPA given. call bell	
	to hand. _____	A. lawson SN
12/1/22	Pt settled overnight.	
0450	Complaints of pain. oramorph	
	given good effect. independent	
	to toilet. NEWS 0. for	
	home ~~tomorrow~~ today. _____	SN N. MITCHELL
1055	Meds given. Independent	
	with hygiene. Diet +	
	fluids taken. Patient	
	passing urine. NEWS=0.	
	Patient fit for home.	
	IDL to be done, patient	
	not happy to wait. Patient	
	complaining of care, stated	
	she was in agony and I	
	never came back with	
	painkillers, said to patient	
	I gave morning medications	
	but she never buzzed to	
	ask for further. Patient	A. lawson SN

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
12/1/22	not accepting this, will	
10^{55}	speak to doctor to do	
	IDL ———	A.lawson SN
12^{30}	IDL + meds given + explained	
	to patient. OPA given	
	DIC from ward. ———	A.lawson SN

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MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow

NAME

STOOL CHART

1. HARD
2. FORMED (NORMAL)
3. SEMI-FORMED
4. FLUID

DATE	TIME	AMOUNT	COLOUR	BLOOD/ MUCUS	CONSISTENCY				REMARKS
					1	2	3	4	
11/1/2021	06:00	BNO	—	—					

0164712 VIC582

NHSGGC Bedrail Risk Assessment

0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow

IHS
...ter Glasgow
...nd Clyde

This Risk Assessment Tool is an aide memoire for staff. It should be used in conjunction with the Bedrail Guidance (see reverse) and Guidelines for Falls Prevention and Management (Adults).

Patient Name:

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

CHI Number:

Use guidance on the reverse of this document when completing this Risk Assessment	DATE	14/12/22							
	TIME	08:10							
	WARD	10D							
	HOSPITAL	QEUH.							
SECTION ONE – GENERAL		**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**
1	Is the patient likely to fall, roll, slip or slide from the bed?		N						
2	Has the patient requested the use of bedrails?		N						
IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED									
SECTION TWO – COGNITIVE AND PHYSICAL STATUS									
3	Is the patient at risk of climbing out of bed?		N						
4	Is the patient stressed, delirious or restless?		N						
5	Is the patient small in stature?		N						
6	Does the patient have an unusually large or small head that might present an entrapment issue?		N						
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?		N						
IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf									
SECTION THREE – COMMUNICATION									
8	Has the patient been consulted regarding the use of bedrails?		N						
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition		N						
10	Has the use of bedrails been discussed with relatives/carers?		N						
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?		N						
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?		N						
IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf									
SECTION FOUR DECISION MAKING		**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**
13	Will bedrails be used for this patient at the present time?		N						
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request								
15	Bedrail risk assessment completed by:	[signature]							
16	Bedrails checked by:								
17	Date	14/12/22							

Any issues relating to the use of bedrails including discussion with family/relatives/carers should be recorded here

A. Alternatives to bed rails:-

- Move the patient to a more observable area
- Increase patient observation
- Ensure the bed is returned to the lowest height appropriate to the patient needs, after care delivery
- Ensure patient needs are anticipated e.g. drinks are accessible, regular toileting, call bell to hand
- Nursing patient on mattress on the floor should be the last resort, and safety checks should be made for hot pipes, trailing wires, electrical sockets etc
- A generic moving and handling assessment must be carried out for staff caring for patients nursed on mattress on the floor.
- Contact Hospital Falls team for advice where appropriate

B. If bedrails are to be used, please consider the following:-

Is patient:-

- Stressed, delirious or restless
- At risk of entrapment
- At risk of climbing over the top of the bed rail
- At risk of being psychologically affected by the use of the bed rail

C. Safe use and application of bedrails:-

- If bedrail is fitted and there is a gap between the lower rail and the mattress then a bedrail should not be used
- If the gap between the bars on the bedrail is greater than 12cm then a bedrail should not be used
- If the bedrail moves away from the side of the mattress then a bedrail should not be used
- If the gap between the bedrail and the headboard is between 6cm and 25cm then a bedrail should not be used
- If the gap between the bedrail and the footboard is between 6cm and 25cm then a bedrail should not be used
- If the bedrail has not been fitted correctly then the bedrail should not be used
- If the bedrail is not secure then the bedrail should not be used
- If the bedrail is not compatible with the frame it will be fitted to then a bedrail should not be used
- If the bedrail is not in good working order then the bedrail should not be used

D. Record keeping:-

All of the following should be recorded:-

- Date and time of assessment
- Bedrail information leaflet given to patient and-or next of kin
- Rationale for decision in care plan or in AWI treatment plan
- Where bedrails are considered appropriate and patient has declined their use
- Any other actions implemented
- Care planning should be reviewed and updated as per record keeping standards

Bedrail risk assessments should be made as follows:-

- On admission
- If patient's condition changes or fall / suspected fall from bed
- Daily/weekly depending on the patient's status

0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

F 02/04/1968

Inpatient) Moving and Handling Assessment Form

Named Nurse:		Person is totally independent (tick here and go to date box)	✓

1. General Information

Body Build		Problems with comprehension, behaviour, co-operation (specify):
Weight	Height	
Kg	cm	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
BMI		
Risk of Falls: Yes	No	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 2 ≥3	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 2 ≥3	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N/A
See No 2 Sit to Stand Transfers for details	Roll patient	People: 1 2 ≥3	Additional Information:	
	Monkey pole			
	Independent bridging			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets	People: 1 2 ≥3	Additional Information:	
	Monkey pole			
	Rope ladder			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board	People: 1 2 ≥3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

Bed Rest	Assistance	Supervision	Independent
	People: 1 2 ≥3	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower	Shower chair	People: 1 2 ≥3	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Alanti)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 2 ≥3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

Continuation Sheet

1. General Information (Only complete this section if changed from over page)

Body Build		Problems with comprehension, behaviour, co-operation (specify):
Weight	Height	
Kg	cm	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
BMI		
Risk of Falls: Yes	No	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 2 >3	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 2 >3	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N/A
See No 2 Sit to Stand Transfers for details	Roll patient	People: 1 2 >3	Additional Information:	
	Monkey pole			
	Person bridges			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets	People: 1 2 >3	Additional Information:	
	Monkey pole			
	Rope ladder			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board	People: 1 2 >3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

Bed Rest	Assistance	Supervision	Independent
	People: 1 2 >3	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower	Shower chair	People: 1 2 >3	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Alerii)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 2 >3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

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MOFFAT
Lorraine

F
02/04/1968

Care Plan

NHS
Greater Glasgow and Clyde

Care discussed with patient ☐ Yes ☐ No ☐ Unable			If unable, give reason:		
Care discussed with family ☐ Yes ☐ No ☐ Unable			If unable, give reason:		
Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
	Cardiovascularly stable.			Family.	
	No concerns.				
				5. Hydration and Nutrition	
				Normal fluid + food.	
	2, 3. Communication and senses				
	Able to communicate				
	effectively.				
				6. Elimination	
	4. Cognitive status			No Regular. No laxatives	
	Alert and orientated.			taken normally.	
				Continence.	

Patient Label

Care Plan

NHS Greater Glasgow and Clyde

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
	independent.				
				10. Sleep and Rest	
				Difficulties normally.	
				No meds taken.	
	8. Mobility				
	independent.			12. Privacy, dignity and sexuality	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

Patient Label

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date_____ Time_____ of initial height and weight on admission to hospital		Actual	*Patient reported	*If unable to obtain height and / or weight (check portal / trak for previous weights) document alternative measures and use subjective criteria to assess risk of malnutrition
Admission Height	5'1 cm	☑	☐	
Admission Weight	8.5 stones Kg	☐	☑	

*Obtain accurate height/weight and rescreen as soon as possible

Patients reported normal weight _____ Unable to Recall ☐

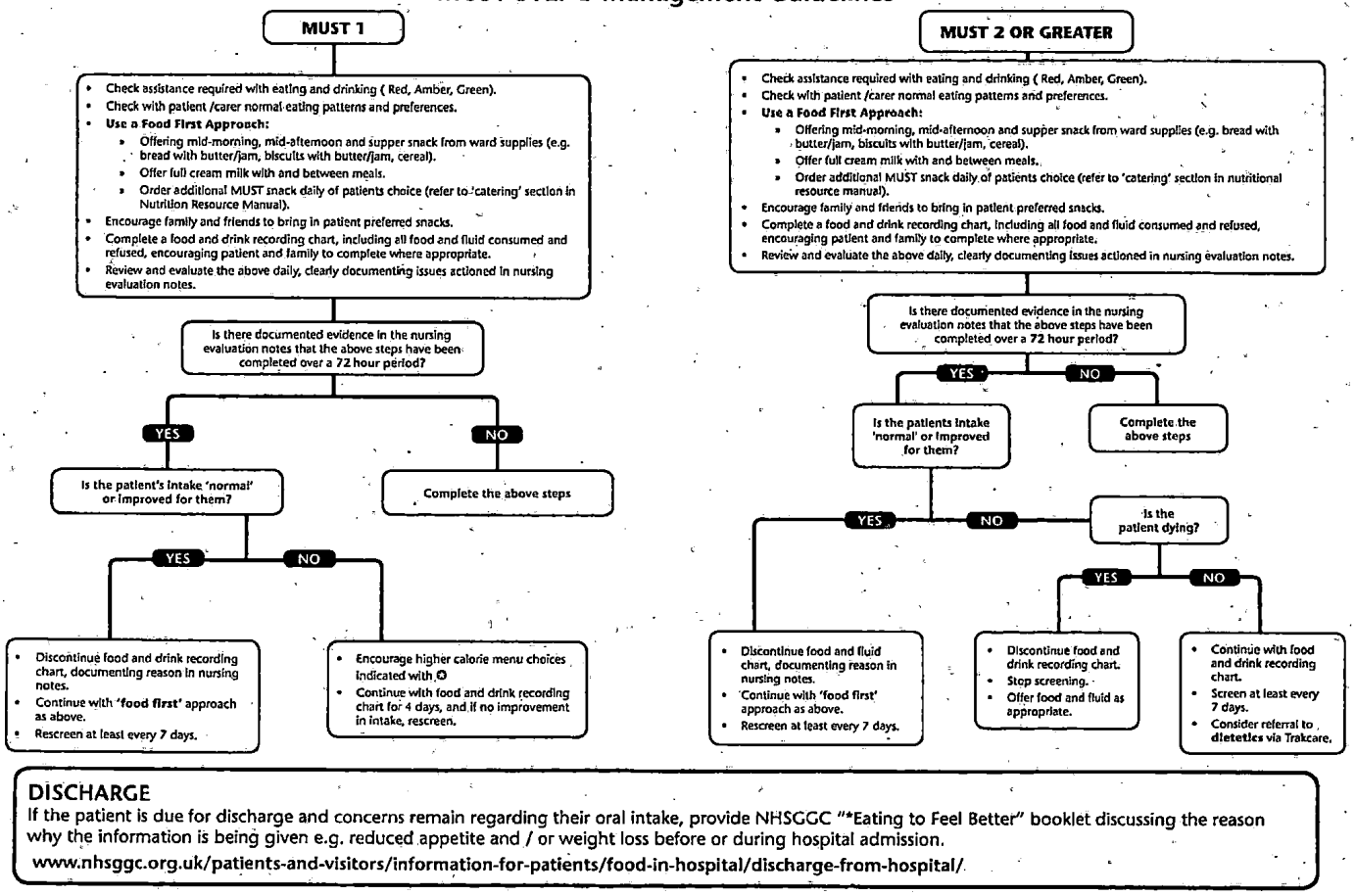
Any unplanned weight loss in the last 6 months Yes ☐ how much_____ No ☐ Don't Know ☐

Date								
Time								
Ward								
Oedema/ Ascities present Y/N								
Scales Used ST = Standing, CH = Chair HT = Hoist, UW = Unable to weigh, record reason and document subjective assessment of risk in nursing notes								
Weight (kgs)								
BMI								
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days								
Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2	1							
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	1							
Step 3 Acute disease effect If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0	0							
Step 4 Overall Risk of Malnutrition TOTAL	2							
Rescreen on								
Signature								

Step 5 Management Guidelines (excludes patients who are Nil by Mouth)

Overall Risk of Malnutrition	Ensure plan of care for specific nutritional requirements, MUST score and plans to improve / increase nutritional intake are documented in the patients care plan
0	LOW RISK - Repeat screening every 7 days
(1)	MEDIUM RISK - Follow the flowchart for MUST 1 overleaf
2 or greater	HIGH RISK - Follow the flowchart for MUST 2 or greater overleaf

MUST STEP 5 Management Guidelines



DISCHARGE

If the patient is due for discharge and concerns remain regarding their oral intake, provide NHSGGC "*Eating to Feel Better" booklet discussing the reason why the information is being given e.g. reduced appetite and / or weight loss before or during hospital admission.

www.nhsggc.org.uk/patients-and-visitors/information-for-patients/food-in-hospital/discharge-from-hospital/

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Care Rounds Checklist

Date: 11.1.22

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr (4hr)

1. Signed _____ Name _____ Designation _____
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach / Ward:

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Lorraine F
Flat 44 02/04/1968
3 Greenhill Court
Glasgow
G73 2DH

NHS Greater Glasgow and Clyde

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	08:00	10:25	08:45	11:50	13:05	15:20	18:20	22:30
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N			N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N			N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	I	I			I	I	I	I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	I	I			INT	INT	INT	I
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y			Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B			R	B	B	B
		Chair Assist to walk or stand (W/ST)	/	/			T	W	T	W
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	Theatre	22 Theatre	N	A	N	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	Y	Y			N	N	N	N
		Drink taken?	N	N			Y	Y	Y	Y
		Food, snack, or supplement taken?	N	N			N	–	Y	Y
		Has oral hygiene been carried out as per care plan?	N	N			N	–	N	/
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y			Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	/	/			N	AM	N	/
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N	N			NA	AM/A	NA	N
		Care provider / role	MC	HC RL			AT	KM		MC

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Fluid Balance Chart

0204688547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Hospital: QEUH
Ward: Recovery
Date: 11/1/22

Reason for Fluid Balance Chart: Post op
Is patient fluid restricted? Yes ☐ No ☑
If yes how many mls in 24 hours? _____

Fluid balance from previous 24hrs
+/- _____

Does patient require thickened fluids?
Yes ☐ No ☐ Stage _____

Is the patient on an oral supplement? Yes ☐ No ☐ If YES please indicate:
1. Type _____ circle how many daily 1 2 3
2. Type _____ circle how many daily 1 2 3

Signature: _____ Designation: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input								Running Total	Output						Running Total	Initials
	Oral Fluids		Enteral		IV / Other					Urine	Gastric / Vomit	Bowel	Type	Type	Type		
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00																	
07:00																	
08:00																	
09:00					CSL	500			500								
10:00					CSL	500 (w/ diclofenac)			1000								
11:00					paracetamol			100	1100	NPO							
12:00																	
13:00																	
14:00																	
15:00	200								1300	UTI							KS
16:00																	
17:00																	
18:00																	
19:00																	
20:00																	
21:00																	
22:00										PU							ML
23:00																	
								*Total Intake							*Total Output		

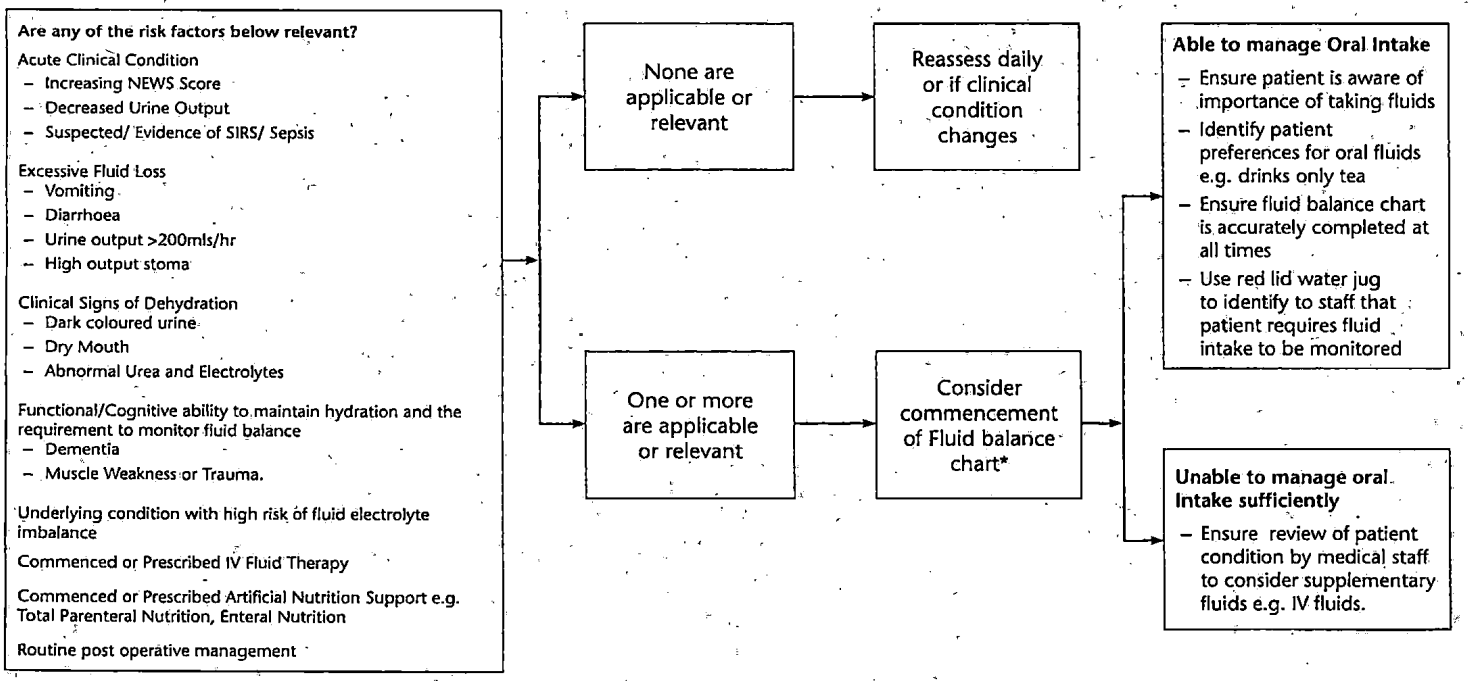
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*24 hr Fluid Balance +/-

320665

Guide to commencing fluid balance charts

The risk factors below must be considered when deciding if a patient requires their fluid intake & output to be accurately monitored. Please where possible discuss with the patient the need for fluid balance to be monitored and involve them in decisions regarding fluid balance e.g. drinking preferences, encouragement of fluids.



Medical staff MUST review the patients fluid balance as part of their routine medical review if risk factors present give cause for concern.

*Palliative care patients may have the above risk factors present however it may not be necessary or appropriate to monitor fluid balance and this should be recorded in the patient's clinical notes

MIS • EDU • 237971-2

Care Rounds Checklist

Date: 12 · 1 · 22

Attach Ac



0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Ward: 10D

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next ~~work~~shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr (4hr)

1. Signed [signature] Name H. CMB Designation HCSW
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

			Times	02/15 0600	08 2000
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N	N
S	3	**SKIN INSPECTION** Pressure areas checked:		I	I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I	/
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B	I
		Chair Assist to walk or stand (W/ST)		W	I
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N
		Drink taken?		Y	Y
		Food, snack, or supplement taken?		/	Y
		Has oral hygiene been carried out as per care plan?		/	Y
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		N	N
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		/	NA
		Care provider / role		HC	AP

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Fluid Balance Chart

0204686547
MOFFAT, F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Hospital: DEWH
Ward: 10D
Date: 12.1.22

Reason for Fluid Balance Chart _____
Is patient fluid restricted? Yes ☐ No ☐
If yes how many mls in 24 hours? _____
Fluid balance from previous 24hrs +/- _____

Does patient require thickened fluids?
Yes ☐ No ☐ Stage _____
Is the patient on an oral supplement? Yes ☐ No ☐ If YES please indicate:
1. Type _____ circle how many daily 1 2 3
2. Type _____ circle how many daily 1 2 3
Signature: _____ Designation: _____

NHS Greater Glasgow and Clyde

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total INPUT	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total OUTPUT	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume									
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00																	
07:00																	
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17:00																	
18:00																	
19:00																	
20:00																	
21:00																	
22:00																	
23:00																	
								*Total Intake							*Total Output		

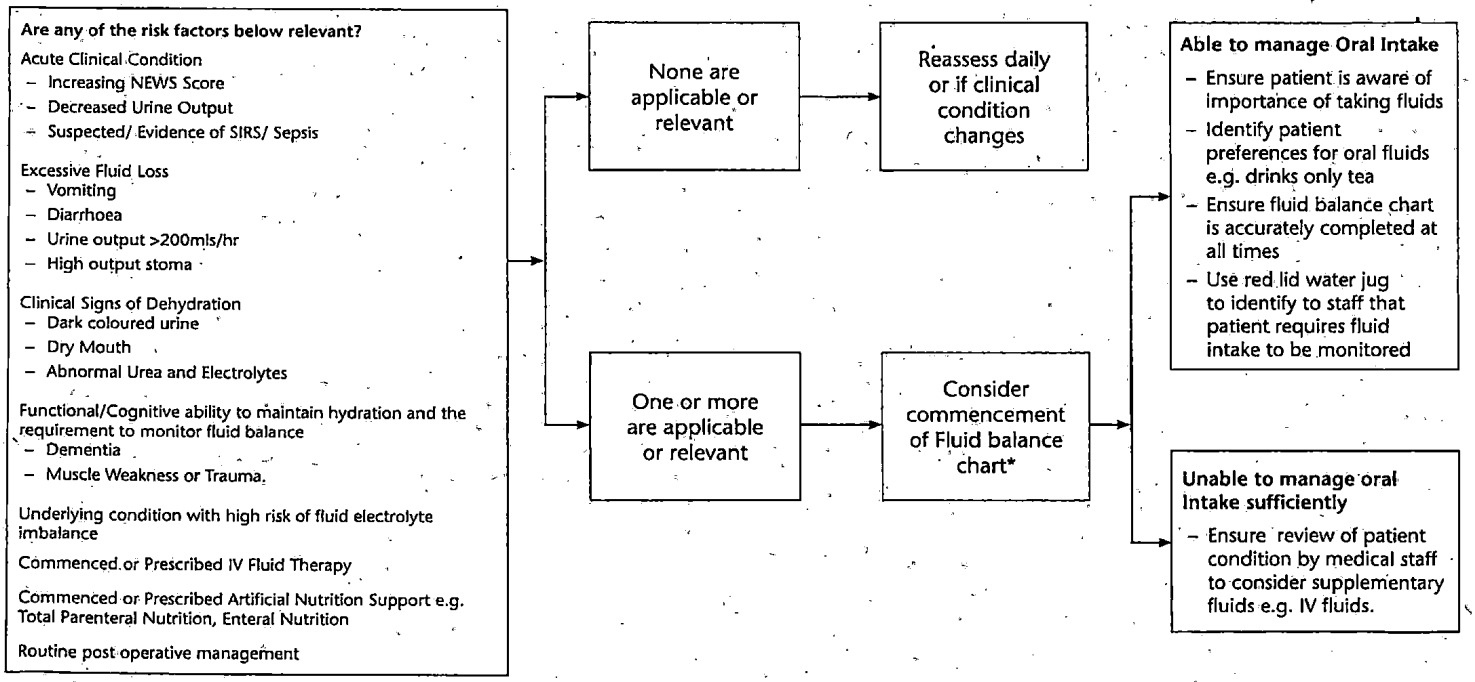
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*24 hr Fluid Balance +/-

220665

Guide to commencing fluid balance charts

The risk factors below must be considered when deciding if a patient requires their fluid intake & output to be accurately monitored. Please where possible discuss with the patient the need for fluid balance to be monitored and involve them in decisions regarding fluid balance e.g. drinking preferences, encouragement of fluids.



Medical staff MUST review the patients fluid balance as part of their routine medical review if risk factors present give cause for concern.

*Palliative care patients may have the above risk factors present however it may not be necessary or appropriate to monitor fluid balance and this should be recorded in the patient's clinical notes

MIS • EDU • 237971-2

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

0204686547
MOFFAT F
Lorraine 02/04/1966

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Patient on home oxygen Y☐ N☐
If yes, add details of oxygen therapy

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
Min 12 Hourly Observations	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis If Suspicion of Infection	Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed.....

Medical: .....

Date: .....

Glasgow Coma Scale

Pupil Reaction and size: s = sluggish, + = reaction, - = no reaction, c = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Date:
Time:

Eyes opened by reading = NT	E	0	Spontaneously			4
	Y		To sound			3
	E		To pressure			2
	S		None			1
			Not testable			NT
Endotracheal tube or tracheostomy = NT	V	0	Orientated			5
	E		Confused			4
	R		Words			3
	B		Sounds			2
	A		None			1
	L		Not testable			NT
Always record the best response.	M	0	Obeys command			6
	O		Localising pain			5
	T		Normal flexion			4
	O		Abnormal flexion			3
	R		Extension			2
			None			1
			Not testable			NT
TOTAL		15				
Right side:	P	4				
Right reaction	U	+				
Left side:	P	4				
Left reaction:	I	+				
	L					
Record right (R) and left (L) separately if there is a difference between the two sides	A	0	Normal power			
	R		Mild weakness			
	M		Severe weakness			
	S		Spastic flexion			
			Extension			
			No response			
Record right (R) and left (L) separately if there is a difference between the two sides	L	0	Normal power			
	E		Mild weakness			
	F		Severe weakness			
	T		Spastic flexion			
	S		Extension			
			No response			

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

No Pain	Mild Pain			Moderate Pain			Severe Pain		
0	1	2	3	4	5	6	7	8	9	10

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. **Seek Advice**
D	Severe limitations, unable to or refuse to perform because of pain. **Urgent Review Required**

Affix Patient ID

nhi_316654 v3.1 • GGC0264

NEWS 2 Key | 1 | 2 | 3

| | | |

Neurovascular Assessment Chart

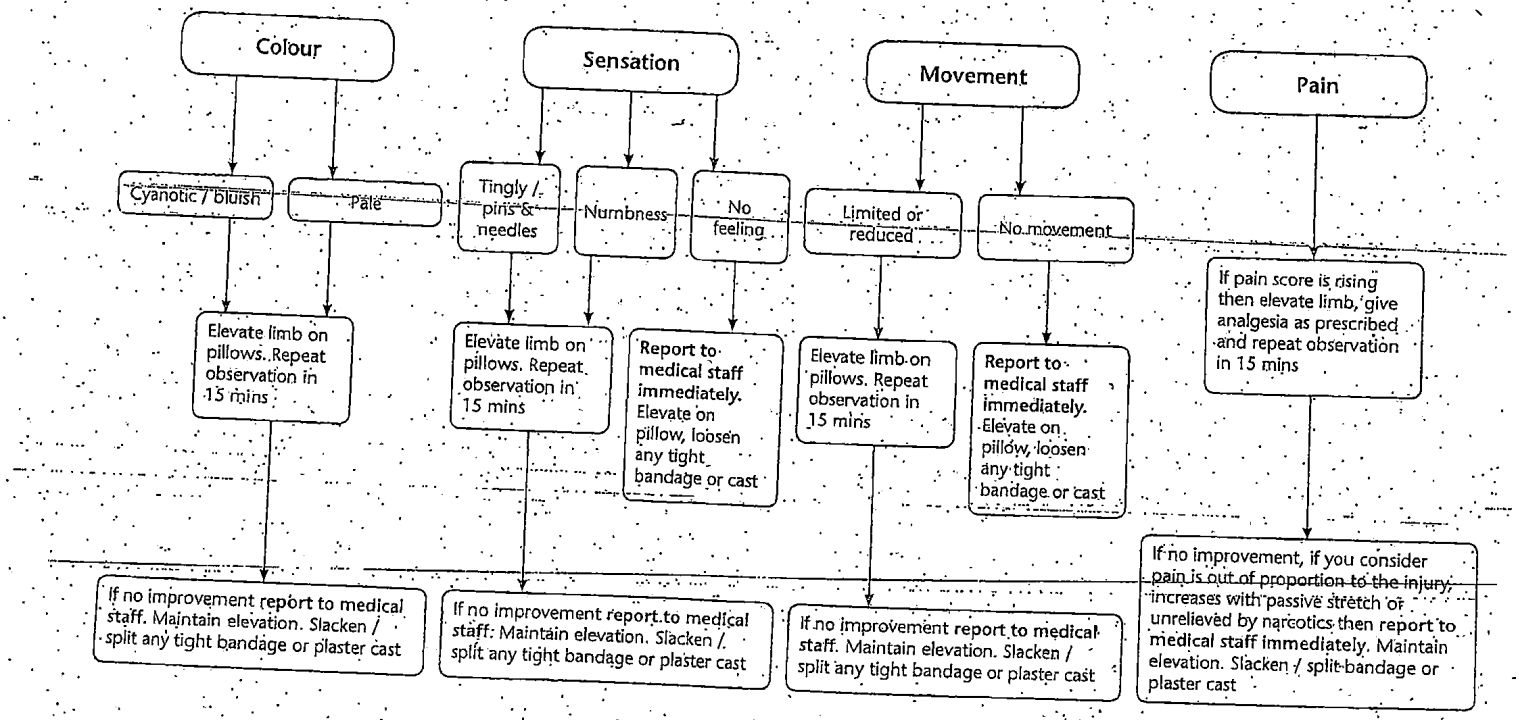
NHS Greater Gla. and Clyde

Identification Label:	Consultant: Diagnosis / Injury / Operation (note any block): Area for Observation: LEFT / RIGHT (circle) If both limbs are affected use a separate chart for each limb					
Date (every entry)	11/1/22					
Time (every entry)	06:00					
Pain Score (1-10) Ask the patient to move fingers/hand/wrist or toes/foot. If unable then you should passively stretch the digits. Ask pt to score their pain level. See flow chart overleaf.						
Always compare with the unaffected limb						
Colour Observe colour of affected limb or digits	Normal for patient	✓				
	Cyanotic / bluish***					
	Pale***					
Sensation Ask patient how the feeling is in the affected limb. Test all fingers or toes for feeling when you touch them and ask patient again.	Normal	✓				
	Tingly / pins and needles ***					
	Numb ***					
	No feeling ***					
Movement As for pain score - ask patient to move fingers/ hand/wrist or toes/foot. Assess the movement.	Normal range of movement	✓				
	Limited or reduced movement ***					
	No movement ***					
Initials (every entry)						

***These may be signs of abnormalities, take appropriate action, follow algorithm. Document all actions taken in the space below

ACTIONS:

Date / Time	Concern being reported	Action taken / review plan	Name of person reported to (if applicable)	Sign


Colour
Sensation
Movement
Pain
Cyanotic / bluish
Pale
Tingly / pins & needles
Numbness
No feeling
Limited or reduced
No movement
Elevate limb on pillows. Repeat observation in 15 mins
Elevate limb on pillows. Repeat observation in 15 mins
Report to medical staff immediately. Elevate on pillow, loosen any tight bandage or cast
Elevate limb on pillows. Repeat observation in 15 mins
Report to medical staff immediately. Elevate on pillow, loosen any tight bandage or cast
If pain score is rising then elevate limb, give analgesia as prescribed and repeat observation in 15 mins
If no improvement report to medical staff. Maintain elevation. Slacken / split any tight bandage or plaster cast
If no improvement report to medical staff. Maintain elevation. Slacken / split any tight bandage or plaster cast
If no improvement report to medical staff. Maintain elevation. Slacken / split any tight bandage or plaster cast
If no improvement, if you consider pain is out of proportion to the injury, increases with passive stretch or unrelieved by narcotics then report to medical staff immediately. Maintain elevation. Slacken / split bandage or plaster cast

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

0204686547 MOFFAT F Lorraine 02/04/1968	Hospital: Ward:	Points to consider: • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
11/12	0600	N	N	N	N	N	N	4 hrly	TCT
12/11/12	04:50	N	N	N	N	N	N	4 hrly	MM
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:

0204686547
MOFFAT
Lorraine F
02/04/1968

FALLS RISK ASSESSMENT

To Be Completed For All Patients Within 24 Hrs of Admission and on Transfer to Another Ward

NHS Greater Glasgow and Clyde

GENERAL SAFETY PRECAUTIONS TO BE UNDERTAKEN FOR ALL PATIENTS

Action the following safety precautions on admission to your ward. Update weekly or on change of condition.

	Ward: 10 D Date: 11/1/22 Time: 08:00	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	not applicable				
2. Check walking aid (if required) is in reach and in use.	N/A in use				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	on reach				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	in bed.				
5. If glasses are worn, check they are available and in use.	—				
6. If hearing aid/s are worn, check they are working and in use.	—				

RISK ASSESSMENT

If Yes to any of the 5 questions below complete the falls interventional plan (overleaf).
Whether Yes or No, update this assessment weekly in acute wards or, at the time of a fall or, upon a change in patient's clinical condition.
ALL patients in older people's wards must have an interventional plan in place (overleaf)

Tick Yes or No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the patient fallen in the last 6 months – including during this admission?	✓									
2. Does the patient have cognitive impairment or a possible delirium?		✓								
3. Does the patient attempt to walk alone although unsteady or unsafe?		✓								
4. Does the patient or their relative have a fear or anxiety of the patient falling?		✓								
5. Based on your clinical judgement, is this patient at high risk of falling?		✓								
Signature of nurse completing assessment / update	[signature]									

Highlight risk of fall at the ward safety brief.

Patient Details	**FALLS INTERVENTION CHECKLIST**	NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: Date: Time: -----:------	Ward: Date: Time: -----:------	Ward: Date: Time: -----:------	Ward: Date: Time: -----:------	Ward: Date: Time: -----:------
BED AND SEATING					
Check the patient's bed and chair are at the right height for the patient. Consider referral to OT/ Physiotherapy for transfer, mobility or specialist seating advice. (Patient care plan 8)					
Assess if a low bed is required (Patient care plan 9)					
SAFETY					
Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)					
Review the frequency of care rounding prescribing in relation to the falls risk – consider the use of a patient monitoring chart. (Patient care plan 9)					
If the patient is cognitively impaired or has poor mobility and known not to ask for assistance, provide close observation whilst using commode, toilet, bath or shower.					
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)					
Document continence problems and link to care rounding (Patient care plan 6)					
Record lying and standing blood pressure. If results show deficit, follow protocol for ongoing monitoring and inform medical staff of any concerns. (Patient care plan 1)					
If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.					
COMMUNICATION					
Give the patient / relatives / carers an inpatient falls prevention leaflet. Discuss safety precautions with patient / carer / relative. (Patient care plan -negotiated care)					
Update the ward team of the patient's mobility status. (Patient care plan 8)					
Discuss the patient's fall risk at safety briefs and MDT meetings. (If appropriate)					
Consider a referral to the Hospital Falls Service for advice using trackcare. (If appropriate)					
Signature of nurse completing interventional plan / or update					

If a fall has occurred, refer to the Post Fall Poster and report in Datix. Share post fall lessons learned with the team

EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN

My Admission Record

NHS Greater Glasgow and Clyde

Name: 0204686547
Address: MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH
DoB: 02/04/1968
CHI:
Affix patient ID label

Hospital: QEUH Ward: ARU3
Date of Admission: 26/8/19 Time: 1525
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐
Preferred Name:
Age: 51 Telephone Number:
Consultant:

5ft1

Communication

What is your first language? English
Do you require an interpreter? Yes ☐ No ☑
If yes, provide details of arrangements made
Do you use British Sign Language (BSL)? Yes ☐ No ☑
Do you need someone to help you to communicate? Yes ☐ No ☑ If yes, who

Preferred first contact	Preferred second contact
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:
Is this person aware of your admission? Yes ☐ No ☐	Is this person aware of your admission? Yes ☐ No ☐
Can we share information with this person? Yes ☐ No ☐	Can we share information with this person? Yes ☐ No ☐

Presenting Complaint / Diagnosis

Abdo Pain / Suicidal

Explained to the patient? Took 28 x Sertraline tbs Yes ☐ No ☐ Not Applicable ☐
Do you understand the reason for your admission? Yes ☐ No ☐

Allergies / Sensitivities (Record food allergies in the Hydration and Nutrition section)

No known allergies ☐ Flucloxacillin

Relevant past medical history

Depression
Asthma
COPD

On admission, is there a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place
Yes ☐ No ☑ If yes, Who asked for a copy?
Date they asked for a copy ___/___/___ Date Obtained ___/___/___

Power of Attorney / Guardianship / Adult with Incapacity

Does someone have Power of Attorney (POA) for you?

Yes ☐ No ☒

OR

Does someone have Guardianship?

Yes ☐ No ☒

If yes, is this for:- Finance ☐ Welfare ☐ Both ☐

Which are currently in action? Finance ☐ Welfare ☐ Both ☐ Nil ☐

Please obtain a copy and place in the patient's notes

Who asked for a copy?_____ Date they asked for a copy __/__/__ Date Obtained __/__/__

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

N.B. If you think the patient may lack capacity inform Medical Staff to assess and, if required, consider the need for an 'Adult with Incapacity' Section 47

Name
Addr
0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
DoB: 3 Greenhill Court
CHI: Glasgow
G73 2D
Affix

Carbapenemase-producing enterobacteriaceae (CPE)

Have you ever:	Yes	No
1. Been an inpatient in a hospital outside Scotland?	☐	☒
2. Received holiday dialysis outside Scotland?	☐	☒
3. Been told that you have CPE?	☐	☒
4. Been in close contact with a person with CPE?	☐	☒

If the answer is yes to **ANY** of the questions in this section, you must

- Isolate the patient in a side room ☐
- Obtain Rectal swab marked 'for CPE' ☐
- If patient refuses rectal swab, obtain a stool specimen marked 'for CPE' ☐
- **and inform the IPCT** ☐

MRSA Screening

	Yes	No	Unsure
Will the patient be an inpatient for more than 23 hours	☐	☐	☒
If **YES** complete the following section			
1. Have you ever been told that you have MRSA?	☐	☒	☐
2. Have you been admitted from another hospital/ residential setting or care home?	☐	☒	
3. Do you have a wound / skin ulcer or invasive device which you had before admission?	☐	☒	☐

If **YES** to Q1, 2 or 3 above OR the patient is admitted to a 'high impact speciality' i.e. Orthopaedics, Vascular, Renal Unit, Critical Care – obtain MRSA swabs

Nasal ☐ Perineum ☐ Other ☐ Specify _____ Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

	Yes	No	Unsure
Have you ever been informed that you are at increased risk of CJD or vCJD?	☐	☒	☐

If **YES inform the IPCT** ☐

Name: _____
Address: 
0204686547
MOFFAT F
Lorraine 02/04/1968
DoB: Flat 44
CHI: 3 Greenhill Court
Glasgow
Affix pat G73 2D

Lifestyle

Smoking

Are you a: smoker ☑ ex- smoker ☐ when did you stop? _____

Never smoked ☐ 20 cpd.

Do you use eCigarettes? Yes ☐ No ☐

If a smoker, the NHSGGC Smokefree policy has been explained and Nicotine Replacement Therapy (NRT) has been offered

Yes - administered NRT ☐ Yes - patient declined NRT ☐

If declined - Why: _____

Do you want to talk to someone about your smoking? Yes ☐ No ☐

If yes, refer to Smokefree Services (Trakcare) Date referred: ___/___/___

Drugs

Do you use recreational or illicit drugs or are you receiving opiate replacement therapy (ORT / Methadone / Suboxone)? Yes ☐ No ☑

If yes, please specify and refer to the NHSGGC Guidelines for the Management of Drug Users in Glasgow and Clyde Acute Hospitals

_____

_____

Alcohol

Do you drink alcohol? Yes ☐ No ☑

How often do you have more than 6 units of alcohol on one occasion:

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐

NB: If daily or almost daily commence the Glasgow Assessment and Management of Alcohol (GAMA), complete FAST Tool and take further action as per guidance.

Name (Please PRINT): Y. Evangelista Signature: YE

Designation: SN Date: 26/8/19

My Assessment Record

Name:
Addr
0204686547 F
MOFFAT 02/04/1968
Lorraine
DoB:
CHI:
Affix F

1. Breathing and Circulation

Breathing	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's breathing
No breathing problems			Known Asthma + COPD
Breathless at rest			
Breathless on exertion			
Productive / Non-productive cough			
Cyanosed			
Uses nebulisers			
Uses inhalers	✓	✓	
Oxygen therapy			
Do you have any other symptoms?			

Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems	✓	✓	
Chest pain at rest			
Chest pain on exertion			
Angina			
Do you take medication for symptoms of angina?			
Hypertension			
Do you have any other symptoms?			

2. Communication

	Yes ✓	No ✓	Assessment of the patient's communication needs
Do you have any difficulties communicating your needs?		✓	
Do you have any difficulties with your speech?		✓	
Do you have a Learning Disability?		✓	
Do you have support from a Learning Disability Team? Contact details: _____			

Name: _____
Addre
_____ 0204686547
_____ MOFFAT F
Lorraine 02/04/1968
DoB: _
CHI: _
Affix p

3. Senses

Vision	**Yes** ✓	**No** ✓	Assessment of the patient's vision
Do you have any problems with your vision?	✓		
Do you wear glasses?	✓		Distance ☐ Reading ☒ Both ☐
Do you have your glasses with you?		✓	
Do you wear contact lenses?		✓	
Do you have your lenses with you?			
Do you wear a prosthesis?			
Hearing	**Yes** ✓	**No** ✓	Assessment of the patient's hearing
Do you have any problems with your hearing?		✓	
Do you have any hearing loss?			
Do you use a hearing aid?			
Do you have your hearing aid(s) with you?			
Pain	**Yes** ✓	**No** ✓	Assessment of the patient's pain
Do you have pain?		✓	

Can you describe where and what the pain is like?

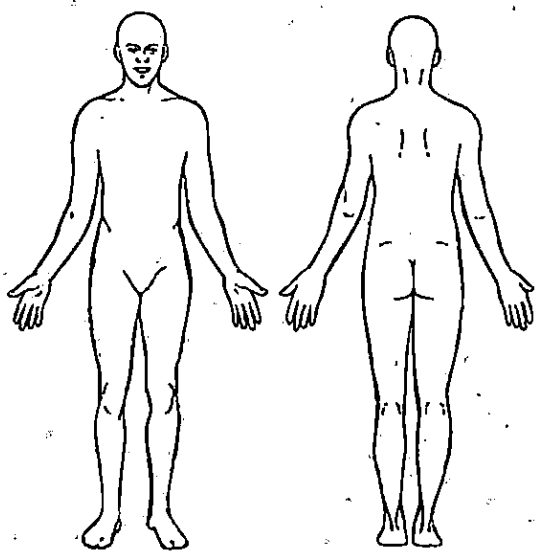
Have you had treatment / intervention for the pain?

N.B. Complete generic pain assessment chart. If unable to self report complete Abbey Pain Scale.

Can you describe any chronic pain that you have?

What makes the pain better?

Mark current pain on body chart



Name:
Addre
0204686547 F
MOFFAT 02/04/1968
Lorraine
DoB:
CHI:
Affix p

4. Cognitive Status THINK DELIRIUM

	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's cognitive status
Alert and orientated	✓	✓	
Impaired conscious level			
Confused			
Dementia			
Stressed / Distressed			

N.B. Think Delirium

Complete 4AT for all patients 65 and over, AND for patients of any age with one or more of the following:

- existing cognitive impairment
- previous delirium
- current hip fracture
- severe illness

and follow the guidance

N.B. 'Getting to Know Me' and 'What Matters to Me' should be completed for all patients with dementia, cognitive impairment or complex needs

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

None

What do you like to eat and drink?

No preferences

What do you not like to eat and drink?

None

N.B. Malnutrition Universal Screening Tool (MUST) to be completed for all patients within 24 hours of admission

Diet and Fluids	Admission Presentation ✓	Normal for the patient ✓
Normal diet and fluids	✓	✓
Therapeutic diet		
Cultural, ethnic or religious diet		
Texture Modified Diet Please state _____		
Thickened Fluid Please state _____		
Oral Nutritional supplements Preferred flavour _____		
Enteral Nutrition		
Parenteral Nutrition		
Nil by Mouth		

Name:
Addr
0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
DoB: 3 Greenhill Court
CHI: Glasgow
Affix G73 2DH

Assessment of the patient's hydration and nutrition needs

N.B. If the patient has any difficulty in the oropharyngeal stage of swallowing complete Screening Tool for Oropharnygeal Swallow Symptoms (STOPSS) within 4 hours of admission

Assistance with eating and drinking	Admission Presentation ✓	Normal for the patient ✓
Independent (Green)	✓	✓
Prompting / encouragement / opening packets/cutting up food (Amber)		
Full assistance with eating and drinking (Red)		

Do you have any further issues which may affect your ability to eat and drink normally during this hospital admission?

6. Elimination

Bladder	Admission Presentation ✓	Normal for the patient ✓
Pass urine with no problems	✓	✓
Frequently pass urine during the day		
Frequently pass urine overnight		
Sense of urgency when need to pass urine		
Urine retention		

Assessment of the patient's elimination needs

Bladder (cont)	Admission Presentation ✓	Normal for the patient ✓
Haematuria		
Incontinent		

Nam
Addr
0204686547
MOFFAT
Lorraine
F
02/04/1968
DoB:
CHI:
Affix patient ID label

N.B. If new incontinence report to medical staff to rule out infection or physiological cause

What products do you normally use for this continence issue?

No urinary catheter ☑ Urinary catheter in situ: Urethral ☐ Suprapubic ☐

Date urinary catheter last changed ___/___/___

N.B. If Urinary Urethral Catheter (UCC) in situ commence NHSGGC Adult UCC Insertion and Maintenance Care Plan

Bowels

When did your bowels last move? Unknown

How often in a day/week do you have a bowel movement? Per day 1 Per week

Do you use any medication e.g. laxative to help your bowels move? Yes ☐ No ☑

Bowel Habit	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's elimination needs
Regular	✓	✓	
Constipated			
Diarrhoea / loose stools			
Blood in stools			
Incontinent			

What products do you normally use for this continence issue?

N.B. if concerned about bowel patterns (e.g. infrequent movement or frequent loose stools) consider using the Bristol Stool Chart

Stoma	Yes ✓	No ✓	Assessment of the patient's needs in relation to their stoma
Do you have a stoma?		✓	
Do you require assistance with your stoma care?			
Have you brought any of your stoma products with you?			

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Glasgow
G73 2DH

DoB: __
CHI: __
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7. Personal Hygiene, Oral Health, Skin Care and Wound Care

Personal Hygiene	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's personal hygiene needs
Independent	✓	✓	
Requires assistance with washing and dressing			
Oral Health	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's oral health needs
No problems	✓	✓	
Sore mouth / mucositis / ulcer			
Requires assistance with oral hygiene			
Other (eg dry lips, tongue coated?)			
Dental work	**Yes** ✓	**No** ✓	Description of any dental work
Do you wear dentures?		✓	
Do you have your dentures with you?			
Are your dentures a good fit?			
Do you have any other dental work that we need to be aware of?			
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems	✓	✓	
Skin broken			
Skin oedematous			
Skin discoloured / red			

N.B. Complete PUDRA for all patients within 8 hours of admission

Pressure ulcer identified on admission Yes ☐ No ☑ **If yes, record on Pressure Ulcer Safety Cross**
Please describe location and grade of ulcer **Refer to Tissue Viability Service** (as appropriate)

Datix completed (if appropriate) Yes ☐ No ☐ Datix Ref. Number _____

Wound Care	Yes ✓	No ✓
Do you have any wounds? **N.B. If yes, complete an assessment chart for wound management**		✓

Na.
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8. Mobility

Mobility	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's mobility needs
Fully mobile and independent	✓	✓	
Unsteady when walking			
Do you use a mobility aid	Yes ☐	No ☒	
Do you have your mobility aid with you?	Yes ☐	No ☒	

N.B. If not fully mobile and independent on admission complete moving and handling assessment within 24 hours of admission

9. Maintaining a Safe Environment

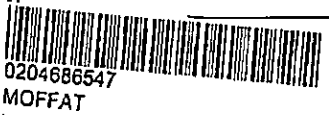
N.B. Complete a falls risk assessment for all patients within 24 hours of admission. If a falls risk is identified complete the falls intervention checklist and document all nursing actions in the care plan.

Safety	Yes ✓	No ✓	Assessment of the patient's ability to maintain a safe environment
Is the patient at risk of falling, rolling, slipping or sliding from the bed?		✓	
Would you like bedrails to be used while in hospital?		✓	

N.B. If yes, to either of the two questions above complete a bedrail risk assessment

10. Sleep and Rest

Sleep	Yes ✓	No ✓	Assessment of the patient's sleep and rest needs
Do you have any difficulties with sleeping?		✓	
Do you do or use anything to help you sleep?		✓	

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11. Social Circumstances

Do you:

Live alone	☑	Live with family/ friend/ other	☐
Live in a nursing home	☐	Live in a care home	☐
Live in residential supported care	☐	Live in student accommodation	☐
Live in 'homeless' accommodation	☐	Have no fixed abode	☐
Other please specify_____	☐		

Dependants	**Yes** ✓	**No** ✓
Do you have any dependants?		✓
Do you support anyone (e.g. partner, children, relatives, animals)?		✓
Do they need support from someone else whilst you are in hospital?		✓
Would someone else be able to provide this support when you are in hospital? If yes, who?		

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☐ Referred ☐

Services	**Yes** ✓	**No** ✓
Do you have support from social work, social services or a care package?		✓
If yes, please provide details:		
If yes, has contact been made to cancel arrangements during admission?		

Informal Support	**Yes** ✓	**No** ✓
Do you have someone who looks after you or someone that helps you, i.e. an informal carer?		✓

If yes, what do they do?

What involvement do you want them to have in your care while in hospital?

N.B. If the person who helps is not a preferred contact please ensure their details are listed below

If yes, has the help or support listed above been confirmed with the patient's informal carer		

Required Support

Has the carer been advised of the Carers Information Line (provide carer information leaflet)?

Yes ☐ No ☐ Not appropriate at this time ☑

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Are you:
Employed ☐ Self-employed ☐ Full Time Education ☐ Unemployed ☑ Retired ☐

Has your health had an impact on your ability to carry out your day to day activities at work?
Yes ☑ No ☐

Do you have any money worries? Yes ☐ No ☐ Not appropriate to ask at this time ☑

If yes would you like referred to a money advice service that can offer confidential advice/support?
Yes ☐ No ☐ If yes when was the patient referred ___/___/___

Would you like a referral to a service that can support you with employment/education/training/skills volunteering Yes ☐ No ☐ Not applicable ☐ Not appropriate to ask at this time ☐

If yes when was the patient referred ___/___/___

12. Person Centred Care

What do we need to know about you as a person to help give you the best possible care whilst in hospital?

Do you have any anxieties or fears that staff should be aware of?
Yes ☐ No ☑

If yes, how can we support you with these?

N.B. Participating in 'What Matters to Me' should be offered to all patients

13. Emotional and Spiritual Care

Do you have a religion or beliefs that we can help you observe while you are in hospital?

Is there anything else with regards to your values, religion or culture that we can support you with during your stay in hospital (e.g. prayer meditation)?

Would you like to talk to someone (e.g. Hospital Healthcare Chaplain) about you, your loved ones, your values and beliefs, or any worries you have? Yes ☐ No ☑

Healthcare Chaplain informed Yes ☐ N/A ☑

Name (Please PRINT): Y. Evangeliste Signature: YE

Designation: SIN Date: 26/8/19

0204686547

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CHI:
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Risk Assessments/Other Documentation

Additional NHSGGC Documentation	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)		✓			
Generic Pain Scale Assessment Chart		✓			
Abbey Pain Scale (if unable to self report pain)		✓			
4AT and TIME for Detection, Management and Prevention of Delirium		✓			
Getting to Know Me – Relatives to complete		✓			
What Matters to Me		✓			
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)		✓			
Malnutrition Universal Screening Tool (MUST)	✓		☐		
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan		✓			
Bristol Stool Chart		✓			YC SN 26/8/19
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓		✓		
Assessment Chart for Wound Management		✓			
Moving and Handling Assessment	✓		✓		
Falls Risk Assessment	✓		✓		
Bedrail Risk Assessment		✓			

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
26/8/19 1545	Patient arrived to Lev3 via A&E	
	with plc of deliberate O/D	
	of Sertraline. Taken 23x tablets	
	of Sertraline with suicidal ideation.	
	NEWS - 2 BP- 107/60 and Spo- 94%	
	on (2). Very low mood.	
	Awaits medical rev / Awaits Urinalysis.	4. Evangelista JE (5)

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
26/8/19 1650	Duty Social Worker phoned regarding patient and how she was doing as police phoned them regarding patient being admitted into hospital. Duty Social Worker name is Ryan Boyle. Contact Number is 0303 123 1008. Option 4 then Option 4 again.	
	If any help required for patient, they can be contacted.	4. Evangelista RN (5)
26/8/19. 1625	Patient seen by Dr. Suzuki - No need to continue treatment for serotonin syndrome. - For Ψ r/v.	
	Continue to monitor.	4. Evangelista RN (5)
26/8/19 2050	Patient asked to go out to smoke. I told her that she is not allowed to and offered her an opportunity to use a nicotine patch and she refused. She said she was an adult and no one would stop her. She ~~was~~ then walked out with relatives for smoking but I informed.	C. Drury
2100	Patient came back to the ward.	C. Drury
27/8/19	Patient settled ward overnight. VSO	

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
0715	Safe Stable NEWS 0. Ad nor	
	attempt again to go out to smoke.	Cash
11am.	Settled morning. Seen by Psych team. Medically fit for discharge when medically fit. Seen by Dr Suzuki → Home.	
	Awaiting IDL.	JMaybank (S)

Nam
Addr
DoB:
CHI:

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

Label
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Lorraine 02/04/1968

Presenting Complaint: Overdose of Sertraline

Date and Time: 26/8/19 07:52

Named Nurse(s):

Patient preparation (Please tick when completed)	Initials:	Communication (Please tick when completed)	Initials:
Prepare patient for examination and provide blankets if required	☑	Communication Aids (spectacles / hearing aid)	☒
Clothing bagged, labelled and stored under trolley	☑	Relatives present, who? PARTNER	☑
Name-band (if required)	☑	Relatives / NOK informed	☑
		Interpreter required	☒
		Telephone interpretation required	☒

Observations and Investigations (Please tick when completed)			Initials:
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☑	IV cannula (if required)	☐
Peak Flow 1. 2. 3.	☐	Blood samples taken	☐
12 Lead ECG	☑	Urinalysis and Specimen if indicated *Results:*	☐
Cardiac Monitoring	☑		
X-rays performed	☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:	☐
Other: please add	☐	Weight:	☐

Screening Tools (Please circle or tick as appropriate)			Initials:
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started	Y / (N) Y / (N)	Preliminary Pressure Ulcer Risk Assessment The patient can reposition themselves whilst in the department?	Y / N
AMT 4 (if >65 years) SCORE	/4	There is **no** reported skin damaged other than presenting trauma?	Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*	Y / (N)	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*	Y / N
Mental Health Triage Assessment	(Y) / N	Waterlow Score *If >10 commence Active Care*	☐
Child Protection considered (in line with policy)	Y / (N)	Active Care (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*	☐
FAST	Y / (N)		
GMAWS	Y / (N)	Pressure damage identified on arrival in ED is documented in clinical notes	☐
Has Swallow test been carried out?	Y / (N)	Grade 3 or 4 Pressure Ulcers are reported on DATIX	☐

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives informed	☑	☐	Information on discussion with relatives
	Cannula	☑	☐	
	Name band	☑	☐	
	AMT4	☐	☐	
	NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient	☑	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Allergies are recorded (e.g. on Kardex)	☐	☐	
	Fluids	☐	☐	
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patient's medications)	☑	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed	☐	Always	
	Notes: medical notes, GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☑	☐	
	Bloods reviewed	☐	☐	
	Patient on O_2: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature
26/8/19	Admitted following overdose of Sertraline 32 tablets.	
	Had argument with partner, left suicide	
	note. Prepared for examination	S. Curran

Patient Addressograph Label

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

Patient Addressograph Label

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Time							
	1.	PAIN: Assess and address If in pain inform registered nurse Y/ N or N/A								
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (independent)								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)								
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B								
		Chair Assist to walk, stand or tilt (W /ST/ T)								
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine/faeces								
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)								
		Encourage the patient to drink? (if appropriate) Y / N / N/A								
		Food, snack or supplement taken? (if appropriate) Y / N / N/A								
	6.	ENVIRONMENT: Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y / N								
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y / N								
	8.	ESCALATION: Escalate any issues to the Registered Nurse? Y / N/A								
		Nurse Initials								

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant I = Independent NT = No thanks	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

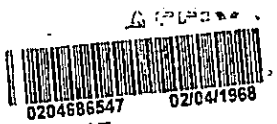
Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (bruising/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	Neurological Deficit	
Incontinent faeces	2	Broken (established ulcer)	3	Nutritional Element		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly incontinent (urine and faeces)	3	Mobility		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1 > 10% Score 2			
		Fully mobile	0				
Special Risks – Surgery/Trauma		Restless/Fidgety	1			Special Risks - Medication	
On table > 6 hours	8	Apathetic (sedated/depressed/ reluctant to move)	2			Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5			BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4	Patient acutely ill or no nutritional intake > 5 days	2	Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20+ = 'Very High Risk'	
		Chair Bound	5				

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Address



CHI No.
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

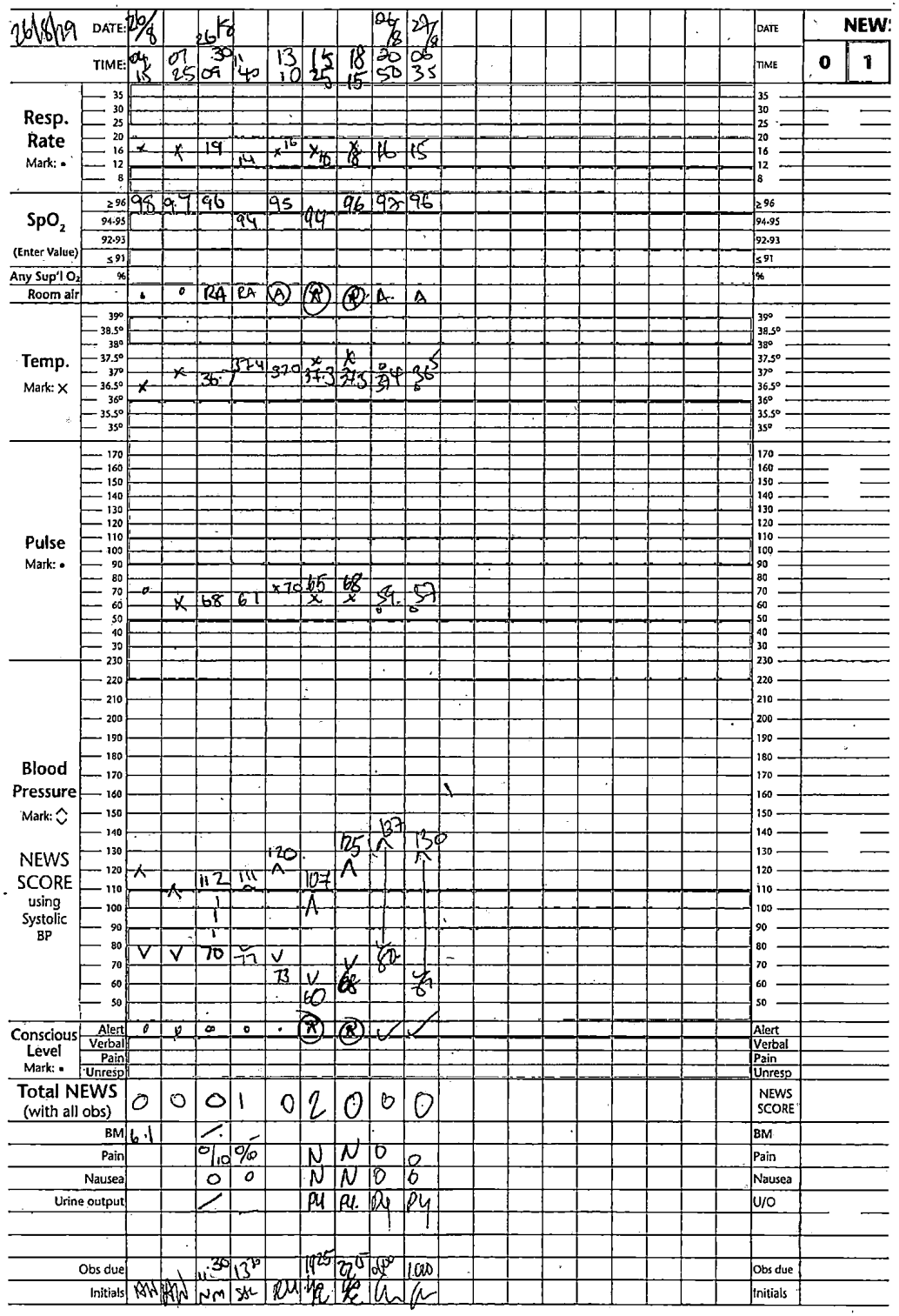
28 2300 mg sent D+V

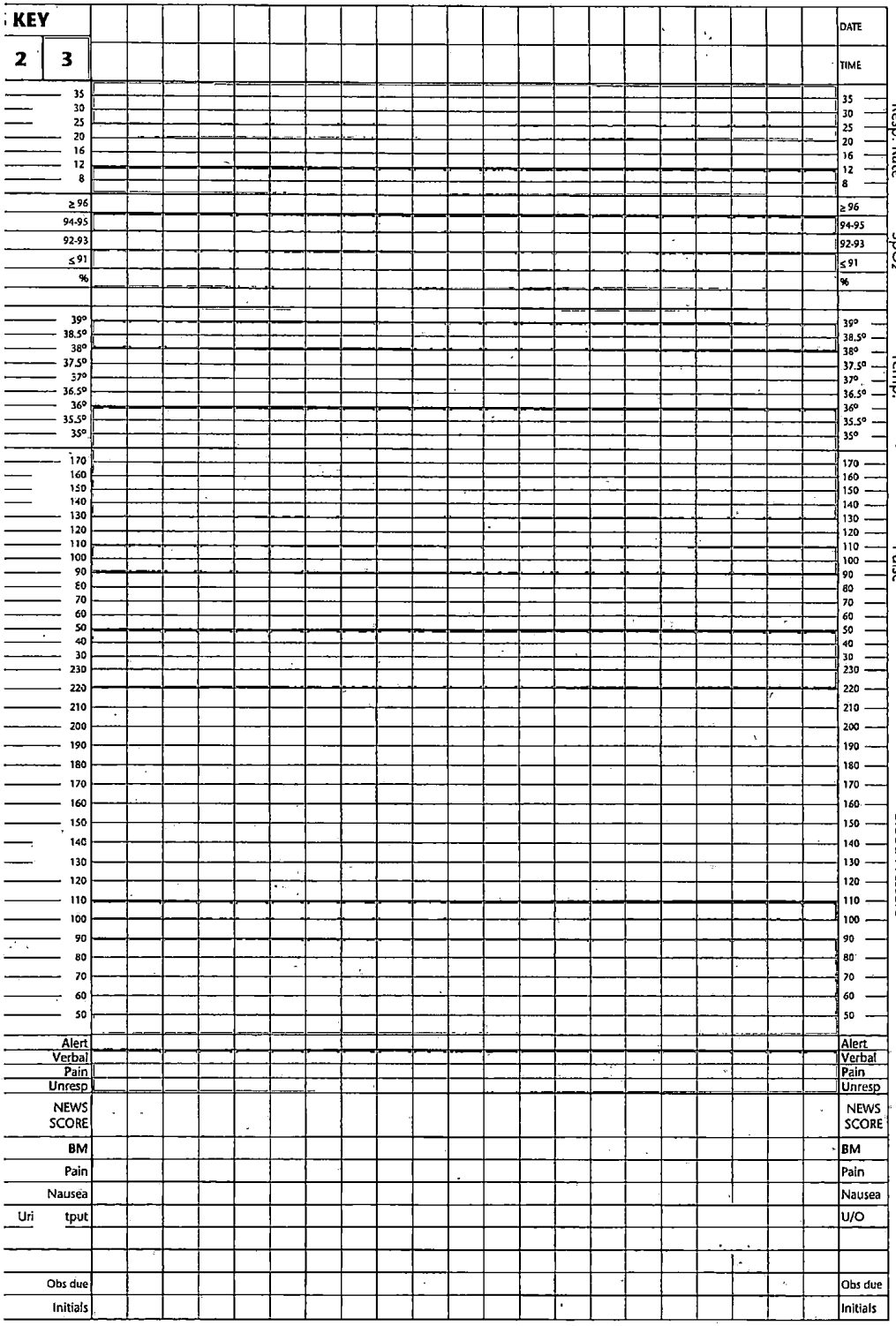
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.


26/8/19
DATE:
TIME:
NEW:
Resp. Rate
Mark: •
SpO2
(Enter Value)
Any Sup'l O2
Room air
Temp.
Mark: X
Pulse
Mark: •
Blood Pressure
Mark:
NEWS SCORE using Systolic BP
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
BM
Pain
Nausea
Urine output
Obs due
Initials


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
Uri tput
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm): 1 2 3 4 5 6 7 8

AFIX PATIENT ID

Neurological Observations

Date:																									
Time:																									
COMA SCALE	E Eyes open	Spontaneously	4																						Eyes closed by swelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
TOTAL SCORE																									
PUPILS	R	Size																							+ reacts – no reaction C. eyes closed
		Reaction																							
	L	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																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Greater Glasgow & Clyde Emergency Departments' Mental Health Triage and Risk Assessment Tool

0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Patient name
CHI

Part One - Nursing Triage

triage nurse to complete this page

Triage Observations

document physiological measurements

GCS	BM	HR	BP	RR	SaO^2	Temp
14/15	6·1	72	122/73	17	98	36.4

accompanied by

name, relationship, particular concerns

Partner - in waiting room.

Describe the appearance/clothing of those attending alone, as they may leave before review.

Is the patient a young person in foster care or in a residential care placement? YES/NO

Is the patient a carer for a child or a dependent adult? YES/NO

Is there a child protection concern or concern for a vulnerable adult at risk? YES/NO

Outline of Presentation

tick all the categories which apply

Overdose (will also require medical assessment)	✓
Self-injury (will also require wound management)	X
Other Mental Health Presentation,	X

Initial Presentation, Appearance and Behaviour

respond yes or no to each question, in any order which seems appropriate

Is the patient violent, aggressive or threatening?	Y		N
Is the patient obviously distressed, markedly anxious or highly aroused?		Y	N
Is the patient preoccupied, erratic or impulsive?	Y		N
Is the patient quiet and withdrawn?		Y?	N
Do you think the patient is behaving inappropriately to their situation?		Y	N
Do you think the patient presents an immediate risk to you, to others, or to themselves?	Y		N
Do you think the patient is likely to abscond prior to assessment?	Y		N
Do you think the patient's presentation suggests either hallucinations or delusions?*	Y		N
Do you think the patient feels their actions are being controlled?	Y		N
Are you aware of a history of mental health problems or psychiatric illness?		Y	N
Are you aware of a history of violence or self-harm?		Y	N
Is the patient currently expressing suicidal thoughts?	Y		N
Is the patient currently intoxicated, with alcohol, or other substances?		Y	N

*Delusions; false but firmly held views and ideas. Hallucinations; false external stimuli (for example, visual or vocal) the patient thinks are real

Triage Risk Assessment

identify an initial category of risk, select one or more risks

High / Moderate / Low – risk of self-harm / violence / absconding

Triage Category: 2

High risk – accompanied *and* in the clinical area.
Moderate risk – accompanied *or* in the clinical area.
Low risk – can be asked to wait *if necessary*.

Any responses in the first column **High Risk**

Other patient can be categorised as **Moderate Risk**

If all responses are in the third column **Low Risk**

Immediate management

print toxbase information, and in paracetamol overdose, note 4-hour time for blood sample.

Patient location, accompanied by...
BAY 8 ED.

Blood sample time?

Toxbase info printed? Y/N

GMAWS considered? Y/N

Summary
Brown Medium length bopped hair
Khaki green off the shoulder top
Blackish grey jeans
Brown handbag

name/grade
ALLISON WRIGHT

signature
A Wright

date and time
26/8/19 0430

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Part Two - Mental Health Assessment

medical staff to complete this page

Patient name _____

CHI _____

outline of current presentation and precipitating factors

current and previous mental health problems, self-harm episodes, problematic alcohol and/or drug use, contacts with mental health services

other relevant information, (relationships, finances, employment, housing, physical health, childcare responsibilities, current medications, etc) - protective factors (beliefs, relationships, plans for future) - views of relatives/carers/'significant others'

Appearance	Behaviour	Speech
Mood	**Thought**	**Insight**

Risk Factors

(this is not an exhaustive list)

alcohol or drug use	
planning or concealment	
evidence of psychosis	
ongoing suicidal intent	
family concern about risk	
access to lethal means	
lack of social support	
age and gender	
chronic illness/pain	
family history of suicide	
disengaged/noncompliant	
unemployed/retired	
previous violent methods	
history of self-harm	
current psychiatric treatment	
previous psychiatric treatment	

Careful consideration should be given to patients who may present particular risks, including patients who may have post-natal depression, or patients with 'first presentations' of mental health problems, especially in adolescence or old age.

Risk Assessment

based on clinical assessment indicate a category of risk for a further episode of self-harm in the short term (48hrs) - consider protective as well as precipitating factors.

High / Moderate / Low

Discharge Advice and Plan for Further Assessment

Indicate the follow-up plan - referral to Liaison Psychiatry, duty doctor, out-of-hours CPN service, CMHT, GP, addiction services, SW, etc - indicate the advice given to the patient, and identities of others informed.

summary	follow up and advice given

service referred to	name/relationship of carer informed	consultant/middle-grade involved in decision or review

If young people in foster care or residential care are assessed, their social work team should be informed (via stand-by SW if out-of-hours) as well as giving information and advice to carers present.

name/grade

_____

signature

_____

date and time

_____

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Care Rounds Checklist

Date: 26/8/19

Attach A

0204686547
MOFFAT
3 Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH
F
02/04/1961

Ward:

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr (4hr)

1. Signed UE Name Y. Evangelista Designation S/N.
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	15/16	21/22																		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N																		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N																		
S	3	**SKIN INSPECTION** Pressure areas checked:	N	I																		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	✓	—																		
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	I																		
		Chair Assist to walk or stand (W/ST)	✓	—																		
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N																		
		Drink taken?	Y	N																		
		Food, snack, or supplement taken?	NT	N																		
		Has oral hygiene been carried out as per care plan?	I	N																		
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	N																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N	N																		
		Care provider / role	UE (6)	CA																		

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 27/8/19

0204686547
MOFFAT F
Lorraine 02/04/196
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Attach Ad

Ward: ARU 4

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr (4hr)

1. Signed Car Name Carmen Mann Designation RN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times																		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.																		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.																		
S	3	**SKIN INSPECTION** Pressure areas checked:																		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)																		
K	4	**KEEP MOVING** Has the patient moved or walked?																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B																		
		Chair Assist to walk or stand (W/ST)																		
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?																		
		Drink taken?																		
		Food, snack, or supplement taken?																		
		Has oral hygiene been carried out as per care plan?																		
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.																		
		Care provider / role																		

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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3 Lorraine 02/04/196i
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Care Plan

NHS
Greater Glasgow and Clyde

Care discussed with patient ☐ Yes ☐ No ☐ Unable		If unable, give reason:	
Care discussed with family ☐ Yes ☐ No ☐ Unable		If unable, give reason:	

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
26/8/19 YR	Known Asthma and COPD.				
				5. Hydration and Nutrition	
			26/8/19 YR	Ind - NDF.	
	2, 3. Communication and senses				
26/8/19 YR	Speaks English, wears reading glasses.				
				6. Elimination	
	4. Cognitive status		26/8/19 YR	Ind - Continent	
26/8/19 YR	Alert and Orientated.				

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Lorraine
Flat 44
3 Greenhill Court
Glasgow G73 2DH

Care Plan

NHS Greater Glasgow and Clyde

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
26/8/19 YR	Ind – No wounds.		26/8/19 YR	Buzzer at reach, Safe footwear.	
				10. Sleep and Rest	
			26/8/19 YR	No issues.	
	8. Mobility				
26/8/19 YR	Independently mobile.			12. Privacy, dignity and sexuality	
			26/8/19 YR	No issues	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

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FALLS RISK ASSESSMENT

To Be Completed For All Patients Within 24 Hrs of Admission and on Transfer to Another Ward

NHS Greater Glasgow and Clyde

GENERAL SAFETY PRECAUTIONS TO BE UNDERTAKEN FOR ALL PATIENTS

Action the following safety precautions on admission to your ward. Update weekly or on change of condition.

	Ward: AMU3 Date: 26/8/19 Time: 15:45	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	IND				
2. Check walking aid (if required) is in reach and in use.	N/A				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	within reach able to use				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	safe footwear.				
5. If glasses are worn, check they are available and in use.	N/A				
6. If hearing aid/s are worn, check they are working and in use.	N/A				

RISK ASSESSMENT

If Yes to any of the 5 questions below complete the falls interventional plan (overleaf).
Whether Yes or No, update this assessment weekly in acute wards or, at the time of a fall or, upon a change in patient's clinical condition.
ALL patients in older people's wards must have an interventional plan in place (overleaf)

Tick Yes or No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the patient fallen in the last 6 months – including during this admission?		✓								
2. Does the patient have cognitive impairment or a possible delirium?		✓								
3. Does the patient attempt to walk alone although unsteady or unsafe?		✓								
4. Does the patient or their relative have a fear or anxiety of the patient falling?		✓								
5. Based on your clinical judgement, is this patient at high risk of falling?		✓								
Signature of nurse completing assessment / update	YK (5)									

Highlight risk of fall at the ward safety brief.

Patient Details

FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
BED AND SEATING					
Check the patient's bed and chair are at the right height for the patient. Consider referral to OT/ Physiotherapy for transfer, mobility or specialist seating advice. (Patient care plan 8)					
Assess if a low bed is required (Patient care plan 9)					
SAFETY					
Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)					
Review the frequency of care rounding prescribing in relation to the falls risk – consider the use of a patient monitoring chart. (Patient care plan 9)					
If the patient is cognitively impaired or has poor mobility and known not to ask for assistance, provide close observation whilst using commode, toilet, bath or shower.					
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)					
Document continence problems and link to care rounding (Patient care plan 6)					
Record lying and standing blood pressure. If results show deficit, follow protocol for ongoing monitoring and inform medical staff of any concerns. (Patient care plan 1)					
If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.					
COMMUNICATION					
Give the patient / relatives / carers an inpatient falls prevention leaflet. Discuss safety precautions with patient / carer / relative. (Patient care plan -negotiated care)					
Update the ward team of the patient's mobility status. (Patient care plan 8)					
Discuss the patient's fall risk at safety briefs and MDT meetings. (If appropriate)					
Consider a referral to the Hospital Falls Service for advice using trackcare. (If appropriate)					
Signature of nurse completing interventional plan / or update					

If a fall has occurred, refer to the Post Fall Poster and report in Datix. Share post fall lessons learned with the team

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Writ
Nar
DO
War
0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

FH: _____

02/04/1961 Address: _____

Hospital: _____

NHS Greater Glasgow and Clyde

Insertion criteria: Please complete this section at time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ Resuscitation/Chest Pain ☐ IV Drugs ☐ Fluids ☐ Transfusion ☐

PVC inserted: Day 0	Date: ___/___/___ Hospital: _____ Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ _____ Unknown ☐ _____
Insertion site:	R Hand ☐ R Arm ☐ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☐ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☐ If No, state reason: _____

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? Diagnostics Resuscitation/ Chest Pain IV Drugs Fluids Transfusion	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 1 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: ___/___/___ Reason for keeping PVC in after 72 hrs/ 3 days: _____

*Date PVC Removed: ___/___/___

*Reason For Removal: _____

Modified Visual Infusion Phlebitis (VIP) Score

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy	0	No phlebitis : Observe cannula
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis : Remove & resite cannula
All of the following are evident: pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including: pyrexia	5	

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and S. aureus bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → Can I switch my patient from IV to oral antibiotics?

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature ≤ 37.9°C, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE** is available reliably (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, S. aureus bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abcess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy. Record the intended duration on the medicine kardex

YES

This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

NO

0204686547
MOFFAT
Lorraine F
Flat 44 02/04/1961
3 Greenhill Court
Glasgow
G73 2DH

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date_____ Time_____ of initial height and weight on admission to hospital		Actual	*Patient reported	*If unable to obtain height and / or weight (check portal / trak for previous weights) document alternative measures and use subjective criteria to assess risk of malnutrition
Admission Height	_____ cm	☐	☐	
Admission Weight	_____ Kg	☐	☐	

*Obtain accurate height/weight and rescreen as soon as possible

Patients reported normal weight _____ Unable to Recall ☐

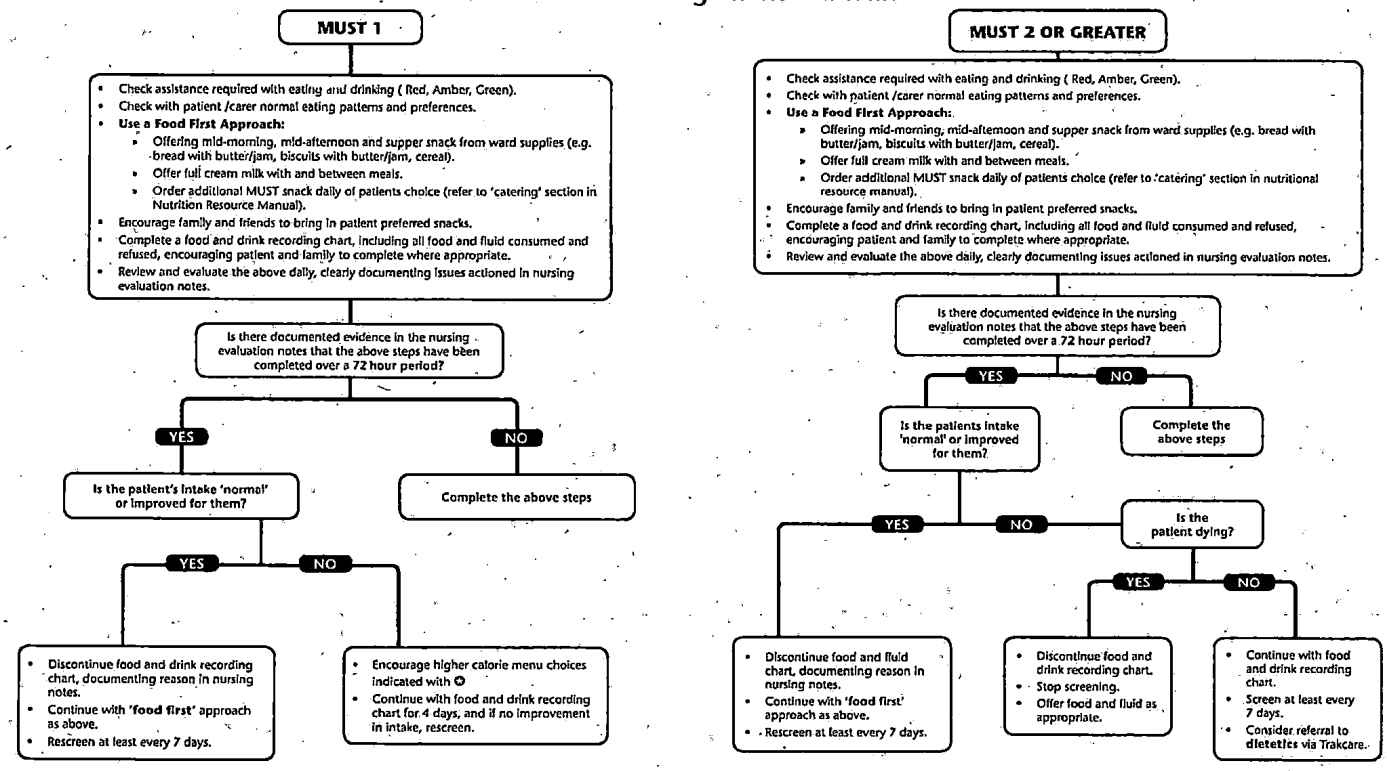
Any unplanned weight loss in the last 6 months Yes ☐ how much_____ No ☐ Don't Know ☐

Date								
Time								
Ward								
Oedema/ Ascities present Y/N								
Scales Used ST = Standing, CH = Chair HT = Hoist, UW = Unable to weigh, record reason and document subjective assessment of risk in nursing notes								
Weight (kgs)								
BMI								
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days								
Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2								
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2								
Step 3 Acute disease effect If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0								
Step 4 Overall Risk of Malnutrition TOTAL								
Rescreen on								
Signature								

Step 5 Management Guidelines (excludes patients who are Nil by Mouth)

Overall Risk of Malnutrition	Ensure plan of care for specific nutritional requirements, MUST score and plans to improve / increase nutritional intake are documented in the patients care plan
0	LOW RISK - Repeat screening every 7 days
1	MEDIUM RISK - Follow the flowchart for MUST 1 overleaf
2 or greater	HIGH RISK - Follow the flowchart for MUST 2 or greater overleaf

MUST STEP 5 Management Guidelines



DISCHARGE

If the patient is due for discharge and concerns remain regarding their oral intake, provide NHSGGC "*Eating to Feel Better" booklet discussing the reason why the information is being given e.g. reduced appetite and / or weight loss before or during hospital admission.

www.nhsggc.org.uk/patients-and-visitors/information-for-patients/food-in-hospital/discharge-from-hospital/

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patient) Moving and Handling Assessment Form

0204686547

Pers Nam	MOFFAT Lorraine	F 02/04/196	Named Nurse:	Person is totally independent (tick here and go to date box)	✓

1.

Weight: Kg

Height: cm

BMI

Problems with comprehension, behaviour, co-operation (specify):

Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):

Risk of Falls: Yes ☐ No ✓

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N/A
See No 2 Sit to Stand Transfers for details	Roll patient ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information:	
	Monkey pole ☐			
	Independent bridging ☐			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information:	
	Monkey pole ☐			
	Rope 'adder ☐			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify) ☐			

7. Sit up over side of bed

	Bed Rest	Assistance	Supervision	Independent
		People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower ☐	Shower chair ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath ☐	Shower trolley ☐			
Bed bath ☐	Bathing hoist (eg Alerti) ☐			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg hoist with walking sling, dist. Walker)	

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	26/8/19		
Assessor's signature:	(5)		
Proposed Review date:			

1. General Information (Only complete this section if changed from over page)

Body Build		Problems with comprehension, behaviour, co-operation (specify):
Weight	Height	
Kg	cm	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
BMI		
Risk of Falls: Yes ☐	No ☐	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
Model		Aid Type	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information:	

4. Move on / off bed pan

Hoist ☐	Manoeuvre ☐	Assistance ☐	Supervision ☐	N/A ☐
See No 2 Sit to Stand Transfers for details	Roll patient ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information:	
	Monkey pole ☐			
	Person bridges ☐			

5. Move up / down bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details	Sliding sheets ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information:	
	Monkey pole ☐			
	Rope ladder ☐			

6. Lateral Transfer to / from trolley / bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify) ☐			

7. Sit up over side of bed

	Bed Rest ☐	Assistance ☐	Supervision ☐	Independent ☐
		People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment ☐	Handling Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
Shower ☐	Shower chair ☐	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath ☐	Shower trolley ☐			
Bed bath ☐	Bathing hoist (eg Alerti) ☐			

9. Walking

No Walking ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
	see 'sit to stand transfers'	People: 1 ☐ 2 ☐ ≥3 ☐	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	☐ / Forward slash	☐ X Where a forward slash exists, add a back slash to make a cross	☐ * Where a slash or cross exists add slashes to make a star
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

0204686547 MOFFAT F Lorraine 02/04/196[illegible]	Hospital: QEUH Ward: ARU3.	**Points to consider:** • Use within 6 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 **Pressure Damage**	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Active Care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
26/8/19	15:45	N	N	N	N	N	N	4 hrly	[illegible] (5)
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interv tional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCONTINENCE / MOISTURE	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of initial plan:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____

NEWS 2 Key | 1 | 2 | 3

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

0204666547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DF
02/04/1958 F

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%	Sp02 Scale 2 Target 88-92%	Patient on home oxygen Y☐ N☐
Signature:	Signature:	If yes, add details of oxygen therapy
Print Name:	Print Name:	
Dr/ANP Initials ONLY:	Dr/ANP initials ONLY:	
Date:	Date:	

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
Min 12 Hourly Observations	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis if Suspicion of Infection	Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed.....

Medical:.....

Date:.....

Pupil Reaction and size

s = sluggish
+ = reaction
- = no reaction
c = eyes closed

Pupil Size (mm) 1 2 3 4 5 6 7 8

Glasgow Coma Scale

Eyes (closed by swelling = NT): Spontaneously 4; To sound 3; To pressure 2; None 1; Not possible NT

Verbal: Endotracheal tube or tracheostomy = NT; Oriented 5; Confused 4; Words 3; Sounds 2; None 1; Not possible NT

Best motor response: Obeys command 6; Localising pressure 5; Normal flexion 4; Abnormal flexion 3; Extension 2; None 1; Not possible NT

	Date:																								
	Time:	1115	1130																						
EYES		4	4																						
VERBAL		5	5																						
MOTOR		6	6																						
TOTAL		15	15																						
Pupil size: Right reaction:		4 +	4 +																						
Left reaction:		4 +	4 +																						
Record right (R) and left (L) arms only if there is a difference between the two sides		R	R																						
Record right (R) and left (L) separately if there is a difference between the two sides		R 5	R 5																						

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

No Pain	Mild Pain			Moderate Pain			Severe Pain			
0	1	2	3	4	5	6	7	8	9	10

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. Seek Advice
D	Severe limitations, unable to or refuse to perform because of pain. Urgent Review Required

0204666547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DF
02/04/1958 F

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

Affix Label

CHI: 0204686547

Queen Elizabeth University Hospital

Total Att: 12

12 Mth Att: 1

Title: MS

MOFFAT

Lorraine

DOB: 02/04/1968 Age: 57y Sex: Female

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
0141 239 4360

Next of kin: MOFFAT, Lisa
Relationship: Daughter
07771233989

GP: J Lynch
0141 531 6010

Attendance Date: 30/09/2025 Arrival Time: 21:03

Registration Time: 21:03 Date of Incident: 30/09/2025

Major Incident Desc:

Reason for Attendance: Back pain

Affix Label

N

Pr

Tri

Al

Ol

Nt

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

Triage Category: 3 Tetanus up to date/fully immunised:

Presenting Complaint: Back Pain

Observation Date: 30/09/2025 22:16 Nurse name: Nurse Arden Bruce

Temp	35.1	C
HR	84	bpm
BP	108/67	mmHg
MAP	80.67	mmHg
RR	18	bpm
SpO2	99	%
Oxygen	21	%

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

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

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

Nursing Notes: "BIBA- pt states was moving sofa with friend, twisted back felt a crack, pain to lower back from R side radiating to centre unable to lie one back, no c/o of numbness. previous T9# 4 years ago."

Patient ID label

0204886547 02/04/1988
MOFFAT
Lorraine

Date	Emergency Department Notes
30/9/25	Ambulance Proforma reviewed (Yes) / No Seen by (Doctor) R. GREENING Time seen 22 : 24

PC : 57F back pain.

PMH : Osteopenia, # T9., COPD.

HPC : Lifting couch this afternoon, twisted and heard 'crack' noise at lower back.

Describes 10/10 throbbing pain across lower back, having to lie down with pain, pain relieved by lying on (R) side.

No numbness / tingling / weakness in legs.

No bladder / bowel dysfunction.

Pain improved after analgesia.

Otherwise well.

O/E : ECG : Sinus rhythm
TWI V1 + V2 (as previous)

Pain when pressing over lumbar spine + (R) + (L) Sacroiliac region.

Power 5/5 bilaterally both legs

Sensation (N) Reflexes intact.

Patient ID label

0204686547 02/04/1968
MOFFAT
Lorraine

Date	Emergency Department Notes
	Seen by (Doctor) / Time seen

pulse regular. HS nanal. CDF

x-ray: N:I acute #
↳ o/w Neg
D/c with analgesia.

Differential Diagnosis/Problem List

(1) lumbar back pain

NEWS ☐ 0-7
RED FLAG ☐ (Tick)
SEPSIS ☐
CURB 65 ☐

Done/ completed	Immediate Managment Plan
	(1) lumbar / pelvis x-ray.
	(2) Analgesia
	↳ patient required.

Signature: Designation: CDF Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

Patient ID label



Seen By: Print: Time Seen: Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history (>1 source preferred)
☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments Reason for alteration
Name	Dose	Freq	Continue	Amend	Withhold	Stop	

Allergies	List any over-the-counter or alternative medicines
	Do medicines need further clarification ? ☐ Yes ☐ No
List collected by :	Plan approved by :
Designation : Date :	Designation : Date :

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
Reviewed by : Designation : Date :	

Patient ID label

02048886547
MOFFAT
Lorraine
02/04/1868

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked

Alcohol History

_____ Units/week FAST score if excess _____

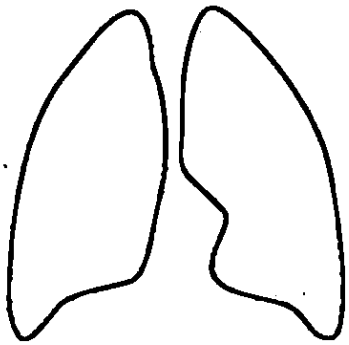
Recreational Drugs **Driving Status**

Social Circumstances (home, supports, functional status, occupation, travel)

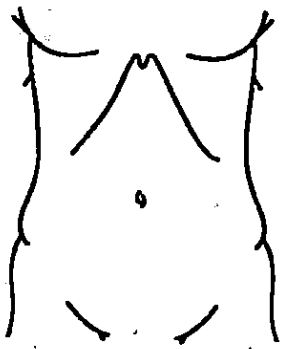
General Examination	
Temp:	RR:
Pulse:	CBG:
SpO_2:	Weight:
BP:	Urinalysis:

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

GCS: /15 **E:** /4 **M:** /6 **V:** /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label



MOFFAT
Lorraine

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label

Resuscitation Decision
Resuscitation status: FOR RESUSCITATION / DNA CPR (please circle)
If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed ☐ Medicine Reconciliation ☐ 4AT/TIME
☐ Antimicrobial ☐ DNACPR ☐ AWI if appropriate

Sepsis Six
- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

02048694

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥2 days

☐ Yes

☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum)and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age> 60		Hormone replacement therapy	
Dehydration		Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophillia		Critical care admission	
BMI >30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

☐ Yes

☐ No

Does the patient have any of the following contraindications? Tick if apply

Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopaenia <75 x109/l	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR>2		Uncontrolled hypertension (>230/120)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum)and document

☐ No

☐ Yes

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)
If N/A why? _____
Assessed by _____
Date _____

Patient ID label

Results

Date / Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	( )								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 – 2.0								

Patient ID label

02041868A

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp:

Pulse:

BP:

SpO_2:

FiO2:

RR:

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

Continuation Sheet

Date: Time	



Patient ID label

0204686547

Continuation Sheet	
Date: Time	

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

02046864

Continuation Sheet

Date: Time	

Patient ID label

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by
30/9/25	CO-CODAMOL	30/500mg	PO	QDS		

DISCHARGE CODES: Please Circle								Time Ready to Depart	
1. Admission	2. Discharge		3. Refer to G.P.		4. Transfer to other hospital (see below)				
5. Died	6. Refer to O.P. Clinic (see below)		7. Irregular Discharge		8. D.O.A.			Discharge Time	
Ward No. (If admitted)			Transfer to Hospital					Consultant (if admitted)	
Outpatient clinic specialty						Admission or specialty clinic consultant			
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify	

Patient na

0204686547

Patient Cl MOFFAT F.
Lorraine 02/04/1968

NHS
Greater Glasgow and Clyde

Emergency Care Nursing Documentation

Initial Investigations

Initial when complete	Required?		Init		Required?		Init
Patient prepared for exam	(Y)	N	AB	Pain score	(Y)	N	AB
NEWS/MEWS/ PEWS chart	(Y)	N	AB	Peak flow	Y	N	
ID Band	(Y)	N	AB	MSSU Results:			
12-Lead ECG	(Y)	N	AB				
Blood samples	Y	N					
Blood Gas	Y	N					
Viral Swab	Y	N		B-HCG	+ve	-ve	

Communication

	Required?	
GGC Red Bag with Patient (nursing home resident)	Y	(N)
Language or hearing difficulty	Y	(N)
Interpreter required	Y	(N)
what arrangements have been made?		
(Relatives / Carer / Next of Kin present)	(Y)	N

Daughter

name,relationship, location, particular concerns

Signature: Alalup

PVC

Circle reason: D R I F T

Diagnostic
Resuscitation
Intravenous Fluids
Transfusion

Insertion
Date: _____
Time: _____

Insertion Side: L R

Insertion Site:

Size of PVC:

Inserted by
_____
Signature
_____

Hand Hygiene Yes ☐

Skin Decontamination 2% chlorhexidine in 70% isopropyl alcohol Yes ☐

Sterile transparent semi-permeable dressing affixed Yes ☐

PVC Reason Explained Yes ☐

Risk Assessments and Screening Tools	Required?		Init		Required?		Init
SEPSIS	Y	(N)	AB	GMAWS	Y	(N)	AB
FAST +VE Y (N) STOPPS	Y	(N)		Public Protection Concern (Adult/Child)	Y	(N)	
ED Falls Risk Assessment	Y	(N)		Notification of Concern Completed (NOC)	Y	(N)	
Mental Health Triage Assessment	Y	(N)		Frailty Assessment Completed	Y	(N)	
Ligature low room	Y	(N)		4AT Assessment	Y	(N)	

Pause for Discharge

GGC Red Bag with Patient (nursing home resident)	Y	N
Relatives / Carer with Patient	Y	N
Name Band Removed	Y	N
Risk Assessment/Screening Tools Completed	Y	N
Discharge Information	Y	N
NEWS Chart completed within 1 hour of discharge	Y	N
Medications/Fluids prescribed as per medication prescription form	Y	N
Notes Complete	Y	N
Belongings	Y	N
Transport arranged	Y	N
Own/Taxi/Relative/SAS (Please circle)	Y	N
PVC Removed Prior to Discharge	Y	N

Signature:

Pause for Transfer

GGC Red Bag with Patient (nursing home resident)	Y	N
Relatives / Carer with Patient	Y	N
Name Band in situ	Y	N
Risk Assessment/Screening Tools Complete	Y	N
Bed Available	Y	N
SBAR complete	Y	N
NEWS Chart completed within 1 hour of transfer	Y	N
Medications/Fluids prescribed as per medication prescription form	Y	N
PVC/CVC Bundle	Y	N
Notes Complete	Y	N
Belongings	Y	N
Escort Required	Y	N

Signature:

Patient name

Patient CHI

0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH
F
02/04/1958

NHS
Greater Glasgow and Clyde

Care Rounds Checklist

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need, should be every (please circle) 1hr 2hr 3hr (4hr)

Signed A Bruce Name A. Bruce Designation SN

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Use the following Codes:
Y = Yes N = No NA = Not Applicable NT = No Thanks S = Sleeping O = Off the ward I - Independent

			Times	22/15										
	1	**THINK DELIRIUM** Is the patient more confused/drowsy than normal? If yes inform registered nurse.	N											
	2	**PAIN: ASSESS AND ADDRESS** Is the patient distressed or in pain?If yes inform registered nurse/ Review analgesia	N											
S	3	**SKIN INSPECTION** Pressure areas checked?	NT											
		R = RED D = Discloured PU - Pressure Ulcer INT = Intact M = Moisture	I											
K	4	**KEEP MOVING** Has the patient moved or walked?	Y											
		Bed R =Right side (30°) tilt L =Left side (30°) tilt B =Back Chair W/ST = Assist to walk / stand	B											
		ELIMINATION Does the patient need the toilet?	N											
I	5	I = Independent A - Assistance given IC = Incontinent (urine/ faeces)	A											
N	6	**FOOD FLUIDS AND NUTRITION** Is the patient nil by mouth?	N											
		Drink taken?	N											
		Food, snack, or supplements taken?	N											
		Has oral hygiene been carried out as per care plan?	N											
	7	**ENVIRONMENT CHECK** Is the patient's call buzzer to hand? Is the area clutter free clean and safe? Does the patient have everything they require in safe reach? Is the bed in the lowest position?	Y Y Y Y											
	8	**INFORMATION** Is there anything else I can help you with? Inform the patient of the time of return	NO											
	9	**ESCALATION** Is there anything else I can help you with? Inform the patient of the time of return	NO											
		Care provider	AB											
		Role	SN											

Ask the patient if there is anything they specifically want done today:

Patient na

0204686547
MOFFAT F
Patient CH Lorraine 02/04/1966
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Hospital: QEUH Ward: F0	Points to consider: • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

NHS Greater Glasgow and Clyde

Attach addressograph	Hospital: Ward:	Points to consider: • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

Pressure damage	No RISK ↓	At RISK ↓	Grade 1 – non blanching skin Grade 2,3,4, suspected deep tissue injury (SDTI), ungradable pressure ulcer, Moisture Associate Skin Damage (MASD) ↓	Device Related Pressure Damage i.e. nasogastric, catheters, oxygen tubing ↓
YOU MUST CHECK SKIN t pressure points	Daily skin check	4 hourly positioning Complete SSKINS care plan (below)	2 hourly positioning with skin checks, Complete SSKINS care plan (below)	All devices need a SSKINS care plan (below)

1	PressureDamage	Does the person have Pressure damage; Grade 1, 2, 3, 4, SDTI, Ungradable?
2	Mobility	Does the person require assistance to mobilise or change position?
3	Continence	Does the person have moisture issues, or, continence issues with urine and/or faeces?
4	Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5	Skin	Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities?
6	Judgement	In your clinical judgement, is this person at risk of developing pressure damage?

Date	Location of pressure damage	Grade of ulcer	Date	Location of pressure damage	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

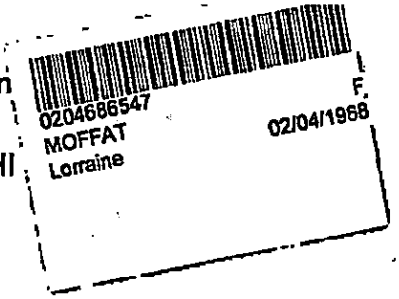
NO to all questions, continue Care Rounds Prescribed as assessed for individual need and re-assess daily.
If you have answered YES to any of the questions above, please complete the SSKINS care plan below.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Check Skin	Signature
30/9/25	2230	2	2	2	2	2	2	4 hrly	AB
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used: Catheter ☐ Naso gastric ☐ Oxygen mask ☐ Nasal oxygen ☐ Vascular Access Device ☐ Off loading boot ☐ Other:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment: Off loading boot: ☐ Protective product:	• Reposition ____ hourly in bed. • Reposition ____ hourly in chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used: Tilting device ☐ • Knee bend in place ☐ Record reason for no knee bend:	• Does patient have Moisture Associated Skin Damage Yes ☐ • Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management: Barrier Cream ☐ Pad / Pants ☐	• Optimise nutrition and hydration. • Refer to MUST	• Provide information in a format appropriate to patient / family/ carer needs: • Specify: Leaflet ☐ Verbal ☐ Not provided record reason:	Date discontinued:

Patient nan

Patient CHI



NHS
Greater Glasgow and Clyde

Use the following Codes:	Y = Yes S = Sleeping	N = No	NA = Not Applicable O = Off the ward	NT = No Thanks I - Independent

Ongoing Care

	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours	9 Hours	10 Hours	11 Hours	12 Hours
Time									
Nursing notes updated including (NEWS, MEWS,PEWS)									
Food, Fluid, Nutrition (provide details)									
IVI/IVABs									
Routine Medications prescribed and administered									
Falls risk assessment reviewed/checklist									
Skin assessed and supported (PURDRA)									
Pain assessment									
SBAR up to date and completed									
Patient/ relatives updated									
If patient not in cubicle space think about patients dignity requirements eg hearing aids, mobility aids, glasses, interpreter									
STOPPS completed									
PVC/CVC Bundle. Consider is; Dressing intact? PVC patent?									Commence CVC/PVC chart

Patient name :

0204686547 F
MOFFAT 02/04/1968
Lorraine

Patient CHI :

NHS
Greater Glasgow and Clyde

Nursing notes

Date and Time		Name/Signature
30/9/25 2220	BIBA - pt states was moving sofa @ 1600 and twisted back ~~stated~~ Stated hear a crack unable to lie on back. pain lower back from (R) side radiating to centre. Previous T9 #	
	ECG'd →	Ardlys SN ABruce
2340	pt returned from X-ray to Cohort room. →	Ardlys SN ABruce

Patient name .....

Patient CHI .....

or use sticker

NHS
Greater Glasgow and Clyde

Nursing notes cont.		
Date and Time		**Name/Signature**

LORRAINE MOFFAT

Scottish Ambulance Service

Age/Gender:	57 Years, 5 Months, 28 Days, Female	**Incident Date:**	30/09/2025 19:47:00
DOB:	02/04/1968	**ePCR Number:**	85-2-300925-194705
Address:	3 Greenhill Court, Flat 44 Glasgow G73 2DH	**Incident Number:**	CR012483380
		Incident Type:	EMG
CHI Number:	-	**Incident Location:**	FLAT 44 3 GREENHILL COURT RUTHERGLEN GLASGOW, G73 2DH
Ethnicity:	White Scottish		

PATIENT INFO

Capacity Assessed

Deemed to have Capacity

Clinical Assessment

Consent Decision:	**Consent Gained**	**Clinical Assessment Explained/Discussed:**	**Benefits of Assessment Explained, Risks of No Assessment Explained**

Treatments

Consent Decision:	**Consent Gained**	**Treatment Explained/Discussed:**	**Benefits of treatment explained, Risks of No treatment explained**

ADDITIONAL COMMENTS

Presenting Complaint:	**low back injury**

Timestamp	Additional Comment	Crew Name
30/09/2025 20:51:00	Ca, Pt seated on carpeted stairs at home, Pt was moving a two seater sofa on stairs when her back twisted. Pt comp of low back pain, more so to the right side. Pt was able to get from stairs to carry chair mostly unassisted with the aid of Entonox therapy. Pt feels some relief when leaning onto the injured side. Pt felt numbness in her right arm but attributes this to the way she was lying. Pt has been on the stairs since approximately 16:00.	
30/09/2025 21:48:00	Incident Reopened. Reopen Reason: Missing Information	

ACVPU

Options:	**Alert**

0204688547
MOFFAT
Lorraine F
Flat 44 02/04/1988
3 Greenhill Court
Glasgow
G73 2DH

CATASTROPHIC HAEMORRHAGE

Catastrophic Haemorrhage:	**No**

AIRWAY

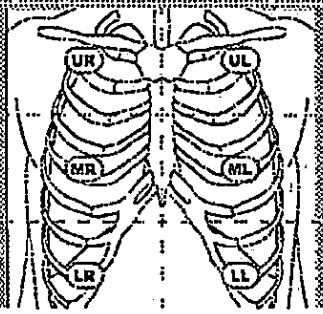
Assessment:	**Clear**

BREATHING

Breathing Adequately:	**Yes**	**Initial Respiratory Rate:**	**20**
Initial SpO2:	**98**	**Initial SpO2 On Air:**	**Yes**
Oxygen Given:		**No**	

Chest Examination

Anterior

Normal Percussion, Normal Breath Sounds, Normal Air Entry	UR		UL	Normal Percussion, Normal Breath Sounds, Normal Air Entry
Normal Percussion, Normal Breath Sounds, Normal Air Entry	MR		ML	Normal Percussion, Normal Breath Sounds, Normal Air Entry
Normal Percussion, Normal Breath Sounds, Normal Air Entry	LR		LL	Normal Percussion, Normal Breath Sounds, Normal Air Entry

Tension Pneumothorax

Tension Pneumothorax Suspected:	**No**

CIRCULATION

Pulse Rate:	**100**	**Rhythm:**	**Reg**
Most Distal Pulse Found:	**Radial**	**Cap Refill:**	**<=2 Secs**
Central Peripheral:	**Peripheral**	**Arm:**	**Left**
Systolic Pressure:	**118**	**Diastolic Pressure:**	**75**
ECG:		**3 Lead**	

Rhythm

Rhythm:	**Sinus Rhythm**

Skin

Appearance:	**Normal**	**Skin Texture:**	**Dry**
Skin Temperature:		**Warm**	

DISABILITY

Initial GCS:

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
30/09/2025 20:41:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15

Eyes

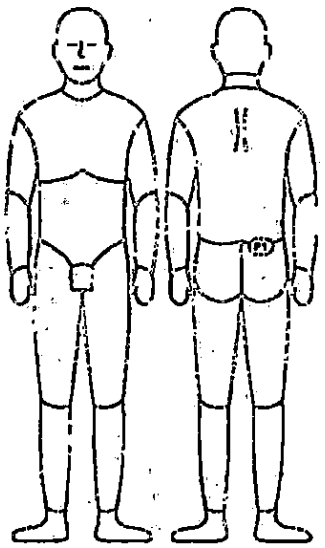
Left Pupil Size (Mm):	**3**	**Right Pupil Size (Mm):**	**3**
Pupils Equal And Reactive To Light (Pearl):		**Yes**	

Blood Glucose

Blood Sugar Value (MMOL/L):	**7**

EXAMINATION

Assessment Graphic



0204888547
MOFFAT
Lorraine F
Flat 44 02/04/1968
3 Greenhill Court
Glasgow
G73 2DH

Pain Table

ID	Pain Scale	Body Part
P1	7	Right Buttock

OBSERVATIONS

Observations Assessment

Timestamp	Pulse	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	Temp	BM	ECG	P(L| R)	PEF	Crew
30/09/2025 20:00	100	20	119/75	98	<=2 Secs	15	Alert		36.4	7	Sinus Rhythm	3|3		E1001345
30/09/2025 20:44	111	18	120/73	97	<=2 Secs	15	Alert		36.4	7	Sinus Tachy	3|3		E1001345

GCS

Timestamp	Eyes Value	Eyes Score	Voice Value	Voice Score	Motor Value	Motor Score	Final Score
30/09/2025 20:00	Spontaneously	4	Orientated	5	Obeys Commands	6	15
30/09/2025 20:44	Spontaneously	4	Orientated	5	Obeys Commands	6	15

NEWS Score

Timestamp	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
30/09/2025 20:00	20 (0)	-	98 (0)	0	119 (0)	100 (1)	Alert (0)	36.4 (0)	1
30/09/2025 20:44	16 (0)	-	97 (0)	0	120 (0)	111 (2)	Alert (0)	36.4 (0)	2

AMPLE

Drugs: Fluoxicillin

Medication: Folic acid, various inhalers.

0204686547
MOFFAT F
Lorraine 02/04/1988
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Other: previous back injury four years ago (# T9 Vertebrae)

Last Eaten: >4 Hours Ago

Events Prior: descending stairs

DRUGS

Drugs Table

Timestamp	Drug	Expiry	Quantity	Route	Pain Before	Pain After	Source	Crew
30/09/2025 20:05	Entonox		PRN	INH	8	6	MANUAL	E1001345
30/09/2025 21:48	Ibuprofen	12/2028	400 mg	OR	6	6	MANUAL	E1001345

CLOSE REPORT

Clinical Response Feedback

On-Scene Clinical Findings: Non Emergency

CONVEYANCE

Transport To Hospital	**Normal Driving**	**Pre-Alert**	**No**
Destination Hospital	**QUEEN ELIZABETH UNIVERSITY HOSPITAL**	**Patient Accompanied By**	**daughter**

INCIDENT INFORMATION

Dispatch

Dispatch Code	**17B01M**	**Dispatch Description**	**Fallen with Possibly Dangerous Area Injuries - On the Ground or Floor >2 hours**

Incident Log

Status Time	Status	Callsign	Reason	Hospital
18:40:39	Call Received Time	GGS5675		
18:46:50	Mobile	GGS5675		
19:58:21	At Scene	GGS5675		
20:39:34	Leave Scene	GGS5675		QUEEN ELIZABETH UNIVERSITY HOSPITAL
21:00:12	At Hospital	GGS5675		

Additional Crew:

Crew ID	Crew Grade
E1001345	Ambulance Technician (AT)
E003472X	Ambulance Paramedic (AP)

GE Healthcare

2104772-001

CE

Moffat, Lorraine
Female
02.04.1968 (57 Years)

Location: 1301

Vent. rate	88	BPM
PR interval	120	ms
QRS duration	82	ms
QT/QTc-Baz	370/447	ms
P-R-T axes	64 64	71

Patient ID: 0204686547

Normal sinus rhythm
Biatrial enlargement
Minimal voltage criteria for LVH, may be normal variant (Sokolow-Lyon)
Nonspecific ST abnormality
Abnormal ECG

30.09.2025 22:30:02
QEUH ED

Technician ID: ts

Test Indication: bsck pain

Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz ™ 7.1.00 SP06 12SL v23.1 4 by 2 1 rhythm id

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 0204686547

New Victoria Hospital

Total Att: 11

12 Mth Att: 0

Title: MS

MOFFAT

Lorraine

DOB 02/04/1968

Age: 56y

Sex: Female

Next of kin: MOFFAT, Lisa
Relationship: Daughter
07771233989

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
0141 239 4360

GP: J Lynch
0141 531 6010

07818747338 - Please phone this number Daughter

Attendance Date: 26/10/2024

Arrival Time: 17:05

Registration Time: 17:05

Date of Incident: 26/10/2024

Major Incident Desc:

Reason for Attendance: left wrist injury

Affix Label

Nursing Assessment

Alerts: **Not Recorded**

Allergies: **Not Recorded**

Pain Score:

Triage Category: **0**

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **26/10/2024 17:17**

Nurse name: **Nurse Stuart Smith**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

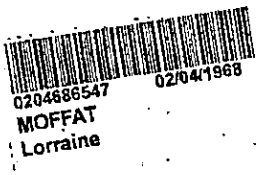
Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE



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

Date	CLINICAL NOTES
	Seen by (Dr) Nurse Smith Time seen 1800

1/10/2024

Pc Pain left wrist

HPC Fell last night onto wrist

Allergies
Pmh
Dihx

See chart please

O/E Pain over distal radius, no bruising or abrasions, neurovascularly intact. Snuffbox and palpate to tenderness. No pain to scaphoid.

Plan X-ray wrist - ? distal radius

Home with wrist splint and review at virtual clinic.

Nurse Smith.

0204686547 02/04/1968
MOFFAT
Lorraine

Date	CLINICAL NOTES



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

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By
26 11/2/20	Co Codamol	30/500	orally	2 x 4		

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 0204686547

New Victoria Hospital

Total Att: **10**

12 Mth Att: **1**

Title: **MS**

MOFFAT **Lorraine**

DOB **02/04/1968** Age: **54y** Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
01412394360

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**
07771233989

GP: **J Lynch**
0141 531 6010

Patient left prior to being called. Told reception she'll go home and call NHS24.

Attendance Date: **12/03/2023** Arrival Time: **11:36**

Registration Time: **11:36** Date of Incident: **11/03/2023**

Major Incident Desc:

Reason for Attendance: **SWELLING TO CHEEK BELOW EYE - advice/triage please have explained miu**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

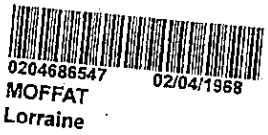
Nursing Notes:

Child Assessment Questionnaire

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

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

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



DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES	
	Seen by (Dr)	Time seen

0204686547 02/04/1968
MOFFAT
Lorraine

Date	CLINICAL NOTES
	

Discharge Codes (Please CIRCLE)						Discharge date	12-3-25
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			Discharge time	1210
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.			

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged		Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

Queen Elizabeth University Hospital

SGH

CHI: 0204686547

Total Att: 8

12 Mth Att: 4

Title: **MISS**

MOFFAT **Lorraine**

DOB **02/04/1968** Age: **53y** Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
07754572626

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6010

Attendance Date: **08/01/2022** Arrival Time: **13:05**

Registration Time: **13:05** Date of Incident: **08/01/2022**

Major Incident Desc:

Reason for Attendance: **ED Direct Referral MEDICATION ENQUIRY 18 HOURS**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **4** Tetanus up to date/fully immunised:

Presenting Complaint: **Wrist**

Observation Date: **08/01/2022 13:55** Nurse name: **Nurse Anita Duncan**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

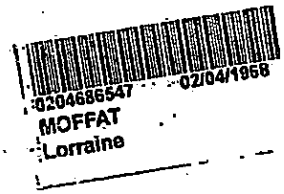
Nursing Notes: **"fall yesterday at miu Victoria c/o sever pain in wrist ortho kindly review in department "**

Child Assessment Questionnaire

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

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

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

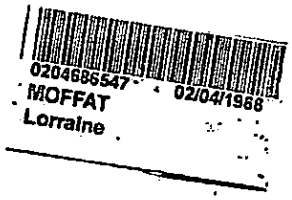


DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
08/01/22	ORAMORPH	5mg	ORAL	1420		

Date	CLINICAL NOTES
	Seen by (Dr) Time seen
08/01	Ortho ANP U.THORNTHWAITE PC: Left Distal Radius HPC: Slipped on ice 1/7 ago; placed in backslab & referred to UFC. Called NHS24 today, pain in wrist. Has taken 4x doses 2 co-codamol 30/500mg in last 24hrs. PMH: COPD Sjogren Syndrome. DH: As per ECS NKDA. - Sensitive to Naproxen. O/E: Some swelling to fingers pain on assessment. cast well fitting, able to fit finger inside cast. able to move fingers no loss of sensation. DNVI. Neo sling given, arm elevated. Offered to admit for analgesia, patient declined for 1x dose of Oramorph discharged home, with elevation instructions, wearing cast & ortho leaflet. Instructed patient she can take no more co-codamol for 24hrs since last dose.

0204686547 02/04/1968
MOFFAT
Lorraine

Date	CLINICAL NOTES
	

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

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 0204686547

New Victoria Hospital

Total Att: **7**

12 Mth Att: **3**

Title: **MISS**

MOFFAT **Lorraine**

DOB **02/04/1968** Age: **53y** Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
07754572626

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6010

Attendance Date: **07/01/2022** Arrival Time: **18:26**

Registration Time: **18:26** Date of Incident: **07/01/2022**

Major Incident Desc:

Reason for Attendance: **wrist injury**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **07/01/2022 18:28** Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
7/1/21	Co-codamol	(30/500)x2	O	1830	PGD ✱	✱

Date	CLINICAL NOTES
	Seen by (PP) Jess Aclam. (ENP). Time seen 1845

7/1/21. 1845

PC: Pain (L) wrist.

HPC: Slip on ice this evening onto outstretched hand. Immediate pain in wrist. Denies any other injury.

PMH: COPD
Sjögren-Larsson syndrome

Allergy - ? Naproxen.

(P) HD

Drug hx: See ECS.

O/E: Swelling & ?deformity (L) wrist.
No wound
No bruising
No critical skin.

NV intact ✓
Cap refill ✓
Bony tenderness distal radius & ulna & ASB.
No pain shoulder/clavicle/elbow/rest of hand.
Reduced ROM at wrist due to pain.

Xray: impacted distal radius # with ulna styloid #.

Plan: VfC.
D/W Dr. E. France QEUH - agree with plan for dorsal backslab
Analgesia, rest, elevation
Worsening advice ✓

(ENP).

0204686547 02/04/1968
MOFFAT
Lorraine

Date	CLINICAL NOTES

PEEL OFF label

I confirm that I have received information on:

Plaster casts	☑	Safe mobilising	☐
Crutches	☐	How to manage stairs	☐
Zimmer	☐	Relatives been informed	☐
Walking stick		ble	☐

Name (Capital lett 0204686547 02/04/1968
MOFFAT
Lorraine

Patient signature: L. Moffat

Date: 7/1/22 Plaster applied by: Irene N/A ☐

Discharge Codes (Please CIRCLE)					Discharge date	7/1/22
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	1900

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By
7/1/22	CO-CODAMOL.	(30/500)	x2 O	4°	[signature]	[signature]

(4)

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 0204686547

New Victoria Hospital

Total Att: 6

12 Mth Att: 3

Title: **MISS**

MOFFAT **Lorraine**

DOB **02/04/1968** Age: **52y** Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
07754572626

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6025

Attendance Date: **16/03/2021** Arrival Time: **16:31**

Registration Time: **16:31** Date of Incident: **12/03/2021**

Major Incident Desc:

Reason for Attendance: **Pain: from back to left side of ribcage**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

Nurse name:

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

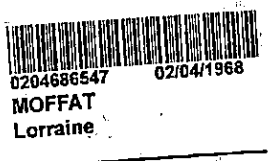
Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE



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

0204686547 02/04/1968
MOFFAT
Lorraine

Date: 16/3/21 Time: 17:00 ENP: L-PEARSON

Chest Injury Proforma

HPC:

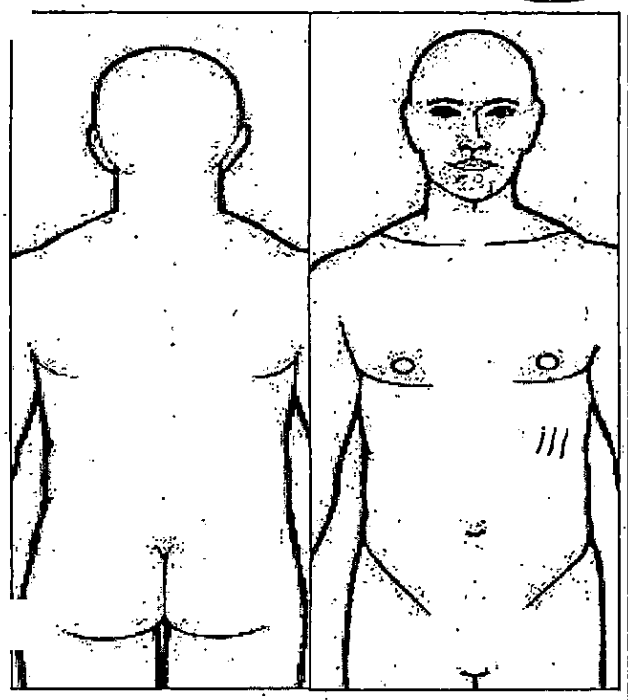
See A+E Card

PMH: PDH: Allergy

Temp: 36.4 Pulse: 72 BP: 115/78 Resp: 16 02 sat: 99

Circle if any: Pain Cough Spit Haemoptysis SOB Abdominal Pain

Urinalysis: Smoker / Non-smoker Allergies:



Bruising ## Tender //

Breathing Pattern:	L=R=N
Expansion:	L=R=N
Trachea	Deviated ☐ Central ☑
Central Cyanosis:	Yes ☐ No ☑
Peripheral Cyanosis:	Yes ☐ No ☑
Flail segment:	Yes ☐ No ☑
Surgical Emphysema:	Yes ☐ No ☑
Tactile vocal fremitus:	abnormal ☐ normal ☑
Percussion: Dullness	Yes ☐ No ☑
Percussion:Hyperresonance	Yes ☐ No ☑
Auscultation:	AE: L=R=N
Abdomen:	Soft No pc

Impression: (L) chest Intercostal Muscle Strain

Treatment:

Deep Breaths; staged cough, Splints - all explained
Cocodamol QDS Red Flags sign explained

Signed: LP

Tick if addition notes / drugs prescribed in notes ☑

May take 4/52 to settle

Date	16/3/21	CLINICAL NOTES	
Seen by (Dr)	L. PEARSON	Time seen	17-00

PC: (L) chest injury 1/7

HPC: Was awkwardly leaning over a sofa - felt a sharp pain to (L) side of chest.

Social: works in a pub.

PMH: Asthma
COPD

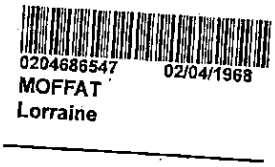
Meds: Naproxen
inhalers
Dihydrocodeine

Allergy: Naproxen

Exam:

0204686547 02/04/1968
MOFFAT
Lorraine

Date	CLINICAL NOTES



Discharge Codes (Please CIRCLE)					Discharge date	16/3/21
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	17.15

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By
16/3/21	Co-codamol	8/500-s	PO	QDS	LH	LH

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

RUR → ED 9

Affix Label

CHI: 0204686547

Queen Elizabeth University Hospital

Total Att: 4

12 Mth Att: 1

Title: **MISS**

MOFFAT **Lorraine**

DOB **02/04/1968** Age: **52y** Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
07754572626

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6025

Attendance Date: **20/01/2021** Arrival Time: **18:42**

Registration Time: **18:42** Date of Incident: **16/01/2021**

Major Incident Desc:

Reason for Attendance: **Chest pain since saturday**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint: **Chest Pain**

Observation Date: **20/01/2021 18:49** Nurse name: **Nurse Ashleigh Christie**

Temp	**36.4**	C
HR	**67**	bpm
BP	**153/92**	mmHg
MAP	**112.33**	mmHg
RR	**18**	bpm
SpO2	**99**	%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"Onset of R sided chest pain radiating to center of chest and through to back. Patient states pain worse on inspiration. Hx of asthma and copd. Productive cough. States new SOB, mild SOB at triage. "**

Patient ID label

Date	Emergency Department Notes	
	Ambulance Proforma reviewed Yes / No Seen by (Doctor)	Time seen

20/11/2021
19:55

(52) ♀ chest pain

PMH- COPD, Sjogren syndrome.

SH- lives alone - independent.

HPC

4 day history of (R) chest pain + exertional SOB

i) Chest pain radiating into back + centre of chest

ii) Worse when taking deep breath in

iii) Paracetamol provided little relief

Denies any productive cough, fevers, palpations, syncope, abdominal pain, dysuria, ankle oedema

Denies any recent trauma or heavy lifting.

OIE- currently in slight discomfort due to pain.

A- patent

B- RR-18
O_2 - 99% on air



↓ air entry bilaterally. No added sounds.

pain on palpation of (R) side of chest.

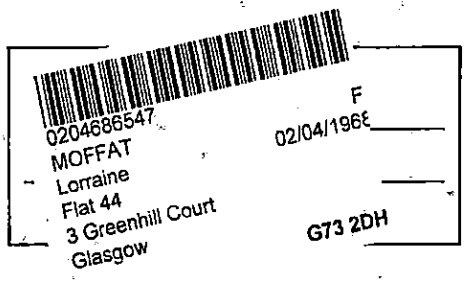
D- GCS - 15/15

E-  SNT.

C- BTLTO
Pulse regular
HR - 67 BP - 153/92
W+W+P

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde



	Date	Ward	Time
Admitted	20/11/21	AE	2300
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Patient on home oxygen Y ☐ N ☐
If yes, add details of oxygen therapy

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
Min 12 Hourly Observations	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis If Suspicion of Infection	Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed.....

Medical: .....

Date: .....

	41-50	1	
	31-40	3	
	≤30	3	

D			
Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.	•	0	
			A Alert 0
			C New Confusion 3
			V Verbal 3
			P Pressure 3
			U Unresponsive 3

E Temperature			
			≥39 2
			38.1-39.0 1
			37.1-38.0 0
	•	0	36.1-37.0 0
			35.1-36.0 1
			≤35.0 3

NEWS Total	0	2

Blood glucose	7.0	
Pain / function score	OA	
Time Pt last passed urine	10.20	
Fluid balance chart indicated Y/N	N	
GCS indicated Y/N	N	
Time NEWS due	23.00	
Escalation of care Y / N	N	
Initials	AB	

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

Affix Patient ID

NEWS 2 Key | 1 | 2 | 3

| | | |

Glasgow Coma Scale

| | | 11/1 | | |

Patien ...
0204686547 F
Patient MOFFAT 02/04/1968 ...
Lorraine
Flat 44
3 Greenhill Court
Glasgow G73 2DH

NHS
Greater Glasgow and Clyde

Emergency Care Nursing Documentation

Presenting complaint - and relevant past medical history including allergies

Date and Time		Name/Signature
2011/21. 2300	Chest Pain	[signature]

Nursing notes - on admission

Date and Time		Name/Signature

Triage

Patient prepared for exam - clothing bagged					Y	N
NEWS Chart	Y	N	X-rays		Y	N
ID band	Y	N				
Peak Flow	Y	N	Please specify			
12-lead ECG	Y	N	Urinalysis		Y	N
IV access	Y	N				
Blood samples	Y	N	Positive findings			
Blood Gas	Y	N	B-HCG		Y	N

Communication

GGC Red Bag with Patient (nursing home resident)	Y	N
Language or hearing difficulty	Y	N
Interpreter required	Y	N
what arrangements have been made?		
Relatives / Carer / Next of Kin present	Y	N
name,relationship,location,particular concerns		

Risk Assessments and Screening Tools

SEPSIS	Y	N	GMAWS	Y	N
FAST	Y	N	Adult Support and Protection	Y	N
Swallow Testing	Y	N	Mental Health Triage Assessment	Y	N
Falls Risk (clinical judgeument)	Y	N	Child Protection Concerns	Y	N

Signature: [signature]

Patient name .....

Patient CHI .....

or use sticker

NHS
Greater Glasgow and Clyde

Care Rounds Checklist

I have evaluated and deemed that the frequency of care delivery over the next work shift,
based on the patient's most critical need, should be every (please circle) **1hr** **2hr** **3hr** **4hr**

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Use the following Codes:
Y = Yes **N** = No **NA** = Not Applicable **NT** = No Thanks **S** = Sleeping **O** = Off the ward **I** - Independent

			Times										
	1	**THINK DELIRIUM**	Is the patient more confused/drowsy than normal?If yes inform registered nurse.										
	2	**PAIN: ASSESS AND ADDRESS.**	Is the patient distressed or in pain?If yes inform registered nurse.										
S	3	**SKIN INSPECTION**	Pressure areas checked?										
		R = RED **D** = Discloured **PU** - Pressure Ulcer **INT** = Intact **M**= Moisture											
K	4	**KEEP MOVING**	Has the patient moved or walked?										
		Bed **R** =Right side (30°) tilt **L** =Left side (30°) tilt **B** =Back Chair **W/ST** = Assist to walk / stand											
		ELIMINATION.	Does the patient need the toilet?										
I	5	**I** = Independent **A** - Assistance given **IC** = Incontinent (urine/faeces)											
N	6	**FOOD FLUIDS AND NUTRITIO.**	Is the patient nil by mouth?										
			Drink taken?										
			Food, snack, or supplements taken?										
			Has oral hygiene been carried out as per care plan?										
	7	**ENVIRONMENT CHECK**	Is the patient's call buzzer to hand? Is the area clutter free clean and safe? Does the patient have everything they require in safe reach? Is the bed in the lowest position?										
	8	**INFORMATION**	Is there anything else I can help you with? Inform the patient of the time of return										
	9	**ESCALATION**	Is there anything else I can help you with? Inform the patient of the time of return										
			Care provider										
			Role										

Ask the patient if there is anything they specifically want done today:

Patient name

0204686547
MOFFAT F
Patient CHI 3 Lorraine 02/04/196
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

NHS
Greater Glasgow and Clyde

Nursing notes - ongoing care

Date and Time		Name/Signature

Patient name .....

Patient CHI .....

or use sticker

NHS
Greater Glasgow and Clyde

4AT assessment - for delirium and cognitive impairment

		Circle Score
(1) ALERTNESS This includes patients who may be markedly drowsy (eg. dificult to rouse and/or obviously sleepy during assessment) or agitated/ hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.	Normal (alert, but not agitated, through assessment) Mild sleepiness (<10 secs) after waking, then normal Clearly abnormal	0 0 4
(2) AMT4 Age, date of birth, place (name of the hospital/building), current year.	No mistakes 1 mistake 2 or more mistakes/untestable	0 1 2
(3) ATTENTION Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.	wAchieves 7 months or more correctly Starts but scores <7 months / refuses to start Untestable (cannot start, unwell, drowsy, inattentive	0 1 2
(4) ACUTE CHANGE OR FLUCTUATING COURSE Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs.	No Yes	0 4

4 or more possible delirium + /- cognitive impairment
1-3 possible cognitive impairment
0 delirium or severe cognitive impairment unlikey (but delirium still possibe if (4) information incomplete

TOTAL

Frailty Assessment Tool (Healthcare Improvement Scotland)

Step 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?		circle Y or N	
F	**Functional impairment** (new or worsening) eg difficulty with self care	**Y**	**N**
R	**Resident** in a care home	**Y**	**N**
A	**Altered mental state** such as delirium or dementia (**4AT Assessment**)	**Y**	**N**
I	**Immobility/instability** decline in mobility, difficulty mobilising without help, fall leading to presentation	**Y**	**N**
L	**Living at home with support** on a daily basis (homecare, one visit or more per day)	**Y**	**N**
If YES to any of the criteria in Step 1 move to Step 2 **Step 2 Would this person be better managed by another speciality team at present?**		circle Y or N	
	Clear need for other specialty input eg exacerbation of known long-term condition such as COPD	**Y**	**N**
	Need for HDU/ITU (including non-invasive ventilation)	**Y**	**N**
	Suspected new stroke or TIA, consider thrombolysis and care in stroke unit	**Y**	**N**
	Head injury with loss of consciousness	**Y**	**N**
	Acute abdominal pain/ surgical presentation	**Y**	**N**
	Upper GI Bleed	**Y**	**N**
	Chest pain with suspected acute coronary syndrome	**Y**	**N**
	Trauma with suspected fracture	**Y**	**N**

Are any of the criteria met?
If YES to any criteria in Step 2: Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.
If YES to any criteria in Step 1 and NO to ALL criteria in STEP 2: Prioritise transfer of care to specialist geriatric assessment service.

Patient name .



spital:

0204686547

Patient CHI .

MOFFAT F
Lorraine 02/04/196
Flat 44
3 Greenhill Court rd:
Glasgow
G73 2DH

Points to consider:

- **Use within 8 hrs of admission to care area**
- **Re-assess daily and more frequently if a person's condition changes**

NHS
Greater Glasgow and Clyde

PUDRA

1	**Pressure Damage**	Does the person have redness and/or existing pressure damage? **IF YES, prescribe a minimum of 2 HOURLY Pressure relieving care** to avoid further damage occurring and complete the pressure ulcer interventional plan.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2	**Mobility**	Does the person require assistance to mobilise or change position (inappropriate for age)?
3	**Continence**	Does the person have continence issues with urine and/or faeces (inappropriate for age)?
4	**Nutrition**	Does the person appear malnourished and/or unable to eat or drink/ PYMS score>2?
5	**Skin**	Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities?
6	**Judgement**	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Pressure Relieving Care interventions and complete the pressure ulcer interventional plan.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
/ /	:							____hrly	
/ /	:							____hrly	
/ /	:							____hrly	

Complete prevention of pressure ulcer interventional plan below for all patients with redness/pressure damage and for those at risk.

S **Skin Inspection**	**S** **Surface**	**K** **Keep Moving**	**I** **Incontinence/ Moisture**	**N** **Nutrition**	**S** **Self Management/ Shared Care**
Check: • Pressure areas ____ hourly • Skin under medical devices ____ hourly • Specify medical devices used	Specify: 1. Mattress 2. Cushion 3. Detail additional pressure redistributing equipment	1. Reposition ____ hourly in bed / chair 2. Overnight patient/carer has agreed to repositioning ____ hourly 3. Specify any manual handling equipment used	1. Skin Care to be carried out ____ hourly 2. Specify products required for increased moisture/ continence management:	1. Optimise nutrition and hydration 2. Refer to MUST	1. Discuss and agree plan with patient/ family/carer YES / NO 2. Prevent Pressure Ulcers" leaflet given to patient/family/ carer YES / NO

Patient name .....

Patient CHI .....

or use sticker

NHS
Greater Glasgow and Clyde

Nursing notes - discharge plannning

Date and Time			Name/Signature

Outcomes and outstanding issues

Date and Time			Name/Signature

Pause for Discharge or Transfer

GGC Red Bag with Patient (nursing home resident)		**Y**	**N**
Relatives	Carer with Patient	**Y**	**N**
	Name Band	**Y**	**N**
Nursing Screening Tools Complete		**Y**	**N**
	Bed Available	**Y**	**N**
	SBAR complete	**Y**	**N**
NEWS Chart NEWS completed within 1 hour of	transfer/discharge	**Y**	**N**
Prescriptions and	fluid charts signed	**Y**	**N**
	Cannula	**Y**	**N**
	Notes Complete	**Y**	**N**
	Analgesia	**Y**	**N**
	Belongings	**Y**	**N**
	Transport	**Y**	**N**
Signature:			

Contact with relatives

Signature:

Pat

0204686547

: MOFFAT F
8 Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
20/11/2021 22:32	Heavy smoker of 20 cigarettes per day. ~~ECG - sinus rhythm~~ ECG - sinus rhythm → nil ischaemic features. R Wallace - F42 Borderline D-dimer - 228. Discussed with ED consultant → due to ongoing symptoms, unable to exclude PE. Will require LMWH + CTPA in hospital, thus will need to be admitted.	5kg in weight.

Differential Diagnosis/Problem List

1) PE
2) MSK.

NEWS ☐ 0-7
RED FLAG ☐ (Tick)
SEPSIS ☐
CURB 65 ☐

Done/ completed	Immediate Managment Plan
20/11/2021	Bloods including D-dimer
	CXR
	If all okay → home.
	Analgesia.
	Troponin → 5.
	Discussed with ED consultants at handover →
	due to low risk of PE → to receive LMWH
	in department with ambulatory CT scan
	requested → this has all been explained to patient

Signature: R Wallace Designation: F42. Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

Pat
0204686547
MOFFAT F
Lorraine 02/04/196
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Seen By: Print: Time Seen: Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history (>1 source preferred)

☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments
Name	Dose	Freq	Continue	Amend	Withhold	Stop	Reason for alteration.

Allergies	List any over-the-counter or alternative medicines
	Do medicines need further clarification ? ☐ Yes ☐ No
List collected by :	**Plan approved by :**
Designation : Date :	Designation : Date :

Pharmacy review	Comments
Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
Reviewed by :	Designation : Date :

Pat
0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked

Alcohol History

_____ Units/week FAST score if excess _____

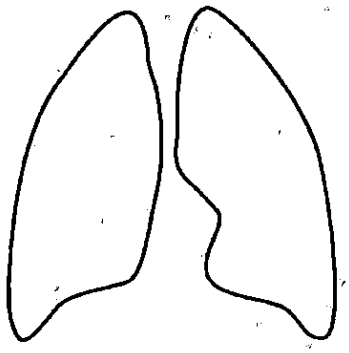
Recreational Drugs **Driving Status**

Social Circumstances (home, supports, functional status, occupation, travel)

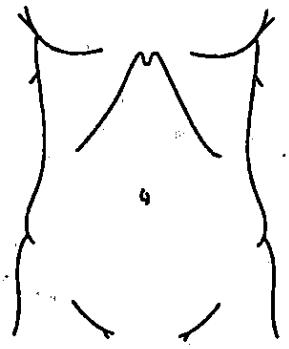
General Examination	
Temp:	RR:
Pulse:	CBG:
SpO_2:	Weight:
BP:	Urinalysis:

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

GCS: /15 E: /4 M: /6 V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

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MOFFAT
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3 Greenhill Court
Glasgow
F
02/04/196
G73 2DH

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label

Resuscitation Decision
Resuscitation status: FOR RESUSCITATION / DNA CPR (please circle)
If DNA CPR → Complete appropriate form

Senior Medical review
☐ Thromboprophylaxis assessed ☐ Medicine Reconciliation ☐ 4AT/TIME ☐ Antimicrobial ☐ DNACPR ☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Pati

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MOFFAT F

Lorraine 02/04/196

Flat 44

3 Greenhill Court

Glasgow

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Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥2 days

☐ Yes

☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum)and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following risk factors? Tick if apply			
Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age> 60		Hormone replacement therapy	
Dehydration		Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophillia		Critical care admission	
BMI >30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

☐ Yes

☐ No

Does the patient have any of the following contraindications? Tick if apply			
Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopaenia <75 x109/l	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR>2		Uncontrolled hypertension (>230/120)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum)and document

☐ No

☐ Yes

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Patient ID label

Results

Date Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	( )								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 – 2.0								

Pa

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Glasgow
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Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp:

Pulse:

BP:

SpO_2:

FiO2:

RR:

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

Continuation Sheet	
Date: Time	

Patie

0204686547

MOFFAT

8 Lorraine

Flat 44

3 Greenhill Court

Glasgow

F

02/04/196

G73 2DF

Continuation Sheet

Date: Time	

Patient ID label

Continuation Sheet	
Date: Time	

Pati

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MOFFAT
Lorraine
Flat 44
3 Greenhill Court,
Glasgow
G73 2DH

02/04/196

Continuation Sheet

Date: Time	

Patient ID label

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
20/1/20	Co-Codamol 8/500	2 tabs	Oral	21:16	RW.	RW
~~20/1/2021~~	~~Ibuprofen~~					
20/1/2021	Diamorph	5mg	Oral	21:49	RW	RW.
20/1/2021	Daltaparin	12500 units	SIC	22:50	RW.	

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle				Time Ready to Depart	
1. Admission	2. Discharge	3. Refer to G.P.	4. Transfer to other hospital (see below)		
5. Died	6. Refer to O.P. Clinic (see below)	7. Irregular Discharge	8. D.O.A.	Discharge Time	

Ward No. (If admitted)		Transfer to Hospital		Consultant (if admitted)				
Outpatient clinic specialty				Admission or specialty clinic consultant				
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify

3

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 0204686547

New Victoria Hospital

Total Att: **3**

12 Mth Att: **0**

Title: **MISS**

MOFFAT

Lorraine

DOB **02/04/1968**

Age: **52y**

Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6025

Attendance Date: **07/12/2020**

Arrival Time: **10:07**

Registration Time: **10:07**

Date of Incident: **06/12/2020**

Major Incident Desc:

Reason for Attendance: **right knee inj**

Nursing Assessment

Alerts: **Not Recorded**

Allergies: **Not Recorded**

Pain Score:

Triage Category:

Presenting Complaint:

Tetanus up to date/fully immunised:

Observation Date:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

Nurse name:

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

0204686547 02/04/1968
MOFFAT
Lorraine

Date: 7/12/202- Time: 10:40 ENP:

Knee Injury Proforma

HPC: Right / Left

Twisted knee yesterday - pain swelling

PMH: PDH: Allergies:

Asthma Inhaler no

Look	Feel	Move
Weightbearing: Yes ☑ No ☐ Haemarthrosis: Yes ☐ No ☑ Effusion: Yes ☐ No ☐	Neurovascular Intact Yes ☑ No ☐	SLR: Yes ☐ No ☐ Extension: Active: Passive: Resisted: Flexion: Active: Passive: Resisted:

	Pain	Laxity			
ACL	Yes ☐ No ☑	Yes ☐ No ☑		Age ≥ 55	Yes ☐ No ☑
PCL	Yes ☐ No ☐	Yes ☐ No ☑		Fibular Head Tenderness	Yes ☐ No ☐
CL	Yes ☑ No ☐	Yes ☐ No ☐		Isolated Patella Tenderness	Yes ☐ No ☐
CL	Yes ☐ No ☐	Yes ☐ No ☑		Inability to flex to 90°	Yes ☐ No ☐
Menisci Intact?		Yes ☐ No ☐ Don't Know ☐	McMurrays:	Inability to weightbear 4 steps	Yes ☐ No ☐

Xray: No

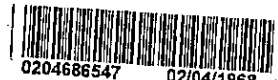
Impression:

Plan: Splint to mob by / Nurse

Patient Label *Date:* *Time:* *ENP:*

Signed: Tick if addition notes / drugs prescribed in notes □

Date	CLINICAL NOTES	
	Seen by (Dr)	Time seen



0204686547 02/04/1968
MOFFAT
Lorraine

Date	CLINICAL NOTES

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

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 0204686547

New Victoria Hospital

Total Att: **2**

12 Mth Att: **1**

Title: **MISS**

MOFFAT **Lorraine**

DOB: **02/04/1968** Age: **51y** Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6025

Attendance Date: **16/10/2019** Arrival Time: **17:30**

Registration Time: **17:30** Date of Incident: **15/10/2019**

Major Incident Desc:

Reason for Attendance: **inj to nail left pinky**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Child Assessment Questionnaire

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

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

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



DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES
	Seen by ~~(Dr)~~ [illegible] Time seen 17:20

16/6/12

PC Cannot to left hand finger

Hx/c got finger in a door pretty sure broke both.

Exam

RUA
RUL
R/Ct

See chart notes

O/E — Nail loose, — removed,
Nail bed intact, no other injury

Plan Remove nail (Explained risk scarring 3% and removed. — dressing applied

[signature]

0204686547 02/04/1968
MOFFAT
Lorraine

Date	CLINICAL NOTES



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

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

(4)

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 0204686547

New Victoria Hospital

Total Att: 0

12 Mth Att: 0

Title: **MISS**

MOFFAT **Lorraine**

DOB: **02/04/1968** Age: **50y** Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6025

Attendance Date: **07/04/2018** Arrival Time: **14:56**

Registration Time: **14:56** Date of Incident: **06/04/2018**

Major Incident Desc:

Reason for Attendance: **L Foot, R Hand Inj**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Child Assessment Questionnaire

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

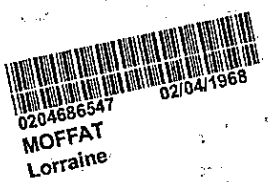
Discuss with Senior Medical Staff / Nurse on duty any factors identified

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

DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES
	Seen by (Dr) Time seen



Date	CLINICAL NOTES

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

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

7/4/11 15.30

0204686547 02/04/1968
MOFFAT
Lorraine

Date: *Time:* *ENP:* Sheila Swan.

Ankle Injury Proforma

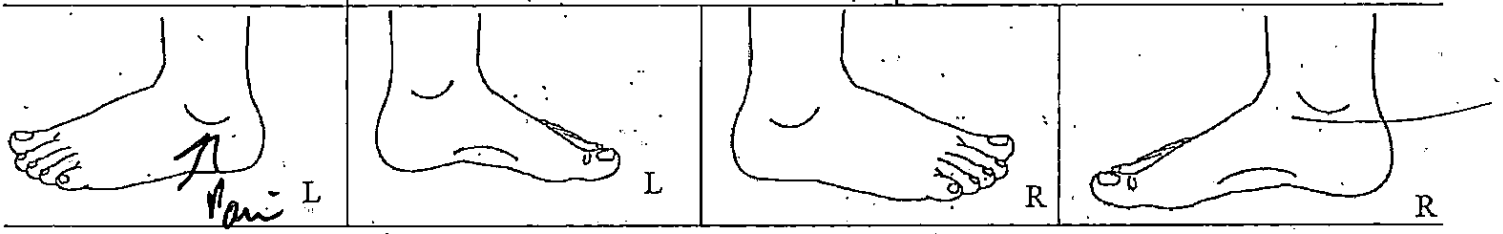
HPC: Left / Right

Fell last night hurting left foot/ankle + right hand

PMH: PDH: Allergies:

See chart Penicillin

Look	Feel	Move
	Neurovascular Intact Yes ☐ No ☐	Weightbearing: Yes ☐ No ☐
	Tender:	Plantar Flexion: ✓
	Head of Fibula Yes ☐ No ☐	
	Lateral Malleolus Yes ☑ No ☐	Dorsiflexion: ✓
	Medial Malleolus Yes ☐ No ☐	
	Heel Yes ☐ No ☐	
	Navicular Yes ☐ No ☐	Inversion: ✓
	Base 5th MT Yes ☐ No ☐	
	ATFL Pain Yes ☐ No ☐	
	Other Tenderness:	Eversion: ✓



Achilles feels intact?	Yes ☑ No ☐
Simmonds test normal?	Yes ☑ No ☐
Anterior Drawer test normal?	Yes ☐ No ☐ N/A ☐

Xrays taken: yes - Foot, Ankle, Hand

Impression:

Plan: No # seen → Home with walking boot and advice (Co-codamol 30/500 prn).

Signed: Tick if addition notes / drugs prescribed in notes ☐

West Glasgow ACH MIU / Victoria ACH MIU / Queen Elizabeth University Hospital ED

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Miss Lorraine Moffat - CHI: 0204686547

Admitted Date: 10/01/2022

Christopher Crome (ST8) – Orthopaedic Ward Round

Dictated: 12/01/2022
Typed: 12/01/2022
Ref: CC/GM
Ward: 10D

Miss Moffat is day one post left wrist ORIF. Intraoperative images are satisfactory. Mrs Moffat is comfortable and neurovascularly intact. I am happy for her to go home today. She will be followed-up in two weeks at the Vic Fracture Clinic as per operative instructions.

Mr Little
Consultant Orthopaedic Surgeon

QEUH
11/01/2022

Left ORIF Distal Radius

Name: Miss Lorraine Moffat		**Ward:**	10D
Flat 44 3 Greenhill Court Glasgow G73 2DH		**Surgeon:**	Kevin Little
Hospital No:	0204686547 **D.O.B.:** 02/04/1968	**Assistant:**	Delani Vaithilingam
Indication:	Closed Fracture of the Distal Radius (Left)	**Anaesthetist:**	Peter Paisley

Explanation

Procedure :	ORIF in acute fracture
Soft tissue :	Tscherne: I
Radiological picture :	Simple Intra-articular Displaced Dorsally displaced Tilted Dorsally
Universal classification :	Type IV (B) Intra-articular, displaced, reducable but unstable.

Preparation

Position :	Supine Arm on hand board
Tourniquet :	250 mm Hg Elevation of limb
Skin prep :	Alcoholic Chlorhexidine
Antibiotic prophylaxis :	Teicoplanin 400 mg IV at induction

Incision and Approach

Incision :	Volar
Approach :	the extended FCR approach (Orbay and Fernandez).

Findings

Intra-op findings :	As expected from radiology

Intra-operative Procedure

Fracture reduction :	Open direct K-wires Joy-sticks
Result :	Anatomical
Articular surface :	Anatomical reduction.
Implant :	VariAx
Fixation :	1 single plate
Plate :	Narrow 9 hole 4 screws distal and 3 proximal
Adverse event :	None

Closure

Blood loss:	Minimal
Prior to closure :	No active bleeders
Surgical time :	½ hour
Skin :	Continuous 3-0 Nylon - Remove in 14 days at review
X-ray :	At review
Pain management :	Local around wound
Local used :	20 ml 0.25% Levobupivacaine
Tourniquet time :	35 minutes

Post-operative Instructions

Post Op :	Elevation on Bradford splint
Metal work removal :	None planned

VTE Risk Assessment

VTE Risk :	Low
Mech. prophylaxis :	Intra-op; None Post-op: adequate hydration and early mobilisation

---

Rehabilitation

1° immobilisation :	Bulky bandage
Discharge :	Once mobile and safe
Review :	2 weeks at Victoria ACH fracture clinic

Addenda:

Procedure	Code Type	Code
Fracture of lower end of radius, closed	ICD 10	S52.50
Unspecified primary open reduction of fracture of bone and extramedullary fixation	OPCS	W20.9
Approach to organ under image intensifier	OPCS	Y53.5
Lower end of radius NEC	OPCS	Z70.5
Left sided operation	OPCS	Z94.3
Fracture distal radius ORIF	RCS UK	T47

cc:

Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

LORRAINE MOFFAT

CR04686 547

Date & Time		Signature, Print Name & Designation
11/01 03:00	B ALLAN (FY2) Admission R/V	
	53F (L) distal radius # 001: 07/01/22	
	Slipped on ice → attended Victoria MIU	
	Referred for fixation from VFC. Dorsal back slab in situ	
	SHx: Currently not worker, Ex smoker, NIL ETOH	
	PMHx: COPD, Sjogren-Larsson Syndrome, Alopecia	
	DHx: salbutamol, Fostair, Cunitas eye drops.	
	Allergies: Naproxen, flucloxacillin	
	Today:	Bloods: Awaited.
	- Feeling generally well	[redacted]
	- No infective Sx present	
	- Pain in arm - settled with analgesia	& CT+S x2 ☑
		Imaging:
	(A) arm NV intact	(L) impacted distal
	Normal ROM	radius # with ulnar
	Arm in backslab.	styloid #
	OE: NEWS 0	
	HS I+II+0	SNT
	WWP	BSPL
	Pulse reg	GCS 15
	Calves SNT Chest clear	(A) VPU
	Plan: Fast ~~fo~~ from now → for theatre	as golden pt
	Needs M+C	
	Analgesia	
	Chase Bids	

83949 GGC0072

Date & Time		Signature, Print Name & Designation

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Date & Time	WR Cover	Signature, Print Name & Designation
12/1/21		
	Day 1 Post OP	NEWS(0)
–	for F/U in # clinic in 2/52	
–	Xrays reviewed – satisfactory.	
–	keen for home	

83949 CGC0072

Date & Time		Signature, Print Name & Designation

Mr Little
Consultant Orthopaedic Surgeon

QEUH
11/01/2022

Left ORIF Distal Radius

Name: Miss Lorraine Moffat
Flat 44 3 Greenhill Court Glasgow G73 2DH
Hospital No: 0204686547 **D.O.B.:** 02/04/1968
Indication: Closed Fracture of the Distal Radius (Left)

Ward: 10D
Surgeon: Kevin Little
Assistant: Delani Vaithilingam
Anaesthetist: Peter Paisley

Explanation
Procedure : ORIF in acute fracture
Soft tissue : Tscherne: I
Radiological picture : Simple Intra-articular Displaced Dorsally displaced Tilted Dorsally
Universal classification : Type IV (B) Intra-articular, displaced, reducable but unstable.

Preparation
Position : Supine Arm on hand board
Tourniquet : 250 mm Hg Elevation of limb
Skin prep : Alcoholic Chlorhexidine
Antibiotic prophylaxis : Teicoplanin 400 mg IV at induction

Incision and Approach
Incision : Volar
Approach : the extended FCR approach (Orbay and Fernandez).

Findings
Intra-op findings : As expected from radiology

Intra-operative Procedure
Fracture reduction : Open direct K-wires Joy-sticks
Result : Anatomical
Articular surface : Anatomical reduction.
Implant : VariAx
Fixation : 1 single plate
Plate : Narrow 9 hole 4 screws distal and 3 proximal
Adverse event : None

Closure
Blood loss: Minimal
Prior to closure : No active bleeders
Surgical time : ½ hour
Skin : Continuous 3-0 Nylon - Remove in 14 days at review
X-ray : At review
Pain management : Local around wound
Local used : 20 ml 0.25% Levobupivacaine
Tourniquet time : 35 minutes

Post-operative instructions
Post Op : Elevation on Bradford splint
Metal work removal : None planned

VTE Risk Assessment
VTE Risk : Low
Pharm. prophylaxis : Intra-op: None Post-op: adequate hydration and early mobilisation

---

Rehabilitation
1° immobilisation : Bulky bandage
Discharge : Once mobile and safe
Review : 2 weeks at Victoria ACH fracture clinic

25/1 @ 9-30

ddenda:

Procedure	Code Type	Code
Fracture of lower end of radius, closed	ICD 10	S52.50
Unspecified primary open reduction of fracture of bone and extramedullary fixation	OPCS	W20.9
Approach to organ under image intensifier	OPCS	Y53.5
Lower end of radius NEC	OPCS	Z70.5
Left sided operation	OPCS	Z94.3
Fracture distal radius ORIF	RCS UK	T47

cc:

Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Miss Lorraine Moffat - CHI: 0204686547

Admitted Date: 10.01.2022

Mr Kevin Little – Orthopaedic Ward Round

Dictated: 11/01/2022
Typed: 11/01/2022
Ref: KL/JW
Ward: 10D

This lady had a fall on the ice on 7th January and has an intraarticular left distal radius fracture which is displaced. She has a past medical history of COPD and Sjogren's syndrome.
The injury has been discussed with her and the options of operative or non-operative management have been discussed, including the risks and benefits of each. She has opted for operative management of her fracture and has signed consent for this. She is theatre today.

Patient Information		Date:	26/08/2019
LORRAINE MOFFAT		Incident Number:	CR005808945
Age/Gender:	51 years 4 months 24 days Old Female		
Address:	FLAT 44 FLAT 44 3 GREENHILL COURT RUTHERGLEN GLASGOW,G73 2DH	Incident Type:	EMG
DOB:	02/04/1968	Incident Location:	FLAT 44 FLAT 44 3 GREENHILL COURT RUTHERGLEN GLASGOW, G73 2DH
CHI:	0204686547		
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

OVERDOSE / SUICIDAL

Additional Comments

O/A PT IN BED. HAD BEEN VOMITING. GCS 15. VERY VERBALLY ABUSIVE. REFUSING ALL OBS AND STATING SHE WOULD NOT BE GOING TO HOSPITAL. A SUICIDE NOTE WAS BESIDE HER. AFTER SOME PERSUASION PT AGREED TO BASIC OBS BUT REFUSED TRANSPORT. ONCE TOLD SHE WOULD BE TAKEN BY POLICE SHE AGREED TO ATTEND VIA AMBULANCE. POLICE TRAVELED.

PATIENT ASSESSMENT

AVPU	Alert		<C>	No
A	Clear			
B				
C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	68	132/70	<=2 Secs	Sinus Rhythm
	Rhythm	Arm	Central/Peripheral	ECG
	Reg	Left	Peripheral	3 Lead
D	GCS	Eyes	Voice	Motor / PEARL
	15	Spontaneously (4)	Orientated (5)	Obeys Commands (6) / Yes
E				

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
03:37	68	16		96	<=2s	15	Alert				Sinus Rhythm				E9888804
03:20	68	16	126/71	97	<=2s	15	Alert				Sinus Rhythm	5	5		E9888804
03:05	65	20	132/70	98	<=2s	15	Alert		36.9		Sinus Rhythm				E9888804

NEWS

Time	Clinical Risk	NEWS
03:37		0
03:20		0
03:05		0

HISTORY

AMPLE

Allergies	PENICILLIN
Medication	AS ECS
Past Medical History	Asthma. PT UNWILLING TO ANSWER AMPLE FULLY
Last Eaten	Unknown
Events Prior	PARTNER FOUND PT HAD TAKEN OD AND LEFT A NOTE TO FAMILY. TAKEN 23 SERTRALINE TABLETS 2300MG. APPROX 0000. VOMITING AND DIARRHOEA SINCE. GCS 15 THROUGHOUT. POLICE I/A O/A.

Social History

Lives alone	Don't Know	
Patients General Appearance	Normal	

Patient Mobility	Fully Mobile
Patient Communication	No Help Required
Patient Clinical Risk Factors	Alcohol, Smoker
Patient Enviromental Risk Factors	None Identified

Substances Affecting Condition

Substances	SSRI

MEDICAL

Overdose

Mode Of Poisoning	Ingested		
OD Poisoning Substance Type	SSRI(s)		
Poisoning Date	26/08/2019	Poisoning Time	00:00
Substance Amount	2300MG		

OTHER

Additional Resources (On Scene)

Police

CLOSE RECORD

Treatment On Scene	Non Emergency		

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No	Patient Accompanied By	POLICE

INCIDENT LOG

Time Call Received	01:06	Allocated	02:52	Mobile	02:53
First Resource On Scene		Crew On Scene	03:01	Crew Left Scene	03:32
Crew At Hosp	03:48	Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL	Clear Time	

Crew ID	Crew Grade	Driver
E0000013	Ambulance Technician	YES
E9888804	Paramedic	NO

8

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

CHI: 0204686547

Queen Elizabeth University Hospital

Total Att: 1

12 Mth Att: 0

Title: **MISS**

MOFFAT

Lorraine

DOB: **02/04/1968**

Age: **51y**

Sex: **Female**

Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Next of kin: **MOFFAT, Lisa**
Relationship: **Daughter**

GP: **J Lynch**
0141 531 6025

Attendance Date: **26/08/2019**

Arrival Time: **03:52**

Registration Time: **03:52**

Date of Incident: **26/08/2019**

Major Incident Desc:

Reason for Attendance: **abdo pain/suicidal**

Nursing Assessment

Alerts: **Not Recorded**

Allergies: **Not Recorded**

Pain Score:

Triage Category: **2**

Tetanus up to date/fully immunised:

Presenting Complaint: **Psychiatry DSH - Overdose**

Observation Date: **26/08/2019 04:21**

Temp	**36.5**	C
HR	**75**	bpm
BP	**122/75**	mmHg
MAP	**90.67**	mmHg
RR	**17**	bpm
SpO2	**98**	%
Oxygen		%

Nurse name: **Nurse Allison Wright**

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

GCS	
Eyes	3
Motor	6
Verbal	5
Total	**14**

Pupils-Right		Pupils-Left	
Size (mm)	3	Size (mm)	3
Reaction	Y	Reaction	Y

Nursing Notes: **pt took 23 sertraline tablets left suicide note**

Patient ID label

0204686547 02/04/1958

MOFFAT

Lorraine

Date	Emergency Department Notes	
26/8/19	Ambulance Proforma reviewed Yes / No Seen by (Doctor) DrCLL	Time seen 0615

S/c

PC) SERTRALINE OD

BIBA — Obs — (N)

HPC)

0000

SERTRALINE 100mg

a packet

Denies other drugs/Alcohol

Wanted to commit suicide

Left a suicide note

Argument with partner

→ he called ambulance

Now stomach upset

+ Agitated.

DIJ)

Panic attacks

SERTRALINE

PMH)

Asthma

COPD

Depression

SH)

Lives alone

Lives → Bolton

Smoker

Patient ID label

0204688547 02/04/1968
MOFFAT
Lorraine

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

c/E of Tremor
GCS 15
2 beats \ Clonus both ankles
Brisk Reflexes
Nystagmus x 4 DIRNs
Hyperreflexia
Jrs — C
Abd. C

ECG → QTc 466ms
SR.
T = 36.5°C

Differential Diagnosis/Problem List

SSRI OD — ongoing symptoms
Clonus ankle
Hyperreflexia
c/w Mild SEROTONIN SYNDROME

NEWS ☐ 0-7
RED FLAG ☐ (Tick)
SEPSIS ☐

Done/ completed	Immediate Management Plan
	IVI ++
	Monitor Temperature 1°
	Benzodiazepine
	Cyproheptadine 12MG stat
	+ 4-8mg PRN
	Admit bed
	Rpt ECG.

Signature: Designation: STS Page No:

QT stable 466ms

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

Patient ID label

Seen By: Print: Time Seen: Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	as per Cons plan

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history (>1 source preferred)
☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments Reason for alteration
Name	Dose	Freq	Continue	Amend	Withhold	Stop	

See print out

Allergies	List any over-the-counter or alternative medicines
	Do medicines need further clarification ? ☐ Yes ☐ No
List collected by :	Plan approved by :
Designation : Date :	Designation : Date :

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
Reviewed by : Designation :	Date :

Patient ID label

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked

Alcohol History

_____ Units/week FAST score if excess _____

Recreational Drugs **Driving Status**

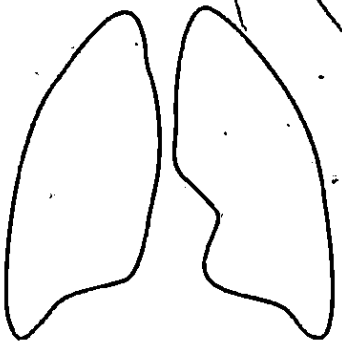
Social Circumstances (home, supports, functional status, occupation, travel)

General Examination	
Temp:	RR:
Pulse:	CBG:
SpO_2:	Weight:
BP:	Urinalysis:

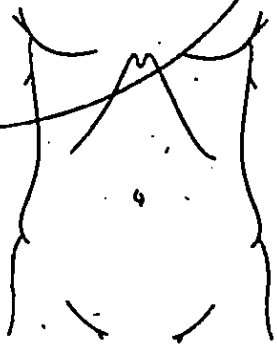
General Appearance:

as per cons

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

GCS: /15 E: /4 M: /6 V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

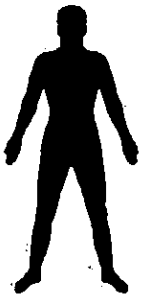
Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

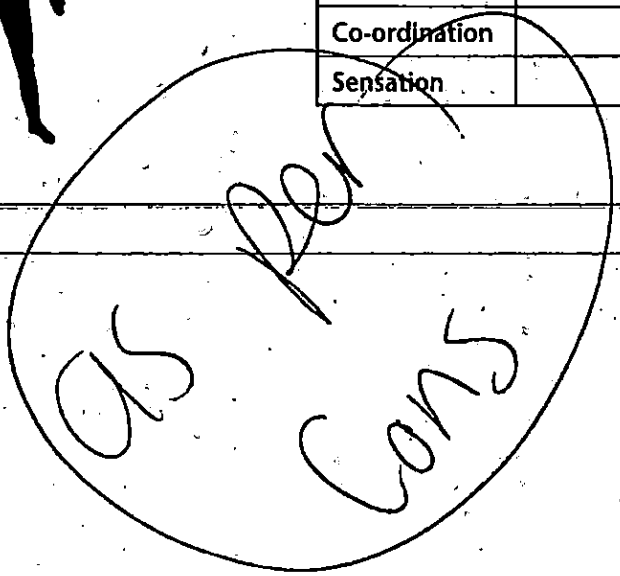
Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other



Patient ID label

Key Results

CXR

ECG

(Differential) diagnosis

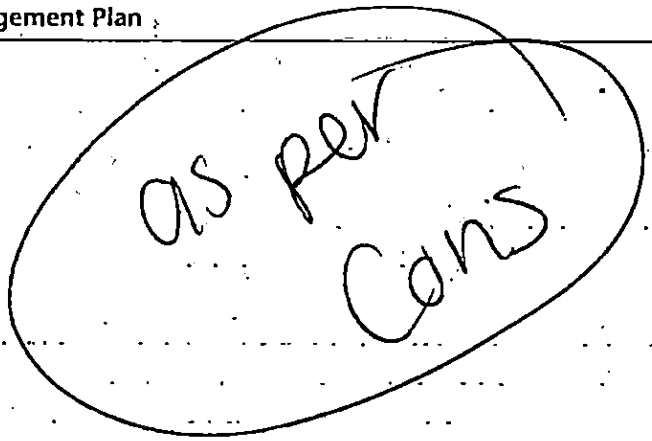
NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan



☐ Thromboprophylaxis assessed ☐ Medicine Reconciliation ☐ 4AT/TIME
☐ Antimicrobial

Signature: PRINT NAME

PRINT GRADE Page:

Patient ID label

Resuscitation Decision
Resuscitation status: FOR RESUSCITATION / DNA CPR (please circle)
If DNA CPR → Complete appropriate form

Senior Medical review
☐ Thromboprophylaxis assessed ☐ Medicine Reconciliation ☐ 4AT/TIME ☐ Antimicrobial ☐ DNACPR ☐ AWI if appropriate

Sepsis Six
- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥2 days

☐ Yes

☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum)and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age> 60		Hormone replacement therapy	
Dehydration		Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophillia		Critical care admission	
BMI >30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

☐ Yes

☐ No

Does the patient have any of the following contraindications? Tick if apply

Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopaenia <75 x109/l	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR>2		Uncontrolled hypertension (>230/120)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum)and document

☐ No

☐ Yes

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)
If N/A why? _____
Assessed by _____
Date _____

Patient ID label

Results

Date Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	( )								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 – 2.0								

Patient ID label

Lorraine
Moffat
02048654?

Continuation Sheet

Date: Time

26/8/19

Susumi 4pm ③

O/D on Sertraline 100mg x 28

@ midnight "moment of madness" a lot of things going on" not suicidal

1st episode O/D.

No x-s alcohol AMT 4/4 alert

ECG QTc 466

I see pt received Rx for Serotonin Syndrome

British UL reflexes but NO hyper-reflexia

LL reflexes ② ° clonus (a couple of beat clonus is not indicative of abnormal one)

No need for further Rx @ this point but watch for mental deterioration fever etc.

Ψ from round

27/8/19.

Susumi 9am ③ on ward

well.

a little tremulous but ° Prone clonus

Wants home. → Ψ rem 17.

Patient ID label

Continuation Sheet

Date: Time

27/6/19

1030 am

Liaison Psychiatry for Summings

Impulsive overdose under influence of alcohol
Regrets overdose & has no ongoing suicidal intent

Shenor - alopecia. Has been functioning optimally otherwise. Happy to be alive & keen to go home. Children & boyfriend protective factors.
No evidence of pervasive low mood, no hopelessness & pateent-forward planning.

Impression: Impulsive overdose fuelled by alcohol
No ongoing suicidal intent
No low mood

Rec: Discharge home when medically fit
F/u with GP
Relevant emergency contact numbers given.
D/c from liaison Psy

S. Summers
52006

Patient ID label

Continuation: Sheet

Date: Time	

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
26/8/14	DIAZEPAM	5mg	IM Po			AW/CM
	CYPROHEPTADINE	12mg	Po	07.10		AW

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle

1. Admission 2. Discharge 3. Refer to G.P. 4. Transfer to other hospital (see below)
5. Died 6. Refer to O.P. Clinic (see below) 7. Irregular Discharge 8. D.O.A.

Time Ready to Depart	
Discharge Time	

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Outpatient clinic specialty						Admission or specialty clinic consultant		
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify

Patient Name	CHI	Date of Birth	Age
Lorraine Moffat	0204686547	02-Apr-1968	51

Sources Checked in addition to ECS:					
Patient		Patient's own drugs		Relative / Carer	
GP Surgery		GP Printout		Other	
Other Details					

Allergy Description	Date Recorded	Comments

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Clarithromycin	500 mg Tablets	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS		26-Jun-2019	26-Jun-2019			✓	
In Practice	Folic Acid	5 mg Tablets	ONE TO BE TAKEN EACH DAY		24-Jun-2019	24-Jun-2019	✓			

Patient Name	CHI	Date of Birth	Age
Lorraine Moffat	0204686547	02-Apr-1968	51

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop	Comments
In Practice	Salbutamol	100 micrograms/ puff Cfc-free inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY		21-Nov-2017	05-Nov-2018		✓			
In Practice	Fostair Nexthaler	100 micrograms + 6 micrograms/ dose Dry Powder Inhaler	ONE PUFF TO BE INHALED TWICE A DAY		21-Nov-2017	09-Oct-2018		✓			

Patient Name	CHI	Date of Birth	Age
Lorraine Moffat	0204686547	02-Apr-1968	51

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

VIRTUAL FRACTURE CLINIC

Patient Name:
Address:
CHI:

0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2D

58 WACH

CLINIC DATE: 27-10-24

CONSULTANT: M' Conplan

DATE OF INJURY: 26/10/24

Contact No. 07818747338 - daughter please call

CLINICAL ASSESSMENT

MECHANISM OF INJURY:
fall.

PROVISIONAL DIAGNOSIS:
(L) wrist # distal radius. (Sowt)

CONSULTANT DIAGNOSIS:
unstable - DA #

TREATMENT PLAN:
Splint + clinic
Cast # clinic VACH

CONSULTANT'S SIGNATURE:

OUTCOME

VIRTUAL DISCHARGE: ☐ RETURN APPOINTMENT: ☒ QEUH ☐ WACH ☐ VACH ☒

1 wk ☐ 2 wks ☐ 3 wks ☐ 4 wks ☒ 5 wks ☐ 6 wks ☐

GENERIC FRACTURE CLINIC: ☒ *SPECIALTY FRACTURE CLINIC: ☐ NURSE-LEAD DRESSING/ PLASTER CLINIC: ☐ PHYSIO REFERRAL: ☐

*SPECIFY SPECIALTY:

FOLLOW UP APPOINTMENT DATE & TIME: __ / __ / ____ __ : __

Spoke to daughter

PATIENT CONTACTED - APPOINTMENT & TIME CONFIRMED? YES ☐ NO ☐ VOICEMAIL MESSAGE? ☐

APPOINTMENT TO BE CONFIRMED BY LETTER? YES ☒ NO ☐

AUTHORISATION

NURSE: (please print)	Sarah Mah	DESIGNATION:	SIN (5)
SIGNATURE:		DATE:	28/10/24

11:20 R

Gartnavel General Hospital Breast Clinic

New Patient Assessment

Patient
0204686547
MOFFAT
Lorraine F
Flat 44 02/04/1968
3 Greenhill Court
Glasgow
G73 2DH

Date of Clinic **23/11/23** SS

Doctor **Miss Doughty**

History

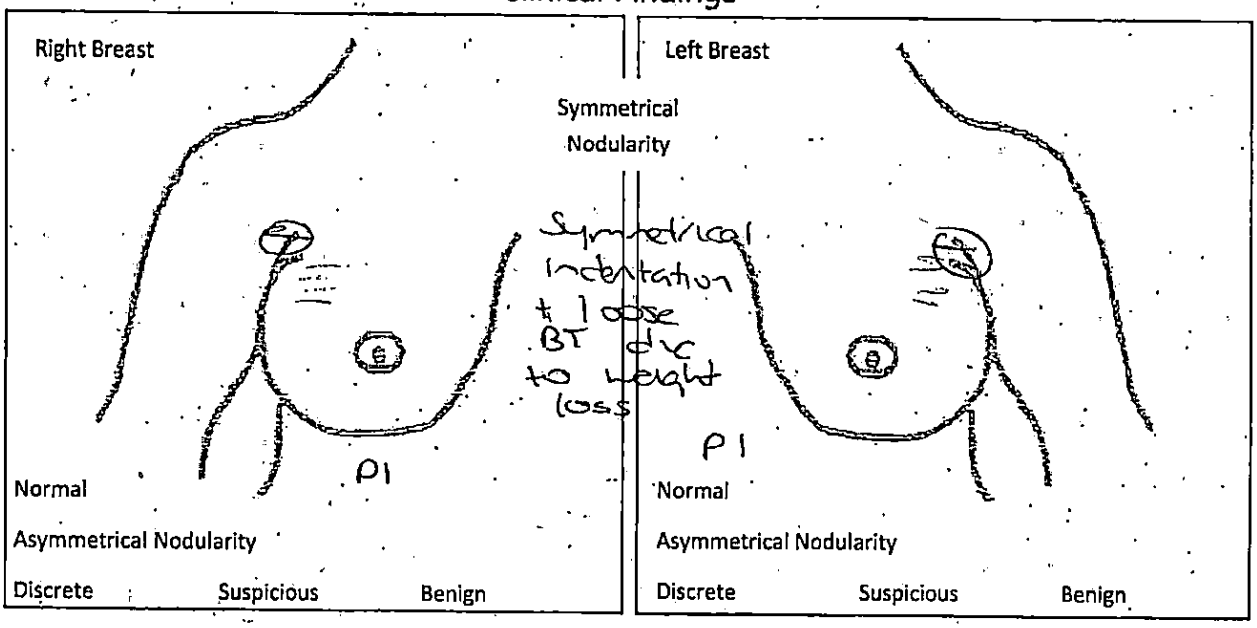
mmg 21/9/23
→ M1
L 41s → 41

Return → 1 year
R/V indentation both breasts.
Unchanged.

Family History

HRT

Clinical Findings



Investigations

Right Breast		Left Breast	
Mammogram	Ultrasound	Mammogram	Ultrasound
Cytology ☐	Core Biopsy ☐	Cytology ☐	Core Biopsy ☐

Overall Impression and Action Plan

Reassured

DIC

EM Referral (breast ANP)

9.40

Gartnavel General Hospital Breast Clinic

New Patient Assessment

Patient
0204686547 F
MOFFAT 02/04/1968
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Date of Clinic 21 9 23

Doctor J Doughty

History

55 Has lumpy 'fibroid' in breast (Bromocriptine) Init Victoria Line now. Lt shape wt loss since May

Family History — 2 uncle CBF. Mum 42yrs.

HRT

Tracutine - Folic. Ca + Vit - cod Inhales Oper. Mumms. Broke back in Jan (T9)

0 hormones.

Clinical Findings

Right Breast

Symmetrical Nodularity

Symmetrical slight inversion/dent in skin only lumpy pt breasts

Left Breast

US

Normal
Asymmetrical Nodularity
Discrete Suspicious Benign

Normal
Asymmetrical Nodularity
Discrete Suspicious Benign

Investigations

1 mammo + US.

Right Breast		Left Breast	
Mammogram	Ultrasound	Mammogram	Ultrasound
M1		M1	2 areas at 2 o'clock in LUOQ Normal
Cytology ☐	Core Biopsy ☐	Cytology ☐	Core Biopsy ☐

Overall Impression and Action Plan

normal. change due to wt loss.

review 6/12 GC

VIRTUAL FRACTURE CLINIC

Patient Name: 0204686547

Address: MOFFAT Lorraine Flat 44 3 Greenhill Court Glasgow G73 2DH

CHI: F 02/04/1968

Contact No: 07754572626

CLINIC DATE: 10 01 2022

CONSULTANT: Mr Patil

DATE OF INJURY: 07 01 2022

CLINICAL ASSESSMENT

MECHANISM OF INJURY:

SLIP OR ICE - FOOSH

PROVISIONAL DIAGNOSIS: (L) WRIST.

IMPACTED DISTAL RADIUS # WITH ULNA STYLOID #

PMH SORIATIC SYNDROME

CONSULTANT DIAGNOSIS:

Inform Trauma Team

TREATMENT PLAN:

DORSAL B/S

CONSULTANT'S SIGNATURE:

OUTCOME

VIRTUAL DISCHARGE: ☑ RETURN APPOINTMENT: ☐ QEUH ☐ WACH ☐ VACH ☐

1 wk ☐ 2 wks ☐ 3 wks ☐ 4 wks ☐ 5 wks ☐ 6 wks ☐

GENERIC FRACTURE CLINIC: ☐ *SPECIALTY FRACTURE CLINIC: ☐ NURSE-LEAD DRESSING/ PLASTER CLINIC: ☐ PHYSIO REFERRAL: ☐

*SPECIFY SPECIALTY:

FOLLOW UP APPOINTMENT DATE & TIME: Referred to Trauma Team

PATIENT CONTACTED - APPOINTMENT & TIME CONFIRMED? YES ☐ NO ☐ VOICEMAIL MESSAGE? ☐

APPOINTMENT TO BE CONFIRMED BY LETTER? YES ☐ NO ☐

AUTHORISATION

NURSE: (please print)	S. Buchanan	DESIGNATION:	SI Nurse
SIGNATURE:	S Buchanan	DATE:	10/1/22

Acute Services Division
Women and Childrens' Health
Colposcopy Clinic – New Referrals Only

NHS Greater Glasgow and Clyde

Patient Details	Appointment Details			
0204686547 MOFFAT F Lorraine 02/04/1968 Flat 44 3 Greenhill Court Glasgow G73 3PH	Hospital: VIC AGH	Code: B30HH		
	Consultant/Clinician: HAW MON			
	Appointment Date: DD MM 2018	Time:		
	Type of Episode			
	1. New patient episode ✓		3. In-Patient	
	2. Follow-up/Return Out-Patient		4. Ext. cytol.visit	
	LMP: (Date) DD MM YYYY	[redacted]		
	Parity:	Para 2+0		
	Contraception: Removed			

New Referral Details (captured for 1st visits only) PLEASE TICK ALL APPROPRIATE BOXES

Date of Referral: DD MM YYYY Date of Referral Smear: 28 MM YYYY

Reason for Referral		Referral Cytology		HPV Status at Referral	
0. Not known		0: Not known		1. Positive	
1. Abnormal screening smear		1: No smear		2. Negative	
2. Abnormal test after colposcopy		2: Negative (normal smear)		99. None	
3. Clinically suspicious cervix		3: Unsatisfactory		**Referral Source**	
4. Suspicious symptoms		4: Borderline change in squamous cells		1. GP	✓
5. Other		5: Low grade dyskaryosis		2. Consultant same unit	
Main Referral symptom		6: High grade dyskaryosis (moderate)		3. Consultant other unit	
0. Not known		7: High grade dyskaryosis (severe)		4. Consultant other HB	
1. None		8: High grade dyskaryosis? invasive		6. Prison / Penal estab.	
2. IMB		9: Glandular Abnormality		9. Other (inc. Armed Forces)	
3. PCB		10: Endocervical Adenocarcinoma		0. Comm.Health (FPA)	
4. Discharge		11: Endometrial or other malignancy		**Other Comments:**	
5. PMB		12: Borderline change in endocervical cells		Low Grade smear	
6. Other				per GP	

Previous cervical surgery		Year of Treatment (up to 5 can be recorded)				
0. Not known						
1. None						
2. LLETZ						
3. Cold coagulation						
4. Laser ablation						
5. Cone Laser/knife						
6. Cryotherapy						
7. Trachelectomy						
8. Cervical amputation						
9. Hysterectomy						

Repeat colposcopy

Smear in 12 months

Colposcopy Assessment Details

Colposcopy done:		Colposcopist name:	
Findings			
**SCJ visualised	Yes ☐ No ☑	**Transformation zone classsificion	
Aceto-white	Yes ☑ No ☐	0. Not known	
Mosaic	Yes ☐ No ☐	1. Type I - fully visualised	
Punctation	Yes ☐ No ☐	2. Type II - into canal but visualised	✓
Atypical vessels	Yes ☐ No ☐	3. Type III - not fully visualised	
*Patient pregnant?	Yes ☐ No ☐	Expected date of delivery:	
**Colposcopic opinion cervical		**Colposcopic opinion vaginal	
1. No cervix		1. Normal	
2. Normal		2. HPV / inflammation / benign	
3. HPV/ Inflammation / benign		3. VaIN / low grade	
4. CIN / low grade	✓	4. VaIN / high grade	
5. CIN / high grade		5. Invasion	
6. Invasion		6. Other	
7. Other		7. Not performed	
8. Not performed			

Multifocal acetowhite cells MM

PBL

* Denotes mandatory item for ALL new referrals

** Mandatory if colposcopy / biopsy / smear done at visit

Diagnostic Procedure/Treatment Details

*Was smear done at visit? Yes ☐ No ☐		*Cervix Biopsy Type		**Cervix Histology Results	1	2
**Smear result		1. No biopsy		1. Unsatisfactory		
1: Negative (normal smear)		2. Directed biopsy	✓	2. Normal		
2: Unsatisfactory		3. Multiple directed biopsy		3. CIN1		
3: Borderline change in squamous cells		4. Excisional Biopsy (LLETZ)		4. CIN2		
4: Low grade dyskaryosis		5. Wedge Biopsy		5. CIN3		
5: High grade dyskaryosis (moderate)		*Was Vaginal Biopsy Done? Yes ☐ No ☐		6. Invasive Squamous (1a1)		
6: High grade dyskaryosis (severe)		**Vaginal Biopsy Result		7. Invasive Squamous (1a2)		
7: High grade dyskaryosis? invasive		1. Unsatisfactory		8. Invasive Squamous (>1a)		
8: Glandular Abnormality		2. Normal		9. CGIN (low grade)		
9: Endocervical Adenocarcinoma		3. ValN1		10. CGIN (high grade)		
10: Endometrial or other malignancy		4. ValN2		11. Invasive Adenocarcinoma		
11: Borderline change in endocervical cells		5. ValN3		12. Other		
HPV Status		6. Invasive vaginal carcinoma				
1. Positive		7. Other				
2. Negative						
99. None						

*Procedure/Treatment Performed		Definitive Histology (Highest)		Excision Complete LLETZ	
Patient consent obtained? Yes ☐ No ☐		1. Unsatisfactory		1. Complete	
1. None		2. Normal		2. Endo cervix - Incomplete	
2. LLETZ		3. CIN1		3. Ecto cervix - incomplete	
3. Cold coagulation		4. CIN2		4. Both - Incomplete	
4. Laser ablation		5. CIN3		5. Inconclusive	
5. Cone (laser or knife)		6. Invasive Squamous (1a1)		Notes	
6. Cryotherapy		7. Invasive Squamous (1a2)			
7. Trachelectomy		8. Invasive Squamous (>1a)			
8. Cervical Amputation		9. CGIN (low grade)			
9. Hysterectomy		10. CGIN (high grade)			
Analgesia Administered		11. Invasive Adenocarcinoma			
1. No analgesia		12. Other			
2. Local analgesia					
3. General/regional anaesthesia					

Follow Up Care/Management Plan

*Planned follow-up care/treatment

1. Return to colposcopy clinic		5. Cancer Treatment		Number of months to next follow up:
2. Return to hospital smear clinic		6. Discharge	✓	
3. Treatment - Inpatient		7. Other care or treatment		Recommend interval to next smear (months):
4. Treatment - Outpatient				

Standard Letter Number: Patient ☐ GP ☐ Dictated letter only ☐

PRINT NAME (BLOCK CAPITALS)	SIGNATURE	DATE
		18 / 5M / 2 YYYY

Dear GP

Acute Services Division

All Directorates

Department of

Specialty:Dermatology

OutPatient Continuation Sheet eForm - Version 0.23

Hospital:	Southern General Hospital

Patient Details		**GP Details**	
Name:	Moffat, Lorraine	**Name:**	LYNCH, JANIS
Address:	72 Neilvaig Crescent Rutherglen GLASGOW	**Address:**	Rutherglen Health Centre 130 Stonelaw Road Rutherglen Glasgow
Postcode:	G73 4FH	**Telephone:**	
Correspondence Address 1:			
Correspondence Address 2:			
Correspondence Postcode:			
Telephone:			
Patient Contact Number:		**Consent:**	Yes
CHI Number:	0204686547	**Sensitivity:**	Sensitive
CRN:	SG99796718, 64379332K		
D.O.B:	02/04/1968		
Sex	Female		

Typed Notes

HAIR CLINIC Patient contacted dept regarding wig prescription. Patient issued with prescription for 1 real hair piece in August 2016. Now requesting another prescription so that she can alternate wearing the hair pieces (wearing one piece whist other is being cleaned). She has been paying privately to get hair piece 'bonded' to scalp. Prescription given for 1 real hair piece. Patient has been informed that she will not be due any further prescriptions until August 2018.

Date:	23/02/2017	Seen By:	Fiona Moffat	Designation:	Specialist Nurse/Practitioner

I ...ad been referred regarding new wigs. Pt last had prescription 1.5.12 for 2 real hair wigs (given real hair as works in kitchen with hot ovens and naked flames). Spoke to pt and prescription for 2 real hair wigs issued. Advised that next prescription due in 2 years time, Aug 2016

Date:	21/08/2014	Seen By:	Fiona Moffat	Designation:	Nurse

- End of Report -

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 01/10/2025

Consultant: Dr Michael Carachi

J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J Lynch

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **30/09/2025 at 21:03 hrs.** Departed on: **01/10/2025 at 00:08 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
Back pain

Nursing Assessment:
BIBA- pt states was moving sofa with friend, twisted back felt a crack, pain to lower back from R side radiating to centre unable to lie one back, no c/o of numbness. previous T9# 4 years ago.

Investigations in ED:
1. XR Pelvis **2. XR Lumbar spine**

Diagnosis:

Diagnosis	Side	Site
Low Back Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Lorraine presented with back pain following twisting injury when lifting sofa, she had no neurological symptoms. X-ray was done which did not show a fracture and she was discharged with analgesia.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Rachel Greening
Doctor

Copies to:
1. J Lynch (GP)
School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 26/10/2024

Consultant: Dr Fraser Denny

J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J Lynch

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **26/10/2024 at 17:05 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
left wrist injury

Nursing Assessment:

Investigations in ED:
1. XR Wrist Rt

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Lower End of Radius		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Fell last had been drinking heavily and states she cant remember how she fell but woke with a painful left wrist. X-rayed....# to distal radius. Wrist support applied and review at virtual clinic

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Stuart Smith
Nurse

Copies to:

1. J Lynch (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 07/01/2022

Consultant: Dr Michael Gillespie2

J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J Lynch

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **07/01/2022 at 18:26 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
wrist injury

Nursing Assessment:

Investigations in ED:
1. XR Wrist Lt **2. XR Scaphoid Lt**

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Lower End of Both Ulna and Radius		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Attended Vic MIU following fall on ice this evening onto outstretched L hand. Immediate pain & swelling L wrist since fall. NV intact. xray - Impacted distal radius & ulna styloid #. Dorsal backslab applied & for VFC. Worsening advice given.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jess Adam
Nurse

Copies to:
1. J Lynch (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/03/2021

Consultant: Dr Tim Parke

J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J Lynch

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **16/03/2021 at 16:31 hrs.** Departed on: **16/03/2021 at 17:19 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
Pain: from back to left side of ribcage

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Contusion of Thorax		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
left chest intercostal muscle strain. deep breathing/ staged cough/ splinting - all explained. cocodamol 8/500 qds. may take 4 weeks to settle.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Laurie Laurence Pearson
Nurse

Copies to:
1. J Lynch (GP)
School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 17/02/2021

Consultant: Dr Phil Munro

J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J Lynch

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **20/01/2021 at 18:42 hrs.** Departed on: **21/01/2021 at 00:13 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
Chest pain since saturday

Nursing Assessment:
Onset of R sided chest pain radiating to center of chest and through to back. Patient states pain worse on inspiration. Hx of asthma and copd. Productive cough. States new SOB, mild SOB at triage.

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. LFT	**5. D - Dimer**	**6. Glucose**
7. XR Chest	**8. Coagulation screen**	**9. Troponin I hs**

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Admitted with SOB and right pleuritic chest pain- recently treated for infective exacerbation of asthma prior to attendance. CXR showed nil consolidation, bloods and observations all normal. Discharged with worsening advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Rebekah Wallace
Doctor

Copies to:

1. J Lynch (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 27/08/2019

Consultant: Dr Peter Davis

J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J Lynch

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **26/08/2019 at 03:52 hrs.** Departed on: **26/08/2019 at 13:18 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
abdo pain/suicidal

Nursing Assessment:
pt took 23 sertraline tablets left suicide note

Investigations in ED:

1. Bone Profile	**2. CK**	**3. Glucose**
4. LFT	**5. Urea and Electrolytes**	**6. Coagulation screen**
7. Full Blood Count	**8. Paracetamol**	**9. Salicylate**

Diagnosis:

Diagnosis	Side	Site
Deliberate self poisoning by antiepileptic, sedative, hypnotic, antiparkinsonism and psychotropic drugs		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Took overdose of Sertraline. Signs of serotonin syndrome. Admitted for observations

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Craig Webster
Doctor

Copies to:
1. J Lynch (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 14/05/2018

Consultant: Dr David Ritchie

J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J Lynch

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **07/04/2018 at 14:56 hrs.** Departed on: **07/04/2018 at 15:49 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
L Foot, R Hand Inj

Nursing Assessment:

Investigations in ED:
1. XR Hand Rt **2. XR Foot Lt** **3. XR Ankle Lt**

Diagnosis:

Diagnosis	Side	Site
Contusion of foot		
Contusion of wrist and hand		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Attended after falling , painful left foot and right hand....x-rayed... no # seen to both...Home with advice

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Stuart Smith
Nurse

Copies to:
1. J Lynch (GP)

School Address:

Queen Elizabeth University Hospital
Fracture Liaison Service (FLS)
Osteoporosis Nurse Specialists:
Sr Kay Johnstone & Sr Angela Collie (QEUH)
Sr Margaret French, Sr Leigh Robertson & Sr Mayrine Fraser (WG ACH)
Enquiries: 0141 451 6097

NHS Greater Glasgow and Clyde

Ref: AC/AC/0204686547
11-Feb-2025

Dr. JANIS LYNCH
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr. LYNCH,

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

CHI: 0204686547

Your patient recently attended hospital having sustained a fracture and they were subsequently assessed for osteoporosis / fracture risk on the above date.

The outcome at this stage is as circled below:

a) An appointment for full assessment by the FLS with DXA will be arranged

b) Further assessment including DXA is not indicated – treatment as recommended

c) He/she declined further assessment &/or treatment

(d) See below DNA

Osteoporosis Risk Factors
Past history of fragility fracture(s)
History in past 5 years of smoking
Previous significant exposure to oral steroid

Fracture Risk Factors
History of previous fracture (>50yr)
History in past 5 years of smoking

Fracture History
Left Radius and/or Ulna (Aged 53)
TV9 Grade 3 fracture (Aged 54)
Right Radius and/or Ulna (Aged 56)

Treatment Recommendations
No treatment required

Lifestyle Recommendations

Densitometry: No follow up

Ms Moffat did not attend for her DXA appointment- Friday 7th February.

Due to pressure on our service I have not offered a further appointment. Should she wish to attend in the future please refer her via the DADS patient pathway.

Yours sincerely

Sister Angela Collie
Osteoporosis Specialist Nurse

Dr M Talla
Consultant Physician

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Orthopaedics

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 02/12/2024
Reference: JJ/MM
Dictated Date: 26/11/2024
Transcribed Date: 26/11/2024

Dear Doctor,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Diagnosis: Right distal radius fracture treated conservatively 26/10/24.

Plan:

Discharged with advice on graduated return to normal activities.

Wean from wrist splint.

I reviewed this pleasant 56 year old lady in the fracture clinic today.

Ms Moffat sustained a right distal radius fracture at the end of October and this was treated conservatively.

On review today she has minimal swelling and tenderness over the wrist and reasonable range of motion.

I have given her advice on graduated return to normal activity over the next several weeks and graduated weaning from the futuro splint.

Although Ms Moffat has been discharged, if she has any problems please feel free to re-refer her.

Yours sincerely,

Mr Jibu Joseph

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Jibu Joseph, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department: Orthopaedics
Contact Tel:
Enquiries to:

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Letter Date: 02/12/2024
Reference: LM/HM
Dictated Date: 19/11/2024
Transcribed Date: 19/11/2024

Dear Dr Lynch,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Lorraine failed to attend her Fracture Clinic appointment this morning. I spoke to this lady on the phone and she informed me that this was because her mother is currently undergoing palliative care, end of life treatment.

I have sent her a repeat appointment for one week to see how her wrist is getting on but I have advised her to let us know if she is unable to attend this and we will see if there is any flexibility we can have in terms of trying to get a repeat x-ray of her wrist. She is happy with all of the above.

Yours sincerely,

Luke Murphy

ST3 Orthopaedics

Electronically Signed: Dr Luke Murphy, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	
Department:	Colposcopy
Contact Tel:	0141 347 8606
Enquiries to:	Margaret Gourlay
Letter Date:	22/02/2018
Reference:	RJSH/MG
Dictated Date:	12/02/2018
Transcribed Date:	12/02/2018

Dear Dr Lynch,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Many thanks for asking us to see Lorraine who as you know had a low grade smear most recently. As you know she has had abnormal smears in the past. She is a smoker and menopausal about 4 years ago.

Detailed colposcopic assessment revealed multiple acetowhite changes with features probably more in keeping with virus infection than CIN. I have taken a biopsy to confirm diagnosis and will be in touch with the results and organise management based on histology accordingly.

Kind regards

Yours sincerely

Robert Hawthorn

CONSULTANT

Electronically Signed: Dr Robert Hawthorn, Consultant

cc.

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr David Bilsland
Clinical Director of Dermatology
SOUTHERN GENERAL HOSPITAL

Ref: SH/DMCB
Clinic: 07/05/09
Typed: 13/05/09

Dear David

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

Please see the attached clinic letter. I feel it would be appropriate for this woman to be prescribed 2 real hair wigs for a 3 year period. I would be very grateful if you could approve this. Thereafter I will send the patient a script for these.

'ery many thanks.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

cc Mr Stewart Kyle, Service Management, Dermatology Directorate, Queen's Park House, Victoria Infirmary

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 201 5477 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 5132 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
Victoria Infirmary, Langside Road, Glasgow G42 9TY
Website:www.show.scot.nhs.uk/sguht/

NHS GGC South Sector
Fracture Liaison Service

Consultants
Dr M Talla, Dr P Connelly & Dr C Sainsbury

Osteoporosis Nurse Specialists
Kay Johnstone, Angela Collie,
Margaret French, Mayrine Fraser & Leigh Robertson

CHI: 0204686547

14 Nov 2024

Regarding Lorraine Moffat, born 02 Apr 1968 (CHI 0204686547)

Dear Dr,

Your patient has been assessed for osteoporosis / fracture risk on **14 Nov 2024** following presentation to hospital with a fracture. This fracture was identified from a radiology report or medical records and this patient has not been seen in person by the Fracture Liaison Service. A report from this assessment is attached.

An appointment for full assessment by the Fracture Liaison Service, including DXA scan, will be now arranged.

Follow up

A DXA scan will be scheduled for your patient

Yours sincerely,

Leigh Robertson - 0141 201 0105
Osteoporosis Nurse Specialist

Assessment report

Date:

- 14 Nov 2024

Fracture history:

- Radius/Ulna (Right) (aged 56)

Risk factors:

- Previous fragility fracture

Recommended treatment:

- Continue current calcium and vitamin D supplement
- Refer to comments

Recommended investigations:

- None

Future DXA Scans:
(to be arranged by GP)

- To be decided based on outcome of patient's next steps

Recommended lifestyle changes:

- None

Comments:

Reference is made to a recent radiology report and hospital electronic information systems; this patient has not been seen in person by the Fracture Liaison Service.

Ms Moffat is due a monitoring DXA scan in February 2025 and in view of a new fracture we will arrange this. We note there is an inactive prescription for calcium + vitamin D which you may wish to review with her, +/- change to a vitamin D preparation.

Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	0141 201 6000
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	05/11/2024
Reference:	GC/HM
Dictated Date:	05/11/2024
Transcribed Date:	05/11/2024

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Orthopaedics ; Clinic - VIORTOR3-VIC ACUTE GENERAL FRACTURE CLINIC TUES AM
Date and Time of Appointment - 05/11/2024 09:55

Clinical Comments:
Your patient failed to attend her Fracture Clinic appointment on 05 November 2024. This was for review of her wrist fracture. We have sent one further appointment, however, if she fails to attend this appointment we will discharge her from the Clinic.

Kind regards.

Yours sincerely,

Gareth Clarke

ST5 Orthopaedics

Electronically Signed: Dr Gareth Clarke, Doctor

cc.

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 347 8347**
Fracture Clinic: **0141 452 2908**

Virtual Fracture Clinic

Clinic Date: 27/10/2024
Typed: 29/10/2024

Dr Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr Lynch

Ms Lorraine Moffat ~ DOB: 02/04/1968 ~ CHI:0204686547;
Flat 44 3 Greenhill Court Glasgow Lanarkshire G73 2DH

Your patient was recently followed up at the Virtual Fracture Clinic at Queen Elizabeth University Hospital. The following details were recorded:

Bodily site:	Left Distal radius
Injury Type:	Fracture
Management plan:	Fracture clinic
Patient contacted	Phone
Site:	QEUH
Outcome:	# Clinic
Nurses notes:	Nurse present at Virtual Fracture Clinic: 28/10/2024 16:00 Sarah Morton Patient's notes and XRAYs were reviewed today at the Virtual Fracture Clinic. Patient to return to the fracture clinic for clinical assessment in 4 weeks. To continue with splint until review. I have called the patient today and passed over all relevant information and advice to her daughter. Happy with the plan. Appointment letter to follow in the post.

Yours Sincerely,

Mr Luke Campton
Consultant Orthopaedic Surgeon

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

General Surgery - Breast
0141 301 9858
grant.docherty@ggc.scot.nhs.uk

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	
Department:	
Contact Tel:	
Enquiries to:	
Letter Date:	23/11/2023
Reference:	EB/CH
Dictated Date:	23/11/2023
Transcribed Date:	07/12/2023

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - General Surgery; Clinic - GGJDGS7-MISS DOUGHTY BREAST THURS AM
Date and Time of Appointment - 23/11/2023 11:20

Clinical Comments:
Further to our previous letter in September, I saw Lorraine back at our Breast Clinic today for interval review of indentation to both breasts.

She attended the Breast Clinic in September and had a normal mammogram and targeted ultrasound of her left breast. It was thought that the bilateral indentation was secondary to her weight loss and loss of breast volume due to this.

Lorraine states today that she has not noted any further changes to her breasts and I note that a recent CT on 15 November 2023 for weight loss has not shown anything worrying.

On clinical examination today, there remained symmetrical indentation and loose breast tissue due to weight loss but I was unable to feel any palpable abnormalities in either breast or axillae, P1 bilaterally.

I have therefore reassured Lorraine and discharged her from the clinic today but if she has any new breast issues or concerns in the future we will happily see her again.

Yours sincerely

Emma Bewick

Breast ANP

Electronically Signed: Nurse Emma Bewick, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	
Department:	Breast
Contact Tel:	0141 301 9858
Enquiries to:	grant.docherty@xggc.scot.nhs.uk
Letter Date:	21/09/2023
Reference:	GR/KC
Dictated Date:	21/09/2023
Transcribed Date:	24/09/2023

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - General Surgery; Clinic - GGJDGS7-MISS DOUGHTY BREAST THURS AM
Date and Time of Appointment - 21/09/2023 09:40

Clinical Comments:
Thank you for referring this 55-year-old lady to the Breast Clinic where I saw her this morning.

She tells me that she has always had lumpy "fibroid" breasts, and "fibroids" in her breasts. She was seen in the Victoria a long time ago in the 90's, and apparently was prescribed some Bromocriptine and something else at that time. She had an accident and broke her T9 vertebra in January, and from about May time, she tells me that she has lost about a stone and a half in weight. She had noticed some lumpiness in her breasts since her weight loss and she attended the surgery. You had noticed some indrawing on the left.
She has never had a mammogram previously, she is on medication as per your letter, she has no family history of note, she has 2 children, neither of whom she breastfed, and she tells me that her last period was at the age of 42, and she has never been on any hormones since then.

Examining in the Clinic today, she has slight indentation in the outer quadrants of both breasts, which would be the normal indentation that you get with the loss of volume due to weight loss. This looks symmetrical. This was only on sitting, and when she lay down and was on her side, the breast volume refilled without any obvious indrawing. She does have quite lump breasts, but all that I can feel just now is normal breast tissue because she has lost the fatty supporting tissue around that to make it more smooth. She had bilateral mammography in the Clinic this morning, and this was reported as, M1. The slight lumpy breast tissue on the left side was ultrasounded and that confirmed normal breast tissue with no suspicion.

I have reassured her that all the change in her breasts is due to her weight loss. There has been nothing worrying on examination or imaging today. However, as she has just noticed this, I have arranged to see her back in a couple of months' time just to make sure that there has been no obvious change in this area. We will see her back at that time and take things from there depending on that examination.
Kind regards,

Yours sincerely,
Dr Gillian Reece

Electronically Signed: Dr Gillian Reece, Doctor

cc.

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
Fracture Liaison Service (FLS)
Consultant: Dr A Gallagher, Dr M Talla
Osteoporosis Specialist Nurses: Sr Kay Johnstone & Sr Angela Collie
Enquiries: 0141 451 6097

Ref: LR/LR/0204686547
02-Feb-2023

Dr. JANIS LYNCH
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr. LYNCH

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Following a recent presentation with fracture, your patient underwent DXA scanning with an osteoporosis and fracture risk assessment on 18-Jan-2023.

All patients receive a written summary of their DXA report by post. In addition, for your patient:

a) These results / suggestions have been discussed with them via a telephone consultation

b) A telephone consultation was arranged but we have been unable to contact them

(c) A telephone consultation is not required.

Scan Date: 18-Jan-2023

Spine

L1-L4	BMD: 0.920	TScore: -2.100	ZScore: -1.300

Scan Conclusions:
Osteopenia

Scan Interpretations
L3 excluded, BMD inappropriate due to artefact. ?OA ?collapse
Possible degenerative disease may make this measurement an overestimate

Right Hip

Neck of femur	BMD: 0.854	TScore: -1.054	ZScore: 0.070
Total hip	BMD: 0.784	TScore: -1.797	ZScore: -0.869

Scan Conclusions:
Osteopenia

Osteoporosis Risk Factors
Past history of fragility fracture(s)
History in past 5 years of smoking
Previous significant exposure to oral steroid

Falls and Fracture Risk Factors
History of previous fracture (>50yr)
History in past 5 years of smoking

Fracture History
Left Radius and/or Ulna (Aged 53)
TV9 Grade 3 fracture (Aged 54)

Treatment Recommendations
No treatment required

Lifestyle Recommendations
Dietary calcium intake appears sub-optimal
Advise regular weight-bearing exercise appropriate to general health
Advise to stop smoking

Follow Up
DXA scanning should be repeated in 2 years. Please re-refer via DADS at that point unless, at that time, you feel follow-up would be inappropriate.

Comments
Ms Moffat was invited for DXA following her wrist fracture in early 2022. Unfortunately she sustained a fracture at TV9 last month after minor trauma. We can see the severe fracture on today's assessment, but reassuringly no other obvious fractures are seen between the levels of TV4 and LV4.

The DXA assessment shows that bone density (BMD) is below average for age by 12-15% however it is out-with the osteoporosis range. Given her young age, Ms Moffat's risk of fracture is considered to be relatively low and we would not recommend bone protective treatment at this time. Instead suggest other strategies to optimise bone health such as the lifestyle recommendations indicated above. More information about osteopenia and strategies to optimise bone health can be found at the Royal Osteoporosis Society website.

Ms Moffat may find it helpful to visit Royal Osteoporosis Society website for information & support on living with spinal fractures:- https://theros.org.uk/information-and-support/osteoporosis/spinal-fractures/spinal-fracture-videos/

Suggest repeat DXA scan in 2 years' time to reassess the spine, monitor BMD, and inform management thereafter.

Note recent relevant bloods: 25-OH vitamin D 122 nmol/l; no paraprotein on protein electrophoresis/quantitation of immunoglobulins; serum adj calcium 2.32 mmol/l; eGFR >60 ml/min

Yours sincerely

Leigh Robertson

Sr Leigh Robertson
Osteoporosis Nurse Specialist

Dr M Talla
Consultant Endocrinologist

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Orthopaedics
0141 201 0746

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 201 0746
Enquiries to:	
Letter Date:	22/02/2022
Reference:	JW/AF
Dictated Date:	22/02/2022
Transcribed Date:	22/02/2022

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Orthopaedics ; Clinic - VIOROR3-VIC ACUTE GENERAL FRACTURE CLINIC TUES AM
Date and Time of Appointment - 22/02/2022 09:00

Clinical Comments:
Diagnosis: Open reduction internal fixation 11/01/2021

Outcome today: 6-week follow-up, check x-ray satisfactory, discharged to physiotherapy

I saw this very pleasant right hand dominant 53-year-old who unfortunately broke her wrist 6 weeks ago. She underwent open reduction internal fixation of this wrist on the 11th of January. She has done really well with regard to this. Her only ailment that she has is a little bit of scar sensitivity, which is understandable, and also she complains of a little bit of median nerve symptoms, however these were not reproducible in clinic today. I think it is probably more of a sleeping situation, because she only gets it when she wakes up in the morning, and it goes away for the rest of the day so I am not massively concerned, however if there are any concerns please do not hesitate to contact us back as she may require further evaluation of her median nerve function and integrity.

Nonetheless, she is discharged from our care to the care of the physiotherapists. She has got two more clinic appointments at least with them, and she is happy with how things are going. She is happy to be discharged.

Best wishes.

Yours sincerely,

Mr Jonathan Wright

ST5 in Orthopaedics

Electronically Signed: Dr Jonathan Wright, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	25/01/2022
Reference:	GR/AF
Dictated Date:	25/01/2022
Transcribed Date:	25/01/2022

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Orthopaedics ; Clinic - VIORTOR3-VIC ACUTE GENERAL FRACTURE CLINIC TUES AM
Date and Time of Appointment - 25/01/2022 09:30

Clinical Comments:
Diagnosis: ORIF left distal radius – 11/01/22

Plan: Mobilise left wrist as able. Follow-up in 4 weeks with check x-ray left wrist on arrival

I reviewed this 53-year-old lady. She is 2 weeks following the above operation. The initial injury was sustained on 07/01/22 after a slip on ice. She denies any significant issues since her surgery.

I note her medical history of COPD and Sjögren's syndrome.

On examination today, the left upper limb was neurovascularly intact. The wound was healing well with no evidence of infection. Sutures were removed today in clinic. She had intact tendon function throughout the left hand including EPL and FPL. Examination was otherwise unremarkable.

Check x-rays taken today of the left wrist demonstrate maintained satisfactory alignment of the fracture and the metalwork.

I have reassured Lorraine regarding the clinical and radiological findings. I have explained that she can now begin gently mobilising the left wrist as able. I have given her a wrist splint for support which she can wean out of as able. We will see her back in 4 weeks' time with further check x-ray of left wrist on arrival.

Kind regards.

Yours sincerely,

Greg Robertson

Senior Clinical Fellow Orthopaedics

Electronically Signed: Dr Gregory Robertson, Doctor

cc.

Queen Elizabeth University Hospital
Fracture Liaison Service (FLS)
Osteoporosis Nurse Specialists:
Sr Marion Harkness, Sr Angela Collie (QEUH)
Sr Margaret French, Sr Deborah Nelson & Sr Leigh Robertson (WG ACH)
Enquiries: 0141 451 6097

NHS
Greater Glasgow and Clyde

Ref: LR/LR/0204686547
12-Jan-2022

Dr. JANIS LYNCH
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr. LYNCH,

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

CHI: 0204686547

Your patient recently attended hospital having sustained a fracture and they were subsequently assessed for osteoporosis / fracture risk on the above date.

The outcome at this stage is as circled below:

(a) An appointment for full assessment by the FLS with DXA will be arranged

b) Further assessment including DXA is not indicated – treatment as recommended

c) He/she declined further assessment &/or treatment

d) See below

Osteoporosis Risk Factors
Past history of fragility fracture(s)

Fracture Risk Factors
History of previous fracture (>50yr)

Fracture History
Left Radius and/or Ulna (Aged 53)

Treatment Recommendations
Withhold treatment until after clinic review

Lifestyle Recommendations
(None)

Densitometry: DXA scan will be arranged but will be delayed due to the impact of COVID19 and subsequent restrictions placed on this service.

This patient's fracture history and clinical risk factors were obtained from hospital electronic information systems and he/she has not been seen in person by the Fracture Liaison Service.

Due to current changes to outpatient clinics in response to COVID-19 there will unfortunately be a delay in appointing patients for DXA assessment. Your patient will be held on our waiting list and appointed when it becomes possible to do so.

We note that Ms Moffat required short courses of high dose steroids in September and again in December 2021. If she requires further high dose steroids (the equivalent to ≥7.5mg prednisolone / day for >3 months) please get in touch and we will upgrade Ms Moffat to a priority DXA scan.

Yours sincerely

Leigh Robertson

Sr Leigh Robertson
Osteoporosis Nurse Specialist

Dr M Talla
Consultant Physician

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 347 8347**
Fracture Clinic: **0141 452 2908**

Virtual Fracture Clinic

Clinic Date: 08/01/2022
Typed: 10/01/2022

Dr Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr Lynch

Miss Lorraine Moffat ~ DOB: 02/04/1968 ~ CHI:0204686547;
Flat 44 3 Greenhill Court Glasgow Lanarkshire G73 2DH

Your patient was recently followed up at the Virtual Fracture Clinic at Queen Elizabeth University Hospital. The following details were recorded:

Bodily site:	Left As follows: left wrist - impacted distal radius # with ulna styloid #
Injury Type:	Fracture
Management plan:	Other - referred to Trauma Team
Patient contacted	Other - referred to Trauma Team
Site:	QEUH
Outcome:	Other - referred to Trauma Team
Nurses notes:	Nurse present at Virtual Fracture Clinic: 10/01/2022 09:54 Susan Buchanan Patient has a dorsal back slab in situ and to remain in same until being referred to Trauma Team for ? ORIF and to discuss with Mr Martin. Contacted Trauma Team today and the above was discussed. Trauma Team will contact Mr Martin for ? ORIF and then contact patient directly regarding ? Theatre.

Yours Sincerely,

Mr Sanjeev Patil
Consultant Orthopaedic Surgeon

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	
Department:	
Contact Tel:	0141 347 8257/8258
Enquiries to:	
Letter Date:	25/11/2019
Reference:	SD/CLS
Dictated Date:	25/11/2019
Transcribed Date:	27/11/2019

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Dermatology; Clinic - VIADDE1-DR DRUMMOND NEW DERM MON AM
Date and Time of Appointment - 25/11/2019 10:30

Clinical Comments:
DIAGNOSIS:

Alopecia areata

MANAGEMENT:

- Gets annual wig prescription

Thank you for referring this 51 year old lady. Her referral letter stated that she was wishing to discuss Ruxolitnib. There are currently no biologic medications licensed for use for alopecia although I understand that there may be clinical trials starting soon. However, on meeting Lorraine today her main concern was regarding her wig prescription. She has been getting an annual wig prescription from Fiona Moffat, the hair specialist nurse, and generally has been using this to obtain a hairpiece. However, in August she was advised by her hairdresser that she should try a wig instead. However she is not happy with the wig and was requesting a new prescription for a hairpiece for this instead. She states she is very distressed by this and tells me it is affecting her mental health. She tells me she is seeing a psychiatrist and has also attended the practice to discuss her low mood.

On examination she has hair regrowth over the top of her scalp with fine white hairs and currently has long thick hair around the sides and occipital regions. I will contact Specialist Nurse Fiona Moffat to clarify the situation regarding her wig prescription.

Yours sincerely

Dr S. Drummond

ST3 in Dermatology

New Victoria Hospital

Electronically Signed: Dr Sarah Drummond, Doctor

cc.

GYNAECOLOGY DEPARTMENT

Tel: 0141 232 7907
Fax: 0141 201 2774
E-mail: sue.rank@ggc.scot.nhs.uk

Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Our Ref: SB/SLR
Dictated: 10/02/11
Typed: 17/02/11
CHI: 0204686547

DR J LYNCH
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
73 2PQ

Dear Dr Lynch,

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718)
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

I reviewed this 42 year old para 2 lady on behalf of Dr Bjornsson in the Gynaecology clinic today. As you mentioned she has been struggling with small urine leaks over the past year, but on further questioning this would actually appear to be a more mixed bladder picture. She has a chronic smokers cough and experiences small urine leaks, but does not require to wear pads. Moreover, she experiences nocturia, urge and frequency with occasional urge incontinence. Her periods are not problematic and she has no bowel disturbance. She keeps otherwise generally quite active. She is allergic to Flucloxicillin.

On examination the abdomen was slim with a normal vulva, vagina and cervix. There was no demonstrable stress urinary incontinence today. There was satisfactory vaginal sensation and only slightly reduced tone.

I have explained to Lorraine that her symptoms are common, and she should employ the usual lifestyle measures such as avoidance of caffeine, adequate fluid intake to optimise things. She is happy to commence a three month trial of Vesicare to see if this helps settle the overactive component. I shall refer her to our pelvic Physiotherapist regarding the stress leaks. I have offered her a return appointment in four months time to see how she is getting on.

Yours sincerely,

Dr V Flanagan
ST6 to Dr Bjornsson

THE ALAN LYELL CENTRE FOR DERMATOLOGY

British Red Cross
Camouflage Clinic
Royal Infirmary
Glasgow

Clinic: 25/02/10
Typed: 02/03/10

Dear Colleague

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. Felicity Campbell

I would be grateful if you could see this lady who has vitiligo affecting the face with a view to advice about make up application. Many thanks.

ind regards.

Yours sincerely

Dr. Janika Borg
ST3 in Dermatology
Victoria ACH

Ref: JB/RM

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 347 8260/8256 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New Victoria Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 25/02/10
Typed: 02/03/10

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. Felicity Campbell

This patient was seen for review at the dermatology department today.
Diagnosis: Alopecia areata, and vitiligo.
Treatment: Try stopping Protopic 0.1% but restart if vitiligo recurs, for UVB phototherapy.
eview: None arranged.
This lady's vitiligo remained the same despite Protopic and I have suggested she try stopping this to see whether there is any difference but she should restart if her vitiligo becomes worse. I have referr4ed her to the camouflage clinic for some make up advice. While here she asked me about UVB treatment and I have discussed this with Dr. Drummond. We have arranged some UVB for her and will write to her with regard to this. If she is still using the Protopic she should stop this prior to UVB treatment.

Kind regards.

Yours sincerely

Dr. Janika Borg
ST3 in Dermatology
Victoria ACH

ef: JB/RM

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 347 8260/8256 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New Victoria Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Ms Lorraine Moffat
54 Lochlea Road
Rutherglen
Glasgow G73 4QH

Clinic: 25/02/10
Typed: 02/03/10

Dear Ms Moffat

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. Angela Drummond

I have discussed your case with Dr. Drummond, in particular your enquiry about UVB phototherapy. We have decided to give this a try if you are happy to go ahead. I have enclosed some information leaflets about UVB treatment and the onsents you need to sign and bring with you for the treatment to start. However here is quite a long waiting list for phototherapy which is the light treatment and in your case this is likely to be a prolonged course of about a year during which you would have to attend twice weekly. The main risk of this treatment is eventual development of skin cancer because we would be submitting you to UVB radiation. At the Victoria ACH we offer this treatment only in the mornings but it is offered in the afternoons as well at the Southern General. I have enclosed envelopes, one addressed to our unit at the Victoria and one addressed to the Southern General Hospital. Kindly send to the unit which you would prefer. Many thanks.

Kind regards.

Yours sincerely

Dr. Yit Nah Lau
SpR in Dermatology
ictoria ACH

Ref: YNL/RM

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
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THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr A Drummond
Consultant Dermatologist
VICTORIA ACH

Ref: SH/DMCB
Clinic: 05/11/09
Typed: 12/11/09

Dear Angela

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

DIAGNOSIS : Alopecia areata
Vitiligo

I reviewed this woman at the Hair Clinic today. Since we last saw her she had ost all of her facial hair but happily this has now completely regrown. The air on her scalp is also regrowing and she is delighted with this. On examination today there was extensive terminal white hair growth over the scalp. There were no obvious patches of active areata. I have emphasised to Ms Moffat that these signs are excellent and we can simply hope that the progress continues. I have explained that if the hair continues to grow then hopefully it should start to repigment.

I have given her an appointment for the clinic in 6 months if she is running into problems but if all goes well I have asked her simply to cancel this.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

cc Dr Reid
Rutherglen Health Centre
130 Stonelaw Road

LORRAINE MOFFAT
DOB:02/04/68

GLASGOW
G73 2PQ

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
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New Victoria Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 29/10/09 Typed: 02/11/09

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr A. Drummond

Diagnosis: Alopecia areata - now recovering
Vitiligo
Treatment: Protopic 0.1% once daily for 2 month
Follow up: January 2010

was delighted to see that this lady was experiencing re-growth of the hair of her scalp, her eyelashes and her pubic area, albeit with altered colour. Interestingly when she began to notice re-growth of the hair, she simultaneously began to develop vitiligo affecting her chest, back, upper arms and face, with sparing of her hands. She has not yet received any treatment for this and as per Dr Drummond's letter I have given her a prescription for some Protopic to try although I have counselled her about the limited efficacy of treatment we have for this condition.

Yours sincerely

S. WALSH
SPECIALIST REGISTRAR
VICTORIA ACH
REF: SW/CLH

c.c. Dr S. Holmes
Consultant Dermatologist
Dermatology Department
Glasgow Royal Infirmary

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)
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Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2RQ

Typed: 09/10/09

Dear Dr Reid

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YB
Consultant: Dr A. Drummond

Thank you for your letter on this patient. She has actually been discharged from the Victoria Dermatology Clinic and as this is a new problem I have vetted her referral into a new patient clinic. As the vitiligo is affecting her face as ell as her body I would be grateful if you could prescribe 0.1% Protopic intment to be used at night to all affected areas. Unfortunately, as you are probably aware response to treatment is variable and often disappointing. However, response can be assessed when she attends Dr Holmes' clinic in November or at the Victoria, depending on which appointment is first.

Kind regards.

Yours sincerely

A. DRUMMOND
CONSULTANT DERMATOLOGIST
VICTORIA ACH
REF: AD/CLH

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 347 8260/8256 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New Victoria Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Dr A Drummond
Consultant Dermatologist
SOUTHERN GENERAL HOSPITAL

Ref: SH/DMCB
Clinic: 07/05/09
Typed: 13/05/09

Dear Dr Drummond

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

Many thanks for referring this 41 year old woman to see me at the Hair Clinic. She first developed alopecia areata in 1995 when she had a limited area of loss which spontaneously regrew. A year ago however she developed initially patchy loss which has extended to involve all of her scalp, eyelashes, eyebrows and body air. She is however seeing some areas of white regrowth at present. Various opical treatments including topical steroids and Protopic have been of no benefit. She has a recent history of asthma but this is not atopic. She is otherwise well. Currently she is receiving low dose Naltrexone for her hair loss. Her mother also suffered from mild alopecia areata.

On examination today she had widespread hair loss consistent with alopecia areata. There was evidence of patchy white terminal hair growth on limited areas of the scalp.

As you mentioned in the referral letter this woman is a cook who works in the kitchens where there are naked flames and very hot ovens. Unfortunately the heat is severely damaging her acrylic wigs. I think this would be an occasion in which it would be appropriate to prescribe real hair wigs. I have explained to the patient however that this needs to be approved by the Clinical Director and Service Manager and will copy them in on this letter.

We did discuss treatment today. Unfortunately she is unable to take the time from work for DCP treatment but we have discussed Dithranol treatment today and she would be keen to try this. I have issued her with a script for this today for her GP and have also given her our written information leaflet on this. We lan to review her again in 6 months.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

LORRAINE MOFFAT
DOB:02/04/68

cc Dr Reid, Rutherglen Health Centre, 130 Stonelaw Road, Glasgow G73 2PQ
Dr David Bilsland, Clinical Director for Dermatology, Southern General Hospital
Mr Stewart Kyle, Dermatology Service Manager, Queen's Park House, Victoria Infirmary

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd, Dr S Holmes
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 201 5477 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 5132 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
Victoria Infirmary, Langside Road, Glasgow G42 9TY
Website:www.show.scot.nhs.uk/sguht/

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JANIS LYNCHOvertoun Medical Practice,Rutherglen Health Centre,130 Stonelaw Road, RUTHERGLEN, G73 2PQ

Main Switchboard:
Date of Completion: 12-Jan-2022

Dear JANIS LYNCH,

Name	CHI	DoB	Address
Lorraine Moffat	**0204686547**	**02-Apr-1968**	**Flat 44, 3 Greenhill Court, Glasgow, G73 2DH**

Admitted	Type	Discharged	Destination
10-Jan-2022 16:53	IP	12-Jan-2022	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Walker	QEUH Ward 10D Orthopaedics	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Akash Gyanchandani (Akash Gyanchandani - FY1 Aug 21) on 12 Jan 2022 11:24

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Beclometasone 100microg/ Formoterol 6microg/dose dry pdr inh	inhalation	ONE PUFF TO BE INHALED TWICE A DAY,	No	Patient's own supply		Y	
Carbomer '980' 0.2% eye drops	ophthalmic	1 eye drop twice daily when required	No	Patient's own supply			Added
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily	Yes				Added
Folic acid 5mg tablets	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own supply		Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required , Fixed Period 1 Week(s) from 12 Jan 2022	Yes				Added
Salamol 100micrograms/dose Easi-Breathe inhaler (CST Pharma Ltd)	inhalation	1 dose four times daily when required	No	Patient's own supply			Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-01-12	Salbutamol 100micrograms/dose inhaler CFC free	inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY,		Medication was removed from, made inactive or made unprescribable in the drug database.

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague Primary diagnosis + surgery Closed Fracture of the Distal Radius (Left) Presenting complaint 53 year old female, slip on ice tonight, pain++ distal radius GP actions Nil Intervention XR wrist L: There is a comminuted fracture to the left distal radius with minor dorsal angulation of the distal components. An associated fracture to the ulnar styloid process is also demonstrated bloods unremarkable Post op notes Post-op: adequate hydration and early mobilisation, low VTE risk Changes to medications Added analgesia Plan and ongoing management 2 weeks at Victoria ACH fracture clinic Thank you for your ongoing care Kind regards QEUH, orthopaedics, 10D
Discharge Comments:	
Follow Up:	Yes

	Victoria ACF fracture clinic
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Akash GYANCHANDANI

Prescription Review
Checked by: Alana LAWSON (Staff Nurse)
Discharged by: Alana LAWSON (Staff Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JANIS LYNCHOvertoun Medical Practice,Rutherglen Health Centre,130 Stonelaw Road, RUTHERGLEN, G73 2PQ

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 29-Aug-2019

Dear JANIS LYNCH,

Name	CHI	DoB	Address
Lorraine Moffat	**0204686547**	**02-Apr-1968**	**Flat 44, 3 Greenhill Court, Glasgow, G73 2DH**

Admitted	Type	Discharged	Destination
26-Aug-2019 13:18	IP	27-Aug-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gastroenterology	Suzuki	QEUH ARU3 Gastroenterology	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Jennifer Yau (jennifer yau - FY1) on 27 Aug 2019 19:38

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Beclometasone 100microg/ Formoterol 6microg/dose dry pdr inh	inhalation	ONE PUFF TO BE INHALED TWICE A DAY,				Y	
Folic acid 5mg tablets	oral	ONE TO BE TAKEN EACH DAY,				Y	
Salbutamol 100micrograms/ dose inhaler CFC free	inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague, Ms Lorraine Moffat (51y) was admitted to us on the 26/8/19 with a query serotonin syndrome following an overdose of 28 sertraline 100mg tablets, under the influence of alcohol. She described this as 'a moment of madness' and expressed no further suicidal ideation thoughts. On admission she was not hyper-reflexic and did not have clonus. She was reviewed by liason psychiatry and the stressor of alopecia in her life. She is now medically fit, serotonin syndrome has been ruled out and we are happy to discharge her back into your continuing care. Please follow up with Ms Moffat.

	Kind Regards Jennifer Yau FY1 QEUH ARU3
Follow Up:	No none
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Jennifer Yau

Prescription Review
Checked by: Jane MacDonald1 (Staff nurse)
Discharged by: Jane MacDonald1 (Staff nurse)

Queen Elizabeth University Hospital
Fracture Liaison Service (FLS)
Consultant: Dr M Talla
Osteoporosis Nurse Specialist: Sr Kay Johnstone & Sr Angela Collie
Enquiries: 0141 451 6097

NHS
Greater Glasgow and Clyde

Ref: LR/LR/0204686547
02-Feb-2023

Lorraine Moffat
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Dear Lorraine Moffat

Thank you for attending your recent DXA scan appointment on 18-Jan-2023.

Below is a summary of your DXA scan report for your own records.

If treatment has been suggested, please contact your GP surgery to discuss your prescription. An information leaflet about any new suggested treatment is enclosed. If you have any further questions regarding your results or treatment, please contact either the Osteoporosis Nurse Specialist , using the above 'Enquiries' number, or your GP.

Scan Date: 18-Jan-2023

Scan Conclusion: Osteopenia

Osteoporosis Risk Factors
Past history of fragility fracture(s)
History in past 5 years of smoking
Previous significant exposure to oral steroid

Falls and Fracture Risk Factors
History of previous fracture (>50yr)
History in past 5 years of smoking

Fracture History
Left Radius and/or Ulna (Aged 53)
TV9 Grade 3 fracture (Aged 54)

Treatment Recommendations

No treatment required

Lifestyle Recommendations

Dietary calcium intake appears sub-optimal
Advise regular weight-bearing exercise appropriate to general health
Advise to stop smoking

Follow Up

DXA scanning should be repeated in 2 years. Please re-refer via DADS at that point unless, at that time, you feel follow-up would be inappropriate.

Comments

Ms Moffat was invited for DXA following her wrist fracture in early 2022. Unfortunately she sustained a fracture at TV9 last month after minor trauma. We can see the severe fracture on today's assessment, but reassuringly no other obvious fractures are seen between the levels of TV4 and LV4.

The DXA assessment shows that bone density (BMD) is below average for age by 12-15% however it is out-with the osteoporosis range. Given her young age, Ms Moffat's risk of fracture is considered to be relatively low and we would not recommend bone protective treatment at this time. Instead suggest other strategies to optimise bone health such as the lifestyle recommendations indicated above. More information about osteopenia and strategies to optimise bone health can be found at the Royal Osteoporosis Society website.

Ms Moffat may find it helpful to visit Royal Osteoporosis Society website for information & support on living with spinal fractures:- https://theros.org.uk/information-and-support/osteoporosis/spinal-fractures/spinal-fracture-videos/

Suggest repeat DXA scan in 2 years' time to reassess the spine, monitor BMD, and inform management thereafter.

Yours sincerely

Leigh Robertson

Sr Leigh Robertson
Osteoporosis Nurse Specialist

Dr M Talla
Consultant Endocrinologist

Further information on bone health is available from the Royal Osteoporosis Society:

- *Freephone: 0808 800 0035*
- *Email: nurses@theros.org.uk*
- *Web: theros.org.uk*

Letter to Patient:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Lorraine Moffat
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Main Switchboard:	
Department:	Colposcopy
Contact Tel:	0141 347 8606
Enquiries to:	Margaret Gourlay
Letter Date:	13/03/2018
Reference:	RJSH/MG
Dictated Date:	12/03/2018
Transcribed Date:	12/03/2018

Dear Ms Moffat,

Following your recent visit to the colposcopy clinic, the biopsy of cervix I took has just shown features of virus infection only.

This is pretty much in keeping with your smear test and colposcopy assessment. Repeat smear at your GP's surgery in a year's time would be appropriate.

Kind regards.

Yours sincerely

Robert Hawthorn

CONSULTANT

Electronically Signed: Dr Robert Hawthorn, Consultant

cc. 60139/1,
Dr Lynch
Overtoun Medical Practice,
Rutherglen Health Centre,
130 Stonelaw Road, Rutherglen,Glasgow,G73 2PQ

Case No 6568152 **Case Active** 08/01/2022 10:49 **Case Type** Direct Referral ED

Patient Lorraine Moffat **Sex** F **D.O.B** 02/04/1968 **Age** 53 years

Current Address
Flat 44 3 Greenhill Court
Rutherglen Glasgow

G73 2DH

Home Address (if currently not at home)

Current Phone: 07754 572626 **Home Phone:** 07552 561698 **CHI:** 0204686547

Case Origin - **Callers Name** Lorraine **Callers Tel:**

Own Doctor Lynch,Janis (312)
Surgery 312 Rutherglen Health Centre

NHS24 Received By Sarah Morrison (Call Taker Si) () **NHS24 Triage Start** 10:49
NHS24 Triage By Sarah Morrison (Call Taker Si) () **NHS24 Triage End** 11:01
NHS24 Reported Condition **NHS24 Outcome** AEP
MEDICATION ENQUIRY 18 HOURS

NHS24 Recorded Allergies **NHS24 Recorded Medications** **NHS24 Recorded Medical History**

NHS24 Clinical Summary
Clinical summary created by: Sarah Morrison (Call Taker Si) () [08/01/2022 11:01:40]
Reason for call: MEDICATION ENQUIRY 18 HOURSConfirmed Symptom(s):
Medication enquiry - not overdose
Information requested on combination of medicines
Caller wants advice regarding medication
No extra dose, overdose or warfarin taken

Symptom(s) not found:
No fever

Call Detail(s):

Clinical supervisor: SCN M KERR
08:01:2022 11:06:53 MORRISONS.. DW SCN M KERR. INITIALLY MEDICATION ENQUIRY. ATTENDED MIU YESTERDAY WITH FRACTURED WRIST. HAS PARTIAL CAST ON TODAY CAST APPEARS TIGHTER... FINGERS SWOLLEN AND SLIGHTLY COLD. HAS TAKEN MAXIMUM 35000 COCODOMAL AND IBURPOFEN NO EFFECT TO COCODOMAL HAS TAKEN IBURPOFEN 20 MINUTES AGO. OUTCOME A&E ASAP... ATTENDING QUEEN ELIZABETH HOSPITAL..
Outcome: Patient advised to go to A&E

NHS24 Disposition -
Accident & Emergency (ASAP)

NHS24 NUrse Comments

Reported Condition **Received By** **Received**

TAS Assessment **Assessed By** **TAS Assess Start**
TAS Assess End

Consultation **Consult By** **Consult Start**
Consult End

Examination Details **Clinical Codes**

Diagnosis

Case No 6568152 **Case Active** 08/01/2022 10:49 **Case Type** Direct Referral ED

Treatment

Prescriptions

Follow-up(s)

COPY FOR SCANNING

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must b 0204686547 MOFFAT Lorraine 72 NEILVAIG CRES RUTHERGLEN Glasgow G73 4FH *office on 201 5036 (65036) before giving to the patient.*

Patient Nam F 02/04/1968 **DOB**.....

Address ..... **Postcode**.....

Diagnosis.....ALOPECIA.....

Please Supply: the following item(s)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign.....C Moffat.....**Print:**.....F MOFFAT.....

Cons Clinic.....HOLMES..... **Hosp Site**.....EGH.....**Date:**.....11/8/16.....

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?
As of April 2011, there is no prescription charge in Scotland.
Who provides these services?
Wig services are provided by Hair Salons contracted to the NHS.
Am I restricted to one supplier?
No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.
Is there a range of wigs available?
Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:
FREESTYLE – NATURAL IMAGE – NORIKO –AMORE – RENE OF PARIS - REVLON
These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?
No, many patients have reported that it is useful to take a friend or relatiye with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC Dermatology	——	**Consultant / receiving practitioner** and/or **specialty clinic**
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	——	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral Routine
Date of referral 12-Nov-2025 **Date sent** 12-Nov-2025

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

44
3 Greenhill Court
RUTHERGLEN
GLASGOW
G73 2DH

Contact number(s)

Voice: 239 4360
Voice: 07402 824 743

101038218914C Unique Care Pathway Number: 101038218914C

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	33006
Practice name	Overtoun Medical Practice (18914)		
Practice code	60139		

Practice address

130
Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6010
E-mail: OMP@nhs.scot

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	33006
Practice name	Overtoun Medical Practice (60139)		
Practice code	60139		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN
G73 2PQ

Contact number(s)

Voice: 0141 531 6010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Facial patch ? Lichenoid keratosis

Comment: This 57 year old lady had an area of Lichenoid keratosis excised under plastic surgery in Dec 2022.

In the last six months there has been an area of recurrence below her Nasolabial fold area around the scar and it has evolved, gradually enlarging now measuring 5 x 7mm. It is erythematous with some superficial flakiness, slightly raised and is non itchy. It is very obvious as it is facial.

We have written back to plastics who have declined after MDT. The patient is keen to be seen and receive some advice about treatment if this is possible.

Many thanks

Yours sincerely,

Dr J Lynch

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Fracture of lower end of radius (Left)	-	26-Oct-2024	26-Oct-2024
[X]Osteopenia	-	27-Feb-2023	27-Feb-2023
Closed fracture thoracic vertebra, wedge	T9	03-Jan-2023	03-Jan-2023
Closed fracture of radius and ulna, lower end (Left)	-	07-Jan-2022	07-Jan-2022
Dry eyes	-	09-Jan-2020	09-Jan-2020
[X]Deliberate drug overdose / other poisoning	-	26-Aug-2019	26-Aug-2019
Sjogren - Larsson syndrome	-	23-Mar-2014	23-Mar-2014
MRC Breathlessness Scale: grade 3	:	07-Jul-2011	07-Jul-2011
Alopecia areata	-	14-Mar-2008	14-Mar-2008
Chronic obstructive pulmonary disease	-	26-Jul-2006	26-Jul-2006

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	Disease: SPICE COPD,	26-Jul-2006	26-Jul-2006

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: CVA/stroke	07-Jun-2019	
FH: Ischaemic heart dis. <60	07-Jun-2019	
FH: Ischaemic heart dis. <60	08-May-2013	
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Stexerol-D3 Tablets 1,000 units	30	30 TABLET	1 CAP MANE	-	09-Dec-2024	09-Dec-2024
Luforbec Inhaler 100 micrograms + 6 micrograms/dose	1	1 inhaler	TWO PUFFS TWICE A DAY	-	08-Apr-2022	07-Aug-2025
Saliveze Spray 50 ml	1	1 spray	TO BE USED AS DIRECTED	-	03-Sep-2021	07-Nov-2025
	10	10 GRAM		-	09-Jan-2020	

Clinitas Carbomer Eye Gel 0.2 %			APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED			07-Nov-2025
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	21-Nov-2017	10-Nov-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	11-Nov-2025	11-Nov-2025
Lactulose Solution 3.1-3.7 g/5 ml	300	300 ml	10ML BD	-	03-Oct-2025	03-Oct-2025
Ibuprofen Tablets 400 mg	42	42 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	03-Oct-2025	03-Oct-2025
Dihydrocodeine Tablets 30 mg	100	100 tablet	ONE- TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	03-Oct-2025	03-Oct-2025
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	06-Jun-2025	06-Jun-2025
Mirtazapine Tablets 45 mg	28	28 tablet	1 TABLET AT NIGHT DISPENSE WEEKLY	-	09-Sep-2024	21-Oct-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
12-Sep-2023	120	82
13-Mar-2023	135	75
02-Dec-2021	126	60
07-Jun-2019	108	60
12-Jun-2017	106	70

Body Measurements

Date Recorded	Height	Weight	BMI
12-Sep-2023	-	46	-
02-Dec-2021	154	54	22.77
07-Jun-2019	154	54	22.77
12-Jun-2017	-	54	22.77
07-Jun-2016	-	55	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex-cigarette smoker:		02-Dec-2021
Stopped smoking:		02-Dec-2021
Ex smoker:		02-Dec-2021
Cigarette smoker, 15 Cigarettes/day:		07-Jun-2019
Never smoked tobacco:		12-Jun-2017
Alcohol consumption, 2 units/week:		07-Jun-2019
Alcohol intake within rec limt:		12-Jun-2017
Alcohol units per week 2 :		12-Jun-2017
Alcohol intake within rec limt:		09-Feb-2015
Alcohol units per week 1 :		09-Feb-2015
Aerobic exercise 2 times/week:		12-Jun-2017
GPPAQ physical act ind: active:		12-Jun-2017
GPPAQ physical act ind: active:		09-Feb-2015

GPPAQ physical act ind: active:	25-Oct-2013
Aerobic exercise 1 time/week:	08-May-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Naproxen	abdominal pain and nausea	22-Jan-2021

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Photograph Available?:No

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Breast GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	——	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 13-Sep-2023 **Date sent** 13-Sep-2023

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

44
3 Greenhill Court
RUTHERGLEN
GLASGOW
G73 2DH

Contact number(s)

Voice: 239 4360
Voice: 07754572626

1010307600523 Unique Care Pathway Number: 1010307600523

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	33006
Practice name	Overtoun Medical Practice (18914)		
Practice code	60139		

Practice address

130
Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6010
Facsimile: 0141 531 6086
E-mail:
Lan.clinicalovertounmedicalpractice60139@nhs.scot

REFERRING GP DETAILS

Name	Dr Lynsey Baird		
GMC code	6140525	GP code	-
Practice name	Overtoun Medical Practice (60139)		
Practice code	60139		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN
G73 2PQ

Contact number(s)

Voice: 0141 531 6010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Breast lump with skin tethering

Comment: This 55 year old lady presents with an area of skin tethering visible on the lateral aspect of her left breast which she noted 2 weeks ago. There is a palpable lump in this area. No nipple discharge. She has lost weight recently. Axilla normal. She is a smoker. Post menopausal. Not on any HRT. She has never attended for breast screening. She has a history of fibrocystic breast disease.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[X]Osteopenia	-	27-Feb-2023	27-Feb-2023
Closed fracture thoracic vertebra, wedge	T9	03-Jan-2023	03-Jan-2023
Closed fracture of radius and ulna, lower end (Left)	-	07-Jan-2022	07-Jan-2022
Dry eyes	-	09-Jan-2020	09-Jan-2020
[X]Deliberate drug overdose / other poisoning	-	26-Aug-2019	26-Aug-2019
Sjogren - Larsson syndrome	-	23-Mar-2014	23-Mar-2014
MRC Breathlessness Scale: grade 3	:	07-Jul-2011	07-Jul-2011
Alopecia areata	-	14-Mar-2008	14-Mar-2008
Chronic obstructive pulmonary disease	-	26-Jul-2006	26-Jul-2006

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Cervical smear screen	-	12-Sep-2023	12-Sep-2023
Spirometry	Disease: SPICE COPD,	26-Jul-2006	26-Jul-2006

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: CVA/stroke	07-Jun-2019	
FH: Ischaemic heart dis. <60	07-Jun-2019	
FH: Ischaemic heart dis. <60	08-May-2013	
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Theical-D3 Chewable tablets 1 gram + 880 units	56	56 tablet	ONE TO BE TAKEN EACH DAY	-	20-Mar-2023	31-May-2023
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	1	1 inhaler	TWO PUFFS TWICE A DAY	-	08-Apr-2022	22-Aug-2023
Saliveze Spray 50 ml	1	1 spray	TO BE USED AS DIRECTED	-	03-Sep-2021	23-Dec-2022
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED	-	09-Jan-2020	18-Aug-2023
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	21-Nov-2017	21-Aug-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	22-Aug-2023	22-Aug-2023
Folic Acid Tablets 5 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Mar-2023	12-May-2023
Trazodone Hydrochloride Capsules 50 mg	28	28 capsule	1 CAP MANE	-	30-Jan-2023	22-Aug-2023
Trazodone Hydrochloride Tablets 150 mg	28	28 tablet	1 Tab At night	-	11-Jan-2023	22-Aug-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
12-Sep-2023	120	82
13-Mar-2023	135	75
02-Dec-2021	126	60
07-Jun-2019	108	60
12-Jun-2017	106	70

Body Measurements

Date Recorded	Height	Weight	BMI
12-Sep-2023	-	46	-
02-Dec-2021	154	54	22.77
07-Jun-2019	154	54	22.77
12-Jun-2017	-	54	22.77
07-Jun-2016	-	55	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex-cigarette smoker:		02-Dec-2021
Stopped smoking:		02-Dec-2021
Ex smoker:		02-Dec-2021
Cigarette smoker, 15 Cigarettes/day:		07-Jun-2019
Never smoked tobacco:		12-Jun-2017
Alcohol consumption, 2 units/week:		07-Jun-2019
Alcohol intake within rec limt:		12-Jun-2017
Alcohol units per week 2 :		12-Jun-2017
Alcohol intake within rec limt:		09-Feb-2015
Alcohol units per week 1 :		09-Feb-2015
Aerobic exercise 2 times/week:		12-Jun-2017
GPPAQ physical act ind: active:		12-Jun-2017
GPPAQ physical act ind: active:		09-Feb-2015
GPPAQ physical act ind: active:		25-Oct-2013
Aerobic exercise 1 time/week:		08-May-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Naproxen	abdominal pain and nausea	22-Jan-2021

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Plastic Surgery GGC Plastics	—	**Consultant / receiving practitioner** and/or **specialty clinic**
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	—	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral Routine
Date of referral 28-Oct-2022 **Date sent** 31-Oct-2022

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

44
3 Greenhill Court
RUTHERGLEN
GLASGOW
G73 2DH

Contact number(s)

Voice: 239 4360
Voice: 07754572626

101027808414L Unique Care Pathway Number: 101027808414L

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	33006
Practice name	Overtoun Medical Practice (18914)		
Practice code	60139		

Practice address

130
Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6010
Facsimile: 0141 531 6086
E-mail:
Lan.clinicalovertounmedicalpractice60139@nhs.scot

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	33006
Practice name	Overtoun Medical Practice (60139)		
Practice code	60139		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN
G73 2PQ

Contact number(s)

Voice: 0141 531 6010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Lesion above left upper lip ? bcc

Comment: This 54 year old woman gives a 9 month history of a non healing, recurrently crusting lesion just on the edge of the left upper lip extending above onto the normal skin. This measures 5 x 7 mm and is crusted today with depressed appearance. There is a scarred area above this which she says has been present over a much longer period, maybe 2-3 years. She had previous fillers injected there and wondered if this was a longer term effect of the filler?.

On examination I wondered whether this represented a BCC and would be grateful of your opinion.

Many thanks

Yours sincerely

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Closed fracture of radius and ulna, lower end (Left)	-	07-Jan-2022	07-Jan-2022
Dry eyes	-	09-Jan-2020	09-Jan-2020
[X]Deliberate drug overdose / other poisoning	-	26-Aug-2019	26-Aug-2019
Sjogren - Larsson syndrome	-	23-Mar-2014	23-Mar-2014
MRC Breathlessness Scale: grade 3	:	07-Jul-2011	07-Jul-2011
Alopecia areata	-	14-Mar-2008	14-Mar-2008
Chronic obstructive pulmonary disease	-	26-Jul-2006	26-Jul-2006

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	Disease: SPICE COPD,	26-Jul-2006	26-Jul-2006

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: CVA/stroke	07-Jun-2019	
FH: Ischaemic heart dis. <60	07-Jun-2019	
FH: Ischaemic heart dis. <60	08-May-2013	
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	1	1 inhaler	TWO PUFFS TWICE A DAY	-	08-Apr-2022	22-Sep-2022
Saliveze Spray 50 ml	1	1 spray	TO BE USED AS DIRECTED	-	03-Sep-2021	15-Jul-2022
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED	-	09-Jan-2020	22-Sep-2022
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	21-Nov-2017	25-Oct-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trazodone Hydrochloride Capsules 100 mg	28	28 capsule	1 CAPS AT NIGHT	-	27-Oct-2022	27-Oct-2022
Diazepam Tablets 2 mg	21	21 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	27-Oct-2022	27-Oct-2022
Trazodone Hydrochloride Capsules 50 mg	7	7 capsule	1 Cap At night	-	27-Oct-2022	27-Oct-2022
Propranolol Hydrochloride Tablets 40 mg	42	42 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	22-Aug-2022	22-Aug-2022
Zopiclone Tablets 7.5 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	22-Aug-2022	22-Aug-2022
Sertraline Hydrochloride Tablets 100 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	15-Jul-2022	25-Oct-2022
Sertraline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	15-Jul-2022	25-Oct-2022
Clarithromycin Tablets 500 mg	10	10 tablet	ONE TO BE TAKEN TWICE A DAY FOR CHEST	-	15-Jul-2022	15-Jul-2022
Sertraline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	27-May-2022	27-May-2022
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	26-May-2022	26-May-2022
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	26-May-2022	26-May-2022
Nitrazepam Tablets 5 mg	7	7 tablet	1 Tab At night	-	26-May-2022	26-May-2022
Sertraline Hydrochloride Tablets 100 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	24-May-2022	27-May-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
02-Dec-2021	126	60
07-Jun-2019	108	60
12-Jun-2017	106	70
13-Nov-2015	122	76
16-Oct-2014	145	89

Body Measurements

Date Recorded	Height	Weight	BMI
02-Dec-2021	154	54	22.77
07-Jun-2019	154	54	22.77
12-Jun-2017	-	54	22.77
07-Jun-2016	-	55	-
14-Mar-2016	-	56	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Height (m):	154	-
Weight (kg):	54	-
BMI (Weight / Height):	22.77	-
Ex-cigarette smoker:		02-Dec-2021
Stopped smoking:		02-Dec-2021

Ex smoker:	02-Dec-2021
Cigarette smoker, 15 Cigarettes/day:	07-Jun-2019
Never smoked tobacco:	12-Jun-2017
Alcohol consumption, 2 units/week:	07-Jun-2019
Alcohol intake within rec limt:	12-Jun-2017
Alcohol units per week 2 :	12-Jun-2017
Alcohol intake within rec limt:	09-Feb-2015
Alcohol units per week 1 :	09-Feb-2015
Aerobic exercise 2 times/week:	12-Jun-2017
GPPAQ physical act ind: active:	12-Jun-2017
GPPAQ physical act ind: active:	09-Feb-2015
GPPAQ physical act ind: active:	25-Oct-2013
Aerobic exercise 1 time/week:	08-May-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Naproxen	abdominal pain and nausea	22-Jan-2021

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	——	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral Routine
Date of referral 16-Sep-2019 **Date sent** 16-Sep-2019

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

44
3 Greenhill Court
RUTHERGLEN
GLASGOW
G73 2DH

Contact number(s)

Voice: 239 4360
Voice: 07552 561698

101019604085N Unique Care Pathway Number: 101019604085N

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	33006
Practice name	Overtoun Medical Practice (18914)		
Practice code	60139		

Practice address

130
Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6010
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Amy Proctor		
GMC code	7134281	GP code	-
Practice name	Overtoun Medical Practice (60139)		
Practice code	60139		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN
G73 2PQ

Contact number(s)

Voice: 0141 531 6025

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Alopecia

Comment: History of alopecia and has been reading about Ruxolitnib. Wondering if this is possible option for treatment. Also wondering r.e. possibility of steroid injection as has not attended dermatology in years and had this once and found helped. Currently wearing wig at present and causing significant impact on her mental health - can fly off in the wind and only gets one prescription a year by the end of which most of the hair has fallen out the wig.
At present significant area of hair loss on top of head - some small fine hairs started to grow at front hairline and wondering if treatment may help further hair growth.

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[X]Deliberate drug overdose / other poisoning	-	26-Aug-2019	26-Aug-2019
Sjogren - Larsson syndrome	-	23-Mar-2014	23-Mar-2014
MRC Breathlessness Scale: grade 3	:	07-Jul-2011	07-Jul-2011
Alopecia areata	-	14-Mar-2008	14-Mar-2008
Chronic obstructive pulmonary disease	-	26-Jul-2006	26-Jul-2006

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	Disease: SPICE COPD,	26-Jul-2006	26-Jul-2006

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: CVA/stroke	07-Jun-2019	
FH: Ischaemic heart dis. <60	07-Jun-2019	
FH: Ischaemic heart dis. <60	08-May-2013	
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose	1	1 dose	ONE PUFF TO BE INHALED TWICE A DAY	-	21-Nov-2017	09-Oct-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	21-Nov-2017	05-Nov-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zopiclone Tablets 7.5 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	10-Sep-2019	10-Sep-2019
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	26-Jun-2019	26-Jun-2019
Folic Acid Tablets 5 mg	112	112 tablet	ONE TO BE TAKEN EACH DAY	-	24-Jun-2019	24-Jun-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
07-Jun-2019	108	60
12-Jun-2017	106	70
13-Nov-2015	122	76
16-Oct-2014	145	89
05-Aug-2014	118	78

Body Measurements

Date Recorded	Height	Weight	BMI
07-Jun-2019	154	54	22.77
12-Jun-2017	-	54	22.77
07-Jun-2016	-	55	-
14-Mar-2016	-	56	-
11-Feb-2015	-	57.5	24.2

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 15 Cigarettes/day:		07-Jun-2019
Never smoked tobacco:		12-Jun-2017
Cigarette smoker:		12-Jun-2017
Cigarette smoker, 10 Cigarettes/day:		12-Jun-2017
Current smoker:		12-Jun-2017
Alcohol consumption, 2 units/week:		07-Jun-2019
Alcohol intake within rec limt:		12-Jun-2017
Alcohol units per week 2 :		12-Jun-2017
Alcohol intake within rec limt:		09-Feb-2015
Alcohol units per week 1 :		09-Feb-2015
Aerobic exercise 2 times/week:		12-Jun-2017
GPPAQ physical act ind: active:		12-Jun-2017
GPPAQ physical act ind: active:		09-Feb-2015
GPPAQ physical act ind: active:		25-Oct-2013
Aerobic exercise 1 time/week:		08-May-2013

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Victoria Infirmary 55 Grange Road Glasgow G42 9LF	——	**Hospital** and **hospital address** Hospital location code. G306H Email address

Urgency of referral ROUTINE
Date of referral 11-Aug-2014 **Date sent** 11-Aug-2014

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

72 Neilvaig Cres
RUTHERGLEN
GLASGOW
G73 4FH

Contact number(s)

Voice: 07729137354

101007697508Z Unique Care Pathway Number: 101007697508Z

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	08818
Practice name	Overtoun Medical Practice (18914)		
Practice code	49111		

Practice address

130
Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6010
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	08818
Practice name	Overtoun Medical Practice (49111)		
Practice code	49111		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Contact number(s)

Voice: 0141 531 6010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Clinic of Dr Campbell - alopecia areata and vitiligo

Comment: This lady has previously attended your clinic and has alopecia areata and vitiligo. She requires to wear a wig although there has been significant regrowth of her hair. Her wig has deteriorated and she presented today asking for re-referral so that she could be prescribed a new wig.

I would be grateful if she could be seen in clinic.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Sjogren - Larsson syndrome	-	23-Mar-2014	23-Mar-2014
MRC Breathlessness Scale: grade 3	:	07-Jul-2011	07-Jul-2011
Chronic obstructive pulmonary disease	-	26-Jul-2006	26-Jul-2006

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	Disease: SPICE COPD,	26-Jul-2006	26-Jul-2006

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	08-May-2013	
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Budesonide Dry Powder Inhaler 200 micrograms/actuation	1	1 INHAL	2 Puffs morning and night	-	07-Jul-2011	16-Dec-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cyclo-Progynova 2 Mg Tablets	84	84 tablet	1 Tab Daily	-	05-Aug-2014	05-Aug-2014
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	08-May-2014	08-May-2014
Glandosane (Peppermint Flavour) Aerosol spray	1	1 aerosol	TO BE USED WHEN REQUIRED	-	08-May-2014	08-May-2014
Elleste Duet 2 Mg Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	23-Apr-2014	23-Apr-2014

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Thinking about stop smoking 1 :		25-Oct-2013
Cigarette smoker 15 :		25-Oct-2013
Current smoker:		25-Oct-2013
Cigarette smoker, 20 cigarettes/day:		08-May-2013
Current smoker:		05-Feb-2013
Alcohol intake within rec limt:		25-Oct-2013
Alcohol units per week 1 :		25-Oct-2013
Alcohol consumption, 0 units/week:		08-May-2013
Alcohol units per week:	10:units/week priority=2	07-Jul-2011
Alcohol units per week:		07-Jul-2011
GPPAQ physical act ind: active:		25-Oct-2013
Aerobic exercise 1 time/week:		08-May-2013
Exercise grading:	6: priority=2	07-Jul-2011
Exercise grading:		07-Jul-2011
Declined referral to physical exercise programme:	: priority=2	07-Jul-2011

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Southern General Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral ROUTINE
Date of referral 11-Jul-2011 **Date sent** 14-Jul-2011

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)

Voice: 07784694005

101002249984D Unique Care Pathway Number: 101002249984D

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	08818
Practice name	Overtoun Medical Practice (49111)		
Practice code	49111		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow

Contact number(s)

Voice: 01415316010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Clinic of Dr S Holmes - recurrence of alopecia areata

Comment: This forty-three year old lady attended your clinic in 2008 when she developed extensive alopecia areata affecting the scalp having had a much milder episode ten years previously which spontaneously resolved. She also has vitiligo affecting the trunk. She had no benefit from topical steroids and protopic and was supplied with modacrylic wigs. She attended the local Essential Health Clinic who gave her a trial of low dose Naltrexone. She was last reviewed in November 2009 when she had complete regrowth of hair.

Unfortunately in the last six months Lorraine has had recurrence of the alopecia with significant loss on the vertex and right parietal area and around the hairline but not as severe as previously. She has vitiligo actively on her back. She has read about injection therapy and is keen to be re-referred to discuss any further potential therapy but also to review the situation with the wigs she has been supplied.

Many thanks for seeing her once again.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date recorded
MRC Breathlessness Scale: grade 3	:	07-Jul-2011
Chronic obstructive pulmonary disease	-	26-Jul-2006
O/E - BP reading normal	-	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date recorded
Spirometry	26-Jul-2006
Health ed. - alcohol	12-Mar-1996
Health ed. - diet	12-Mar-1996
Health ed. - smoking	12-Mar-1996
Health ed. - exercise	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	07-Jul-2011
Budesonide	1	100 Dose Dry Powder Breath Actuated INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	07-Jul-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Quinine Sulphate	28	TABS 300MG	1 Tab	Daily	07-Jul-2011	07-Jul-2011
Citalopram	28	TABS 20MG	1 Tab	In the morning	10-Mar-2011	10-Mar-2011
Solifenacin Succinate	30	TABS 5MG	1 Tab	Daily	17-Feb-2011	17-Feb-2011
Trimethoprim	6	TABS 200MG	1 Tab	Twice daily	08-Feb-2011	08-Feb-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		14-Sep-2004
Heavy smoker - 20-39 cigs/day:		12-Mar-1996
Current smoker:	:	07-Jul-2011
Cigarette smoker:	:	07-Jul-2011
Ex smoker:		17-Dec-2010
Current smoker:		24-Nov-2010
Current smoker:		12-Nov-2009
Trivial drinker - <1u/day:		12-Mar-1996
Alcohol units per week:	10:units/week	07-Jul-2011
Alcohol intake within recommended sensible limits:		13-May-2009
Alcohol intake within recommended sensible limits:		07-Sep-2007
Exercise grading:	6:	07-Jul-2011
Exercise grading NOS:	5:	07-Jul-2011
Declined referral to physical exercise programme:	:	07-Jul-2011

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gynaecology - other GGC Gynae Gen Ref	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Victoria Infirmary 55 Grange Road Glasgow G42 9LF	——	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral ROUTINE
Date of referral 24-Nov-2010 **Date sent** 24-Nov-2010

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)

Voice: 07784694005

1010012999267 | Unique Care Pathway Number: 1010012999267

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)

Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Janis Lynch		
GMC code	3493207	GP code	08818
Practice name	RUTHERGLEN HEALTH CENTRE (49111)		
Practice code	49111		

Practice address

130 STONELAW ROAD
RUTHERGLEN
GLASGOW

Contact number(s)

Voice: 01415316010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Clinic of Dr Bjornsson - stress incontinence

Comment: This forty-two year old lady, para 2 + 0, has been experiencing stress incontinence in the last two years. This occurs with coughing, laughing and sometimes spontaneously with exercise/walking. She has COPD and during a recent chest infection her symptoms were particularly troublesome. In her obstetric history, this lady had one SVD and one forceps delivery. Her periods are currently irregular with vaso-motor symptoms and there is a family history of early menopause.

On examination today the uterus is retroverted and there are no adnexal masses. There is mild anterior wall laxity on straining but certainly no visible prolapse at rest.

This lady is keen to be considered for a repair procedure if this is felt to be appropriate, and I would be grateful if you could see her for further assessment at clinic.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date recorded
Chronic obstructive pulmonary disease	26-Jul-2006
O/E - BP reading normal	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date recorded
Spirometry	26-Jul-2006
Health ed. - alcohol	12-Mar-1996
Health ed. - diet	12-Mar-1996
Health ed. - exercise	12-Mar-1996
Health ed. - smoking	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Budesonide	1	100 Dose Dry Powder Breath Actuated INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	16-Nov-2010
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	16-Nov-2010
Tacrolimus	60	OINT 0.1%	Apply sparingly	At night	22-Oct-2009	12-Feb-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone	30	TABS 5MG	6tabs	Daily	09-Nov-2010	09-Nov-2010
Amoxicillin	15	CAPS 500MG	1 Cap	3 times daily	09-Nov-2010	09-Nov-2010

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		14-Sep-2004
Heavy smoker - 20-39 cigs/day:		12-Mar-1996
Current smoker:		24-Nov-2010
Current smoker:		12-Nov-2009
Current smoker:		13-May-2009
Current smoker:		20-Jan-2009
Ex smoker:		02-Nov-2007
Trivial drinker - <1u/day:		12-Mar-1996
Alcohol intake within recommended sensible limits:		13-May-2009
Alcohol intake within recommended sensible limits:		07-Sep-2007

Investigations

Description/Question	Result/Comment	Date
Last smear result:	result not available -	

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gynaecology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Victoria Infirmary Langside Road Glasgow G42 9TY	——	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral ROUTINE
Date of referral 26-Apr-2010 **Date sent** 27-Apr-2010

PATIENT DETAILS

Surname	Moffat
Forename(s)	Lorraine
Title	Miss
Sex	Female
Date of birth	02-Apr-1968
CHI no.	0204686547
Area of Residence	-

Patient's address

54 Lochlea Road
RUTHERGLEN
GLASGOW
G73 4QH

Contact number(s)
-

101000430609U Unique Care Pathway Number: 101000430609U

REGISTERED GP DETAILS

Name	Dr J Lynch		
GMC code	3493207	GP code	G08818
Practice name	Overtoun Medical Practice		
Practice code	49111		

Practice address

130 Stonelaw Road
Rutherglen
G73 2PQ

Contact number(s)
Voice: 0141 531 6025
Facsimile: 0141 531 6086

REFERRING GP DETAILS

Name	Dr. Lynda Henderson		
GMC code	3459676	GP code	04839
Practice name	RUTHERGLEN HEALTH CENTRE (49111)		
Practice code	49111		

Practice address

130 STONELAW ROAD
RUTHERGLEN
GLASGOW

Contact number(s)
Voice: 01415316010

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Polymenorrhagia

Comment: This forty-two year old lady has developed polymenorrhagia since Christmas. She previously had three weekly cycles with her period being of moderate flow and lasting for only three days. However, now her periods are occurring more or less every fortnight, lasting longer, five or six days associated with pain and clots and some flooding. I checked Lorraine's bloods, full blood count, clotting and FSH levels all of which have come back as normal. Vaginal examination was unremarkable and her cervix was intact. Lorraine's smear last year was reported as normal with a routine thirty-six month recall. I would be very grateful if her abnormal vaginal bleeding could be further assessed to exclude any intra-uterine pathology.

Very many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset
Chronic obstructive pulmonary disease	26-Jul-2006
O/E - BP reading normal	31-Aug-1998

Past procedures (High and medium priority - all)

Description	Date performed
Spirometry	26-Jul-2006
Health ed. - diet	12-Mar-1996
Health ed. - exercise	12-Mar-1996
Health ed. - smoking	12-Mar-1996
Health ed. - alcohol	12-Mar-1996

Family conditions (All priorities)

Description	Date of Onset
No family history diabetes	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tacrolimus	60	OINT 0.1%	Apply sparingly	At night	22-Oct-2009	-
Budesonide	1	100 Dose Dry Powder Breath Actuated INHAL 200MCG/DOSE	2 Puffs	morning and night	09-Feb-2007	-
Terbutaline Sulphate	1	100 Dose Dry Powder INHAL 500MCG/DOSE	1 Puff	Take as required	26-Jul-2006	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin	21	CAPS 250MG	1 Cap	3 times daily	14-Apr-2010	-
Lodine Sr	30	TABS 600MG	1 Tab	In the morning	12-Feb-2010	-
Omeprazole	28	CAPS 20MG	1 Cap	In the morning	12-Feb-2010	-
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	29-Dec-2009	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily	14-Dec-2009	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		14-Sep-2004
Heavy smoker - 20-39 cigs/day:		12-Mar-1996
Current smoker:		12-Nov-2009
Current smoker:		13-May-2009
Current smoker:		20-Jan-2009
Ex smoker:		02-Nov-2007
Current smoker:		07-Sep-2007
Trivial drinker - <1u/day:		12-Mar-1996
Alcohol intake within recommended sensible limits:		13-May-2009
Alcohol intake within recommended sensible limits:		07-Sep-2007

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

(12)

100 → 40.

Anaesthetic Record

NHS Greater Glasgow and Clyde

0204686547
MOFFAT F
Lorraine 02/04/1966
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Pre-op

Procedure(s) ORIF (L) WRIST

Anaesthetist(s) NCROW / PANSLEY

Surgeon(s) LITTLE

Elective ☐ Urgent ☐ Immediate ☐

C	SAS	ST	CT	PA
☑	☐	☐	☐	☐
☐	☐	☐	☐	

Date 11 / 1 / 22

Discussed with supervising consultant _____

SUMMARY

GA ☑ FM vent OK ☐
Spinal ☐ LMA OK 4 #3 ☑
Epidural ☐ Laryngoscopy gd ____
Sedation ☐
Other LA

ASA 1 (2) 3 4 5
Comment

Anaesthetist Sign / Print _____

ASSESSMENT

Airway / Dentition — Denhes MP II grade A good mo 2011

RS
COPD → moderate. FEV1 72%
FEV1/FVC 0.61.
Covid Oct'21 – tablet steroids Dec'21
Smoke 10-15/day x 40yrs

CVS
SOB at 1 FOS
No MI / Stroke.

GI / Renal / CNS / Other
Sjogren's syndrome.
Slip on ice → fooSH → impacted (L) distal radius # 7/1
No health / indigestion

Previous anaesthesia / Family history
SA : no probs / no PONV

Assessor Sign / Print / Date _____

Ht 154
Wt 54 kg
BMI 22.7

BP ___ / ___
ECG Sinus (R) PR/QRS

Hb 114 (132)	Na	Trop c4
WCC 4.5	K	
Plts 194	U	CRP 3
XMatch	Cr	
Clotting OK.	Gluc	

Allergies / Reactions
NKDA
Flucloxacillin – throat swelling (hives + tear)

Current therapy
Salbutamol
Salvezia.
clinilas cabomer.
oxycodone
fostair.
paracetamol @ 06:00

OK with NSAIDs ☑

Risks discussed INITIAL OFF LOAD BLOCK, PATIENT ANXIOUS + TOURNIQUET, PROLONGED CAT
SA: analgesia / anaesthetic / sore throat / dental dmg / allergy / cramp/spasm

Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 20G DRH
A line
CVP

Airway/Ventilation

FM c̄ gradel.
LMA 1gel3
ETT
Grade

Pre-ox ☐
Cricoid P ☐
SV ☑
IPPV ☐

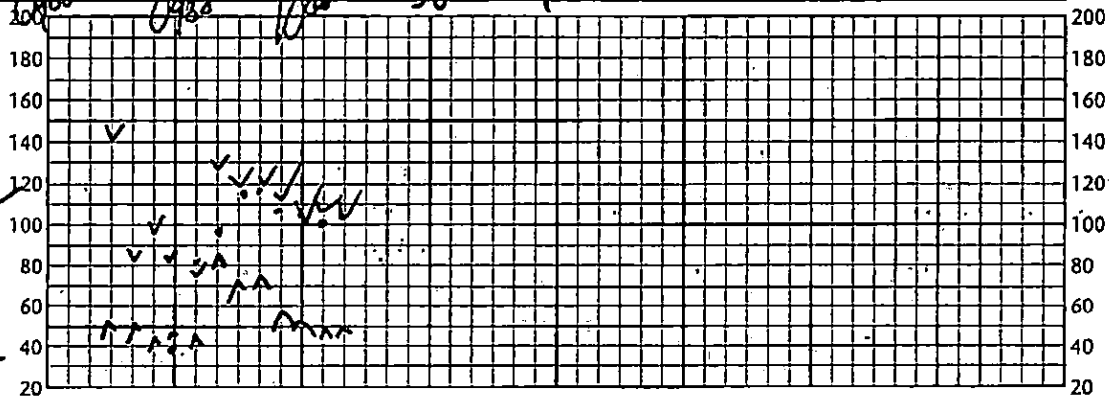
Regional Anaesthesia

20mls ½ 0.25% levobupivacaine.

FENTANYL mcg	75								
PROPOFOL mg	160								
DEXA mg	6.6								
ONDANSETRON mg	4								
MARCAINE mg	2	2.5							
Ephedrine	6	6	6	6					
Glycopyrrolate	200								
TETRACAINE mg		400							
Time	0900	0950	1000	30	100				

Position
Supine
(L) arm ex.

ECG SpO₂ ☑
NIBP
Fluid warmer ☐
Patient warmer ☑



IV Fluids	(1)								
Events	(A)								
FiO_2 N_2O ☐	1.0	0.66	0.4						
SpO_2	98	98	98	98					
$ETCO_2$	6.4	6.5		6.1					
ETAA sevo / MAC		2.2 / 1.2		2.2					
SVT				9					

Eye care ☑
Pressure point care ☑

Events
(A) Ondansetron
(B) ICTS
(C)
(D)
(E)
(F)
(G)
(H)

IV fluids
(1) 500 CSL
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
(12)
(13)
(14)
(15)
(16)

NHS
Greater Glasgow and Clyde

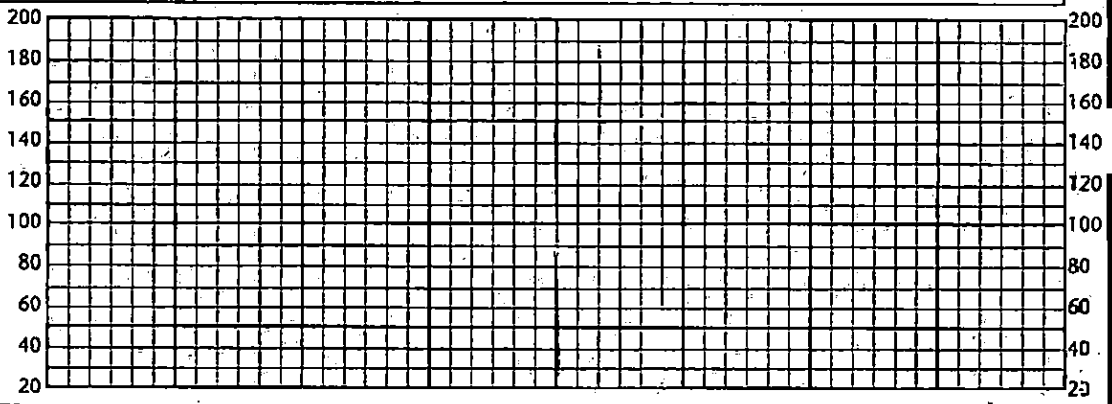
Name

Hospital no.

CHI no.

DoB / Age

Time								



IV Fluids								
Events								
FiO_2 N_2O☐								
SpO_2								
$ETCO_2$								
ETAA								

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

2-4 L/min in recovery

To keep SaO_2 > 94 %

Sats 95% at start of surgery

Fluids

IVF to look chest bag

ETD usage.

Monitoring/Investigations

IV Analgesia / Antiemetic on request

CAN HAVE PARACETAMOL AFTER 1030 Am

IV Diclofenac 75mg in 500ml csl

Anaesthetic Notes

Acute Services Division

NHS
Greater Glasgow and Clyde

0204686547
MOFFAT F
Lorraine 02/04
Flat 44
3 Greenhill Court
Glasgow

Perioperative Care Plan

Hospital: QEUH	Consultant:
Ward: 10 D	Date: 11/01/2022

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS 2 chart.

Height: 5'1 Weight: 8.5 (stone)

WARD Other information

Document any other relevant information e.g. needle phobia, preferred name, interpreter arranged.
Please provide e.g. theatre buddy, 'Getting to know me' document if available.

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☐ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☐ N/A ☐	
Blood Grouped and Saved confirmed by labs 1st sample ☐ 2nd Sample ☐	Yes ☐ No ☐ N/A ☐	
Antibodies +ve ☐ -ve ☐		

Date of Last Menstrual Period (LMP) N/A ☐	Date __/__/__	Comments Menopause
Is there any chance you are pregnant? N/A ☐	Yes ☐ No ☑	Comments
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	Comments
Pregnancy test result N/A ☑	Postive ☐ Negative ☐	
Tampon removed N/A ☑	Yes ☐	Comments
MRSA Positive ☐ Negative ☐ Results pending ☑ N/A ☐		Comments
CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☐		
Other Positive ☐ Negative ☐ Results pending ☑ N/A ☐		Nasal Results awg.
PUDRA Yes ☐ N/A ☐ Patient Refused ☐		Comments
PVC care plan in place Yes ☐ No ☒ N/A ☐		Comments

Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

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SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Case Notes / Scanner Folder (circle)	Yes ☐ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ECG	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
MAR document	Yes ☐ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Falls risk assessment	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
Prescription Chart Heparin	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
Biometry	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure and laterality matches Theatre list	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
Signed by Surgeon and Patient Dated	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ADULTS WITH INCAPACITY (AWI) N/A ☑ Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
If 'Yes' specify:	Fluclox + Swelling		
Fasted from – specify time (24 hr clock) N/A ☐	Food: 10/04/2022	Food: FFM	Food: 0000
	Fluid: 11/04/2022	Fluid 0600 SPS	Fluid: 0600 Later
Blood Glucose Score – if relevant	Time: Score: N/A ☑	Time: Score: N/A ☑	Time: Score: N/A ☑
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
	Denture (up/down.		

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Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☒ N/A ☐	Yes ☒ No ☑ N/A ☐ FULL SET IN SITU.	Yes ☑ No ☐ N/A ☐
Loose teeth, caps and crowns and veneers State site and type	Yes ☒ No ☐	Yes ☐ No ☐ N/A	Yes ☐ No ☐
Hearing aid(s) N/A ☒ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☒ If 'Yes' state where stored	Yes ☐ No ☐	Yes ☑ No ☐ ON IOD.	Yes ☐ No ☐
Make-up/ Nail polish removed N/A ☐	Yes ☐ No ☒	Yes ☐ No ☑	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☐	Yes ☒ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☐ If 'yes' state where stored If unable to remove,please tape and state location	Yes ☒ No ☐	Yes ☐ No ☑ yellow metal ring in top draw locked.	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? Please complete additional CJD question form for High Risk Ophthalmology Procedures	Yes ☐ No ☒ Not Known ☑ Yes ☐ N/A ☐	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☐	Yes ☒ No ☐	Type: SALBUTAMOL + SPACER	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☐ No ☒	Type:	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☒	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☐ No ☒	Comment if required:	
Pre-Medication given N/A ☐	Yes ☒ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☒ Trolley ☐ Operating chair ☐ Yes ☐ No ☐		Bed ☐ Trolley ☑ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: Sign: Time:	Print: HUTHBERTS Sign: Time: 0835	Print: D. Wilson Sign: Time:: 0855

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Surgical Brief

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse: See notes	BP:	Temp:	SpO_2:	Resps:

Stop Before You Block — This section NOT applicable ☑

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☑ Igel 3	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☐	Drug:		mls

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☑

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:		

Blood Glucose Monitoring — This section NOT applicable ☑

Time								
BM Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑	Specify: Micropore

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Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☐ No ☑ N/A ☐
		Warm Fluids N/A	Yes ☑ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☑ N/A ☐
		Thermal Hat	Yes ☐ No ☑ N/A ☐
		IV fluid warmer	Yes ☐ No ☑ N/A ☐
Temperature documented by Anaesthetist		Other – specify: Blanket	Yes ☑ No ☐ N/A ☐

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☐

Anaesthetic Practitioner Comments

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Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradable Suspected Deep tissue

No areas of concern identified ☐ Patient refused ☐

Area of concern identified (include area of body)	Actions taken
NU	

Position	Positioning Devices		Pressure redistribution	Arm Position
Position 1 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 2 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 3 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐

Pressure Area care Chart

NAD
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Insert KEY to identify pressure re-distribution:-
E – Elevation **U**- unable to access
R - Reposition

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☒
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left Right	HEELS N/A ☐ Left Right	LEGS N/A ☐ Left Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
09 27	—	Patient Position ok			right index	—	—	

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Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☐ N/A ☑	Bipolar: Yes ☑ N/A ☐
Site(s) of Monopolar Return Electrode:	

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☑ No ☐ N/A ☐	
Padding under tourniquet	Yes ☑ No ☐ N/A ☐	
Cover over tourniquet	Yes ☑ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☑ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time de-flated
LOF Wrist	09.41	250mmHg	10.17			

Digit Tourniquet — This section NOT applicable ☐

Site and side applied	Time applied	Time removed

Prescribed DVT Prophylaxis — Contraindicated ☐ — This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — This section NOT applicable ☐

NaCl 0.9%
LOT - (10)21J26BRMA
EXP = 28.07.2024

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Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
Left Hand + Arm	Yes ☐ No ☑ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date_____	Chlorhexidine gluconate solution: 2 % ☑ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: [illegible] Expiry Date: 06/10/23
Site – specify: N/A ☐	Clipped	Preparation solution used	
Left Arm	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: 2 % ☑ Chlorhexidine acetate solution: [illegible] % ☐ Other – Specify: _____ % ☐ Batch no: BN31L0803 Expiry Date: 07/22
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry Date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry Date: _____

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☐

Site	Drug	Quantity
Left wrist	Chirocaine 2.5mg/ml	20ml

Drains

This section NOT applicable ☒

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

Name: .....

Address:.....

.....

DoB:.....

CHI number:.....

Affix patient data label

Patient Record Label

1 x REF 703896S

AO, DIA2.0MM X 135MM, SCALED DRILL BIT

LOT 6000091847

2021-06-14

CE 0123 2026-05-13

Traceability Stickers

Patient Record Label

1 x REF 54-25374S

9HOLES

VOLAR SMARTLOCK DR PLATE,NARR,LEFT SI

LOT 1000461709

2021-08-25

CE 0123 2026-08-24

TC-01051-001 6274755

Stryker Variax Core 2 Tray

-01276-015 6273753

Stryker CD8

T-00196-009 6273920

QEUH Hand Pack

7 332582 510299

2025-11-28 Mölnlycke Health Care

REF 97036877-00 LOT 21445916 0037

Patient Record Label

1 x REF 656416S

T8, FULL THREAD, 2.7MM / L16MM BONE SCREW

LOT 1000439176

2021-03-08

CE 0123 2026-03-07

Patient Record Label

1 x REF 656314S

T8, FULL THREAD, 2.7MM / L14MM LOCKING SCREW

LOT 1000463814

2021-09-23

CE 0123 2026-09-22

Patient Record Label

1 x REF 656314S

T8, FULL THREAD, 2.7MM / L14MM LOCKING SCREW

LOT 1000463814

2021-09-23

CE 0123 2026-09-22

Patient Record Label

1 x REF 656314S

T8, FULL THREAD, 2.7MM / L14MM LOCKING SCREW

LOT 1000463814

2021-09-23

CE 0123 2026-09-22

Patient Record Label

1 x REF 656320S

T8, FULL THREAD, 2.7MM / L20MM LOCKING SCREW

LOT 1000468558

2021-11-04

CE 0123 2026-11-03

Patient Record Label

1 x REF 656318S

T8, FULL THREAD, 2.7MM / L18MM LOCKING SCREW

LOT 1000461162

2021-08-27

CE 0123 2026-08-26

Patient Record Label

1 x REF 656318S

T8, FULL THREAD, 2.7MM / L18MM LOCKING SCREW

LOT 1000464027

2021-09-23

CE 0123 2026-09-22

Patient Record Label

1 x REF 656318S

T8, FULL THREAD, 2.7MM / L18MM LOCKING SCREW

LOT 1000468701

2021-11-04

CE 0123 2026-11-03

Name:.....
Address:.....
.....
DoB:.....
CHI number:.....
Affix patient data label

Traceability Stickers

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Blood Tag Dispatch

This section NOT applicable ☒

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐

Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Skin Closure	Dressings	Packing and number of pieces
1	LEFT WRIST	Type: VICRYL / MONOSOF Absorbable ☐ Non Absorbable ☑ Other.....	AVITAMAN BLUE SWABS WOOL + CREPE	
2		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
3		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
4		Type: Absorbable ☐ Non Absorbable ☐ Other.....		

Electrosurgery

Electrosurgery return electrode site post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Operation / Procedure Performed

ORIF OF LEFT WRIST

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradeable Suspected deep tissue

No areas of concern identified ☐ Patient refused ☐

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

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Immediate Post-Operative Recovery

Surgical handover Instructions e.g. ' hand high elevation'

Verbal Handover from Theatre to Recovery

Verbal Handover given by: P. Paisley To: N. STEVENSON.

Handover should include the following

Patient		Other
Patient's name		RSI
Theatre		Awake Fibre Optic Intubation
Procedure		
Allergies		

Recovery — This section NOT applicable ☐

Safe Positioning — This section NOT applicable ☑

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED) — Patient refused ☐

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Patient Position	No Concerns Identified	Excoriation Level N/A ☐	Pressure Ulcer Grade N/A ☐

Area of concern identified (include area of body)	Actions taken (continue in events section on page 16)

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Post-operative Observations

Time	1033	1035	1039	1046	1050	1055	1100	1105	1110	1115	1120	1125	1130	1135	1140	1145	1150	1155
BP + HR																		
Airway type	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
O_2 Therapy	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	6L	6L	6L	6L
SpO_2	100	100	100	100	98	99	96	87	99	100	100	100	100	100	98	97	97	96
Resp. Rate	20	20	19	-	18	-	-	17	14	12	10	-	8	8	8	8	8	8
CVP	-																	
Temp.	35.0																	
Pain Score	10	10	10	10	10	10	9	9	5	5	5	5	5	0	0	0	0	0
P.O.N.V.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sedation Score	0	0	0	0	0	0	0	0	5	5	5	5	5	0	0	0	0	0
BM Score	-																	
PV staining	-																	
Hourly Urine Vol.																		
Total Urine Vol.																		
Wound Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Circulation +ve/-ve	+ve					+ve				+ve					+ve			
Sensation +ve/-ve	+ve					+ve				+ve					+ve			
Movement +ve/-ve	+ve					+ve				+ve					+ve			
Pedal Pulse – R / L	-																	
Drain 1	-																	
Staff initials	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Time	1200	1205	1210	1220	1230		
210							
200							
190							
180							
170							
160							
150		143					
140							
130	A	A	A		124		
120				A	A		
110							
100							
90							
80							
70			V.				
60	V.	V.		V.	V.		
50		67			64		
40							
30							
Airway type	1	1	1	1	1		
O_2 Therapy	6L	6L	6L	6L	6L		
SpO_2	98	96	99	98	98		
Resp. Rate	9	8	9	9	10		
CVP	/						
Temp.	/		/				
Pain Score	0	0	0	0	0		
P.O.N.V.	0	0	0	0	0		
Sedation Score	0	0	0	0	0		
BM Score	-						
PV Staining	/						
Hourly Urine Vol. / Total Urine Vol.	NPO	/	/	/	/	/	/
Wound Score	0	0	0	0	0		
Circulation +ve/-ve	+ve						
Sensation +ve/-ve	+ve						
Movement +ve/-ve	+ve						
Pedal Pulse – R / L	/						
Drain 1	/						
Staff initials	NS	NS	NS	NS	NS		

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy

Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*

Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable

Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score											
0	1	2	3	4	5	6	7	8	9	10	
No Pain	Mild Pain			Moderate Pain			Severe Pain				

0204686547
MOFFAT F
Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Events

Event	Action	Outcome
1033 Pt transfered into recovery following procedure under GA & LA to wound site.		
• Maintaing own airway on SL O2 via medium mask.		
• Pt c/o pain +++, agitated & tearful.		
• IV paracetamol, IV alf/morphine protocol started (see Kepma).		
• CSM ✓✓✓		
• Dressing dry + intact - ~~po~~ bradford sling worn to elevate pressure pain.		
• Anaesthatist continued to give full dose alf/morph.		
• Patient continues to be pain +++; anaesthatist reviewed. Prescribed IV diclofenac, given.		
• Temp = 35.0	Blanket given.	
1120 Declined fluids.	Pt sleeping on/off for periods. Appears more settled.	
• Tolerating fluids.	Teeth back in.	

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name:.....
Address:.....
.....
DoB:.....
CHI number:.....
Affix patient data label

Discharge

NEWS 2 Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	**Anaesthetic**	**Theatre**	**Recovery**	**Other**
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS 2 Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

SBAR RECOVERY HANDOVER

SITUATION

0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

AGE: 53
SURGERY: ORIF (L) wrist.

ANAESTHETIC TYPE: ☑ GA ☐ SPINAL ☐ INTRATHECAL ☐ REGIONAL ☐ SED ☑ LA

BACKGROUND:
Relevant PMH: COVID 21', COPD, sjorgens syndrome (see MAR)

Allergies ☑ Yes ☐ No If yes, state: flucoxacillin, naproxen.
DNA CPR ☐ Yes ☑ No Infection control risk: ☐ Yes ☐ No

ASSESSMENT:
NEWS:
Vascular Access: (L) hand pink
IV Fluids/Infusions: IV Hartmans.
Drugs administered in Recovery: IV paracetamol
IV alventanil/morphine
IV diclofenac
Urinary Catheter: —
Dressings/Drains: dry + intact ✓✓
Specific Observations related to Surgery: CSM
Skin Inspection: ☐ Yes ☐ No ☑ N/A

RECOMMENDATION:
Post op Instructions elevation on bradford sling.

Verbal Handover given by: to:

MI • 330711

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 11/1/21

AL [redacted]
NA 0204686547
MOFFAT
Lorraine 02/04/1968
DOL Flat 44
3 Greenhill Court
Glasgow G73 2D[illegible]
HOS
WARD 2 EUH
HOSPITAL
THEATRE 12

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) – Signature & Print name
PRE - OP SWAB COUNT	CARTHY	McGILLIVRAY
PRE - OP INSTRUMENT COUNT	CARTHY	WATSON
FINAL COUNT	CARTHY	McGILLIVRAY
FINAL INSTRUMENT COUNT	CARTHY	McGILLIVRAY
FINAL DISPATCH COUNT	CARTHY	

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct
SCRUB PRACTITIONER 1- SIGNATURE: F. Carthy

SCRUB PRACTITIONER 2 - SIGNATURE :
To be signed by replacement scrub practitioner if applicable N/A ☐

OPERATION : ORIF of left wrist

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time
			Circulating Practitioner (2) Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll		
Swabs (10x10)	15	Tapes				
Abdominal packs		Sloops/Slings		drill	1	
Sutures	1	Bulldogs				
Blades	2	Shods		Suction	1	
IV needles	2	Ports				
Syringes	2	Tibbs Cannula		Kwires	2	
Discard-a-pad	1	Staple Gun Inserts				
Diathermy pencil		Spears		light handles	2	
Diathermy tips		Retrieval Bag (Bert)	✓			
Scratch pad		Digital Tourniquets		Throat Pack IN		
Reels		Pen & Ruler	1	Throat pack OUT		
Patties	✓	Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL WHICH COUNT DISCREPANCY OCCURRED

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect .....

Ensure Datix is Completed ☐
Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Mr Little
Consultant Orthopaedic Surgeon

QEUH
11/01/2022

Left ORIF Distal Radius

Name: Miss Lorraine Moffat		**Ward:**	10D
Flat 44 3 Greenhill Court Glasgow G73 2DH		**Surgeon:**	Kevin Little
Hospital No:	0204686547 **D.O.B.:** 02/04/1968	**Assistant:**	Delani Vaithilingam
Indication:	Closed Fracture of the Distal Radius (Left)	**Anaesthetist:**	Peter Paisley

Explanation

Procedure :	ORIF in acute fracture
Soft tissue :	Tscherne: I
Radiological picture :	Simple Intra-articular Displaced Dorsally displaced Tilted Dorsally
Universal classification :	Type IV (B) Intra-articular, displaced, reducable but unstable.

Preparation

Position :	Supine Arm on hand board
Tourniquet :	250 mm Hg Elevation of limb
Skin prep :	Alcoholic Chlorhexidine
Antibiotic prophylaxis :	Teicoplanin 400 mg IV at induction

Incision and Approach

Incision :	Volar
Approach :	the extended FCR approach (Orbay and Fernandez).

Findings

Intra-op findings :	As expected from radiology

Intra-operative Procedure

Fracture reduction :	Open direct K-wires Joy-sticks
Result :	Anatomical
Articular surface :	Anatomical reduction.
Implant :	VariAx
Fixation :	1 single plate
Plate :	Narrow 9 hole 4 screws distal and 3 proximal
Adverse event :	None

Closure

Blood loss:	Minimal
Prior to closure :	No active bleeders
Surgical time :	½ hour
Skin :	Continuous 3-0 Nylon - Remove in 14 days at review
X-ray :	At review
Pain management :	Local around wound
Local used :	20 ml 0.25% Levobupivacaine
Tourniquet time :	35 minutes

Post-operative instructions

Post Op :	Elevation on Bradford splint
Metal work removal :	None planned

VTE Risk Assessment

VTE Risk :	Low
Mech. prophylaxis :	Intra-op: None Post-op: adequate hydration and early mobilisation

---

Rehabilitation

1° immobilisation :	Bulky bandage
Discharge :	Once mobile and safe
Review :	2 weeks at Victoria ACH fracture clinic

Addenda:

Procedure	Code Type	Code
Fracture of lower end of radius, closed	ICD 10	S52.50
Unspecified primary open reduction of fracture of bone and extramedullary fixation	OPCS	W20.9
Approach to organ under image intensifier	OPCS	Y53.5
Lower end of radius NEC	OPCS	Z70.5
Left sided operation	OPCS	Z94.3
Fracture distal radius ORIF	RCS UK	T47

cc:

Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

[redacted]

Patient Name	Patient No.	Date of Birth	Age
Lorraine Moffat	0204686547	02-Apr-1968	53

Sources Checked in addition to ECS:					
Patient		Patient's own drugs		Relative / Carer	
GP Surgery		GP Printout		Other	
Other Details					

Allergy Description	Date Recorded	Comments
Adverse reaction to Naproxen, abdominal pain and nausea	22-Jan-2021	

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Dihydrocodeine	30 mg Tablets	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY		10-Jan-2022	10-Jan-2022	✓			
In Practice	Fostair	100 micrograms + 6 micrograms/ dose Cfc-free inhaler	TWO PUFFS TWICE A DAY		02-Dec-2021	20-Dec-2021	✓			
In Practice	Clarithromycin	500 mg Tablets	ONE TO BE TAKEN		17-Dec-2021	17-Dec-2021				

[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

Lo... ...offat | CHI 0204686547 | Date of Birth 02-Apr-1968

Acute Medication (including those greater than 30 days)										
Originator	**Drug ID**	**Formulation**	**Dose**	**Frequency**	**Medication Start Date**	**Prescription Date**	**Continue**	**Withhold**	**Stop**	**Comments**
			TWICE A DAY FOR 5 DAYS							
In Practice	Prednisolone	5 mg Tablets	EIGHT TO BE TAKEN IN THE MORNING		17-Dec-2021	17-Dec-2021				
In Practice	Peak Flow Meter (Standard Range)	Meter	TO BE USED AS DIRECTED		29-Nov-2021	29-Nov-2021				
In Practice	Aerochamber Plus Flow-Vu Anti-Static	Spacer device	TO BE USED AS DIRECTED		29-Nov-2021	29-Nov-2021				
In Practice	Doxycycline Hyclate	100 mg Capsules	2 STAT THEN 1OD		11-Nov-2021	11-Nov-2021				
In Practice	Carbocisteine	375 mg Capsules	TWO TO BE TAKEN THREE TIMES A DAY		11-Nov-2021	11-Nov-2021				
In Practice	Chloramphenicol	0.5 % Eye drops	Apply 4 times daily		29-Oct-2021	29-Oct-2021				
In Practice	Codeine Phosphate	15 mg/5 ml Linctus	10ML NOCTE		29-Oct-2021	29-Oct-2021				
In Practice	Clarithromycin	500 mg Tablets	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS		28-Sep-2021	28-Sep-2021				

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Prednisolone	5 mg Tablets	EIGHT TO BE TAKEN IN THE MORNING		28-Sep-2021	28-Sep-2021				
In Practice	Amoxicillin	500 mg Capsules	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS		03-Sep-2021	03-Sep-2021				

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop	Comments
In Practice	Salbutamol	100 micrograms/ puff Cfc-free inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY		21-Nov-2017	13-Dec-2021		✓			

Patient N.	CHI	e of Birth	Age
Lorraine Mo[illegible]	[illegible]204686547	02-Apr-1968	53

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop	Comments
In Practice	Saliveze	50 ml Spray	TO BE USED AS DIRECTED		03-Sep-2021	02-Dec-2021					
In Practice	Clinitas Carbomer	0.2 % Eye Gel	APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED		09-Jan-2020	02-Dec-2021					

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: LORRAINE MOFFAT

Date of birth:

CHI No: 0246865A7

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
26/8/16	0635	0.9% SALINE	1000ml	IV	1°		DINA		26/8	0720	AW		
26/8	09ca	0.9% SALINE	500ml	IV	2°				24/08	09.30	NM		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
___/___/___ Time:_____	.....	YES☐ NO☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS



0204686547

MOFFAT

Lorraine F

Flat 44 02/04/196

3 Greenhill Court

Glasgow

G73 2DH

Height:	
Weight:	
Surface area:	
Ward:	

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: _____/_____/_____ PRESCRIBER (PRINT & SIGN): _____

	DATE →																							
	MONTH →																							
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																							
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																								
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																								
SIGNATURE OF ASSESSOR																								
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																								

Parenteral Drugs : Regular Prescription

																								Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	A DRUG																							For Use Y/N
DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	Other time																				Qty:
PRESCRIBER (PRINT & SIGN)				0700-0900																				Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1200-1400																				Assessed by:
				1600-1800																				Ordered from Pharm.
				2200-2400																				
				Other time																				
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	B DRUG																							For Use Y/N
DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	Other time																				Qty:
PRESCRIBER (PRINT & SIGN)				0700-0900																				Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1200-1400																				Assessed by:
				1600-1800																				Ordered from Pharm.
				2200-2400																				
				Other time																				
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	C DRUG																							For Use Y/N
DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	Other time																				Qty:
PRESCRIBER (PRINT & SIGN)				0700-0900																				Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1200-1400																				Assessed by:
				1600-1800																				Ordered from Pharm.
				2200-2400																				
				Other time																				

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE –

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE → 26 27
MONTH → 8 8

Patient's Own Medicine

S — DRUG: FOLIC ACID
DOSE: 5mg | ROUTE: O | DATE: 26/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 (circled) | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: 4 (IN)
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

T — DRUG: FOSTAIR 100/6
DOSE: ONE PUFF | ROUTE: INH | DATE: 26/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): CUNNINGHAM
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 (circled) | 1200-1400 | 1600-1800 | 2200-2400 (circled) | Other time
0700-0900: 4 (4)
2200-2400: 1
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG:
DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG:
DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐ | **X** DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

NEW DOSE ☐ | PRESCRIBER (PRINT & SIGN)

NEW MEDICATION ☐ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐ | **Y** DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

NEW DOSE ☐ | PRESCRIBER (PRINT & SIGN)

NEW MEDICATION ☐ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐ | **AA** DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

NEW DOSE ☐ | PRESCRIBER (PRINT & SIGN)

NEW MEDICATION ☐ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐ | **BB** DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

NEW DOSE ☐ | PRESCRIBER (PRINT & SIGN)

NEW MEDICATION ☐ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (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.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg
Gram = g
Millilitre = ml
Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following:-

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - **intrathecal must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

CHI : 0204686547

[redacted]

This form must be faxed to the directorate office on 314 4221 before giving to the patient.

Patient Name LORRAINE MOFFAT **DOB** 2/4/68

Address FLAT 44, 3 GREENHILL COURT **Postcode** G73 2DH
GLASGOW

Diagnosis ALOPECIA

Please Supply: the following item(s)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign ~~Moffat~~ **Print:** F. MOFFAT

Cons Clinic HOLMES **Hosp Site** @EUH **Date:** 16/2/17

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to u[illegible] Please note that mesh systems, vacuum wigs

Will there be a
As of April 2011, [illegible]
Who provides t
Wig services are
Am I restricted
No, you may use
Clyde area are li
supplier for subs
Is there a rang
Yes, all supplier
as:
FREESTYLE – I
These are just s

Fiona trying to Contact Rahab +

2 real hair wigs Aug '14
1 real hair piece Aug '16
1 real " " Feb 17
NO MORE UNTIL AUG 2018

Glasgow and may change your

ading brands such

le choice of styles

Do I have to go on my own?
No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

CHI: 0204686J4 †

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must be faxed to the directorate office on 201 5036 (65036) before giving to the patient.

Patient Name Lorraine MOFFAT **DOB** 2/4/68

Address 72 Neilvaig Cresc, Glasgow **Postcode** G73 4FH

Diagnosis ALOPECIA

Please Supply: the following item(s)

2 REAL HAIR WIGS

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by Doctor/Prescriber Sign: L Moffat **Print:** F. MOFFAT

Cons Clinic HAIR **Hosp Site** SGH **Date:** 21/8/14

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you. The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?
As of April 2011, there is no prescription charge in Scotland.

Who provides these services?
Wig services are provided by Hair Salons contracted to the NHS.

Am I restricted to one supplier?
No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.

Is there a range of wigs available?
Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:

- Freestyle
- Natural Image
- Noriko
- Amore
- Rene of Paris
- Revlon

These are just some of the brands available
Each supplier should be able to give you a very wide choice of styles

Dermatology Department NHS Greater Glasgow & Clyde

orm for Wig Services

This f SG99796718
LORRAINE MOFFAT
54 LOCHLEA ROAD
Pati(RUTHERGLEN
GLASGOW 02/04/1968
G73 4QH CHI 0204686547
Addı ___

ffice on 201 5036 (65036) before giving to the patient.

.....DOB.....

.....Postcode.....

Diagnosis.....ALOPECIA.....

Please Supply: the following item(s) subject to:
Evidence of payment of the appropriate prescription charge. or
Evidence of exemption from the appropriate prescription charge. or
In exchange for a signed WF1 form. Sections A and C completed.

2 REAL HAIR WIGS

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign C Moffat .....Print: F. MOFFAT

Cons Clinic. HAIR Hosp Site. SGH Date: 1/5/12

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

Will there be a prescription charge?
As of April 2011, there is no prescription charge in Scotland.

Who provides these services?
Wig services are provided by Hair Salons contracted to the NHS.

Am I restricted to one supplier?
No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.

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Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:

- Freestyle
- Natural Image
- Noriko
- Amore
- Rene of Paris
- Revlon

These are just some of the Brands available. Each supplier should be able to give you a very wide choice of styles as well.

Dermatology Department NHS Greater Glasgow & Clyde

Prescription Form for Wig Services

This form must 0204686547 *201 5036 (65036) before giving to the patient.*

SG99796718
LORRAINE MOFFAT
54 LOCHLEA ROAD
RUTHERGLEN
GLASGOW 02/04/1968
G73 4QH CHI 0204686547

Patient Nar ..... DOB.....

Address .... Postcode.....

Diagnosis....ALOPECIA.....

Please Supply: the following item(s) subject to:
Evidence of payment of the appropriate prescription charge. or
Evidence of exemption from the appropriate prescription charge. or
In exchange for a signed WF1 form. Sections A and C completed.

.....REPAIR + REDRESS OF ONE REAL HAIR WIG.....

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign:.....Print:.....F. MOFFAT.....

Cons Clinic.....HOLMES..... Hosp Site.....SGH.....Date:.....1/9/11.....

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

Will there be a prescription charge?
If you have been prescribed a wig then there will be a prescription charge. The prescription charge will depend on the type of wig prescribed.

What do I do if I am exempt from prescription charges?
If you are exempt from prescription charges, you should show evidence of this to your supplier who will note down the number of your exemption certificate.

What do I do if I have to pay prescription charges?
If you are not exempt then you must take this form, pay the relevant prescription charge and obtain a receipt from the General office at any Greater Glasgow and Clyde Hospital. You must show this receipt to the wig supplier in exchange for your wig.

What if I need assistance with payment?
You should have been offered a form HC1 by the Dermatology practitioner who prescribed the wig

Who provides these services? Wig services are provided by Hair Salons contracted to the NHS.

PTO

CHI 0204 68 6047

Dermatology Department NHS Greater Glasgow & Clyde

Prescription Form for Wig Services

This form must copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name LORRAINE MOFFAT **DOB** 2/4/68

Address Flat 44, 3 GREENHILL COURT **Postcode** G73 2DH GLASGOW

Diagnosis ALOPECIA AREATA

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by Doctor/Prescriber Sign: Moffat **Print:** F. MOFFAT

Cons Clinic Dr Holmes **Hosp Site** ..... **Date:** 9/11/21

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you. The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?
As of April 2011, there is no prescription charge in Scotland.

Who provides these services?
Wig services are provided by Hair Salons contracted to the NHS.

Am I restricted to one supplier?
No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.

Is there a range of wigs available?
Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:
FREESTYLE – NATURAL IMAGE – NORIKO –AMORE – RENE OF PARIS - REVLON
These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?
No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

CHI: 0204686547

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name Lorraine MOFFAT **DOB** 2/4/68

Address Flat 44, 3 GREENHILL COURT **Postcode** G73 GLASGOW 2DH

Diagnosis ALOPECIA AREATA

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by Doctor/Prescriber Sign: L Moffat **Print:** F. MOFFAT

Cons Clinic Dr Holmes **Hosp Site** QEUH **Date:** 15/6/20

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you. The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?
As of April 2011, there is no prescription charge in Scotland.

Who provides these services?
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Am I restricted to one supplier?
No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.

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No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

CHI : 0204686547

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name LORRAINE MOFFAT **DOB** 2/4/68

Address Flat 44, 3 GREENHILL COURT **Postcode** G73 2DH
GLASGOW

Diagnosis ALOPECIA

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR WIG

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by Doctor/Prescriber Sign: F Moffat **Print:** F. MOFFAT

Cons Clinic HOLMES **Hosp Site** QEUH **Date:** 5/8/19

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

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Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:
FREESTYLE – NATURAL IMAGE – NORIKO –AMORE – RENE OF PARIS - REVLON
These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?
No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

Contractor	Company Name	Contact Name	Company Address	Opening Hours	Disabled Access
Browns More Hair Now	Clinic 21	Sue Robertson	Clinic 21 21 Rutland Place Glasgow G51 1TA 07415778997 suerobertson@morehairnow.com	Monday - 09:00 - 17:00 Tuesday - 09:00 - 17:00 Wednesday - 09:00 - 17:00 Thursday - 09:00 - 17:00 Friday - 09:00 - 17:00 Saturday - 09:00 - 17:00	No
Health Care Europe	Ashton Hair & Beauty	Jo Dunnichie	Ashton Hair & Beauty 145 Fleurs Avenue Pollockshields Glasgow G41 5AR 0141 391 5264 iwaghorn@healthcare-europe.co.uk	Monday - 09:00 - 17:00 Tuesday - 09:00 - 17:00 Wednesday - 09:00 - 17:00 Thursday - 09:00 - 20:00 Friday - 09:00 - 17:00 Saturday - 09:00 - 17:00 Sunday - Closed Times Available Outwith These Times By Appointment	Yes
Healthcare Europe	Hair Tech	Cameron Douglas	Hair Tech Mobile Agent 0141 331 2688 iwaghorn@healthcare-europe.co.uk	Monday - Closed Tuesday - 09:00 - 17:00 Wednesday - 09:00 - 17:00 Thursday - 09:00 - 20:00 Friday - 09:00 - 17:00 Saturday - Available By Appointment Sunday - Available By Appointment Times Available Outwith These By Appointment	N/A
Judy Plum Wigs	Judy Plum Wigs	Margaret McCann	Judy Plum Wigs 5th Floor 14 Mitchell Lane Glasgow G1 3NU 0141 248 6619 salon@judyplumwigs.co.uk	Monday - 09:00 - 17:00 Tuesday - 09:00 - 17:00 Wednesday - 09:00 - 17:00 Thursday - 09:00 - 17:00 Friday - 09:00 - 17:00 Saturday - 09:00 - 16:00 Sunday - Closed	Yes
Judy Plum Wigs	Judy Plum Wigs (Within McNeils Jewellers)	Nan Robertson or Margaret McCann	Judy Plum Wigs (Within McNeils Jewellers) 10/12 Hamilton Gate Greenock PA15 1JW 01475 722374 or 01475 720683 info@mcneilsjewellers.co.uk	By Appointment Only Monday - 09:00 - 16:30 Tuesday - 09:00 - 16:30 Wednesday - 09:00 - 16:30 Thursday - Closed Friday - 09:00 - 16:30 Saturday - 09:00 - 16:30 Sunday - Closed	Yes
LA Hair Solutions	LA Hair Solutions	Sharron Francis	LA Hair Solutions 4th Floor 46 Gordon Street Glasgow G1 3PU 0141 226 4202 glasgow@lahairsolutions.co.uk	Monday - 09:30 - 17:00 Tuesday - 09:30 - 17:00 Wednesday - 09:30 - 17:00 Thursday - 09:30 - 17:00 Friday - 09:30 - 17:00 Saturday - 10:00 - 16:00 Sunday - Closed	Yes
LA Hair Solutions	Parrucche	Melanie Burrell	Parrucche 41 Virginia Street Glasgow G1 1TS 0141 552 2270 info@parrucche.co.uk	Monday - 10:00 - 17:00 Tuesday - 10:00 - 17:00 Wednesday - 10:00 - 17:00 Thursday - 10:00 - 17:00 Friday - 10:00 - 17:00 Saturday - 10:00 - 17:00 Sunday - Closed	Yes
Trend Hair Supplies	Cal Vello	Callum Taylor	Cal Vello 310 Clyde Street Glasgow G1 4NP 0141 248 1196	Available By Appointment, Fully Flexible	Yes
Trend Hair Supplies	Catherine Queen	Catherine Queen	Catherine Queen No 6 Otago Lane North Glasgow G12 8JJ catherinequeen@live.com 07947362041	Monday - 08:00 - 18:00 Tuesday - 08:00 - 18:00 Wednesday - 08:00 - 18:00 Thursday - 08:00 - 18:00 Friday - 08:00 - 18:00 Saturday - 08:00 - 18:00 Sunday - Closed	Yes

CHI: 0204686547

This form must be faxed to the directorate office on 314 4221 before giving to the patient.

Patient Name LORRAINE MOFFAT **DOB** 2/4/68

Address Flat 44, 3 GREENHILL COURT **Postcode** G73 2DH
GLASGOW

Diagnosis ALOPECIA.

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 real hair wig

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by Doctor/Prescriber Sign F Moffat **Print:** F. MOFFAT

Cons Clinic HOLMES **Hosp Site** QEUH **Date:** 9/8/18

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you. The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?
As of April 2011, there is no prescription charge in Scotland.
Who provides these services?
Wig services are provided by Hair Salons contracted to the NHS.
Am I restricted to one supplier?
No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.
Is there a range of wigs available?
Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:
FREESTYLE – NATURAL IMAGE – NORIKO –AMORE – RENE OF PARIS - REVLON
These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?
No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

CHI: 0204686547

Dermatology Department NHS Greater Glasgow & Clyde

Prescription Form for Wig Services

This form must be faxed to the directorate office on 314 4221 before giving to the patient.

Patient Name LORRAINE MOFFAT **DOB** 2/4/68

Address Flat 44, 3 Greenhill Court **Postcode** G73 2DH
Glasgow

Diagnosis ALOPECIA

* COPY *

Please Supply: the following item(s)

REPAIR OF ONE REAL HAIR WIG

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign: G Moffat **Print:** F. MOFFAT

Cons Clinic HOLMES **Hosp Site** QEUH **Date:** 26/4/17

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

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As of April 2011, there is no prescription charge in Scotland.

Who provides these services?
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FREESTYLE – NATURAL IMAGE – NORIKO –AMORE – RENE OF PARIS - REVLON
These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?
No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / family name	0204686547 MOFFAT Lorraine Flat 44 3 Greenhill Court Glasgow G73 2DH F 02/04/1968
Patient's first name	
Date of birth	Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Left distal radius open reduction internal fixation.

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Pain
Bleeding / transfusion
Scar
Non union
Infection
mal union
nerve injury
CRPS
vessel injury
stiffness

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	CBoyle (STr)
Date	11/1/22

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature L. Moffat	Date 11/1/22
Name (print) LORRAINE MOFFAT	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Moffat, Lorraine ID:0204686547 30-SEP-2025 22:30:02 GREATER GLASGOW SITE-QEED ROUTINE RECORD

02-APR-1968 (57 yr)
Female

Room:
Loc:1301

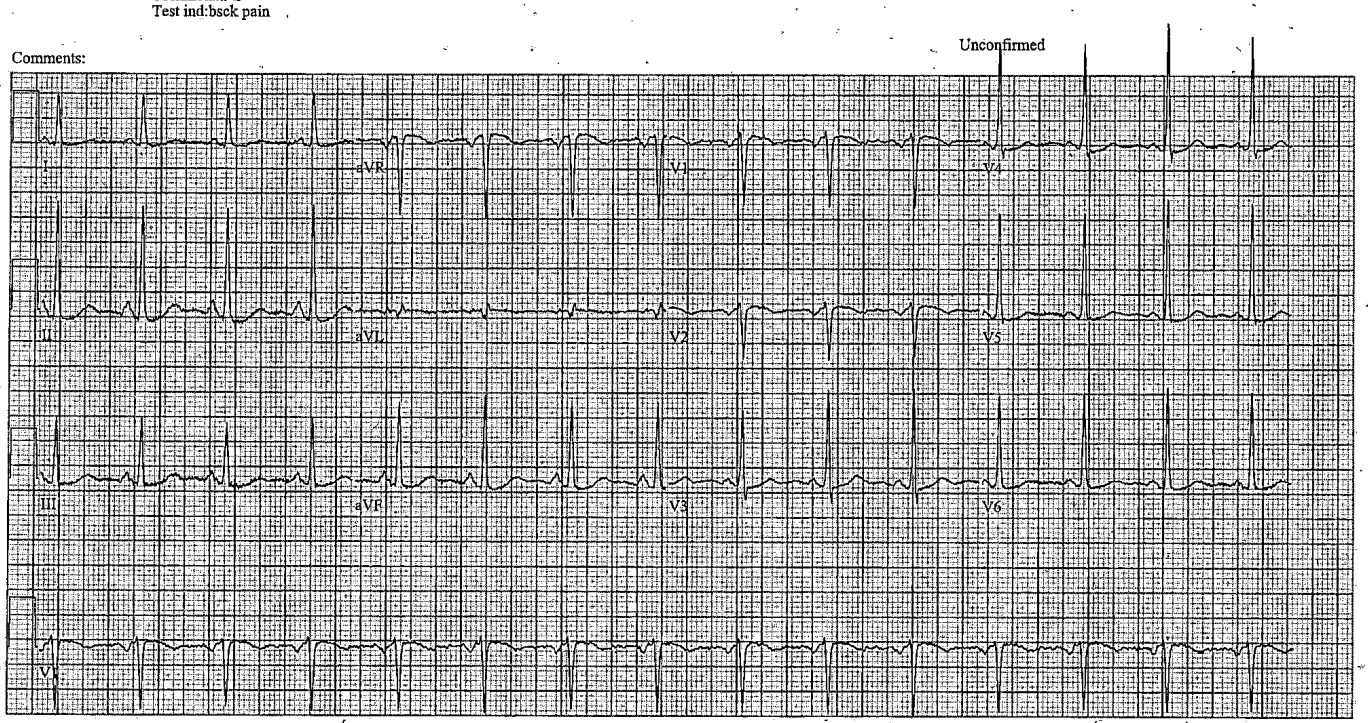
Vent. rate	88	BPM
PR interval	120	ms
QRS duration	82	ms
QT/QTc	370/447	ms
P-R-T axes	64 64	71

Normal sinus rhythm
Biatrial enlargement
Minimal voltage criteria for LVH, may be normal variant (Sokolow-Lyon)
Nonspecific ST abnormality
Abnormal ECG

Technician: ts
Test ind:bsck pain

Comments:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 243 CID: 1036

SID: 3150702 EID:13 EDT: ORDER:

Moffat, Lorraine ID:0204686547 26-AUG-2019 04:34:16 GREATER GLASGOW SITE-QEWD9A ROUTINE RECORD

02-APR-1968 (51 yr)
Female

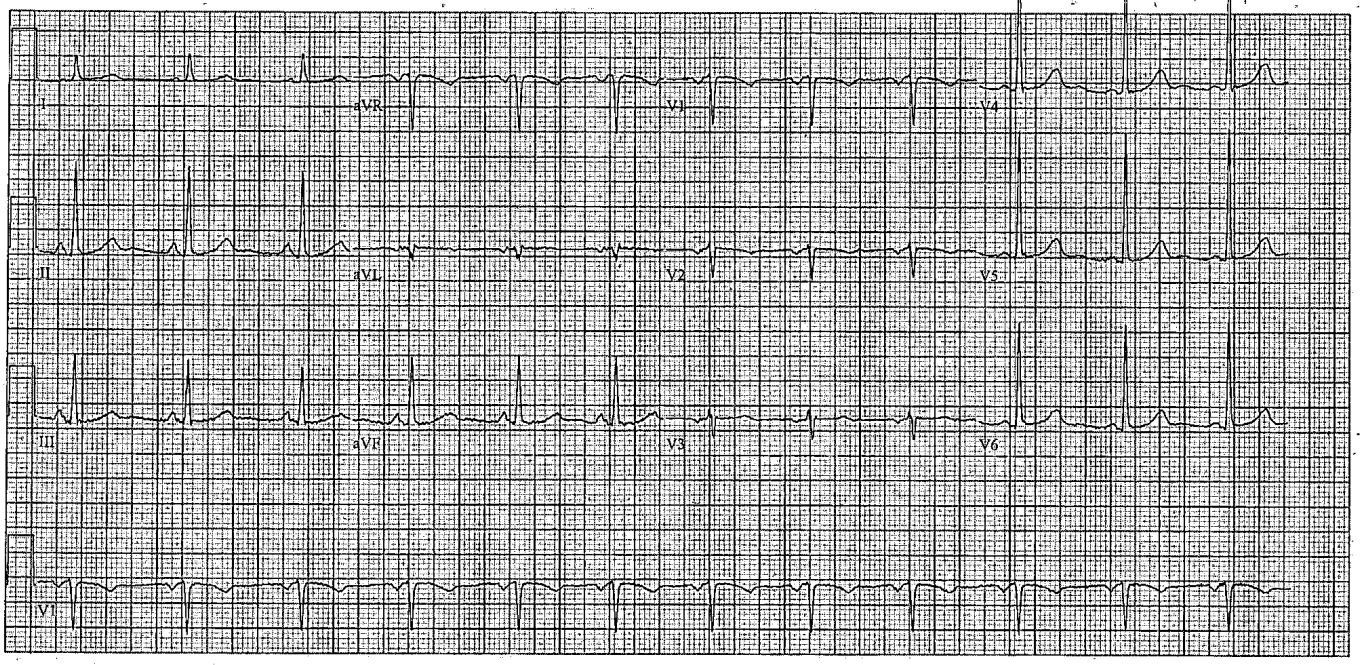
Room:
Loc:1354

Vent. rate	72	BPM
PR interval	122	ms
QRS duration	78	ms
QT/QTc	426/466	ms
P-R-T axes	78 70	64

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.4 12SL 241 HD CID: 47

SID: 3150702 EID: EDT: ORDER:

MOFFAT, LORRAINE ID: 0204686547 20-Jan-2021 19:[illegible]:01 QUEEN ELIZABETH UNIVERSITY HOSPITAL

2-Apr-1968
Female

Loc: 1301

Vent. rate	65	bpm
PR interval	110	ms
QRS duration	80	ms
QT/QTc	400/428	ms
P-R-T axes	59 65	66

Sinus rhythm with short PR
Otherwise normal ECG

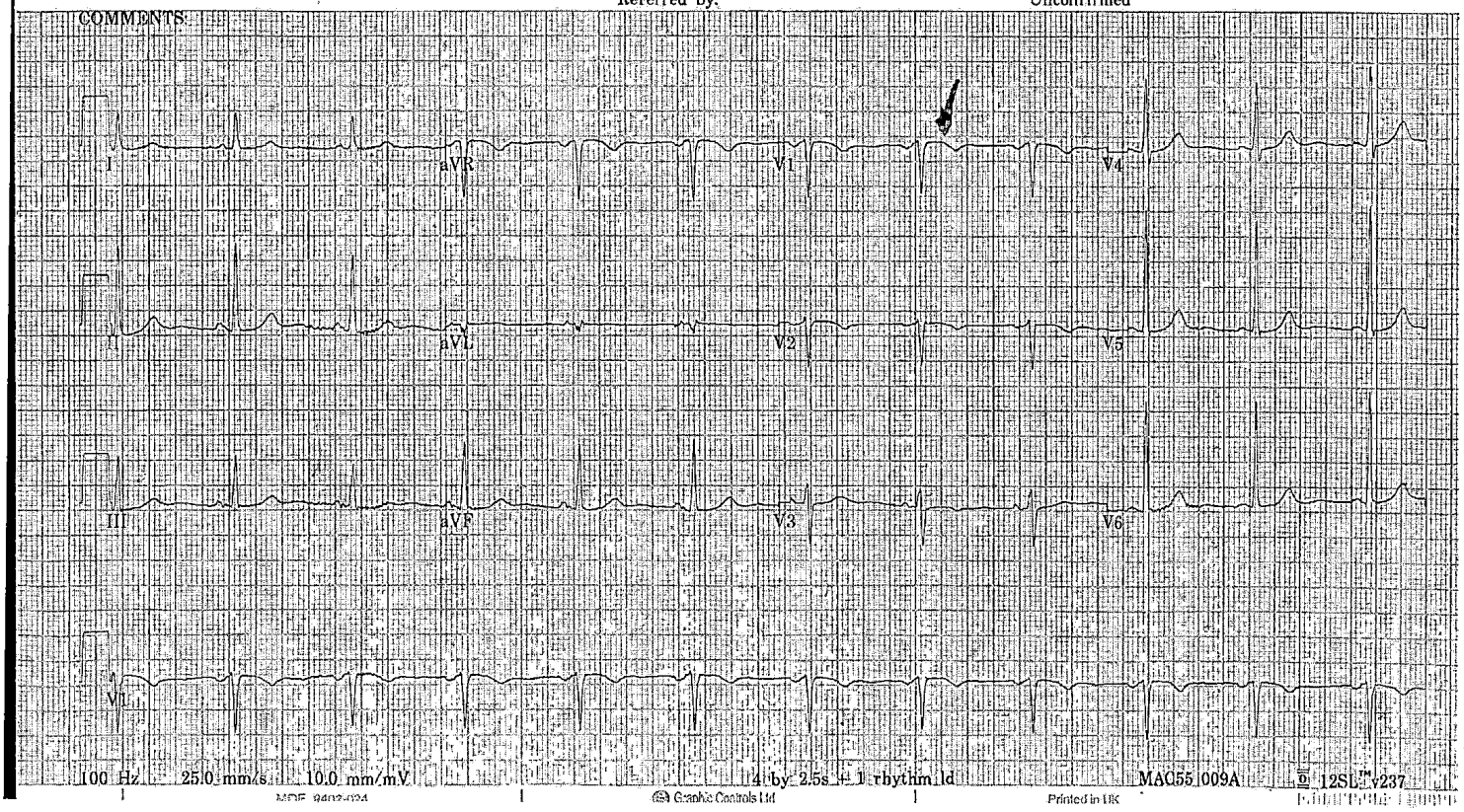
Nil acute

0204686547 MOFFAT Lorraine 02/04/1968

Technician: JOHN
Test ind:

Referred by: Unconfirmed

COMMENTS:



190712

MOFFAT, LORRAINE ID: 0204686547 26-Aug-2019 4:[illegible]3 SOUTH GLASGOW UNIVERSITY HOSPITAL

2-Apr-1968
Female

Loc: 1354

[redacted]

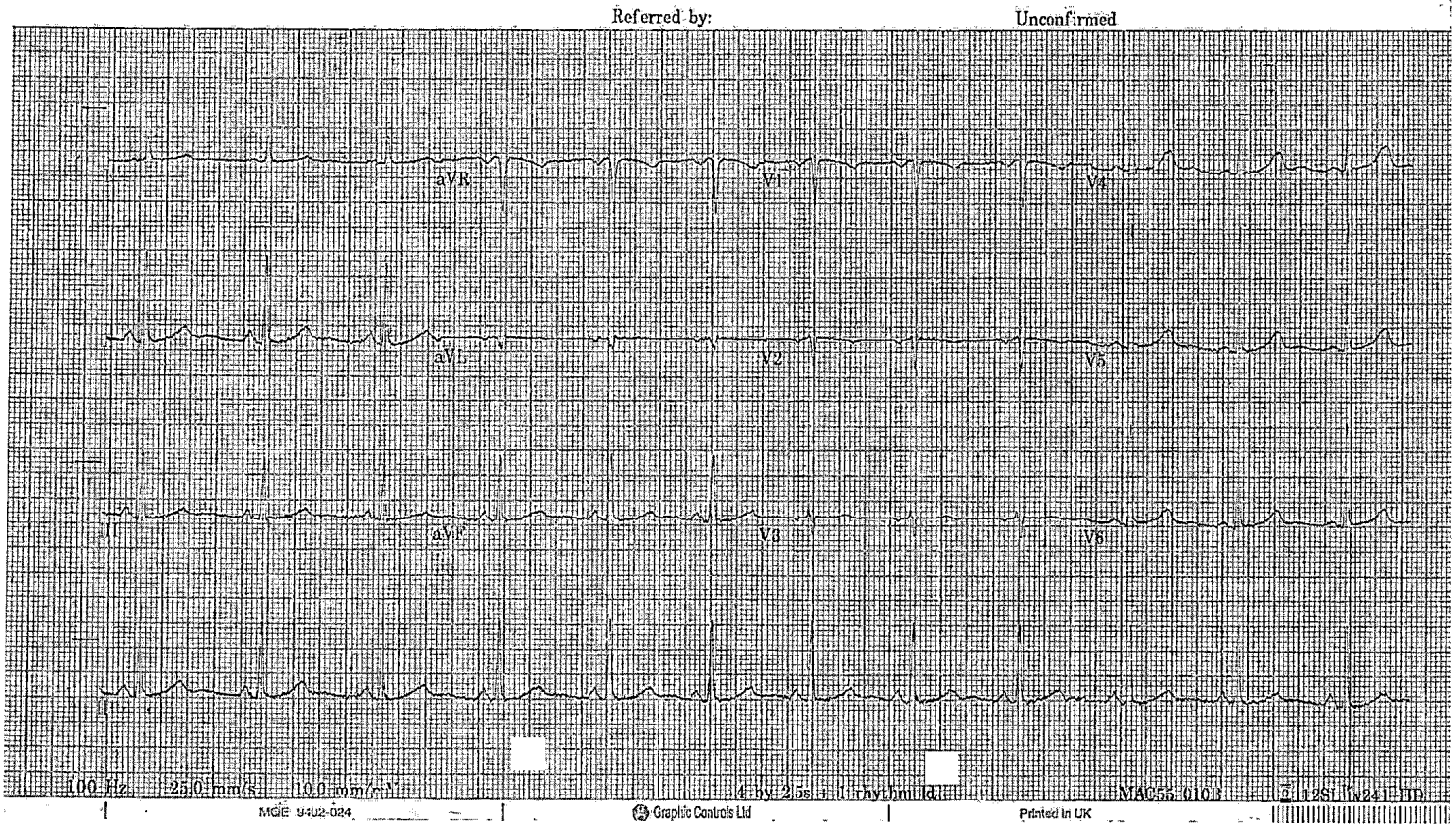
Technician:
Test ind:

Vent. rate 72 bpm
PR interval 122 ms
QRS duration 78 ms
QT/QTc 426/466 ms
P-R-T axes 78 70 64

Normal sinus rhythm
Normal ECG

Referred by:

Unconfirmed



MGE 9402-024 Graphic Controls Ltd Printed in UK

MOFFAT, LORRAINE ID: 0204686547 26-Aug-2019 7:[illegible] SOUTH GLASGOW UNIVERSITY HOSPITAL

2-Apr-1968
Female

Loc: 135[illegible]

Vent. rate 68 bpm
PR interval 116 ms
QRS duration 82 ms
QT/QTc 422/448 ms
P-R-T axes 77 77 59

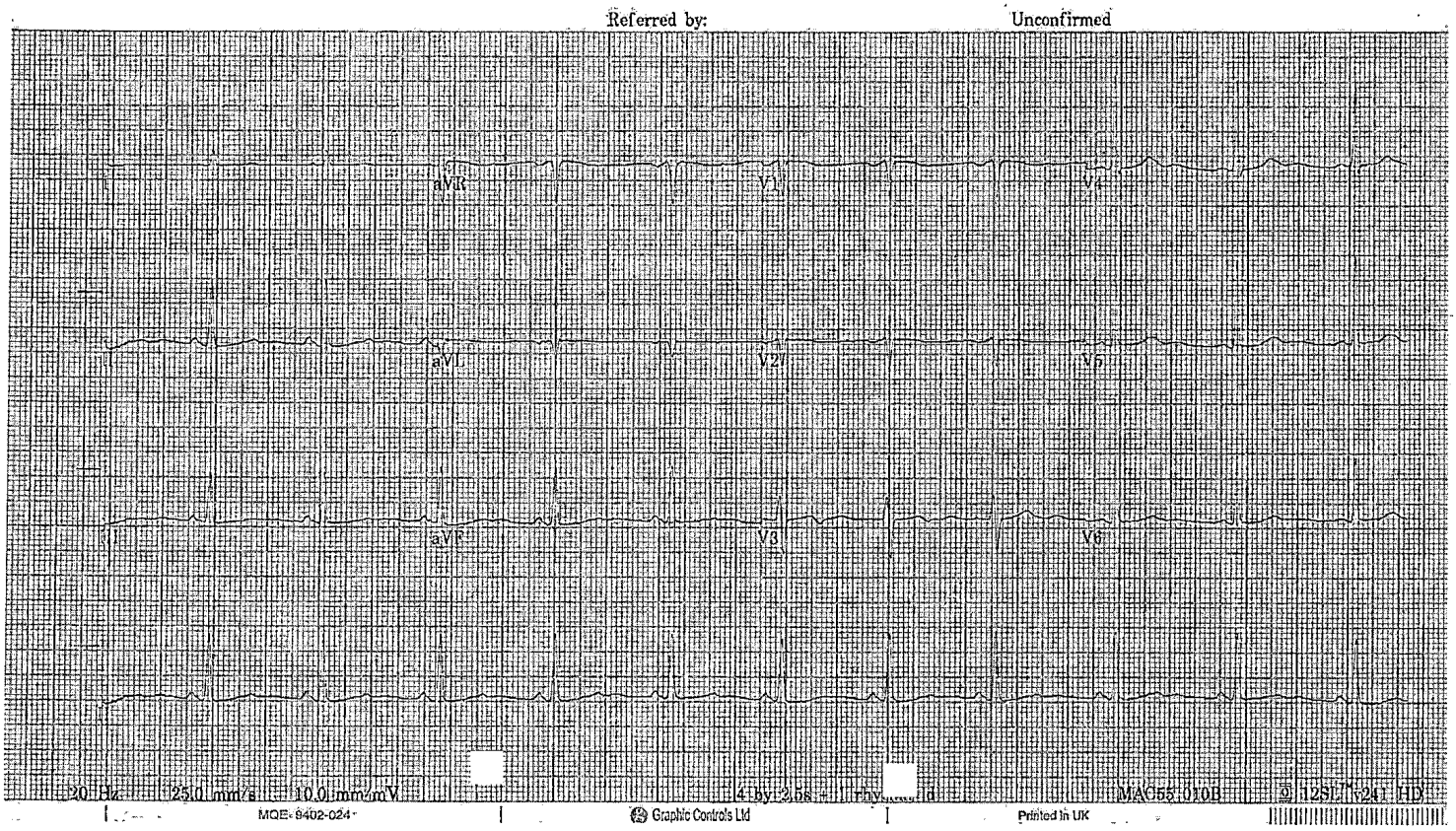
Normal sinus rhythm
Normal ECG

IMPROVE

0204686547
MOFFAT F
3 Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Technician:
Test ind:

Referred by: Unconfirmed



MQE-8402-024 Graphic Controls Ltd Printed in UK

XR Chest

Performed	24-Apr-2026 10:39	Received	09-May-2026 11:34
Reported	09-May-2026 10:59	Order Number	G306H43464209
Status	Final	Source System	MiSys

XR Chest Final
Lorraine Moffat
Clinical History: See scanned document

24/04/2026, 11:19, XR Chest
CHEST:
Clinical History:
Severe left lower costal chest pain anteriorly. No history of trauma. Smoker.

Findings:
No acute lung disease. The lung fields are clear.
Heart is not enlarged.
Normal mediastinal outline.
No acute rib cage abnormality.
No interval change compared to the examination in May 2023

Reported by Dr Stephen D'Souza, Axon Diagnostics Radiologist, GMC 3262711
If you are a clinician and have a query on this report, please email clinicalqueries@axondiagnostics.com

Reported by: AXON Reporting
Verified by: AXON Reporting

XR Pelvis

Performed	30-Sep-2025 23:05	Received	02-Oct-2025 16:17
Reported	02-Oct-2025 16:15	Order Number	G405H42729370
Status	Final	Source System	MiSys

XR Pelvis Final
Lorraine Moffat
Clinical History :
57F lifting cough and twisted - heard crack followed by severe pain in lumbar and right sacroiliac region. ?fracture

XR Pelvis :
Dedicated imaging of the pelvis has not been performed.

XR Lumbar spine :
No acute bony injury.
Vertebral alignment is maintained.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Verified by Alana Stewart, Reporting Radiographer. RA76149

Reported by: Dr Peter McGregor (SpR) and Alana Stewart (Rep Radiographer)
Verified by: Alana Stewart (Rep Radiographer)

XR Lumbar spine

Performed	30-Sep-2025 23:05	Received	02-Oct-2025 16:17
Reported	02-Oct-2025 16:15	Order Number	G405H42729371
Status	Final	Source System	MiSys

XR Pelvis Final
Lorraine Moffat
Clinical History :
57F lifting cough and twisted - heard crack followed by severe pain in lumbar and right sácroiliac region. ?fracture

XR Pelvis :
Dedicated imaging of the pelvis has not been performed.

XR Lumbar spine :
No acute bony injury.
Vertebral alignment is maintained.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Verified by Alana Stewart, Reporting Radiographer. RA76149

Reported by: Dr Peter McGregor (SpR) and Alana Stewart (Rep Radiographer)
Verified by: Alana Stewart (Rep Radiographer)

XR Wrist Rt

Performed	26-Oct-2024 17:24	Received	27-Oct-2024 12:22
Reported	27-Oct-2024 12:20	Order Number	G306H41528761
Status	Final	Source System	MiSys

XR Wrist Rt Final
Lorraine Moffat
Clinical History :

fell pain to distal radius

XR Wrist Rt :
Non-standard lateral due to rotation.

Undisplaced transverse extra-articular fracture of the distal radius with overlying soft tissue swelling.

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

Reported by Laura Groves, Reporting Radiographer. RA80428

Reported by: Laura Groves (Reporting Radiographer)
Verified by: Laura Groves (Reporting Radiographer)

CT Thorax abdomen pelvis with contrast

Performed	15-Nov-2023 16:01	Received	30-Sep-2024 20:27
Reported	18-Nov-2023 11:23	Order Number	G306H40276441
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Lorraine Moffat
THIS REPORT HAS BEEN CHANGED
THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
Weight loss no localising symptoms

CT Chest abdomen and pelvis with contrast

No consolidation or pleural effusion.
No enlarged mediastinal or hilar lymph nodes.
No suspicious focal lung lesion seen.

No focal liver lesions.
Normal spleen pancreas adrenals and both kidneys.
No enlarged para-aortic or pelvic lymph nodes.
Faecal loading of the large bowel and no obvious mass lesion.
No free fluid. No pelvic mass lesions seen.
No destructive bony lesions seen.

Conclusion:

No mass lesion or lymphadenopathy.

–

Reported by
Dr Suhail Khan
GMC- 6117850
Consultant Radiologist
NHS Lanarkshire
Email: snrrs@gjnh.scot.nhs.uk

ADDENDUM START by External Radiologist 30-Sep-2024 20:25
*** THIS REPORT CONTAINS AN ADDENDUM ****

This examination has been reviewed as part of a clinical governance process. No significant new findings have been identified.

Verified By: Dr Daniel Heffernan Ho
GMC 6157537
Consultant Radiologist
NHS GGC
Email- snrrs@gjnh.scot.nhs.uk

ADDENDUM END

Addendum by: External Radiologist

Reported by: External Radiologist and External Radiologist
Verified by: External Radiologist

XR Chest

Performed	24-Oct-2023 12:41	Received	31-Oct-2023 15:51
Reported	31-Oct-2023 15:49	Order Number	G306H40226645
Status	Final	Source System	MiSys

XR Chest Final
Lorraine Moffat
Clinical History :
Smoker. Recent weight loss.

XR Chest :
PA film. Compared to prior dated 25/05/2023.

No focal active lung lesion or effusions. Hyperinflation and background emphysema. Normal cardiomediastinal contours. Bony thorax intact.

If high index of suspicion and persistent weight loss, specialist referral for cross-sectional imaging is advised.

Reported by: Dr Louise Hartley
Verified by: Dr Louise Hartley

US Breast Lt

Performed	21-Sep-2023 10:04	Received	21-Sep-2023 10:33
Reported	21-Sep-2023 10:31	Order Number	G504H40115804
Status	Final	Source System	MiSys

US Breast Lt Final
Lorraine Moffat
Clinical History :

C/o indrawing left breast. P2 ome indrawing nut probably consistent with wt loss. Has always had lump breasts. Generally lumpy, x2 area marked for US left. Feels all like BT

US Breast Lt :
Following to the area of concern at around 2 o'clock position in the left upper outer quadrant there was normal fibroglandular breast tissue visualised. No suspicious focal lesion was seen. U1

Reported by: Dr Svetlana Linder
Verified by: Dr Svetlana Linder

XR Mammogram Both

Performed	21-Sep-2023 10:03	Received	21-Sep-2023 10:26
Reported	21-Sep-2023 10:24	Order Number	G504H40115803
Status	Final	Source System	MiSys

XR Mammogram Both Final
Lorraine Moffat
Clinical History :

C/o indrawing left breast. P2 ome indrawing nut probably consistent with wt loss. Has always had lump breasts. Generally lumpy, x2 area marked for US left. Feels all like BT

XR Mammogram Both :
No previous mammograms available for comparison
Dense breast parenchymal pattern which reduces the sensitivity of examination. No features suggestive of malignancy.

M1 bilaterally

Reported by: Dr Svetlana Linder and Dr Sophia Sakellariou
Verified by: Dr Sophia Sakellariou

XR Chest

Performed	25-May-2023 14:08	Received	26-May-2023 06:35
Reported	26-May-2023 06:33	Order Number	G306H39705227
Status	Final	Source System	MiSys

XR Chest Final
Lorraine Moffat
Clinical History :

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant focal lung lesion identified. The lungs appear relatively emphysematous.
If there is high index of suspicion as to the cause of weight loss then specialist referral for further assessment should be considered.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

Bone mineral densitometry lumbar spine

Performed	18-Jan-2023 11:28	Received	18-Jan-2023 12:02
Reported	18-Jan-2023 12:00	Order Number	G405H38033514
Status	Final	Source System	MiSys

Bone Densitometry DXA Final
Lorraine Moffat
Auto reported

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

Reported by: Auto Reporting
Verified by: Auto Reporting

Bone Densitometry DXA

Performed	18-Jan-2023 11:28	Received	18-Jan-2023 12:02
Reported	18-Jan-2023 12:00	Order Number	G405H38033513
Status	Final	Source System	MiSys

Bone Densitometry DXA Final
Lorraine Moffat
Auto reported

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Wrist Lt

Performed	22-Feb-2022 09:14	Received	22-Feb-2022 09:23
Reported	22-Feb-2022 09:21	Order Number	G306H38166291
Status	Final	Source System	MiSys

XR Wrist Lt Final
Lorraine Moffat
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Wrist Lt

Performed	25-Jan-2022 09:51	Received	25-Jan-2022 10:19
Reported	25-Jan-2022 10:17	Order Number	G306H38071813
Status	Final	Source System	MiSys

XR Wrist Lt Final
Lorraine Moffat
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

Mobile image intensifier upper limb Lt

Performed	11-Jan-2022 09:27	Received	11-Jan-2022 11:00
Reported	11-Jan-2022 10:58	Order Number	G405H38023791
Status	Final	Source System	MiSys

Mobile image intensifier upper limb Lt Final
Lorraine Moffat
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Wrist Lt

Performed	07-Jan-2022 18:42	Received	08-Jan-2022 13:19
Reported	08-Jan-2022 13:17	Order Number	G306H38016231
Status	Final	Source System	MiSys

XR Wrist Lt Final
Lorraine Moffat
Clinical History :

slip on ice tonight, ?deformity present. pain++ distal radius & ASB. Please exclude bony injury.

XR Wrist Lt :
There is a comminuted fracture to the left distal radius with minor dorsal angulation of the distal components. An associated fracture to the ulnar styloid process is also demonstrated.

XR Scaphoid Lt :
Not performed.

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

Report by Lianne Boyce - Reporting Radiographer.

Reported by: Lianne Boyce
Verified by: Lianne Boyce

XR Scaphoid Lt

Performed	07-Jan-2022 18:42	Received	08-Jan-2022 13:19
Reported	08-Jan-2022 13:17	Order Number	G306H38016232
Status	Final	Source System	MiSys

XR Wrist Lt Final
Lorraine Moffat
Clinical History :

slip on ice tonight, ?deformity present. pain++ distal radius & ASB. Please exclude bony injury.

XR Wrist Lt :
There is a comminuted fracture to the left distal radius with minor dorsal angulation of the distal components. An associated fracture to the ulnar styloid process is also demonstrated.

XR Scaphoid Lt :
Not performed.

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

Report by Lianne Boyce - Reporting Radiographer.

Reported by: Lianne Boyce
Verified by: Lianne Boyce

XR Chest

Performed	29-Oct-2021 10:13	Received	01-Nov-2021 11:13
Reported	01-Nov-2021 11:11	Order Number	G306H37789554
Status	Final	Source System	MiSys

XR Chest Final
Lorraine Moffat
Clinical History :
Cough >6/52 Green sputum. Smoker >30 years. H/O asthma. Recent Covid.

XR Chest :
The heart is not enlarged. Normal cardiomediastinal contours.
The lungs are hyperinflated in keeping with background emphysematous change. No focal active pulmonary disease or cardiac decompensation.

Reported by: Dr Lauren Millar
Verified by: Dr Lauren Millar

XR Chest

Performed	20-Jan-2021 20:32	Received	21-Jan-2021 14:54
Reported	21-Jan-2021 14:52	Order Number	G405H36895005
Status	Final	Source System	MiSys

XR Chest Final
Lorraine Moffat
Clinical History :
Complaining of exertional SOB and pleuritic chest pain. Heavy smoker with COPD. CXR to look for chest infection.

XR Chest :
PA erect film. No previous imaging for reference.

Small ill-defined opacity projected in the left midzone over the 3rd anterior rib. Whilst appearances may simply be infective, malignancy cannot be excluded given heavy smoking history. CT examination advised to further characterise.

Hyperexpansion and generalised coarse bronchovascular markings consistent with COPD. Normal cardiomediastinal contours.

Report tracked.

Reported by: Dr Ryan Grech (SpR) and Dr Louise Hartley
Verified by: Dr Louise Hartley

XR Hand Rt

Performed	07-Apr-2018 15:09	Received	09-Apr-2018 11:18
Reported	09-Apr-2018 11:16	Order Number	G306H33733624
Status	Final	Source System	MiSys

XR Hand Rt Final
Lorraine Moffat
Clinical History :
fell pain over 5th mc and lateral malleolus and 3rd to 5th mt

XR Hand Rt :
No fractures are demonstrated. The joints of the hand and wrist are aligned.

XR Foot Lt :
No fractures are identified. The joints of the foot are aligned.

XR Ankle Lt :
No fracture demonstrated. The ankle mortise is aligned.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation..

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell
Verified by: Jonathan McConnell

XR Foot Lt

Performed	07-Apr-2018 15:09	Received	09-Apr-2018 11:18
Reported	09-Apr-2018 11:16	Order Number	G306H33733625
Status	Final	Source System	MiSys

XR Hand Rt Final
Lorraine Moffat
Clinical History :
fell pain over 5th mc and lateral malleolus and 3rd to 5th mt

XR Hand Rt :
No fractures are demonstrated. The joints of the hand and wrist are aligned.

XR Foot Lt :
No fractures are identified. The joints of the foot are aligned.

XR Ankle Lt :
No fracture demonstrated. The ankle mortise is aligned.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell
Verified by: Jonathan McConnell

XR Ankle Lt

Performed	07-Apr-2018 15:09	Received	09-Apr-2018 11:18
Reported	09-Apr-2018 11:16	Order Number	G306H33733626
Status	Final	Source System	MiSys

XR Hand Rt Final
Lorraine Moffat
Clinical History :
fell pain over 5th mc and lateral malleolus and 3rd to 5th mt

XR Hand Rt :
No fractures are demonstrated. The joints of the hand and wrist are aligned.

XR Foot Lt :
No fractures are identified. The joints of the foot are aligned.

XR Ankle Lt :
No fracture demonstrated. The ankle mortise is aligned.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell
Verified by: Jonathan McConnell