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

NHS
Greater Glasgow and Clyde

MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 20th May 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: ANN MATHERS **D.O.B: 14.10.1978**

Thank you for your request received 30th April 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
GARTNAVEL GENERAL HOSPITAL
NEW VICTORIA INFIRMARY

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

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

Including:

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

NHS Endoscopy Care Plan

Greater Glasgow and Clyde

1030

07905029715

1410786102
MATHERS F
Ann 14/10/1978
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA

Date: 22/3/25 **Consultant / Endoscopist:** M.ALNAITO

Patient liked to be known as: ANN

Procedure

Gastroscopy	☐	E.R.C.P	☐	EBUS	☐
Colonoscopy	☒	E.U.S	☐	Enteroscopy	☐
Sigmoidoscopy	☐	Bronchoscopy	☐	Thoracoscopy	☐

'sedation'

Discharge Arrangements

Name of Escort / contact	Escort Required	Overnight supervision arranged
DAVID	Yes ☑ No ☐	Yes ☐ No ☐
Relationship PARTNER	Escort to be contacted	Overnight stay in ward
Contact tel no 07427 671 477	Yes ☐ No ☐	Yes ☐ No ☑

Have you received Patient Information and understood it: Yes ☑ No ☐

Medical History and Pre Procedure check

Condition	Yes	No	Details
Diabetes		✓	Type 1 ☐ Type 2 ☐
Angina/ Ischaemic heart Disease		✓	
Hypertension		✓	
Myocardial Infarction		✓	Date:
Artificial valves		✓	
Pacemaker		✓	
CABG		✓	
Coronary artery stent		✓	
Stroke/TIA		✓	
Asthma		✓	
COPD		✓	
Epilepsy		✓	
Liver disease		✓	
Arthritis		✓	
Orthopaedic implants		✓	Specify:
Glaucoma		✓	
Anaemia		✓	
Recent surgery		✓	
Previous endoscopy		✓	
CJD/VCJD risk		✓	
Other		✓	

1410786102
MATHERS
Ann
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA
F
14/10/1978

Presenting complaint	Yes	No	Detail other illness or complaint
Reflux			
Dysphagia			
Barretts			
Oesphageal/Gastric Varices			
Gastric ulcer			
Altered bowel habit			
PR bleeding			
Crohns disease			
Ulcerative colitis			
Surveillance colonoscopy			
Screening programme			
Other:	✓		weight loss/fatigue/abdo pai

Mobility Assessment

Independent Yes ☐ No ☐ If No, complete all questions

Aids and/ or assistance required Yes ☐ No ☑

Walking stick ☐ Zimmer ☐ Wheelchair ☐ Other ☐ Specify .....

Sight impairment Yes ☐ No ☑ if yes specify .....

Communication Needs (answer only applicable question)

Hearing impairment Yes ☐ No ☑

Hearing aid Yes ☐ No ☑ right ear ☐ left ear ☐ both ears ☐

Sign Interpreter required Yes ☐ No ☐

Lip reads Yes ☐ No ☐

Interpreter Required Yes ☐ No ☐ Language .....

Interpreter present Yes ☐ No ☐

Relative / friend present Yes ☐ No ☑

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them.

Learning Disability Yes ☐ No ☐ Carer present Yes ☐ No ☑

Dementia Yes ☐ No ☐ Incapacity form completed Yes ☐ No ☑

Current Medication (list below and tick those taken today)

Diazepam					
Sertraline					
Folic acid					
B12 injection					

ANTICOAGULANT THERAPY Yes ☐ No ☑ If yes current medication .....

When was this medication last taken Specify .....

INR Result .....

1410786102
MATHERS F
Ann 14/10/1978
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA

Admission Observations

BP ....115/80.... Pulse ....79.... Oxygen Saturation ....98....

BM (if applicable) ....N/A.... Respirations (if applicable) ....20....

Fasted since ....meal - 1pm 21/3/25 soup
drink - H20 sips

Bowel Prep	Klean Prep	Moviprep	Picolax	Enema / home	Enema / dept	Other Plenvu
No of sachets						2 sets
Result- Good / Poor						clear

Patient Requests

Throat Spray ☐ IV Sedation ☑ No Sedation ☐ Not Applicable ☐

IV Cannulation

R Hand	L Hand	R Arm	L Arm	Other	Time	Inserted by (please print)
			✓		11:20	SCOTT

Dentures removed (if applicable) Yes ☐ No ☑

Crowns Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Bridgework Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Identiband details checked Yes ☑ No ☐

Consent form signed Yes ☑ No ☐

Consent form countersigned Yes ☑ No ☐

Underwear removed (if applicable) Yes ☑ No ☐

Jewellery removed Yes ☐ No ☑

ALLERGIES Yes ☐ if yes detail below No ☑

Details ....

Name of Admission Nurse (Print) ....MYLENE ALVARO....

Signature of Admission Nurse ....[signature]....

Patient's Declaration

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature ....Ann Mathers....

1410786102
MATHERS F
Ann 14/10/1978
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA

Intra Procedure

Endoscopist (print) ......Mr. M. Al Wahid......

Endoscopy Room Nurses (print) ......Helen Morrison + Alison Tinsley......

Surgical Pause carried out Yes ☑ No ☐

Medication Administered Pre, Intra and Post Procedure

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray						
Midazolam	✓		1148	2.5 mg	IV	Mr. M. Al Wahid
Midazolam				mg		
Midazolam				mg		
Pethidine				mg		
Pethidine				mg		
Pethidine				mg		
Fentanyl	✓		1148	50 mcg	IV	Mr. M. Al Wahid
Fentanyl				mcg		
Fentanyl				mcg		
Buscopan				mg		
Buscopan				mg		
Buscopan				mg		
Antibiotics						
				mg		
				mg		
				mg		
Reversal Agents						
				mg		
				mg		
Local anaesthetic						
				mg		
				mg		
Other						
Botox				mg		

Prescribed by ....

Endoscopist Signature ......[signature]......

Start Time ......1148...... Finish Time ......1210......

Patient position Left Lateral ☑ Supine ☐ Prone ☐ All ☐

Oxygen therapy Yes ☑ No ☐ nasal sponge ☑ cannula ☐ mask ☐ rate ......2l/min......

1410786102
MATHERS F
Ann 14/10/1978
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA

Observations during procedure

Time	1149	1158	1207			
Pulse	77	67	65			
SpO2	99%	99%	99%			
BP	128/77	146/91	166/90			
Resps	16	17	16			

Procedure (please tick all relevant)

Gastroscopy		Biopsy	✓	Varices		Adrenaline	
Colonoscopy	✓	Hot Biopsy		Gastric Ulcer		Spot Dye	
Sigmoidoscopy		Snare Polypectomy		Duodenal Ulcer		Indigo Carmine	
E.R.C.P.		Balloon dilatation		Oesophagus		Gelofusine	
E.U.S		Injection		Duodenum		Normal Saline	
Bronchoscopy		Laser		Biliary		Haemospray	
E.B.U.S		Heater Probe		Pancreatic			
Thoracoscopy		Endo clip		Haemorrhoids			
Enteroscopy		Insertion of Stent		Rectum		① Tlby	
		EMR		Sigmoid		② random	
		PEG		Descending			
		Needle Aspiration		Splenic flexure		colon bx	
		Brushings		Transverse			
		Washings		Hepatic flexure			
		Banding		Ascending			
		Insert of NJ tube		Caecum			
		Gastric Pacing Wire		Terminal Ileum			

Other .....

Sedation score	Tick	Comfort Score	Tick
Asleep		None, resting comfortably	
Drowsy		One or two episodes of mild discomfort, well tolerated	
Awake	✓	More than two episodes of discomfort, adequately tolerated.	
		Significant discomfort experienced several times	✓
		Extreme discomfort frequently during procedure	

Comments Significant discomfort. Reassured

Specimens Yes ☑ No ☐

Pathology ☑ No of pots 2 H pylori test ☐ bacteriology ☐ cytology ☐ mytology ☐

1410786102
MATHERS F
Ann 14/10/1978
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA

Diathermy Yes ☐ No ☑ Type mono ☐ Argon ☐

Site of diathermy pad leg ☐ back ☐ R side ☐ L side ☐ Upper ☐ Lower ☐

Other .....

Condition of skin post diathermy normal ☐ other ☐ comment below

.....

Recovery Room Instructions (if applicable)

Oxygen 4 litres per minute if SpO2 drops below 95% ☐

Oxygen 4 litres per minute until fully awake ☐

Oxygen .....per minute via.....until ..... ☐ room air

Normal Diet ☑ Fluids only ☐ Soft Diet ☐ Nil orally till further medical instructions ☐

To be seen by endoscopist before discharge ☐

Further Instructions .....

.....

Endoscopy Room Nurse Signature .....Helen Downs.....

Recovery care

Post endoscopy observations

Time	1215	1225	1235							
Blood pressure	83/46	83/45	117/70							
Pulse	84	94	97							
O2 Saturation	97%	98%	97%							
Respiratory Rate	16	16	17							
Sedation score	0	0	0							
Pain score	1-2	0	0							
Oxygen	Air	Air	out air							
IV Cannula	✓	✓	out							
BM	✗	✗	✗							
Nurse initials	KJ	KJ	KJ							

Pain score 0 = no pain, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe

Sedation score A - Asleep 0 - Alert 1 - Responds to verbal command

2 - Responds to painful stimuli 3 - Unresponsive

1410786102
MATHERS
Ann
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
F
14/10/1978
G78 2FA

Nurses notes

20/3/25 p.n. call – @ 13:45 No Reply CO

9596149 HEALTH EDGE SOLUTIONS LIMITED
Tel: [illegible] (0) 1354 322777

Scope Description: Colon
Scope Serial Number: 2000546
EL Cabinet Expiry Date:
EL Cabinet Expiry Time:
Non EL Expiry Date: 22/3/25
Non EL Expiry Time: 13:25
Scope Audit Patient Label
RE-ORDER CODE: SPL 370

Boston Scientific
Radial Jaw™ 4
2.8mm
REF M00513410
2027-11-04
LOT 35212490
GTIN 08714729745679
UDI

7

1410786102
MATHERS F
Ann 14/10/1978
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA

Discharge Criteria

	Yes	No
Stable vital signs	☑	☐
Alert and Orientated	☑	☐
Pain score is 2 or below	☑	☐
Diet and fluids taken	☑	☐
IV Cannula removed	☑	☐
Received written instructions regarding sedation	☑	☐
Received verbal and written aftercare instructions	☑	☐
Patient Advice Leaflet given (if applicable)	☑	☐

Received Endoscopy Report/ ~~Patient letter~~ Yes ☑ No ☐

If no

Verbal report by endoscopist ☐

Follow up appointment indicated on report Yes ☑ No ☐

Follow up appointment (if given in department) .....time .....

Comments: Patient received IVD recovery, alert, obs charted escort contacted, report and aftercare discussed with patients - no concerns for fer discharge.

I confirm patient is satisfactory for discharge

Print Name Kelly Jeffrey ..... Signature .....

Discharged at 1315 ..... to care of .....

Irregular discharge Reason .....

.....

Patients' Signature ..... Nurses Signature .....

Next Steps after your Endoscopy Procedure

1410786102
MATHERS
Ann
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78
14/10/197

NHS
Greater Glasgow and Clyde

Thank you for attending for your endoscopy procedure on:

22 MAR 2025

The clinician who performed your endoscopy was:

Mr Alwahid

You should have received a copy of your endoscopy report to take away with you which contains important information about your procedure. Please speak to a member of the nursing team if you do not have a copy of this.

Your clinician will have explained the next steps after your endoscopy procedure. It is important that you remember the following points if they are applicable to your care.

Next steps in your care	Applicable to you	
	Yes	No
You had biopsies taken or polyps removed during your procedure and you should receive the results in 12 weeks. **If you have not heard about your results after ~~12~~ 14 weeks please call: 0141 201 3682**	✓	
You need to attend for a repeat procedure in _____ **If you have not had an appointment 2 weeks before this date please call: 0141 201 3682**		
No biopsies taken – follow up to be determined by the clinician who requested your endoscopy		
You do not need any follow up and will be discharged to the care of your GP.	✓	

For staff:

Completed by: _____

Designation: _____

Date: 22 MAR 2025

Consent Form

1410786102
MATHERS F
Ann 14/10/1978
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78 2FA

Patient agreement to colonoscopy investigation

Test: Colonoscopy

Inspection of the lower gastrointestinal tract with a flexible endoscope (with or without biopsy and photography). Specimens will be retained.

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

Patient statement

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

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

I understand that you cannot give me a guarantee that a particular person will perform the test.

I understand that any test in addition to that named on this form will only be carried out:

if it is necessary;

- is reasonable in the circumstances,
- in relation to the medical treatment proposed,
- and to safeguard or promote physical or mental health.

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes? ☐ Yes ☒ No

Consent signature

Signed: Ann Mathers Date: 22.3.25

Name: (print in capitals) ANN MATHERS

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signature: ..... Date: .....

(For staff only)

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the test)

I have confirmed that the patient understands what the test involves including any risks.

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

Signed: [signature] Date: 22/3/25

Name: (print in capitals) MYLENE ALVAR

Job title: SN

What happens after a Polyp is removed?

Often when large or multiple polyps are removed, the Endoscopist will advise a repeat procedure after a certain timescale to make sure the polyp has not re-grown and that new polyps have not developed. We will write to you about this after your colonoscopy.

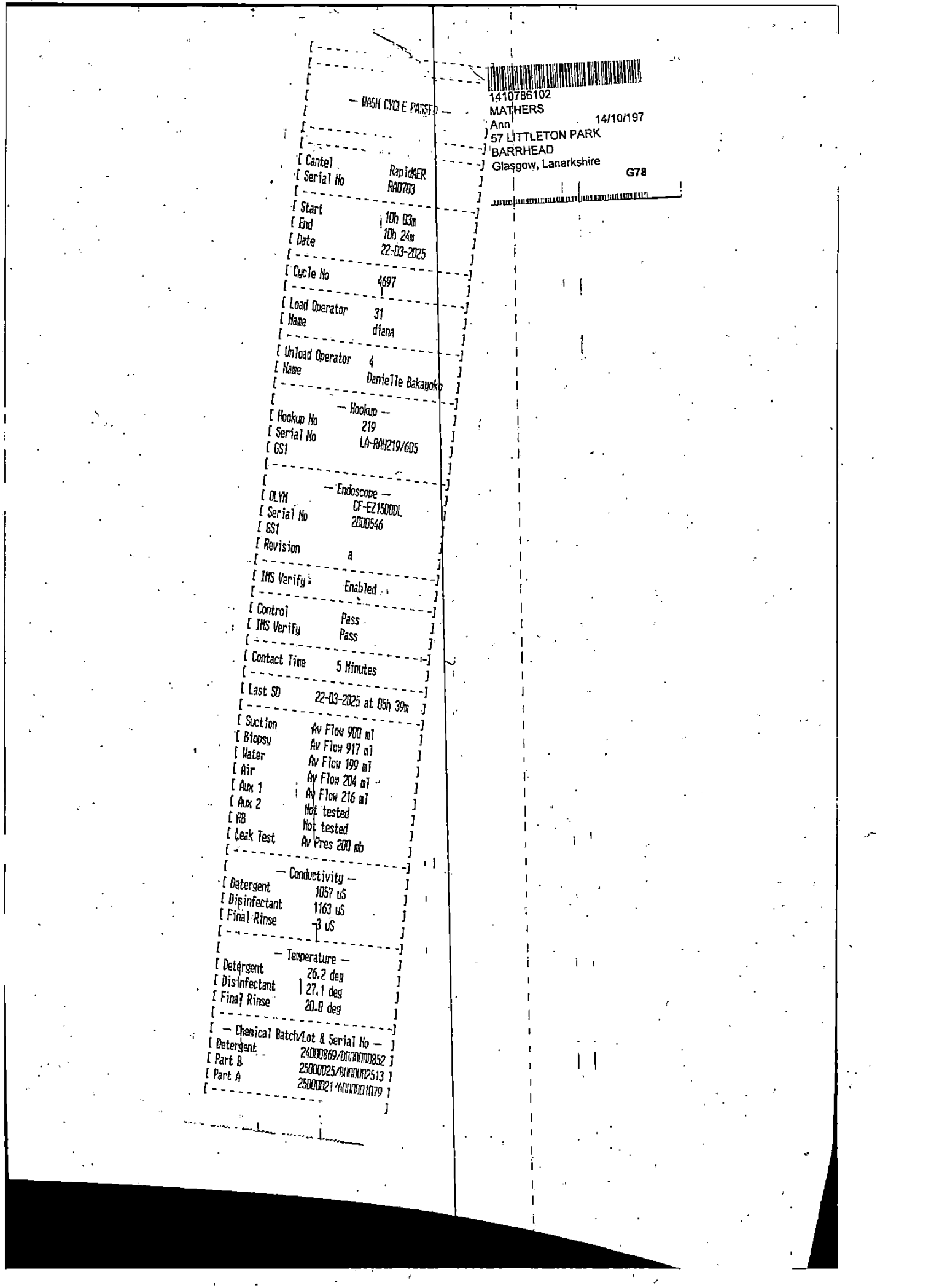
After the Colonoscopy

You will be able to rest after the colonoscopy. We will offer you a drink and something to eat. You may feel a little bloated after the procedure as some of the air may remain in your bowel. This may cause some discomfort but will quickly pass

Before you leave the department, a nurse or doctor will discuss results. You will receive a report of your test and we will tell you if you need any medication or further appointments.

Remember, if you had sedation:

- You may not remember the results. If you agree, we will tell your family or friend your results, so that they can remind you.
- You may feel fully alert after your test but as the drug stays in your body for up to 24 hours. You can feel drowsy with lapses of memory. It is important not to drive or drink alcohol during this time.
- You will need to arrange for someone aged 18 years or over to stay with you, or arrange to stay with your family or a friend overnight.



— WASH CYCLE PASSED —

Cantel	RapidAER
Serial No	RA0703
Start	10h 03m
End	10h 24m
Date	22-03-2025
Cycle No	4697
Load Operator	31
Name	diana
Unload Operator	4
Name	Danielle Bakayoko
— Hookup —	
Hookup No	219
Serial No	LA-RAH219/605
GS1	
— Endoscope —	
OLYM	CF-EZ1500DL
Serial No	2000546
GS1	
Revision	a
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SD	22-03-2025 at 05h 39m
Suction	Av Flow 900 ml
Biopsy	Av Flow 917 ml
Water	Av Flow 199 ml
Air	Av Flow 204 ml
Aux 1	Av Flow 216 ml
Aux 2	Not tested
RB	Not tested
Leak Test	Av Pres 200 mb
— Conductivity —	
Detergent	1057 uS
Disinfectant	1163 uS
Final Rinse	3 uS
— Temperature —	
Detergent	26.2 deg
Disinfectant	27.1 deg
Final Rinse	20.0 deg
— Chemical Batch/Lot & Serial No —	
Detergent	24000869/0000000852
Part B	25000025/0000002513
Part A	25000021/0000001079

1410786102
MATHERS
Ann 14/10/197
57 LITTLETON PARK
BARRHEAD
Glasgow, Lanarkshire
G78

Minors w/A 10

needs ECG ☐

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 1410786102

Queen Elizabeth University Hospital

Total Att: **2**

12 Mth Att: **1**

Title: **MISS**

MATHERS **Ann**

DOB: **14/10/1978** Age: **37y** Sex: **Female**

14 MAYBOLE CRESCENT
NEWTON MEARNS
Glasgow
Lanarkshire
G77 5SY
01412396394

Next of kin: **MATHERS, Morag**
Relationship: **Mother**
0141 6380227

GP: **JA Tobias**
0141 639 2478

Attendance Date: **15/07/2016** Arrival Time: **19:05**

Registration Time: **19:05** Date of Incident: **08/07/2016**

Major Incident Desc:

Reason for Attendance: **chest pains 1 week, breathless**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **None Known** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **15/07/2016 19:26**

Temp	**36.2**	C
HR	**68**	bpm
BP	**122/67**	mmHg
MAP	**85.33**	mmHg
RR	**16**	bpm
SpO2	**97**	%
Oxygen	**21**	%

Nurse name: **Nurse Susan Young**

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: **Patient c/o pleuritic sounding chest pain for 1/52 - seen by GP who felt there was an element of panic attack and given propranolol. C/O ongoing chest pains.**

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
	Co Codamol	30/500 x2	PO	1925	CG	✓

1410786102
MATHERS
Ann
14/10/1978

Date	CLINICAL NOTES
	Seen by (Dr) [illegible] Time seen

Patient has had mild sx.

Pain across chest, but mainly

over chest near the [illegible]

intermittent

not exac'd by movement

no [illegible]

seen by GP - was diagnosed

hyperacidity.

(I) Hyperacidity

(P) [illegible].

Date	CLINICAL NOTES
8/9	
Hx	[illegible]
	[illegible]
Exam	[illegible]
	[illegible]
	per,
Ed	non
[illegible]	[illegible]
Bloods – [illegible]	
	[illegible]

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

CHI: 1410786102

Queen Elizabeth University Hospital

Total Att: 1
12 Mth Att: 0

Title: MISS
MATHERS
Ann

DOB: 14/10/1978 Age: 37y Sex: Female

14 MAYBOLE CRESCENT
NEWTON MEARNS
Glasgow
Lanarkshire
G77 5SY
01412396394

Next of kin: MATHERS, Morag
Relationship: Mother
0141 6380227

GP: JA Tobias
0141 639 2478

Attendance Date: 21/04/2016 Arrival Time: 00:53
Registration Time: 00:53 Date of Incident: 21/04/2016
Major Incident Desc:

Reason for Attendance: unwell

Registration time:

Major incident description:

Reason for attendance:

Nursing Assessment

Alerts: Not Recorded
Allergies: None Known
Pain Score:
Triage Category: 3
Tetanus up to date/fully immunised:

Presenting Complaint: Head Pain

Observation Date: 21/04/2016 01:06

Nurse name: Nurse Melanie White

Temp	36	C
HR	85	bpm
BP	/	mmHg
MAP		mmHg
RR	12	bpm
SpO2	97	%
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: pain at back of head and numb feeling at the side of her face . feels a bit panicky , l ear sore no vomiting , on antibiotics for joint pains

Nursing Notes:

97607

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) COCHRANE Time seen 0430

1410786102 14/10/1978
MATHERS
Ann

PC- headaches

HPC- jaw pain past month.
on + off antibiotics.
headache started bought 2000
occipital → ear / (L) side neck
numbness to (L) side face.
gradually worsened
ibuprofen - no change
no facial weakness, no limb problems.
no N/V/photophobia/no neck stiffness

PMH - NIL NKDA. NO OH.
Smoker - 5/day
Alcohol - 20 units/wk.

O/E

TM L+R clear.
CN II-XII ✓
RR WR RR RR
T ✓ ✓ ✓ ✓
P ✓ ✓ ✓ ✓
R ✓ ✓ ✓ ✓
S ✓ ✓ ✓ ✓

1 submental LN tender
molar (L) lower dental caries
Tender TMJ (L) side

Imp Dental/TMJ pathology

Rx analgesia
Dental F/U

ST.

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

Designed by Medical Illustration Services ref 243836

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 21/07/2016

Consultant: Dr Katy McCarthy

JA Tobias
Elmwood Medical Practice
3 Elmwood Avenue
Newton Mearns
Glasgow
Glasgow
G77 6EH

Dear JA Tobias

Re: **Mathers Ann** DOB: **14/10/1978** CHI: **1410786102**
14 MAYBOLE CRESCENT
Glasgow G77 5SY

Attended on: **15/07/2016 at 19:05 hrs.** Departed on: **15/07/2016 at 21:56 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
chest pains 1 week, breathless

Nursing Assessment:
Patient c/o pleuritic sounding chest pain for 1/52 - seen by GP who felt there was an element of panic attack and given propranolol. C/O ongoing chest pains.

Investigations in ED:

1. CRP	**2. Full Blood Count**	**3. Gamma GT**
4. Glucose	**5. Urea and Electrolytes**	**6. D - Dimer**
7. Troponin I hs	**8. XR Chest**	**9. Coagulation screen**

Diagnosis:

Diagnosis	Side	Site
Chest pain (non cardiac)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Inestigations normal D DImer and CXR normal. Chest wall pain that is mobile. Discharged

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Amitava Roy
Doctor

Copies to:
1. JA Tobias (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:
Fax:
Email:

Date Completed: 21/04/2016

Consultant: Dr Scott Hepburn

JA Tobias
Elmwood Medical Practice
3 Elmwood Avenue
Newton Mearns
Glasgow
Glasgow
G77 6EH

Dear JA Tobias

Re: **Mathers Ann** DOB: **14/10/1978** CHI: **1410786102**
14 MAYBOLE CRESCENT
Glasgow G77 5SY

Attended on: **21/04/2016 at 00:53 hrs.** Departed on: **21/04/2016 at 04:35 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
unwell

Nursing Assessment:
pain at back of head and numb feeling at the side of her face . feels a bit panicky , l ear sore no vomiting , on antibiotics for joint pains

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Disease of jaws, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Headache, ear pain and TMJ discomfort. No neurological features on exam. Advised see dentist for assessment.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jennifer Cochrane
Doctor

Copies to:

1. JA Tobias (GP)

School Address:

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. GILLIAN GD LOCKHART
3 ELMWOOD AVENUE
NEWTON MEARNS
GLASGOW

G77 6EH
0141 639 2478

Dear Dr. GILLIAN GD LOCKHART,

Your Patient
Name : ANN MATHERS
DOB : 14/10/1978
Address : 14 MAYBOLE CRESCENT
NEWTON MEARNS
GLASGOW
LANARKSHIRE
G77 5SY

Consultant : IAN W R ANDERSON

Account # : AE0078136/10 Unit # : SG99807632 CHI # : 141

Attended at : 1801 on 15/09/2010
Left A&E at : 1910 on 15/09/2010

Reason for Visit : PAINFUL HAND

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Ann Mathers
57 LITTLETON PARK
BARRHEAD
Glasgow
Lanarkshire
G78 2FA

Main Switchboard: 0141 211 3000
Department: General Surgery
Contact Tel: 01475 504514
Enquiries to: Aileen.Campbell@nhs.scot
Letter Date: 14/05/2025
Reference: MA/SG
Dictated Date: 18/04/2025
Transcribed Date: 23/04/2025

Dear Miss Mathers,

Thank you very much for attending the camera test on 22 March 2025. As you may recall during this procedure biopsies were taken from the small bowel and the colon and sent to the Lab. I now have the result of the Histopathology.

I am glad to inform you that there were unremarkable with no sinister Pathology. I have copied the result to your GP.

Kind regards.

Yours sincerely,

Muhammed Alwahid

Consultant Surgeon - Clyde Sector

Electronically Signed: Mr Muhammed Alwahid, Consultant

cc. Dr CF Seenan
Gleniffer Medical Group
Barrhead Health & Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

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 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 URGENT Due to Family History
Date of referral 18-Mar-2009 **Date sent** 18-Mar-2009

PATIENT DETAILS

Surname	Mathers
Forename(s)	Ann
Title	Miss
Sex	Female
Date of birth	14-Oct-1978
CHI no.	1410786102
Area of Residence	-

Patient's address

14 Maybole Cres
Newton Mearns
GLASGOW
G77 5SY

Contact number(s)

Voice: 571 0946

**	Unique Care Pathway Number:

REGISTERED GP DETAILS

Name	Dr GD Lockhart		
GMC code	3120419	GP code	G07579
Practice name	ELMWOOD MEDICAL PRACTICE		
Practice code	49619		

Practice address

3 ELMWOOD AVENUE
NEWTON MEARNS
G77 6EH

Contact number(s)

Voice: 0141 639 2478
Facsimile: 0141 639 6708

REFERRING GP DETAILS

Name	Dr. Gillian Lockhart		
GMC code	3490675	GP code	07579
Practice name	3 ELMWOOD AVENUE (49619)		
Practice code	49619		

Practice address

NEWTON MEARNS
GLASGOW

Contact number(s)

Voice: 0141 639 2478

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Lesion on Her Right Nipple

Date of onset: 18-Mar-2009

Comment: Dear Doctor,

I would be grateful if you could see this lady who has an unusual lesion to the lateral border of her right nipple on her areola.

It was irritated and red and we commenced her on a course of antibiotics for week however there has been little improvement.

Whilst there is no family history of breast problems in her family her stepmother does have a history of breast cancer and therefore somewhat more to the forefront of her mind at present.

Due to this new lesion appearing I would be grateful for your review.

Many thanks and kind regards.

Dr GD Lockhart

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Family conditions (All priorities)

Description	Date of Onset
No FH: Ischaemic heart disease	18-Dec-2006
No family history diabetes	18-Dec-2006

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fucidin H	30	CREAM	Apply sparingly	Twice daily	05-Mar-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
Current smoker:		18-Dec-2006
Alcohol intake within recommended sensible limits:		18-Dec-2006
Enjoys light exercise:		18-Dec-2006

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 1-21 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**

Colonoscopy report

Performed	22-Mar-2025 11:43	Received	22-Mar-2025 12:13
Reported	22-Mar-2025 12:13	Order Number	UNI366049-1410786102
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
COLONOSCOPY REPORT

Name: **Ann MATHERS (F)**
Date of birth: **14/10/1978**
NHS No: **1410786102**
Case Note No: **1410786102**

Address: **57 Littleton Park**
Barrhead
Glasgow
Lanarkshire
G78 2FA

GP: **SEENAN, CLARE**
Gleniffer Medical Group
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Procedure date: **22nd March 2025 (11:43)**
Attachments: **Urgent**
An area wholly within the terminal ileum_1 **Outpatient/NHS**
An area wholly within the rectum_1 **GGH**
Appendiceal orifice_1 **Ward - Not specified**
An area wholly within the rectum_2 **G P (G P)**
An area wholly within the terminal ileum_2
An area wholly within the rectum_3

Priority:
Status:
Hospital:
Ward:
Referring Cons:

Indications
Wt loss, Altered bowel habit/diarrhoea, raised qFIT.

Consultant/Endo
Mr Muhamme

Inst
SC

Premed
Fentanyl (I
Midazolam (I

Report
Bowel preparation with 2 plenvu was satisfactory.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified by the ileocecal valve, the appendicular orifice, the tri-radiate caecal fold and ileal intubation. The scope was retroflexed in the rectum. The examination to the limit of insertion was normal. There were no

peri-operative complications.

Site a: An area wholly within the terminal ileum
Specimens: 4x random biopsy.
Site c: An area extending from the caecum to the distal sigmoid
Specimens: 10x random biopsy.

Advice/Comments

Unremarkable test. Biopsies taken and sent for histopathology.

Follow up

Return to the referring Consultant.

Mr Muhammed Alwahid
Consultant Surgeon General & Colorectal
c.c. G P (G P)
Mathers, Ann

Produced by Unisoft's GI Reporting Tool Compiled on 22/03/202

MATHES, ANN ID: 1410786102 15-Jul-2016 19:4 SOUTH GLASGOW UNIVERSITY HOSPITAL

14-Oct-1978
Male Caucasian

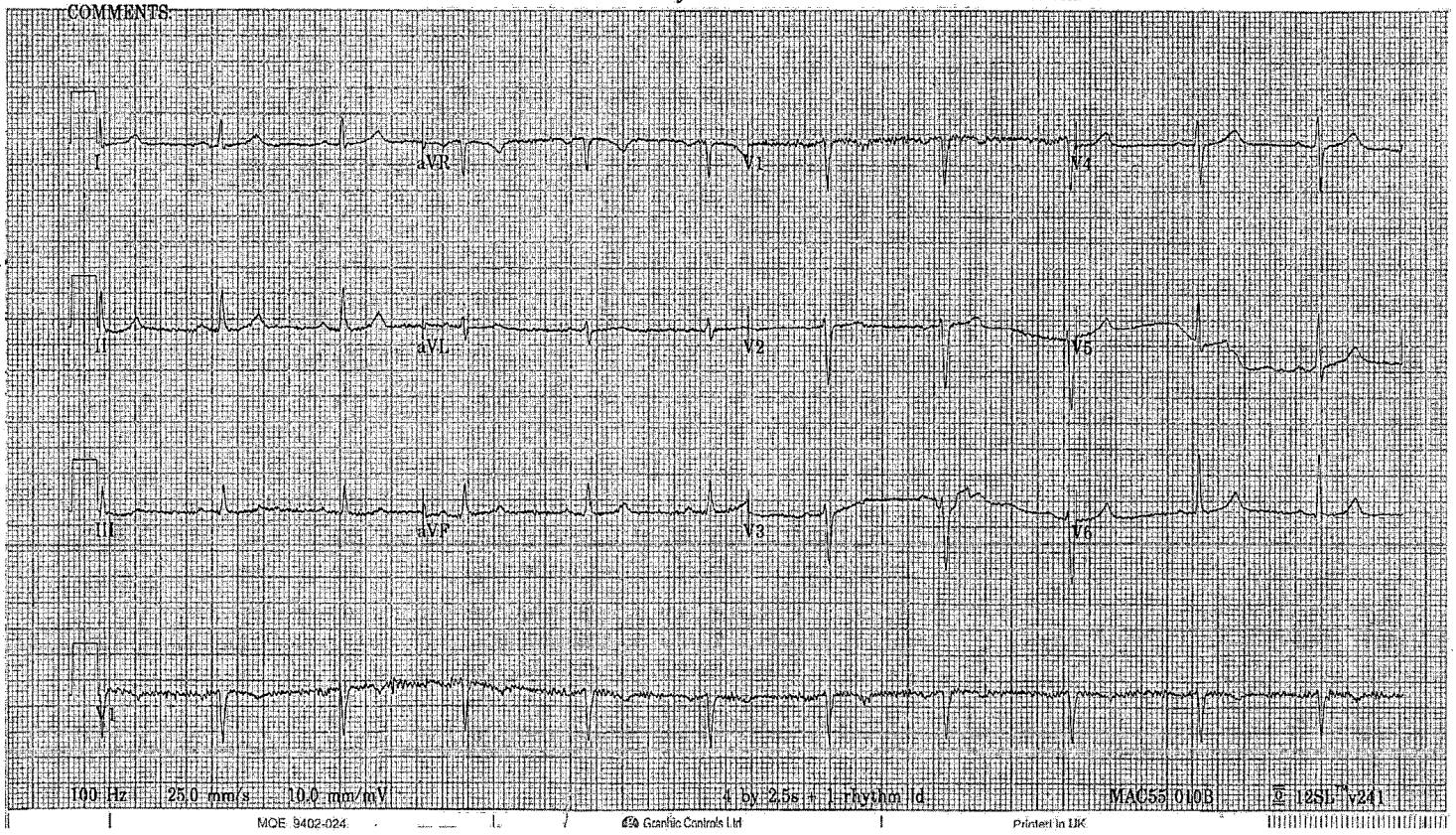
Vent. rate	64 bpm
PR interval	160 ms
QRS duration	82 ms
QT/QTc	398/410 ms
P-R-T axes	52 60 43

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by: Unconfirmed

COMMENTS:



XR Chest

Performed	15-Jul-2016 20:50	Received	18-Jul-2016 11:12
Reported	18-Jul-2016 11:10	Order Number	G405H31646467
Status	Final	Source System	MiSys

XR Chest Final
Ann Mathers
Clinical History :

Chest Pain ?cause

XR Chest :
No previous imaging available for comparison. The heart and mediastinum are within normal limits. The lungs are clear.

Reported by: Dr Robert Fleming(spr)
Verified by: Dr Robert Fleming(spr)

XR Temporomandibular joint Both

Performed	15-Apr-2016 14:53	Received	12-May-2016 09:17
Reported	12-May-2016 09:15	Order Number	G306H31340547
Status	Final	Source System	MiSys

XR Temporomandibular joint Both Final
Ann Mathers
Clinical History :
Pain and discomfort

See report of same day. Closed views only were possible as equipment failure prevented open views being performed. Please re-refer if felt clinically appropriate.

Reported by: Dr Andrew Watt
Verified by: Dr Andrew Watt

XR Temporomandibular joint Lt

Performed	15-Apr-2016 14:17	Received	12-May-2016 09:15
Reported	12-May-2016 09:13	Order Number	G306H31340329
Status	Final	Source System	MiSys

XR Temporomandibular joint Lt Final
Ann Mathers
Clinical History :
Pain and discomfort

No focal bone or joint abnormality can be identified.

Reported by: Dr Andrew Watt
Verified by: Dr Andrew Watt

US Abdomen

Performed	11-Dec-2013 09:42	Received	11-Dec-2013 12:46
Reported	11-Dec-2013 12:44	Order Number	G306H28558277
Status	Final	Source System	MiSys

US Abdomen Final
Ann Mathers
Clinical History :
Recurrent RUQ pain.? Gallstones.

US Abdomen :
Scanned by Morgyn Sneddon, sonographer.

Liver appears normal in size, shape and echotexture. No overt focal pathology or intrahepatic duct dilatation.

Common bile duct appears normal measuring 0.2 cm. Gallbladder appears within normal limits.

The pancreas is not well visualised, however no overt focal pathology noted within this area. The aorta, both kidneys and spleen appear grossly normal. No abdominal free fluid identified.

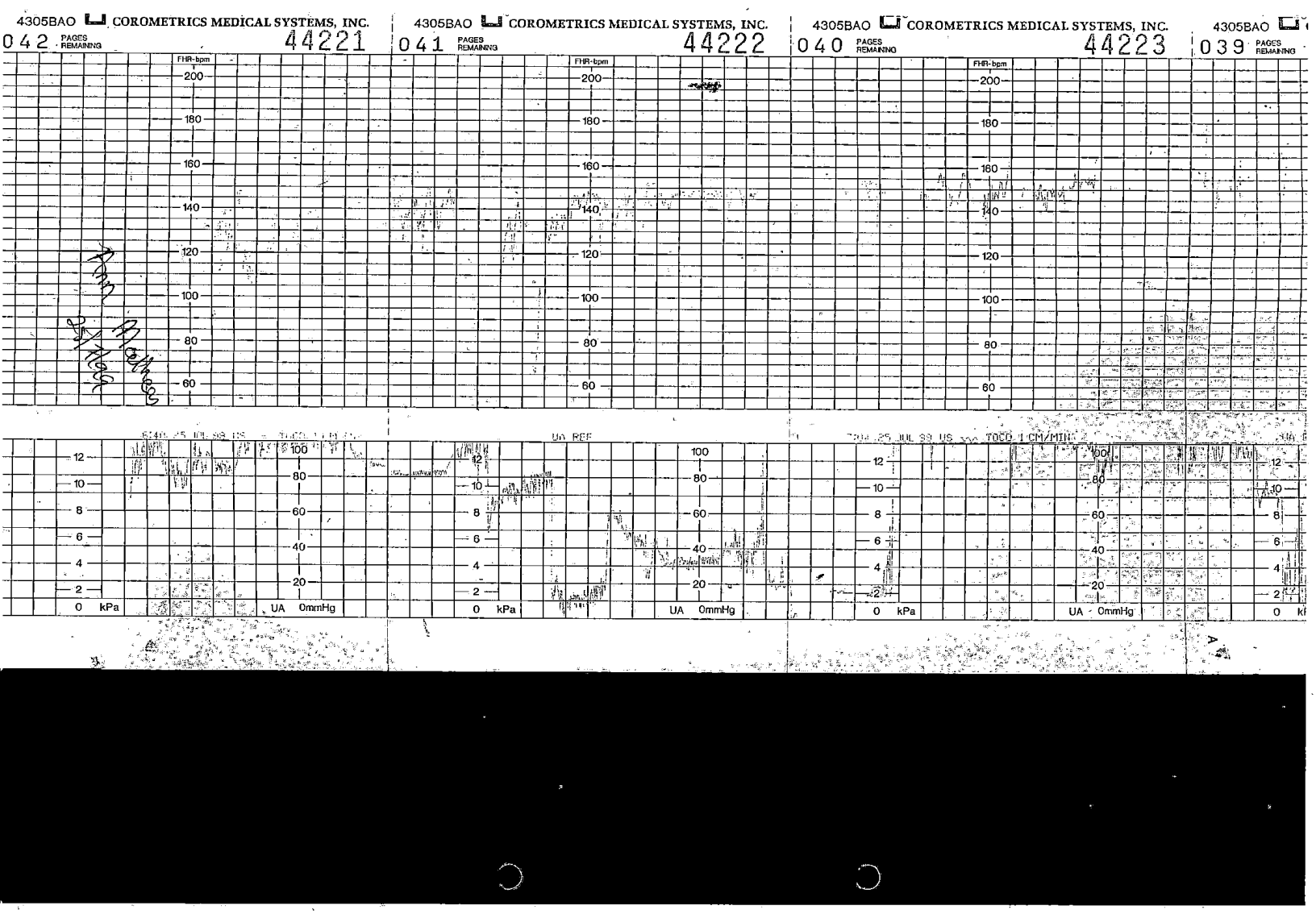
Reported by: Morgyn Sneddon
Verified by: Morgyn Sneddon

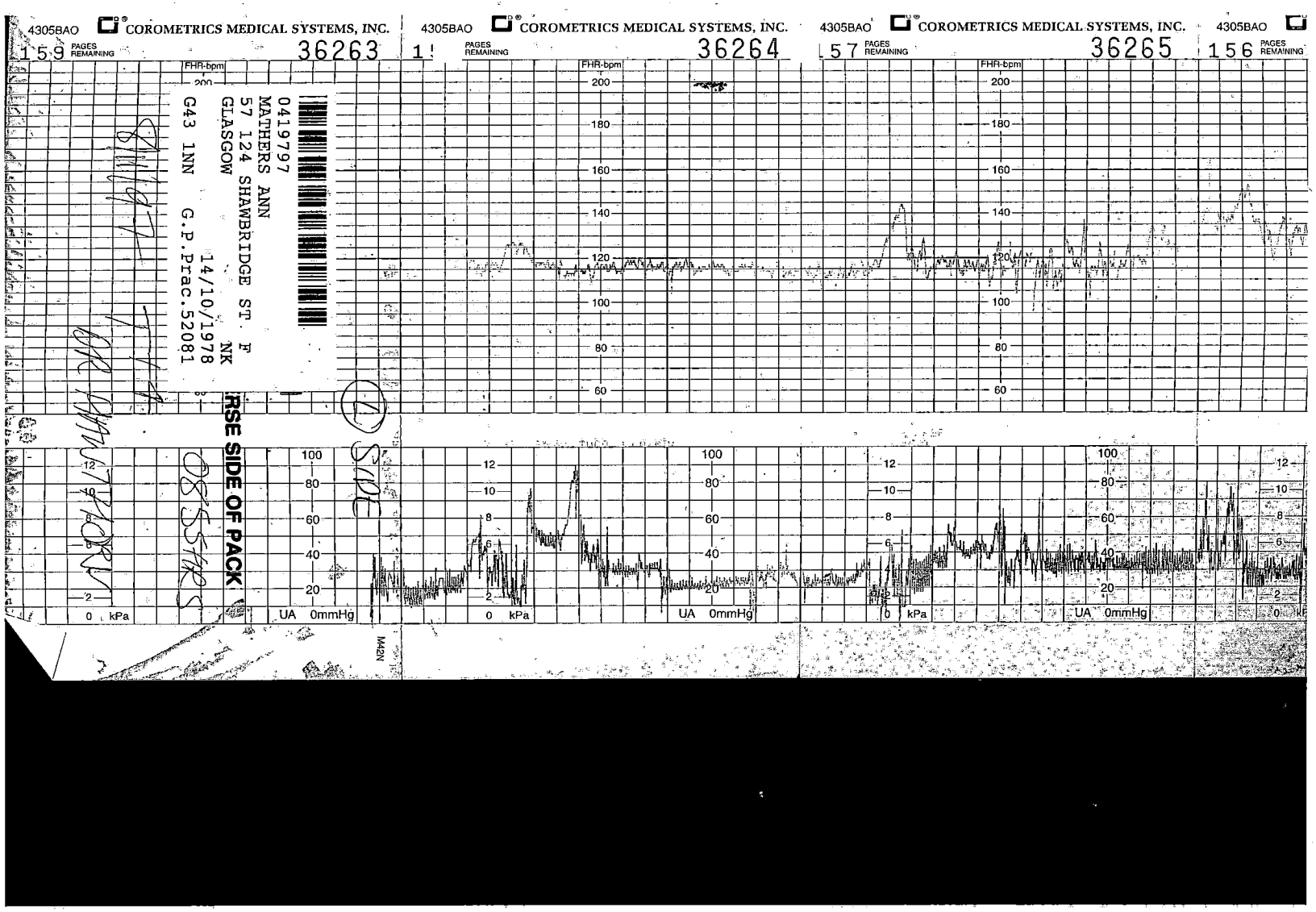
MANUAL PATIENT RECORDS

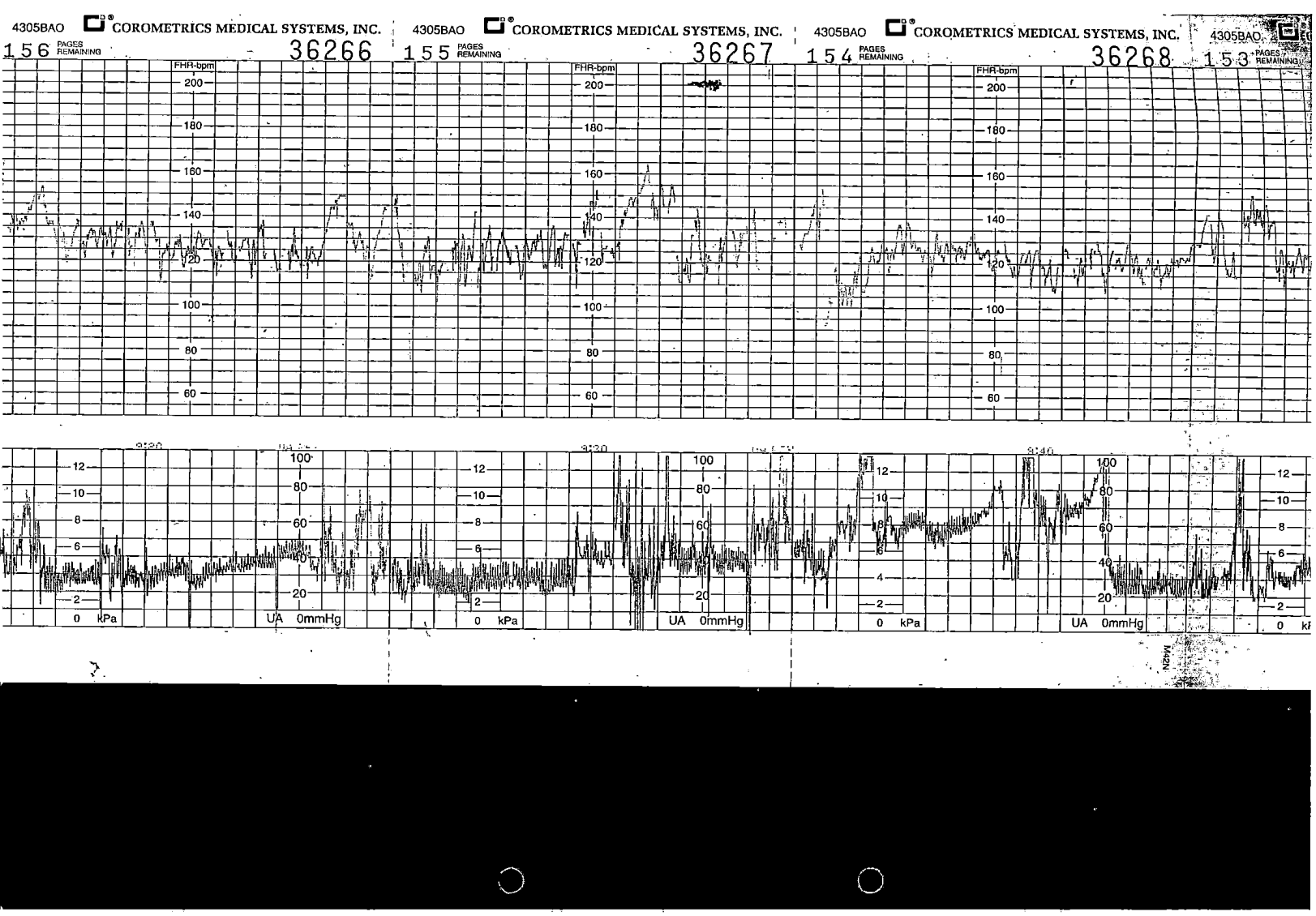
ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☑	MATERNITY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

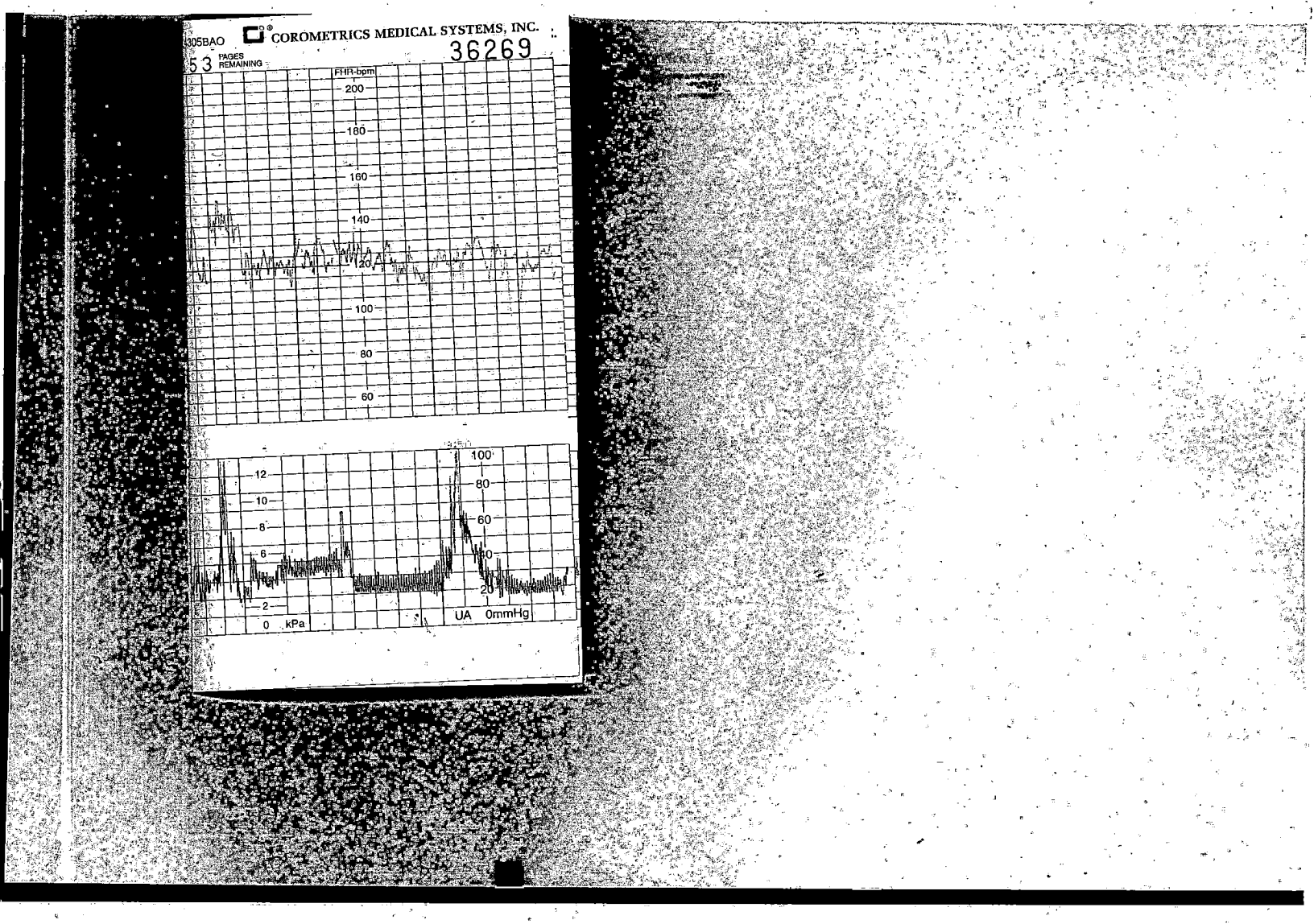
Including:

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


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
042 PAGES REMAINING
44221
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
041 PAGES REMAINING
44222
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
040 PAGES REMAINING
44223
039 PAGES REMAINING
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
TOCO 1 CM/MIN
12
10
8
6
4
2
0 kPa
UA OmmHg


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
159 PAGES REMAINING
36263
FHR-bpm
200
180
160
140
120
100
80
60
0419797
MATHERS ANN
57 124 SHAWBRIDGE ST. F
GLASGOW NK
G43 1NN G.P.Prac.52081
14/10/1978
REVERSE SIDE OF PACK
12
10
8
6
4
2
0 kPa
100
80
60
40
20
UA 0mmHg
M42N
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
PAGES REMAINING
36264
FHR-bpm
0 kPa
UA 0mmHg
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
157 PAGES REMAINING
36265
FHR-bpm
0 kPa
UA 0mmHg
4305BAO
156 PAGES REMAINING


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
156 PAGES REMAINING
36266
FHR-bpm
200
180
160
140
120
100
80
60
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
155 PAGES REMAINING
36267
FHR-bpm
200
180
160
140
120
100
80
60
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
154 PAGES REMAINING
36268
FHR-bpm
200
180
160
140
120
100
80
60
4305BAO
153 PAGES REMAINING
12
10
8
6
2
0 kPa
100
80
60
40
20
UA 0mmHg
12
10
8
6
2
0 kPa
100
80
60
20
UA 0mmHg
12
10
8
6
4
2
0 kPa
100
80
60
40
20
UA 0mmHg
12
10
8
6
2
0 kPa


305BAO
COROMETRICS MEDICAL SYSTEMS, INC.
53 PAGES REMAINING
36269
FHR-bpm
200
180
160
140
120
100
80
60
12
10
8
6
2
0 kPa
100
80
60
40
20
UA 0mmHg

SOUTHERN GENERAL HOSPITAL NHS TRUST

1

SURNAME (Block Letters)	FIRST NAME	UNIT No.
MATHERS	ANN	419797

ADDRESS
142 Shawbridge St
Glasgow
G43 1NS · No Phone

OCCUPATION

DATE OF BIRTH
14/10/78

NEXT OF KIN (Name and Address)
21 Riverbank Street
Glasgow
~~521 2488~~ 649 5753

CHANGE OF ADDRESS
57/124 Shawbridge St
Glasgow
G43 1NA No Tel

NAME AND ADDRESS OF OWN DOCTOR
Dr. Smith
26 Wellgreen
Glasgow

CHANGE OF ADDRESS

NAME AND ADDRESS OF OWN DOCTOR

BLOOD GROUP

SENSITIVITY

PREVIOUS CASENOTES ON MICROFICHE

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
2.5.97	A/N OP	Hawthorn			
15/5/97	—	—			
26.9.97	A/N	OP "			
12/10/97	—	—			
7/11/97	A/N	OP "			
8.11.97	47			Coded	13.11.97
29/1/99	A/N	OP Hawthorn			
7/5/99	A/N	OP Hawthorn			
2/7/99	A/N	OP "			
25.7.99	48			Coded	27.7.99

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

Continued

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

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

isd Scotland — SCOTTISH HEALTH SERVICE
Information & Statistics Division

48

Medical In Confidence
Maternity Record

Patient Identification

Hospital

Health Records System ID
Patient Identifier: 4197991
Coppish SMR Episode Record Key
Surname: MATHERS
First Forename: ANN
Second Forename
Previous Surname
Date of Birth: 14/01/1978
Sex (Gender): 2
Marital Status: 1
Central Index (CI)/CHI Number
NHS Number
Alternative Case Ref. Number

Patient's Address

Postcode: G43 1QE
Ethnic Group
GP Practice Code: S20081
GMC No. of Refering GP/GDP/Consultant: 2333234

Episode Management

Care Package ID
Specialty/ Discipline: F3
Significant Facility: 11
Clinical Facility Start
Consultant/HCP Responsible for Care: 2554824
Management of Patient: 1
Patient Category: 3

Location/ Hospital: G40SH
Admission Date: 25/07/99
Admission Type: 42
Admission Reason: 20
Admission /Transfer From: 12
Admission /Transfer From — Location
GP Referral Letter Number

	Provider	Purchaser	Contract Serial Number	Contract Service Number	Iso Resource Group	Invoice Number	Invoice Line
Contract Identifier	SGC01						

Contract Charge

Previous Pregnancies

Total Number: 1
Spontaneous Abortions (Miscarriages): 0
Therapeutic Abortions: 0
Caesarean Sections: 0
Stillbirths: 0
Neonatal deaths: 1

General Clinical - Maternal Condition

Main Condition/ Principal Diagnosis/ Problem Managed - ICD 10: O800
Other Condition/ Comorbidity/ Complication - ICD 10 - 2
Other Condition/ Comorbidity/ Complication - ICD 10 - 3
Other Condition/ Comorbidity/ Complication - ICD 10 - 4
Other Condition/ Comorbidity/ Complication - ICD 10 - 5
Other Condition/ Comorbidity/ Complication - ICD 10 - 6

Maternal Discharge Data

Ready for Discharge Date
Date of Discharge: 27/07/99
Clinical Facility End
Condition on Discharge: 3
Discharge Type: 1
Discharge/Transfer To: 12
Discharge/Transfer To - Location
Booking Smoking History: 1
Smoker during Pregnancy: 1
Diabetes: 4

Operation/Procedure

Main Operation/Procedure
Other Operation/Procedure (OPP2)

Date Main Operation
Clinician Responsible
Date (OPP2)
Clinician Responsible (2)

SMR 02

I/A/D/C ☐

For Hospital Use Only

Current Pregnancy

Number of *Previous* Admissions to *Any* Hospital in this Pregnancy	0
Date of Booking	29/01/98
Original Booking	64/05/H
Delivery Plan - Place	1
Delivery Plan - Management	3
Booking Change - Place	7
Booking Change - Management	2
Feeding Intention at Booking	1
Height ____ ft ____ ins / cm	170
Type of Abortion	
Management of Abortion	
Last Menstrual Period (LMP)	18/06/98
Estimated Gestation at Abortion or Delivery	39
Certainty of Gestation based on LMP	1

Record of Labour

Induction of Labour (**not** augmentation)	0
Duration of Labour (hours)	04
Analgesia in Labour	1
Analgesia during Delivery	1
Sterilisation after Delivery	0
Date of Delivery	25/07/98
Number of Births this Pregnancy ____	1
Episiotomy	0
Tears	0
Indication for Operative Delivery (baby 1)	
Senior Doctor Present at Delivery	0
Senior Midwife Present at Delivery	1
Midwife to Consultant Transfer	
Antenatal Steroids	

Baby Record

Baby CHI: 1 ☐☐☐☐☐☐☐☐☐☐

2 ☐☐☐☐☐☐☐☐☐☐

3 ☐☐☐☐☐☐☐☐☐☐

	Baby 1	Baby 2	Baby 3
Presentation at Delivery	1		
Mode of Delivery	0		
Outcome of Pregnancy	1		
Birthweight (g)	3000		
Resuscitation	0		
Apgar Score at 5 min.	10		
Sex	2		
OFC (cm)	35.0		
Crown/Heel (cm)	49		
Neonatal Indicator	6		
Baby Discharged to	1		
Feed on Discharge	2		

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIVISION OF OBSTETRICS AND GYNAECOLOGY

DISTRIBUTION:
1st – Labour Room
2nd – Community Midwife
3rd – Health Visitor
4th – Medical Records
5th – G.P.

RECORD OF DELIVERY

Surname: _____ Forename(s): _____ Unit No.: _____

Address: _____ Postal Code: _____

Date of Birth: _____ Rel.: _____ M.S.W.D.: _____

Date and Time of Delivery: _____ Male/Female: _____

Date and Time of Induction: _____

Type of Delivery: _____ Delivered by: _____

Name of Midwife at Delivery: _____ Doctor at Delivery: _____

BABY:– Weight: _____ Live/Stillbirth. Premature/Mature. Apgar: _____

Congenital Abnormalities: _____

MOTHER:– Parity: _____ Gestation: _____

Blood Group: _____ R.H. Factor: _____ Labour: Spontaneous/Induced

Anaesthesia: _____

Third Stage: _____ Blood Loss: _____

Perineum: _____

Remarks: _____

Mother to Ward: _____ Baby to Ward: _____

Date of Discharge: 27/7/99 Hb on Discharge: _____

Address to which Discharged: _____

_____ Postal Code: _____

Weight of Baby on Discharge: _____ Feeding: _____

Cord: _____ Guthrie: Yes/No Date _____ B.C.G.: Yes/No Date: _____

Medication:– BABY _____

MOTHER: _____

Post Natal: _____

G.P.'s Name and Address: _____

Remarks: _____

SGH302

N6 TEAM A DR HAWTHORN.

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIVISION OF OBSTETRICS AND GYNAECOLOGY

DISTRIBUTION:
1st — Labour Room
2nd — Community Midwife
3rd — Health Visitor
4th — Medical Records
5th — G.P.

RECORD OF DELIVERY

Surname: MATHERS Forename(s): ANN Unit No.: 41979

Address: 124 SHAWBRIDGE ST Postal Code: G43 1N

Date of Birth: 14/10/78 Rel.: — M.S.W.D.: SINGLE

Date and Time of Delivery: 9/11/97 @ 1422 Male / (Female): GIRL

Date and Time of Induction: —

Type of Delivery: SVD Delivered by: SR J. SHEPPARD

Name of Midwife at Delivery: SR. H. DUFFY Doctor at Delivery: —

BABY:– Weight: 3.00kg (Live)/Stillbirth. Premature/(Mature). Apgar: 9/1 10/5

Congenital Abnormalities: NAD

MOTHER:– Parity: 0+0 Gestation: T+5

Blood Group: A R.H. Factor: NEG Labour: (Spontaneous) / Induced

Cord & Maternal Bloods DEMANDE Anaesthesia: EPIDURAL

Third Stage: CAMPLETE Blood Loss: Minimal

Perineum: VAGINAL LACERATION

Remarks: Trans home in early labour → ward returned to labour ward. Labour progressed. Diamorphine, ARM, epidural & Syntocinon progressed.

Mother to Ward: 48 Baby to Ward: 48

Date of Discharge: 13/11/97 Hb on Discharge: Hb 7.0 Rubella Immune

Address to which Discharged: 124 Shawbridge St. (Buzzer No 57 Floor 14)

Postal Code: G43.

Weight of Baby on Discharge: * 2.98kg Feeding: A/F

Cord: On Dry. Guthrie: Yes/No Date — B.C.G.: Yes/No Date —

Medication:– BABY NIL.

MOTHER NIL

Post Natal: 6/52 GP Surgery

G.P.'s Name and Address: Dr Smith 26 Wellgreen Tel: 649-2836.

Remarks: Mother: WELL

Baby: WELL.

SGH302

50

SCOTTISH HEALTH SERVICE
Information & Statistics Division

Medical In Confidence
Maternity Record

Patient Identification

Hospital

Health Records System ID
Patient Identifier L1 0797
Coppish SMR Episode Record Key
Surname MATHERS
First Forename ANN
Second Forename
Previous Surname
Date of Birth 04 01 1978
Sex (Gender) 2
Marital Status 1
Central Index (CI)/CHI Number
NHS Number
Alternative Case Ref. Number

Patient's Address

Postcode G4 3BINN
Ethnic Group
GP Practice Code 52081
GMC No. of Referring GP/GDP/Consultant 2B3572B4

Episode Management

Spell Care Package ID
Specialty/ Discipline FB
Significant Facility 11
Clinical Facility Start
Consultant/HCP Responsible for Care 2554824
Management of Patient 1
Patient Category 3

Location/ Hospital GLOSH
Admission Date 08 01 97
Admission Type 42
Admission Reason 23
Admission /Transfer From 12
Admission /Transfer From — Location
GP Referral Letter Number

	Provider	Purchaser	Contract Serial Number	Contract Service Number	Iso Resource Group	Invoice Number	Invoice Line
Contract Identifier	5 6 K 0 1						

Contract Charge

Previous Pregnancies

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

General Clinical - Maternal Condition

Main Condition/ Principal Diagnosis/ Problem Managed - ICD 10

0 4 8 X

Other Condition/ Comorbidity/ Complication - ICD 10 - 2

Other Condition/ Comorbidity/ Complication - ICD 10 - 3

Other Condition/ Comorbidity/ Complication - ICD 10 - 4

Other Condition/ Comorbidity/ Complication - ICD 10 - 5

Other Condition/ Comorbidity/ Complication - ICD 10 - 6

Maternal Discharge Data

Ready for Discharge Date
Date of Discharge 13 11 97
Clinical Facility End
Condition on Discharge 3
Discharge Type 11
Discharge/Transfer To 12
Discharge/Transfer To - Location
Booking Smoking History 1
Smoker during Pregnancy 1
Diabetes 4

Operation/Procedure

Main Operation/Procedure

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

SMR 02

I/A/D/C ☐

For Hospital Use Only

Current Pregnancy

Number of ***Previous*** Admissions to ***Any*** Hospital in this Pregnancy	0
Date of Booking	02 05 97
Original Booking	
Delivery Plan - Place	1
Booking Change - Place	
Delivery Plan - Management	3
Booking Change - Management	
Feeding Intention at Booking	9
Height ____ ft ____ ins cm	169
Type of Abortion	
Management of Abortion	
Last Menstrual Period (LMP)	21 01 97
Estimated Gestation at Abortion or Delivery	41
Certainty of Gestation based on LMP	1

Record of Labour

Induction of Labour (**not** augmentation)	0
Duration of Labour (hours)	11
Analgesia in Labour	2
Analgesia during Delivery	2
Sterilisation after Delivery	0
Date of Delivery	09 11 97
Number of Births this Pregnancy ____	1
Episiotomy	0
Tears	1
Indication for Operative Delivery (baby 1)	
Senior Doctor Present at Delivery	
Senior Midwife Present at Delivery	
Midwife to Consultant Transfer	
Antenatal Steroids	

Baby Record

Baby CHI: 1

2

3

	Baby 1	Baby 2	Baby 3
Presentation at Delivery	1		
Mode of Delivery	0		
Outcome of Pregnancy	1		
Birthweight (g)	3000		
Resuscitation	1		
Apgar Score at 5 min.	10		
Sex	2		
OFC (cm)	33.2		
Crown/Heel (cm)	99		
Neonatal Indicator	0		
Baby Discharged to	1		
Feed on Discharge	2		

Sonicaid

SONICAID TM

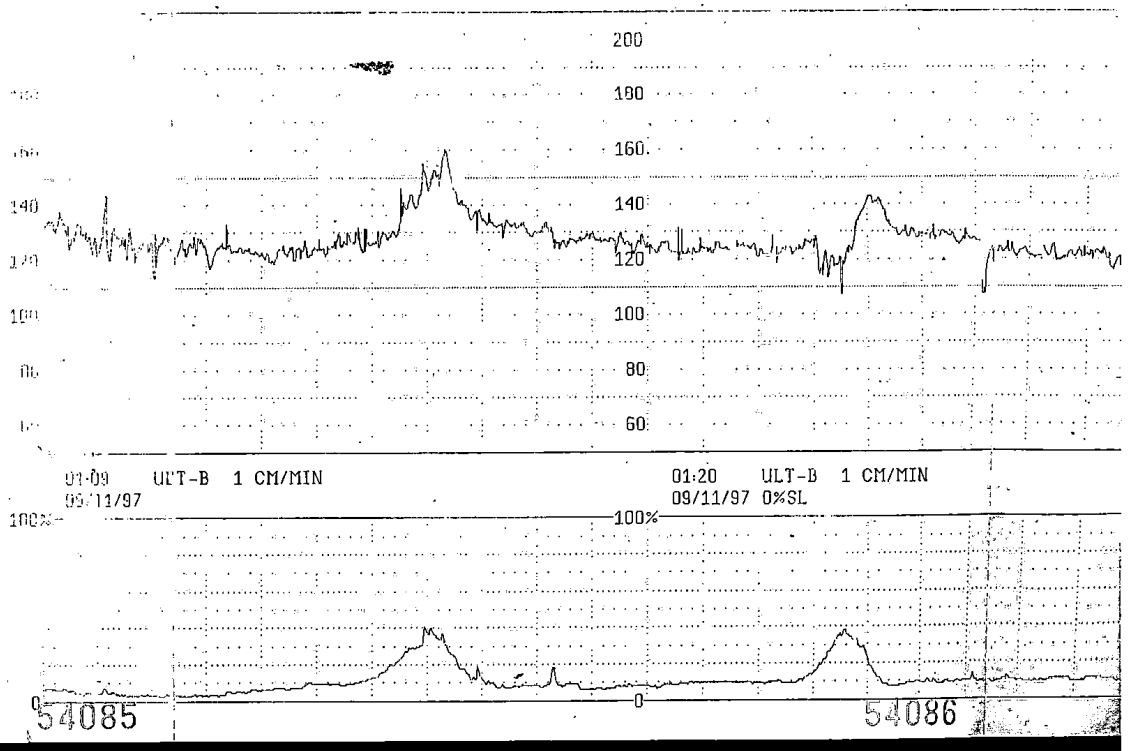
DATE: 09/11/97

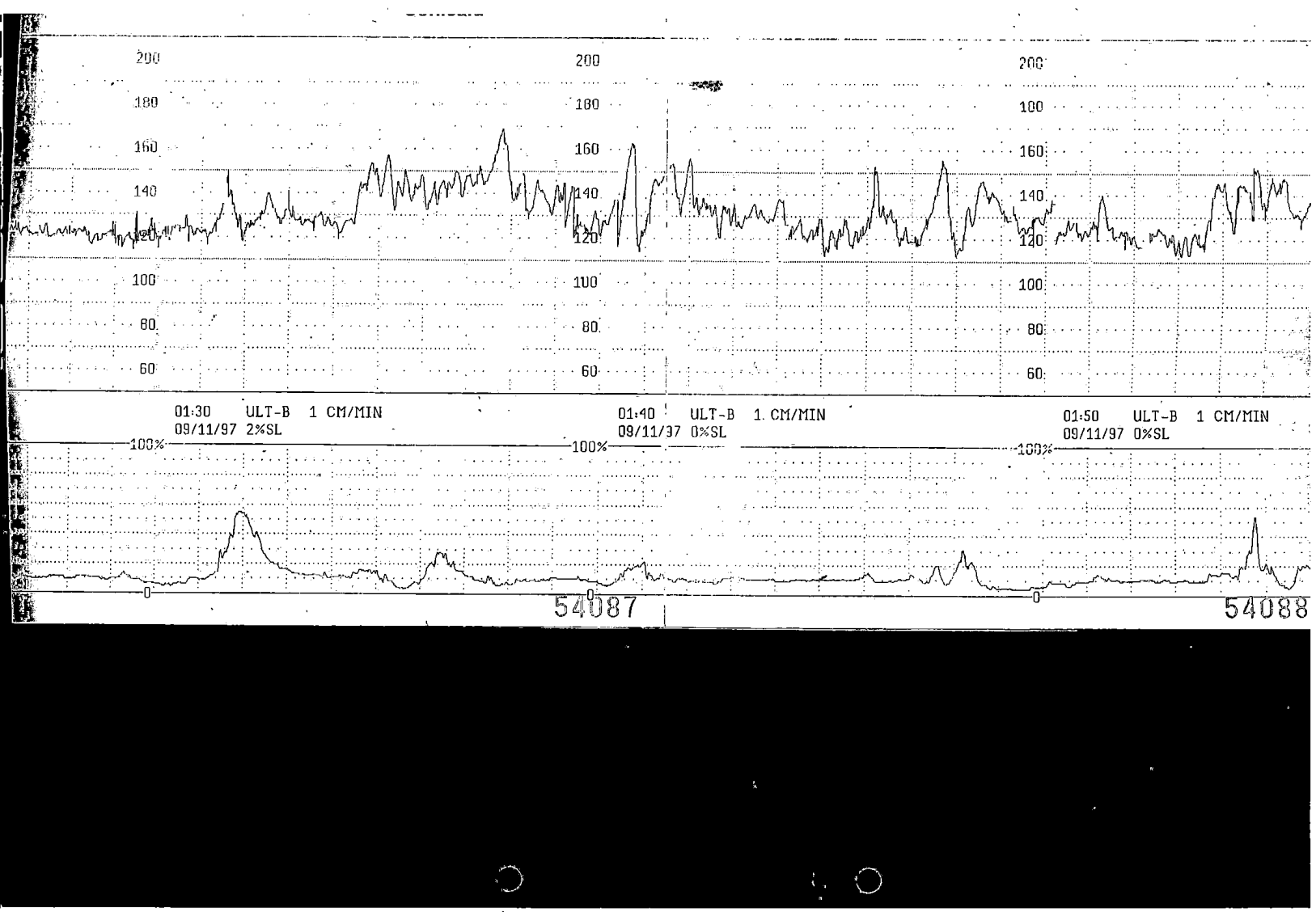
TIME: 01:08

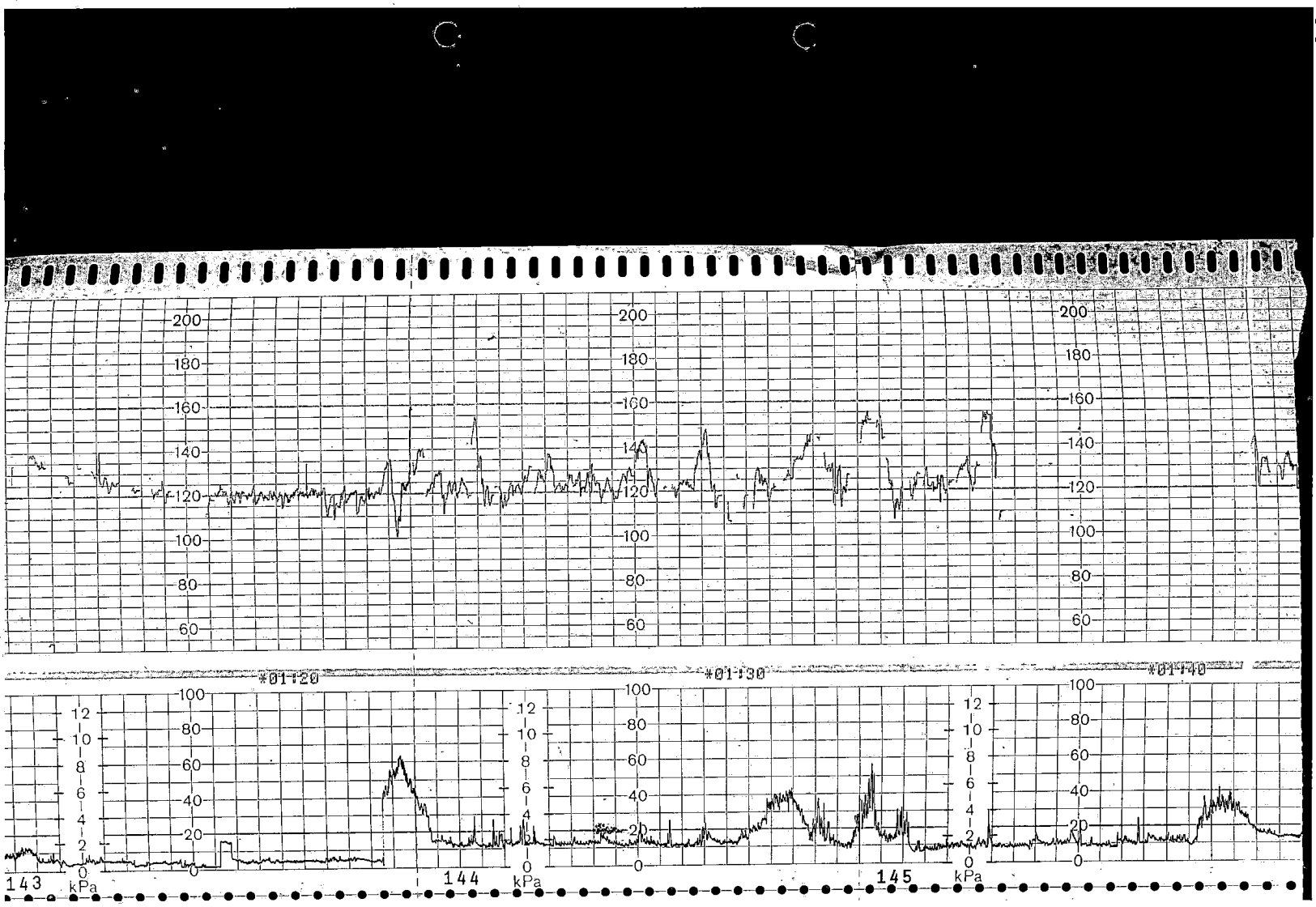
GESTATION:

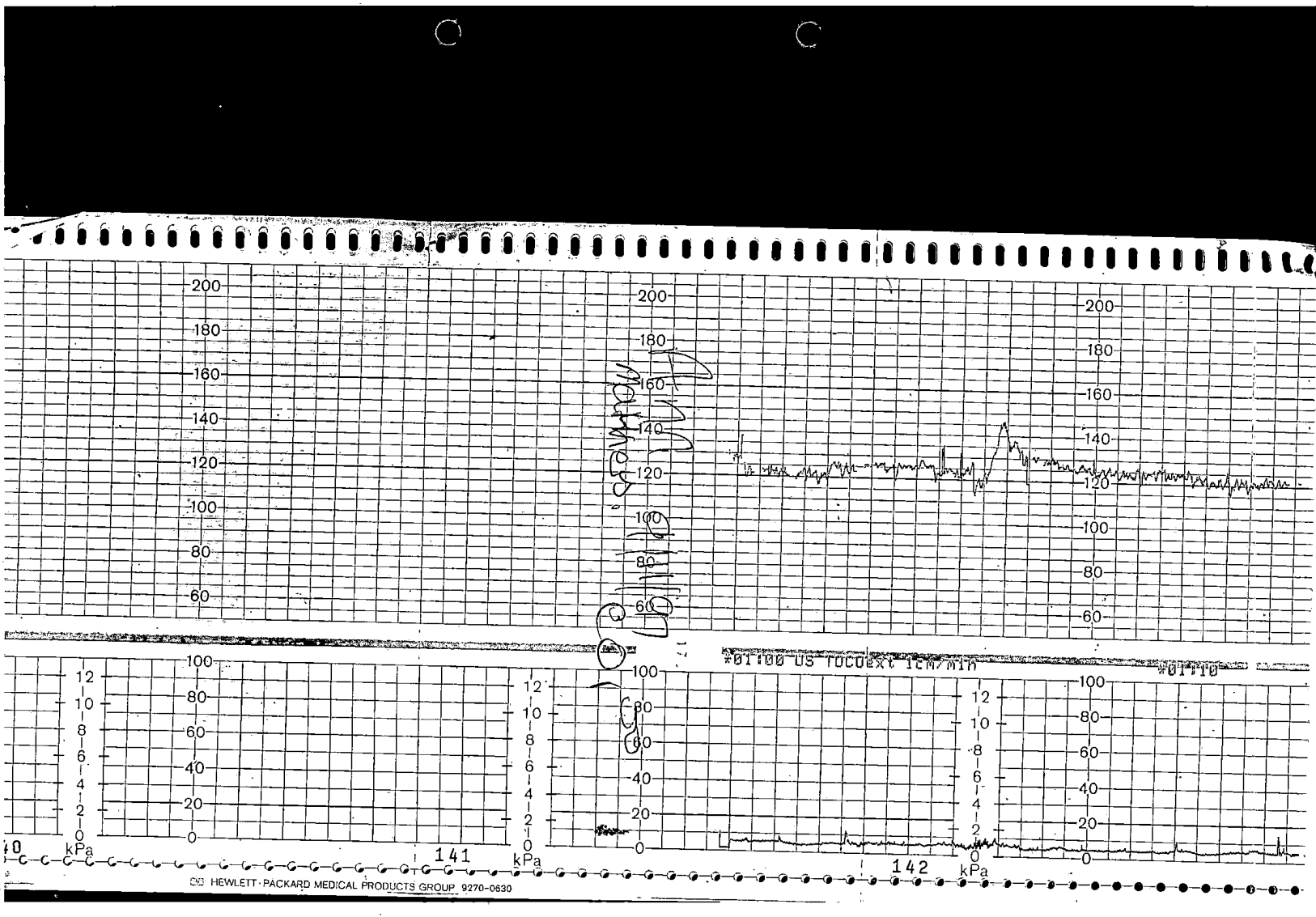
Ann.
mothers
4 19 97

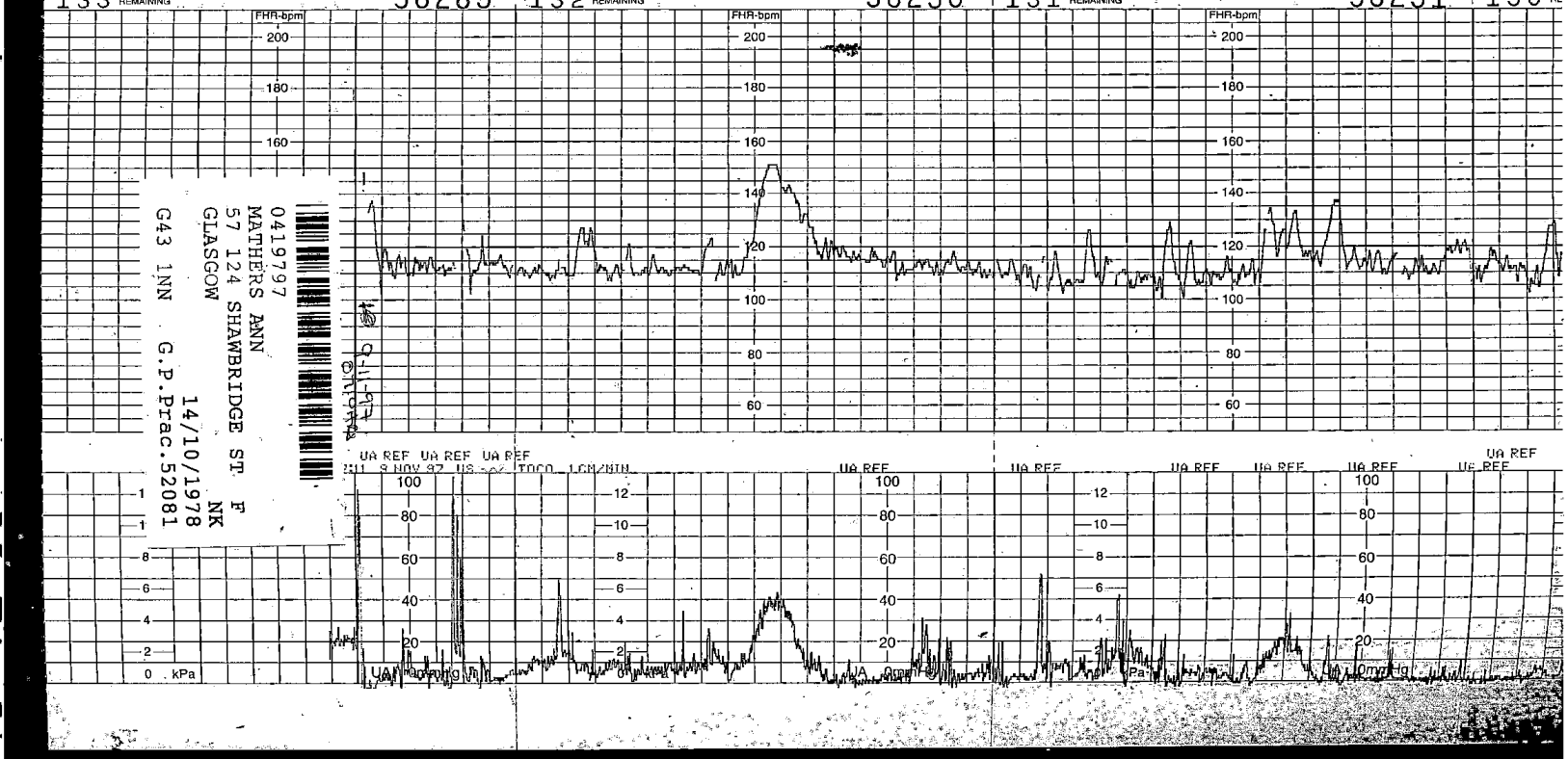
12/4/97




200
180
160
140
120
100
80
60
01:30 ULT-B 1 CM/MIN
09/11/97 2%SL
100%
0
54087
01:40 ULT-B 1 CM/MIN
09/11/97 0%SL
01:50 ULT-B 1 CM/MIN
09/11/97 0%SL
54088

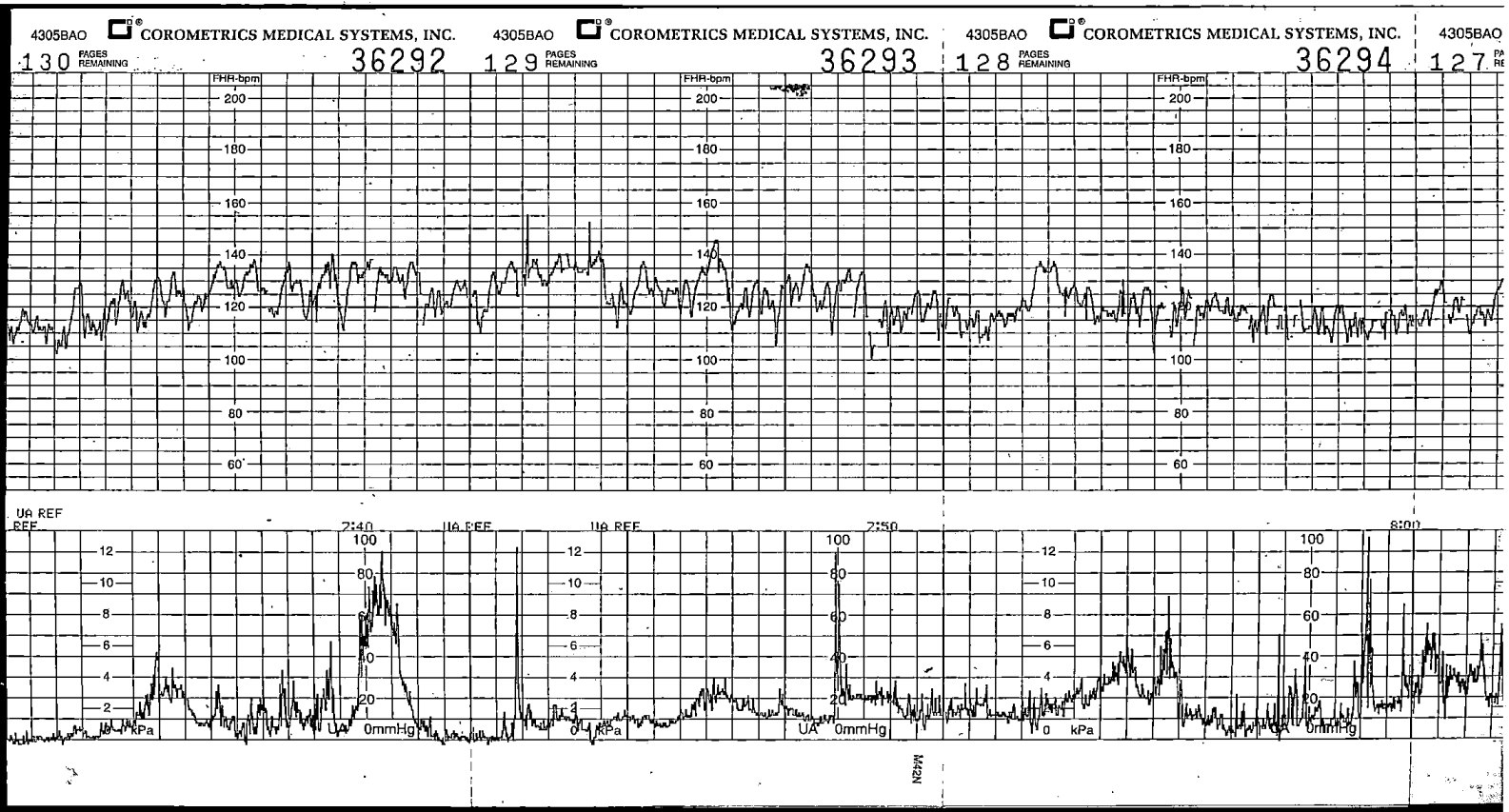

200
180
160
140
120
100
80
60
#01:20
#01:30
#01:40
12
10
8
6
4
2
0
kPa
143
144
145





0419797
MATHERS ANN
57 124 SHAWBRIDGE ST F
GLASGOW NK
G43 1NN G.P.Prac.52081

14/10/1978

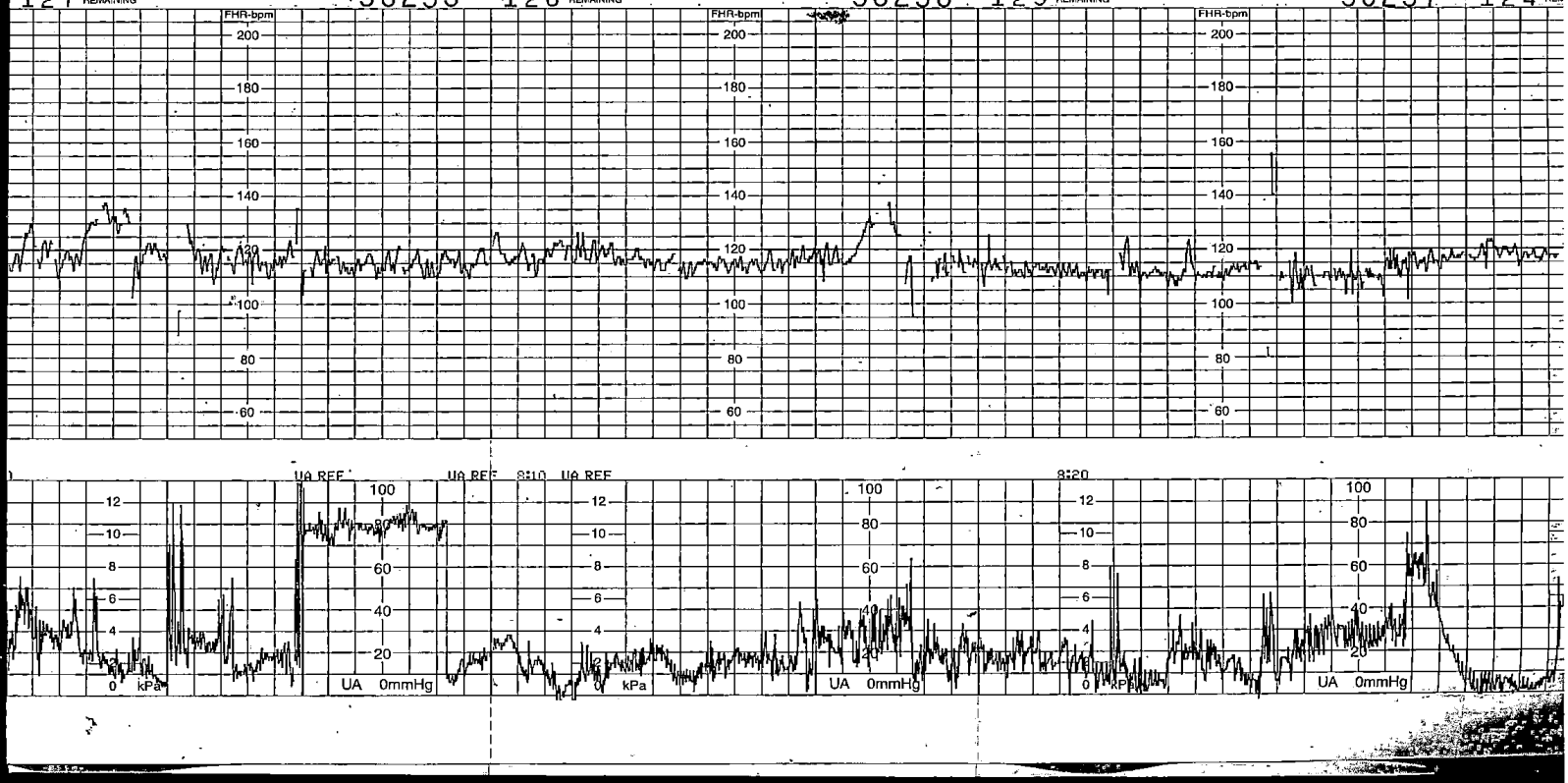

4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
130 PAGES REMAINING
36292
129 PAGES REMAINING
36293
128 PAGES REMAINING
36294
127
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
7:40
7:50
8:00
12
10
8
6
4
2
0 kPa
100
80
60
40
20
UA 0mmHg
M42N

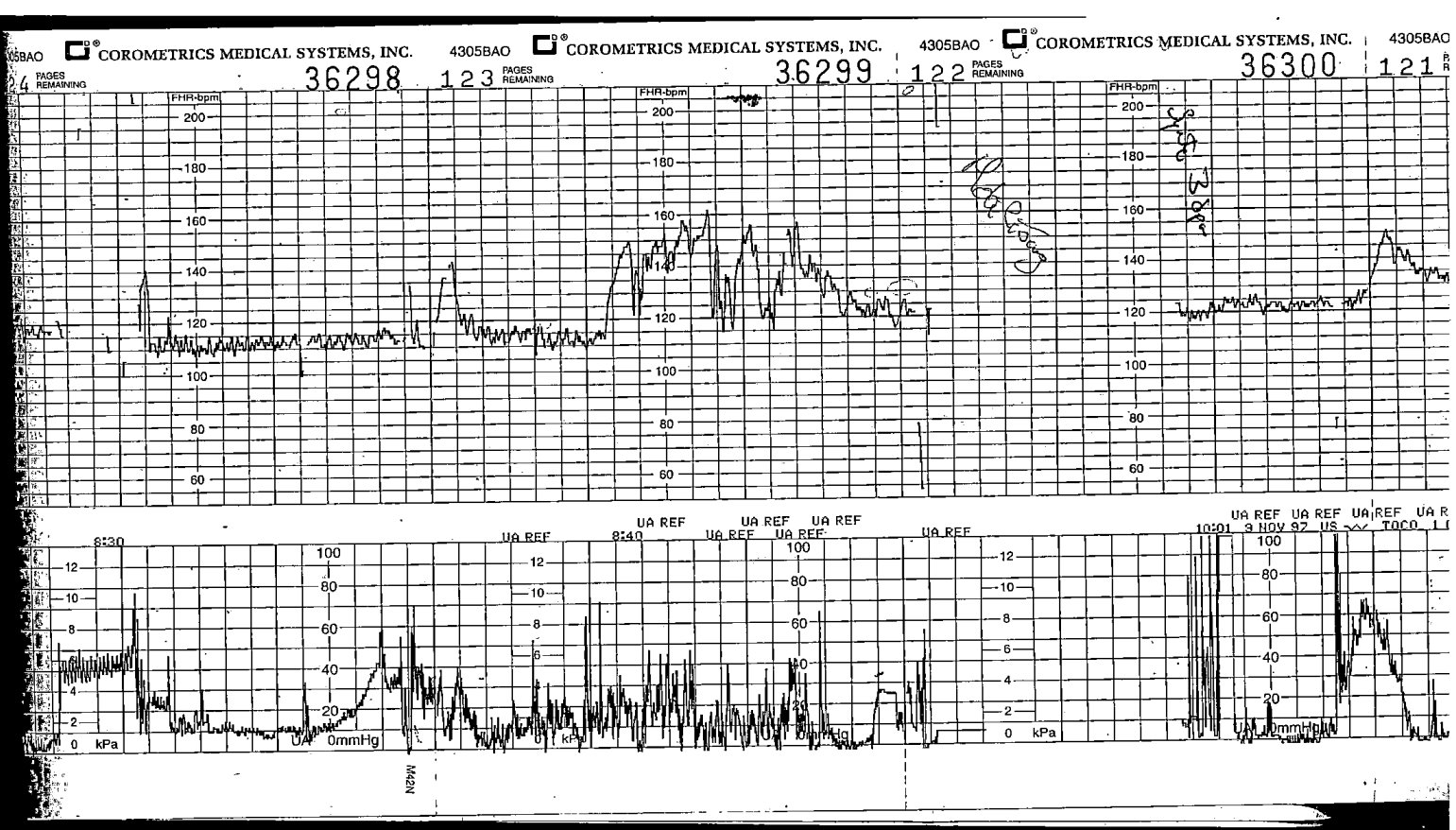
4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 127 PAGES REMAINING 36295

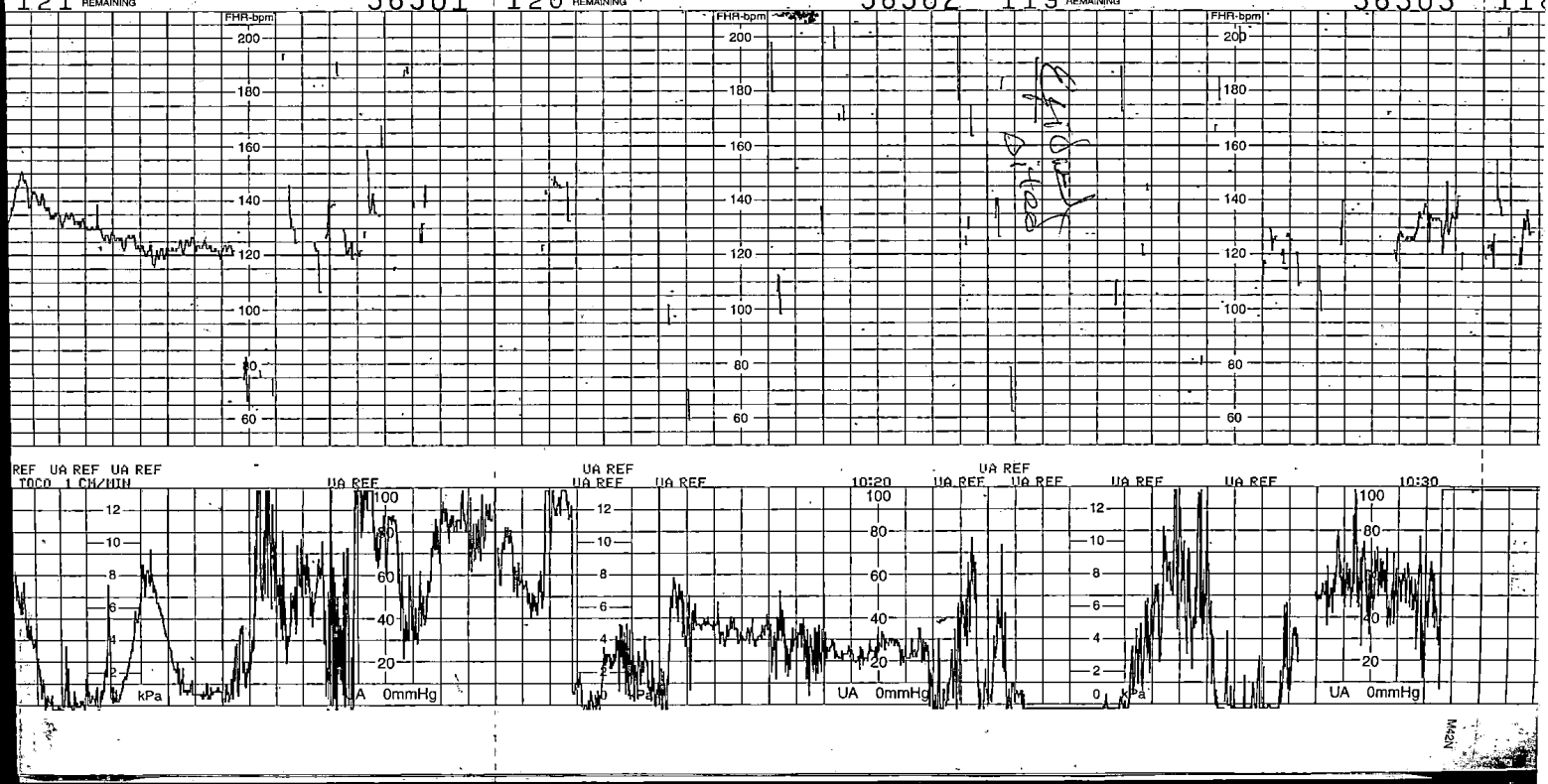
4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 126 PAGES REMAINING 36296

4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 125 PAGES REMAINING 36297

4305BAO 124 PAG REM

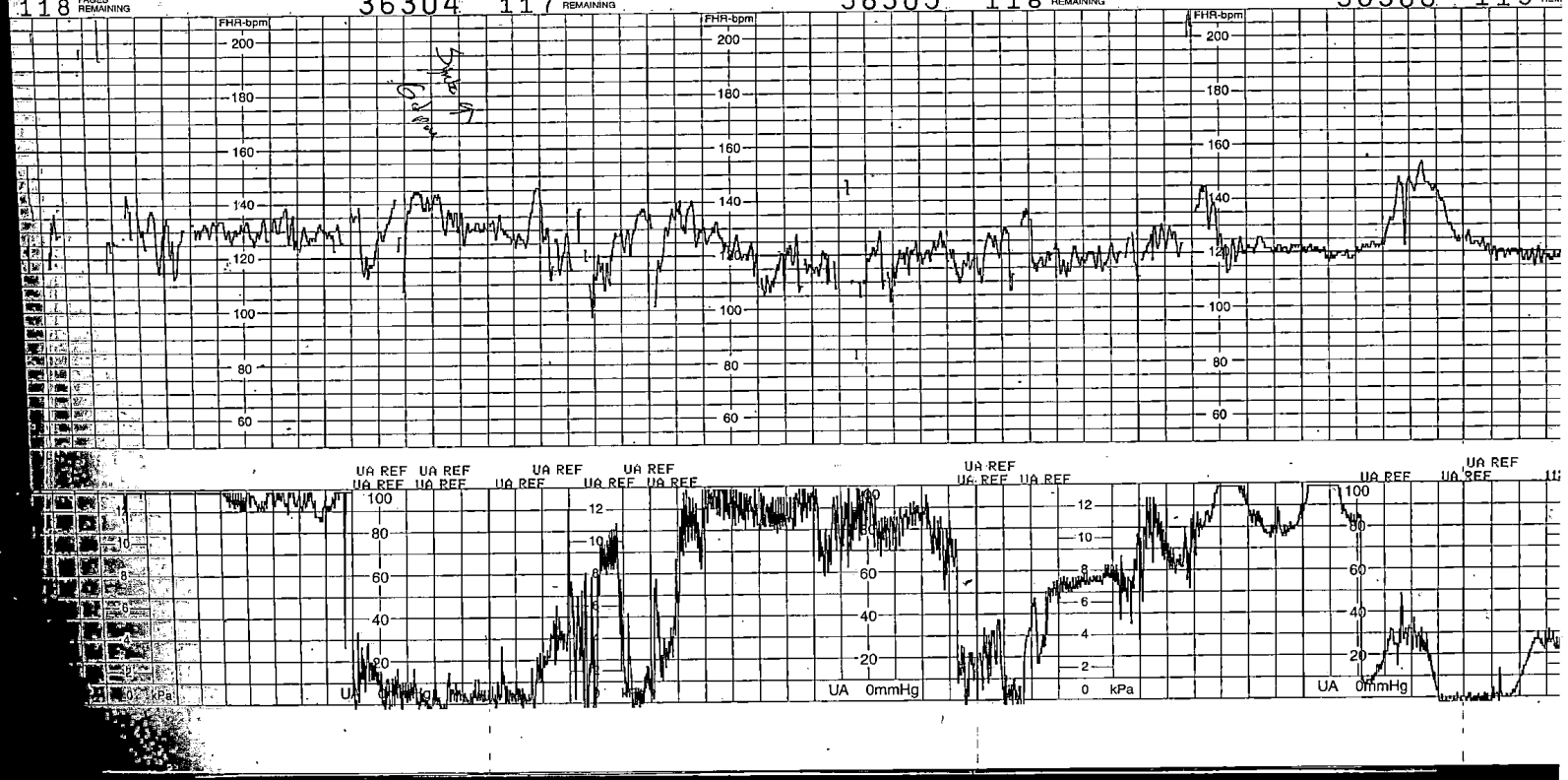



4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
PAGES REMAINING
36298
123
36299
122
36300
121
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
6:30
8:40
10:01
3 NOV 97
US
TOCO
12
10
8
6
4
2
0 kPa
UA 0mmHg
M42N


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
121 PAGES REMAINING
36301
120 PAGES REMAINING
36302
119 PAGES REMAINING
36303
FHR-bpm
200
180
160
140
120
100
80
60
TOCO 1 CM/MIN
UA REF
12
10
8
6
4
2
kPa
100
80
60
40
20
UA 0mmHg
10:20
10:30

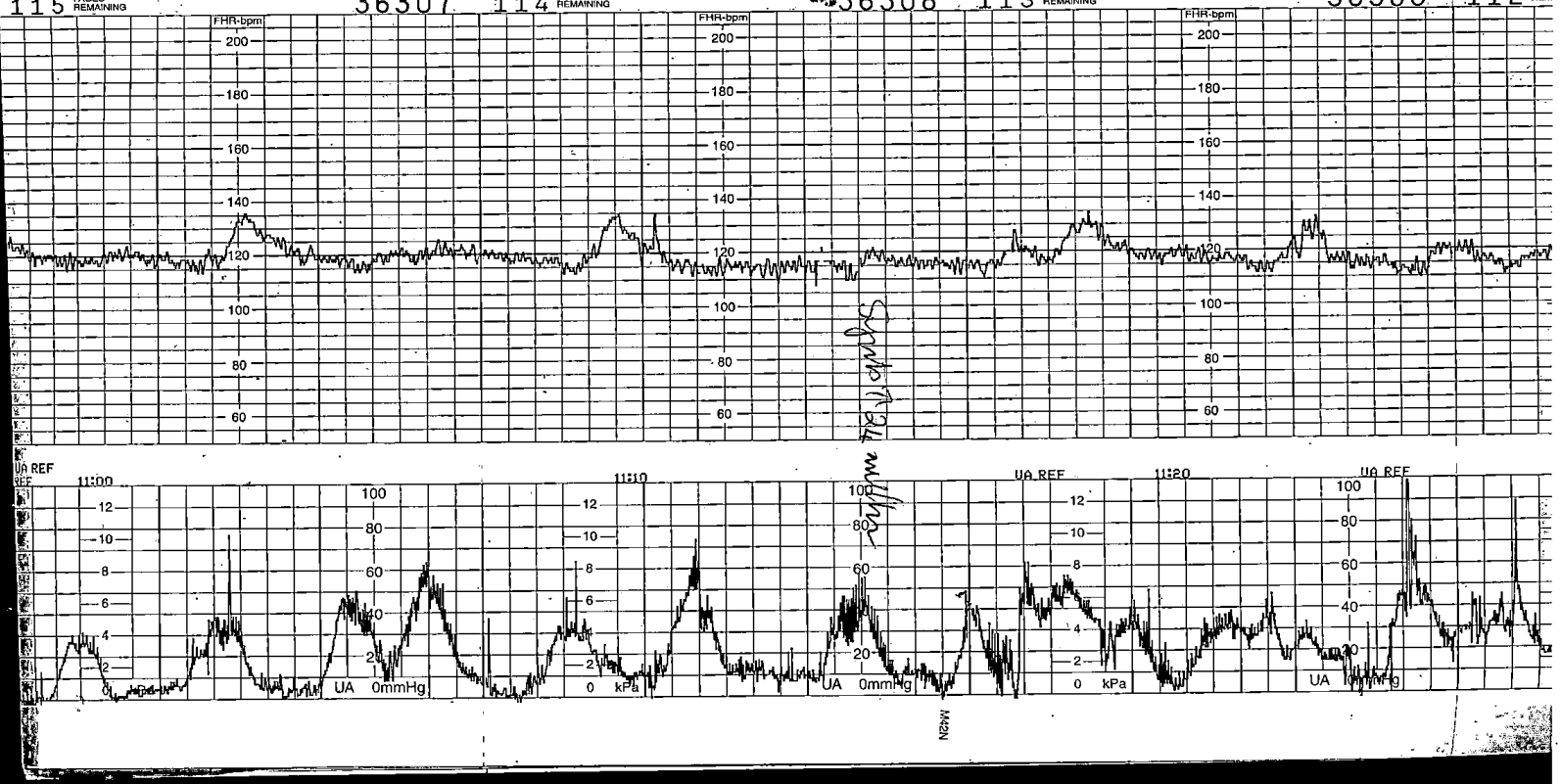
4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 4305BAO

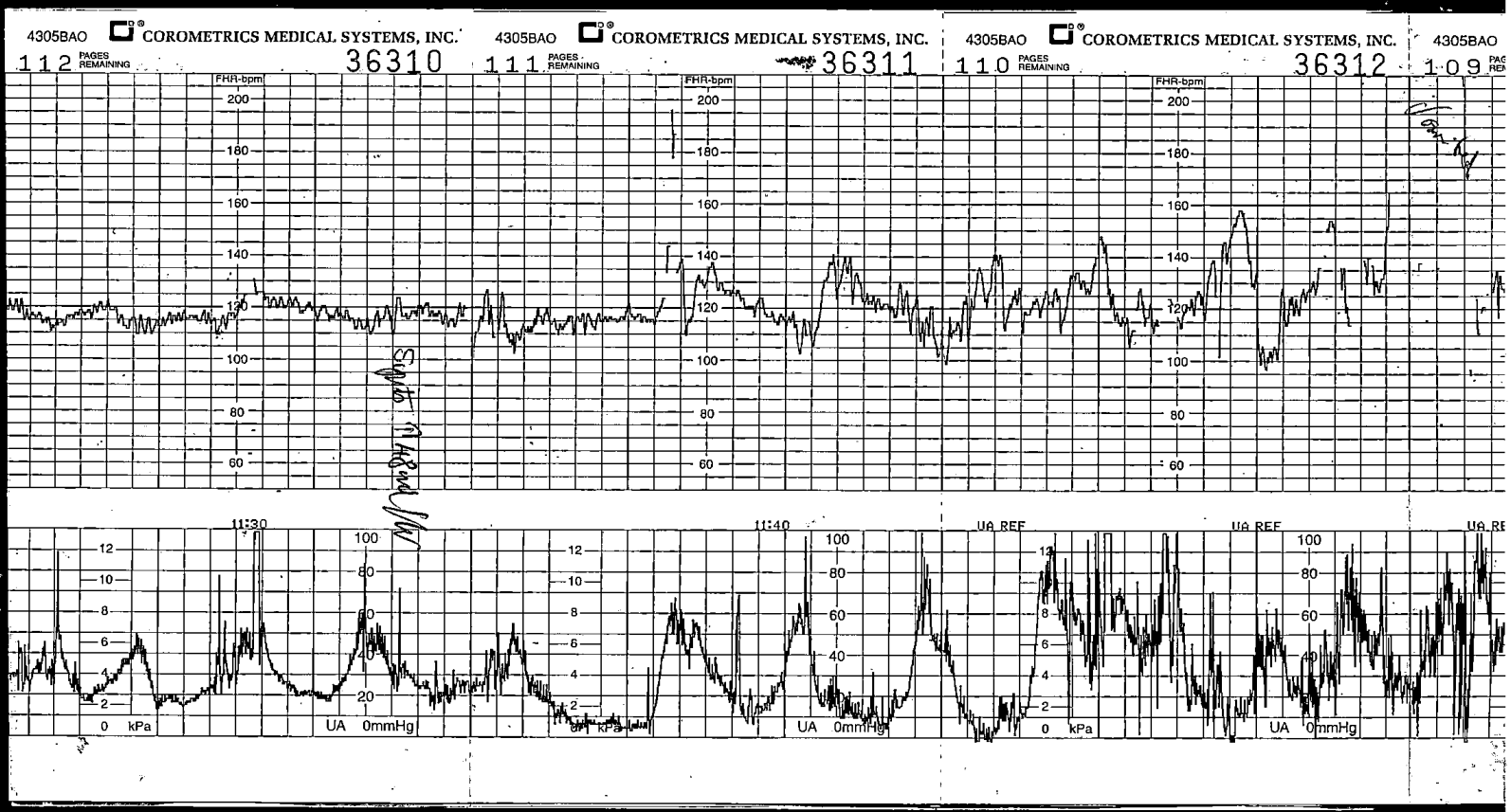
118 PAGES REMAINING 36304 117 PAGES REMAINING 36305 116 PAGES REMAINING 36306 115 PAGES REM

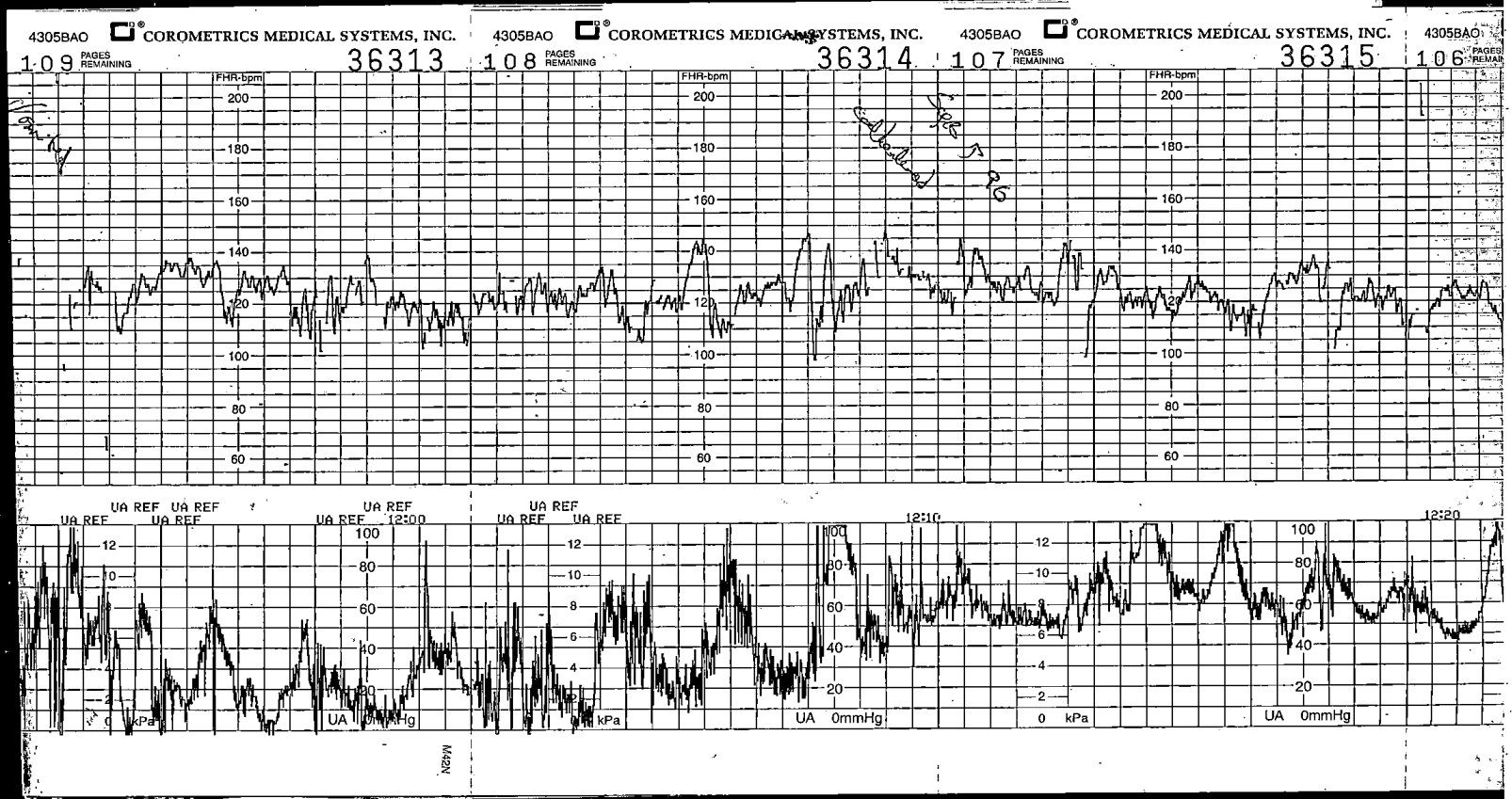


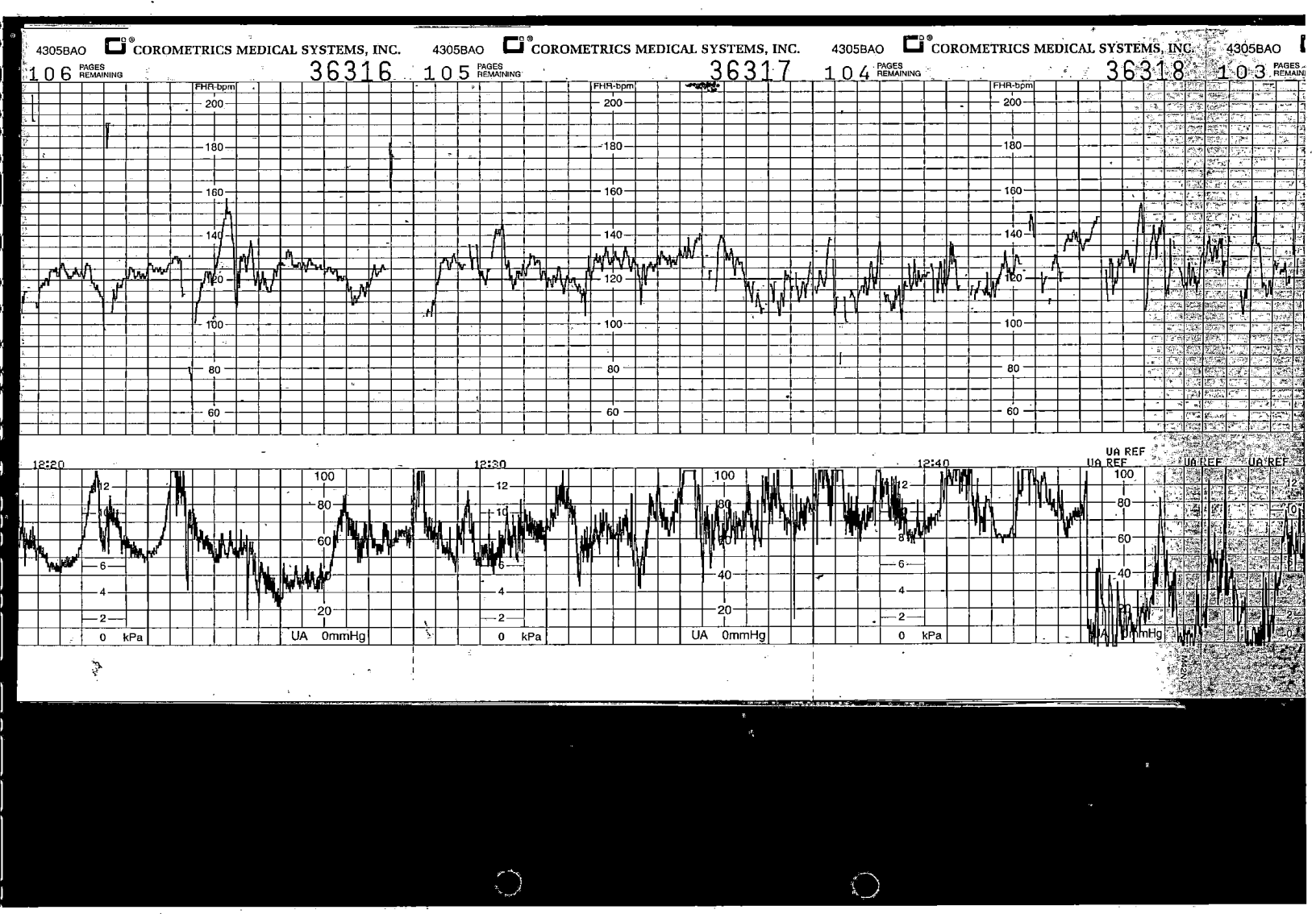
4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 4305BAO COROMETRICS MEDICAL SYSTEMS, INC. 4305BAO

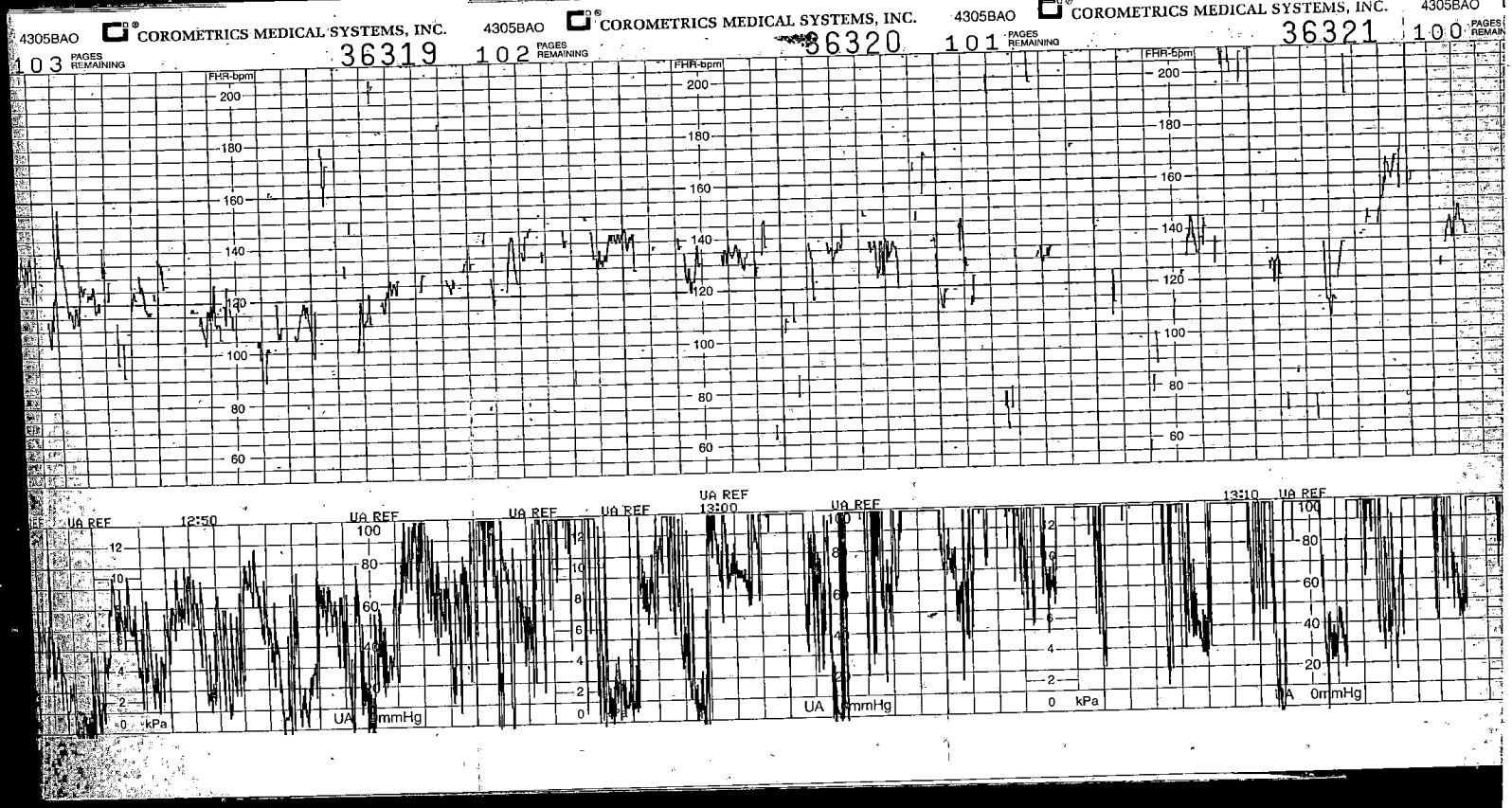
115 PAGES REMAINING 36307 114 PAGES REMAINING 36308 113 PAGES REMAINING 36309 112 PAGES REM

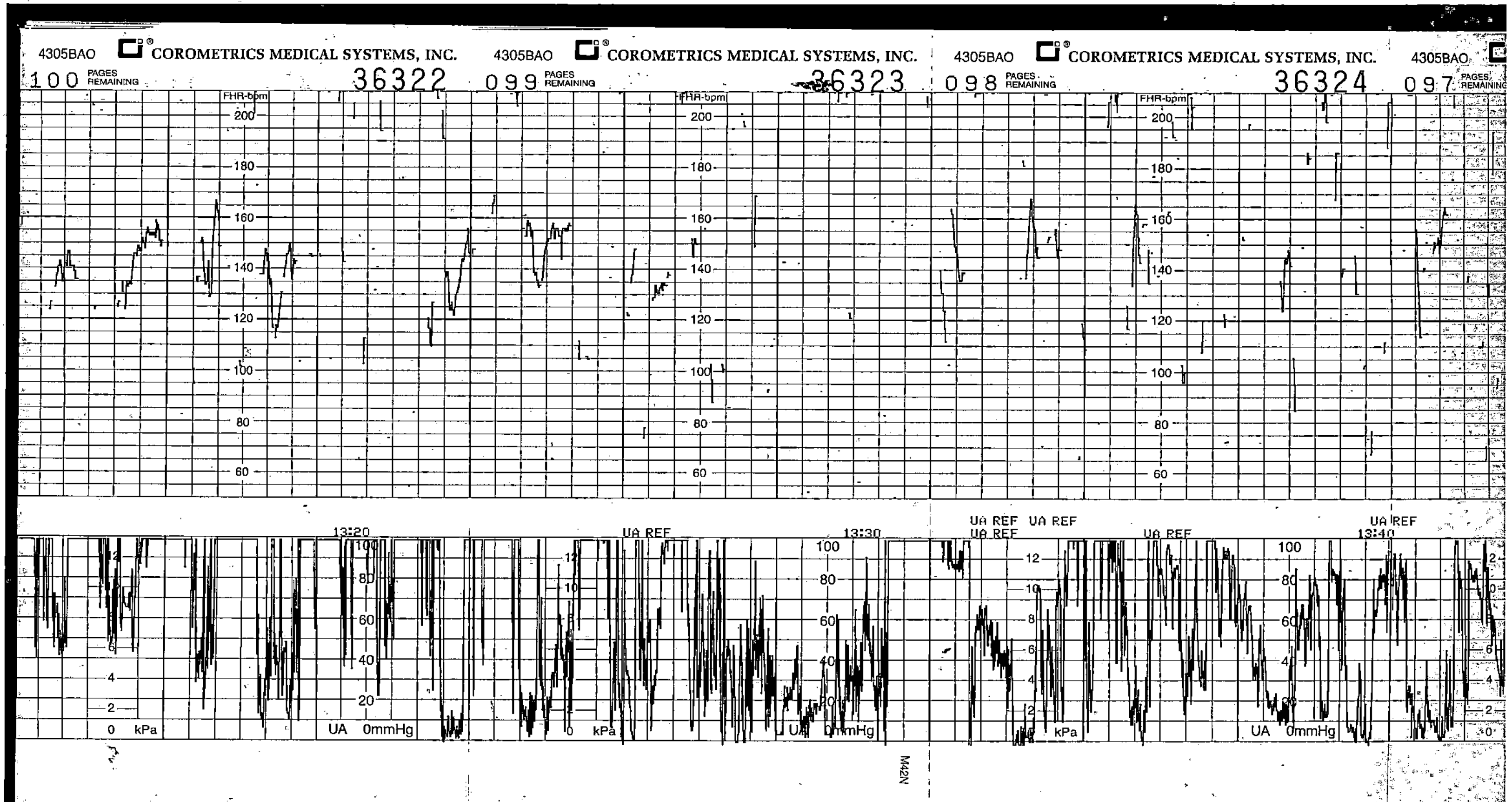


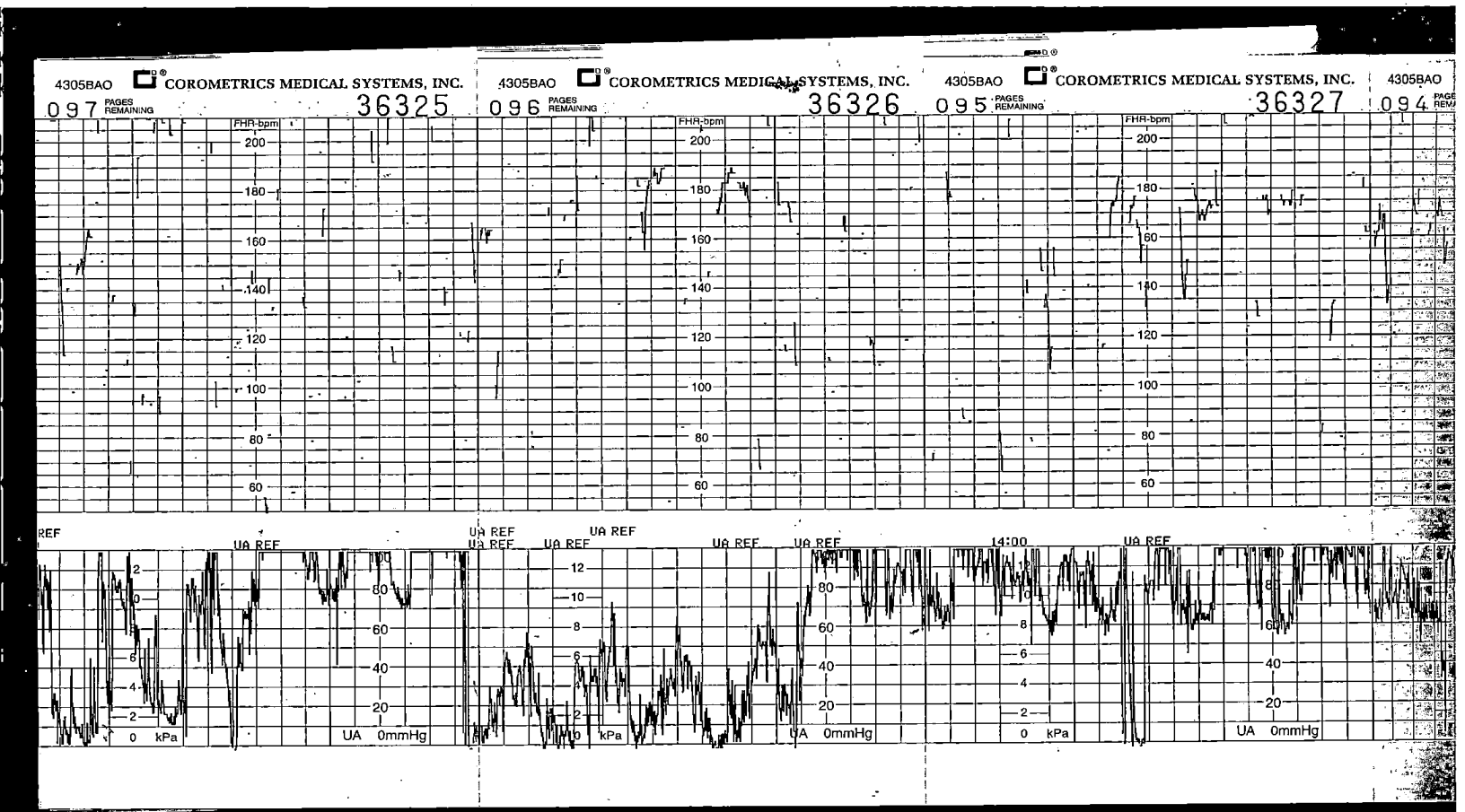

4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
112 PAGES REMAINING
36310
111 PAGES REMAINING
36311
110 PAGES REMAINING
36312
109
FHR-bpm
200
180
160
140
120
100
80
60
11:30
11:40
UA REF
12
10
8
6
4
2
0 kPa
100
80
60
40
20
UA 0mmHg

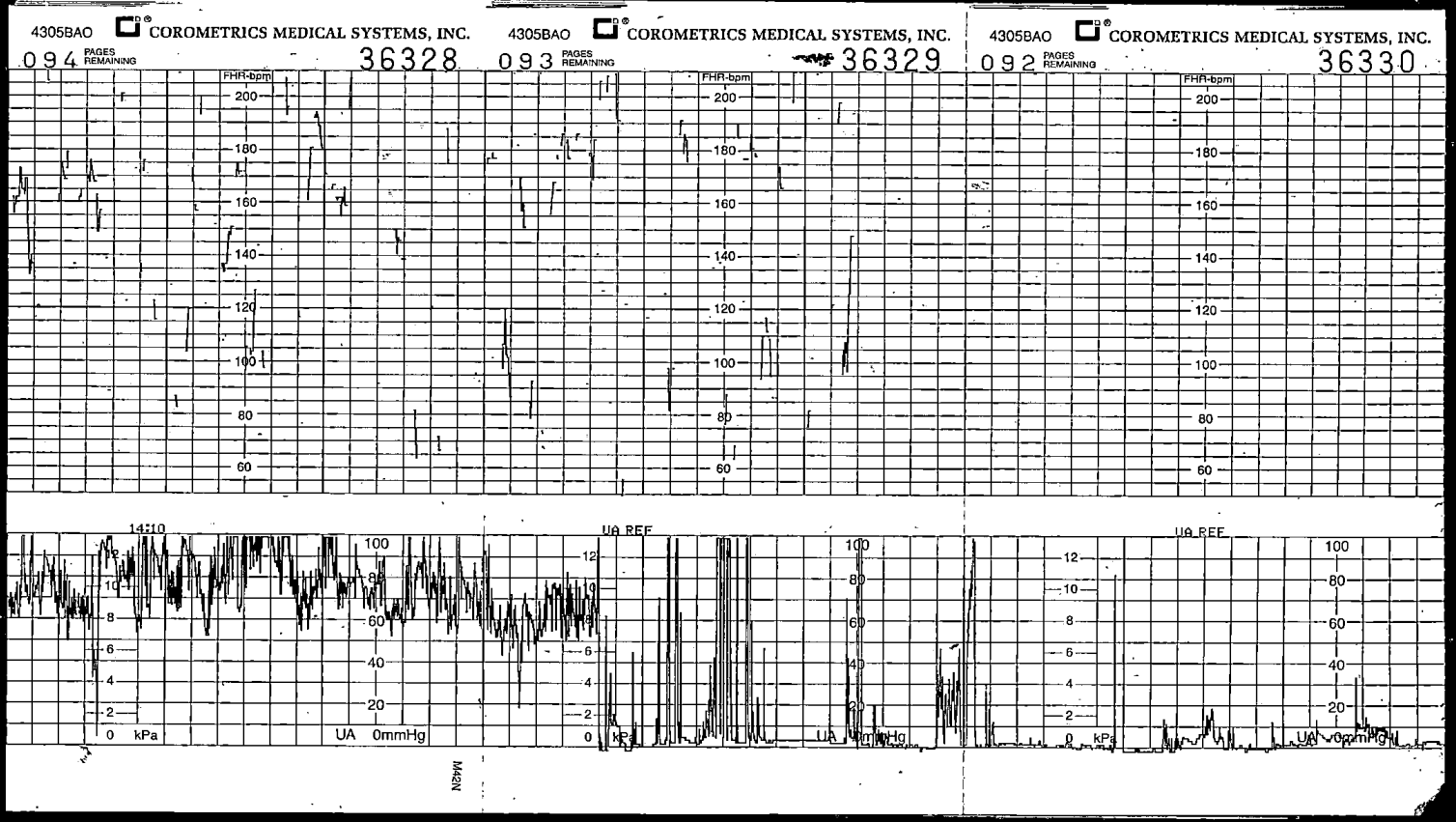

4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
109 PAGES REMAINING
36313
108 PAGES REMAINING
36314
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
107 PAGES REMAINING
36315
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
106 PAGES REMAIN
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
12
10
8
6
4
2
0 kPa
100
80
60
40
20
UA 0mmHg
12:00
12:10
12:20


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
106 PAGES REMAINING
36316
105 PAGES REMAINING
36317
104 PAGES REMAINING
36318
103 PAGES REMAINING
FHR-bpm
200
180
160
140
120
100
80
60
12:20
12:30
12:40
UA REF
12
10
8
6
4
2
0 kPa
100
80
60
40
20
UA 0mmHg


4305BAO
COROMETRICS MEDICAL SYSTEMS, INC.
103 PAGES REMAINING
36319
102 PAGES REMAINING
36320
101 PAGES REMAINING
36321
100 PAGES REMAIN
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
12:50
13:00
13:10
12
10
8
6
4
2
0 kPa
100
80
60
40
20
0 mmHg
UA


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
100 PAGES REMAINING
36322
099 PAGES REMAINING
36323
098 PAGES REMAINING
36324
097 PAGES REMAINING
FHR-bpm
200
180
160
140
120
100
80
60
13:20
13:30
13:40
UA REF
UA 0mmHg
kPa
M42N


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
097 PAGES REMAINING
36325
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
2
0
6
4
2
0 kPa
100
80
60
40
20
UA 0mmHg
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
096 PAGES REMAINING
36326
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
UA REF
UA REF
12
10
8
6
2
0 kPa
80
60
40
20
UA 0mmHg
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
095 PAGES REMAINING
36327
FHR-bpm
200
180
160
140
120
100
80
60
UA REF
UA REF
14:00
8
6
4
2
0 kPa
80
60
40
20
UA 0mmHg
4305BAO
094


4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
094 PAGES REMAINING
36328
FHR-bpm
200
180
160
140
120
100
80
60
14:10
kPa
UA 0mmHg
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
093 PAGES REMAINING
36329
FHR-bpm
UA REF
kPa
UA 0mmHg
4305BAO COROMETRICS MEDICAL SYSTEMS, INC.
092 PAGES REMAINING
36330
FHR-bpm
UA REF
kPa
UA 0mmHg

Mat
419797

Hospital use Only	Clinic	Day Date	Time	Hospital No.	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 SGH. Date 10/9/98 CHI No. 6102

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

Patient's Surname MATHERS Maiden Surname

First Names ANN Single/Married/Widowed/Other

Address HOUSE 73 Date of Birth 14-10-78

21 RIVERBANK ST Patient's Occupation

Postal Code G43 1QD. 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

Pollokshaws Doctor Centre
26 Wellgreen, Glasgow G43
0141-649-2836

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:

PARITY 1+0.

LMP 19/10/98.

PDT

Team A
Named midwife
J. Sheppard.

PREVIOUS MEDICAL HISTORY
1994 Depression 2° to family problems.
25/2/98 Cx smear negative.

PREVIOUS OBSTRETIC HISTORY
9/11/97 SVD 3.00 kg Boy SGH. COT DEATH 7/4/98
Requests apnoea monitor from birth + resuscitation training

OBSTRETIC FINDINGS

PLEASE BOOK FOR SHARED CARE SGH.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

[stamp] ... SECTION
05 JAN 1999

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

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

Signature [signature]

355-2104

Hospital use Only	Clinic MIF BABY NOTES	Day Date	Time N/T	Hospital No. MAT 419797	GP112

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

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

Hospital: SOUTHERN GENERAL Date: 20/3/97 CHI No. 6 1 0 2

Please arrange for this patient to attend the Ante-natal clinic of Dr/Mr HAWTHORN.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: MATHERS Maiden Surname: —

First Names: ANN (Single)/Married/Widowed/Other

Address: 0/1 142 Shawbridge St Date of Birth: 14.10.78

Glasgow Patient's Occupation:

Postal Code: G43 1NJ 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. F. M. SMITH
POLLOKSHAWS DOCTORS CENTRE
26 WELLGREEN
GLASGOW G43 1RR
TEL: 0141 649 2836
FAX: 0141 649 5238

Please use rubber stamp

52081

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:

PARITY: 0+0 CONTRACEPTION: —

LMP: 21/1/97

PDT: 26/2/97.

FFM:

PREVIOUS MEDICAL HISTORY:
Recurrent urinary infection.
1995 OD Paracetamol 1994 OD x2
1994 Depression 2° to family problems → resident in children's home.

PREVIOUS OBSTETRIC HISTORY:
/

OBSTETRIC FINDINGS:

Diagnosis/provisional diagnosis: PLEASE BOOK FOR SHARED CARE

Present drug treatment and potential special hazards:

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

TRACKING SECTION
25 MAR 1997

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

Signature: Freya M Smith

355-2104

y HMSO Scotland. Dd 8391984 1/96 (114006)

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

Consultants:
Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr Robert J S Hawthorn
Dr Ian N Ramsay

1345 Govan Road
Glasgow G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994
Direct Dial: 0141 201 2325
(Dr Hawthorn's Secretary - Carole)

(Ante-Natal Booking Clinic)

RJSH/CJC/419797

06/05/97

Dr Smith
Pollokshaws Doctors Centre
26 Wellgreen
GLASGOW
G43 1RR

Dear Dr Smith

ANN MATHERS -- DOB 14.10.78
142 SHAWBRIDGE STREET, GLASGOW

Many thanks for referring this girl to the Southern General Hospital for booking, where I saw her today at 13 weeks by scan, giving her an expected date of delivery of 4 November 1997.

General examination was unremarkable, and her blood pressure was 110/60 and urine analysis was negative.

She has been booked for shared care, and has a return appointment for the clinic in 15 weeks, and she will attend the Surgery monthly in the interim.

She will also attend the surgery for serum AFP in 3 weeks.

Kind regards.

Yours sincerely

ROBERT J S HAWTHORN
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

Consultants:
Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr Robert J S Hawthorn
Dr Ian N Ramsay

1345 Govan Road
Glasgow G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994
(Dr Hawthorn's Secretary - 0141 201 2325)

SP/CJC/419797

17/11/97

Dr Smith
Pollokshaws Doctors Centre
26 Wellgreen
GLASGOW
G43 1RR

Dear Dr Smith

ANN MATHERS - DOB 14.10.78
57/124 SHAWBRIDGE STREET, GLASGOW

This patient was recently delivered of a healthy infant in the Southern General Hospital after an uneventful ante-natal course and labour. She was discharged home with baby on the 13 November 1997, and she will be returning to you for a post-natal examination in about 6 weeks time.

Yours sincerely

DR STEWART PRINGLE
REGISTRAR TO DR R HAWTHORN

Date of delivery:	**9 November 1997**
Type of labour:	**Spontaneous**
Type of delivery:	**Spontaneous Vertex Delivery**
Weight of baby:	**3.00kg**
Sex of baby:	**Boy**
Type of Feeding:	**Bottle**

SOUTHERN GENERAL HOSPITAL NHS TRUST

DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

CONSULTANTS:
DR WM C M K NAISMITH
DR M J CARTY
DR VALERIE D HOOD
DR ROBERT J S HAWTHORN
DR I RAMSAY
DR D MACK
DR KRASZEWSKI
DR MCDOUGALL

1345 GOVAN ROAD
GLASGOW
G51 4TF
TEL: 0141 201 1100
FAX: 0141 201 2994
SECRETARY: 0141 201 2236
(Dr Hawthorn's Secretary - Carole)

RJSH/CJC/419797

02/02/99

Dr Smith
Pollokshaws Doctors Centre
26 Wellgreen
GLASGOW
G43 1RR

Dear Freya

ANN MATHERS - DOB 14.10.78
21 RIVERBANK STREET, GLASGOW

Many thanks for asking me to see this girl who as you know has a previous cot death. She has been seen by the Paediatricians and an apnoea monitor has been requested for her.

She is 14+ weeks by dates and scan today, giving her an expected date of delivery of 26.07.1999.

General examination was unremarkable, and her blood pressure was 110/60 and urine analysis was negative.

She has been booked for shared care, and has a return appointment for the clinic in 14 weeks, and she will attend the Surgery monthly in the interim.

She will also attend the surgery for serum AFP in 1 week.

Kind regards.

Yours sincerely

ROBERT J S HAWTHORN
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
DIRECTORATE OF OBSTETRICS, GYNAECOLOGY & PAEDIATRICS

Dr Wm C M K Naismith
Dr M J Carty
Dr Valerie D Hood
Dr Robert J S Hawthorn
Dr I Ramsay
Dr D Mack
Dr Kraszewski
Dr McDougall

1345 Govan Road
GLASGOW
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2994
Secretary: 0141 201 2236
(Dr Hawthorn's Secretary - Carole)

HD/CJC/419797

29/07/99

Dr Smith
Pollokshaws Doctors Centre
26 Wellgreen
GLASGOW
G43 1RR

Dear Dr Smith

ANN MATHERS - DOB 14.10.78
21 RIVERBANK STREET, GLASGOW

This patient was recently delivered of a healthy infant in the Southern General Hospital after an uneventful ante-natal course and labour.

She was discharged home with baby on the 27.07.1999, and she will be returning to you for a post-natal examination in about 6 weeks time.

Yours sincerely

H DOUGALL
REGISTRAR TO DR R J S HAWTHORN

Date of delivery:	25.07.1999
Type of labour:	Spontaneous
Type of delivery:	Spontaneous Vertex Delivery
Weight of baby:	2.63 kg
Sex of baby:	Boy
Type of Feeding:	Bottle

CONSENT FORM

COMBINED ULTRASOUND AND BIOCHEMICAL SCREENING STUDY

(CUBSS)

I confirm that I have read the information about the above study and agree to give a blood sample and urine sample and to the recording of ultrasound measurements of my baby.

I understand that taking part in the study will not influence the management of my pregnancy and that I will not be given any results from the study.

Signature: Ann Mathers

Name ANN MATHERS
(please print)

Date 29.1.99

Witness:

Signature:.....

Investigator (for CUBS study):

Signature:.....

(*To be filed in Casenotes*)

Southern General Hospital NHS Trust

SONAR REPORT

0419797
MATHERS ANN F
HOUSE 73 S
21 RIVERBANK STREET
GLASGOW 14/10/1978
G43 1QD CHI 1410786102

LMP	EDD
	U/S EDD

Early pregnancy scans

Date		29-1-99								
GA dates	GA U/S	14+4								
Fetal No.		Sngl								
FH		tve								
CRL										
BPD		28.2 ~~49.7~~								
FL		1.51								
Comment & operator		14+6 2								

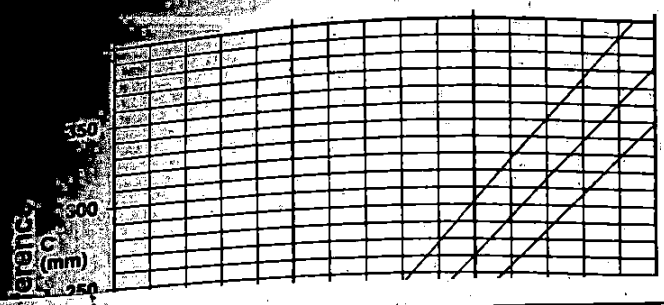
Detailed scans

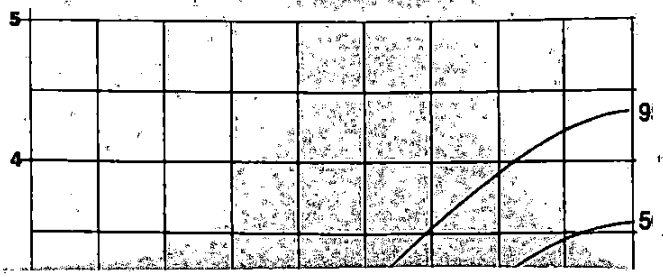
Date		
Head		
Ventricles		
Spine		
LCV		
Diaphragm		
Abd. wall		
Stomach		
Kidneys		
Bladder		
4 Limbs		
Sex		
Face		
Comment & operator		

Procedures

Features to Note

SGH 58





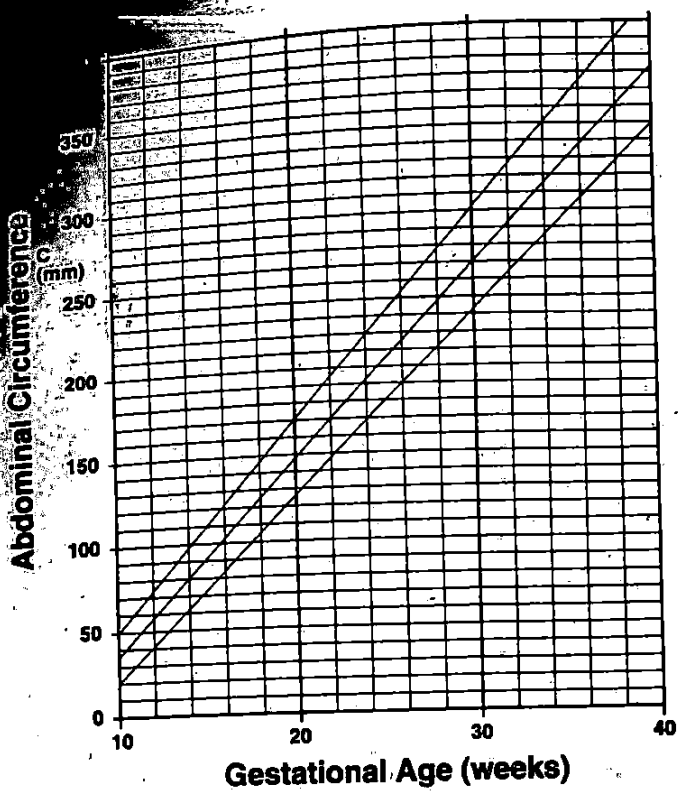
Fetal Growth					
Date					
GA by EDD					
Presentation					
FH					
BPD					
FL					
HC					
AC					
EFW					
H:T ratio					
Placenta					
Liquor					
Activity					
Breathing					
Tone					
Doppler					
Comments & Operator					

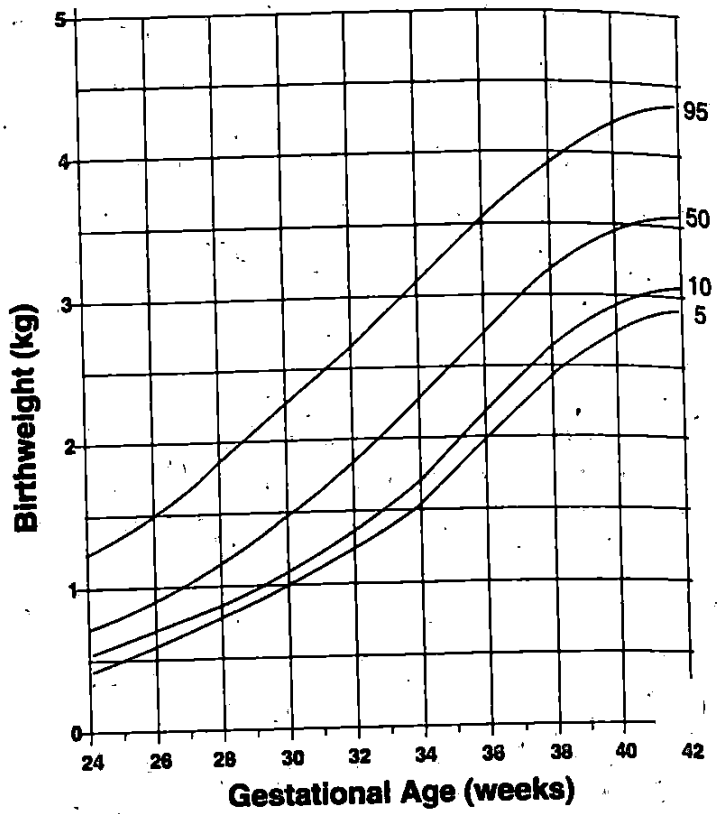
Southern General Hospital NHS Trust

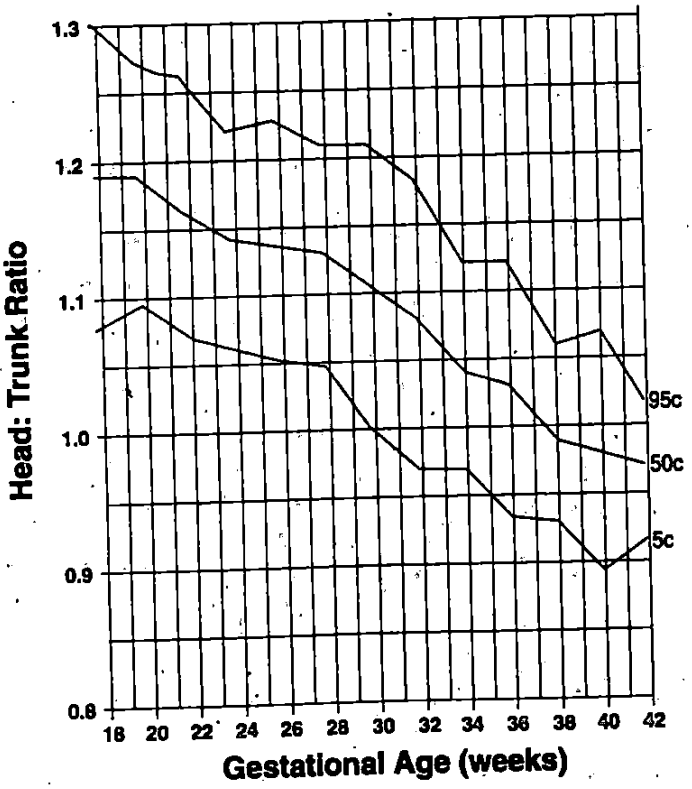
SONAR REPORT

0419797
MATHERS ANN
HOUSE 73 F
21 RIVERBANK STREET S
GLASGOW 14/10/1978
G43 1QD CHI 1410786102

LMP	EDD
	U/S EDD







Date	Post-Natal

SGH 49
0478629

Height:

Ethnic group:

Blood group:

Maiden Name:

Date:

SOUTHERN GENERAL HOSPITAL NHS TRUST

SURNAME

UNIT NUMBER

FIRST I 0419797
MATHERS ANN
HOUSE 73 F
DATE O 21 RIVERBANK STREET S
GLASGOW 14/10/1978
G43 1QD CHI 1410786102

ADDRESSOGRAPH PANEL

MASTER PROBLEM LIST (Non-Obstetric)

Date Entered	Problem No.	Active Problems	Date Entered	Problem No.	Inactive Problems

PREVIOUS OBSTETRIC HISTORY

Preg. No.	Date	Place	LABOUR and DELIVERY: Gest.	Onset sp/ind	Dur. Hrs.	Mode of Delivery	INFANT: Sex	Weight	LB/SB 1st week Death	Name and Unit No.
1	9.11.97	SGH	41	Sp	11½ hrs	SVD	Girl	3Kg	LB	KATIE MAY
	Complications: COT DEATH 7/4/98.						Feeding: A/F			
2										
3										
4										
5										
6										
7										

PRESCRIPTION SHEET

SIDE 1

ONCE ONLY PRESCRIPTIONS

DIET

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT

STANDING INSTRUCTIONS

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

Signed .... (Doctor)

Date ....

NOTES

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

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

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

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES	1.
	2.

OBSTETRIC

PRESCRIPTION SHEET No. SIDE 2

REGULAR PRESCRIPTIONS - OTHERS

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																
	H																
	J																
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																
	W																
	X																

REGULAR PRESCRIPTIONS - INJECTIONS

	YA																
	YB																
	YC																
	YD																
	YE																
	YF																
	YG																
	YH																
	YJ																
	YK																
	YL																

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

BOOKING ARRANGEMENTS ANTENATAL CARE		
	Tick	Note
Consultant		
Shared Care		
G.P.		
Domino Scheme		
Midwife Only		
Consultation Only		
DELIVERY		
Specialist Hospital		
Other Hospital		
Home		
Early Discharge		
Unbooked		
In Utero Transfer		
POST NATAL EXAMINATION		
Specialist Hospital		
Other Clinic		
General Practitioner		

SURNAME

FIRST NAMES

ADDRESS

0419797
MATHERS ANN
HOUSE 73 F
21 RIVERBANK STREET S
GLASGOW 14/10/1978
G43 1QD CHI 1410786102

DATE OF BIRTH TEL. No.

ADDRESSOGRAPH PANEL

HOSPITAL

CONSULTANT ..... J R HAWTHORN .....

NAMED MIDWIFE

J S Rapport

ADMISSION AND DISCHARGE DATA

MOTHER ADMITTED				DISCHARGED			TO ATTEND	
Date	From	To	Type	Date	From	To	Clinic	Date
INFANT								

SUMMARY OF PRESENT PREGNANCY

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

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

NAME Ann Mathers		ANTENATAL	
UNIT No. H19797.		SPECIAL FEATURES	RECOMMENDATIONS
AGE 20	HEIGHT 1.70	Prev. Cot Death *	*Requests apnoea monitor * - discussed
PARITY (COT DEATH) 1+0	LIVE CHILDREN		
LMP 19/10/98	BLOOD GROUP A NEG		
EDD	ACCEPTED EDD 23/7/99		

sual Cycle	6/28
Bleeding since L.M.P.	NO
Stopped Pill on	APRIL 1998
Was L.M.P. withdrawal bleed?	

OBSTETRICAL AND GYNAECOLOGICAL HISTORY

FAMILY HISTORY

FAMILY HISTORY	RELATIVE
Hypertension	NO
Diabetes in 1° relative	NO
Mental Handicap	} NO
Physical Handicap	
Genetic Disorder	NO
Other/Comment	
Twins in 1° relative	NO
If patient a twin, sex of other twin	NO.

PREVIOUS MEDICAL HISTORY

Operations	Date

Anaesthetic difficulties	NO
Blood Transfusion	NO
Allergy	NO
Steroid Therapy	NO
Rheumatic Fever	NO
Heart Disease	NO
T.B.	NO
Diabetes	NO
Diseases of urinary tract	NO
Psychiatric disorder	NO
Thromboembolism	NO
History of I.V.D.U.	NO
Jaundice	NO
Epilepsy	NO
Rubella	NO
Fractured Pelvis	NO
Other	

Smear Results	Date
Dec. 97 - NORMAL -	

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

POST NATAL RECORD Date:

HISTORY OF PRESENT PREGNANCY - Date .....

Smokes 5 .....per day

Stopped at .....(date)

Dyspnoea

Cough /

Vomiting NO

Other

= Both delighted

ROUTINE PHYSICAL EXAMINATION

Pallor

Breasts

Varicose Veins

Teeth

CVS Pulse Resp Breath Sounds

Murmurs Adventitiae

Abdomen/P-V

Examined By

Dr.

Signature

DRUGS (Other than In-patient)	Dose, Frequency and Route	Initiated By			From	To
		Clinic	G.P.	Patient		
FOLIC ACID	DAILY		✓		NOV	JAN

INVESTIGATIONS INITIATED AT FIRST VISIT

Hb	✓	A.F.P.		Other
Blood Group	✓	Smear		
VDRL	✓	Scan		
H.A.I. (Rubella)	✓	MSSU		

SERUM A.F.P.	ARRANGED	✓	HUSBAND'S GENOTYPE
	DECLINED		Date Blood taken
	PERFORMED		
PRE-NATAL DIAGNOSIS	DISCUSSED		Result
	DECLINED		
	ARRANGED		
	PERFORMED		

DATE	WEIGHT	B.P.	Urine		Oedema	Wks. Preg.	Fundal Height	Date when F.M. first felt:	
			Prot.	Sug.				Position & Level	F.M. /F.H.
29.1.99	69 Kg.	110/60	TR	—	NU	14+6			
7.5.99		100/60	TR	—	/	28+4	28		FHF
2.2.99	82.4	130/70	++	—	Nil	36+6	35cm	CEPH 4/5	
									FHF

Comment on General Health etc.	Investigations: Other	Investigations: Hb	Return Weeks	Signature [redacted]
Well Book there. [illegible]			14	RH
MSSU ✓ FBC/Anti				
well. fetus active.		118	8	Whi Willi SHO3
Concerned about being able to obtain a apnea	✓	✓		
monitor. Hazel Brooks (cot death Co-ordinator)				
unavailable, to try again Monday.			4	[illegible]

BIRTH PLAN

Team midwifery discussed
Does not wish parentcraft
Requests ahmoea mantra

INTENTION FOR INFANT FEEDING

Breast

Bottle

Undecided ✓

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

POST NATAL RECORD Date:

Date	Time	Ante-Natal In-Patient Notes

Date	Time	

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

POST NATAL RECORD Date:

Date	Time	

DELIVERY AND POST NATAL

Special Features	Recommendations	NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

LABOUR WARD ADMISSION RECORD

PLANNED ADMISSION/ IN LABOUR

Gestation wks.	Date	Time	Abdominal Examination:-
Admitted 39+6	25/7/99	06.30	Long lie, Ceph 1/5
Contractions Began	25/7/99	00 ~~00~~	

SPONTANEOUS LABOUR Spont. rupt. memb. ✓ Time 0645 A.R.M. in labour ☐ Augment ☐ Oxytocic drug .....

ASSESSMENT on First V.E./~~Priming/Induction~~ Date 25/7/99 Time 07.15 hrs.

Cervical Score

	0	1	2	3	
Dilation (cm)	<1	1-2	2-4	4+	3
Length (cm)	>4	2-4	1-2	<1	3
Consistency	Firm	Average	Soft		2
Position	Post	Mid Anterior			1
Level	0-3	0-2	0-1:0	0+	2
				Total	11

Pre-induction priming Yes ☐ No ☐

Method & Dosage

SURGICAL INDUCTION Date Time hrs.

Operator: Indications:-

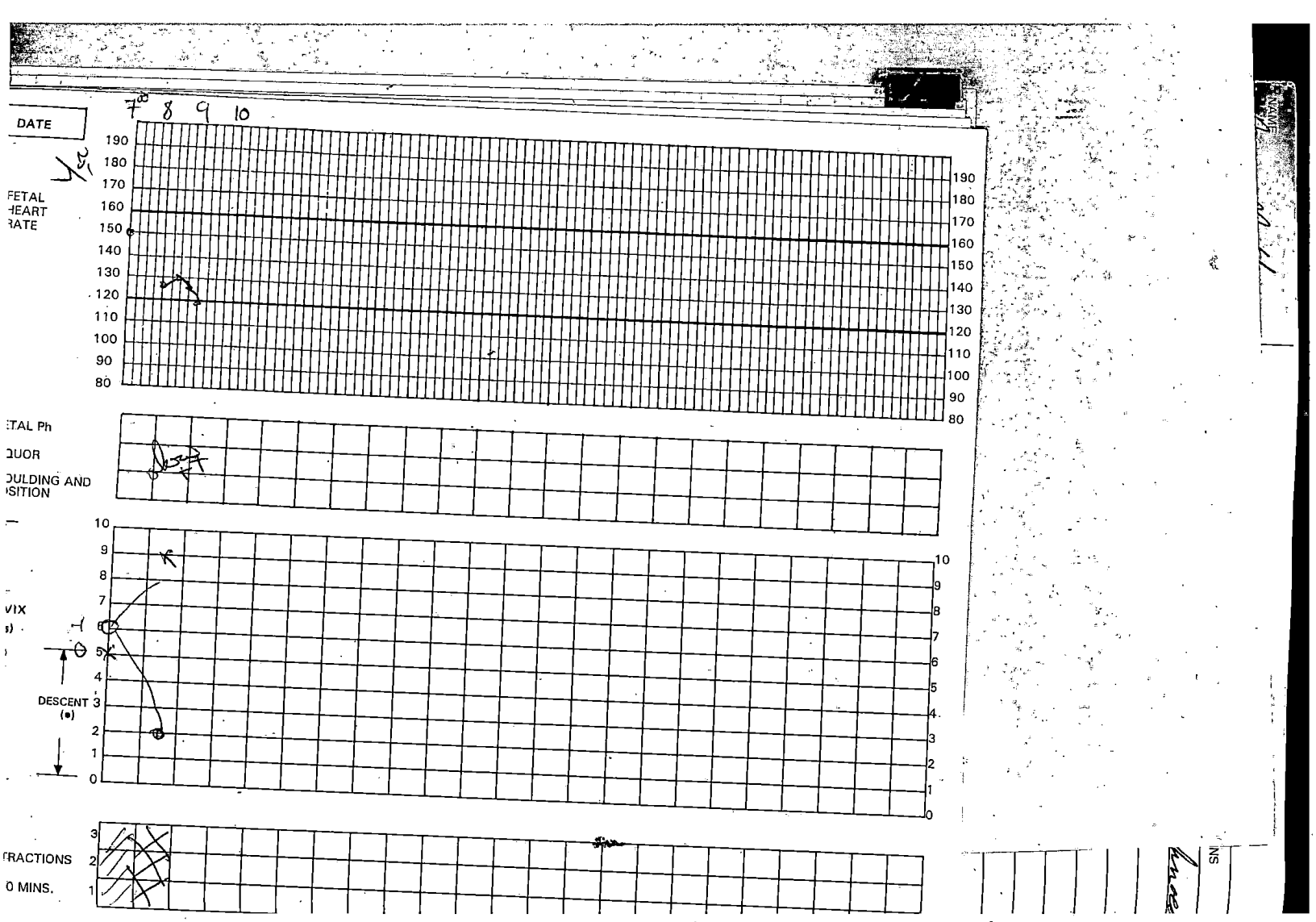
Assisted By:

Procedure: Forewater rupture ☐ Fetal Heart Rate: Before / After Liquor: Clear ☐ Bloodstained ☐ Meconium Fresh ☐ Meconium Old ☐

Oxytocic Drugs: Dosage & Instructions:.....

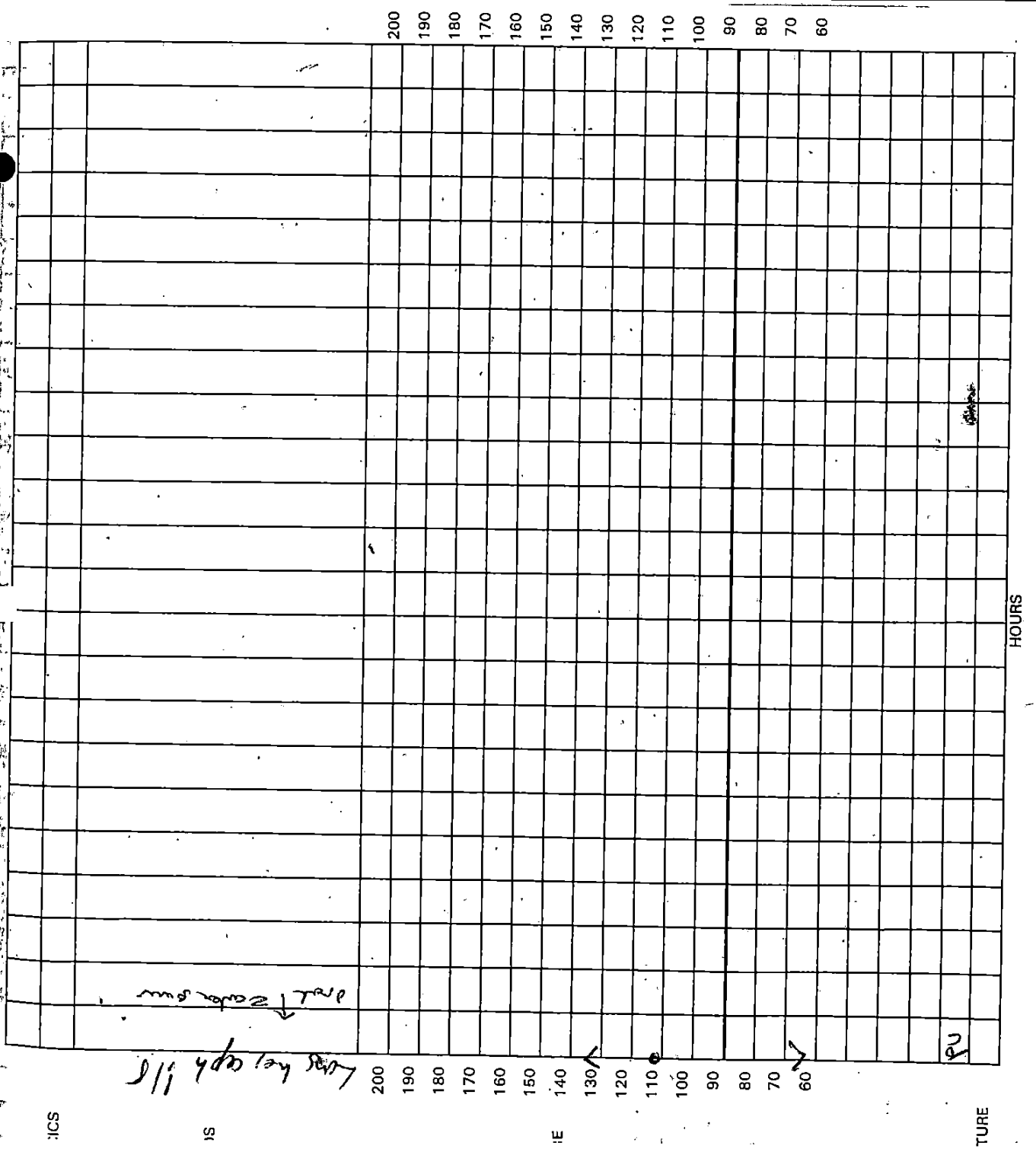
MONITORING Contractions: External ✓ Internal ☐ Fetal Heart: External ✓ Scalp Electrode ☐ Ambulatory ☐ In Bed ✓

Date	Time	Progress Notes
25/7/99	06.30	20yr old para 1+0 at 39+6. Uneventful pregnancy - Generally well. (cot Death) Self-referral with H/O abdominal cramps since around 00^00 hrs. Gradually becoming stronger + closer o/A Tense + sore. A/N obs satisfactory. O/P Long lie, ceph 1/5 palpable. Feels of abdominally Contractions 1:3 moderate and mainly


DATE
7a 8 9 10
FETAL HEART RATE
190 180 170 160 150 140 130 120 110 100 90 80
ETAL Ph
QUOR
OULDING AND
SITION
VIX
DESCENT (●)
10 9 8 7 6 5 4 3 2 1 0
RACTIONS
0 MINS.
NAME
SN

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

POST NATAL RECORD Date:



Date	Time	Labour Ward Progress Notes
		CTG commenced.
		On examination: clear liquor seen draining + [illegible]
		VE: Cx mid position, effaced. soft
		Os 5cm dilated
		Vx 0-1
		Position ROT.
		Imp: In established labour. Requiring analge[sia]
		Requesting epidural, anaesthetist busy at pre[sent]
	07-35m	Diamorphine 50mg IM
Care	by	Sr [illegible] [signature] e 8am. Gol. [illegible]
	0810	Show ++ FH 128 bpm
	0815	Contracting 1:3 - [illegible]. Very anxious
		& frightened.
	0820	Into water birth.
	0830	Show ++. [signature]
		VE - to assess.
		Cx 8cms dilated 'ie thick oedematous anterior
		rim. Head @ 0 station OA.
		FHR 120
	0845	Quite distressed S/B anaesthetist. [signature]
	0850	Urge to push.
	0900	Vx visible.
	0904	SVD - boy 7/1 9/5 -
		PNC [illegible] [signature]
		SCN 'placed' re [illegible] monitor [signature]

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

POST NATAL RECORD Date:

Date	Time	Progress Notes

DELIVERY AND POST NATAL

Special Features	Recommendations	NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

LABOUR AND DELIVERY

Date	Time
25/7/99	0904

Mode of Delivery: SVD

Start of Stages	Date	Time	Length (hrs)
First	25/7/99	0000	08-50
Second	25/7/99	0850	14
Third	25/7/99	0904	3
End of Third	25/7/99	0907	9.07

Placenta Weight: — g.

Blood Loss: 250 ml

Delivery	
Controlled Cord Traction	✓
Manual Removal	
Other	

		Membranes	
Complete	✓	Complete	✓
Incomplete		Incomplete	
Doubtful		Doubtful	
Retroplacental Clot		Nearest point of rupture to placenta	cm.
Calcification			
Infarction			
Other			

No. of vessels: 3 Nuchal Cord ☐

Insertion type: central

Abnormality:

Cord blood taken ☑ Maternal Blood taken ☐

Maternal recordings after Delivery

Temp.	T36.8	B.P.	120/70
Pulse	90		
Fundus	Firm	Lochia	Loch rra

Epidural removed complete ☐ —

Episiotomy		Sutured by	
Laceration		Suture Material	
Sphincter inv.			
Intact	✓	Swab Count	2 ✓

Oxytocic drugs at delivery	Dose
SYNTOMETRINE	1 amp IM
	S/M Konakion

INFANT SUMMARY

Sex: Boy

Weight (g): 2-65.

Time 1st resp.:

Time sust. resp.:

APGAR	1	5
Heart Rate	2	2
Respiration	2	2
Muscle Tone	1	2
Reflexes	1	2
Colour	1	1
Total	7	9

RESUSCITATION — Remarks

Nil (inc. clearing airway, Mask, O_2)	✓	
Mask & IPPV		
Intub & IPPV (no drugs)		
Intub & IPPV (with drugs)		
Drugs only (Specify)		
Other		
Transfer to Ward	48	
Transfer to Special Nursery	—	
Baby Temperature	36.8	

KONAKION 1c consent

DOSE 1 amp

ROUTE IM

GIVEN BY S/M Konakion

Delivered by SR J. SHEPARD

Supervised by —

Resuscitated by —

Identification secured by A.N.C.

PUERPERAL RECORD

CONTRACEPTION

Discussed ☑

Method Decided

OC

Mode of Delivery

FOLLOW-UP

Postnatal Clinic ☐

G.P. ☑

F.P.C. ☐

Appt. made ☐

Date:

RECOMMENDATIONS

Anti-D

Required Yes/No (No circled)

Date Given ☐

Rubella Vaccine

Required ☐

Not Required ☑

Given ☐

INVESTIGATIONS BOOKED

Pelvimetry ☐

I.V.P. ☐

G.T.T. ☐

FBC ☐

Hb.

Date	Post Natal Progress Notes	Baby
26/7/99.	W/n	FINE
		BOTTLE FED.
	Hpahan	
26/7/99	Routine physio advice & exercises	
	discussed. R. Dunn	
		Baby. A. NEG
		DCT NEG.
27/7/99.	W/n	
	HAS APNOEA MONITOR	FINE
	? HOME TODAY.	
	HPCUGAN.	
		FINDINGS:
		WEIGHT:

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	
POST NATAL RECORD Date:		

OPERATION NOTES

Operation ..... Authorised by .....

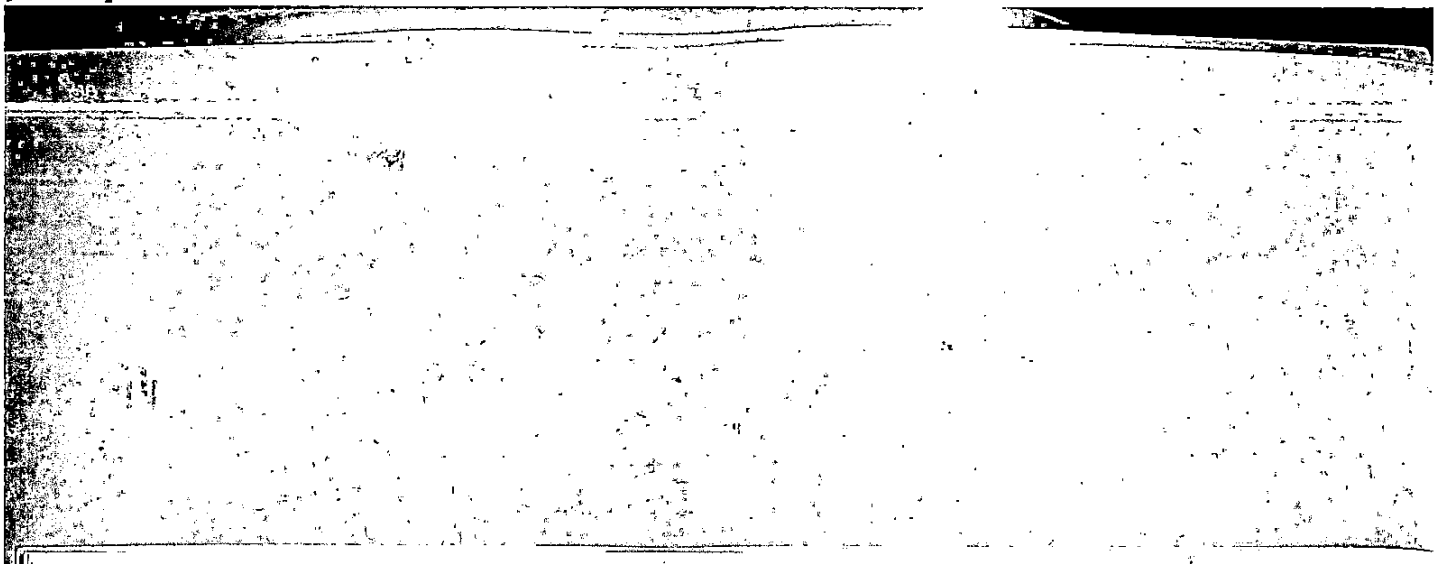
Anaesthetic .....

Indication .....

Date ..... Time .....

Surgeon .....

Assistant .....



Anaesthesia ..... Anaesthetist .....

Condition Following Operation/ Instructions

DELIVERY AND POST NATAL

Special Features	Recommendations	NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: .....

Progress: ..... Name: .....

..... Feeding: Breast ☐

Artificial ☐

MOTHER: History

Bleeding: ..... General Health: ..... Frequency ☐

.... Dysuria ☐

..... Discharge ☐ Incontinence ☐

..... Dyspareunia ☐

L.M.P. ..... Backache ☐ Bowel Upset ☐

EXAMINATION

Breasts ..... Weight ..... B.P. ..... Investigations:

Abdomen ..... Urinalysis Alb. ☐ Smear ☐

Sugar ☐ HVS ☐

Pelvic Examination MSSU ☐

Perineum ..... Hb ..... IVP ☐

Vagina ..... IVGTT ☐

Uterus ..... Other

Cervix .....

Adnexae .....

CONTRACEPTION

Method Decided Commenced ☐ Other Treatment and Recommendations

Follow-up Appt.

Oral ☐ G.P. ☐ .....

I.U.C.D. (specify) ..... ☐ F.P.C. ☐ .....

Diaphragm ☐ Vasectomy W.L. ☐ .....

Sheath ☐ Sterilisation W.L. ☐ .....

Other ☐ .....

Sterilisation PPS ☐ .....

Vasectomy done ☐ Return on ..... Signature .....

RETURN VISITS

..... Date .....

.....

.....

.....

.....

Southern General Hospital NHS Trust

SONAR REPORT

0419797
MATHERS ANN
0/1 F
142 SHAWBRIDGE STREET NK
GLASGOW 14/10/1978
G43 1NS G.P.Prac.52081

LMP 21·1·97	EDD
	U/S EDD

Early pregnancy scans

Date	2·5·97					
GA dates / GA U/S	14^{+3} / 13^{+3}					
Fetal No.	Single					
FH	+ve					
CRL	71mm 13^{+1}					
BPD	24mm 13^{+3}					
FL						
Comment & operator	McaSilva					

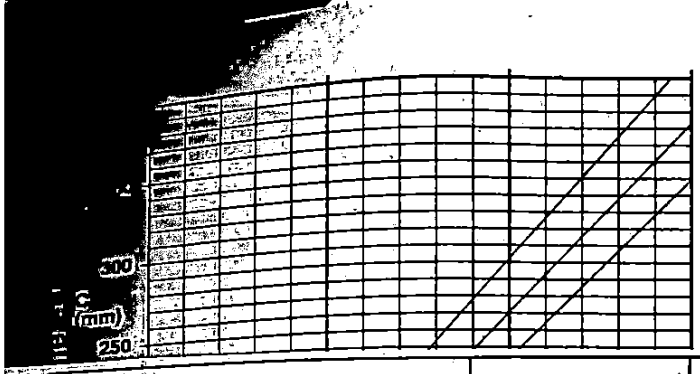
Detailed scans

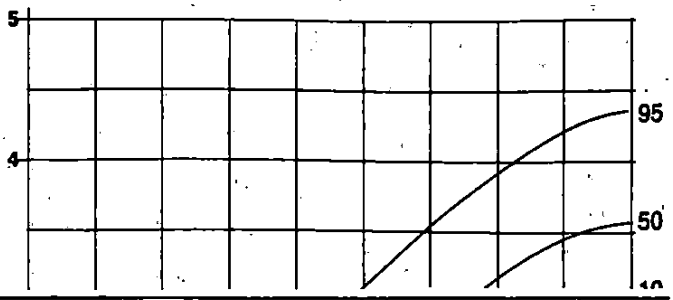
Date		
Head		
Ventricles		
Spine		
LCV		
Diaphragm		
Abd. wall		
Stomach		
Kidneys		
Bladder		
4 Limbs		
Sex		
Face		
Comment & operator		

Procedures

Features to Note

SGH 58





Fetal Growth					
Date					
GA by EDD					
Presentation					
FH					
BPD					
FL					
HC					
AC					
EFW					
H:T ratio					
Placenta					
Liquor					
Activity					
Breathing					
Tone					
Doppler					
Comments & Operator					

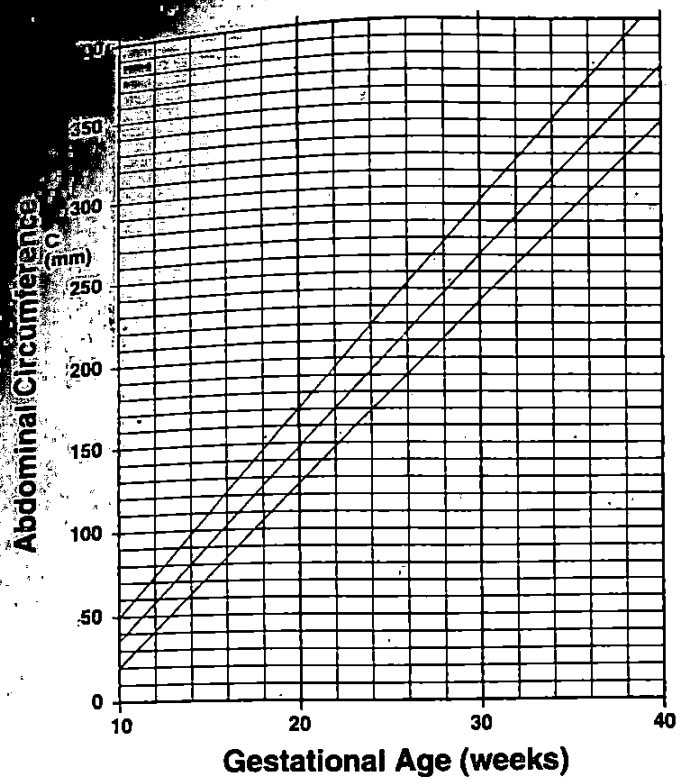
Southern General Hospital NHS Trust

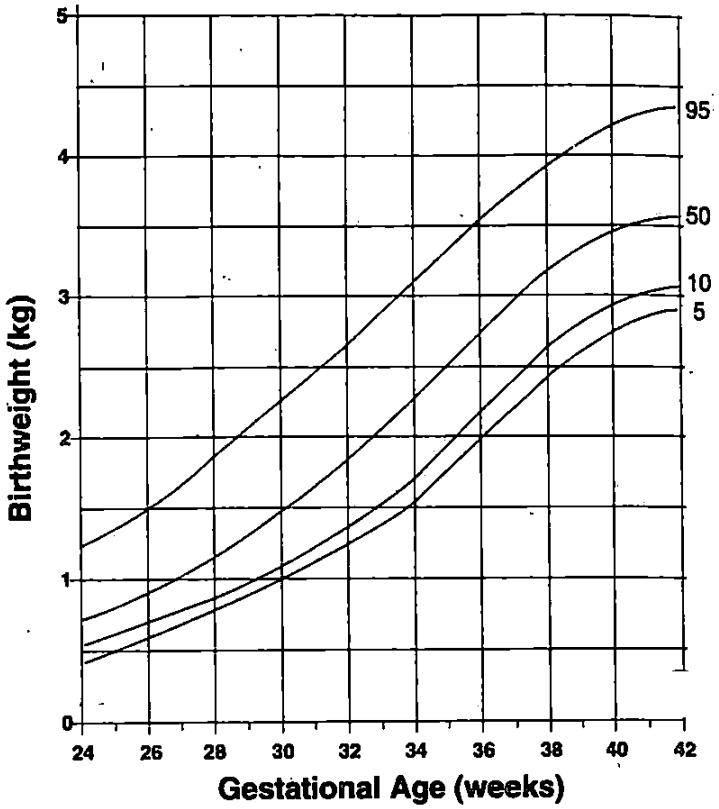
SONAR REPORT

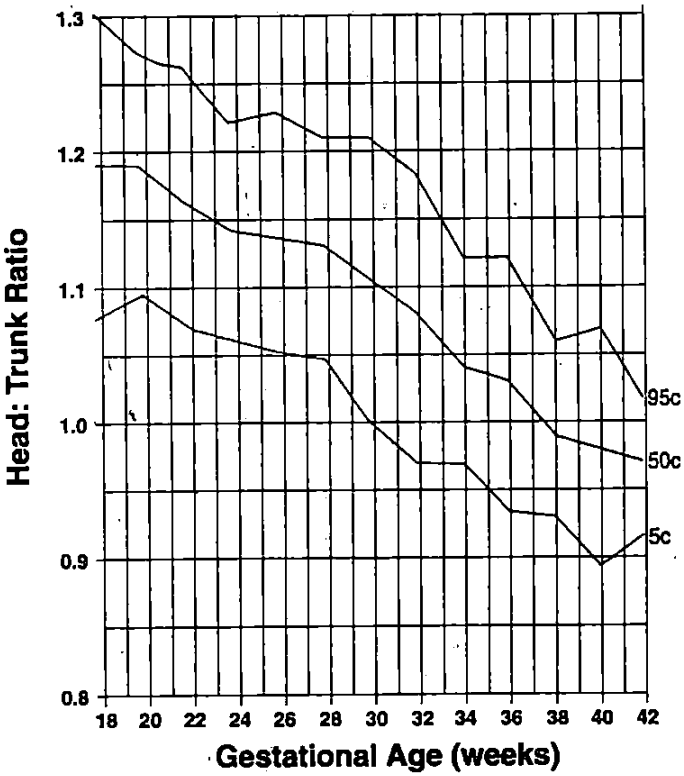
0419797
MATHERS ANN
0/1 F
142 SHAWBRIDGE STREET NK
GLASGOW 14/10/1978
G43 INS G.P.Prac.52081

LMP	21 · 1 · 97

EDD	
U/S EDD	







Date	Post-Natal

ANTENATAL QUESTIONNAIRE

Southern General Hospital NHS Trust

Name ANN MATHERS	Next of Kin
Date of Birth 14.10.78	Partner's Name JAMES BOYLE
Occupation UNEMPLOYED	Date of Birth 18.8.94
Tel Number N/A	Occupation UNEMPLOYED

PREVIOUS MEDICAL HISTORY

	YES	NO
Have you ever been in hospital?	☐	☑

YEAR	HOSPITAL	OPERATION/DISEASE

IS THERE ANY FAMILY HISTORY OF

	YES	NO
T.B.	☐	☑
High Blood Pressure	☑	☐
Diabetes	☑	☐
Spina Bifida	☐	☑
Down's Syndrome	☑	☐
Twins	☐	☑
Others	☐	☑

(Please Specify)

HAVE YOU EVER HAD

	YES	NO
Anaesthetic Problems	☐	☑
Allergies / reactions to medications	☐	☑
Steriod Therapy	☐	☑
Heart Disease	☐	☑
Rheumatic Fever	☐	☑
T.B.	☐	☑
Diabetes	☐	☑
Kidney / Bladder Disease	☐	☑
Urinary Tract Infection	☐	☑
Blood Clots	☐	☑
Jaundice / Hepatitis	☐	☑
Depression	☐	☑
Psychiatric Disorder	☐	☑
German Measles	☐	☑
Epilepsy	☐	☑
Pelvic Fracture	☐	☑
Blood Transfusion	☐	☑
Have you had a smear	☑	☐

If so, When was your last smear ~~Feb 2003~~ WED [redacted] 23/4

CLINICAL HISTORY

What was the first day of your last menstrual period? 24/1/97

	YES	NO
Have you been on the contraceptive pill?	☑	☐

If yes, when did you stop taking it? 20/1/97

SOCIAL HISTORY

	YES	NO
Do you smoke?	☑	☐

If yes, how many? 10 per day

How much alcohol do you drink per week? 0

Have you ever been involved in taking drugs? ☐ ☑

PREVIOUS PREGNANCIES

If you have had any babies, miscarriages or terminations in the past. Please fill in the boxes below using the appropriate letters if possible

	1st Pregnancy	2nd Pregnancy	3rd Pregnancy	4th Pregnancy	5th Pregnancy
Date					
Place where baby born i.e. Name of Hospital or Home					
Stage of pregnancy in weeks at time of delivery or miscarriage					
Was labour induced YES / NO					
Length of labour in hours					
Was the delivery: Normal (N) Forceps (F) Vacuum (V) Caesarean Section (CS)					
What was the sex of the Baby Male (M) or Female (F)					
What was the baby's weight at birth					
Was the baby born Alive (A) or Stillborn (SB)					
Is the baby well now YES / NO					
What is the baby's name					
Did you have any complications of the pregnancy? e.g. High Blood Pressure or Bleeding					

BOOKING ARRANGEMENTS ANTENATAL CARE		
	Tick	Note
Consultant		
Shared Care	✓	
G.P.		
Domino Scheme		
Midwife Only		
Consultation Only		

DELIVERY		
Specialist Hospital		
Other Hospital		
Home		
Early Discharge		
Unbooked		
In Utero Transfer		

POST NATAL EXAMINATION		
Specialist Hospital		
Other Clinic		
General Practitioner		

SURNAME

UNIT NUMBER

FIRST NAMES

ADDRESS

0419797
MATHERS ANN
0/1 F
142 SHAWBRIDGE STREET NK
GLASGOW 14/10/1978
G43 1NS G.P.Prac 52081

DATE OF BIRTH

TEL. NO.

ADDRESSOGRAPH PANEL

HOSPITAL

CONSULTANT ...DR Hamilton.....

NAMED MIDWIFE S/M Skouteon

ADMISSION AND DISCHARGE DATA

MOTHER ADMITTED				DISCHARGED			TO ATTEND	
Date	From	To	Type	Date	From	To	Clinic	Date
INFANT								

SUMMARY OF PRESENT PREGNANCY

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

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

SGH 50
0452208

[redacted] wiatne/S
4.9.97.
18wk

		ANTENATAL	
	HEIGHT 1.69M.	SPECIAL FEATURES	RECOMMENDATIONS
PARITY 0+0	LIVE CHILDREN 0		
LMP ?21.1.97.	BLOOD GROUP A neg.		
EDD 4/11/97.	ACCEPTED EDD 4/11/97 accept		

ANTE-N...

15/8
LN 26/9/97

Usual Cycle 3-4/28.

Bleeding since L.M.P. 2days 21/1/97.

Stopped Pill on Reg. JS.

Was L.M.P. withdrawal bleed?

OBSTETRICAL AND GYNAECOLOGICAL HISTORY

Repeated thrush infection

PREVIOUS MEDICAL HISTORY

Operations	Date
NIL	

Anaesthetic difficulties .... NO

Blood Transfusion .... NO

Allergy .... No

Steroid Therapy .... No

Rheumatic Fever .... No

Heart Disease .... No

T.B. .... No

Diabetes .... No

Diseases of urinary tract .... No

Psychiatric disorder .... H/O OD - Paracetamol x3 referred to psychiatry

Thromboembolism .... NO

History of I.V.D.U. .... NO

Jaundice .... NO

Epilepsy .... No

Rubella .... No

Fractured Pelvis .... NO

Other ....

Smear Results	Date
?	APRIL '97

FAMILY HISTORY		RELATIVE
Hypertension	Father.	
Diabetes in 1° relative	Father	
Mental Handicap		
Physical Handicap	Cousin with Downs Syndrome.	
Genetic Disorder		
Other/Comment		
Twins in 1° relative	NO	
If patient a twin, sex of other twin		

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

POST NATAL RECORD Date:

Infant: ..... Name: .....

HISTORY OF PRESENT PREGNANCY - Date 2/5/97

Smokes 10 per day.
Stopped at ..... (date)
Dyspnoea NIL
Cough NIL
Vomiting NIL
Other

unplanned. Happy now.
Lives with Father - will be moving to own house soon.
Partner - James supportive.
unemployed Partner unemployed.
Has social worker.

ROUTINE PHYSICAL EXAMINATION

Pallor
Breasts
Varicose Veins NIL
Teeth Advised to attend dentist.

CVS Pulse Resp Breath Sounds
Murmurs Adventitiae

Abdomen/P-V

Examined By
Dr.

Signature

DRUGS (Other than In-patient)	Dose, Frequency and Route	Initiated By			From	To
		Clinic	G.P.	Patient		

INVESTIGATIONS INITIATED AT FIRST VISIT

Hb	✓	A.F.P.		Other
Blood Group	✓	Smear		
VDRL	✓	Scan	✓	
H.A.I. (Rubella)	✓	MSSU	✓	

SERUM	ARRANGED	✓
A.F.P.	DECLINED	
	PERFORMED	
PRE-NATAL	DISCUSSED	
DIAGNOSIS	DECLINED	
	ARRANGED	
	PERFORMED	

HUSBAND'S GENOTYPE
Date Blood taken
Result

DATE	WEIGHT	B.P.	Urine		Oedema	Wks. Preg.	Fundal Height	Date when F.M. first felt:	
			Prot.	Sug.				Position & Level	F.M. /F.H.
2-5-97	65kg.	110/60	–			13+	Scan		
15 8 97		110/60	BNPT ++	–		28+3	28	?	
									✓
26-9-97		130/75	+	–	–	34+3	34		
17/10/97	76	110/60	NAD		fingers	37+3	38	ceph	✓
7.11.97		110/70	–	–	slandle	40+3	dates	Ceph	FH
29.1.								ceph. 3/5 palp.	FMF FHHR

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: .... Name: ....

Comment on General Health etc.	Investigations: Other	Investigations: Hb	Return Weeks	Signature
Well Book Slave 4.8.12		11.9	15	[illegible]
Active baby Had UTE - Sandysun	✓	10.3		
fmf - well			6	SR
On oval fe. MSU	✓	✓ 10.5	3	SR
Well No problems. Good FM.			3	[illegible]
Well, plenty FM DCU 12.11.97				M. Williams

Mathews

ANTENATAL

SPECIAL FEATURES

RECOMMENDATIONS

[redacted]

BIRTH PLAN

Shared Care discussed.

Birth plan discussed

Ante natal classes & parentcraft discussed

INTENTION FOR INFANT FEEDING

Breast

Bottle Intends to bottlefeed. Told about breast feeding policy.

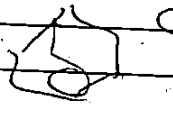
Undecided

DELIVERY AND POST NATAL

Special Features	Recommendations	NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: ..... Name: .....

Date	Time	Ante-Natal In-Patient Notes
8/11/97	0830	Self referal from home via ambulance with a Hx of contractions 1:10 since 0200, also had some show.
TTA		O/E Anxious, obs stable * Previous OD Paracetamol x3 *
		O/P Fundus = dates Longitudinal lie cephalic presentation 2/5 FHHR.
		CTG commenced.
		A. Morris S/N
	1000	Mild uterine activity & backache 1:10
		CTG reactive.
		V/E Cx posterior 50% effaced 1cm dilated Vx 0-2, membranes intact. ERROR
		In early labour for ~~simple analgesia &~~ mobilization.
		Oral analgesia not given in view of paracetamol OD's
8/11/97	2015	Patient complaining of contractions.
		Lasting <1min.
		Not distressed.
		O/E  Gpn 2/5 Log.
		V/E - 2cm fully effaced thin. Vx-2
		Liq V. busy.
		To stay on ward at present until distressed enough to require further analgesia.

Mathers

ANTENATAL

SPECIAL FEATURES	RECOMMENDATIONS

Date	Time	
9.11.97	8 45 am	1

DELIVERY AND POST NATAL

NOTES FOR PAEDIATRICIAN

Special Features	Recommendations	

POST NATAL RECORD Date:

Infant: .... Name: ....

Date	Time	

Date	Time	

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: .... Name: ....

LABOUR WARD ADMISSION RECORD

PLANNED ADMISSION/ IN LABOUR

Gestation wks.	Date	Time	Abdominal Examination:-
Admitted			
Contractions Began			

SPONTANEOUS LABOUR Spont. rupt. memb. Time ☐ ☐ A.R.M. in labour ☐ Augment ☐ Oxytocic drug ....

ASSESSMENT on First V.E./Priming/Induction Date Time hrs.

Cervical Score

	0	1	2	3	
Dilation (cm)	<1	1-2	2-4	4+	
Length (cm)	>4	2-4	1-2	<1	
Consistency	Firm	Average	Soft		
Position	Post	Mid Anterior			
Level	0-3	0-2	0-1:0	0+	
				Total	

Pre-induction priming Yes ☐ No ☐

Method & Dosage

SURGICAL INDUCTION Date Time hrs.

Operator: Indications:-

Ordered By:

Procedure: Forewater rupture ☐

Fetal Heart Rate

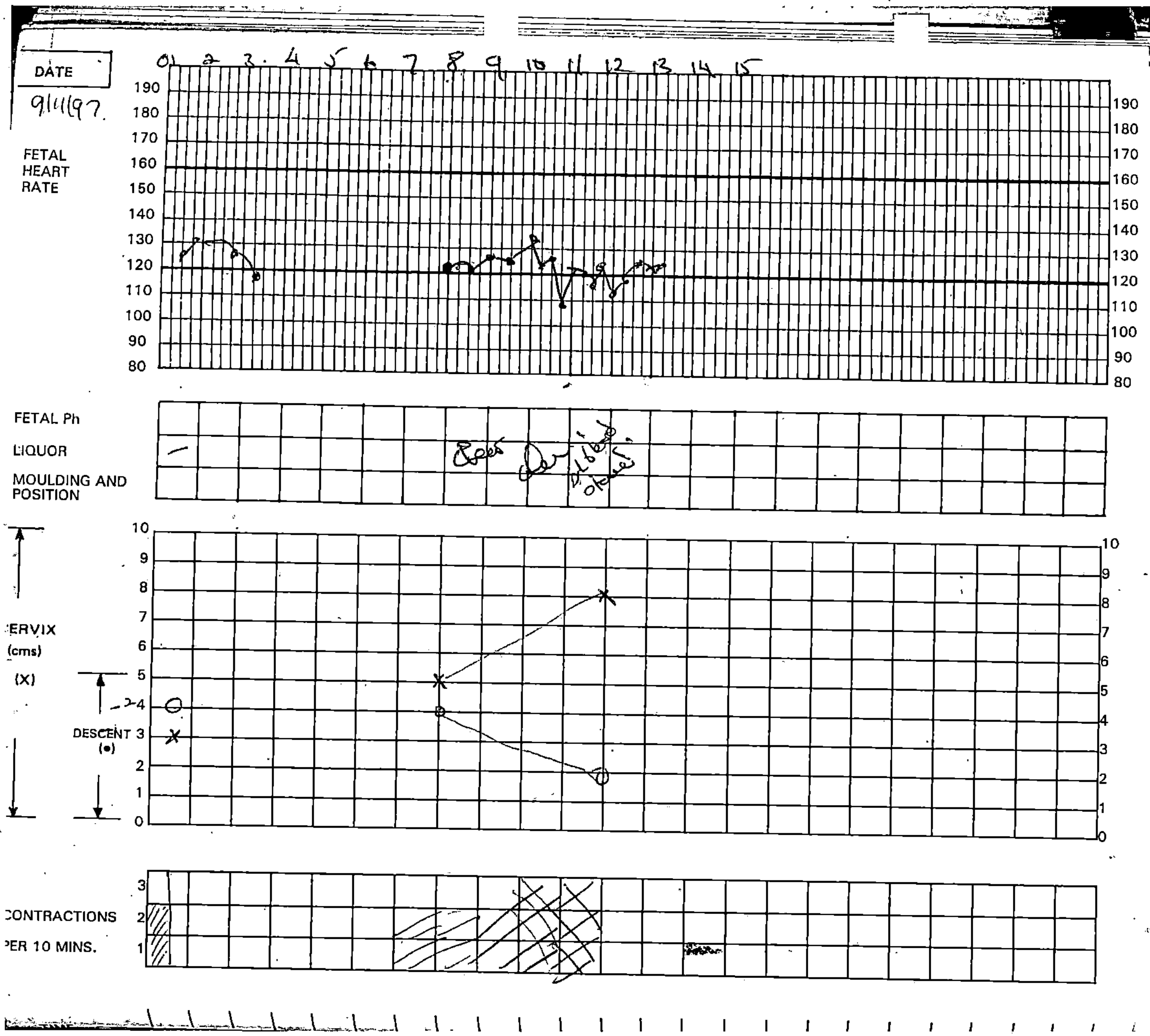
Before	After

Liquor: Clear ☐ Bloodstained ☐ Meconium Fresh ☐ Meconium Old ☐

Oxytocic Drugs: Dosage & Instructions:...

MONITORING Contractions: External ☐ Internal ☐ Fetal Heart: External ☐ Scalp Electrode ☐ Ambulatory ☐ In Bed ☐

Date	Time	Progress Notes
9.11.97	01^00	Transferred from wd, contracting 1:5/7. O/A longitudinal lie, Cephalic presentation head 4/5th palpable
	01^15	CTG satisfactory, V/E cervix almost effaced 3cm dilated, palpable forewaters ~~left~~ left intact. head at 0^-2 station.
	01^40	Diamorphine 7.5mg + stemetil 12.5mg given I.M. up to sit astride a chair. K. Sumra.
	02^00	Up to toilet contractions irregular [illegible]


DATE
9/11/97
FETAL HEART RATE
FETAL Ph
LIQUOR
MOULDING AND POSITION
CERVIX (cms) (X)
DESCENT (•)
CONTRACTIONS PER 10 MINS.

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: .... Name: ....

200 190 180 170 160 150 140 130 120 110 100 90 80 70 60

0140 Diamorphine 7.5mg + stemetil 12.5mg Zantac 150mg orally.

Sleeping

Encouraged to mobilise. Bath 1000 [illegible] [illegible] @ 1000am. Epidural sited [illegible] Feeling of [illegible]

3/6/96 2/6/96 [illegible]

100 1 + 7

HOURS

200 190 180 170 160 150 140 130 120 110 100 90 80 70 60

YTOCICS
UGS
D
FLUIDS
OD
SSURE
)
SE
E
TEIN
TONE
COSE
UME
PERATURE

Date	Time	Labour Ward Progress Notes
9.4.97	0530	Resting in the bed for V.E. reassessment
	0800	VE - to occur.
		4cm dilated - not quite fully effaced head at
		Contractions mild - in-co-ordinate FH - 114
		CTG re-active
	0845	[illegible] Cap 45 long.
		V/E 5cm dilated fully effaced.
		Membranes adherent - ARM - Not liquor
		however no further membranes palpable.
		Show ++ plan mobilise & contractions become
		strong → reassess 3-4 of pour 2hrs.
	0900	Encouraged to mobilise maintain.
		To commence Syntocinon.
	0930	In warm bath.
	1000	Syntocinon commenced - as per regime
	1000	Epidural sited.
	1030	Comfortable.
	11 am	Syntocinon ↑ as per regime.
	1130	c/o pressure pain.
		Head 4/5th palpable.
	1245	VE to occur - catheterised
		Cx 8cm dilated at [illegible] - L.O.T.
	1230	Epidural top-up as c/o backpain.
	1245	Involuntary pushing
	1300	Urge to push [illegible] contractions.
	1315	Contractions continuous Synto [illegible]
		Vertex at [illegible] rotated.
	1400	Vx visible.

DELIVERY AND POST NATAL

Special Features	Recommendations

NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: .... Name: ....

Date	Time	Progress Notes
	1422	SD [illegible]

Date	Time	Progress Notes

DELIVERY AND POST NATAL

Special Features	Recommendations	NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: ..... Name: .....

LABOUR AND DELIVERY

Date	Time
9/11/97	1422

Mode of Delivery: SVD

Start of Stages	Date	Time	Length (hrs)
First	9/11/97	0100	11·00
cond	9/11/97	1400	22
Third	9/11/97	1422	11
End of Third	9/11/97	1433	11·33

Placenta Weight	Blood Loss
g.	Normal

Delivery		
	Controlled Cord Traction	✓
	Manual Removal	
	Other	

Complete	✓	Membranes	
Incomplete		Complete	✓
Doubtful		Incomplete	
Retroplacental Clot		Doubtful	
Calcification		Nearest point of rupture to placenta	cm.
Infarction			
ier			

No. of vessels 3 — Nuchal Cord ☐

Insertion type central

Abnormality

Cord blood taken ☑ — Maternal Blood taken ☑ YES

Maternal recordings after Delivery

Temp.	37	B.P.	130/70
Pulse	77		
Fundus	FIRM	Lochia	RUBRA

Epidural removed complete ☑

Episiotomy		Sutured by	—
Laceration	Vag ✓	Suture Material	—
Sphincter inv.			
Intact		Swab Count	

Oxytocic drugs at delivery	Dose
Syntometrine IM.	Inj

INFANT SUMMARY

Sex: GIRL

Weight (g): 3·00kg 6lb 10½ oz

Time 1st resp.

Time sust. resp.

APGAR	1	5	10
Heart Rate	2	2	
Respiration	2	2	
Muscle Tone	2	2	
Reflexes	2	2	
Colour	1	2	
Total	9	10	

RESUSCITATION		Remarks
Nil (inc. clearing airway, Mask, O_2)	✓	
Mask & IPPV		
Intub & IPPV (no drugs)		
Intub & IPPV (with drugs)		
Drugs only (Specify)		
Other		
Transfer to Ward		
Transfer to Special Nursery		
Baby Temperature		

KONAKION given

DOSE 1 amp

ROUTE Im

GIVEN BY. H. Duffy

Delivered by J S Repped

Supervised by H. Duffy

Resuscitated by —

Identification secured by

PUERPERAL RECORD

CONTRACEPTION

Discussed ☐

Method Decided

FOLLOW-UP

Postnatal Clinic ☐

G.P. ☐

F.P.C. ☐

Appt. made ☐

Date:

RECOMMENDATIONS

Anti-D

Required Yes/No

Date Given ☐

Rubella Vaccine

Required ☐

Not Required ☐

Given ☐

INVESTIGATIONS BOOKED

Pelvimetry ☐

I.V.P. ☐

G.T.T. ☐

FBC ☐

Hb.

Mode of Delivery SVD

Date	Post Natal Progress Notes	Baby
10.11.97	Well No probs SR	Bottle fed
10.11.97	Physio - Post natal exercises taught °probs - pain in LB + around Anus Rx - Postural advice given = Will review again tomorrow. Claire Rasmus Dstart. (Student physio)	
11.11.97.	Physio - Went over Post natal exercises again - Pt seems to have °probs back pain ↓'d - Still slight Anal pain doing pelvic floor should subside. Claire Rasmus (Student Physio) R.D	
		FINDINGS:

DELIVERY AND POST NATAL		NOTES FOR PAEDIATRICIAN
Special Features	Recommendations	

POST NATAL RECORD Date:

Infant: .... Name: ....

OPERATION NOTES

Operation .... Authorised by ....

Anaesthetic ....

Indication ....

.... Date .... Time ....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

Surgeon ....

Assistant ....

Sister ....

Anaesthesia .....

Anaesthetist .....

Condition Following Operation/ Instructions

UNIT NUMBER

DELIVERY AND POST NATAL

Special Features	Recommendations	NOTES FOR PAEDIATRICIAN

POST NATAL RECORD Date:

Infant: ..... Name: .....

Progress: ..... Feeding: Breast ☐

..... Artificial ☐

MOTHER: History

Bleeding: ..... General Health: ..... Frequency ☐

.... Dysuria ☐

..... Discharge ☐ Incontinence ☐

..... Dyspareunia ☐ Bowel Upset ☐

L.M.P. ..... Backache ☐

EXAMINATION

Weight ..... B.P. .....

Breasts .....

Urinalysis Alb. ☐

Abdomen ..... Sugar ☐

Pelvic Examination

Perineum ..... Hb .....

Vagina .....

Uterus .....

Cervix .....

Adnexae .....

Investigations:

Smear ☐

HVS ☐

MSSU ☐

IVP ☐

IVGTT ☐

Other

CONTRACEPTION

Method Decided

Oral ☐

I.U.C.D. (specify) ..... ☐

Diaphragm ☐

Sheath ☐

Other ☐

Sterilisation PPS ☐

Vasectomy done ☐

Commenced ☐

Follow-up Appt.

G.P. ☐

F.P.C. ☐

Vasectomy W.L. ☐

Sterilisation W.L. ☐

Other Treatment and Recommendations

.....

.....

.....

.....

.....

.....

Return on ..... Signature .....

RETURN VISITS

Date .....

.....

.....

.....

.....

Date .....

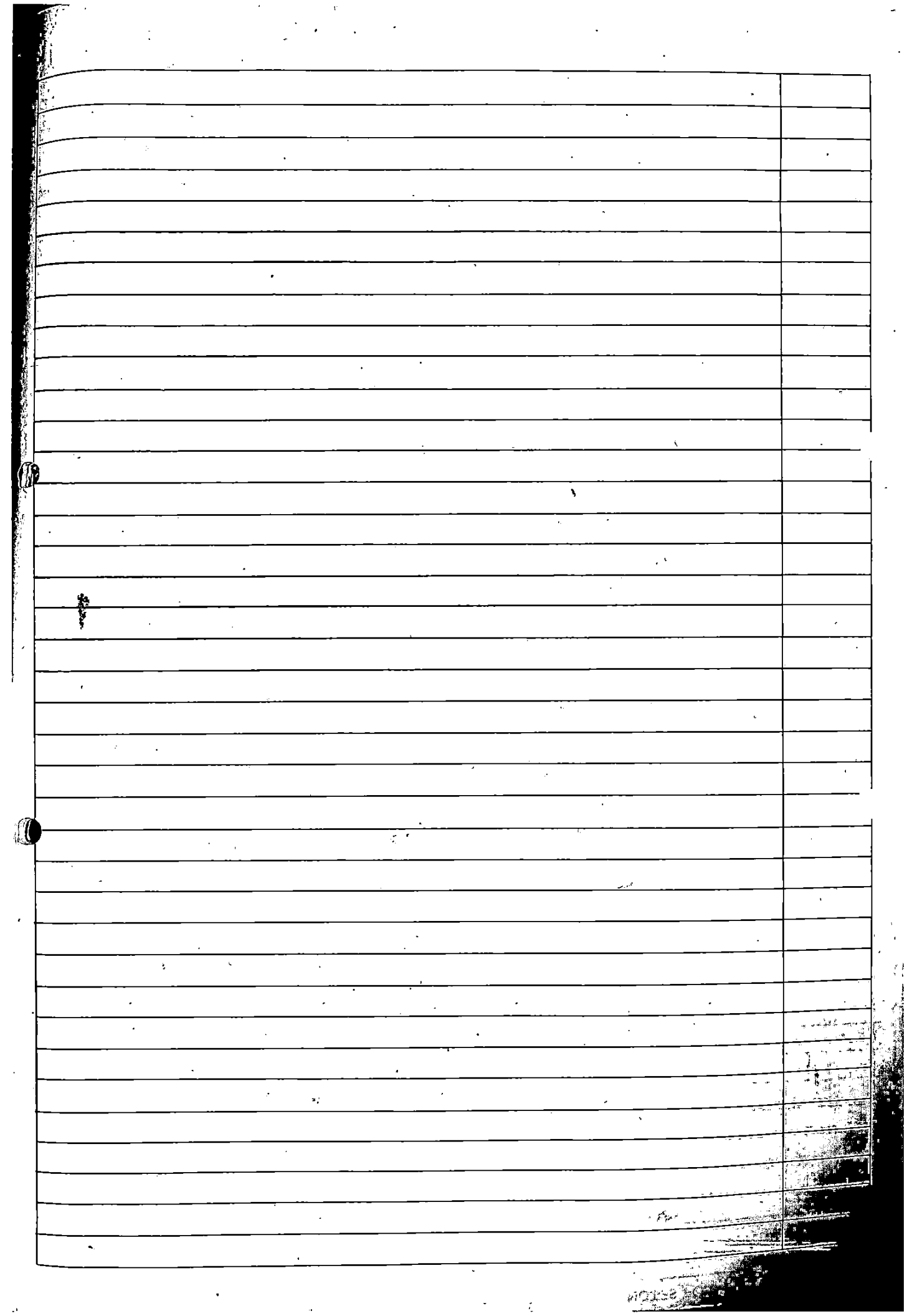
.....

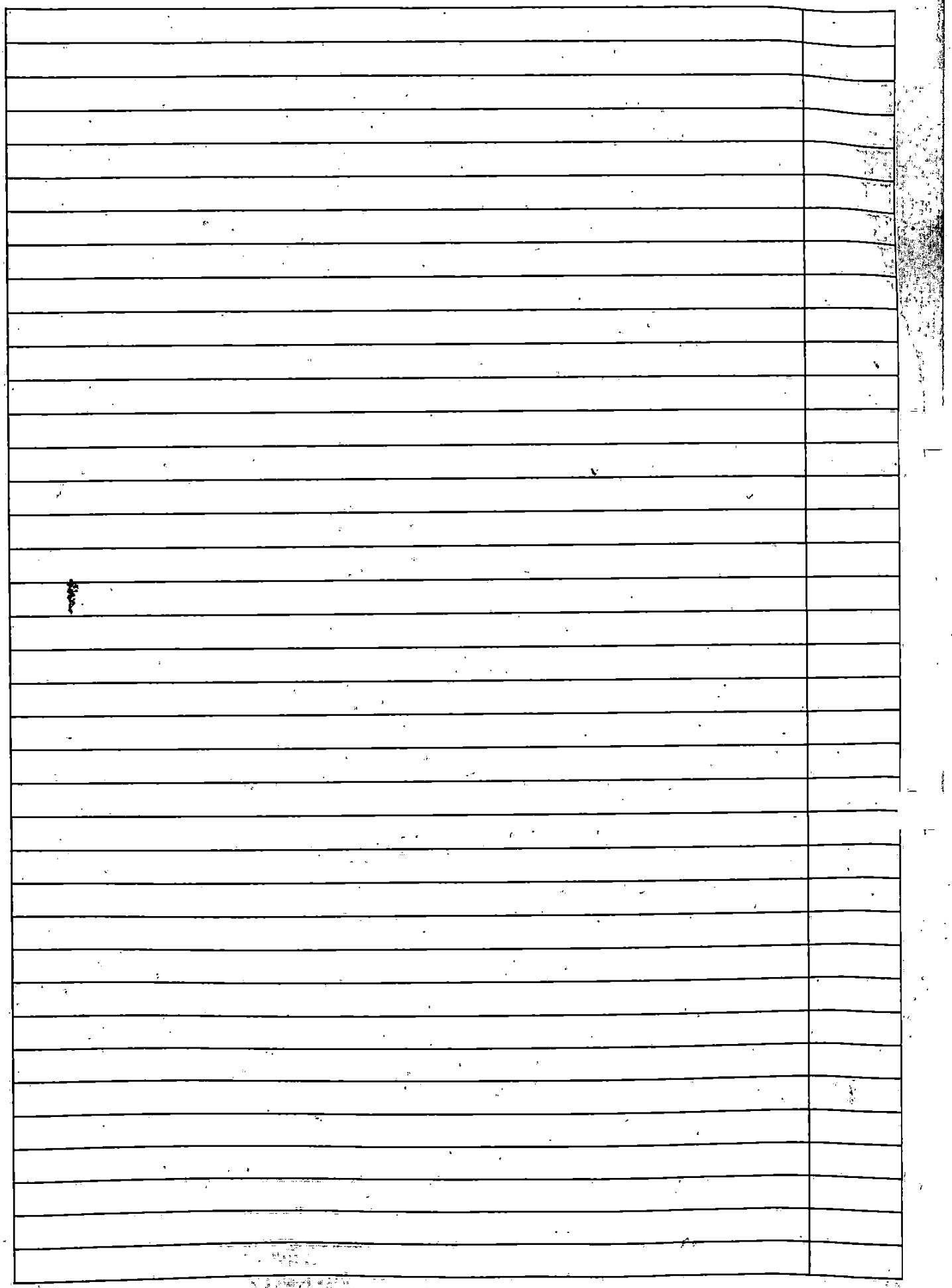
.....

.....

.....

.....





NAME:	64 5153 ADDRESS GOING TO: 0419797 MATHERS ANN HOUSE 73 21 RIVERBANK STREET GLASGOW G43 1QD F S 14/10/1978 CHI 1410786102	20yrs	PARITY: 1+0	UNIT NO: Hawthorn	TEAM A
G.P: Dr Smith 26 Wellgreen	ADDRESS	MOTHERS HISTORY: Previous cot Death			

DELIVERY	DATE & TIME	3RD STAGE	PERINEUM	BLOOD LOSS	H.B.
S.V.D.	25/7/99 @ 09.04hrs	COMPLETE (circled) INCOMPLETE RAGGED MANUAL REMOVAL	INTACT (circled) EPISIOTOMY LACERATION SUTURED NOT SUTURED	250mls.	

SEX	BIRTHWEIGHT / DISCHARGE WEIGHT	APGAR	FEEDING	DRUGS	POST NATAL	CONTRACEPTION	GUTHRIE TEST DATE:
BOY (circled)/GIRL	BIRTHWEIGHT 2.63kg DISCHARGE WEIGHT	7/1 9/5	BREAST A/F (circled)		HOSPITAL G.P. (circled) F.P.		3/7/99

LABOUR EXPERIENCE:	FAMILY SUPPORT:	SIBLINGS:
		~~Dylan~~ Katee - cot Death 5/03

DAY & DATE	ASSESSMENT INVESTIGATIONS	MOTHER	BABY Dylan
28/7/99	(4)	Looks well although tired - anxious++	Baby on apnoea monitor.
		re babe - reassured. Fundus firm.	Skin, eyes & mouth clear, cord
		Lochia not excessive. Breasts full	on, base clean. BO/PU. Bottle
		+ tender - advised re use of cabbage	feeding well on demand 2oz
		leaves. BO/PU. PKU leaflet left.	approx 3-4 hrly.
		Visit Thursday	Contact nos left. [signature]

Southern General Hospital NHS Trust
Maternity Unit

SGH 53
0367598

Reason for Admission: ? labour

Name: Ann Mathers

Unit No: 419797

L.M.P. E.D.D. 26/7/99. AGE: 20 PARITY: 1+0 BLOOD GROUP: A NEG

Type of Delivery	Date	Time	~~Tear/Epis~~ Intact	Blood Loss	250 mls
SVD	25/7/99	0904	(Alive)/~~SB~~	Boy/~~Girl~~	Weight 2.63 Kgs

Date	25/7/99	25/7.	26/7/99	27/7/99							
Time of Recording		1020	0895	1100							
Gestation/Postnatal Day	39+6	(1)	(2)	(3)							
Temperature				36.5							
Pulse	111	98	–	81.							
Blood Pressure a.m.	135/64	123/70	–	108/68							
p.m.											
Lie	Long										
Presentation	Ceph										
Fetal Heart Rate	150										
Breasts		–	Soft leaking	Satis							
Fundus	T	firm		Firm 2-3 FBU							
Haemorrhage/ Lochia	clear	average	Rubra average	satis							
Abdominal Wound Perineum			Intact.	Satis							
Fluids - In mls		✓	✓	✓							
Out mls		✓	✓	✓							
Urine Analysis											
Bowels	✓ diarrhoea	0 0	0 0	0							
Oedema	Nil	Nil	Nil	nil							
Legs	NAD	NAD	NAD	NAD							
Weight/Hb	82.4										

Signature: [signatures]

JMcC/912804

Southern General Hospital NHS Trust
Maternity Unit

Reason for Admission:

Name:

Unit No:

L.M.P. E.D.D. AGE: PARITY: BLOOD GROUP

Type of Delivery	Date	Time	Tear/Epis	Blood Loss	
			Alive/S.B.	Boy/Girl	Weight Kgs

Date												
Time of Recording												
Gestation/Postnatal Day												
Temperature												
Pulse												
Blood Pressure a.m.												
p.m.												
Lie												
Presentation												
Fetal Heart Rate												
Breasts												
Fundus												
Haemorrhage/ Lochia												
Abdominal Wound Perineum												
Fluids - In mls												
- Out mls												
Urine Analysis												
Bowels												
Oedema												
Legs												
Weight/Hb												

JMcC/912804

Signature:

SGH 52
0367588

So[illegible] rn General Hospital NHS T[illegible]
Maternity Unit

NAME: Ann Mathews

UNIT NO: 419797

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
25/7/99		06.30 hrs	Self-referral with H/O abdominal pains since around 00 hrs. Gradually becoming stronger & closer. O/A. Tense & sore. A/N obs satisfactory. O/P long lie, ceph 1/5 palpable. FH ob OP abdominally. Contractions 1:3 moderate. Ann requesting analgesia
		06.45hrs	SRM Clear liquor +
			CTG commenced
		07.15hrs	VE: In established labour. See case notes KT
	P/N - Skin to skin contact given. ✓	0904	SVD - [illegible] 7.9/5.
	VERY ANXIOUS SCBU [illegible] re Apnoea monitor ✓		[illegible] complete. [illegible] 250 mls
	Tear & treat given ✓	1010	[illegible]
	[illegible] for bath ✓		All [illegible] satisfactorily. [signature]
	Maternal bloods ✓	1030	Transferred to Ward 48.
		12.00	Seen by S/M [illegible] (SCBU) re apnoea monitor. Advice given. Up & about. PU. Lochia normal. Anxious about baby. [signature]
		16.30	BP 128/69 p 76 T 36.5. Fundus firm, lochia average. Passing urine. Offers no complaints. S/M E. Campbell.
		20.15	Offers no concerns S/M E. Campbell.
26/7/99		06.00	Slept well S/M [illegible]
		08.15	Ann appears calm and relaxed today. She will be going to SCBU this pm to see a resuscitation video. She feels she lacks confidence and that once she is home and with her partner that this will improve. Post natal check NAD. [illegible] S/M

Southern General Hospital NHS Trust
Maternity Unit

SGH 52

NAME

UNIT NO

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
		21⁰⁰	Catheterised [illegible] [signature]
27/7/99		0620	Asleep K Ward MW.
		11⁰⁰	Postnatal examination as charted. Fundus firm 2-3 FB ↓ ⊙
	Keen for home today		deviated to Ⓡ. Asked to try to PU. BNO but not
			feeling uncomfortable. Lochia satisfactory.
			No clots passed. ~~Ap~~ Apyrexial. S/M J Cullick
		1105	Managed to pass small amt. of urine. Fundus remains
			as before.
29/7/99	⑤	Mum	Post natal check satisfactory. Fundus well involuted
			lochia average. Breasts firm + slightly uncomfortable
	D/W H.V. [signature]		advised re: cabbage leaves + or paracetamol. Remains anxious re baby
		Babe	Skin, eyes + mouth clear. cord on, base clean BO/PU [signature]
			Bottlefeeding well on demand 3-4 hrly, 3oz. [signature]
30/7/99	⑥	Mum	Looks well, feels much better. Slept well overnight.
			Fundus firm, well involuted, lochia minimal. BO/PU
		Babe	Settled. Skin, eyes + mouth clear. Cord on, BO/PU.
			Bottlefeeding well on demand 1-4 hrs x approx 3oz.
			Visit Sat - PKU. [signature]
31/7/99	⑦ PKU	Mum	Looks + feels well, sleeping much better. Sutures all well
		Babe	Skin, eyes + mouth clear, cord on, base clean. BO/PU
			Slight rash @ back of neck. Bottlefeeding well on demand.
			PKU ✓ Visit Mon. [signature]

South General Hospital NHS Trust
Maternity Unit

NAME

UNIT NO

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
2/8/99	(9)	Mum	Ont @ present partner. States all well.
		Babe	Settled - Skin, eyes + mouth clear. Cord on, base clean. BO/PU.
			Bottlefeeding well on demand 4oz.
			Visit Wed
7/8	(10 [illegible])	Baby	weight ↑ 7lb 7oz
		Dylan	PU. BO
			Feeds [illegible] well feeds 3½ - 4oz x 3-4hrly
			cord off. Vomited x1 today.
		Ann	Breasts comfortable.
			PU BO
			Appetite good. lochia average.
			Discharged to HV.

Southern General Hospital NHS Trust
Maternity Unit

NAME

UNIT NO

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE

PRENATAL SCREENING ASSAY REPORT

FROM: DUNCAN GUTHRIE INST. OF MEDICAL GENETICS
YORKHILL, GLASGOW G3 8SJ
Tel: 0141-201 0372

Date Sample Taken: 29-06-97

Lab. Ref. No.: 710120

Surname: MATHERS
Forename: ANN
Address: H57/F14 124 SHAWBRIDGE ST
G43 1NN

Weight: 65.0 Kg. Height: 1.65 m.
Date of Birth: 14-10-78

Hospital: SOUTHERN GENERAL HOSPITAL
Address: GOVAN ROAD
GLASGOW

US. 10/6/97.

Hospital No.: 419797
Clinic/Ward:
Consultant: HAWTHORN

Previous Serum Report Number: None

		By Dates	Ultrasound
L.M.P. 28-01-97 Uncertain	Gestation	17+2	17+3

Previous History of Neural Tube Defect: No

Complication of this Pregnancy: None

Remarks

Serum AFP result: 19.2 kU/l Weight adjusted AFP = 0.54 MOM

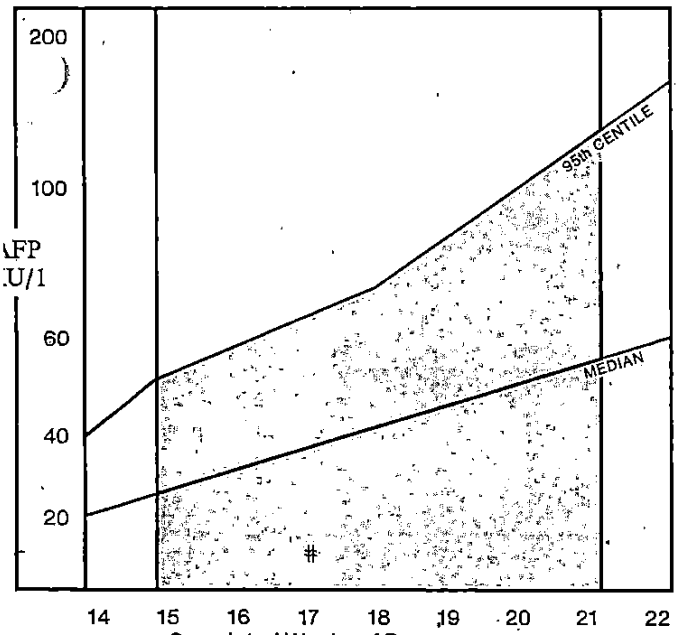
Serum hCG result: 11 IU/ml Weight adjusted HCG = 0.43 MOM

Comment: AFP value not elevated for stated gestation.

The AFP and HCG results at maternal age 18 years, 228 days give a combined risk of Down's syndrome at mid trimester of less than 1:220, which falls within the LOW RISK group (see graph).

✓ MB

ALPHAFETOPROTEIN ASSAY



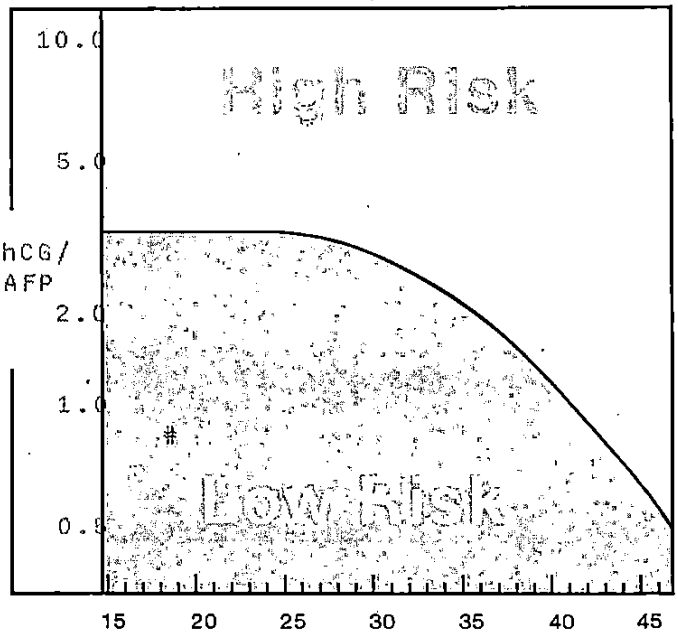
RECOMMENDED ACTION ON FIRST SERUM AFP LEVEL:

ABOVE 95th CENTILE
CHECK GESTATION BY ULTRASOUND, EXCLUDE TWINS, THREATENED AND MISSED ABORTION, REPEAT SeAFP

BETWEEN 90-95th CENTILE:
VALIDATE GESTATION

BELOW 90th CENTILE:
NO ACTION INDICATED IF GESTATION VALID

DOWN'S RISK (hCG/AFP)



DOWN'S RISK ESTIMATE ONLY VALID IF GESTATION AND DATE OF BIRTH CORRECT

Date 04-06-97

Signature Tanny Crosbie

PRENATAL SCREENING ASSAY REPORT

FROM: DUNCAN GUTHRIE INST. OF MEDICAL GENETICS
YORKHILL, GLASGOW G3 8SJ
Tel: 0141-201 0372

Date Sample Taken: 04-02-99

Lab. Ref. No.: 902175

Surname: MATHERS
Forename: ANN
Address: H73 21 RIVERBANK ST
GLASGOW
G43 1QD
Weight: 69.0 Kg. Height: 1.70 m.
Date of Birth: 14-10-78

Hospital: SOUTHERN GENERAL HOSPITAL
Address: GOVAN ROAD
GLASGOW
G51 4TF
Hospital No.: 419797
Clinic/Ward:
Consultant: HAWTHORN

Previous Serum Report Number: None

		By Dates	Ultrasound
L.M.P. 19-10-98 Certain	Gestation	15+3	15+5

Previous History of Neural Tube Defect: No

Complication of this Pregnancy: None

Remarks

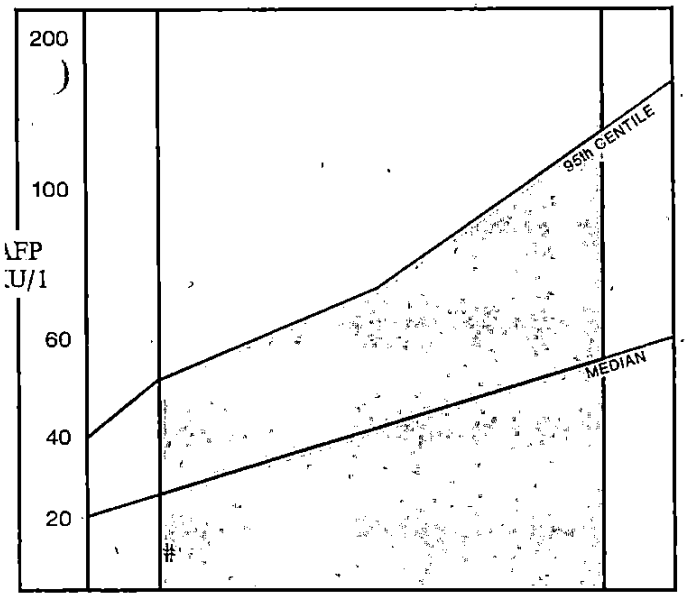
rum AFP result: 16 kU/l Weight adjusted AFP = 0.58 MOM

Serum hCG result: 10 IU/ml Weight adjusted HCG = 0.30 MOM

Comment: AFP value not elevated for stated gestation.

The AFP and HCG results at maternal age 20 years, 114 days give a combined risk of Down's syndrome at mid trimester of less than 1:220, which falls within the LOW RISK group (see graph).

ALPHAFETOPROTEIN ASSAY



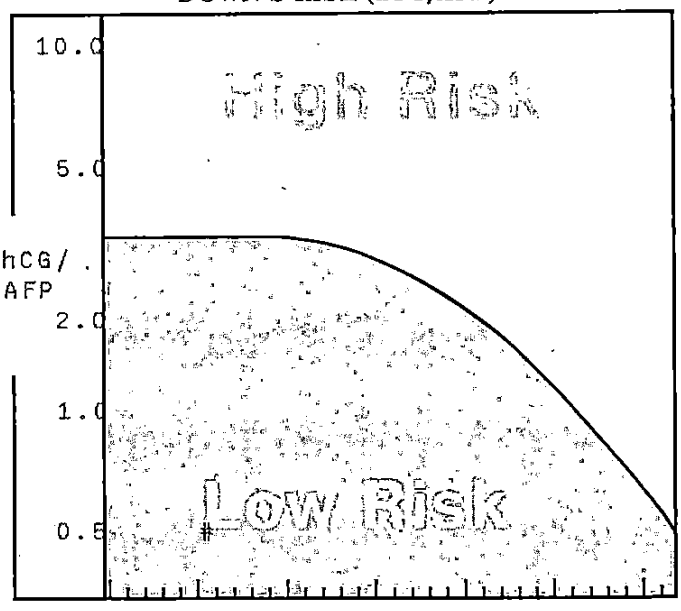
RECOMMENDED ACTION ON FIRST SERUM AFP LEVEL:

ABOVE 95th CENTILE
CHECK GESTATION BY ULTRASOUND, EXCLUDE TWINS, THREATENED AND MISSED ABORTION, REPEAT SeAFP

BETWEEN 90-95th CENTILE:
VALIDATE GESTATION

BELOW 90th CENTILE:
NO ACTION INDICATED IF GESTATION VALID

DOWN'S RISK (hCG/AFP)



DOWN'S RISK ESTIMATE ONLY VALID IF GESTATION AND DATE OF BIRTH CORRECT

Date: 09-02-99

Signature

REGIONAL VIRUS LABORATORY, RUCHILL HOSPITAL, GLASGOW

Tel: 0141-946 7120 **Fax: 0141-946 2200**

SURNAME	FORENAME	UNIT NO.	SEX DOB
MATHERS	ANN	0419797	F 14.10.78
SOURCE	CONSULTANT	GP	
SGH OPD 43	DR HAWTHORN	Dr F.Smith	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
Serum	V,97.0206498.Y	Final	

Hepatitis B surface antigen:Negative

Rubella antibody : >15 IU/l. Rubella immune.

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	02.05.97	05.05.97	08.05.97	Miss. W Brodie

Copy for :SGH OPD 43

BLOOD TRANSFUSION

SOUTHERN GENERAL HOSPITAL

Apply reports from bottom upwards as numbered.
Align top edge of report to next line above.

JB-F1362

REMOVE PROTECTIVE STRIP FROM HERE → 11

REMOVE PROTECTIVE STRIP FROM HERE → 10

HAN THIS LINE

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH 285 CON

SURNAME	FORENAMES		HOSP. No.	D.O.B.
MATHERS	ANN		0419797	14-Oct-1978
MEDICAL OFFICER	**WARD**	**SEX**	**HOSPITAL**	
R.HAWTHORN.	WARD 43	Female	SOUTHERN GENERAL	

BLOOD GROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

LABORATORY NUMBER				TO BE COMPLETED BY NURSE / MED. OFF.				
9.7646.5				USED		PACK PUT UP BY	CHECKED BY	REACTION
EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK Nos.	TIME	DATE			

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on .....

GREEN CARD PREVIOUSLY ISSUED.
PLEASE SUPPLY E.D.D ON FUTURE REQUESTS

SPECIMEN RECEIVED DATE 07-May-99 TIME 15:45 DATE OF TEST 10-May-99 SIG. fm

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH 285 CON

SURNAME	FORENAMES		HOSP. No.	D.O.B.
MATHERS	ANN		0419797	14-Oct-1978
MEDICAL OFFICER	**WARD**	**SEX**	**HOSPITAL**	
R.HAWTHORN.	WARD 43	Female	SOUTHERN GENERAL	

BLOOD GROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

LABORATORY NUMBER: 9.1737.X

				TO BE COMPLETED BY NURSE / MED. OFF.				
				USED				
EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK Nos.	TIME	DATE	PACK PUT UP BY	CHECKED BY	REACTION

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on ....

GREEN CARD ISSUED.

SPECIMEN RECEIVED DATE 29-Jan-99 TIME 16:43 DATE OF TEST 01-Feb-99 SIG. ....

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH 285 CON

E	FORENAMES		HOSP. No.	D.O.B.
EI	ANN		0419797	14-Oct-1978
OF... R	WARD	SEX	HOSPITAL	
NTHORN.	WARD 48	Female	SOUTHERN GENERAL	

ROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

ORY NUMBER

7.17998.1

	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK Nos.	USED TIME	USED DATE	PACK PUT UP BY	CHECKED BY	REACTION

TO BE COMPLETED BY NURSE / MED. OFF.

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on ....

N NEED ANTI-D

EN RECEIVED DATE ......10-Nov-97 TIME ......10:09...... DATE OF TEST ......10-Nov-97 SIG. ....

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH 285 CON

SURNAME	FORENAMES		HOSP. No.	D.O.B.
MATHERS	ANN		0419797	14-Oct-1978
MEDICAL OFFICER	**WARD**	**SEX**	**HOSPITAL**	
R.HAWTHORN.	WARD 43	Female	SOUTHERN GENERAL	

BLOOD GROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

LABORATORY NUMBER: 7.15599.3

				TO BE COMPLETED BY NURSE / MED. OFF.				
				USED				
EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK Nos.	TIME	DATE	PACK PUT UP BY	CHECKED BY	REACTION

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on .....

GREEN CARD PREVIOUSLY ISSUED.

SPECIMEN RECEIVED DATE 26-Sep-97 TIME 15:55 DATE OF TEST 26-Sep-97 SIG. .....

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH/286/CON

SURNAME	FORENAMES		HOSP. No.	D.O.B.
MATHERS	ANN		0419797	14-Oct-1978
MEDICAL OFFICER	**WARD**	**SEX**	**HOSPITAL**	
R.HAWTHORN.	WARD 43	Female	SOUTHERN GENERAL	

BLOOD GROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

LABORATORY NUMBER				TO BE COMPLETED BY NURSE / MED. OFF.				
7.12890.2				USED		PACK PUT UP BY	CHECKED BY	REACTION
EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK Nos.	TIME	DATE			

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on .....

GREEN CARD PREVIOUSLY ISSUED.

SPECIMEN RECEIVED DATE 15-Aug-97 TIME 15:49 DATE OF TEST 18-Aug-97 SIG. J Jn

REMOVE PROTECTIVE ST...

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH 285 CON

SNAME	FORENAMES	HOSP. No.	D.O.B.
ATHERS	ANN	0419797	14-Oct-1978

EDICAL OFFICER	WARD	SEX	HOSPITAL
R. HAWTHORN.	WARD 43	Female	SOUTHERN GENERAL

LOOD GROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

ABORATORY NUMBER
7.6957.4

EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK Nos.	TO BE COMPLETED BY NURSE / MED. OFF. USED TIME	USED DATE	PACK PUT UP BY	CHECKED BY	REACTION

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on .....

GREEN CARD ISSUED.
SUITABLE CANDIDATE FOR ANTI-D PROPHYLAXIS AT 28 AND 34 WEEKS

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH 285 CON

SURNAME	FORENAMES	HOSP. No.	D.O.B.
MATHERS	ANN	0419797	14-Oct-1978

MEDICAL OFFICER	WARD	SEX	HOSPITAL
R.HAWTHORN.	WARD 43	Female	SOUTHERN GENERAL

BLOOD GROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

LABORATORY NUMBER	TO BE COMPLETED BY NURSE / MED. OFF.					
9.11132.5		USED		PACK PUT UP BY	CHECKED BY	REACTION
EXPIRY DATE / PRODUCT CODE / DONOR GROUP	COMPATIBLE PACK Nos.	TIME	DATE			

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on .....

GREEN CARD PREVIOUSLY ISSUED.

SPECIMEN RECEIVED DATE 02-Jul-99 TIME 16:21 DATE OF TEST 05-Jul-99 SIG. [signature]

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
MATHERS	ANN	F	14.10.78	0419797

DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS
R.HAWTHORN	Ward 48 SOUTHERN GENERAL

REPORT

DB

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
26-JUL-99	X10⁹/L	10.7	2.70	0.77	0.27	0.02	Dr.A.E.Morrison		
DATE OF SAMPLE	LAB. No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
26-Jul-99	92148	14.4	236	3.75	110	0.324	87	29.5	

SOUTHERN GENERAL BLOOD TRANSFUSION DEPARTMENT

SGH 285 CON

SURNAME	FORENAMES	HOSP. No.	D.O.B.
MATHERS	ANN	0419797	14-Oct-1978

MEDICAL OFFICER	WARD	SEX	HOSPITAL
R.HAWTHORN.	WARD 48	Female	SOUTHERN GENERAL

BLOOD GROUP	Rh.	ANTIBODY SCREEN
A	NEG	Negative

LABORATORY NUMBER: 9.12516.4

EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK Nos.	TO BE COMPLETED BY NURSE / MED. OFF. USED TIME	USED DATE	PACK PUT UP BY	CHECKED BY	REACTION

"THIS BLOOD WILL BE DERESERVED" AT 9.00 am on .....

FOETAL CELLS NOT REQUIRED
DOES NOT NEED ANTI-D

SPECIMEN RECEIVED DATE 26-Jul-99 TIME 10:32 DATE OF TEST 26-Jul-99 SIG. .....

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
MATHERS	ANN	F	14.10.78	0419797

DOCTOR: R.HAWTHORN

WARD, HOSPITAL OR G.P. ADDRESS: Ward 48 SOUTHERN GENERAL

REPORT

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY
26-JUL-99	X10⁹/L	13.9	1.09	0.53	0.02	0.01	Dr.A.E.Morrison

DATE OF SAMPLE	LAB. No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	MCH pg	RE X10
	01175	15.6	173	4.13	121	0.387	94		

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
MATHERS	ANN	F	14.10.78	0419797
DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS			
R.HAWTHORN	Ward 43 SOUTHERN GENERAL			
REPORT				

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
22-APR-99	X10⁹/L	7.2	1.83	0.41	0.31	0.04	SEAN ALEXANDER		
DATE OF SAMPLE	LAB. No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC. X10⁹/L
22-Apr-99	48961	9.8	228	3.76	118	0.346	92	31.4	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME MATHERS	FORENAMES ANN	SEX F	D.O.B. 14.10.78	HOSP. No. 0419797
DOCTOR R.HAWTHORN	WARD, HOSPITAL OR G.P. ADDRESS Ward 43 SOUTHERN GENERAL			
REPORT				

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
22-APR-99	X10⁹/L	7.2	1.83	0.41	0.31	0.04	SEAN ALEXANDER		
DATE OF SAMPLE	LAB. No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC. X10⁹/L
22-Apr-99	48961	9.8	228	3.76	118	0.346	92	31.4	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
MATHERS	ANN	F	14.10.78	0419797

DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS
R.HAWTHORN	Ward 43 SOUTHERN GENERAL

REPORT

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY
8-MAY-99	X10⁹/L	6.5	1.66	0.40	0.39	0.03	SEAN ALEXANDER

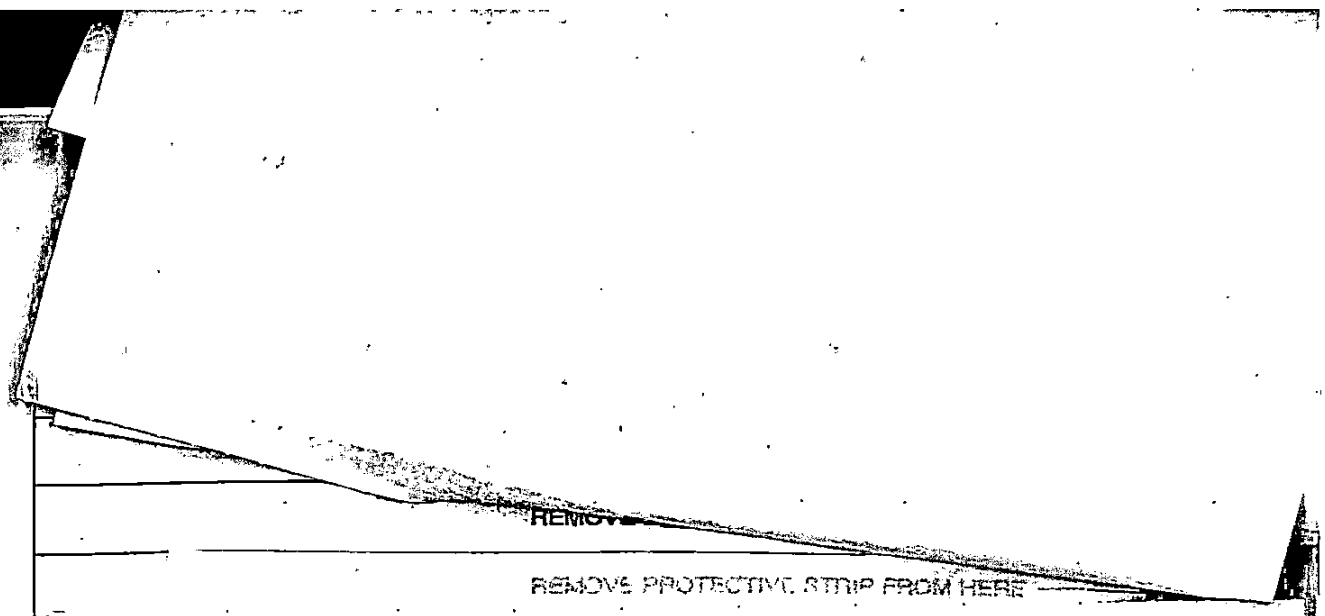
E OF SAMPLE	LAB. No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
-99	56041	8.9	212	3.50	112	0.321	92	32.0	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP No.
MATHERS	ANN	F	14.10.78	0419797
DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS			
R.HAWTHORN	Ward 43 SOUTHERN GENERAL			

REPORT

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
30-JAN-99	X10⁹/L	7.8	1.60	0.39	0.05	0.13	D Noel		
DATE OF SAMPLE	LAB. No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
29-Jan-99	12190	10.0	210	3.92	123	0.354	90	31.4	



SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
MATHERS	ANN	F	14.10.78	0419797

DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS
R.HAWTHORN	Ward 47 SOUTHERN GENERAL

REPORT

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
11-NOV-97	X10⁹/L	7.2	2.25	0.44	0.22	0.03	Dr. I.R.R. McNeil		
DATE OF SAMPLE	LAB No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
11-Nov-97	118740	10.1	215	4.14	130	0.388	94	31.3	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
MATHERS	ANN	F	14.10.78	0419797

DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS
R.HAWTHORN	Ward 48 SOUTHERN GENERAL

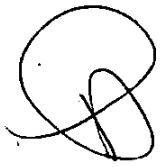
REPORT

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
10-NOV-97	X10⁹/L	12.3	1.71	0.77	0.02	0.09	Dr.I.Singer		
DATE OF SAMPLE	LAB No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
9-Nov-97	118226	14.9	182	4.16	131	0.403	97	31.5	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
MATHERS	ANN	F	14.10.78	0419797
DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS			
R.HAWTHORN	Ward 43 SOUTHERN GENERAL			

REPORT



DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
27-SEP-97	X10⁹/L	7.1	1.61	0.46	0.05	0.06	HELEN MILLARD		
DATE OF SAMPLE	LAB No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
26-Sep-97	101381	9.3	268	3.46	105	0.308	89	30.4	

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP No.
MATHERS	ANN	F	14.10.78	0419797
DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS			
R.HAWTHORN	Ward 43 SOUTHERN GENERAL			

REPORT

DATE OF REPORT	MACHINE DIFF.	NEUT.	LYMPH	MONO	EOSIN	BASO	AUTHORISED BY		
16-AUG-97	X10⁹/L	8.7	1.80	0.53	0.09	0.06	Dr.R.C.Tait		
DATE OF SAMPLE	LAB No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L.	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
15-Aug-97	84416	11.2	247	3.44	103	0.314	91	29.9	

REMOVE PROTECTIVE STRIP FROM HERE

SOUTHERN GENERAL HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	D.O.B.	HOSP. No.
ATHERS	ANN	F	14.10.78	0419797
DOCTOR	WARD, HOSPITAL OR G.P. ADDRESS			
R.HAWTHORN	Ward 43 SOUTHERN GENERAL			

REPORT

MOUNT SO THAT FREE EDGE OF REPORTS ARE

DATE OF REPORT	MACHINE DIFF.	NEUT	LYMPH	MONO	EOSIN.	BASO	AUTHORISED BY		
3-MAY-97	X10⁹/L	6.5	1.67	0.38	0.04	0.03	Andrew Walker		
DATE OF SAMPLE	LAB No.	W.B.C. X10⁹/L	PLAT. X10⁹/L	R.B.C. X10¹²/L	Hb g/L	P.C.V. L/L	M.C.V. fL	M.C.H. pg	RETIC X10⁹/L
2-May-97	45759	8.6	182	3.86	119	0.342	89	30.8	

SOUTHERN GENERAL HOSPITAL

BACTERIOLOGY DEPARTMENT

↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE ↑↑	12
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE ↑↑	11
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE ↑↑	10
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE ↑↑	9
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE ↑↑	8
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE ↑↑	

P FROM THIS SIDE

:TERIOLOGY DEPARTMENT
.: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

ame: MATHERS ANN
.ddress: HSE 73 21 RIVERBANK ST
:onsultant/GP: Dr.B.Hawthorn
Ward: 43
Specimen: VENOUS BLOOD (S.T.S.)

UNIT No.: 0419797
D.O.B. 14.10.78 Sex: F
Report to: 43
Date collected: 29.01.99
Date received: 01.02.99

REPORT:

Serology:-
V.D.R.L.: NEGATIVE

TREPONEMA EIA: NEGATIVE

Comment:-

Dr.G Gallacher 04.02.99

LAB. NO. LAB.NO. S 99 000178

SOUTHERN GENERAL HOSPITAL

BACTERIOLOGY DEPARTMENT

↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO [illegible]	12
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE	11
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE	10
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE	9
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE	8
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE	7
↑↑	REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE	6
↑↑	[illegible]	5

PEEL STRIP FROM THIS SIDE

SGH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

REPORT **SOUTHERN GENERAL HOSPITAL NHS TRUST**
GLASGOW

Name: MATHERS ANN
Address: 0/1 142 SHAWBRIDGE ST G43
Consultant/GP: Dr.B.Hawthorn
Ward: 44
Specimen: URINE

UNIT No.: 0419797
D.O.B. 14.10.78 Sex: F
Report to: 44
Date collected: 26.09.97
Date received: 26.09.97

REPORT:

Microscopy:- W.B.C. SCANTY
R.B.C. ABSENT

Culture:
NO SIGNIFICANT GROWTH.

Comment:-
Antimicrobials Not Detected

Dr.G.Gallacher 27.09.97

LAB.NO. U.97.0027546

U,97.

SGH 115A

BACTERIOLOGY DEPARTMENT

TEL: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL
GLASGOW

Name: MATHERS ANN
Address: 0/1 142 SHAWBRIDGE ST G43
Consultant/GP: Dr.B.Hawthorn
Ward: 44
Specimen: URINE mid stream

UNIT No.: 0419797
D.O.B. 14.10.78
Sex: F
Report to: 44
Date collected: 15.08.97
Date received: 15.08.97

REPORT:

Microscopy:- W.B.C. MODERATE
R.B.C. ABSENT

Culture:- NO SIGNIFICANT GROWTH.

Comment:- Antimicrobials Not Detected

LAB.NO. U,97.00

Dr.G.Gallacher 16.08.97

REMOVE THIS STRIP & AFFIX REPORT - TOP EDGE TO LINE ABOVE

REMOVE THIS STRIP

LIFT TA

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

RIOLOGY DEPARTMENT
41 201 1703/4/5

MATHERS ANN
s: 0/1 142 SHAWBRIDGE ST G43
ltant/GP: Dr.B.Hawthorn
43
en: VENOUS BLOOD (S.T.S.)

UNIT No.: 0419797
D.O.B. 14.10.78
Sex: F
Report to: 43
Date collected: 02.05.97
Date received: 02.05.97

ORT:

erology:-
V.D.R.L.: NEGATIVE

TREPONEMA EIA: NEGATIVE

Comment:-

IAB. NO. IAB.NO. S,97.0005143

06.05.97

[redacted]

0419797
MATHERS ANN
57 124 SHAWBRIDGE ST F
GLASGOW NK
14/10/1978
G43 1NN G.P.Prac.52081

SATISFACTION SCORE:
COMPLAINTS:

MEDICAL PROBLEM N ✓ Y

	PRIMARY	SECONDARY
EPIDURAL	✓	
SPINAL		
GENERAL		

NOTES ON TECHNIQUE AND PROBLEMS; OBSTETRIC AND MEDICAL CONSIDERATIONS

Epidural Ind Analgesia o med Hx
Sitting aseptic o allergies
L2-3 LORS 4 cm, Catheter to 10 cm
0 Blood 0 CSF
TDT dose given
1220: backpain
Top up given

VAGINAL DELIVERY: ✓ SPONT / LOW FORCEPS / MID FORCEPS / VACUUM / BREECH / TWIN

CAES. SECTION: ELECTIVE / SEMI-URGENT / URGENT

TIME OF DECISION

PROCEDURE: MROP / OTHER

HIT NO.:
AGE: PARA: 0 WEEKS:
LABOUR: SPONTANEOUS/INDUCED
HEIGHT: WEIGHT:

ANAESTHETISTS:
[illegible]

EPIDURAL ANALGESIA IN LABOUR
INDIC'N: ANALGESIA ONLY / OBSTETRIC / MEDICAL
PRIOR: OPIOID TIME: nil / ENTONOX / OTHER / ✓ NIL
LAST VE TIME: 0800
DILATATION: 4cm

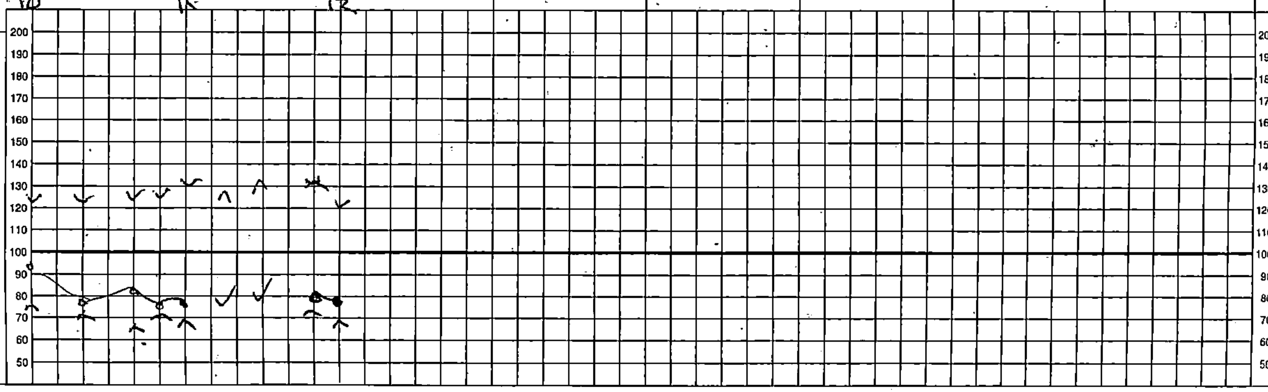
DATE: 9/11/97 TIME: → 1030

TIME OF DELIV. 1422

0.5% Marcaine 3ml F 4ml F 3ml →
0.08% Marcaine } Epidural — 10ml/h — 12ml/h
1.6µg/ml Fentanyl } Infusion
Top up 5ml 0.25% + 4mls 0.25% Bupivacaine

NEONATE: ♀

ANALGESIA: 1 = GOOD, 2 = PARTIAL, 3 = POOR → 10 11 12



N	Y	R B PROBLEMS	N	Y
1		INITIAL	2	
✓		IDENTIFYING SPACE		
✓		PASSING CATHETER		
✓		ACC. DURAL TAP		
✓		BLOOD RUNBACK		
✓		ESTABLISHING BLOCK		
		LATER		
		MAINTAINING BLOCK		
		EXTENDING BLOCK		
		CATHETER DISPLACED/LEAKING		
		OTHER		
		REPEAT/RESITE		
		ADVERSE EFFECTS		
		SYMPTOMATIC HYPOTENSION		
		HIGH BLOCK 1 2 3		
		OTHER		
		G A PROBLEM		
		OTHER PROBLEM		

IV FLUIDS

EVENTS

BLOOD LOSS

Southern General Hospital NHS Trust
OBSTETRIC ANALGESIA/ANAESTHESIA RECORD

7Y

OBSTETRIC
PRESCRIPTION SHEET

SIDE 1

ONCE ONLY PRESCRIPTIONS | **DIET**

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

STANDING INSTRUCTIONS

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

Signed .... (Doctor)

Date ....

NOTES

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS			
LABOUR RECORD			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

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

MEDICINE	ADVERSE REACTION
1.	
2.	

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
47	Ann Mathers				419797	Dr Hawthorn

KNOWN MEDICINE SENSITIVITIES	1.
	2.

PRESCRIPTIONS

PRESCRIPTIONS - OTHERS

Pharmacy Use		Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescriber Signature (Full)
	A	8/11/97	Paracetamol	1g	PO	4-6° PRN MAX 4/24										[illegible]
	B	9/11/97	IBUPROFEN	400mg	O	6-8hly as req'd										[illegible]
	C	9/11/97	DIHYDROCODEINE	30mg	O	4-6hly as req'd										[illegible]
	D															
	E															
	F															
	G															
	H															
	J															
	K															
	L															
	M															
	N															
	O															
	P															
	R															
	S															
	T															
	V															
	W															
	X															

REGULAR PRESCRIPTIONS - INJECTIONS

	YA														
	YB														
	YC														
	YD														
	YE														
	YF														
	YG														
	YH														
	YJ														
	YK														
	YL					am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	TIMES FOR ADMINISTRATION	CONSULTANT
	Ann Mathers				419797		[illegible signature]

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS																						COMMENTS ON DISCREPANCIES
DATE	6 a.m.		8 a.m.		10 a.m.		12 m.d.		2 p.m.		4 p.m.		6 p.m.		10 p.m.		12 m.n.		OTHER TIMES			
		Initial		Initial		Initial		Initial		Initial		Initial		Initial		Initial		Initial			Initial	
8/11/97													A	MBS	B							
10/11/97			B										B									
11/11/97			B						B				B		C							
12/11/97													C	AW	B							
13/11/97			B	AW																		

NAME: Ann Mathers

UNIT NUMBER: 4197797

WARD: 47

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

CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MR1 1000

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

DATE	REGULAR PRESCRIPTIONS										OTHER TIMES	COMMENTS ON DISCREPANCIES
	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.			
	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial		

UNIT NUMBER

WARD

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

CODE LETTER SCORED E.G. Ⓐ = PATIENT ABSENT

NAME:

No phone

[redacted]

0419797 BUZZER 57 FLOOR 14
MATHERS ANN
57 124 SHAWBRIDGE ST F
GLASGOW NK
14/10/1978
G43 1NN G.P.Prac.52081

AGE: 19yrs

PARITY: 0+0

UNIT NO: TEAM A

WD 48 · DR HAWTHORN

G.P: Dr Smith

ADDRESS: 26 Wellgreen

MOTHERS HISTORY: Rubella Immune
Bond + Maternal Bloods Taken

DELIVERY	DATE & TIME	3RD STAGE	PERINEUM	BLOOD LOSS	H.B.
S.V.D	9/11/97 C 14-22	COMPLETE / INCOMPLETE; RAGGED / MANUAL REMOVAL	INTACT / SUTURED / EPISIOTOMY / LACERATION (Vaginal) / NOT SUTURED	Minimal	11.0

SEX	BIRTHWEIGHT / DISCHARGE WEIGHT	APGAR	FEEDING	DRUGS	POST NATAL HOSPITAL	CONTRACEPTION	GUTHRIE TEST DATE:
~~BOY~~/GIRL GIRL	K3- / K2-98	9/10/5	BREAST / A/F	-	G.P. / F.P.	GP	17.11.97

LABOUR EXPERIENCE: Murder!

FAMILY SUPPORT: James

SIBLINGS:

DAY & DATE	ASSESSMENT INVESTIGATIONS	MOTHER	Gordon BABY Katie Marie
14/11/97	5th Day	DISCHARGE TO BH	

Southern General Hospital NHS Trust
Maternity Unit

SGH 53
0367598

Reason for Admission:
? Labour.

Name: Ann Mathers

Unit No: 419797

Pthx - OD Paracetamol x3

L.M.P. E.D.D. 4-11-97 AGE: 18 PARITY: 0+0 BLOOD GROUP: Aneg

Type of Delivery	Date	Time	Tear/Episiotomy (laceration not sutured)	Blood Loss
SVD	9/11/97	1422	Alive/S.B.	Boy/Girl — Weight 3·00 Kgs

Date	8/11/97	9/11.	C7/11/97	10/11/97	12/11/97	13/11/97					
Time of Recording	0830	1530	0900	0835	0835	0810					
Gestation/Postnatal Day	T+4	*	1	(2)	(3)	(4)					
Temperature	37	37	37.6°C	36.4	36.8	36.6					
Pulse	105	77	74	80	70	74					
Blood Pressure a.m.	142/75	130/70	115/75	115/65	110/70						
p.m.											
Lie	Long										
Presentation	Cph										
Fetal Heart Rate	FHHR										
Breasts			Conf.	comp	Comp	Full					
Fundus	=	Firm	Firm 1FBV.	Firm 2FBV		Firm 3FBV					
Haemorrhage/ Lochia	NIL	AHE	Rubra AHE	Rubra Ave	RIS Alter	RS. min					
Abdominal Wound Perineum			Satis.	satis	satis	satis					
Fluids - in mls	✓	✓	✓	✓	✓	✓					
- Out mls	✓	TIHP	✓	✓	✓	✓					
Urine Analysis											
Bowels		0	0	0	0	1					
Oedema	NIL	NIL	Nil	nil	Nil	nil					
Legs	NAD	NAD	Nad	NAD	cramps on						
Weight/Hb	105										
Signature:											

Southern General Hospital NHS Trust
Maternity Unit

SGH 53
0367598

Reason for Admission:

Name:

Unit No:

L.M.P.	E.D.D.	AGE:	PARITY:	BLOOD GROUP:

Type of Delivery	Date	Time	Tear/Episiotomy	Blood Loss
			Alive/S.B.	Boy/Girl	Weight Kgs

Date											
Time of Recording											
Gestation/Postnatal Day											
Temperature											
Pulse											
Blood Pressure a.m.											
p.m.											
Lie											
Presentation											
Fetal Heart Rate											
Breasts											
Fundus											
Haemorrhage/ Lochia											
Abdominal Wound Perineum											
Fluids - In mls											
- Out mls											
Urine Analysis											
Bowels											
Oedema											
Legs											
Weight/Hb											

Signature:

SGH 52
0367586

ern General Hospital NHS Trust
Maternity Unit

NAME Ann Mathers

UNIT NO 419797

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
8-11-97		0830	Self referal from home via ambulance with Hx of 'contractions' on & off for 2 days. Then experienced stronger pains 1:10 since 0200 with some show.
			O/E. Anxious obs stable.
			O/P Fundus = dates Lagitudinal lie cephalic presentation 2/5 FTHR Abdomen soft.
			CTG commenced.
		0850	CTG baseline 110b/min reduced variability maternal position changed.
			Experiencing lower abdominal cramps & backache
	* Paracetamol OD x 3*	1000	Mild uterine activity & backache 1:10
			CTG reactive.
			V/E Cx posterior 50% effaced 1cm dilated
			V/x 0-2 membranes intact.
			In early labour content ~~with oral analgesia~~ ISP for & will go to the ward.
			Bed booked WD 48
			Oral analgesia not given in view of Paracetamol OD's.
		1030	Tea & toast.
			T/F to Ward Dr Maharaj notified.
		1040	From labour ward - advice given about relaxation exercises & having a bath for pain relief SM All Campbell
			Up for bath - for pain relief AMC

SGH 52
0367586

Southern General Hospital NHS Trust
Maternity Unit

NAME Ann Mathers

UNIT NO 419797

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
8/11/97		1415	Contractions continue becoming a bit stronger but Ann still coping. AM Campbell
		1600	C/O contractions painful, had two hot baths, shows P.V. HS contacted busy at present SHO to be notified as no analgesia prescribed. Dr Patterson contacted will see & Ann soon. SCampbell
		1730	DR Patterson prescribed paracetamol. Tabs II given Ann up & about - coping well at present. s/m m m'heill
		1930	Ann's father concerned about Ann still being in ward, and not in H/S. Re-assured. Will review after visiting at 20°° s/m m m'heill
		2000	VE by Dr Patterson. Cx 2 cms dilated, fully effaced. To remain in ward at present - appears to be coping well. s/m m'heill
		2300	getting quite uncomfortable with contractions every 7mins becoming more painful and lasting longer. FHR with Sonicaid. to have a bath and try and relax. CAllen
		0012	Commenced CTG FH 120 - 160bpm reactive Contracting 1-2:10
		0030	quite distressed now with contractions requesting further analgesia HS phoned for transfer. CAllen

SGH 52
0367586

Southern General Hospital NHS Trust
Maternity Unit

NAME Ann Mathers

UNIT NO 419797.

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
9.11.97		01⁰⁰	Trans from B/S ̄c contractions 1:5 to 7.
			Long lie cephalic 4/5. CTG. [signature]
		01¹⁵	CTG. Reduced variability - to continue ̄c monitoring.
			d.V.E. [signature]
			— SEE CASE-NOTES —
	Postnatal	1530	PN obs stable, nauseated does not want
			any tea. IV's removed, epidural catheter
			removed complete. HNPU !
			Bed bath given fit for T/F to ward [signature]
		16¹⁵	Transferred up from labour suite observations
			stable. RM McCann
		17³⁰	V. tired at present. Still feeling nauseas. Unsuccessful when tried
			to pass urine. Advised to sleep at present [signature] S/M
		18⁰⁰	Ann appears to be very disorientated. P/N observations P64, BP 130/75,
			T 37.5°C↑. Fundus firm, lochia average. c/o pain @ epidural
			site. Advised to stay in bed & use nurse call if necessary
			S/M [signature]
		18⁵⁰	Feels a lot better no longer tired up for a bath.
			Back very red and sore, where elastoplast was for epidural RM McCann
		21³⁰	Feels much better now. Much more alert. Interested & coping ̄c
			baby care. Advised to ask for assistance. Has passed urine
			spontaneously. [signature] S/M
			Settled + slept: uncomplaining. [signature]

SGH 52
0367586

S[illegible]ern General Hospital NHS Trust
Maternity Unit

NAME Ann Mathers

UNIT NO 419797

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
		0900.	All post-natal observations satisfactory,
			Feels tired, otherwise well, C/O sore back receiving
			analgesia, happy otherwise S/M [illegible]
	Home Thursday.	2100	Settled evening [illegible]
11.11.97		07.25	Slept for short periods, analgesia given as required
			needs reassurance with baby [illegible]
		08 30.	post natal exam satisfactory, lochia rubra average, taking analgesia
			feeding well offers no complaints. [illegible]
		21-10.	feeling well tonight just occasional afterpains. Assistance
			needed ++ with baby-care. S/M Gryffith.
12/11/97		07 15	Needing assistance ++ slept fairly well
			S/M [illegible]
		0845.	PN check as charted. Fundus involuting well. Lochia rubra
			serosa average. Perineum comfortable. Has c/o cramp like
			muscular pain in both calves this morning. No V.V. to see
			did have 'muscular type pain during pregnancy - which'
			GP not concerned about. Assistance needed ++ S/M Gryffith.
		20:30hrs	Settled evening.
			Requiring assistance with baby and baby care.
			Occasional afterpains only S/M A Wilson.
			For discharge home tomorrow.
13/11/97		06 45	slept well S/M [illegible]
		0810	Recordings satisfactory. No further cramp pains
			in legs.

SGH 52
0367586

S[illegible]ern General Hospital NHS Trust
Maternity Unit

NAME Ann Mathers

UNIT NO 419797

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE
13/11/97	FBC ✓		Breasts full advice given re use of simple
	discharge leaflets ✓		analgesic, supportive bra and use of
			cabbage leaves.
			Bowels have moved sm Jhenoghan
14/11/97	5th Day		

Mother:	Baby:
Breasts full and tender - using simple analgesia. Fundus involuting. Lochia serosa - average. Perineum comfortable. PU BO. Expresses no concerns. Next visit Saturday. sm Calder.	Alert baby, eyes, skin & mouth clear, large jaundice Cord on. PU/BO. Feeding well 4 hrly, 80mls, appears very well sm Jhenoghan
Breasts softening - more comfortable. Fundus involuting. Lochia serosa - minimal. Perineum satisfactory. PU BO. Appetite good. Expresses no concerns. Next visit Monday.	Unsettled overnight. - Just settled. left undisturbed. Looked in pram - Appears healthy PU BO Feeding well - 3/4 hourly. s/m Calder. s/m Calder

15/11/97 (6)

0367586

S hern General Hospital NHS Trust
Maternity Unit

NAME Ann Mathers
UNIT NO 419797

DATE	CARE PLAN (SIG)	DATE	NURSING NOTES/EVALUATION WITH SIGNATURE Mother	Baby
17.11.97	(8)		Breasts comfy. Fundus firm & well involuted lochia serosa nil PU BO. Perineum comfy	feeding well & settled. Eyes skin & mouth clear Cord on & separating. PU BO PKU ✓ SMEClarke
			Do tomorrow Visit Wed	
19/11/97	(10)	13.15	Partner informed us that Ann and baby were out and will be back in ½ hour SM Clark	
		14.00	No reply. Note with Visit again Friday if	contact No left. no problems. SM Clarke
21/11/97		09.45	Breasts comfy. Fundus + lochia satisfactory. PU BO Feels well NO complaints.	Feeding well. PU BO. Eyes, mouth & skin clear Cord off 3.34kg 7lb 5oz SMEClarke
			Discharge to HV.	

Hospital Name: S.G.H

PRESCRIPTION FORM

PATIENT DETAILS	DRUG SENSITIVITIES	OTHER CHARTS IN USE
Name: Ann Mathers		Insulin ☐
Hospital Number: 419797		PCA and other infusions ☐
DOB: 14/10/78		Anticoagulants: Heparin ☐ Oral ☐
Date of Admission: __/__/__	Consultant Name:	Topical: ☐
Ward: / Height:	DVT Risk on Admission (SIGN Guideline) High ☐ Moderate ☐ Low ☐	TPN: ☐ Enteral Nutrition: ☐
Weight: / Surface area:	Assessed by: Date: __/__/__	Other:
Date of writing discharge prescription: ___/___/___	Prescription sheet number:	Date and time form re-written: ___/___/___ Time: ____

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
25/7/99	Co-codamol	2 TABS	O	12.40	S/O	[illegible]	12.40

NAME

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE →

MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

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.

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

...and Other Drugs: ...gular Prescriptions

ADMINISTRATION

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

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.

Oral and Other Drugs: Regular Prescriptions

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

	ADMINISTRATION													
DATE →														
MONTH →														

W

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

X

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

Y

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

AA

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

BB

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

CC

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

AME:

ADMINISTRATION

outes: As Required Prescriptions

DRUG	Coproxamol	STOPPED DATE:	
DOSE: 2 tabs	ROUTE: PO	INDICATION: pain	STOPPED INITIALS:
SIGNATURE OF DOCTOR: [illegible]		MAX.FREQUENCY: 4-6hrly	DATE: 25/7/99
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	26/7	26/7	26/7	27/7					
TIME	08.15	18⁰⁰	22 50	08. 25					
DOSE	2 tabs	2 tabs	2 tabs	2 tabs					
GIVEN BY	ao	[illegible]	KW	ao					

EE DRUG	Volterol	STOPPED DATE:	
DOSE: 50mg	ROUTE: PO/PR	INDICATION: pain	STOPPED INITIALS:
SIGNATURE OF DOCTOR: [illegible]		MAX.FREQUENCY: 8hrly	DATE: 25/7/99
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE									
TIME									
DOSE									
GIVEN BY									

FF DRUG		STOPPED DATE:	
DOSE	ROUTE	INDICATION	STOPPED INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE									
TIME									
DOSE									
GIVEN BY									

GG DRUG		STOPPED DATE:	
DOSE	ROUTE	INDICATION	STOPPED INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE									
TIME									
DOSE									
GIVEN BY									

HH DRUG		STOPPED DATE:	
DOSE	ROUTE	INDICATION	STOPPED INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE									
TIME									
DOSE									
GIVEN BY									

JJ DRUG		STOPPED DATE:	
DOSE	ROUTE	INDICATION	STOPPED INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE									
TIME									
DOSE									
GIVEN BY									

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

ADMINISTRATION

DATE																	
TIME																	
DOSE																	
GIVEN BY																	

DATE																	
TIME																	
DOSE																	
GIVEN BY																	

DATE																	
TIME																	
DOSE																	
GIVEN BY																	

DATE																	
TIME																	
DOSE																	
GIVEN BY																	

DATE																	
TIME																	
DOSE																	
GIVEN BY																	

DATE																	
TIME																	
DOSE																	
GIVEN BY																	

dwife Administration by Protocol - Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: 25/7/99

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

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:
   Milligram = **mg** Gram = **g**
   Millilitre = **ml** Microgram: **to be written in full.**
   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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