SAR Team
Health Records Department
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

NHS
Greater Glasgow and Clyde

MMA LEGAL
STOK, 43-59 PRINCES STREET
STOCKPORT
SK1 1RY

Date: 16/05/2026
Your Ref: 100042
Our Ref: LAT/JM/AG/1410786102

Enquiries to: Allan
Direct Line: 0141 5327356

E-mail: alan.graham6@nhs.scot

Dear Sir/Madam

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 in which you seek a copy of your client's personal information.

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

ROYAL ALEXANDRA HOSPITAL MEDICAL RECORDS

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

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

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

- patient health records, photographs or Radiology images;
- video/telephone recordings, including CCTV images;
- Witness Statements;

- Incident reports
- Complaints files
- Emails

The source of our data includes patients, General Practitioners, healthcare, social and welfare organisations, legal representatives and police forces.
We sometimes need to share the personal information we process with the individual themselves and also with other organizations 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 the 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 me.

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

SAR 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	☐

RWA ECG ☑

14

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 1410786102

Royal Alexandra Hospital

Total Att: 3

12 Mth Att: 2

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**
0141-451-0650

Attendance Date: **18/09/2016** Arrival Time: **14:52**

Registration Time: **14:52** Date of Incident: **18/09/2016**

Major Incident Desc:

Reason for Attendance: **panic attacks + chest pains**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **18/09/2016 15:30** Nurse name: **Nurse Emma Fry**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Left	
Right	
Corrected?	

Eyes	
Motor	
Verbal	
Total	

Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **c/o headache and central chest pain for 1/52. describes pain as sharp and worsened overnight. pt states she suffers panic attacks and has had 3 today.**

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
8/4	Diazepam	10mg	O	1760		
	Co-Codamol 30/500	2 T	O	1700		

Date	CLINICAL NOTES
18/9/16	Seen by (Dr) McNAMARA (CF) Time seen 1700

37 F

Headache

Background – Anxiety
– Panic attacks
– Mother died 27 SAH.

2 week hx of intermittent (R) occipital headaches + neck pain – ache "tension".
No relieving/exacerbating factors. N+V.
Visual disturbance. No other neurology
↑ frequency of panic attacks – "frightened".
Intermittent chest discomfort 2° to panic – previously Tx. No cardiac sounding symptoms.

Ex-prisoner
NKDA
Smoker
Mod alcohol
No drugs

Date	CLINICAL NOTES

16/1 Annas ~~HHH~~

RR16 SpO2 97% on A Temp 36 HR 70

BP 130/60

A → Clear. NS 1+, 1+, 0

C → ENT

(2) Sens/pow + reflexes all 4 limbs

Coordination (2). Cranial nerves intact

Impression/ Likely tension headache

Pause attacks

Reassure, given family hx → d/w Dr Wallace

CT head if normal home with advice

to return if concerns.

Can conversation re anxiety management

GP follow-up

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
16/1	Diazepam	2mg	O	tds		
	Co-codamol 30/500	TT	O	tds		

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

ANN MATHERS
1410786102

Date & Time		Signature, Print Name & Designation
18/9	McMAHON CONS EM	
	verbal CT report - (N)	
	no SAH	
	∴ Δ tension headache	
	anxiety	
	d/w pt	
	(H) ± analgesia	
	McMAHON	

83949 GCC0072

Date & Time		Signature, Print Name & Designation

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

14

Patient Addressograph Label
1410786102 14/10/1978
MATHERS
Ann

Presenting Complaint: Headache & chest pain

Date and Time: 18/9/16 @ 1540

Named Nurse(s): [illegible]

Patient preparation (Please tick when completed)	Initials:	☐
Prepare patient for examination and provide blankets if required		☑
Clothing bagged, labelled and stored under trolley		☑
Name-band (if required)		☑

Communication (Please tick when completed)	Initials:	☐
Communication Aids (spectacles / hearing aid)		☐
Relatives present, who?		☐
Relatives / NOK informed		☐
Interpreter required		☐
Telephone interpretation required		☐

Observations and Investigations (Please tick when completed)	☐	Initials:	☐
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☐	IV cannula (if required)	☐
Peak Flow 1. 2. 3.	☐	Blood samples taken	☐
12 Lead ECG	☐	Urinalysis and Specimen if indicated *Results:*	☐
Cardiac Monitoring	☐		
X-rays performed	☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:	☐
Other: please add	☐	Weight:	☐

Screening Tools (Please circle or tick as appropriate)		Initials:	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection	Y / N	**Preliminary Pressure Ulcer Risk Assessment** The patient can reposition themselves whilst in the department?	Y / N
Sepsis 6 protocol initialise and departmental documentation started	Y / N		
AMT 4 (if >65 years) SCORE	/4	There is **no** reported skin damaged other than presenting trauma?	Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*	Y / N	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*	Y / N
Mental Health Triage Assessment	Y / N	**Waterlow Score** *If >10 commence Active Care*	☐
Child Protection considered (in line with policy)	Y / N	**Active Care** (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*	☐
FAST	Y / N		
GMAWS	Y / N	Pressure damage identified on arrival in ED is documented in clinical notes	☐
Has Swallow test been carried out?	Y / N	Grade 3 or 4 Pressure Ulcers are reported on DATIX	☐

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name band	☐	☐	
	AMT4	☐	☐	
	NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient	☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Allergies are recorded (e.g. on Kardex)	☐	☐	
	Fluids	☐	☐	
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed	☐	Always	
	Notes: medical notes, GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on O_2: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature
1545	Pt into room and prepared for exam.	[signature]

Patient Addressograph Label

Nursing Notes and Care Plan

1410736102 14/10/1978
MATHERS
Ann

Date and Time		Print Name and Signature

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

Patient Addressograph Label

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Time							
	1.	**PAIN: Assess and address** If in pain inform registered nurse Y/ N or N/A								
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (independent)								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)								
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B								
		Chair Assist to walk, stand or tilt (W /ST/ T)								
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine/faeces								
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)								
		Encourage the patient to drink? **(If appropriate)** Y / N / N/A								
		Food, snack or supplement taken? **(if appropriate)** Y / N / N/A								
	6.	**ENVIRONMENT:** Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y / N								
	7.	**INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y / N								
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse? Y / N/A								
			Nurse Initials							

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant **I = Independent** **NT = No thanks**	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

aterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (brusing/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	**Neurological Deficit**	
Incontinent faeces	2	Broken (established ulcer)	3	**Nutritional Element**		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly Incontinent (urine and faeces)	3	**Mobility**		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1 > 10% Score 2			
		Fully mobile	0				
Special Risks – Surgery/Trauma		Restless/Fidgety	1			**Special Risks - Medication**	
On table > 6 hours	8	Apathetic (sedated/depressed/ reluctant to move)	2			Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5			BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4			Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20+ = 'Very High Risk'	
		Chair Bound	5	Patient acutely ill or no nutritional intake > 5 days	2		

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Address

1410788102 14/10/1970
MATHERS
Ann

CHI No.
DoB

	Date	Ward
Admitted	18/9/16	AtE
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

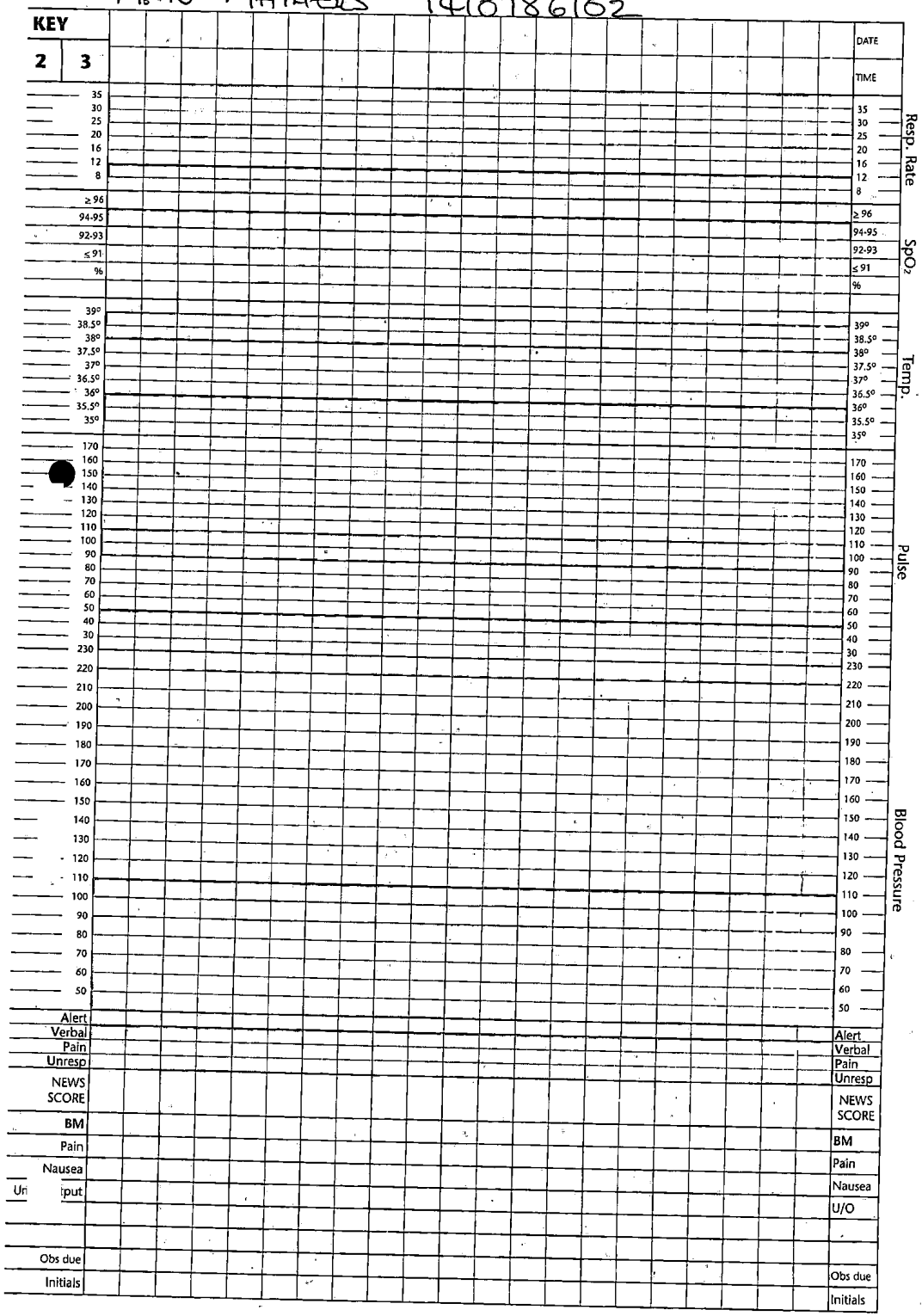
See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

DATE:		18/9/16
TIME:		1530
Resp. Rate Mark: •	35 / 30 / 25 / 20 / 16 / 12 / 8	• (16)
SpO$_2$ (Enter Value)	≥ 96 / 94-95 / 92-93 / ≤ 91	97
Any Sup'l O$_2$	%	
Room air		Air
Temp. Mark: X	39° / 38.5° / 38° / 37.5° / 37° / 36.5° / 36° / 35.5° / 35°	X (36.5°)
Pulse Mark: •	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30	• (70)
Blood Pressure Mark: ◇ (NEWS SCORE using Systolic BP)	230 / 220 / 210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	^ (130) / v (70)
Conscious Level Mark: •	Alert / Verbal / Pain / Unresp	• (Alert)
Total NEWS (with all obs)		0
BM		
Pain		
Nausea		
Urine output		
Obs due		
Initials		[illegible]

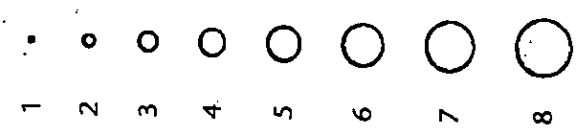
DATE	NEWS	
TIME	0	1
35 / 30 / 25 / 20 / 16 / 12 / 8		
≥ 96 / 94-95 / 92-93 / ≤ 91 / %		
39° / 38.5° / 38° / 37.5° / 37° / 36.5° / 36° / 35.5° / 35°		
170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30		
230 / 220 / 210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50		
Alert / Verbal / Pain / Unresp		
NEWS SCORE		
BM		
Pain		
Nausea		
U/O		
Obs due		
Initials		

ANN MATHERS 1410786102



Glasgow Coma Scale

Pupil size (mm)



Neurological Observations

Date:																														
Time:																														
COMA SCALE	E Eyes open	Spontaneously	4																											
		To speech	3																											
		To pain	2																											
		None	1																											
	V Best Verbal response	Orientated	5																											
		Confused	4																											
		Inappropriate words	3																											
		Incomprehensible sounds	2																											
		None	1																											
	M Best motor response	Obeys	6																											
		Localises	5																											
		Flexion - withdrawal	4																											
		Flexion - abnormal	3																											
		Extension to pain	2																											
		None	1																											
	TOTAL SCORE																													
PUPILS	R	Size																												
		Reaction																												
	L	Size																												
		Reaction																												
LIMB MOVEMENT	ARMS	Normal power																												
		Mild weakness																												
		Severe weakness																												
		Spastic flexion																												
		Extension																												
		No response																												
	LEGS	Normal power																												
		Mild weakness																												
		Severe weakness																												
		Spastic flexion																												
		Extension																												
		No response																												

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

+ reacts
– no reaction
C, eyes closed

Record right (R) and left (L) separately if there is a difference between the two sides

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 20/09/2016

Consultant: Dr Alasdair Corfield

JA Tobias
Elmwood Medical Practice
Eastwood Health & Care Centre
1 Drumby Crescent
Clarkston
Glasgow
G76 7HN

Dear JA Tobias

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

Attended on: **18/09/2016 at 14:52 hrs.** Departed on: **18/09/2016 at 18:19 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
panic attacks + chest pains

Nursing Assessment:
c/o headache and central chest pain for 1/52. describes pain as sharp and worsened overnights. pt states she suffers panic attacks and has had 3 today.

Investigations in ED:
1. CT Head

Diagnosis:

Diagnosis	Side	Site
Tension-type headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Patient presented with headache and panic attacks. Suffers severe anxiety. Mother died age 27 from SAH. CT head NAD. Discharged with diazepam and GP follow up.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Paul McNamara
Doctor

Copies to:

1. JA Tobias (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 20/09/2012

Consultant: Dr Alasdair Corfield

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: **03/09/2012 at 06:10 hrs.** Departed on: **03/09/2012 at 09:12 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital (triaged in A&E)**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
pv bleed 12wks preg

Nursing Assessment:

Investigations in ED:
1. CRP (ED) **2. FBC (ED)** **3. HCG (ED)**
4. LFT (ED) **5. U&E's (ED)**

Diagnosis: **None**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :
Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Lynsey Johnston
Doctor

Copies to:

1. JA Tobias (GP)

School Address:

Mathers Ann CHI: 1410786102

Immediate Discharge Letter (Draft)

Highly Sensitive: No Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

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

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Date of Completion: 14/03/2013

Dear Dr JA Tobias,

Name	CHI	DoB	Address
Ann Mathers	1410786102	14/10/1978	14 Maybole Crescent Glasgow G77 5SY

Admitted	Type	Discharged	Destination
12/03/2013 14:00	In Patient		

Specialty	Consultant	Ward	Telephone
Obstetrics	Dr Judith Gemmell	RAH 32 Obstetrics	0141 314 7332

Reason for Admission and Presenting Complaints	Admission Category
	In Labour

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: SVD of baby boy

Treatments: None recorded.

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Paracetamol Tablets	Oral	1000	mg	As Required	1 Week	1op
Ibuprofen Tablets	Oral	400	mg	As Required	3 Days	1op

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Monica McGeough

Mathers Ann CHI: 1410786102 IDL v1

Doctor

Prescription Review
Medications Reviewed by Pharmacist: Fiona Ritchie1, Pharmacist
Dispensed Medications Checked by Pharmacy: Fiona Ritchie1, Pharmacist
Nurse discharging patient:

Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN
Contact Telephone Number, Endoscopy Department: 0141 201 3682

10/03/2025

Patient:	Ann Mathers
Address:	57 LITTLETON PARK
	BARRHEAD
	Glasgow G78 2FA
CHI Number:	1410786102
Date of Ref:	07/03/2025
Urgency:	URGENT
Specialty:	General Surgery
Hospital:	Royal Alexandra Hospital

Dear Dr FJ O'Donoghue

Thank-you for your USC referral of the above patient. This referral has been triaged based on your patient's statistical risk of cancer and clinical information provided. This patient has been vetted for an Urgent Suspicion of Cancer Clinic Appointment. We aim to provide a date within 4 weeks. We are working hard to reduce waiting lists for all patients. Your patient remains at USC priority on the waiting list. If their clinical information changes, please submit an updated USC referral indicating what has changed.

Regards,

Endoscopy Service GGC

Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN
Contact Telephone Number, Endoscopy Department: 0141 201 3682

07/03/2025

Patient:	Ann Mathers
Address:	57 LITTLETON PARK
	BARRHEAD
	Glasgow G78 2FA
CHI Number:	1410786102
Date of Ref:	07/03/2025
Urgency:	URGENT - SUSPECTED CANCER
Specialty:	General Surgery
Hospital:	Royal Alexandra Hospital

Dear Dr FJ O'Donoghue

Thank you for your USC referral of the above patient. This referral has been triaged based on your patient's statistical risk of cancer. From the qFIT and clinical information you have provided for this patient, they have a risk of colorectal cancer of 10% to 20%. In keeping with NHSGGC guidance, they have been put on the waiting list for a category 1 colonoscopy. This means the investigation carries the highest priority and we would aim to complete within 2-3 weeks.

We are working hard to reduce waiting lists for all patients. Your patient remains at USC priority on the waiting list. If their clinical information changes, please submit the updated USC referral indicating what has changed.

Regards,

Endoscopy Service GGC

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 - Colorectal GGC Colorectal	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address

Urgency of referral Urgent
Date of referral 07-Mar-2025 **Date sent** 07-Mar-2025

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

57 Littleton Park
Barrhead
Glasgow
G78 2FA

Contact number(s)

Voice: 07905029715

101035815092T

Unique Care Pathway Number: 101035815092T

REGISTERED GP DETAILS

Name	Dr Clare Seenan		
GMC code	4507989	GP code	39951
Practice name	Gleniffer Medical Group		
Practice code	87019		

Practice address

Barrhead Health and Care
213 Main Street
Barrhead
Glasgow
G78 1SW

Contact number(s)

Voice: 0141 800 7020
Facsimile: 0141 880 7158
E-mail: GG-UHB.GP87019@nhs.net

REFERRING GP DETAILS

Name	Dr. Fiona O'Donoghue		
GMC code	3559954	GP code	34398
Practice name	Gleniffer Medical Group (87019)		
Practice code	87019		

Practice address

Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

	Contact number(s)
	Voice: 0141 800 7020

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: ongoing weight loss

Comment: Dear Colleague,

I would be grateful for your assessment of a 46-year-old patient who has been experiencing ongoing weight loss and fatigue. Her history has been somewhat complex due to multiple symptoms, making it challenging to pinpoint a clear pattern.

She primarily reports persistent abdominal pain, bloating, and a general sense of exhaustion. She has mentioned intermittent episodes of diarrhea, though the history is unclear, and she denies any blood in her stool. Additionally, she has had recurrent urinary tract infections around the same time, which has made it difficult to determine the exact source of her symptoms.

Further investigations revealed a raised qFIT of 160. Given this, I would be grateful if she could be reviewed and investigated further.

Many thanks,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Suspected UTI	30-Jan-2025	30-Jan-2025

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Intra-uterine contr. device	13-Oct-2016	13-Oct-2016

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Folic Acid Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2025	06-Mar-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Diazepam Tablets 2 mg	21	21 TABLET	ONE TABLET AS REQUIRED	-	06-Mar-2025	06-Mar-2025
Sertraline Hydrochloride Tablets 50 mg	168	168 tablet	3 DAILY	-	06-Mar-2025	06-Mar-2025
Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule	5	5 ampoule	TO BE INJECTED AS DIRECTED	-	06-Mar-2025	06-Mar-2025
Sertraline Hydrochloride Tablets 50 mg	84	84 tablet	3 DAILY	-	29-Mar-2017	28-Jan-2025
Diazepam Tablets 2 mg	56	56 tablet	TAKE ONE UP TO TWICE DAILY AS REQUIRED	-	15-Feb-2018	28-Jan-2025
Trimethoprim Tablets 200 mg	6	6 tablet	ONE TO BE TAKEN TWICE A DAY	-	30-Jan-2025	30-Jan-2025
	5	5 ampoule		-	05-Feb-2025	

Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule			TO BE INJECTED AS DIRECTED			05-Feb-2025
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	TWO TABLETS THREE TIMES A DAY AS REQUIRED	-	05-Feb-2025	05-Feb-2025
Folic Acid Tablets 5 mg	56	56 tablet	ONE TO BE TAKEN EACH DAY	-	05-Feb-2025	05-Feb-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
05-Feb-2025	121	72
30-Jan-2025	117	72
13-Jul-2016	130	74
12-Oct-2012	130	74
07-Sep-2009	130	76

Body Measurements

Date Recorded	Height	Weight	BMI
19-Feb-2025	172.72	69.85	23.41
10-Jul-2009	-	73.7	-
18-Dec-2006	.169	68	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 19 Cigarettes/day:		19-Feb-2025
Cigarette smoker, 5 cigarettes/day:		14-Mar-2013
Current smoker, 5 per day:		09-Oct-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Teetotaller:		19-Feb-2025
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Aerobic exercise 0 times/week:		19-Feb-2025
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

QFIT requested?:Result available

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal GGC Colorectal	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 06-Mar-2025 **Date sent** 06-Mar-2025

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

57 Littleton Park
Barrhead
Glasgow
G78 2FA

Contact number(s)

Voice: 07905029715

101035811317P

Unique Care Pathway Number: 101035811317P

REGISTERED GP DETAILS

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GMC code	4507989	GP code	39951
Practice name	Gleniffer Medical Group		
Practice code	87019		

Practice address

Barrhead Health and Care
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Glasgow
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Practice name	Gleniffer Medical Group (87019)		
Practice code	87019		

Practice address

Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7020

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: weight loss and fatigue , high qfit and diarhgoea

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Date of onset	Date recorded
Suspected UTI	30-Jan-2025	30-Jan-2025

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Intra-uterine contr. device	13-Oct-2016	13-Oct-2016

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Folic Acid Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2025	06-Mar-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Diazepam Tablets 2 mg	21	21 TABLET	ONE TABLET AS REQUIRED	-	06-Mar-2025	06-Mar-2025
Sertraline Hydrochloride Tablets 50 mg	168	168 tablet	3 DAILY	-	06-Mar-2025	06-Mar-2025
Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule	5	5 ampoule	TO BE INJECTED AS DIRECTED	-	06-Mar-2025	06-Mar-2025
Sertraline Hydrochloride Tablets 50 mg	84	84 tablet	3 DAILY	-	29-Mar-2017	28-Jan-2025
Diazepam Tablets 2 mg	56	56 tablet	TAKE ONE UP TO TWICE DAILY AS REQUIRED	-	15-Feb-2018	28-Jan-2025
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Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule	5	5 ampoule	TO BE INJECTED AS DIRECTED	-	05-Feb-2025	05-Feb-2025
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	TWO TABLETS THREE TIMES A DAY AS REQUIRED	-	05-Feb-2025	05-Feb-2025
Folic Acid Tablets 5 mg	56	56 tablet	ONE TO BE TAKEN EACH DAY	-	05-Feb-2025	05-Feb-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
05-Feb-2025	121	72
30-Jan-2025	117	72

13-Jul-2016	130	74
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Body Measurements

Date Recorded	Height	Weight	BMI
19-Feb-2025	172.72	69.85	23.41
10-Jul-2009	-	73.7	-
18-Dec-2006	169	68	-

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Description/Question	Result/Comment	Date
Cigarette smoker, 19 Cigarettes/day:		19-Feb-2025
Cigarette smoker, 5 cigarettes/day:		14-Mar-2013
Current smoker, 5 per day:		09-Oct-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Teetotaller:		19-Feb-2025
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Aerobic exercise 0 times/week:		19-Feb-2025
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Age > 40 and POSITIVE QFIT > 10:true
Abdominal examination performed:Yes - Normal
Rectal examination performed:No
Comments:referral done via previous practice
QFIT requested?:Result available
QFIT concentration:160
FBC requested?:Yes - result pending
Urea and Electrolytes requested?:Yes - result pending
I feel that this patient would tolerate colonoscopy::Yes
Is patient aware they are being referred under a suspicion of cancer pathway?:Yes
Performance Status::0 - Fully active, able to carry on all pre-disease performance without restriction
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Obstetrics GGC Obstetrics	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	—	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral ROUTINE
Date of referral 25-Jul-2012 **Date sent** 25-Jul-2012

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: 0141 239 6394
Voice: 078186 27872

1010039558468

Unique Care Pathway Number: 1010039558468

REGISTERED GP DETAILS

Name	Dr John Tobias		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

3 ELMWOOD AVENUE
NEWTON MEARNS
Glasgow
G77 6EH

Contact number(s)

Voice: 0141 639 2478
Facsimile: 0141 639 6708

REFERRING GP DETAILS

Name	Dr. John Tobias		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

3 Elmwood Avenue
Newton Mearns
Glasgow
G77 6EH

Contact number(s)

Voice: 0141 639 2478

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Pregnant
Date of onset: 25-Jul-2012
Comment: Dear Doctor,

Thank you for seeing Mrs Mathers she is pregnant, she is para 2+2 although one of her children did succumb to sudden infant death syndrome as such she is rather nervous about everything and remains on Fluoxetine from a depressive point of view.

Her edd is 19/3/13 of which she is definite by dates and I would be most grateful if you could book her for delivery at Paisley.

If it is possible for her to have antenatal care at Clarkston this would be hugely advantageous.

Kind regards

Dr JA Tobias

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Patient pregnant	20-Jul-2012	20-Jul-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPS	1 Cap In the morning	-	11-Feb-2011	27-Jun-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salicylic Acid And Lactic Acid Gel 12 % 4 %	8	8 gram	APPLY THINLY AT NIGHT	-	25-Apr-2012	25-Apr-2012

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:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Investigations

Description/Question	Result/Comment	Date
Chosen place for Delivery:	Maternity Unit	-
Risk Assessment on booking identified in this pregnancy:	Low Risk	-
LMP (last menstrual period) :	2012-06-12	-
EDD (expected date of delivery) estimated:	2013-03-19	-

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

MATHERS, ANN

14-OCT-1978 (37 yr)
Female Caucasian

Room:
Loc:800

ID:1410786102

18-SEP-2016 15:52:49

GREATER GLASGOW SITE-RAHAE ROUTINE RECORD

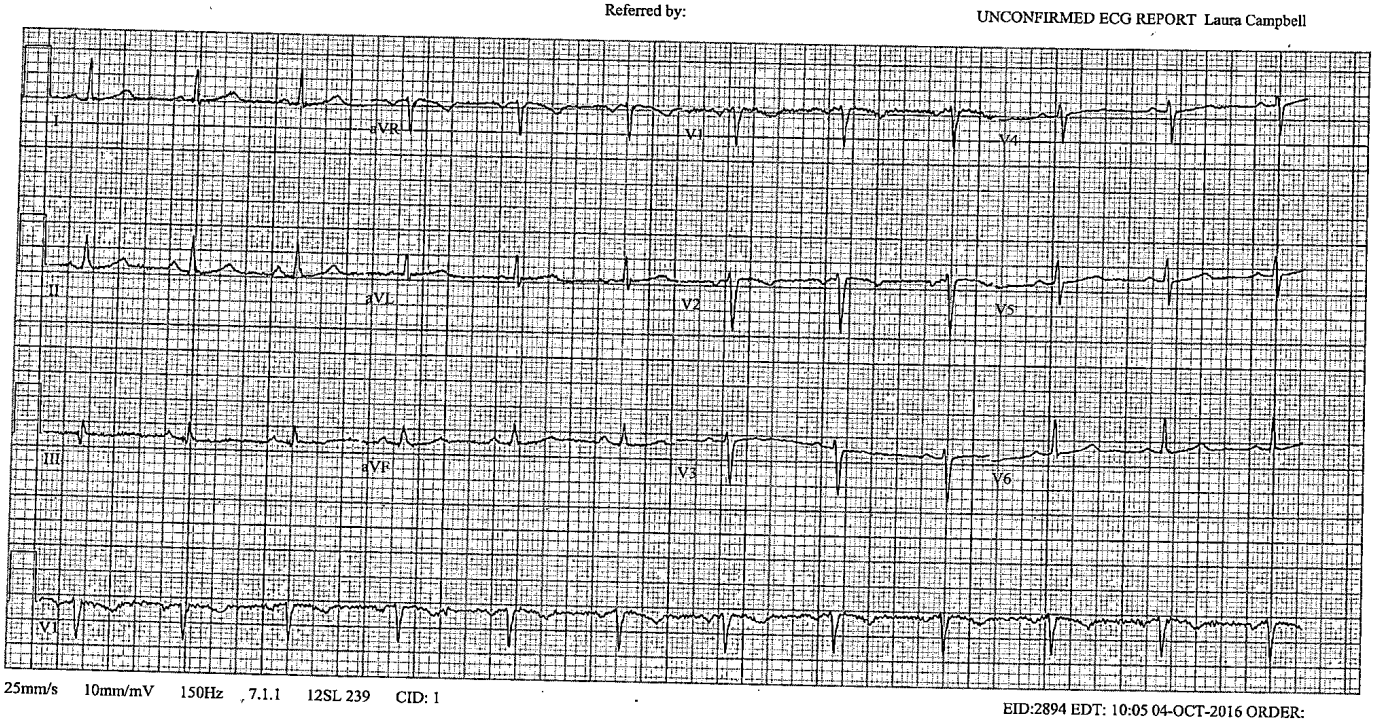
Vent. rate	70	BPM
PR interval	154	ms
QRS duration	84	ms
QT/QTc	420/453	ms
P-R-T axes	55 36	39

Normal sinus rhythm
Possible Left atrial enlargement

Technician:
Test ind:

Referred by:

UNCONFIRMED ECG REPORT Laura Campbell



25mm/s 10mm/mV 150Hz , 7.1.1 12SL 239 CID: 1

EID:2894 EDT: 10:05 04-OCT-2016 ORDER:

MATHERS, ANN ID: ~~1410766102~~ 18-Sep-2016 15:52:49 RAH 1410786102

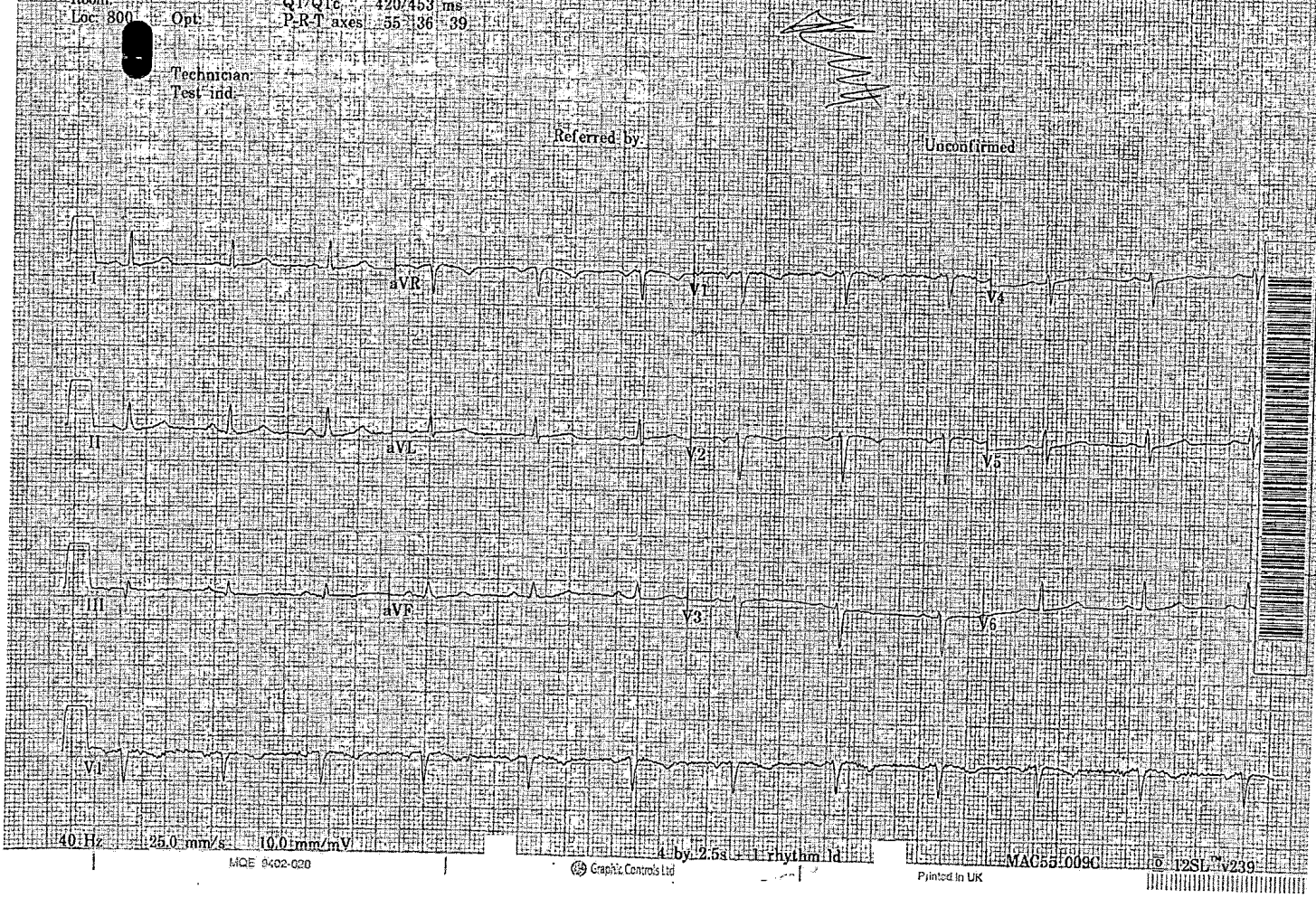
14-Oct-1978
Female Caucasian
Room:
Loc: 800 Opt:
[redacted]
Technician:
Test ind:

Vent rate	70 bpm
PR interval	154 ms
QRS duration	84 ms
QT/QTc	420/453 ms
P-R-T axes	55 36 39

Normal sinus rhythm
Possible Left atrial enlargement

Referred by:

Unconfirmed



40 Hz 25.0 mm/s 10.0 mm/mV
4 by 2.5s + 1 rhythm ld
MAC55:009C
12SL™ v239
MQE 9402-020
Graphic Controls Ltd
Printed in UK

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	

NHS GREATER GLASGOW & CLYDE
CLYDE DIVISION

CONFIDENTIAL

DISMISSAL SUMMARY MIDWIFE / HEALTH VISITOR

BOOKING

Hospital No:

Name: MATHERS F
Address: Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
Tel. No: G77 5SY
DOB:

1410786102

Consultant: DR GEMMELL

Age: 34 Parity: 2+2 Blood Group: A NEG.

Medical History: (Prev SIDS - 5 months) 1998

GP: Dr. JA Tobias
Address: Elmwood Medical Practice
3 Elmwood Avenue
Newton Mearns
Glasgow
G77 6EH

Team:

ANTENATAL

Hospital Admission: Yes/(No)

Reason/Complication:

Gestation: 38+6

DELIVERY

Date: 12/03/13 Time: 1715

Gestation: 38+6

Type of delivery: SVD

Indication for L.U.S.C.S./Assisted:

Placenta: (Complete)/ Incomplete

Membranes: (Complete)/ Incomplete

Perineum: Intact
(Tear) 2°
Episiotomy

Repaired with:

Blood Loss: 700mls

Blood Transfusion:

Baby: (Male/Female)

(Alive)/N.N.D./Stillbirth

Apgar: 9/1 9/5 Weight: 3640g

Remarks:

Feeding at Birth: Breast/(Bottle)

CHI: 1203130759

POSTNATAL: Discharge from Hospital

Mother Hb: 98 Anti D: Not Req

Rubella: Immune

Sutures removed: Yes/No Date: N/A

ostnatal (GP)/Hospital

Drugs: - Fluoxitine

Remarks: well

Discharge Address: As above

Date of Discharge - Mother: 14/3/13

Baby Feeding: Breast/(Formula)
If Breast:
Feed other than at breast: Water/formula/EBM
How was it given: Syringe / Cup / Bottle
If water/formula was it medically indicated Yes/No

Dismissal Weight: Cord (On)/Off

Admitted to SCBU.: Yes/(No)
Reason:

Follow up: well

Remarks:

Baby: 14/3/13 L Bamolin
Signature of Discharge Midwife

DISCHARGE FROM COMMUNITY

Mother: Baby:

Guthrie Test: Yes/No Date:

Feeding: Breast/Formula
If Breast:
Feed other than at breast: Water/formula/EBM
How was it given: Syringe / Cup / Bottle
If water/formula was it medically indicated Yes/No

SIGNATURE: ..... **DATE:** .....

To Health Visitor at: .....

STY0310N

NHS GREATER GLASGOW & CLYDE
CLYDE DIVISION

CONFIDENTIAL

DISMISSAL SUMMARY

BOOKING

Hospital No: 0141-239 0394

Name:

Address: 1410786102
MATHERS
Ann
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

Tel. No:

DOB: F 14/10/1973

Consultant: DR GEMMELL

ANTENATAL

Hospital Admission: Yes/(No)

Reason/Complication:

DELIVERY

Date: 12/03/13 Time: 1715

Gestation: 38+6

Perineum: Intact
(Tear) 2°
Episiotomy

Baby: (Male/Female)

Remarks:

POSTNATAL: Discharge from Hospital

Mother Hb: 98 Anti D: Not Req

Rubella: Immune

Sutures removed: Yes/No Date: N/A

Postnatal (GP)/Hospital

Drugs: Fluoxitine

Remarks: well

Discharge Address: As above

Date of Discharge - Mother: 14/3/13

DISCHARGE FROM COMMUNITY

Mother: Baby:

MIDWIFE / HEALTH VISITOR

Age: 34 Parity: 2+2 Blood Group: A NEG

Medical History: (Prev SIDS - 5 months) 1998

GP: Dr. JA Tobias
Elmwood Medical Practice
3 Elmwood Avenue
Newton Mearns
Address: Glasgow
G77 5EH

Team:

Gestation: 38+6

Type of delivery: SVD

Indication for L.U.S.C.S./Assisted:

Placenta: (Complete)/Incomplete

Membranes: (Complete)/Incomplete

Repaired with:

Blood Loss: 700mls

Blood Transfusion:

(Alive)/N.N.D./Stillbirth

Apgar: 9/1 9/5 Weight: 3640g

Feeding at birth: Breast/(Bottle)

CHI: 1203130759

Baby Feeding (Breast)/Formula

If Breast:

Feed other than at breast: Water/formula/EBM

How was it given: Syringe / Cup / Bottle

If water/formula was it medically indicated Yes/No

Dismissal Weight: Cord (On)/Off

Admitted to SCBU.: Yes/(No)

Reason:

Follow up: well

Remarks:

Baby: 14/3/13 L Bannon

Signature of Discharge Midwife

Guthrie Test: Yes/No Date:

Feeding: Breast /Formula

If Breast:

Feed other than at breast: Water/formula/EBM

How was it given: Syringe / Cup / Bottle

If water/formula was it medically indicated Yes/No

SIGNATURE: ..... DATE: .....

To Health Visitor at: .....

Maternity Summary Record

Please use black ink

Confidential

000216

Affix label here or complete by hand

Unit No 1410786102

Surname/family name MATHERS

First name(s) Ann

Date of birth 14/10/1978

Address 14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

Postcode

F

Personal details

CHI ..... Age 33

Previous surname .....

Likes to be called .....

Home ✆ .....

Other ✆ 07905029715

Change of details

Your address .....

Postcode .....

Home ✆ .....

Other ✆ ~~07905029715~~

Partner/supporter details

Please tick if emergency contact ☐

Name DAVID SUTHERLAND

Date of Birth 20/12/79

Relationship .....

Address 99 BANGORS HILL STREET
CARNMORICK

Postcode .....

Home ✆ .....

Other ✆ 07427671477

Alternative/emergency contact

Name .....

Relationship .....

Address .....

Postcode .....

Home ✆ .....

Other ✆ .....

Parity 2 + 2

Agreed EDD 20/3/13 LMP 12/6/12

Blood group .....

Thrombosis risk factors

☐ Previous DVT ☐ BMI >30 ☐ Age >35

☐ Parity >4 ☐ Other .....

Allergies NKDA

Height 165 Weight 80.6 BMI 29.6

Special features

* SIDS - 1998

Directions to home .....

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	09/11/97	SVD	F	6	T+	SGH	KATIE (SIDS PASSED 7/4/98)
2	25/07/99	S.V.D	M		T	SGH	DYLAN
3							
4							
5							
6							
7							
8							

41725

Personal details

Ethnic group WHITE BRITISH

Current religion or faith PROTESTANT

Language used at home ENGLISH

Help needed with interpreting, communicating or advocacy No ☑ Yes ☐

Cultural requirements/details on the above

Occupation UNEMPLOYED

Health and safety advice needed No ☑ Yes ☐

Maternity benefits advice needed No ☑ Yes ☐

Details on the above

Social circumstances/family support

LIVES AT HOME WITH SON

PARTNER SUPPORTIVE

Referrals

/ / To

/ / To

/ / To

Key professionals NOREEN DARROCH

Named midwife VICKI THOMSON

Midwifery team PINK

Base RAH

✆

Obstetrician DR GEMMELL

Clinic RAH

✆

Health Visitor

Base

✆

Social Worker

Base

✆

Health status

Specific dietary needs No ☑ Yes ☐

Smoking status SMOKER

At risk of passive smoking No ☐ Yes ☐

Problem drug/alcohol use No ☑ Yes ☐

Details of any of the above

Co² reading: 7

Domestic abuse

Seen alone at booking No ☐ Yes ☑

Routine enquiry question asked No ☐ Yes ☑

Abuse disclosed No ☐ Yes ☑

Current ☐ Past ☑

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

Comments

PREVIOUS PARTNER (10 YEARS AGO) IN SUPPORTIVE RELATIONSHIP NOW

Child protection

Issue raised on / /

Comments

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

General Practitioner DR TOBIAS

Base ELMWOOD M.P.

✆

Practice code

Other

Designation

Base

✆

Other

Designation

Base

✆

Screening and blood tests

Name of test	Result	Date	Comments
FBC			
Bl group			
Rubella		23.8.12	
HIV			
HepB			
Syphilis			

Planned type of antenatal care/place of birth

AMBER PATHWAY

Lead professional DR GEMMELL.

Designation CONSULTANT

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

Reason

Signed

Booking completed by N WATSON Print N Watson Designation S.M.

Date 23/8/12 Gestation 8+ weeks Location RAH.

Date	Gestation	BP	Urinalysis	Further information/details of maternity care
Remember to sign each entry and print your signature alongside your first entry				
23/8/12	8+WKS	120/70	No Spec.	Screening appt ✓
				Private time ✓
				Screening bloods ✓
				CUBS consent ✓
				Sudden Infant Death leaflet given
				N Watson NWATSON
6/9/12	12+	106/57	tr	MSSU ✓
			leucocytes	declines pavacraft / BF workshop
			MSSU	CUBS.
				vell. to see DR Gemmell CS
				for GTT. C. Swanson
29/9	15+.			attended EPAU with PV spotting,
				for Anti D
				Anti D given as Pres
	15 3/52			141 078 6102 MATHERS, ANN 14/10/1978 Female HADD Human Anti-D IgG Batch No: SDDN9477 (1204785 G)
9/11/12	CANCELLED 2/52.			No handheld notes today. Cancelled BP 110/78, FMF, FMUCN + doppler, no urine specimen

Date	Gestation	Further information/details of maternity care
Remember to sign each entry		
	12wk	anti D appt. arranged for 31/12/12 @ 1030 hrs, to return here (B) bleed. (U. THOMAS) MIDWIFE
25.11.12 1225	23+wks	Self referred 23+ wks PVB 2/7 ago. FH ✓ Pain free. Rhneg. Bloods taken. To return for Anti D.
1900	TRIM	Returned for anti D. Same given. Home ✓ advice
		141 078 6102 MATHERS, ANN 14/10/1978 Female HADD Human Anti-D IgG Batch No: SDCN9616 (1210769 G)
21/12/12.	27+wks. 10:30	Clarkston - DNA. No reply on telephone. Next hosp appt 17/01/13. F/A sent for 04/01/13 @ 11:30 Clarkston. (N. BARROCH)
DAYCARE	27/12/12	GTT + Antenatal check USS - (n) growth, LV + dopplers. anti D clinic on 31st Dec + ANC on 17th Jan (C. SUTHERLAND)
	28+0	ZERO 4.2 2HRS 4.8 - (n).
31/12/12. anti D clinic	28+5	prophylactic anti D given 1500 IU. FBC + G+S.
		Human Anti-D IgG Batch : 4345100023 (1500) 121053X G Given On 31/12/12. Sig : Human Anti-D IgG Batch : 4345100023 (1500) 121053X G
4/1/2013	29+	Clarkston - feeling hot, sweaty, diarrhoea - paracetamol taken. Advised to phone MAU if not feeling better. Seeing JMcK 17/1/2013
17/1/13		Hb 104 - Commenced on Ferrous Sulphate S/O Dr Connell (KIRKWOOD)
01/02/13	33+ Clarkston.	Bleeding iron - recommenced yesterday. Haemoglobin. (2) (N. BARROCH)

Maternity Summary Record (continued) Name .....

M000216
RAH Maternity
MATHERS
Ann
CHI: 1410786102

Date	Gestation	Further information/details of materni
Remember to sign each entry		
15/2/13	35+ wks	Clarkston ANC Well on FeSu4 FBC ✓ r/v Dr Gemmell 21/2/13 r/v (2) wks [illegible] (URGENT)
21/2/13		107/67 Ceph Urine Cl long Ft 138. Well. No issues Hb 105 on iron Plan/ m/w (1) ANC (3).
04/03/13.	37+2 wks.	BP 113/70 Tr Ketones - dietary advice. Well. Tolerating iron. Hosp 14/03. Maternity (N.DARROCH).

41657

Blood Component Prescription and Record of Transfusion

Please use one form per transfusion episode

NHS Greater Glasgow and Clyde

Patient I
CHI nur 1410786102
Hospita MATHERS Ann F
D.O.B. 14 Maybole Crescent 14/10/1978
M / F: Newton Mearns
Glasgow, Lanarkshire
G77 5SY
Affix Patient Label

Consultant: Dr Gemmell.
Date (DD/MM/YYYY): 31/12/12.
Hospital: RAH
Ward: DCC

Part 1. To be completed by medical staff or authorised non medical prescriber (please tick)

Reason for transfusion: Hb:

Special requirements: CMV neg ☐ Irradiated ☐ Blood warmer required ☐ None ☐

Special instructions:

Previous reaction: Yes ☐ No ☑ Unknown ☐

Consent discussion recorded: Yes ☑ No ☐ Not possible prior to transfusion ☐ Incapacitated ☐

Blood Transfusion leaflet given: Yes ☑ No ☐ Previously given ☐ Not available ☐

Unit	Date	Component	Duration	Vol/mLs	Practitioner's signature	Print name and GMC / NMC number	Prescription cancelled (Initial)
1	31/12/12.	prophylactic anti D.		1500	U. Jun.	Junior. 9BB00965.	
2							
3							
4							
5							
6							
7							
8							

Part 2. Pre-transfusion checklist - To be completed by person administering each product

Unit	Date	Patient IV access	Baseline obs	Inspect bag	Verbal ID *	Wristband ID	Check expiry date	Sign and print name(s)	Time Unit Taken Down
1		☐	☐	☐	☐	☐	☐		
2		☐	☐	☐	☐	☐	☐		
3		☐	☐	☐	☐	☐	☐		
4		☐	☐	☐	☐	☐	☐		
5		☐	☐	☐	☐	☐	☐		
6		☐	☐	☐	☐	☐	☐		
7		☐	☐	☐	☐	☐	☐		
8		☐	☐	☐	☐	☐	☐		

* Where appropriate

IF THERE ARE ANY DISCREPANCIES, DO NOT PROCEED – CONTACT YOUR HOSPITAL TRANSFUSION LABORATORY (HTL).

82486

Part 3. Apply pink section of Compatibility Label below

1. Complete and apply pink section of Compatibility Label when

Donation No: 4345100023 (121053X

Component: Human Anti-D IgG

Signature 1: [signature] **Date Given:** 31/12/12

Signature 2: [signature] **Time Given:** 10:40

2. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

3. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

4. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

5. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

6. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

7. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

8. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

Part 4. Care during Transfusion

Frequency of vital signs (All observations to be recorded on patient's current MEWS / SEWS chart):

Temperature, pulse, blood pressure and respiration rate should be measured and recorded:

- before the start of each unit of blood or blood product.

The patient should be in an observed area during the transfusion as life-threatening reactions may occur. Where appropriate, patients / guardians should be informed of possible symptoms of a transfusion reaction, they should alert staff immediately if they feel unwell. Stop the transfusion and seek medical advice if you suspect a transfusion reaction. Symptoms can include pyrexia, urticaria, hypotension, and respiratory distress.

- at 15 minutes after commencement and hourly thereafter until the completion of each unit.
- further observations during the transfusion are at the discretion of each clinical area and dependent on the patient's condition.
- on the completion of each unit. This is a minimum requirement. Some clinical areas may require more frequent observations particularly in unstable or unconscious patients.

1. Record signature, date and time on the pink section of the compatibility label above.
2. Once transfusion has commenced, fully complete blue section of the compatibility label and return this to the HTL. Under the Blood Safety and Quality Regulations (2005) **THIS IS A LEGAL REQUIREMENT.**

Only staff who have completed transfusion training, available at *www.learnbloodtransfusion.org.uk* can participate in the clinical transfusion process.

TRAIN or REVALIDATE online at *www.learnbloodtransfusion.org.uk*

Additional Comments

Further advice on blood transfusion, including reactions is available on Staffnet at:

www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/BloodTransfusion/Pages/BloodTransfusion.aspx

Designed by Medical Illustration Services • MIS 209909

NHS Greater Glasgow & Clyde - Clyde Division

Women's & Children's Directorate

EARLY PREGNANCY ASSESSMENT UNIT

NHS Greater Glasgow and Clyde

PATIENT PROFILE

PATIENT L M000216
RAH Maternity
MATHERS
Ann
CHI: 1410786102

G.P. NAME & ADDRESS:
Dr Tobias
Ayr Rd
Elmwood MC
Mearns

CONTACT TELEPHONE NUMBERS:
07905029915

CONSULTANT NAME:
Dr Gemmell

BLOOD GROUP: ? insure

PREVIOUS LOSSES:

ANTI-D REQUIRED
YES ☐ NO ☐

PARITY: 1+1

SPECIAL FEATURES:

CYCLE: Regular

DATE FIRST POSITIVE PREGNANCY TEST:

LMP: EDD:

DATE OF LAST SMEAR?

RESULT OF LAST SMEAR?

PLEASE ÷	YES	NO	PLEASE ÷	YES	NO
FBC:	☐	☐	GP & SAVE:	☐	☐
MSSU:	☐	☐	SWAB:	☐	☐

DATE: 28/9/12. 15 wks

REASON FOR REFERRAL?
PV spotting since
wed night
stopped now
? Rh neg for
Anti D

PREGNANCY LOSS CHECKLIST REQD?
YES ☐ NO ☐

COMPLETED DATE:-

SIGN:- Reg Reassurance
Scan
Lab phone Rh neg
will req Anti D.
CMcKenzie
Early Pregnancy

DATE:	BHCG LEVEL:

STY0196N

CONTINUATION SHEET

DATE:	PROGRESS TO DATE:	OUTCOME AND PLANNED MANAGEMENT:
	reassured by ubcon will go to Ballochy in Paisley wed anti D ready SIM ondemand (cont mckenzie)	15.30 Anti D as Prescribed

141 078 6102 MATHERS, ANN 14/10/1978 Female
HADD Human Anti-D IgG Batch No: SDDN9477 (1204785 G)

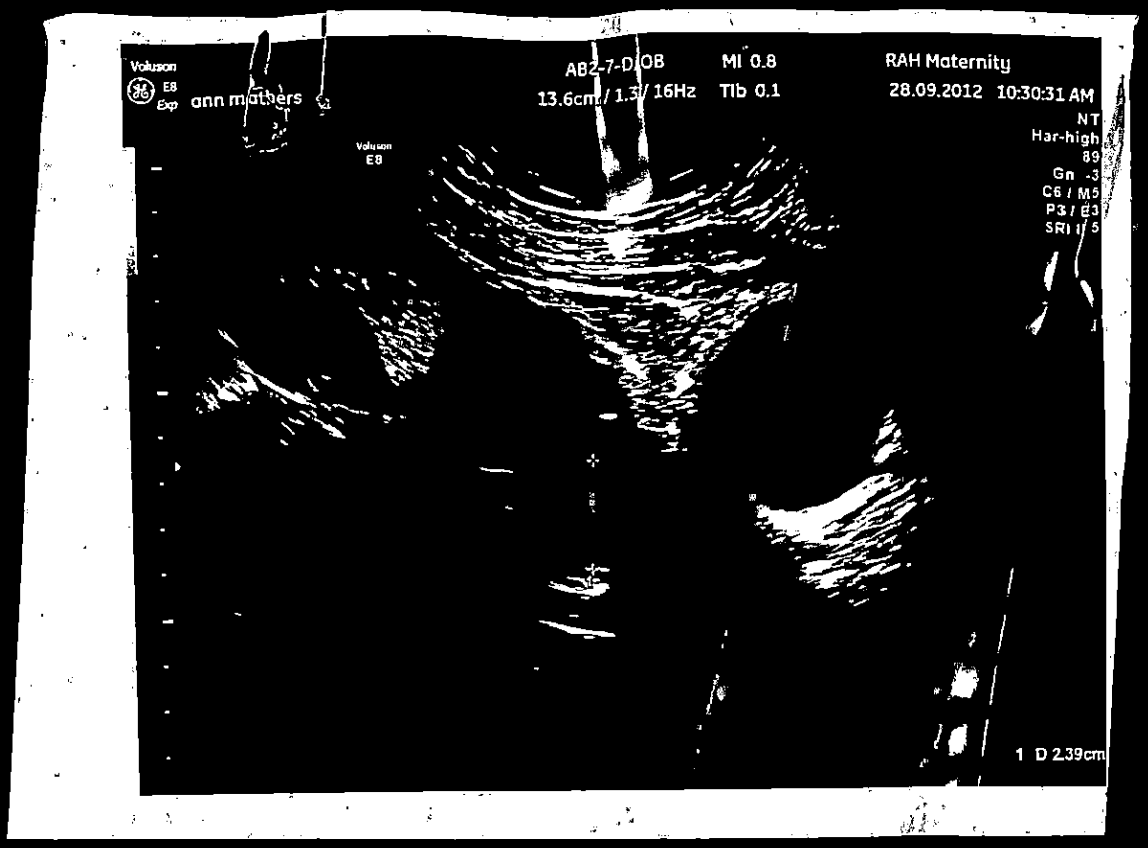
ondemand

Signature:

Ultrasound Date: 28/9/12	Abdominal/TVS	Comments
Intrauterine sac	✓	
Diameters		
Yolk Sac		
~~CRL~~ / Weeks uc	11³ᐟ₇ 15+2	
	tve	
Adnexal Masses	(R) cyst unilocular anechoic 23x20mm	
Extrauterine Fluid	—	
Operator	Ondell all	
Follow-up Plan		

DATE:	PROGRESS TO DATE:	OUTCOME AND PLANNED MANAGEMENT:
		Signature:

Ultrasound Date:	Abdominal/TVS	Comments
Intrauterine sac		
Diameters		
Yolk Sac		
CRL / Weeks		
FH		
Adnexal Masses		
Extrauterine Fluid		
Operator		
Follow-up Plan		


Voluson
E8
Exp
ann mathers
Voluson
E8
AB2-7-D OB
13.6cm / 1.3 / 16Hz
MI 0.8
TIb 0.1
RAH Maternity
28.09.2012 10:30:31 AM
NT
Har-high
89
Gn -3
C6 / M5
P3 / E3
SRI 1 / 5
1 D 2.39cm

Name _____ CHI

ULTRASOUND REPORT

Patients Name _____ LMP _____

Address _____ 1410786102 _____ Ultrasound = Date Yes/No

MATHERS F
Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

D.O.B. _____ (Single/Twin/Triplets)

Hospital No _____ EDD (by scan) 20/5/13

BOOKING DATA AND EARLY PREGNANCY SCANNING

Date	6/9/12.		
Menstrual age			
Ultrasound age	12+1		
Fetal number	One.		
Fetal heart	+ve.		
CRL.	54.7mm		
BPD.			
HC.			
FL.			
Yolk sac			
NT1.	1.9mm		
NT2.			
NT3.			
Comment	Ahanaly 7/52.		
Review	ANC		
Operator	[illegible] CG 11/12 US MW		

VERSION 1.0 MARCH 2004

E Hulse +1AR107

Name _____ CHI _____

1410786102
MATHERS F
Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

Patient's _____ Unit No _____

ULTRAS

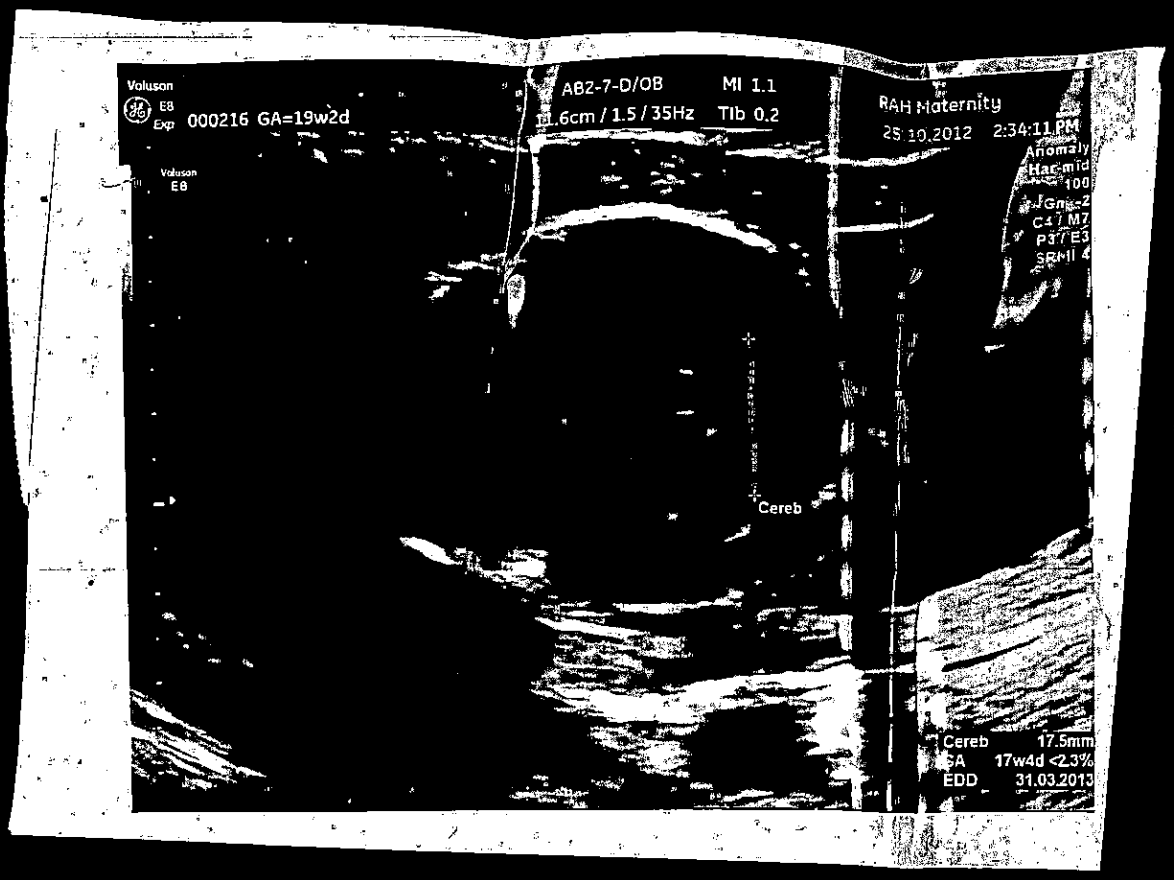
Date	25/10/12		
Gestational age	19+2		
Head	✓		
BPD			
HC	167mm		
Ventricles	6.9mm		
Cerebellum	17-5mm		
Face	✓		
Spine	✓		
4 Chamber heart + outflows	✓		
FH	+ve		
Diaphragm	✓		
Abdominal wall	✓		
Stomach	✓		
Kidneys + bladder	✓		
Upper limbs	✓		
Lower limbs	✓		
FL	26-3		
Comments			
Placenta	✓		
Amniotic Fluid	Normal		
Review			
Operator	[illegible] CG LUIS		

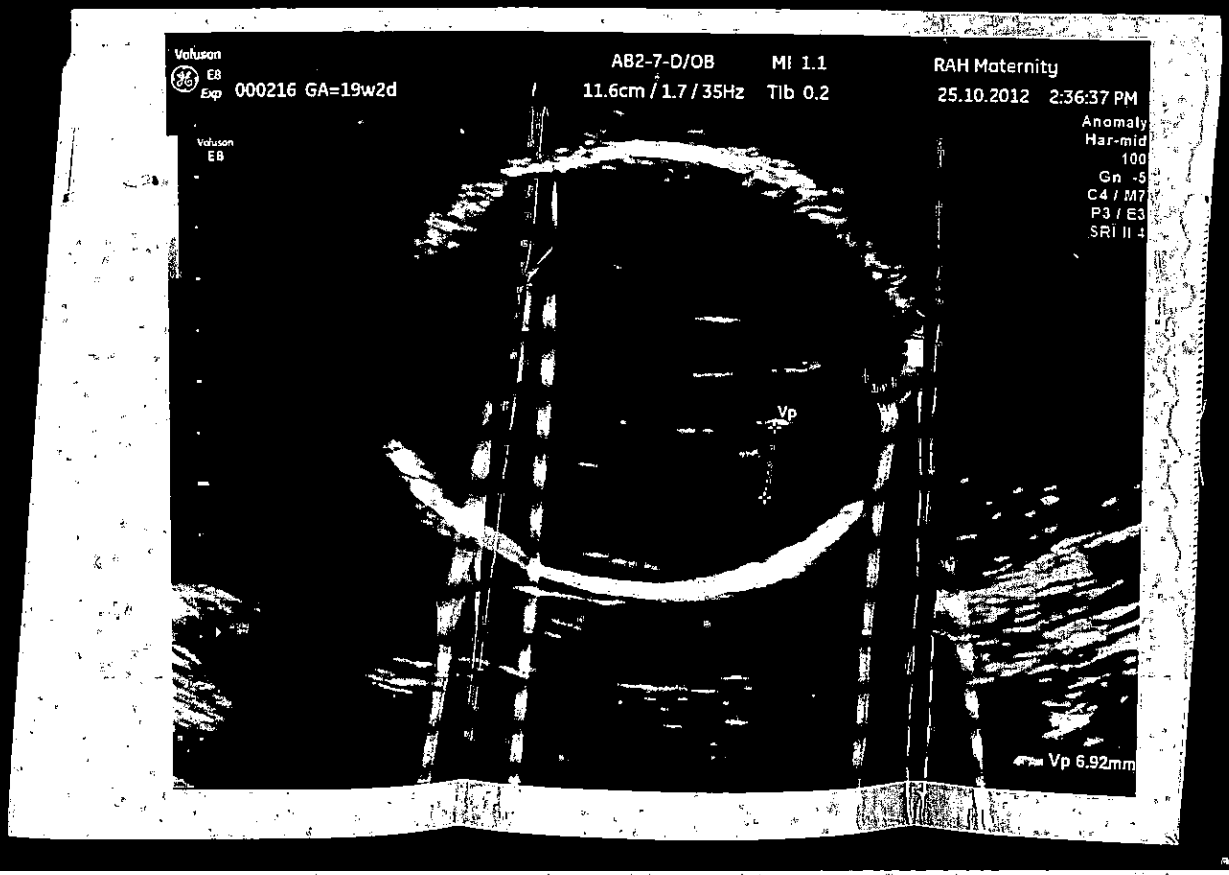
Name _____ CHI

Patient's Name _____ Unit No _____

ULTRASOUND REPORT

Date	27/12/12	17.1.13.	
Gestational age	28+2	31+2.	
Presentation	Ceph	Cephalic	
Fetal heart	+ve Rhy	+ve	
BPD	~~Unmeasurable~~		
HC	~~245mm~~ 276mm.	308	
AC	245mm	302	
FL	51.3mm	64	
EFW	1.24kg	2.3kg.	
HC/AC			
Amniotic fluid	Normal.	(N)	
AFI (4 Quadrant)			
Fetal movements	✓	✓	
Tone	✓	✓	
Breathing	✓	✓	
BPP score / 8	8/8		
UA RI			
UA PI			
EDF	Present.		
S:D Ratio			
MID CER PI			
MID CER PI			
Placental site	Anterior - not low.	Anterior nfl's.	
Comment			
Review			
Operator	Flinney	M. Innes M. Innes GSM	


Voluson
E8
Exp
000216 GA=19w2d
AB2-7-D/OB
11.6cm / 1.5 / 35Hz
MI 1.1
TIb 0.2
RAH Maternity
25.10.2012 2:34:11 PM
Anomaly
Har-mid
100
Gn -2
C4 / M7
P3 / E3
SRI II 4
Cereb
Cereb 17.5mm
GA 17w4d <2.3%
EDD 31.03.2013


Voluson
E8
Exp
000216 GA=19w2d
AB2-7-D/OB
11.6cm / 1.7 / 35Hz
MI 1.1
TIb 0.2
RAH Maternity
25.10.2012 2:36:37 PM
Anomaly
Har-mid
100
Gn -5
C4 / M7
P3 / E3
SRI II 4
Vp
Vp 6.92mm

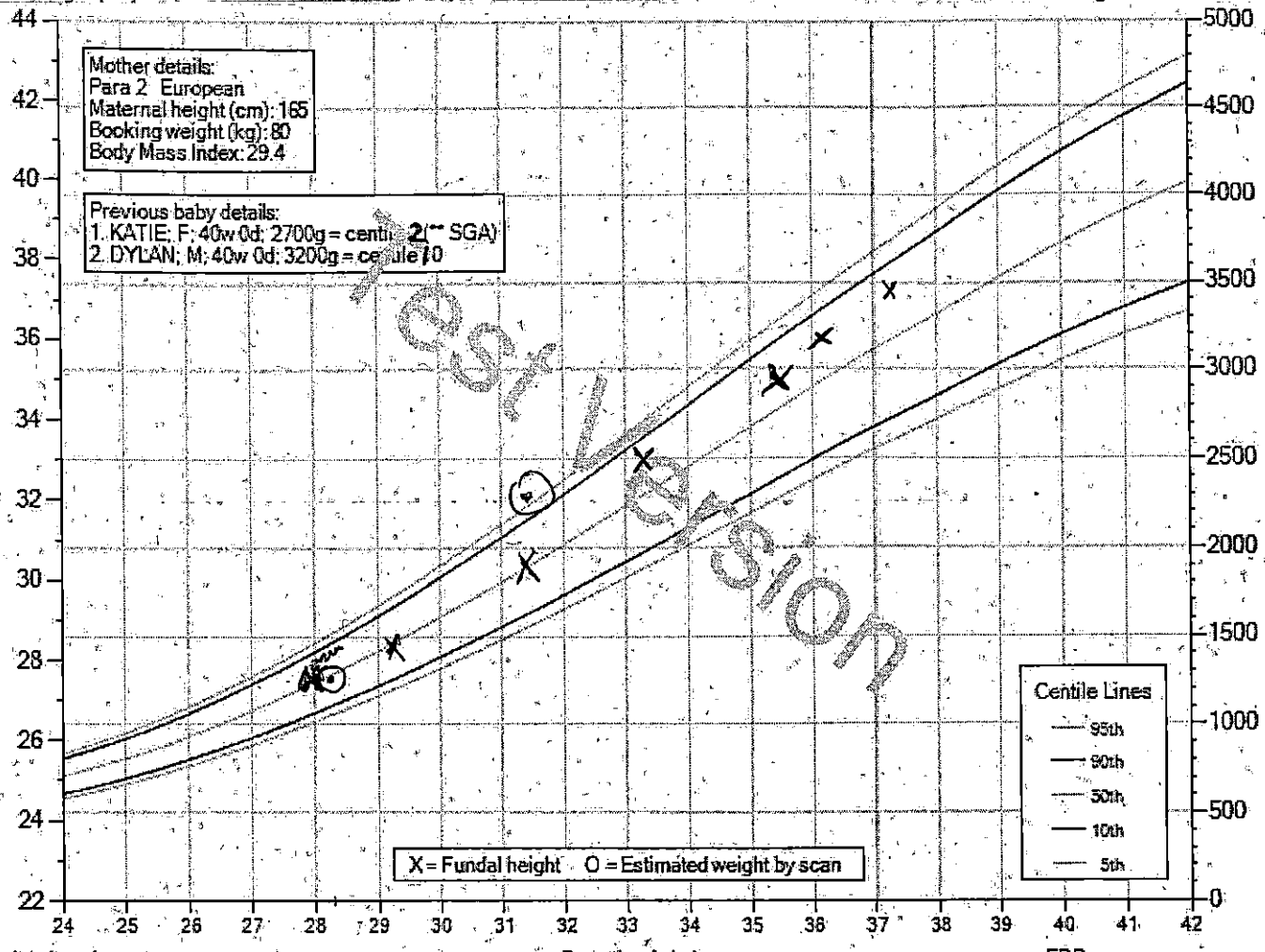
Antenatal GROW Chart

ANN-MATHERS (Ref: M 000216 DOB: 14/10/1978)

29cm 12
44cm 44

Fundal height (cm)

Weight based on scan (g)



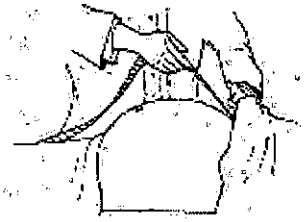
Wednesday...	28 Nov 12	05 Dec 12	12 Dec 12	19 Dec 12	26 Dec 12	02 Jan 13	09 Jan 13	16 Jan 13	23 Jan 13	30 Jan 13	06 Feb 13	13 Feb 13	20 Feb 13	27 Feb 13	06 Mar 13	13 Mar 13	20 Mar 13	27 Mar 13	03 Apr 13
Date of visit						4/1/13						15/2		01/03					
Fundal height (cm)						26						35		37cm					
For growth scan?						NO													
Scan EFW result (g)																			
Signature						SB						RW		MM					

The GROW chart (Gestation Related Optimal Weight) is customised for the characteristics of each pregnancy.

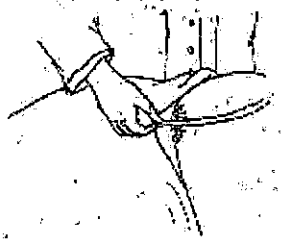
The centile lines provide the reference curves (not absolute values) for the expected growth velocity of fundal height and fetal weight.

Fundal height measurements to monitor growth: Should be done every 2-3 weeks, from 26 or 28 weeks gestation onwards; preferably by same care provider; mother semi-recumbent; bladder empty.

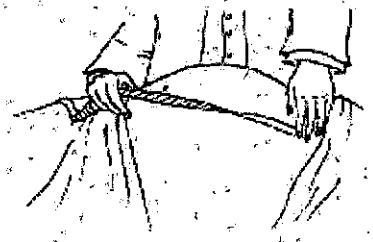
Hold end of non-elastic tape at top of uterine fundus.



Lead the tape down to top of symphysis pubis.



Measure along longitudinal uterine axis and plot on chart.



Referrals for growth scan* should be arranged if:
- the first fundal height measurement plots below 10th centile line on the customised chart
- consecutive measurements suggest NO growth (static or flat curve), or
- SLOW growth (curve not following slope of any curve on the chart); or
- EXCESSIVE growth (curve steeper than any curve on the chart) **.

* Ultrasound biometry for estimated fetal weight (EFW) and amniotic fluid assessment (plus Doppler flow if scan suggests growth problems).
** A first measurement above the 90th centile line does NOT need referral for scan, unless there are other concerns - e.g. polyhydramnios.

If result of ultrasound assessment is: **Normal >> revert to serial fundal height measurement.**
Abnormal >> refer for urgent obstetric review.

For GROW training & accreditation, please contact grow@pi.nhs.uk

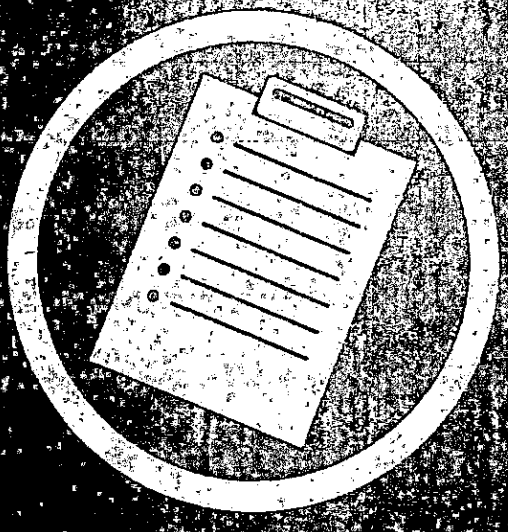
NHS
SCOTLAND

Labour and Birth Record

Confidential

PLEASE USE BLACK INK

1410786102 F
MATHERS
Ann
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY



If you find this record, please return it to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Labour and birth record: Initial assessment for spontaneous labour

Date / / Time : Gestation Location

Referred from Referred by

History of contractions

Current contractions ☐ per 10 minutes Strength Duration seconds

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on / / at :

Liquor colour Other vaginal loss

Pulse BP / Temp °C Urinalysis

Oedema Fetal movements

Abdominal examination

Fundal height cm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Other observations/information on assessment

Signature: Date / / :

Vaginal examination

Indication

Procedure explained and verbal consent given ☐

Cervix: position consistency

effacement/ length

dilatation

Presenting part:

relation to ischial spines

position caput

moulding

Membranes ☐ Intact ☐ Ruptured

Liquor seen ☐ No ☐ Yes Colour

Fetal heart after examination

Comments

Signature: Date / / :

Concerns/ Risks/ Significant Factors from antenatal period/social history/medical history

Please document here

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Initial assessment for spontaneous labour (continued)

Discussion of preferences for labour and birth

Comments and details of any revised preferences

Signature: ..... Date / / :

Plans for initial care following discussion with the woman

Circle Pathway as per KCND Pathways for Maternity care Green – Midwife Led Care Red – Maternity Team Care

Lead Care Provider for Intrapartum Care .....

Initial monitoring intentions for fetal heart rate:

Method ..... Reason for choice

Frequency ..... Signature: ..... Date / / :

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour

Date ___/___/___ Time ___:___ Gestation _____ Location _____

Induction authorised by _____ Explanation/Indications _____ Advice given ☐ No ☐ Yes

Designation/grade _____ History of contractions ☐ No ☐ Yes

Indication for induction

☐ Post dates pregnancy (Refer to KCND Pathways for Maternity Care).

☐ Obstetric complication: specify _____

☐ Membranes swept ☐ No ☐ Yes Date ___/___/___

☐ Pre-labour rupture of membranes (> 72 hours)

☐ Other: specify _____

Initial assessment

Uterine activity ☐ No ☐ Yes Details _____

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ___/___/___ at ___:___

Liquor colour _____ Other vaginal loss _____

Pulse _____ BP ___/___ Temp _____ °C Urinalysis _____

Oedema _____ Fetal movements _____

Abdominal examination

Fundal height _____ cm Lie _____

Presentation _____ Position _____

Presenting part - 5th palpable _____

Fetal heart rate (pre VE) _____ Maternal pulse _____

Fetal heart rate (post VE) _____

Comments _____

Cervical scoring

Total score _____		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments _____

Signature: _____ Date ___/___/___ ___:___

Concerns/Risks/Significant Factors from antenatal period/social history/medical history

Please document here _____

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

First review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	<1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Second review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	<1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Third review following Induction/Augmentation

Date ../../.. Time ..:..

Details of fetal monitoring ..... Uterine activity ☐ No ☐ Yes Details .....

Membranes ☐ Intact ☐ Unsure ☐ Ruptured on ../../.. at ..:.. liquor .....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

Further method of induction required ☐ No ☐ Yes

☐ Prostaglandin ☐ Amniotomy ☐ Oxytocin ☐ Other

Details .....

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

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	<1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments .....

Please complete the "Whose Signature" page at the back of the record

Labour and birth record: Induction/Augmentation of labour (continued)

Initial method of induction

☐ Prostaglandins Dose .....

☐ Other Name .....

Type ..... Route .....

Prescribed by .....

Administered by .....

Administered on ... / ... / ... at ... : ...

Oxytocin infusion

Commenced on ... / ... / ... at ... : ...

Comments/details .....

Amniotomy

Fetal heart rate before .....

Performed by .....

Performed on ... / ... / ... at ... : ...

Liquor volume normal / excessive / reduced / nil

Liquor colour .....

Fetal heart rate after .....

Cord/Limbs felt ☐ No ☐ Yes

Comments .....

Signed .... / ... / ...

Discussion of preferences for labour and birth, comments and details of any revised preferences

Signed ..... Print .... / ... / ... at ... : ...

Plans for continued process of induction following discussion with the woman (including monitoring)

Signed ..... Print .... / ... / ... at ... : ...

Please complete the "Whose Signature" page at the back of the record

Date	Time	Details
		Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover
12/3/13	1639	Transferred to Room 3, Labour Ward with ? APH
		? Labour Pad on arrival. Fresh red pv loss evident. CTG commenced to assess fetal wellbeing Awaiting doctor review due to APH. Cannulated and bloods sent for FBC and G&S contracting 4-10 moderate on palpation. Using entonox ——— [illegible]
	1650	Fresh pv red loss evident, small blood clots passed Ann aware of some urges to push, but not pushing Nil visible ——— [illegible]
12/3/13	17[15]	SIS HUTCHISON
		into room. – ? APH in labour.
		VE 8cm dilated
		MI.
		ARM – ROT.
		· Clear liquor.
		Heavy show
		FSE applied.
		Vx advancing.
		Progress to SVD.
		[signature]

Active Labour Partogram

Progress of 1/2cm per hour is acceptable as per KCND Pathways for Maternity Care

Date

Hours of labour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

- ☐ Continuous electronic monitoring
- ☐ Intermittent monitoring
- ☐ Fetal Scalp Electode
- ☐ Handheld Doppler
- ☐ Pinard stethoscope

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

Fetal pH
Liquor
Capit/moulding
Position

SVD @ 12:15
Apgars 9, 9

Cervical dilation (cm) (x)

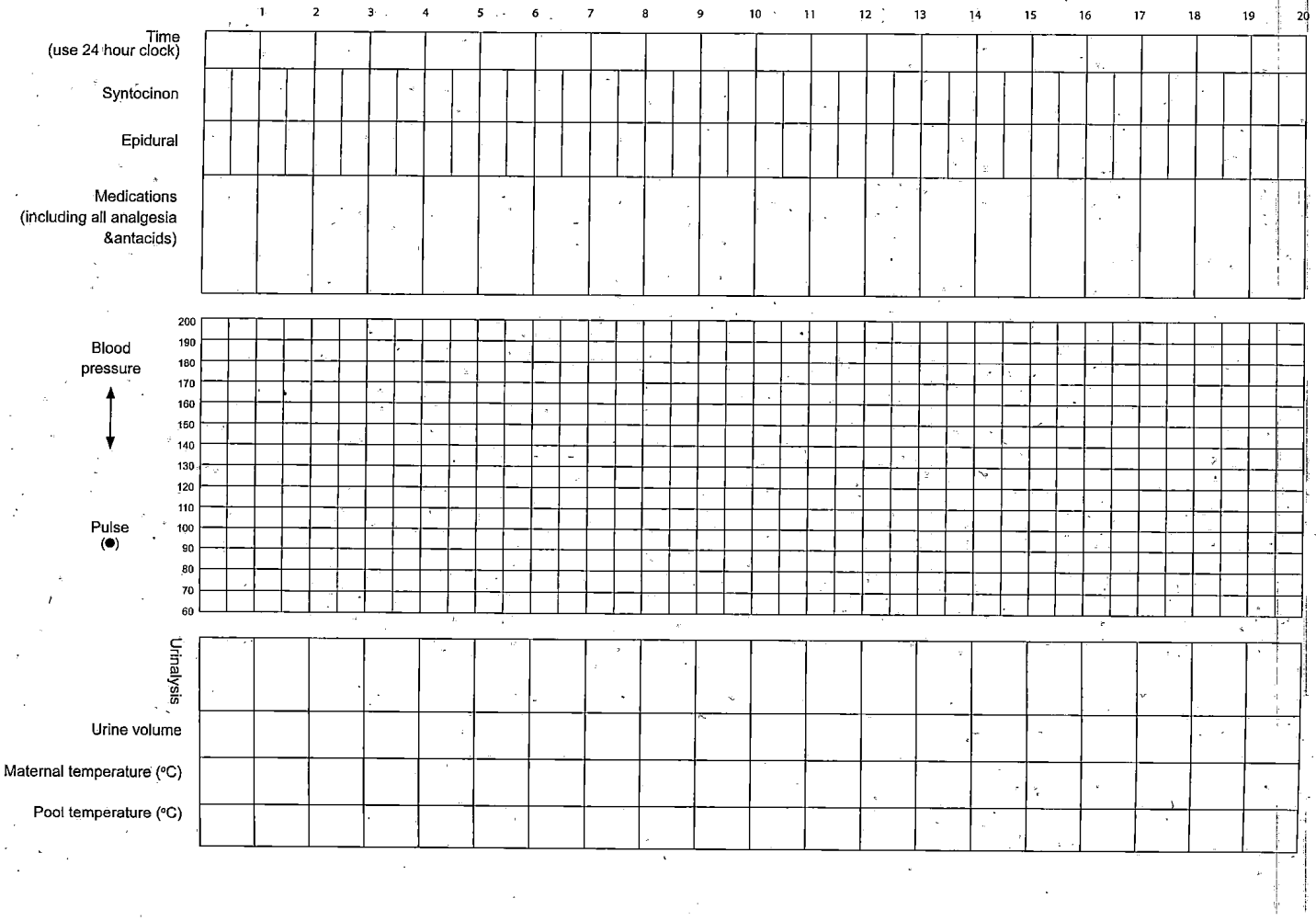
Descent of presenting part (abdominally) (●)

10 9 8 7 6 5 4 3 2 1 0

Contractions per 10 minutes
Duration

Mild/fair	⁘	30 seconds
Moderate	▤	30-50 seconds
Strong	▥	50 seconds

5 4 3 2 1


1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
Time
(use 24 hour clock)
Syntocinon
Epidural
Medications
(including all analgesia
&antacids)
Blood
pressure
Pulse
(●)
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
Urinalysis
Urine volume
Maternal temperature (°C)
Pool temperature (°C)

Consideration should be given to pressure area care. Risks include immobility, moisture and poor nutrition.

For further advice see www.healthcareimprovementscotland.org for SSKIN care bundle.

Date	Time	Details
		Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover
12/3/13		Written In Retrospect due to rapid delivery
	1700	Reg into room to assess. Call buzzer had been pulled due to small trickle and blood clots passed. FH 122bpm. Early decelerations evident on CTG — ODNALOSEN
	1705	VE by Reg. 8cms dilated, ARM performed. Clear liquor draining —
	1709	FSE connected. —
	1710	VE Fully Dilated. —
	1712	FSE not working properly. FH 62bpm. Transducer changed back to external. —
	1714	Vertex delivered —
	1715	SVD of live male. Cried at birth —
	1718	Syntocinin 10IU administered IM by Reg. after delayed cord clamping —
	1722	Placenta and membranes delivered by CCT. Fresh trickle post delivery of placenta. Call buzzer pulled. Uterus well contracted at present —
	1725	S/R McManus into room, further trickle of blood evident, fundus was relaxed, but now firm —
	1730	Inspection of perineum 2° Tear evident, not actively bleeding, discussed with SR McManus, plan not to suture, Ann happy with this —
	1735	Postnatal observations as charted Fundus well contracted, lochia minimal —
	1745	Baby passed meconium. Baby examination carried out. Vitamin K administered. Baby given AF —

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

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Date	Time	Details
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Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Date	Time	Details
Please use 24 hour clock and sign each entry, and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth summary - mother page 1

	Date	Onset	Duration		Print name	Designation
First stage	12/3/13	15:30	1hr 40	Delivered by PIN Number of delivering Midwife	C. DONALDSON	m/w
Second stage	12/3/13	17:10	0hr 05		L. HUTCHINSON	Reg
Third stage	12/3/13	17:15	0hr 07	Also present	S. mcmanus	S/R
End of third	12/3/13	17:22		Type of delivery (if operative delivery, ensure both operative delivery pages are completed)		
Total duration of labour			1hr 52	Spontaneous Vertex		
SRM / ARM	12/3/13	17:05	0hr 5			

Induction of labour ☑ No ☐ Yes

Indication .....

Augmentation of labour ☑ No ☐ Yes

Indication .....

Presence of meconium liquor ☐ 1st stage ☐ 2nd stage

Description of meconium .....

Maternal pyrexia in labour ☑ No ☐ Yes

Maternal antibiotics given ☑ No ☐ Yes

Details .....

Shoulder dystocia at birth ☑ No ☐ Yes

Maternal bloods taken ☐ No ☑ Yes

Indication .....

One-to-one midwifery care received throughout labour & childbirth ☐ No ☑ Yes

Comments .....

Labour & birth discussed ☐ No ☑ Yes

Preferences for labour & birth met ☐ No ☑ Yes

Comments .....

Analgesia in labour (tick all that apply)

☐ T.E.N.S. ☑ Nitrous oxide & oxygen

☐ Birth pool ☐ IM opiates

☐ Epidural ☐ Water Birth

Other .....

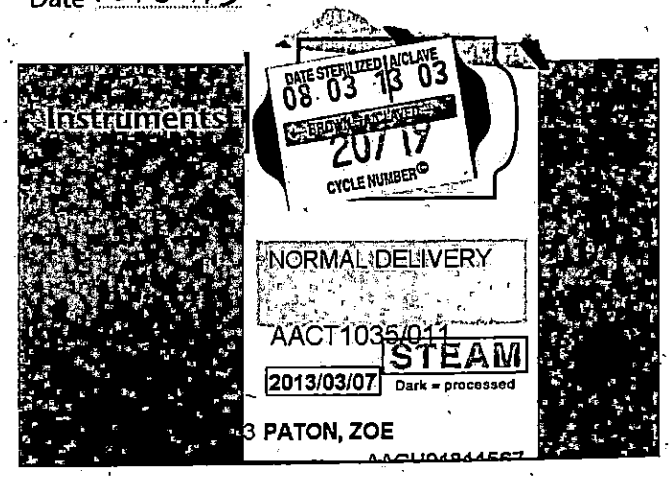
Analgesia for birth/third stage complication

☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal epidural ☐ General

Other .....

Signature: C Donaldson Date 12/3/13



Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - mother page 2

Placenta, cord & membranes

Delivery: ☑ Controlled cord traction ☐ Maternal effort ☐ Manual removal

Placenta appears ☑ Complete ☐ Incomplete

Membranes appear ☑ Complete ☐ Incomplete

Number of umbilical cord vessels 3

Sent to pathology ☑ No ☐ Yes

Indication .....

Comments .....

.....

Perineum

☐ Intact ☐ Grazes

☐ 1st degree tear ☑ 2nd degree tear

☐ 3rd degree tear ☐ 4th degree tear

☐ Episiotomy ☐ Labial tear

(If 3rd or 4th degree, document in 3rd stage complications pages)

Perineal suturing

Suture material Not Sutured

Anaesthesia .....

Technique .....

.....

Rectal exam prior to suturing	☐ No	☑ Yes
Haemostasis achieved	☐ No	☐ Yes
Rectal exam following suturing	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Checked by Donaldson

and .....

Advised on perineal care ☐ No ☑ Yes

Sutured by .....

Routine Oxytocic drug administered	Dose	Route
Syntocinon	10IU	IM.

Blood loss 700 ml

Blood transfusion/products received ☐ No ☐ Yes

Details .....

Post delivery

Maternal observations

First set on 12/3/13 at 17:35

Temperature 37 °C Pulse 89 BP 134/71

Pain/analgesia None

Fundus Well Contracted Lochia Minimal

Second set on 12/3/13 at 18:25

Temperature 37 °C Pulse 87 BP 137/74

Pain/analgesia Comfortable

Fundus Well Contracted Lochia Minimal

Urinary function Has passed urine

.....

Revised thrombosis risk after birth

☑ Low ☐ Moderate ☐ High

Actions Required:

Mother transferred on / / at :

To Ward

Reason Postnatal.

.....

Perineal repair diagram

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - baby page 1 (If multiple birth please complete multiple birth baby page on reverse)

Mode of delivery SVD on Tues day 12/3/13 at 17:15 Sex male

Indication ..... Presentation Ceph Location Room 3

Livebirth/Stillbirth Gestation 38+6 Birthweight 3640 g OFC ..... cm

APGAR	1 min	5 mins	10 mins
Activity (muscle tone)	2	2	
Pulse	2	2	
Grimace (reflex, irritability)	2	2	
Appearance (skin colour)	1	1	
Respiration	2	2	
Total scores	9	9	
Time to first breath	At birth		

Cord blood taken at ..... time ..... :

Indication .....

Cord pH results No pH taken ☑

Venous pH ..... Arterial pH .....

Base Excess ..... Base Excess .....

Vitamin K administered
☐ No ☑ Yes
☑ I.M ☐ Oral
(sign for administration below)

Skin-to-skin contact offered ☐ No ☑ Yes

Time started 17:15 Time ended ..... :

Reason discontinued .....

Comments .....

First feed offered 12/3/13 time 17:45

Type of feed .....

Comments .....

Record of Vitamin K administration

Date	Drug	Dose	Route	Time (24 hr)	Prescriber (print and sign)	Given by	Time given (24 hr)
12/3/13	KONAKION	1mg	IM			EDonaldson	1745

Resuscitation (tick all that apply)	
Nil	✓
Inflation breaths	
Ventilation breaths	
Suction under direct vision	
Mask & IPPV	
Drugs-specify below	
Cardiac massage	
Endo-tracheal tube	
Description of baby at birth/resuscitation details	
Other-specify below	
Resuscitation performed by	
Sign	

Further details .....

Any anomalies identified at birth should be noted in the relevant sections of the baby/neonatal record for follow up.

Complete details of initial examination on baby record

Resuscitation performed by		
Signed	Print name	Designation/Grade

Baby identification checked/corrected by		
Signed	Print name	Designation
EDonaldson	DONALDSON	M/W

Please complete the "Whose Signature" page at the back of the record

Details of operative delivery

Type of delivery .....

Indication(s) .....

.....

.....

.....

.....

.....

.....

Operator .....

Decision made ..../..../.... :....

Procedure started ..../..../.... :....

Time of delivery ..../..../.... :....

Procedure concluded ..../..../.... :....

Location .....

RCA/RCOG classification of urgency of caesarean *

Assistant .....

Anaesthetist .....

Pre-operative delivery findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the "Whose signature" section on the back cover		

* *1 **Emergency:** immediate threat to life of woman or fetus; 2 **urgent:** maternal or fetal compromise which is not immediately life threatening; 3 **Scheduled:** needing early delivery but no maternal or fetal compromise; 4 **Elective:** at a time to suit the patient and maternity team*

Please complete the "Whose Signature" page at the back of the record

Operation procedure and findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Operative delivery (continued)

Perineum

☐ Intact
☐ Grazes
☐ 1st degree tear
☐ 2nd degree tear
☐ 3rd degree tear
☐ 4th degree tear
☐ Episiotomy

(For 3rd or 4th degree tear please complete Third Stage complications page)

Perineal suturing Suturing material .....

Anaesthesia .....

Technique .....

.....

.....

Rectal exam prior to suturing	☐ No	☐ Yes
Haemostasis achieved	☐ No	☐ Yes
Rectal exam following suturing	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Advised on perineal care	☐ No	☐ Yes

Sutured by .....

Supervised by .....

Estimated blood loss ..... ml

Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural ☐ Combined spinal/epidural ☐ General ☐ Pudendal block ☐ Other .....

Blood transfusion ☐ No ☐ Yes

Blood transfusion/products received ☐ No ☐ Yes

Details .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Routine Surveillance of Infection Care Bundle

If at all possible avoid hair removal; if hair removal is necessary, avoid the use of razors

	Yes	No
Were clippers used		
Were Prophylactic antibiotics prescribed as per local antibiotic policy/SIGN guideline, for the specific operation category.		
Were the antibiotics administered within 60 minutes prior to the operation.		
Was the patient's body temperature normal throughout the operation (excludes cardiac patients).		
Was the patient's blood glucose level normal throughout the operation (diabetic patients only).		

Post-operative instructions

Revised thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required

.....

Catheter ☐ In/Out ☐ Indwelling

Details

.....

Postoperative care

☐ Ward ☐ High dependency
☐ Intensive care ☐ Transfer to other hospital

Other

.....

Ensure all relevant prescribing undertaken

Oxytocics

Details .....

.....

Antibiotics

☐ Prophylactic ☐ Other ☐ None

Details .....

.....

Analgesia

Details

.....

.....

Details completed & relevant prescribing by ..... Print name

Swabs correct	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Signed (scrub staff) ..... Signed (floor staff) .....

Comments .....

.....

Please complete the "Whose Signature" page at the back of the record

Operation procedure and findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of third stage complications

Complication(s) please tick all that apply

☐ Repair of episiotomy - specify ☐ Extended (Document uncomplicated suturing of non-extended episiotomy or 2nd degree tear on birth summary)

☐ Repair of tear - specify degree ☐ 3a ☐ 3b ☐ 3c ☐ 4th ☐ Cervical

☐ Manual removal of placenta & membranes

☐ Primary post partum haemorrhage - due to .....

☐ Other - please specify .....

Anaesthesia Please see attached anaesthetic record for further details

Antacids ☐ Sodium citrate ☐ Ranitidine ☐ Other .....

Anaesthesia ☐ Spinal ☐ Epidural ☐ Pudendal block

☐ Combined spinal/epidural ☐ General ☐ Other .....

Location of management .....

Decision made / / :

Procedure started / / :

Procedure concluded / / :

Details of findings

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover		

Manual removal of placenta and membranes

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover		

Continuation notes for third stage complication

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

Overall estimated blood loss ..... ml

Instructions following management of complication *Ensure all relevant prescribing undertaken*

Thrombosis risk

☐ Low ☐ Moderate ☐ High

Actions required.....

Antibiotics .....

Analgesia.....

Oxytocics .....

Laxatives .....

Site of care ☐ Ward ☐ High dependency unit ☐ Intensive care ☐ Transfer to other hospital

Other .....

Details completed & relevant prescribing by ..... Print name .....

Please complete the "Whose Signature" page at the back of the record

Details of perineal repair 3rd and 4th degree tear

Analgesia .....

Third degree Injury to perineum involving the anal sphincter complex:

- 3a: Less than 50% of EAS thickness torn. ☐
- 3b: More than 50% of EAS thickness torn. ☐
- 3c: Both EAS and IAS torn. ☐

Fourth degree Injury to perineum involving the anal sphincter complex (EAS and IAS) and anal epithelium. ☐

Space for visual documentation of repair if required

PV examination after completing repair	☐ No	☐ Yes
PR examination after completing repair	☐ No	☐ Yes
Swabs correct	☐ No	☐ Yes
Tampon used	☐ No	☐ Yes
Tampon removed	☐ No	☐ Yes
Needles correct	☐ No	☐ Yes
Instruments correct	☐ No	☐ Yes

Checked by ..... and .....

Advised on perineal care	☐ No	☐ Yes
Follow-up clinic appointment arranged	☐ No	☐ Yes

Performed by ..... designation .....

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover		

Details of Shoulder Dystocia at Birth

Date and time of delivery of head ..../..../.... ....:....

Position of woman before and during birth .....

	Action	Yes	No	Time	Effect
H	Call for help				
	Assistance Arrived				
E	Evaluate for episiotomy				
L	Legs: McRoberts Position				
P	Suprapubic Pressure				
E	Enter: rotational Manoeuvre				
R	Remove posterior arm				
R	Roll onto all fours				
	Other Manoeuvres				

Time of delivery of rest of baby ....:....

Date	Time	Details
Please use 24-hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Details of Post Partum Haemorrhage management

Minor PPH – 500-1000mls, Moderate PPH 1000 - 2000mls, Severe PPH over 2000mls **Please circle as appropriate**

		Details
Blood bank and haematologist informed	☐ No ☐ Yes time ..... :	.....
Facial Oxygen 15 litres per min	☐ No ☐ Yes time ..... :	.....
IV Access Line 1	☐ No ☐ Yes time ..... :	.....
IV Access Line 2	☐ No ☐ Yes time ..... :	.....
IV fluids Crystalloids	☐ No ☐ Yes time ..... :	(3.5 litres max prior to blood products)
IV fluids Colloids	☐ No ☐ Yes time ..... :	.....
Syntocinon IV	☐ No ☐ Yes time ..... :	
Syntocinon IM	☐ No ☐ Yes time ..... :	
Ergometrine	☐ No ☐ Yes time ..... :	
Misoprostol (PGE Subscript 1) PR	☐ No ☐ Yes time ..... :	
Haemabate number of doses	.....	
Bi-Manual Compression	☐ No ☐ Yes time ..... :	
Transfusion Total Units	Number ☐ time ..... :	.....
Cross matched blood Total Units	Number ☐ time ..... :	.....
	Crystalloids Total number ☐	
	Colloids Total number ☐	
Note keeper appointed	☐ No ☐ Yes name ..... designation	

Overall estimated blood loss ..... ml

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Lead professional ..... designation .....

Assisted by ..... designation .....

Other professionals involved .....

.....

.....

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Labour and birth summary – baby, multiple birth

Number of infants .....

	Infant 1
Mode of delivery (if LSCS or assisted vaginal birth, please also complete the appropriate delivery sheets)	
Date of birth	
Time of birth	
Sex	
Indication for mode of delivery	
Presentation	
Live birth/stillbirth	
Gestation	
Antenatal steroids given	
Birthweight (kg)	
OFC (cm)	
APGAR 1 min	
APGAR 5 min	
APGAR 10 min	
Cord PH results Venous/Arterial/Base excess	
Further cord blood taken	
Resuscitation Time to first breath	
Resuscitation performed by	
Baby identification checked and correct by	
Baby transferred to and time	
Signed	

Please complete the "Whose Signature" page at the back of the record

Labour and birth summary - baby, multiple birth continued

Infant 2	Infant 3

Labour

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.

Date	Time	Details

Labour ward continued

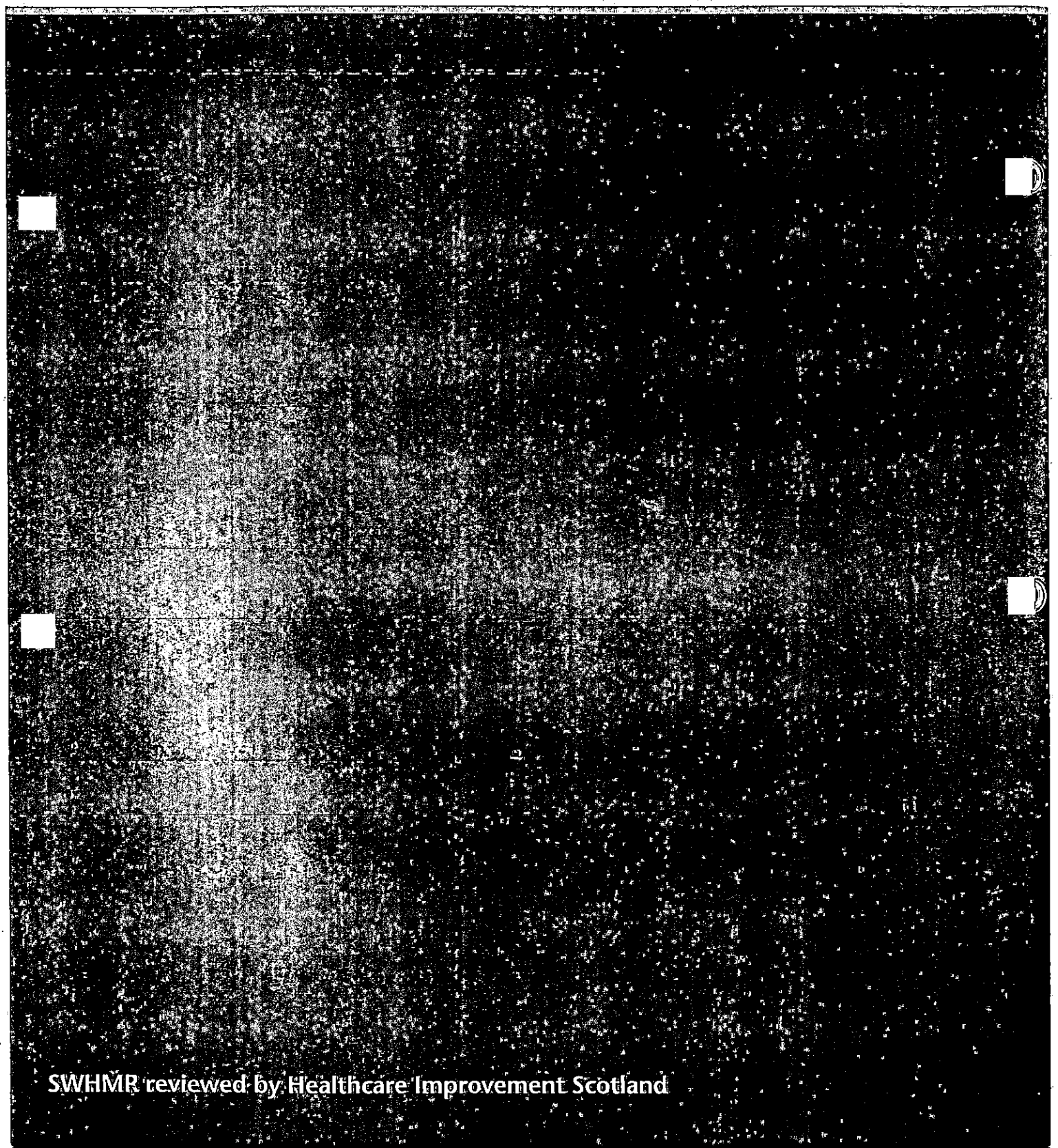
Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in the 'Whose signature?' section on the back cover.		

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title

Version 6
41656



1410786102
MATHERS F
Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

Room No. 3.1

RAH Physiotherapy Post-natal Ward Protocol

Ward 31 /(32)/ CMU

Type of Delivery: (SVD) / VE / Kiwi / AFD / KFD / EMLUSC _____ / ELLUSC _____
Date of Delivery: 12/3/13 Time: 17:15 Baby Weight: 3.64kg (Male) / Female
Perineum: Intact / Grazes / Episiotomy / 1st Tear /(2nd Tear) /3rd ABC Tear / 4th Tear Sutured Y /N
Parity: 2+2 Consent: ✓ Initial: AE Additional Info: Consultant: JG

Date	13/3/13		
Chest Physiotherapy	✓		
Circulation	✓		
Pelvic Floor Exercises	✓		
Abdominal Exercises	✓		
Back Care / Posture	✓		
Advice for Home	✓		
Exercise	✓		
Self Referral to Local Hospital			
Ultra-Sound (Indirect)	Not required Perineal / Haemorrhoids 0.5wcm² 1:4 Pulsed Time: Mins	Not required Perineal / Haemorrhoids 0.5wcm² 1:4 Pulsed Time: Mins	Not required Perineal / Haemorrhoids 0.5wcm² 1:4 Pulsed Time: Mins
DRAM check	**Not assessed** **Doming** (Nil) / Mild / Moderate / Severe **Abdominal Tone** Poor / (Moderate) / Good **Finger Gap** Nil (1) 2 / 3 / 4 / Other----------	**Not assessed** **Doming** Nil / Mild / Moderate / Severe **Abdominal Tone** Poor / Moderate / Good **Finger Gap** Nil 1 / 2 / 3 / 4 / Other----------	**Not assessed** **Doming** Nil / Mild / Moderate / Severe **Abdominal Tone** Poor / Moderate / Good **Finger Gap** Nil 1 / 2 / 3 / 4 / Other----------
Comments	Undertaking a reception		
Plan	**R/V** - Tomorrow / Mon (D/C) **DRAM R/V** @ 4/52 **Continence R/V** @ 6/52 **Local Hospital** RAH / IRH / VOL / Dunoon / Oban / Other _____	**R/V** - Tomorrow / Mon D/C **DRAM R/V** @ 4/52 **Continence R/V** @ 6/52 **Local Hospital** RAH / IRH / VOL / Dunoon / Oban / Other _____	**R/V** - Tomorrow / Mon D/C **DRAM R/V** @ 4/52 **Continence R/V** @ 6/52 **Local Hospital** RAH / IRH / VOL / Dunoon / Oban / Other _____
Physio Signature	[signature]		
Print Name	Richards		
Designation			

NHS Greater Glasgow and Clyde

CHECKLIST FOR ULTRASOUND AND BIOCHEMICAL SCREENING RESULTS

Addressograph:

1410786102
MATHERS
Ann F
14 Maybole Crescent 14/10/1978
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

Date of scan: 6/9/12

Edd by scan: 20/3/13

Gestation at time of scan: 12+1

CRL: 54·7mm

BPD:

NTI: 1·9mm

NT2:

NT3:

Maternal Weight: 80.6

Etlarley+HARLEY
USSR

Perinatal Depression Integrated Care Pathway

(Amended Oates ICP)

NHS Greater Glasgow and Clyde

Name: 
1410786102
MATHERS Ann F
14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

Address:

Post Code:

Telephone No: 07905029715

E.D.D:

Lead Maternity care provider: DR J. GEMMELL

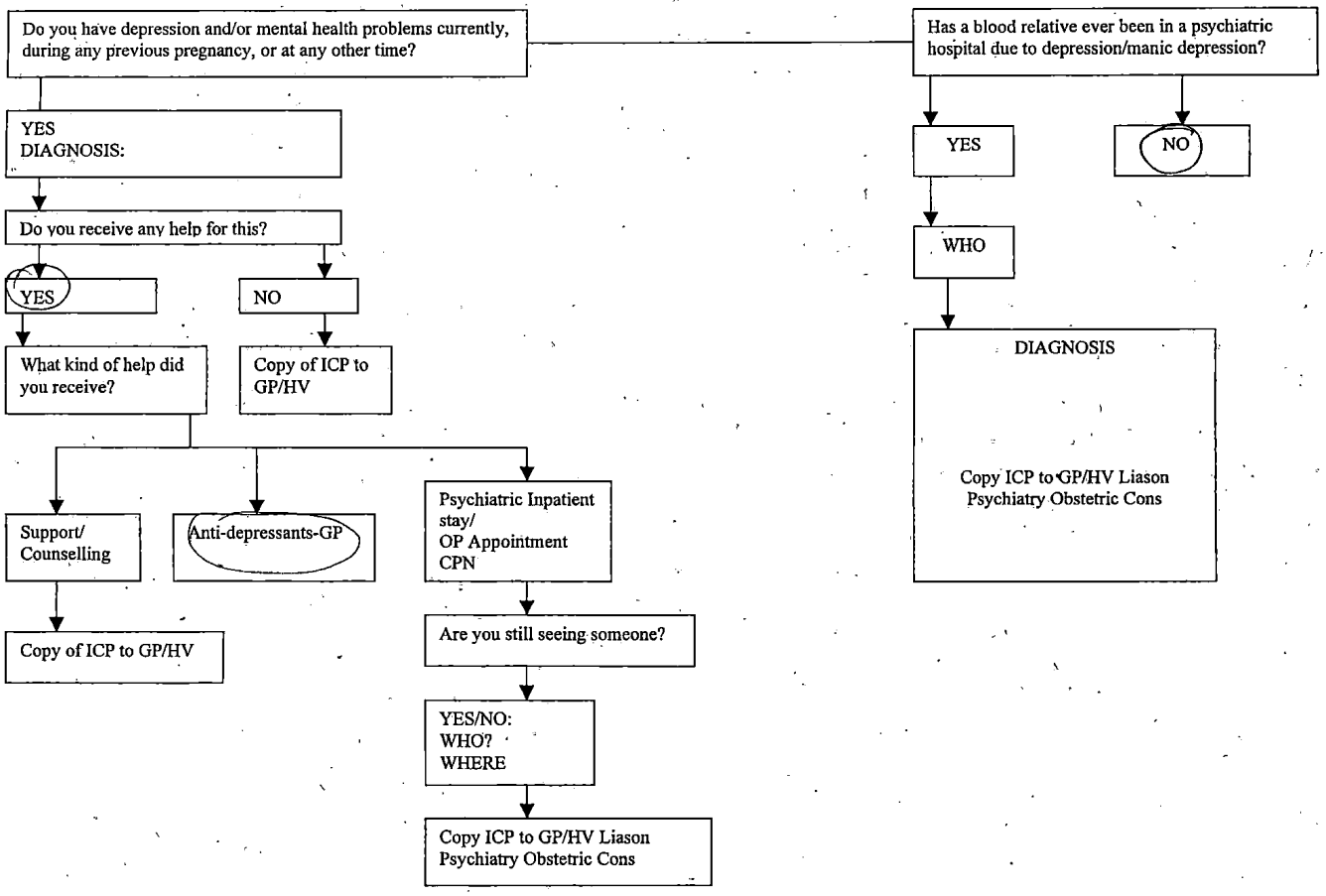
GP Name and phone No: DR TOBIAS
ELMWOOD M.P

Any comments: anxiety on Fluoxetine 20mg daily.

Signature: N Watson

Date: 23/8/12

STY0199N


Do you have depression and/or mental health problems currently, during any previous pregnancy, or at any other time?
YES
DIAGNOSIS:
Do you receive any help for this?
YES
NO
What kind of help did you receive?
Copy of ICP to GP/HV
Support/ Counselling
Anti-depressants-GP
Psychiatric Inpatient stay/ OP Appointment CPN
Copy of ICP to GP/HV
Are you still seeing someone?
YES/NO:
WHO?
WHERE
Copy ICP to GP/HV Liason Psychiatry Obstetric Cons
Has a blood relative ever been in a psychiatric hospital due to depression/manic depression?
YES
NO
WHO
DIAGNOSIS
Copy ICP to GP/HV Liason Psychiatry Obstetric Cons

SCREENING REPORT:

FIRST TRIMESTER COMBINED ULTRASOUND AND BIOCHEMICAL SCREENING FOR DOWN'S SYNDROME

From: Prenatal Screening Laboratory, West of Scotland Genetic Services, Level 2 Laboratory Medicine, Southern General Hospital, Glasgow, G51 4TF
Tel: 0141 354 9272

000216 R10

CHI number: 1410786102
Surname: MATHERS
Forename: ANN
Address: 14 MAYBOLE CRESCENT
NEWTON MEARNS
Postcode: G77 5SY

Hospital Number: M000216
Hospital: Royal Alexandra Hospital
Consultant/Midwife Gemmell
Copy of report to:

DOB: 14/10/1978
Ethnicity: Caucasian
Twin or triplet pregnancy: No
Current smoker: Yes
Previous Down's syndrome pregnancy: No
Previous Trisomy 18 pregnancy: No
Previous Trisomy 13 pregnancy: No
IDDM: No

Previous screening test this pregnancy: No
Previous lab number:
GA is based on: CRL 54.7 mm at: 06/09/2012
Maternal Age at EDD(years): 34 Years 5 Months

Maternal age risk of Down's syndrome at term: 1 in 481

Maternal Weight (Kg) 80.6 kg
Sample Date: 06/09/2012
NT Date: 06/09/2012 **NT Gestation:** 12 Weeks 0 Day

Laboratory number: 307123
Sample taken by: C SUTHERLAND
Gestation at sample: 12 Weeks 0 Days

Standard (2)

Results:	Test name	Conc.	Unit	MoM (Corrected for maternal weight and smoking status if given)
Maternal Serum	FβhCG	12.0	IU/l	0.33
Nuchal Translucency	NT	1.9	mm	1.36
Maternal Serum	PAPP-A	1174	mIU/l	0.90

Combined chance of Down's syndrome at term: <1 in 20000

Comment:
The nuchal translucency measurements and FbhCG and PAPP-A results, together with maternal age (see above) give a chance of Down's syndrome which is LOWER than the cut-off of 1 in 150. No further action is indicated

Remarks:

Date: 07/09/2012 **Signature:** Clarkson

Interpretation of results is only valid if date of sample/NT, Date of Birth, maternal weight, smoking status and other relevant information are correct.

mat Ass, 232 4363
RAH
Ward

3A9

NHS
SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

PLEASE USE BL

M000216
RAH Maternity
MATHERS
Ann
CHI: 1410786102

Please bring your record to all healthcare appointments and hospital admissions.

If found please return this record to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Getting it right for every child (GIRFEC)

Giving you, your baby and your family the best possible start in life is a priority for all the services who are working closely together using the Getting It Right for Every Child (GIRFEC) programme. GIRFEC is used to assess and understand how best to meet your needs and your baby's needs. The practice model below shows some of the things that are important to help you and your baby grow and develop. Your Midwife, Health Visitor/ Public Health Nurse will explain how this works and how they will work with you to make sure that both you and your baby receive the help and support you require.

The principles of GIRFEC include

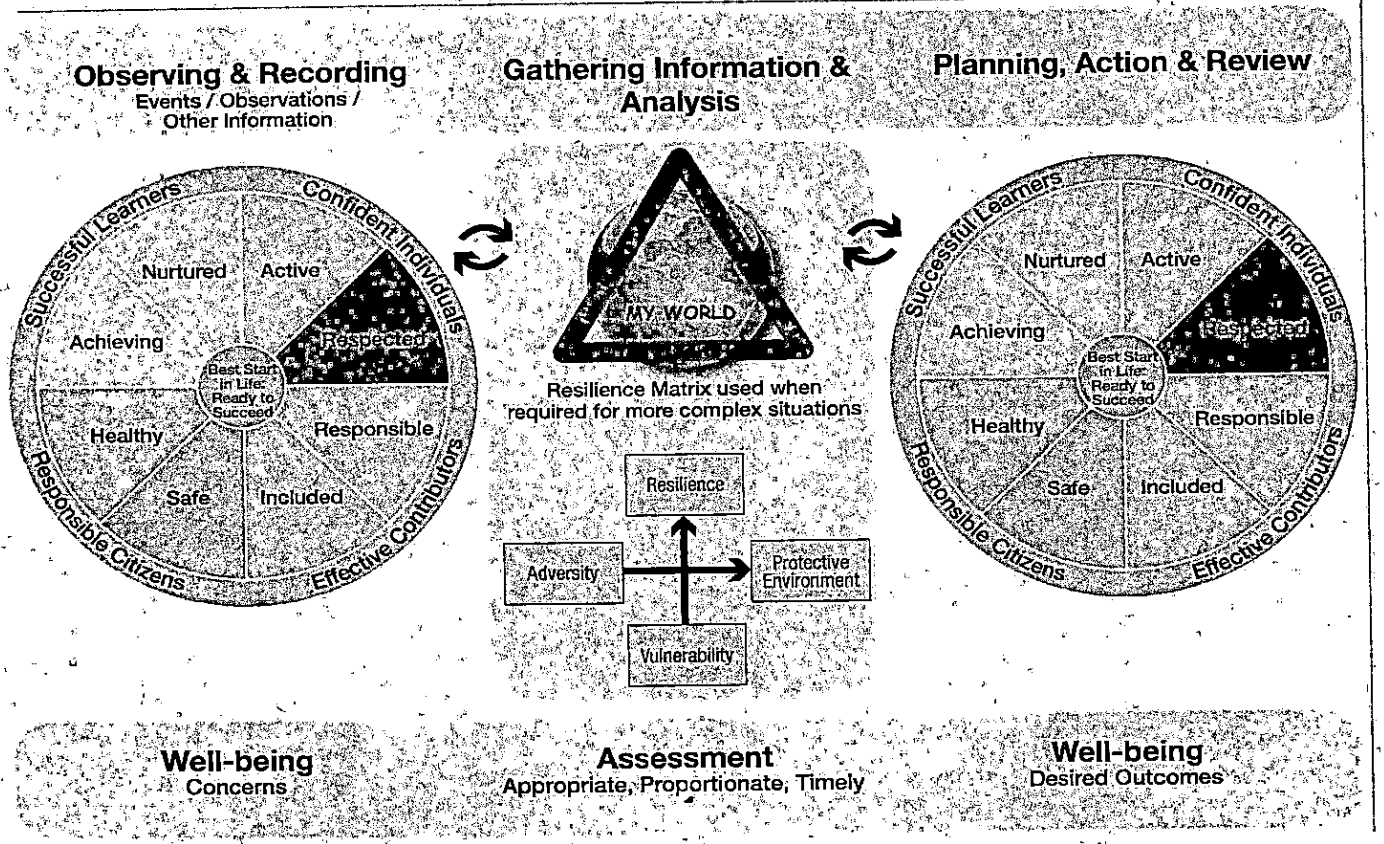
- The use of the wellbeing indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included – to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three domains – How I grow and develop, What I need from people who look after me and My wider world
- The use of the 5 GIRFEC questions
- Early assessment, early support, early intervention, multi-agency approach are key to implementing GIRFEC.
- Consider the woman's and family's strengths and pressures.

Maternity team staff should ask themselves

- What is getting in the way of this woman or baby's well-being?
- Do I have all the information I need to help this woman or baby?
- What can I do now to help this woman or baby?
- What can my service do to help this woman or baby?
- What help if any may be needed from others?

After considering all of the principles described above, it is important that any assessment includes the impact that factors may have on the child and family, and what the desired outcomes are. Therefore the plan for the child and family must include action to be taken and when a review is required. The GIRFEC approach is summarised in the National Practice Model below

The National Practice Model



Consider referral to Health Visitor/Public health nurse for allocation of Health Plan Indicator

Outcome of referral: Health Plan Indicator allocated (circle as appropriate): core additional

Gestation at allocation

Health Visitor/Public Health Nurse details –

Name

Date

NHS
Greater Glasgow and Clyde

NHS GREATER GLASGOW & CLYDE
Maternity Early Warning Chart

Please affix patient label

1410786102
MATHERS
Ann F
14 Maybole Crescent 14/10/1978
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

Parity 2+2

EDD 20/03/2013

Date 12/03/2013

Chart No. (1) PN

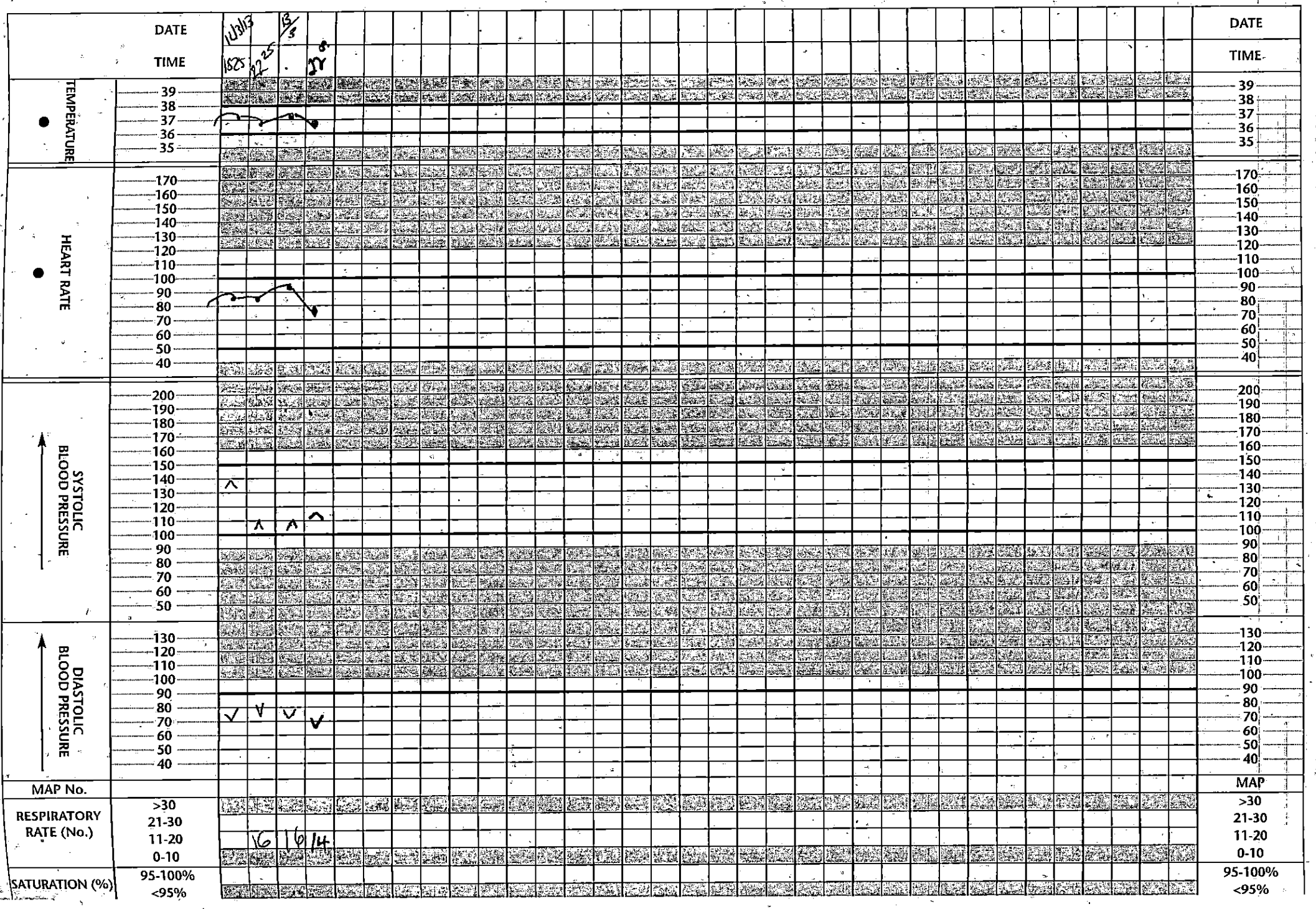
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME OR ANY OTHER CLINICAL CONCERNS

OBSERVATIONS	
White Zone	Routine observations
Yellow Zone	Increase observations as per local guidelines
Red Zone	Increase observations as per local guidelines

SCORING REFERENCES

Pain Score	Nausea Score	Sedation Score
Score 0 = No pain at rest, No pain on movement	Score 0 = None	Score 0 = None (patient alert)
Score 1 = No pain at rest, Slight pain on movement	Score 1 = Mild (not distressing, no retching/ vomiting)	Score 1 = Mild (occasionally drowsy, easy to arouse)
Score 2 = Intermittent pain on rest, Moderate pain on movement	Score 2 = Moderate (troublesome, occasional retching/vomiting	Score 2 = Moderate (frequently drowsy, easy to arouse)
Score 3 = Continuous pain at rest, Severe pain on movement	Score 3 = Severe (distressing, frequent retching/vomiting)	Score 3 = Severe (somnolent, difficult to arouse)
		Score 5 = Sleep (normal sleep, easy to arouse)

DATE/TIME	ACTION TAKEN/COMMENTS	SIGNATURE
12/3/13	SVD @ 1715. following APH. EBL 700mls.	
	2° Tear - Not Sutured.	
	Baby boy - 3640g - Apgars 9/1 9/5. AF✓	DONALDSON
1830	Tea and toast given.	eDonaldson
1845	Bath	eDonaldson
20:00	Rh neg bloods obtained + sent.	


DATE
TIME
10/3/13
1825
13/3
02:25
37.8
TEMPERATURE
39
38
37
36
35
HEART RATE
170
160
150
140
130
120
110
100
90
80
70
60
50
40
SYSTOLIC BLOOD PRESSURE
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
DIASTOLIC BLOOD PRESSURE
130
120
110
100
90
80
70
60
50
40
MAP No.
RESPIRATORY RATE (No.)
>30
21-30
11-20
0-10
16
16
14
SATURATION (%)
95-100%
<95%
DATE
TIME
MAP

RESPONSE (V)	voice / pain / unresponsive																													pain / unresponsive
CLINICAL CONCERNS/ LOOKS UNWELL		0	0	0																										CLINICAL CONCERN
TOTAL YELLOW SCORES		0	0	0	0																									TOTAL
TOTAL RED SCORES		0	0	0	0																									TOTAL
PAIN SCORE		0	0	0																										PAIN
NAUSEA SCORE		0	0	0																										NAUSEA
SEDATION SCORE		0	0	0																										SEDATION
REFLEXES (√/x)																														REFLEXES
FLUID INTAKE	oral	✓	✓	✓	✓																									oral
	crystalloid																													crystalloid
	colloid																													colloid
	blood																													blood
DRUGS BY INFUSION																														
	TOTAL																													TOTAL
FLUID OUTPUT	urine		✓	✓	✓																									urine
	drain																													drain
	gastric																													gastric
	TOTAL																													TOTAL
FUNDUS CHECK (√/x)		✓	✓	✓	✓																									FUNDUS
~~WOUND~~/PERINEUM CHECK (√/x)		✓	✓	✓	✓																									WOUND/ PERINEUM
PV LOSS CHECK (√/x)		✓	✓	NA	✓																									PV LOSS
DOCTOR NOTIFIED (√/x)		x		✓	x																									DR NOTIFIED
SIGNATURE (INITIALS)																														SIGNATURE

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME OR ANY OTHER CLINICAL CONCERNS

NATURE

DATE/TIME	ACTION TAKEN/COMMENTS	SIGNATURE

41825

	D.O.B: 14/10/78	id: 239 6394	Consultant:	Hosp: RAH
NAME: ANN MATHERS	AGE: 34 PARITY: 2+2 (CONF)	ADDR___ GOING TO:	UNIT NO:	TEAM: PINK
GP: DR TOBIAS ELMWOOD M/P.	ADDRESS:	OWN ADDRESS: 14 MAYBOLE CRES. G77 5SY.	MOTHER's HISTORY:	

DELIVERY	DATE & TIME	3rd STAGE	PERINEUM	BLOOD LOSS	Hb
SVD	12/03/13 17.5	(COMPLETE) RAGGED / INCOMPLETE / MANUAL REMOVAL	INTACT / EPISIOTOMY / LACERATION / SUTURED / (NOT SUTURED) 2° TEAR	700	9.8

SEX:	BIRTHWEIGHT / DISCHARGE WEIGHT	APGAR	FEEDING	DRUGS	POSTNATAL	CONTRACEPTION	GUTHRIE TEST
(BOY)/GIRL 12/12.	3640	9/9/5	BREAST (A/F)	FLUOXITINE.	HOSPITAL / GP / FP		DATE: 17.3.13

LABOUR EXPERIENCE:	FAMILY SUPPORT	SIBLINGS:
Quick Labour; PV Bleeding.	David - Off 2 week. Good Family Support	Nylan - 14yrs.

DAY & DATE	ASSESSMENT INVESTIGATIONS	MOTHER	BABY
15/03/13. (3)	Called @ 12.20 - no reply at door, telephoned, message left on answer machine, calling card left.		CHI 0759. Review made. Arrange appt.
16/3/13 (4)	WT. 3 50Kg. Contact Nos		
Sunday 17.3.13 (5)	GUTHRIE.		
Tues 19.3.13 (7)	Jaundice review.		
Friday 22.3.13 (10)	WT + Pass discharge.		

Your combined pregnancy and postnatal record

This is your pregnancy/postnatal record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team:

Some women may prefer not to carry their combined pregnancy/postnatal record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice.

Please keep your record safe, confidential and protect it from damage. If you lose your record, please contact your midwife or maternity unit as soon as possible.

Please remember to take this record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your record with you when you go out and about.

Please feel free to write in your record where you see this symbol:

Your Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Confidentiality – it's your right'. This is available from your midwife, GP practice or on-line at http://www.hris.org.uk Follow the links on confidentiality, consent and having your say.

Help and advice Please use the following services

✆ 24 HOUR.

ADMISSIONS / TRIAGE
0141 314 –6067

Co
Mat **LABOUR WARD**
✆ **0141 314 -6743**
✆
A
✆
D
✆

PHYSIOTHERAPY

0141 314 6765

Ultrasound department
✆
Health Visitor
Base
✆

CLARKSTON ADPT – RAH.
✆ 0141 314 6686

Named midwife VICKI THOMSON / NOREEN DARROCH.
Midwifery team PINK
Base RAH
✆ 0141 314-7371 9-5 NORUMAGHT
General Practitioner DR TOBIAS
Address ELMWOOD MP.

✆ Practice code
GP informed of pregnancy ☐ Date
Obstetrician DR. GEMMELL.
Base RAH.
✆

Domestic Abuse Helpline: 0800 027 1234 (24 hours)
Scottish Women's Aid: www.scottishwomensaid.co.uk
NHS 24: 08454 24 24 24

Rape Crisis Scotland Helpline: 08088 01 03 02 (free number), 6pm to midnight
Email: info@rapecrisisscotland.org.uk

Local information

Your midwife or doctor will write details of local services below, e.g. antenatal clinic times, breastfeeding support groups and antenatal education sessions.

Supervisors of midwives are experienced practising midwives who have undertaken additional education and training to support, guide and supervise midwives. Supervisors of midwives develop and maintain safe practice to ensure protection of you, your baby and family. For more information on the role of the supervisor see www.nmc-org.uk. To contact a supervisor of midwives at your hospital speak to any midwife.

Please note that supervised students may be learning alongside the maternity staff who care for you. If you have any concerns or preferences about this, please speak to your midwife.

Plan of care for your pregnancy

This chart is used to record a plan of care for your pregnancy. Your midwife or doctor will tick the boxes to show when an appointment is due, where it will take place, and whether a blood test or ultrasound scan is planned. Details of each appointment can be written below.
If this is your first baby you will usually have 10 appointments, if you have had a baby before you will usually have 7 appointments. The first appointment may be sometime between 8 and 12 weeks.

Week number	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	41	42
Health centre/surgery					✓			✓			✓								
Maternity unit			✓										✓	✓					
Home											✓			✓					
Blood tests		✓												✓					
Ultrasound			✓				✓						✓	✓					

Your appointments

Day	Date	Time	Where & who with	Things you want to discuss
Thurs	25/10/12	2-10	Scan	
Thurs	17/1/13.	09.00	SCAN + ANC	full bladder
Mon	31/12/12	10.30	Anti D appt	
Thurs	21.2.13	9.40am	clinic	
Fri	15/02/13	10.30 hrs	Clarkston.	
Fri	1/3/13	10.45	Clarkston	
Thurs	14/3/13	9.40am	Dr Gemmell	

Record of Maternity Care Pathway and Caseload Midwife or Obstetrician as per National Pathways for Maternity Care

Pathways available: Green – Midwife Led Care or Red – Maternity Team Care. Women allocated Amber status only whilst awaiting a further opinion from a member of the maternity team.

Booking Status: GREEN/RED (Please Circle)					
Date/ Location of booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked With Midwife/Obstetrician Name DR GEMMELL	Signature
23/8/12.	9/52	AMBER.	SIDS-197	(PINK TEAM).	NWatson

Subsequent Changes					
Date/ Location	Gestation	Pathway Change e.g. green to red, red to green	Reason for transfer to different pathway e.g. raised BP	Care transferred to e.g. Midwife to Obstetrician, obstetrician to Midwife. Insert Name	Signature

Important information

Affix label
Unit no M000216
RAH Maternity
CHI MATHERS
Ann
CHI: 1410786102

Surname/ family name

First name(s)

Previous surname

Likes to be called

Date of birth

Your address 14 MAYBOLE CRES

NEWTON MEARNS.

Postcode

Home ✆

Other ✆ 07905029715.

Occupation

Change of address/phone details

Postcode

Home ✆

Other ✆

Planned place of birth		Lead professional
Home		DR GEMMELL.
Hospital	X	
CMU		
Other		

Your partner/supporter for this pregnancy

Name DAVID SUTHERLAND.

Occupation B COURIER.

Relationship to you PARTNER.

Partner's date of birth 20.12.79.

Address 99. BANGORSHILL ST.

CARNWADDRIE Postcode

Home ✆

Other ✆ 07427671477.

Emergency contact person/next of kin
Who would you like contacted in an emergency?

☐ **Your partner/supporter** ☐ **Alternative person:**

Name

Relationship to you

Address

Postcode

Home ✆

Other ✆

When is your baby due? - Your "Estimated Date of Delivery" or EDD

This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a 'rough guide'. Most babies are born during the fortnight before, or the fortnight after your EDD.

Date of the first day of bleeding of your last menstrual period (LMP)? 12/6/12

How sure are you of this date? ☑ sure ☐ fairly sure ☐ not sure

Average number of days between the first day of each period (monthly cycle) —

Have you had any vaginal bleeding since your last menstrual period? ☑ No ☐ Yes

Had you been using any contraception? ☐ No ☑ Yes

Type IUCD Date stopped 15/12

History taken by N WATSON

Date of Booking Appointment 23/8/12.

Agreed EDD 20/3/13

Use this EDD in all communication

Your body mass index (BMI) 29.6
(weight [kg]/height [m]²)

Weight at booking ~~85~~ 80.6kg Height 165 m

Comments/details

Provisional EDD based on LMP and monthly cycle / /

EDD using dating scan / /

Agreed by Signed

Your previous pregnancies

Is current pregnancy with a new partner No ☐ Yes ☐ Para 2 + ...

Full name KATIE MARIE MATHERS Boy ☐ Girl ☑ Date of birth 9.11.97 Type of birth SVD.

Place of birth SGH Birthweight (g) 6lb Gestation T.

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☑ General ☐

3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☑

Further relevant information APRIL 1998 * SIDS *

Problems A/N .....

P/N .....

Psychological .....

Full name DYLAN MATHERS Boy ☑ Girl ☐ Date of birth 25.7.99 Type of birth SVD.

Place of birth SGH Birthweight (g) 7lb Gestation T.

Labour onset Spontaneous ☑ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☑ Epidural/Spinal ☐ General ☐

3rd stage Normal ☑ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☑ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☑

Further relevant information .....

Problems A/N .....

P/N .....

Psychological .....

Full name ..... Boy ☐ Girl ☐ Date of birth ..... Type of birth .....

Place of birth ..... Birthweight (g) ..... Gestation .....

Labour onset Spontaneous ☐ Induced ☐ Planned Caesarean ☐

Anaesthetic None ☐ Epidural/Spinal ☐ General ☐

3rd stage Normal ☐ Haemorrhage ☐ Retained placenta ☐

Perineum Intact ☐ Episiotomy ☐ Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Formula ☐

Further relevant information .....

Problems A/N .....

P/N .....

Psychological .....

Early Pregnancy Losses (less than 24 weeks)

Year	Gestation	Nature of loss	Comments

Your previous pregnancies

Full name.. Boy ☐ Girl ☐ Date of birth.................... Type of birth....................

Place of birth.................................... Birthweight (g) .... Gestation....................

Labour	Spontaneous ☐	**Anaesthetic**	None ☐	**3rd stage**	Normal ☐	**Perineum**	Intact ☐
onset	Induced ☐		Epidural/Spinal ☐		Haemorrhage ☐		Episiotomy ☐
	Planned Caesarean ☐		General ☐		Retained placenta ☐		Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Further relevant information..
Formula ☐ Problems A/N..
P/N..
Psychological..

Full name.. Boy ☐ Girl ☐ Date of birth.................... Type of birth....................

Place of birth.................................... Birthweight (g) .... Gestation....................

Labour	Spontaneous ☐	**Anaesthetic**	None ☐	**3rd stage**	Normal ☐	**Perineum**	Intact ☐
onset	Induced ☐		Epidural/Spinal ☐		Haemorrhage ☐		Episiotomy ☐
	Planned Caesarean ☐		General ☐		Retained placenta ☐		Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Further relevant information..
Formula ☐ Problems A/N..
P/N..
Psychological..

Full name.. Boy ☐ Girl ☐ Date of birth.................... Type of birth....................

Place of birth.................................... Birthweight (g) .... Gestation....................

Labour	Spontaneous ☐	**Anaesthetic**	None ☐	**3rd stage**	Normal ☐	**Perineum**	Intact ☐
onset	Induced ☐		Epidural/Spinal ☐		Haemorrhage ☐		Episiotomy ☐
	Planned Caesarean ☐		General ☐		Retained placenta ☐		Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Further relevant information..
Formula ☐ Problems A/N..
P/N..
Psychological..

Full name.. Boy ☐ Girl ☐ Date of birth.................... Type of birth....................

Place of birth.................................... Birthweight (g) .... Gestation....................

Labour	Spontaneous ☐	**Anaesthetic**	None ☐	**3rd stage**	Normal ☐	**Perineum**	Intact ☐
onset	Induced ☐		Epidural/Spinal ☐		Haemorrhage ☐		Episiotomy ☐
	Planned Caesarean ☐		General ☐		Retained placenta ☐		Tear 1° ☐ 2° ☐ 3/4° ☐

Breast ☐ Further relevant information..
Formula ☐ Problems A/N..
P/N..
Psychological..

Your health – Have you ever had, or do you currently have, any of the following:

Allergies - Please document in special features

	No	Yes	Details
Operations	☑	☐	Consider anaesthetic review
Problems with anaesthetics	☑	☐	
Admission(s) to intensive care	☑	☐	
Difficulties accessing your veins	☑	☐	
Asthma or lung problems	☑	☐	
High blood pressure	☑	☐	
Heart problems	☑	☐	
Diabetes/thyroid disorders	☑	☐	
Epilepsy/neurological problems	☑	☐	
Blood transfusions	☑	☐	
Blood clots/clotting problems	☑	☐	
Kidney or urinary problems	☑	☐	
Liver problems or hepatitis	☑	☐	
Gastro-intestinal disorders	☑	☐	
Problems with fertility or your reproductive system*	☑	☐	
Vaginal infections	☑	☐	
Chicken pox?	☐	☑	
Genetic disorder	☑	☐	
Date of your last cervical smear (month/year) 5/12 Result NAD Next smear due 2015.			
Referred for colposcopy?	☑	☐	Treatment
Cancer of any kind	☑	☐	
Problems with bones or joints	☑	☐	
Is there anything else about your health which you feel is important for your care providers to know?	☑	☐	

*** Please see "Your Guide to Screening tests during pregnancy" if you have had assisted conception**

Family health – Does anyone in your immediate family, or your baby's father or his immediate family, have a history of the following:

	No	Yes	Don't know	Details
Family history of anaesthetic complications	☑	☐	☐	
Asthma or allergies	☑	☐	☐	
Diabetes	☐	☐	☑	
Genetic disorders/attending a genetics clinic	☑	☐	☐	
Pre-eclampsia	☑	☐	☐	
Blood clots (thrombosis)	☑	☐	☐	
Recent/active Tuberculosis (TB)	☑	☐	☐	
Hip problems detected at birth or shortly afterwards	☑	☐	☐	
Abnormalities present at birth	☑	☐	☐	
Family history of twins or multiple births	☑	☐	☐	
Learning disabilities	☑	☐	☐	
Permanent hearing loss	☑	☐	☐	
Are you and your baby's father blood relatives?	☑	☐	☐	

Family Origin Questionnaire (If mixed, tick more than one box)

How do you describe your ethnic group origin

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

	You	Baby's father
A African or African Caribean (Black)		
1 Caribbean Islands	☐	☐
2 Africa (excluding North Africa)	☐	☐
3 Any other African or African-Caribbean family origins. Please write in	[redacted]	
B South Asia (Asian)		
1 India or African-Indian	☐	☐
2 Pakistan	☐	☐
3 Bangladesh	☐	☐
C South East Asia (Asian)		
1 China including Hong Kong, Taiwan, Singapore	☐	☐
2 Thailand, Indonesia, Burma	☐	☐
3 Malaysia, Vietnam, Philippines, Cambodia, Laos	☐	☐
4 Any other Asian family origins (eg Caribbean-Asian) Please write in	[redacted]	
D Other non-European (Other)		
1 North Africa, South America etc	☐	☐
2 Middle East (Saudi Arabia, Iran etc)	☐	☐
3 Any other Non-European family origins Please write in	[redacted]	
E Southern and Other European (White)		
1 Sardinia	☐	☐
2 Greece, Turkey, Cyprus	☐	☐
3 Italy, Portugal, Spain	☐	☐
4 Any other Mediterranean country	☐	☐
5 Albania, Czech Republic, Poland, Romania, Russia etc	☐	☐
F *United Kingdom (White) refer to guidance on FOQ		
1 England, Scotland, N Ireland, Wales	☑	☑
G *Northern European (White) refer to guidance on FOQ		
1 Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2 Scandinavia, Switzerland etc	☐	☐
3 Any other European family origins, (eg Australia, N America, S Africa) Please write in	[redacted]	

*Hb Variant Screening may be requested by parents in low risk groups

Higher risk for alpha zero thalassaemia

Don't know (incl. pregnancies with donor egg/sperm) ☐

Declined to answer ☐

Declined screening ☐

For more information on the use of the FOQ see www.nsd.scot.nhs.uk

What language do you usually use at home? ENGLISH

Do you need help with interpreting, communicating? No ☑ Yes ☐ Details

What is your current religion or faith, if any? PROT.

Is blood transfusion acceptable to you? No ☐ Yes ☐
Details

Female genital cutting or piercing No ☐ Yes ☑
Details

Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet? No ☑ Yes ☐
Details

Are you a refugee or an asylum seeker? No ☑ Yes ☐
Details

Have you had a full medical examination since arriving in the UK? No ☐ Yes ☐
If no refer to GP

For health information for refugees or asylum seekers visit www.scottishrefugeecouncil.org.uk

TB risk questions:

	No	Yes
Has either parent or any grandparents been born in a high prevalence area (40 per 100,000)?	☑	☐
Details		
Is family likely to live for more than 3 months in a high prevalence area?	☑	☐
Details		
Baby requires BCG	☐	☐
Details		

- If yes to any of these questions please document need for neonatal BCG on the baby's special features box and on the baby record
- For list of countries and areas with TB rates of >40 per 100,000 see www.hpa.org.uk and www.hps.scot.nhs.uk/tb-countries

CJD or vCJD

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? No ☐ Yes ☐

Other health-related questions to be discussed with maternity team staff

	No	Yes	Details of information given		
Have you been taking folic acid?		✓	☐ Pre-conception ☑ Before 12 weeks ☐ After 12 weeks	Dose of folic acid	(400mcg) 5mg
Vitamin D (10 mcg/day),			Healthy Start vitamins No ☐ Yes ☐	Other vitamins/supplements No ☐ Yes ☑ PRENATAL.	
What do you know about healthy eating during pregnacy?		✓	Do you have any special dietary needs?	NO.	
Dietetic referral made					

See Ready Steady Baby for foods you can eat and foods to avoid: www.readysteadybaby.org.uk.
Vitamin D is needed to keep bones and teeth healthy. You should take supplements containing 10mcg of vitamin D every day throughout pregnancy and whilst breastfeeding. This is particularly important if you have dark skin or cover your skin.

What do you know about the benefits of physical activity in pregnancy		✓	Advice given Further information is available from www.takelifeon.co.uk
Do you go to the dentist regularly?		✓	

NHS Dental care is free throughout pregnancy and for 1 year following birth. It is recommended you attend the dentist regularly as gum disease is more common in pregnancy and may require treatment.
If you have troublesome vomiting in early pregnancy please wait 30 minutes after vomiting before brushing your teeth, this will cut down on tooth erosion.

Are there any health and safety issues related to your work?	✓		Advice given www.hse.gov.uk
What do you know about drinking alcohol in pregnancy?	✓		
How many units of alcohol did you drink each day before you were pregnant? Number 8-10	How many units of alcohol a day are you drinking now? Number 0 How many units of alcohol do you drink in an average week? Number 0 If drinking where are you drinking, at home, in clubs/pubs		

The Chief Medical Officer for Scotland's current guidance is to avoid alcohol completely if pregnant or trying to conceive.
One unit of alcohol = half a pint of 3.5% beer or lager or one 25ml measure of spirits. One small (125ml) glass of average strength (12% wine) contains 1.5 units.
If unsure of units - ask type and amount of alcohol drunk e.g. wine, spirits, beers, alcopops
Consider delivering brief intervention. Refer to Alcohol brief interventions antenatal professional pack

What do you know about smoking in pregnancy?

Have you smoked in the 12 months prior to pregnancy?		✓	CO level 7 Date 23.8.12.
Do you or anyone in the household currently smoke?	✓		We encourage you to keep your baby smoke free before and after birth
Are you interested in getting help to stop?		✓	Current smokers: cigarettes smoked per day Number
Referral made to smoking cessation service		✓	Consider delivering brief intervention
Have you used any street drugs, gas or glue in the last year?	✓		Substances used
If yes, are you currently using any street drugs, gas or glue?			
Have you ever injected drugs?			
Does your current partner use any street drugs, gas or glue or inject drugs?	✓		
Referral for advice on substance abuse			
Do you currently or have you ever attended an addiction service? (including smoking and alcohol)			
Does your partner currently or has s/he attended an addiction service			
Self harm			
Overdose			

Medication

	No	Yes
Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently?	☐	☑
Are you taking any 'over the counter' preparations or medications not prescribed to you? (If yes, include indications)	☑	☐

Prescribed medication	Dose	Frequency	Route	Duration
FLUOXETINE	20mg	DAILY	ORAL	

Details .....

Your mental health	No	Yes
1. Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness? Details	✓	
2. Do you have a history of bipolar disorder (manic depression), puerperal psychosis, schizophrenia or other serious mental illness?	✓	
3. During the past month, have you often been bothered by feeling down, depressed or hopeless?	✓	
4. During the past month, have you often been bothered by having little interest or pleasure in doing things?	✓	
5. If "yes" to questions 3 or 4 then ask: Is this something you feel you need or want help with? * If yes refer to GP for ongoing support		*
Are any of the problems on-going at the moment? FLUOXETINE - ATTENDS GP.		
Are you getting any help with the problems at the moment?		✓
Details of any agency providing mental health support		
Are they aware of current pregnancy?		
Referral needed Details		
Home circumstances and support needs		
Are you still in school?	✓	
Are you living in or leaving looked after care services?	✓	
Do you feel that you have someone to support you through your pregnancy?		✓
Are you in temporary housing?	✓	
Do you need further advice on finances, benefits or housing issues?	✓	
Qualifies for Healthy Start Vouchers		✓
Referral to income maximisation services		
Money and debt advice services	✓	
Financial capability support	✓	
If you have other children do they live with you?		✓
If no, who looks after them?		
Does your current partner have any other children?	✓	
If yes, who looks after them?		
Have you ever needed social work assistance?	✓	
Have you or your partner ever been involved in the Criminal Justice System?	✓	
Do you need support with reading or filling in forms	✓	
Do you consider yourself to have a disability, either physical, mental or do you have any learning difficulties	✓	
Do you get support or have you ever had support with independent living?	✓	
Referral needed Details		

Other support and professionals, (social worker, smoking cessation, substance misuse team, etc)

Name (job title) .....

Contact no. ✆ .....
Address
.....
.....

Name (job title)
.....
Contact no. ✆ .....
Address
.....
.....

Other involved workers
(family support, learning support worker, guidance teacher etc)
.....
.....

See Maternity summary record ☐

Special Features

Name ANN MATHERS

Age 33 yr Parity 2+2

Agreed EDD 20/3/13

Blood group A Neg

Thrombosis risk factors

☐ Previous history ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

Allergies NKDA

BMI 29.6 Smoker No ☐ Yes ☑

Pregnancy	
Special features	Plans for care
1ST CHILD – SUDDEN INFANT DEATH	
IUGR: 1st baby. SYNDROME 5/12 AGE 199	
Bpp scan 16/7 delivery	Gah scans 31/52, 34/52

Routine Enquiry asked Yes ☑ Date 23/8/12

IMPORTANT PLEASE NOTE – All pregnant women should receive the seasonal flu vaccine which helps protect against the H1N1 virus. Seasonal flu vaccines are available from your GP between October and March.

Flu vaccine accepted/declined

Date administered / /

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet *'Your Guide to Screening Tests During Pregnancy'* and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☑ I wish	☐ I do not wish to be tested for Blood Group antibody screen	
☑ I wish	☐ I do not wish to be tested for Full Blood Count	
☑ I wish	☐ I do not wish to be tested for Rubella status	
☑ I wish	☐ I do not wish to be tested for Syphilis	
☑ I wish	☐ I do not wish to be tested for Hepatitis B	
☑ I wish	☐ I do not wish to be tested for HIV	
☑ I wish	☐ I do not wish to be tested for Haemoglobinopathies	Partner requires testing Yes ☐ No ☐
☐ I wish	☐ I do not wish to be tested for blood glucose levels	
☐ I wish	☐ I do not wish to be tested for	
☐ I wish	☐ I do not wish to be tested for	

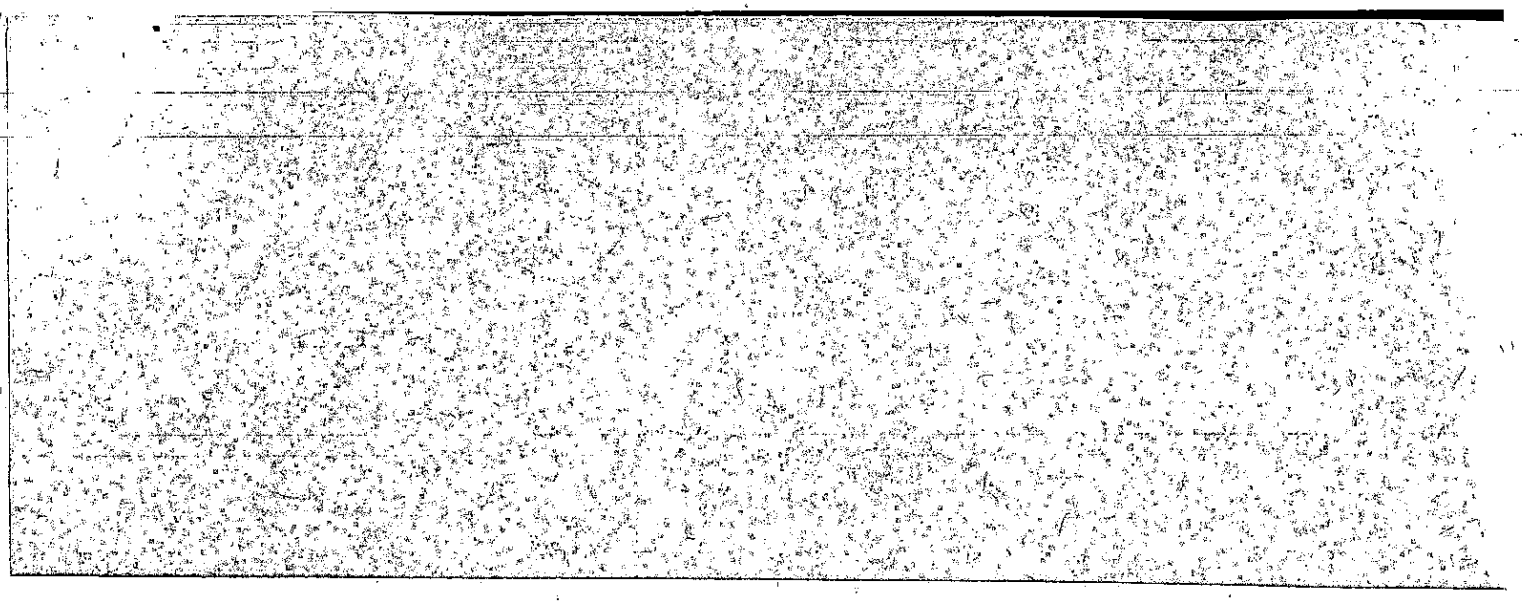
Signature: Ann Mathers Date 23/8/12

Witness: N Watson (Health professional)

Designation: S M Date 23/8/12

Please complete the "Whose Signature" page at the back of the record

Version



Screening tests in pregnancy

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are (tick as appropriate):

- ☑ Dating scan
- ☑ Nuchal translucency scan 11-13 weeks
- ☑ Fetal anomaly scan
- ☐ Detailed scan at ..... weeks
- ☑ Growth scan as required
- ☐ Placental site scan as required
- ☐ Other

Consent for screening tests offered in pregnancy (Down's Syndrome)

☑ I wish ☐ I do not wish to be screened for the risk of Down's Syndrome

Signature: Ann Mathers Date 23/8/12

Witness: N Watson N WATSON (Health professional)

(Please sign and print name)

Designation: S.M Date 23/8/12

For more information on the national screening programmes see www.nsd.scot.nhs.uk

Tests during pregnancy

During your pregnancy you will be offered several tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests. Maternity care staff will discuss all the tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organise any follow up care that may be needed.

Results should be filed in accordance with your NHS board's policy.

Test	Gestation when test(s) taken	Date taken indicate if declined	Results/Action
Blood Group at booking		23.8.12.	
Antibody screen - 28 weeks			
Full Blood Count - booking		23.8.12	
28 weeks			
36 weeks			
Rubella status		23.8.12	
Syphillis		23.8.12	
Hepatitis B		23.8.12	
HIV		23.8.12	
Haemoglobinopathy - sickle cell and thalassaemia -document outcome in baby's special features box and baby record		23.8.12.	
Screening ☐ Fetal anomalies ultrasound ☐ Down's Syndrome			
Random blood glucose			
Couple's Haemoglobinopathy result if performed			
Mid stream urine specimen for bacteriology			
CVS please include indication for procedure			
Amniocentesis please include indication for procedure			
CO results			
Other			

If you have RhD Negative blood this section applies to you ☐

Your blood is RhD Negative. You will be offered 'Anti-D' to prevent any problems developing. If you are RhD Negative and have any vaginal bleeding you must go to the hospital as soon as possible as you may need to have Anti D

Discussions/plans Signed ____ 31/12/12

Prophylactic 'Anti-D' given 28 weeks Dose 1500iu Signed ____ Date given 31/12/12

Please complete the "Whose Signature" page at the back of the record

Infant feeding - Antenatal Checklist

All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.

	Discussed (or note if mother declined discussion)	Signed	Date
Getting your baby off to a good start			
Importance of early skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☑	declined	/ /
Baby-led feeding and feeding cues (to ensure adequate milk intake and supply)	☑	RJ Signed	/ /
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	☑		15/2/13
Why breastfeeding is important			
Benefits for the baby Reduced risk of gastro-enteritis, diarrhoea, urinary tract, chest and ear infections, obesity and diabetes. Latest evidence suggests reduced risk of Sudden Infant Death Syndrome and childhood leukaemia.	☑	N Watson	23/8/12
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☑	N Watson	23/8/12
Making breastfeeding work			
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☑		/ /
Effect of teats, dummies, nipple shields (may interfere with breastfeeding)	☑		/ /
No other food or drink needed for 6 months (for maximum health benefits)	☑	RJ Signed Leaflet	15/2/13
'From bump to breastfeeding' DVD given (for later discussion, see below)	☑		/ /
Further discussion			
Leaflets given and discussed:			
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	☐		/ /

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
23/8/12	120/70			9-10							
6/9/12	106/57	tr leucocytes. nSSU	nil	12+					+FH US		CUBS.
23/9/12.				15+							Ulcer
25/11/12.	23+4		TRIAGE								
27/12/12	28wo	+tr protein	nil	108/58	26cms	Cephalic	long	free	FHHR with sonicaid	FMF	OGTT.

Consider need to refer to HV/PHN for HPI

Weight in late pregnancy ..... kg

Date / /

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Other information/plans/referrals etc	Returning (weeks)	Signature
Screening appt + bloods taken. Vit D + Folic Acid supplements ✓ Next infant support info re cot death given CUBS consent Discussed CMW.		NWaters NWATERS S.M.
Hb 130 * Blood group not available in notes* see midwife at 16 weeks. ~~Had PVB on Mon 3rd September admitted WRD 8 - then discharged no further PVB. well.~~ declined parentcraft + BF workshop for CUBS today. Type & Rh(D) sample PV Bleeding - for USCOG & Anti D.	4 weeks 19.	C. SUTHERLAND CS RM
Anti D given as Prescribed		onkenie (CMW Attended)
141 078 6102 MATHERS, ANN 14/10/1978 Female HADD Human Anti-D IgG Batch No: SDDN9477 (1204785 G)		
See Anc notes		(SHO CEM)
USS - (N) growth LV + doppler. Anti D clinic on 31st Dec ANC in (3) weeks.		L Sutherland C. SUTHERLAND SM

Please complete the "Whose Signature" page at the back of the record

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results
31/12/12		anL	D clinic 38+5								FBC G+S.
4/1/2013	100/60	nad	nil	29+2	25cm	—	—	—	FHHF	fmf	—
17/1/13	112/64	1+ protein MSU.	Nil	31+1	30cm	Ceph	Long	4/5	✓ (Sca)	FHF	Hb 104 → ferrous Sulph cap
01/02/13	100/60.	NAD.	Nil.	33+	33cm.	ceph.	Long	4/5	FHHre.	FmF.	
15/2/13	120/70	NAD	Sl.	35+2	35cm	Ceph	long	4/5	FHH	Fmf	FBC
21/2/13	107/67		Fingers.	36+1.	36cm	ceph	long	4/5th.	138	FmF.	Hb 105.
01/03/13.	112/70	Tr Ketones ✱	Fingers.	37+2	37cm	Ceph.	Long	free.	FHHre.	FmF.	

Consider need to refer to HV/PHN for HPI

Weight in late pregnancy ..... kg

Date / /

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Other information/plans/referrals etc	Return in (weeks)	Signature
prophylactic anti D given 1500 IU. Given On : 31/12/12 Sig : Batch Vial No : 121052X Rhophylac®300 LOT 4345100023		
Feeling unwell/diarrhoea advised ↑fluids - see GP if continues to feel unwell. Will check up FBC result	(2) 17/1/2013 JAH USS.	Saxcoten (Saxcoten)
Well. Fifty. Preg. vitamins. No dysuria. No offensive PVD/PVL.	2 M/W. (5)	
Well. Tolerating iron therapy - recommenced yesterday. Heartburn. Advised whooping cough.	(2) (3) Hosp.	Noorooch (Sm (N. NOORBOCH)
Well on FESO4 ✓ Perfusin ✓	21/2.	
SB HUTCHISON. Well. Hb 105 - on iron Plan R/V 39/40. M/W 1/52.	(3).	HUTCHISON
Tolerating iron. Hosp (2) Dietary advice given. Sweeping membranes x Listening to babys heartbeat.		Noorochsm (N. NOORBOCH)

Please complete the "Whose Signature" page at the back of the record

Antenatal appointments

Date/venue	Blood pressure	Urinalysis	Oedema (swelling)	Weeks pregnant	Height of uterus (cm)	Presenting part	Fetal lie/position	Fifths palpable	Baby's heartbeat	Baby's movements felt	Blood test taken and results

Consider need to refer to HV/PHN for HPI

Weight in late pregnancy ..... kg

Date ..../..../....

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Other information/plans/referrals etc	Return in (weeks)	Signature

Please complete the "Whose Signature" page at the back of the record

Antenatal assessments/admissions/multi-professional assessment

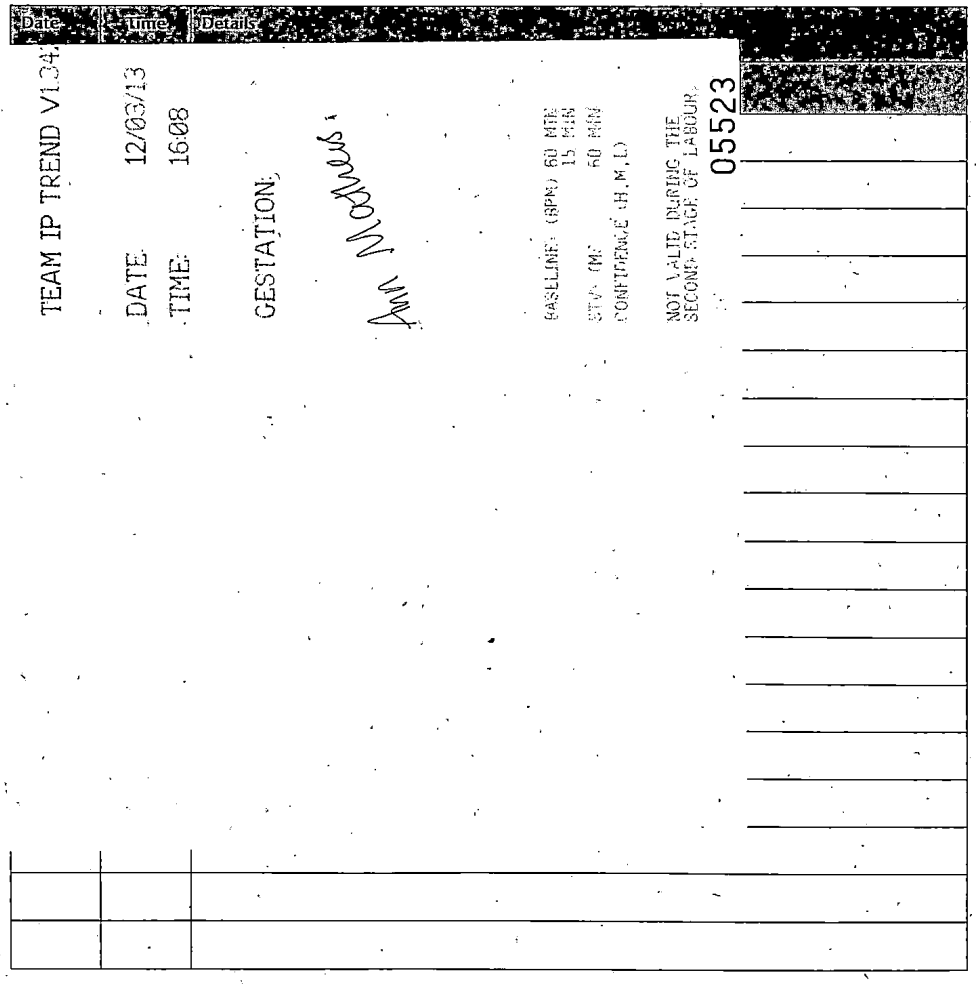
Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
25.11.12	1230	Self referred to Triage P2+2 @ 23+5 wks gest with +ve fresh red PV bleeding since 23.11.12. Min at present. Pain free throughout. GA well, comfortable. BP 107/68 P94 T36.3 Urine: 1+ protein MSU ✓. PIP ✓ = 23 weeks, soft, non tender. FH+ve CIR 145 BPM. For medical HV Rhesus (Gaelyn)
25/11/12	1330	DR B CHARGED (GDST)
		23+5 weeks Para 2+2
		Episodes PV bleed on friday – 4 ago – lasted about 6 hours – and has settled completely
		No abdominal pain

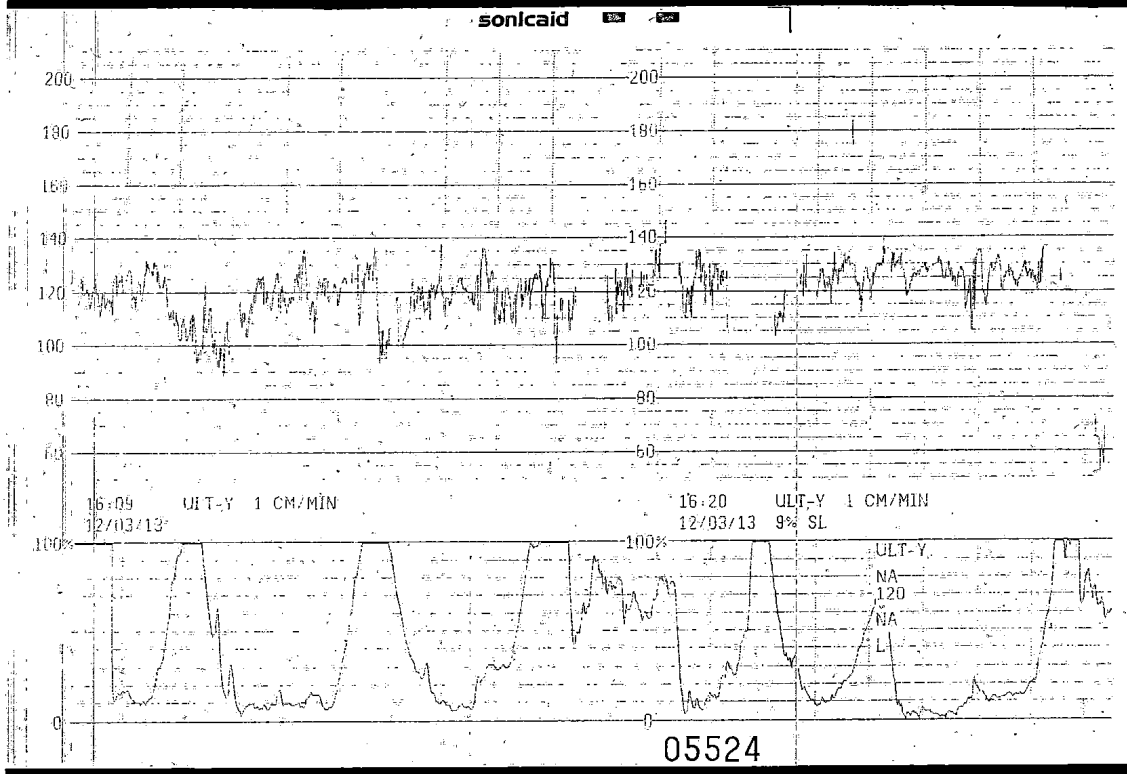
Date	Time	Details
		Please use 24 hour clock and sign each entry Remember to complete the 'Whose signature?' section on the back cover of the record
		Blood gp & Rh –ve.
		O/E looks well
		Obs stable.
		CTG has been reactive
		Speculum not done
		Plan ① For anti D today.
		② Kleihauer test & Bx S done.
		③ O/W Reg re plan for scan
		⇒ Dr Sharma : MTP - As above;
		Reccm. NPIT;
		FOR MSS and ANC at 31/40 as planned
25.11.12	1910	Returned for Anti D. as prescribed Same given
		141 078 6102 MATHERS, ANN 14/10/1978 Female HADD Human Anti-D IgG Batch No: SDCN9616 (1210769 G)

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record		
12/3/13	16[10]	~~AC~~. Self referral to triage. has phoned x 3 today. now has fresh red PV loss, U/A reported to be 1:4. baby active. Lie neg O/A distressed O/P fundal height = 36cm long lie cephalic soft, non-tender USS = no placenta praevia. Scrutiny towel + red PV loss - doesn't look like show CRedmond
		BP 114/40 P89. CR.
	16[30]	IV access FBC ✓ C+S ✓
	20[00]	Assumed care - Jewell

Antenatal assessments/admissions/multi-professional assessment




sonicaid
200
180
160
140
120
100
80
60
16:09 ULT-Y 1 CM/MIN
12/03/13
100%
0
16:20 ULT-Y 1 CM/MIN
12/03/13 9% SL
ULT-Y
NA
120
NA
L

05524

05525

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry. Remember to complete the 'Whose signature?' section on the back cover of the record.		

Antenatal assessments/admissions/multi-professional assessment

Date	Time	Details
Please use 24 hour clock and sign each entry Remember to complete the 'Whose signature?' section on the back cover of the record		

Breech Presentation at 36 weeks

Date

External Cephalic Version discussed and information given ☐ No ☐ Yes ../../..

External Cephalic Version offered ☐ No ☐ Yes ../../..

External Cephalic Version offer accepted ☐ No ☐ Yes ../../..

Details of ECV procedure .....

.....

Fetal heart checked and recorded ☐ No ☐ Yes

Record of cervical stretch and membrane sweep for postmaturity

Date ../../.. Time ..:.. Gestation .....

Record of discussion prior to the procedure .....

.....

.....

Abdominal examination

Fundal height ..... cm Lie .....

Presentation ..... Position .....

Presenting part - 5th palpable .....

Fetal heart rate (pre VE) ..... Maternal pulse .....

Fetal heart rate (post VE) .....

Comments .....

.....

.....

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

Cervical examination

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments .....

.....

.....

Plans following procedure

.....

.....

.....

.....

.....

Please ensure that any results are attached so that they do not obscure the special features boxes.

Special features: Labour, birth & after your baby is born		
Special features	**Plans for care**	**Notes for paediatrician**
rubella immune.		Remove 1st baby SIAS.

Antenatal Steroids given No ☐ Yes ☐ Date ..../..../.... Time ....:.... Details ....

Repeat dose Date ..../..../.... Time ....:.... Date ..../..../.... Time ....:....

Information for you

Your midwife or doctor will give you the following leaflets, booklets and information.

Forms — **Date received**

- FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born) ..../..../....
- Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy) ..../..../....

Benefits and Entitlements

- Parent's Guide to Money ..../..../....
- 'A Guide to Maternity Benefits' NI 17A www.dwp.gov.uk ..../..../....
- 'Pregnancy and work: what you need to know as an employee' www.bis.gov.uk ..../..../....

Screening tests in pregnancy

- 'Your guide to screening tests during pregnancy' ..../..../....

Pregnancy, babycare and breastfeeding

- 'Ready, Steady, Baby' www.readysteadybaby.org.uk There are Easy Read versions of 'Ready, Steady, Baby', available free from Health Scotland Telephone 0131 536 5500 and ask for 'My Pregnancy, My Choice' and 'You and your Baby' ..../..../....
- Information on wearing a car seat belt safely during pregnancy see 'Ready, Steady, Baby' ..../..../....
- 'Reduce the Risk of Cot Death' www.scottishcotdeathtrust.org ..../..../....
- 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.healthscotland.com ..../..../....
- 'Breastfeeding and Returning to Work' www.healthscotland.com ..../..../....
- 'Your Guide to Newborn Screening Tests' ..../..../....
- 'Your Baby's Hearing screen' www.healthscotland.com ..../..../....
- 'BCG and your baby' www.healthscotland.com ..../..../....
- 'Talking about postnatal depression' www.healthscotland.com ..../..../....
- How to Stop Smoking and Stay Stopped www.healthscotland.com +/- Fresh Start
- Smokeline NHS Stop smoking 0800 84 84 84 and www.canstopsmoking.com
- Support for alcohol issues is available from Drinkline Scotland on 0800 7 314 314 or at www.alcohol-focus-scotland.org.uk

Others

- Antenatal education sessions discussed Yes ☐ No ☐ ..../..../....
  Booked to attend Yes ☐ No ☐

Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan +/- NT measurement

Date	Gestation	EDD by scan	Fetal heart	NT measurement if performed	Signature
			No ☐ Yes ☐		
Details					

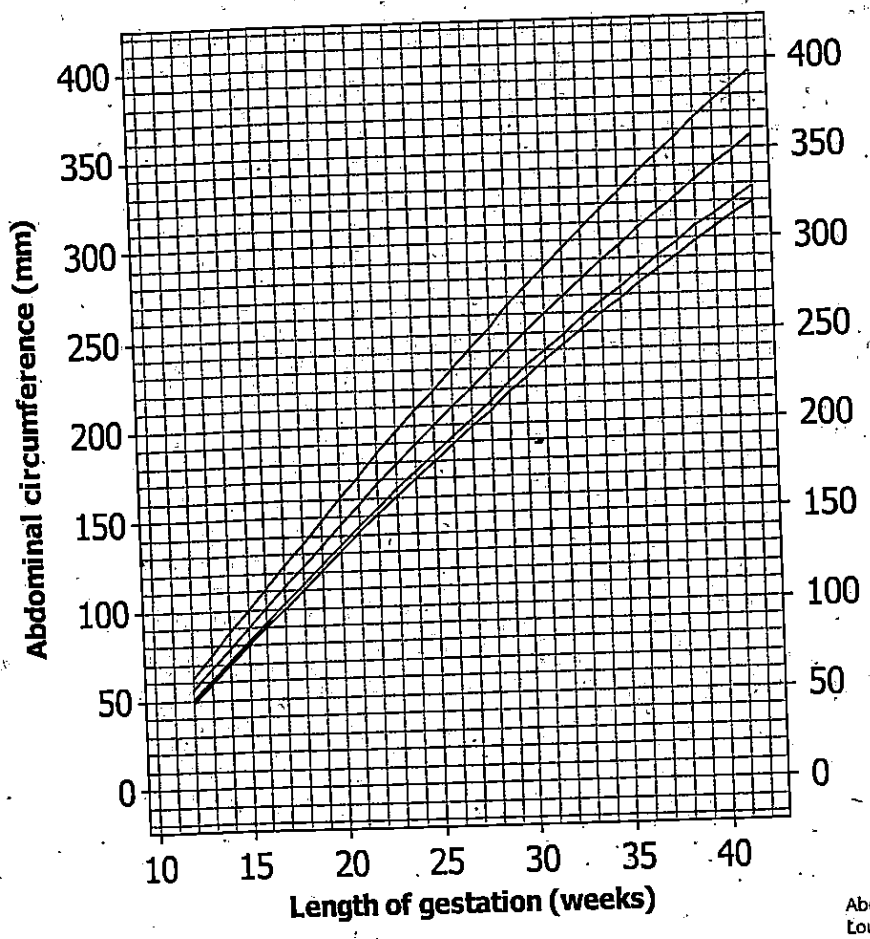
Detailed Scan/ Fetal Anomaly Scan delete as appropriate

Date	Summary of findings	Signature
	Base Menu completed No ☐ Yes ☐	

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/ 5th Centile/ 95th Centile	Fetal presentation (Cephalic breech transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

Abdominal circumference growth

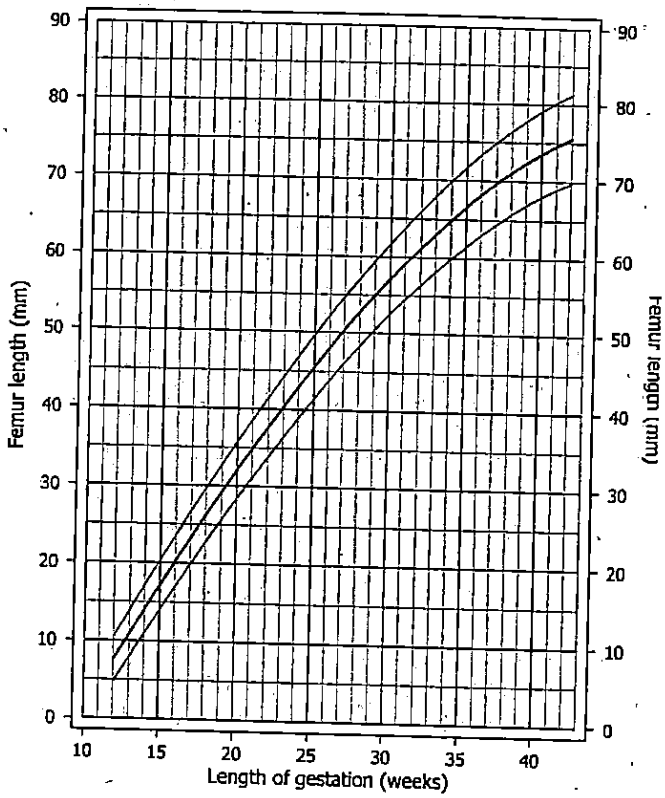


Abdominal circumference growth chart adapted from Loughna et al. Ultrasound, August 2009, Vol 17, Number (lines show 5th, 10th, 50th, 95th centiles)

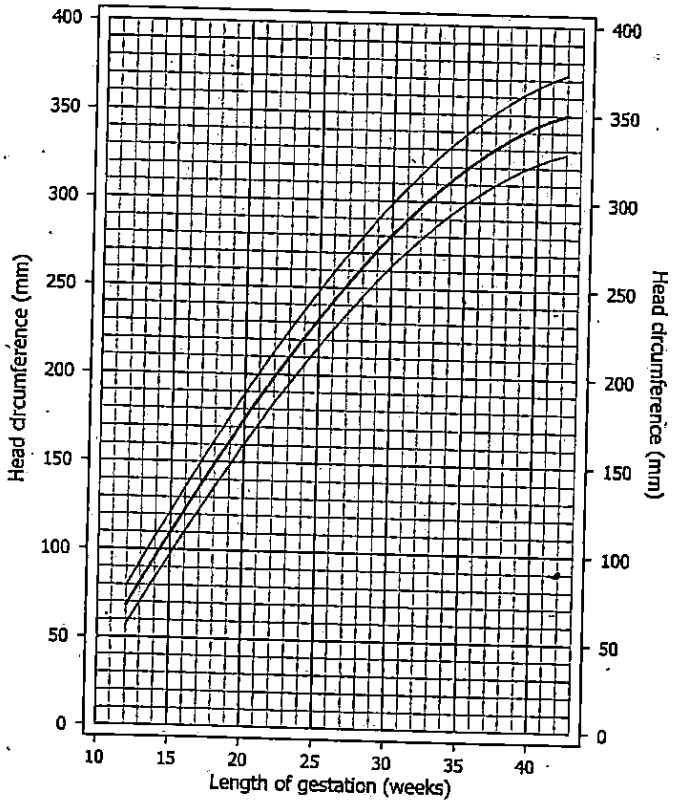
Your ultrasound scans (continued)

Details of any ultrasound scans that you may choose to have will be entered below.

Femur length



Head circumference growth



Growth charts supplied by the British Medical Ultrasound Society (lines show 5th, 50th and 95th centiles).

Any further notes on ultrasound scans

(Please date and sign entry and complete 'Whose Signature' page at back of record).

Your preferences for labour and the birth of your baby

Please use the section below to write down your preferences for labour and birth.
Alternatively you may wish to attach your own birth plan here. Plans for labour and birth will be individual. They depend on your wishes, your health, your circumstances and what is available at your maternity unit or in your home. You will probably find it helpful to discuss these issues with your birth partner, your midwife, and/or members of your maternity care team during your pregnancy.

During labour, members of your maternity care team will read this section and discuss it with you so they understand your preferences. However you may need to keep an open mind if complications arise for you or your baby. If this happens, your midwife or doctor will discuss events with you and your birth partner. They will be able to inform you of your options in your particular circumstances.

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

My environment for labour and birth
Things I might want to consider: privacy, quiet, my own music, food and drink, lighting, comfort aids such as pillows, bean bags, chairs or a mattress.

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

How will I cope with labour/contractions?
Things I might want to try: relaxation and breathing, changing my position, massage, water (shower, bath or water pool), complementary therapies, a T.E.N.S. machine, 'gas and air', injection of a morphine-related drug or an epidural? (Note: an epidural service is not available in all maternity units and at all times).

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have

If you have given birth before, you may want to think about your experiences. Please write down anything you would like your midwife or other maternity staff to know.

Discussion of preferences for labour and birth/issues arising
(Maternity care staff - please sign and date all entries)

Signature: ..... **Date** ../../..

Preparing for birth - what to pack in your bag

Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads •	• clothes for going home • baby clothes – sleep suits, vests, scratch mitts, hats and shawl • nappies •
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

Your notes and questions

Please use this page to write down any notes or questions

Your notes and questions (continued)

Please use this page to write down any notes or questions

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Hand hygiene is particularly important after childbirth. Please wash your hands in warm, soapy water before and after changing your sanitary towel and after every trip to the toilet.

You should be alert to signs of infection after childbirth. You should seek advice from your midwife, general practitioner or maternity hospital if you have any of the following:

- High temperature/feeling feverish/flu-like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Studies have shown that the safest place for your baby to sleep is on their back, in a cot, in your room for the first 6 months. Side-sleeping or prone (tummy) sleeping is not advised (unless there is a medical reason for doing so). This is the most important thing you can do to reduce the risk of cot death. For further information speak to a member of the maternity team, ensure you have a copy of the leaflet "Reduce the Risks of Cot Death" or look online at www.scottishcotdeathtrust.org

Your postnatal appointments

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from RAH - 32

To (address) 14 Maybole Cresc Newton Mearns. © 239-6394

GP Dr Tobias at Elmwood Ave, Newton Mearns.

Named caseload holder as per KCND Pathways for Maternity Care

Obstetrician Dr Gammell Midwife SGH. Paediatrician

GIRFEC lead professional

Labour, birth and postnatal period

☐ Gravida ☒ 2 +2 Para (1st child. SIDS & Smiths)

Onset of labour ☑ Spontaneous ☐ Induced: indication

Mode of delivery SVD on Tues day 12/3/13 at 17.15 Sex Boy

Indication Presentation Vx Position Location LW

(Livebirth)/Stillbirth Gestation 38+6 Birthweight 3640 g Blood loss 700 mls

APGARs 9 1 minute 9 5 minutes ☐ 10 minutes Placenta/membranes Complete

(Perineum)/abdominal wound 2° tear Sutures not sutured

Haemoglobin 98 g/dl on 14/3/13 Repeat ☐ Not needed ☐ done due on / /

Blood group A Neg Irregular antibodies ☐ Yes ☐ No anti-D needed ☑ No ☐ Yes anti-D given on / /

Blood transfusion ☐ Yes ☑ No

Rubella status Immune Vaccination needed ☑ No ☐ Yes Vaccinated on / /

Contraception/sexual health needs discussed ☐ No ☑ Yes

Details Will see GP.

Cervical smear due ☑ No ☐ Yes: due in (month) 20

Discharge medication ☐ No ☑ Yes: details Fluoxitine

Postnatal check with GP Arranged for 6/52 Mother to arrange ☑

Problems identified during pregnancy, labour/birth

Well.

Problems in the postnatal period/referrals, investigations or results pending including recommendation to seek pre-pregnancy counselling prior to planning any subsequent pregnancies

Signed hBannon Designation Mid wife

Please complete the "Whose Signature" page at the back of the record

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time	General wellbeing and risk assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus
			Reduced postnatal thrombosis risk		
1	13/3/13	T P obs as per BP RR mews.	low. mobile v legs NAD v	sat + comfortable	NP.
2	14/3/13	T P BP 121/64 P 90. RR	Mobile	✓	F
Day 3 (Claimed) 13 1633		T Pale Reading Time P On FSE BP Advice diet RR on Iron.	Mob.	FULL Advice Given.	
Day 5 1300 17.3.13		P Nwell on Iron.	mobile.	FULL Advice Given.	Firm 4 fbl Umb.
Day 7 14.3.13 1045		PN well Looks much less tired. Feels better	mobile	May Contraception	Firm 5 fbl Umb
10	22/3/13	WELL.	Mobile.	COMF	

Please complete the "Whose Signature" page at the back of the record

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Initials
Red + Ane.	appears clean and dry. Small 2° tear	PUV. BNO yet not passing flatus	ongoing.	[illegible]
ave	Regular analgesia	PU BNO	HB98. on [illegible]	[illegible]
Rbq Ave.	Sutis	PU BO	On Iron. Routine PN Ccall SM L. Murdoch	
Rbq Ave.	Sutis	PU BO.	Routine PN Ccall. SM L. Murdoch	
Rbra Ave. Passing small clots. Advice given.	Sutis.	PU BO	Routine PN Ccall SM L. Murdoch	
R/NIW	OATS	PUV BOV	[signature]	

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Post-natal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus

Please complete the "Whose Signature" page at the back of the record

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your postnatal care

Please use 24 hour clock and sign each entry.
Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
12/3/13 2050	Admitted to Wd 32 following SVD live male infant. PN well on admission. Fundus firm. Lochia average. Has PU'd since delivery. Fully mobile - no concerns. Orientated to ward. Water/ Buzzer / Birth Registration documents given. — to call for assistance as required —— LSills
2145	Analgesia & hot pack given for afterpains - LSills
2235	Observations satisfactory as per MEWS — LSills
13/3/13 0030	No complaints offered —— LSills
0345	1g Paracetamol given for afterpains - otherwise. no concerns. LSills
0700	Out for cigarette - disclaimer form signed. Feels well No concerns. —— LSills
0915	Feels well but tired Mcarmen
1130	Dozing in bed Mcarmen
1615	Baby Rh -ve DC mum does not need Rh Mcarmen
1630	P/N well as charted Mcarmen
1840	NO Complaints Mcarmen
2030	Assumed care - Jcrell
2130	Fundus firm lochia normal Obs. Stable well. Venflon removed. Observations as per 'Mews' chart. Jcrell
2215	Afterpains analgesia given as per Kardex. Jcrell
14/3/13 0230	Kp feeding to baby. Jcrell
0715	Afterpains analgesia given as per Kardex Jcrell
0810	Gone around —— VB
1000	P/N examination satisfactory as charted VB
1200	Discharged home, well
(Amnt) 14.3.13	Check as charted. Tired. Advised to rest, Overdone things yesterday. On fron. Otherwise PN well. U.S.T Involution s/m L. Medium
13/3/13	

Please complete the "Whose Signature" page at the back of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care
23.3.13 (S) 1300	PN check satisfactory as Charted. No real concerns - Shn L. Mudd
19.3.13 Day 7 11.00	PN check as Charted. Satisfactory. SHM L. Mudd
22/3/13 (10)	Well. No concerns D/c to HV. D/C

Your postnatal care

Please use 24 hour clock and sign each entry.

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Please complete the "Whose Signature" page at the back of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	...../...../.....	...../...../.....
Positioning my baby for breastfeeding	...../...../.....	...../...../.....
Principles of good attachment	...../...../.....	...../...../.....
How to recognise that my baby is feeding well including effective milk transfer	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
When my milk 'comes in'	...../...../.....	...../...../.....
Rooming in at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's needs (exclusive breastmilk for around the first six months of life)	...../...../.....	...../...../.....
Why dummies or teats should not be used	...../...../.....	...../...../.....
How to hand express my breastmilk	...../...../.....	...../...../.....
Expressing breastmilk a) washing & dry storing equipment	...../...../.....	...../...../.....
b) safe storage	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....
Monitoring for wet and dirty nappies	...../...../.....	...../...../.....
Breastfeeding support in my community	...../...../.....	...../...../.....

Breastfeeding support is available from the following organisations:-
The Breastfeeding Network 0300 100 0210 www.breastfeeding network.org.uk
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk
NCT – 0300 330 0771 7 days 0800 -2200 www.nct.org.uk
La Leche League - 0845 120 2918 www.laleche.org.uk

Information on alcohol consumption and breastfeeding	...../...../.....	...../...../.....

Other things that I want to ask about: .....

.....

.....

Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	...../...../.....	...../...../.....
The importance of good hand hygiene	...../...../.....	...../...../.....
Sterilising equipment	...../...../.....	...../...../.....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	...../...../.....	...../...../.....
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required	...../...../.....	...../...../.....
Giving a formula feed correctly and safely	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
'Rooming in' at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed	...../...../.....	...../...../.....
Further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"		
Choosing the right type of milk for my new baby (whey based)	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about: .....

.....

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.....

.....

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)	...../...../.....	...../...../.....
Handling my baby safely	...../...../.....	...../...../.....
Choosing nappies for my baby	...../...../.....	...../...../.....
Changing my baby's nappies	...../...../.....	...../...../.....
Caring for my baby's cord	...../...../.....	...../...../.....
A 'top and tail' wash/caring for my baby's skin	...../...../.....	...../...../.....
Bathing my baby	...../...../.....	...../...../.....
How to reduce the risk of cot death	...../...../.....	...../...../.....
Signs that my baby is well	...../...../.....	...../...../.....
Signs that my baby may be ill	...../...../.....	...../...../.....
Car safety and home safety	...../...../.....	...../...../.....
Registering the birth/registering with a GP	...../...../.....	...../...../.....
Social support	...../...../.....	...../...../.....

Other things I want to ask about: .....

.....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ..../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

.....

.....

.....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth.* Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date 23.13. Days postnatal 10

Special features identified (please sign and date each entry) .....

BP ...../.....

General wellbeing and mental health

.....

Contraception

Longer acting contraception (LAC) discussed Yes ☐ No ☐

Reversible contraception discussed Yes ☐ No ☐

Has LAC contraception been provided Yes ☐ No ☐

It is recommended that you commence a reliable method of contraception by Day 21

.....

Sexual health
(www.sexualhealthscotland.co.uk)

.....

Physical Exercise and Healthy Lifestyle Advice
Importance of healthy eating and maintaining a healthy weight discussed Yes ☐ No ☐

.....

Current smoker? ☑ No ☐ Yes ..... /day
Has risk of passive smoking to baby been explained? ☐ No ☐ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.
It's best if nobody smokes in the house, including visitors.
Anyone wishing to smoke should go outside.
Do not smoke or allow anyone to smoke in a car your baby is travelling in.
For further information about alcohol consumption following the birth.
See www.readysteadybaby.org.uk

	Any problems		Details
Passing urine	☑ No	☐ Yes	
Pelvic floor	☑ No	☐ Yes	
Bowel function	☑ No	☐ Yes	
Breasts	☑ No	☐ Yes	
Perineum/abdomen	☑ No	☐ Yes	
Lochia/menstruation	☑ No	☐ Yes	
Cervical smear due	☑ No	☐ Yes	

Concerns .....

Handover to health visitor completed ☐ No ☑ Yes Details .....

Health Plan Indicator allocated (circle as appropriate): core additional **Include in handover to health visitor**

Six week follow-up appointment discussed/arranged ☐ No ☑ Yes Details GP

Signed ..... Print name ..... Designation MW

Please complete the "Whose Signature" page at the back of the record

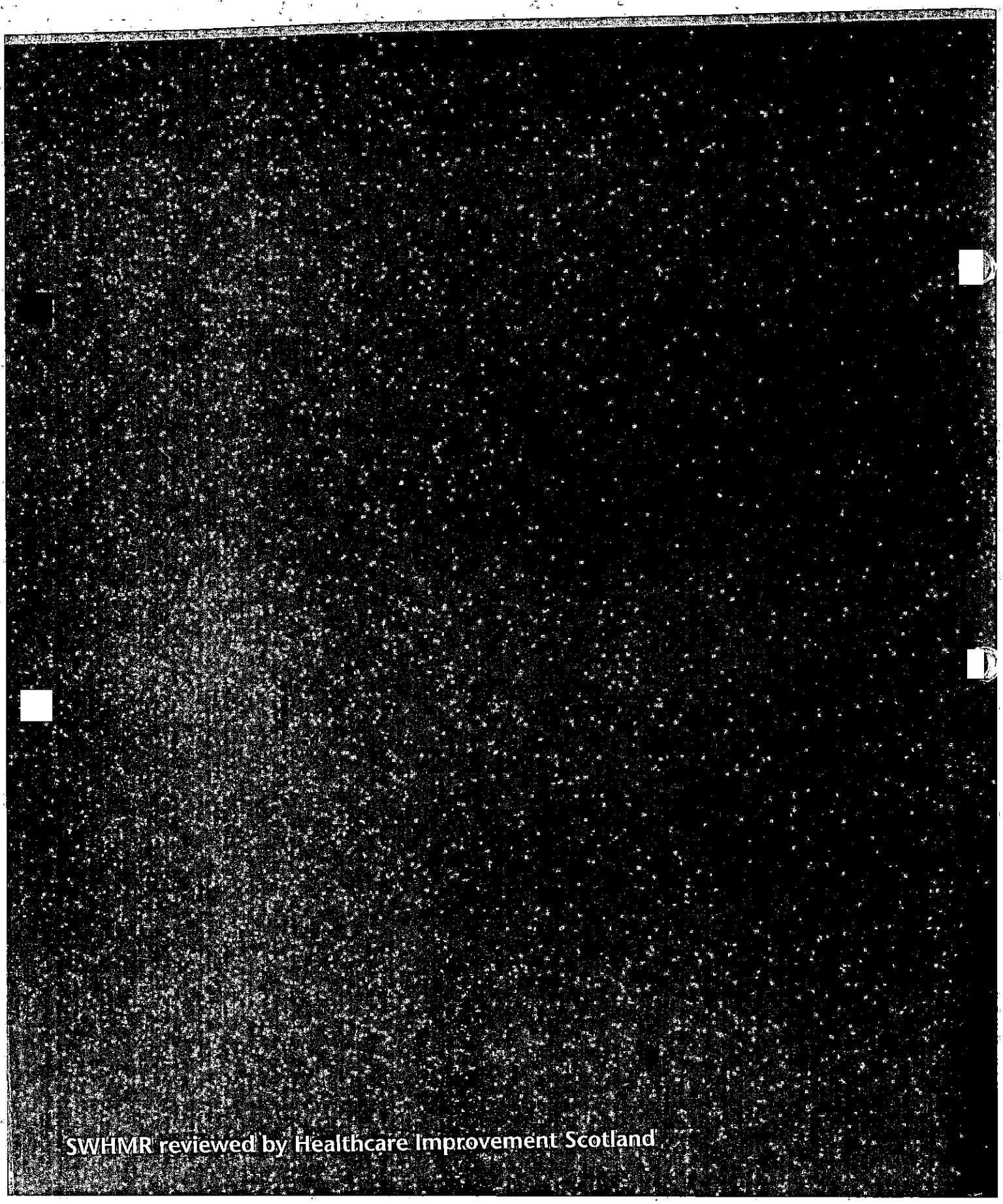
Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
NORMA WATSON	N Watson	S.M.
RACHEL MCHAFFIE		Student Midwife.
CLAIRE SMITHERS		S/N
Carol McKerrell	CMK	S/M
Sharon Bexton	SBexton	SM.
RHONA DRUMMART		SN
LESLEY SHIELDS		Midwife
MARY JOWETT		Midwife
LESLEY BARR		Midwife
		SMW
		M/W.

Version 6

41667



CLYDE DIVISION

Dr Judith Gemmell
Dr Andrew Quinn
Dr Andrew Thomson
Dr Andrew Paterson
Dr Morton Hair
Dr Bibhas Ray (Associate Specialist)
Dr Mugove Zwizwai (Associate Specialist)
Dr Jeannette Crawford (Associate Specialist)
Dr Sameh Morgan (Speciality Doctor)

Women's & Children's Directorate
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Direct Line: 0141 314 6747
Fax: 0141 314 6824

Our Ref: JAG/LS/M000216

Date: 27 September 2012

Dr Tobias
Elmwood Medical Practice
3 Elmwood Avenue
NEWTON MEARNS
G77 6EH

Dear Dr Tobias

ANN MATHERS DOB 14.10.78 CHI 1410786102
14 MAYBOLE CRESCENT, NEWTON MEARNS

I saw your patient at the antenatal clinic on the 6 September 2012 and details of my findings are in her record card.

I will be happy to share her care with you and have asked her to return to the clinic in 19 weeks.

Special Remarks:

Ann is a 33 year old para 2+2 with an EDD by scan of the 20 March 2013. Her first child was born in 1997 and unfortunately was a cot death at 5 months of age. The baby was also IUGR being on the 2nd centile. Her second child was born in 1999 and was on the 10th centile. Both deliveries were SVD. We will therefore plan growth scans in the ~~first~~ third trimester. Ann is a smoker and she is aware of the significance of smoking in pregnancy and is trying to reduce. She has also been provided with information about smoking cessation. She knows the importance of not smoking in the house.

We are attempting to complete CUB screening today but anomaly scan has been arranged. Her early pregnancy had been complicated by threatened miscarriage but all is satisfactory on scan today. Smears are up-to-date and normal.

Best wishes.

Yours sincerely

Dr Judith Gemmell
Consultant Obstetrician & Gynaecologist

Hospital use only	Clinic	Day Date 6/9	Time 9 10A	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

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

GGC Obstetrics (Glasgow, vR15.0)

REFERRAL TO

Obstetrics
GGC Obstetrics

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

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

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

Hospital location code.
C418H

Email address
-

Urgency of referral ROUTINE
Date of referral 25-Jul-2012 **Date sent** 25-Jul-2012

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: 0141 239 6394
Voice: 078186 27872

1010039558468 Unique Care Pathway Number: 1010039558468

REGISTERED GP DETAILS

Name	Dr John Tobias		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice		
Practice code	49619		

Practice address

3 ELMWOOD AVENUE
NEWTON MEARNS
Glasgow
G77 6EH

Contact number(s)

Voice: 0141 639 2478
Facsimile: 0141 639 6708

REFERRING GP DETAILS

Name	Dr. John Tobias		
GMC code	3120419	GP code	03905
Practice name	Elmwood Medical Practice (49619)		
Practice code	49619		

Practice address

3 Elmwood Avenue
Newton Mearns
Glasgow
G77 6EH

Contact number(s)

Voice: 0141 639 2478

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Pregnant

Date of onset: 25-Jul-2012

Comment: Dear Doctor,Thank you for seeing Mrs Mathers she is pregnant, she is para 2+2 although one of her children did succumb to sudden infant death syndrome as such she is rather nervous about everything and remains on Fluoxetine from a depressive point of view.Her edd is 19/3/13 of which she is definite by dates and I would be most grateful if you could book her for delivery at Paisley.If it is possible for her to have antenatal care at Clarkston this would be hugely advantageous.Kind regardsDr JA Tobias

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Patient pregnant	20-Jul-2012	20-Jul-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPS	1 Cap In the morning	-	11-Feb-2011	27-Jun-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salicylic Acid And Lactic Acid Gel 12 % 4 %	8	8 gram	APPLY THINLY AT NIGHT	-	25-Apr-2012	25-Apr-2012

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	10-Jul-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	18-Dec-2006

Investigations

Description/Question	Result/Comment	Date
Chosen place for Delivery:	Maternity Unit	-
Risk Assessment on booking identified in this pregnancy:	Low Risk	-
LMP (last menstrual period) :	2012-06-12	-
EDD (expected date of delivery) estimated:	2013-03-19	-

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

ndix 1

INFORMATION REGARDING PATIENTS WHO WISH TO SMOKE

PATIENT NAME ..... Ann Mathers ..... D.O.B. 14/10/78

I have been advised by the nursing staff that NHS Greater Glasgow and Clyde, including this hospital operates a No Smoking Policy. This will be recorded within my nursing notes.

This means that smoking is NOT permitted within this hospital or hospital grounds. There are NO exceptions to this.

I am aware that if I leave the ward and grounds of the hospital to smoke that I will have to accept full responsibility for any adverse outcome.

The Organisation and its clinical staff will only be responsible for my care within the ward or department.

Support to stop smoking will be available to me if I wish to utilise this service.

PATIENT SIGNATURE ..... Ann Mathers .....

MIDWIFES NAME ..... LESLEY SHIELDS .....

MIDWIFES SIGNATURE ..... L Shields .....

DATE ..... 13/3/13 .....

Blood Component Prescription and Record of Transfusion

NHS Greater Glasgow and Clyde

Please use one form per transfusion episode

Patient name:
CH
Ho 1410786102 F
D.(MATHERS 14/10/1978
M Ann
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire G77 5SY

Consultant: Gemmel

Date (DD/MM/YYYY): 28/9/12

Hospital: RAH

Ward: EPAU.

Part 1 - To be completed by person requesting blood or blood component

Reason for transfusion: Hb:

Special requirements: CMV neg ☐ Irradiated ☐ Blood warmer required ☐ None ☐

Special instructions:

Previous reaction: Yes ☐ No ☐ Unknown ☐

Consent discussion recorded: Yes ☐ No ☐ Not possible prior to transfusion ☐ Incapacitated ☐

Blood Transfusion leaflet given: Yes ☐ No ☐ Previously given ☐ Not available ☐

Unit	Date	Component	Duration	Vol/mLs	Practitioner's signature	Print name and GMC / NMC number	Prescription cancelled (Initial)
1	28/9/12	Anti-D. 250iu.				6163169	CMC MW
2							
3							
4							
5							
6							
7							
8							

141 078 6102 MATHERS, ANN 14/10/1978 Female
HADD Human Anti-D IgG Batch No: SDDN9477 (1204785 G)

Part 2 - Pre-transfusion checklist - To be completed by person administering each product

Unit	Date	Patient IV access	Baseline obs	Inspect bag	Verbal ID *	Wristband ID	Check expiry date	Sign and print name(s)	Time Unit Taken Down
1		☐	☐	☐	☐	☐	☐		
2		☐	☐	☐	☐	☐	☐		
3		☐	☐	☐	☐	☐	☐		
4		☐	☐	☐	☐	☐	☐		
5		☐	☐	☐	☐	☐	☐		
6		☐	☐	☐	☐	☐	☐		
7		☐	☐	☐	☐	☐	☐		
8		☐	☐	☐	☐	☐	☐		

* Where appropriate

IF THERE ARE ANY DISCREPANCIES, DO NOT PROCEED – CONTACT YOUR HOSPITAL TRANSFUSION LABORATORY (HTL).

Part 3. Apply pink section of Compatibility Label below

Donation No: SDDN9477 (120478G 5)
Component: Human Anti-D IgG
Signature 1: CMcKenzie **Date Given:** 28/9/12
Signature 2: MOW **Time Given:** 15:32

2. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	
3. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	4. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:
5. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	6. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:
7. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	8. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

Part 4. Care during Transfusion

Frequency of vital signs (All observations to be recorded on patient's current MEWS / SEWS chart):

Temperature, pulse, blood pressure and respiration rate should be measured and recorded:

- before the start of each unit of blood or blood product.

The patient should be in an observed area during the transfusion as life-threatening reactions may occur. Where appropriate, patients / guardians should be informed of possible symptoms of a transfusion reaction, they should alert staff immediately if they feel unwell. Stop the transfusion and seek medical advice if you suspect a transfusion reaction. Symptoms can include pyrexia, urticaria, hypotension, and respiratory distress.

- at 15 minutes after commencement and hourly thereafter until the completion of each unit.
- further observations during the transfusion are at the discretion of each clinical area and dependent on the patient's condition.
- on the completion of each unit.This is a minimum requirement. Some clinical areas may require more frequent observations particularly in unstable or unconscious patients.

1. Record signature, date and time on the pink section of the compatibility label above.
2. Once transfusion has commenced, fully complete blue section of the compatibility label and return this to the HTL. Under the Blood Safety and Quality Regulations (2005) **THIS IS A LEGAL REQUIREMENT.**

Only staff who have completed transfusion training, available at *www.learnbloodtransfusion.org.uk* can participate in the clinical transfusion process.

[illegible] available at www.learnbloodtransfusion.org.uk

Additional Comments

Further advice on blood transfusion, including reactions is available on Staffnet at:
www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/BloodTransfusion/Pages/BloodTransfusion.aspx

CEDAR 82486

Designed by Medical Illustration Services • MIS 209909

07 90502 9715

Blood Component Prescription and Record of Transfusion

NHS Greater Glasgow and Clyde

Please use one form per transfusion episode

Patient n	1410786102
CHI num	MATHERS F
Hospital	Ann 14/10/1978
D.O.B.	14 Maybole Crescent
M / F:	Newton Mearns
	Glasgow, Lanarkshire
	G77 5SY

Affix Patient Label

Consultant:	
Date (DD/MM/YYYY):	
Hospital:	
Ward:	

Part 1. To be completed by medical staff or authorised non medical prescriber (please tick)

Reason for transfusion: Hb:

Special requirements: CMV neg ☐ Irradiated ☐ Blood warmer required ☐ None ☐

Special instructions:

Previous reaction: Yes ☐ No ☐ Unknown ☐

Consent discussion recorded: Yes ☐ No ☐ Not possible prior to transfusion ☐ Incapacitated ☐

Blood Transfusion leaflet given: Yes ☐ No ☐ Previously given ☐ Not available ☐

Unit	Date	Component	Duration	Vol/mLs	Practitioner's signature	Print name and GMC / NMC number	Prescription cancelled (Initial)
1		Apos D.		[illegible]		DR B CHAN 5621344	
2	2/4/11	Apos D.		500ml		DR B CHAN 5621344	
3							
4							
5							
6							
7							
8							

Part 2. Pre-transfusion checklist - To be completed by person administering each product

Unit	Date	Patient IV access	Baseline obs	Inspect bag	Verbal ID *	Wristband ID	Check expiry date	Sign and print name(s)	Time Unit Taken Down
1		☐	☐	☐	☐	☐	☐		
2		☐	☐	☐	☐	☐	☐		
3		☐	☐	☐	☐	☐	☐		
4		☐	☐	☐	☐	☐	☐		
5		☐	☐	☐	☐	☐	☐		
6		☐	☐	☐	☐	☐	☐		
7		☐	☐	☐	☐	☐	☐		
8		☐	☐	☐	☐	☐	☐		

* Where appropriate

IF THERE ARE ANY DISCREPANCIES, DO NOT PROCEED – CONTACT YOUR HOSPITAL TRANSFUSION LABORATORY (HTL).

Apply pink section of Compatibility Label below	
Donation No: SDCN9616 (121076G 9 **Component:** Human Anti-D IgG **Signature 1:** [signature] **Date Given:** 25/11/12 **Signature 2:** [signature] **Time Given:** 1910	2. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:
3. Complete and apply pink section of Compatibility Label when transfusion commenced.. If unit not transfused, record reason here and sign:	4. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:
5. Complete and apply pink section of Compatibility Label when transfusion commenced.. If unit not transfused, record reason here and sign:	6. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:
7. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	8. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

Part 4. Care during Transfusion

Frequency of vital signs (All observations to be recorded on patient's current MEWS / SEWS chart):

Temperature, pulse, blood pressure and respiration rate should be measured and recorded:

- before the start of each unit of blood or blood product.

The patient should be in an observed area during the transfusion as life-threatening reactions may occur. Where appropriate, patients / guardians should be informed of possible symptoms of a transfusion reaction, they should alert staff immediately if they feel unwell. Stop the transfusion and seek medical advice if you suspect a transfusion reaction. Symptoms can include pyrexia, urticaria, hypotension, and respiratory distress.

- at 15 minutes after commencement and hourly thereafter until the completion of each unit.
- further observations during the transfusion are at the discretion of each clinical area and dependent on the patient's condition.
- on the completion of each unit.This is a minimum requirement. Some clinical areas may require more frequent observations particularly in unstable or unconscious patients.

1. Record signature, date and time on the pink section of the compatibility label above.
2. Once transfusion has commenced, fully complete blue section of the compatibility label and return this to the HTL. Under the Blood Safety and Quality Regulations (2005) **THIS IS A LEGAL REQUIREMENT.**

Only staff who have completed transfusion training, available at *www.learnbloodtransfusion.org.uk* can participate in the clinical transfusion process.

TRAIN or REVALIDATE online at *www.learnbloodtransfusion.org.uk*

Additional Comments

Further advice on blood transfusion, including reactions is available on Staffnet at:

www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/BloodTransfusion/Pages/BloodTransfusion.aspx

CEDAR 82486

Designed by Medical Illustration Services • MIS 209909

Adult Peripheral Venous Cannulation (PVC) Chart

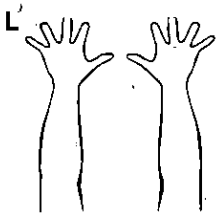
Please use 1 chart per PVC

NHS Greater Glasgow and Clyde

A
N 1410786102
A MATHERS F
Ann 14/10/1978
D 14 Maybole Crescent
Newton Mearns
C Glasgow, Lanarkshire
G77 5SY
Hospital: Ward:

PVC Insertion Information

*Ensure the PVC dressing has **date** and **time** of insertion written on it. This implies that appropriate technique has been used for insertion.*



Date: 12/03/2013 **(See IV Dressing)**

Time: 1615

Reason for Insertion: APH

Flushed on insertion ☑ **(if known)**

Other Site: _____

PVC Maintenance Information

Modified V.I.P (Visual Infusion Phlebitis) Score

IV site appears healthy	0	No Phlebitis	**Observe Cannula**
ONE of the following is evident: - slight pain or redness near site	1	Possible first signs	**Observe Cannula**
TWO of the following are evident: - pain -redness - swelling	2	Early stage of phlebitis	**Re-site Cannula**
ALL of the following are evident: - pain - redness - hardening of the surrounding tissue	3	Phlebitis / Thrombophlebitis **Re-site Cannula & Seek Further Advice**	
As above including: - palpable venous cord	4		
As above including: - pyrexia	5		

Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:

Date: Initials:

Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC?	Yes / No
2. VIP Score?	☐
3. PVC Dressing dry & intact?	Yes / No
4. Was PVC dressing renewed?	Yes / No / NA
5. Was PVC Removed?	Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Postnatal Assessment and Management

(to be assessed on Labour Ward)

1410786102
MATHERS F
Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

- Any previous VTE+ ☐
- Anyone requiring antenatal LMWH ☐

→ **High risk**
At least 6 weeks postnatal prophylactic LMWH

- Caesarean section ☐
- Asymptomatic thrombophilia (inherited or acquired) ☐
- BMI > 40 kg/m² * ☐
- Prolonged hospital admission ☐
- MEDICAL COMORBIDITIES, e.g. heart or lung disease, SLE, cancer, inflammatory conditions, nephrotic syndrome, sickle cell disease, intravenous drug user ☐
- appendicectomy ☐

→ **Intermediate risk**
At least 7 days postnatal prophylatic LMWH

Note: if persisting or > 3 risk factors, consider extending thromboprophylaxis with LMWH

- Age > 35 years ☐
- Obesity (BMI > 30kg/m²) * ☐
- Parity ≥ 3 ☐
- Smoker ☑
- Any surgical procedure in the puerperium ☐
- Gross varicose veins ☐
- Current systemic infection ☐
- Immobility, e.g. paraplegia, SPD, long-distance travel ☐
- Pre-eclampsia ☐
- Mid-cavity rotational operative delivery ☐
- Prolonged labour (> 24 hours) ☐
- PPH > 1 litre or blood transfusion ☐

→ 2 or more risk factors

→ < 2 risk factors

Lower risk
Mobilisation and avoidance of dehydration

Antenatal and postnatal prophylactic dose of LMWH - Drug of Choice in GGC is enoxaparin

* Drug calculations based on most recent weight

- Weight < 50 kg = 20 mg enoxaparin **or** 2500 units dalteparin **or** 3500 units tinzaparin daily ☐
- Weight 50–90 kg = 40 mg enoxaparin **or** 5000 units dalteparin **or** 4500 units tinzaparin daily ☐
- Weight 91–130 kg = 60 mg enoxaparin **or** 7500 units dalteparin **or** 7000 units tinzaparin daily ☐
- Weight 131–170 kg = 80 mg enoxaparin **or** 10000 units dalteparin **or** 9000 units tinzaparin daily ☐
- Weight > 170 kg = 0.6 mg/kg/day enoxaparin **or** 75 units/kg/day dalteparin **or** 75 units/kg/day tinzaparin ☐

Key

ART = assisted reproductive therapy, *BMI = body mass index (based on most recent weight), gross varicose veins = symptomatic, above the knee or associated with phlebitis/oedema/skin changes, immobility = ≥ 3 days, LMWH = low-molecular-weight heparin, OHSS = ovarian hyperstimulation syndrome, PPH = postpartum haemorrhage, SLE = systemic lupus erythematosus, SPD = symphysis pubis dysfunction with reduced mobility, thrombophilia = inherited or acquired, long-distance travel = > 4 hours, VTE = venous thromboembolism

Postnatal Assessment of Risk Factors

	Red High	Amber Intermediate	Green Low
Postnatal Assessment	☐	☐	☑

Assessed by: Name C Donaldson

Signature CDonaldson

Designation m/w Date

ADAPTED FOR USE IN GGC BY GONEC.
Implementation Date: 4/12 Review Date: 4/13 From RCOG Green-Top Guideline No. 37 18/11/2009 MIS 218959-2.

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☒

Date 14/3/13 Name (Print) MacKay

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital Number: 1410786102	Height: 165m
DOB: 14/10/78	Weight: 80.6kg
Date of Admission: 12/3/13	Surface area: 29.6
Consultant Name: Dr Gemmell	Ward: 32

1410786102
MATHERS F
Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire

Name _____

CHI No _____ G77 5SY _____

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

_____

_____

Nurse/Midwife Administration by Sy tomatic Relief Policy or other Pr ocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

DATE →

MONTH →

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time						
0700-0900						
1200-1400						
1600-1800						
2200-2400						
Other time						

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

1410786102
MATHERS F
Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire

Name

CHI No G77 5SY

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Pr[illegible]col - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case [illegible]

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

J DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

K DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

M DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

R DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

1410786102
MATHERS
Ann
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY

F
14/10/1978

Name

CHI No

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of certain drugs with a narrow therapeutic index).

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

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Name

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Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Sy[illegible] tomatic Relief Policy or other Pr[illegible] col - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

Oral and Other Drugs: Regular Prescription

		DATE → / MONTH →	Patient's Own Medicine
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	**CC** DRUG; DOSE; ROUTE; DATE; STOPPED DATE:; INITIALS:; PRESCRIBER (PRINT & SIGN); ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	**DD** DRUG; DOSE; ROUTE; DATE; STOPPED DATE:; INITIALS:; PRESCRIBER (PRINT & SIGN); ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	**EE** DRUG; DOSE; ROUTE; DATE; STOPPED DATE:; INITIALS:; PRESCRIBER (PRINT & SIGN); ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	**FF** DRUG; DOSE; ROUTE; DATE; STOPPED DATE:; INITIALS:; PRESCRIBER (PRINT & SIGN); ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

GG DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

HH DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

JJ DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

KK DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

1410786102
MATHERS F
Ann 14/10/1978
14 Maybole Crescent
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Name

CHI No G77 5SY

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Sy_ tomatic Relief Policy or other Pr_ col

Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

All Routes: As Required Prescriptions

Patient's Own Medicine

LL — BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐

DRUG	DOSE	ROUTE	INDICATION	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	STOPPED DATE:	INITIALS:
Paracetamol	1gram	PO	Pain	[signature]	QID	12/3		

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	12/3/13	13/3/13	13/3	13/3	13/3/13	14/3/13	14/3
TIME	21^40	03^40	12^10	1830	22	07^00	20 12
DOSE	1g	1g	1g	1g	1gm	1gm	1g
GIVEN BY	LS	LS	LS	D?	AR	AR	[illegible]

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

MM — BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐

DRUG	DOSE	ROUTE	INDICATION	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	STOPPED DATE:	INITIALS:
Ibuprofen	400mg	PO	Pain	[signature]	TID	12/3		

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	12/3/13	13/3	13/3/13			14/3/13	
TIME	21^40	12^20	22^15			07^00	
DOSE	400 mg	400	400			400	
GIVEN BY	LS	LS	AR			AR	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

NN — BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐

DRUG	DOSE	ROUTE	INDICATION	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	STOPPED DATE:	INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	
TIME	
DOSE	
GIVEN BY	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

PP — BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐

DRUG	DOSE	ROUTE	INDICATION	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	STOPPED DATE:	INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	
TIME	
DOSE	
GIVEN BY	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE: INITIALS:	DATE		Patient's Own Medicine For Use Y/N
	DOSE	ROUTE	INDICATION	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ. DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ. DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ. DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ. DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.

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

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Name

CHI No

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010

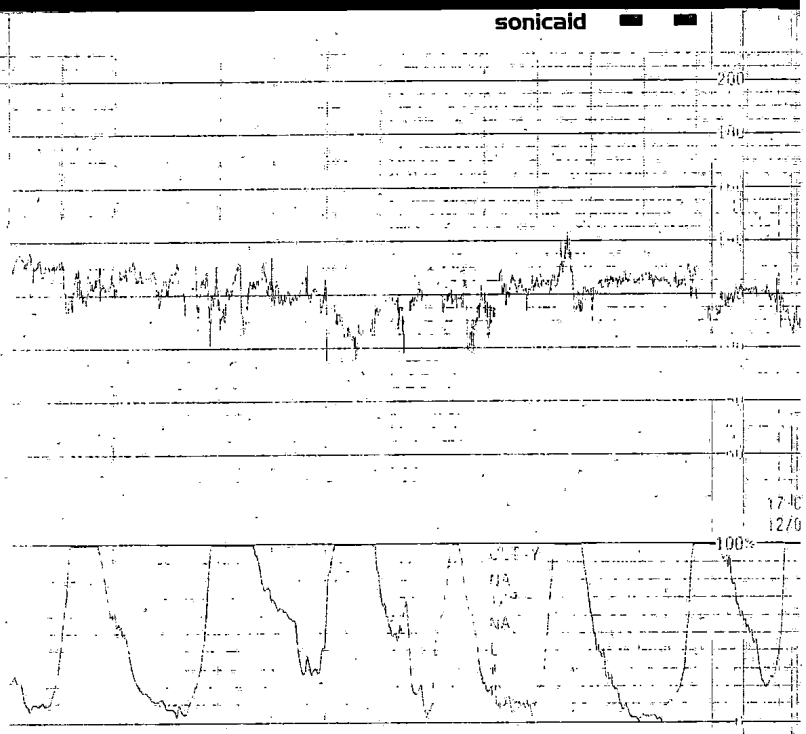
TEAM IP TREND V1.3

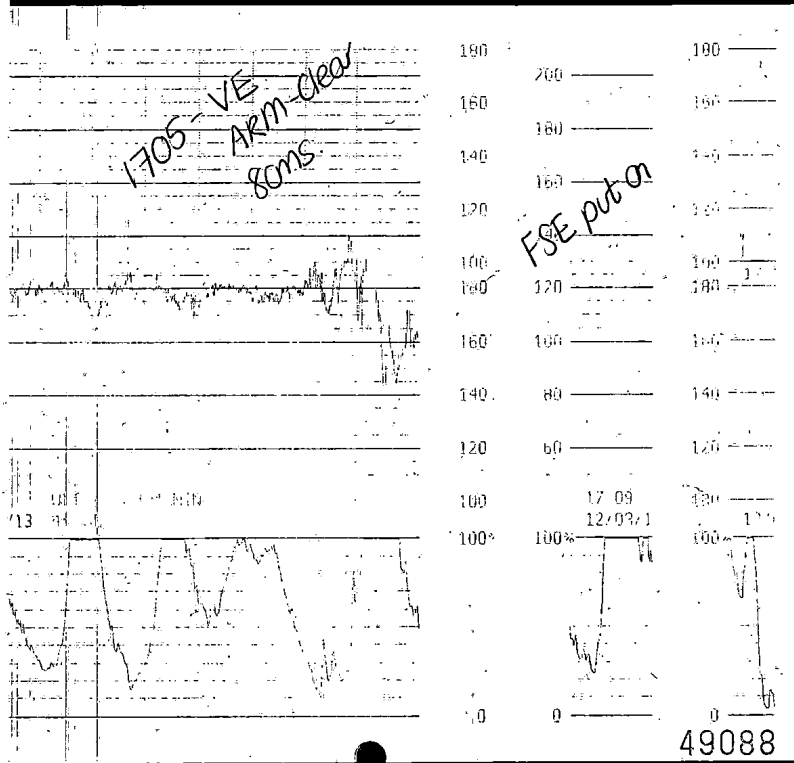
DATE: 12/03/13

TIME: 16 39

STATION

1410786102
MATHERS F
Ann 14/10/1978
14 Maybole Crescent
Newton Mearns
Glasgow, Lanarkshire
G77 5SY





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Back to external

SVD @ 1715
Apgars 9/1 9/5
O'Donnell

49089

Screening for Haemoglobinopathies
Family Origin Questionnaire (FOQ)

NHS Greater Glasgow and Clyde

CHI No.	1410786102	Estimated Date of Delivery	19/03/2013 00:00:00
Gestation	N/A		
Surname	MATHERS	Forename	ANN
DOB	14/10/1978		
Address	14 Maybole Crescent Newton Mearns GLASGOW	Completed By	Norma Watson (Stafford)
Postcode	G77 5SY	Completed On	23/08/2012 10:57:17

Variant Screening Status

Not Required

	Mother	Father
Known Carrier Sickle Cell		
Known Carrier Thalassaemia		
A. African or African Caribbean (Black)		
1. Caribbean Islands		
2. African		
3. Any other African or African-Caribbean family origins		
B. South Asian (Asian)		
1. Indian or African-Indian		
2. Pakistan		
3. Bangladesh		
C. South East Asian (Asian)		
1. China including Hong Kong, Taiwan, Singapore	#	#
2. Thailand, Indonesia, Burma	#	#
3. Malaysia, Vietnam, Philippines, Cambodia, Laos	#	#
4. Any other Asian family origins (e.g. Caribbean-Asian)		
D. Other Non-European (Other)		
1. North Africa, South America, etc		
2. Middle East (Saudi Arabia, Iran etc)		
3. Any other Non-European family origins		
E. Southern and Other European (White)		
1. Sardinia	#	#
2. Greece, Turkey, Cyprus	#	#
3. Italy, Portugal, Spain		
4. any other Meditteranean country		
5. Albania, Czech Republic, Poland, Romania, Russia etc		
. United Kingdom (White)		
1. England, Scotland, N Ireland, Wales	✓	✓
G*. Northern European (White)		
1. Austria, Belgium, Ireland, France, Germany, Netherlands		
2. Scandinavia, Switzerland etc		
3. Any other European family origins refer to chart (e.g. Australia, N America, S.A.)		
H. Don't Know (incl. pregnancies with donor egg/sperm)		
I. Declined to Answer		

*Hb Variant Screening Requested by F and/or G (i.e. request from low risk group)
Higher risk for alpha zero thalassaemia

Additional Info

Signed N Watson
Job Title MW
Date 23/8/12

Print Name N WATSON
Contact Tel No 47371
(By Health Care Professional completing the form)