Clyde SAR Team
Level E
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

PRIVATE

MMA LEGAL LTD
23 GOODLASS ROAD
BUILDING B
SPEKE LIVERPOOL
L24 9HJ

Date: 17.07.2026
Your Ref: 100233
Our Ref: SART / JM / LM / 2012576494
Enquiries to: Lynne McEldowney
Direct Line: 01475 504786

E-mail: lynne.mceldowney@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: DAVID BEAVERS **DOB: 20/12/1957**

Thank you for your request for records received 23rd June 2026 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:-

COPY 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

Lynne McEldowney
SAR Team

MANUAL PATIENT RECORDS

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

Including:

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

Affix pati

838473
RAH General Medical Record
BEAVERS
David
CHI: 2012576494

PATIENT ALERTS

DO NOT FILE DOCUMENTS ON TOP OF THIS DIVIDER. DO NOT REMOVE FROM CASE RECORD

Any patient alerts (eg drug/anaesthetic reaction, infection risk, disability awareness etc) must be recorded on this sheet with the date and name of person filling in the sheet. Full details should still be recorded in the patient's notes. A yellow "alert" sticker should be affixed to the front cover of the case sheet at the same time. If the alert no longer applies the entry on this sheet should be crossed-through and the sticker removed.

Drug Reactions / Anaesthetic Reactions / Allergies	*Date*	*Name*

Blood Transfusion Information *Detail special requirements eg irradiated products, pre-medication etc*

Infection Control *Record infection risk - Blood-Borne Viruses, MSRA, VRE, CJD etc*

Mental Health - *See reverse of divider for Mental Health Information*		

Other *Record any other relevent information including behavioural issues eg aggression etc*

Disability Awareness *Please circle any that apply and give details where appropriate*

Blind or partially sighted	*Hard of hearing*	*Other - please give details*
Wheel-chair user	*Communication/learning difficulties*	

Clinical Trial Participation / Cancer Registry *Tick box and give details overleaf*	
Living Will *Tick box if in use*	

MENTAL HEALTH INFORMATION:

NAMED PERSON: .....

ADDRESS OF NAMED PERSON: .....

.....

WELFARE GUARDIAN: .....

ADDRESS OF WELFARE GUARDIAN: .....

.....

ADVANCE STATEMENT	DATE STARTED	DATE REVOKED
1.		
2.		
3.		

1

Surname (Block Letters)	First Name	Unit No.
BEAVERS	DAVID	838473

Address	Occupation	Date of Birth
Mr D Beavers 28 Elizabethan Way Renfrew Renfrewshire PA4 0LY		20\12\57

Next of Kin (Name and Address)

Change of Address

Name and Addr: Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Change of Address

Change of own

Index of Attendances

Every NEW outpatient attendance and EACH in patient must be noted below

Date	Clinic / Ward	Doctor	Diagnosis / Operation		Disch. Date

Use red ink for notification of death — All other entries in black

Continued

Date	Clinic / Ward	Doctor	Diagnosis / Operation	Coded	Disch. Date

Use red ink for notification of death — All other entries in black

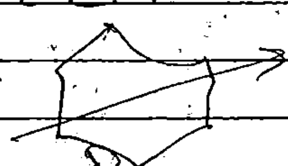
STY0083D

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

2012576494 M
BEAVERS 20/12/1957
David
28 Elizabethan Way
Renfrew, Renfrewshire PA4 0LY

Pre assessment Wd29 10:00

Date & Time		Signature, Print Name & Designation
Proc -	Open repair (R) inguinal hernia	
Cons:-	Mr Gough	
	PC:- Ing. hernia (R)	
	HOPC:- ~~Lu~~ Lump on (R) side bulging noticed on shower,	
	↑ swelling, worse when coughing,	
	°pain, °dragging sensation	
	- systemically well, no previous.	
	- seen by Mr Gough in clinic → elective open repair	
	PMH:- Nil of note, occasional shoulder pain → seasonal	
	PSH:- nil of note	
	DH:-	
	Allergies:- Scoline → anaesthetist informed	
	Anaesthetic:- no prev, uncle had trouble recovering post anaesthetic	
	↳ anaesthetist aware	
	SR:- Cardio - °CP °palpitations °syncope	
	Resp - °SOB	
	GI - (N) bowel, appetite, as above	
	GU - (N) Neuro - (N)	
	ECG:- SR - Normal	
	O/E - alert, well	
	HS I+II+0 ~~HR~~ 62 bpm	
	 Chest clear	
	 Abdo SNT	
	swelling, not tender, reducible	

83949

Date & Time		Signature, Print Name & Designation
	Imp:- well patient, allergy to scotche	
	Plan:- anaesthetist aware.	
	– Cont. as planned.	
	– bloods + G&S	Mariam FY1

BEAVERS, DAVID ID: 2012576494 16-Dec-2014 9:17:46 RAH CARDIOLOGY DEPARTMENT

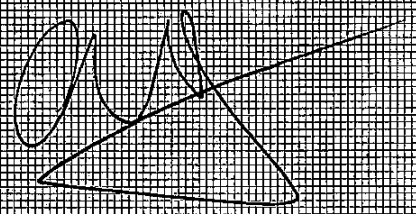
20-Dec-1957
Male Caucasian

Room: 829
Loc: 829 Op: 99

Tech: Sam S29
Test ind:

Vent. rate 62 BPM
PR interval 178 ms
QRS duration 108 ms
QT/QTc 362/367 ms
P-R-T axes

Referred by:
Confirmed



I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

Acute Services Division

Nursing Admission & Assessment

1. Admission

NHS Greater Glasgow and Clyde

Name: .....
Ad .....
2012576494 M
BEAVERS 20/12/1957
Do David
28 Elizabethan Way
CHI Renfrew, Renfrewshire
PA4 0LY

Hospital:	RAH	Ward:	29
Date of admission:	16/12/14	Time:	9.00am
Admitting Consultant:	GOUGH	Admitting Nurse:	
Expected date of discharge:	/ /		

1. Patient Details

Preferred name:	DAVID	Next of Kin (NoK):	ANGELA BEAVERS
Age:	56	Relationship:	WIFE
Religion:	NONE	NoK Address:	IA/IA
Telephone:	07838164108		
GP:	Dr. L Murphy Braehead Medical Practice	NoK Telephone:	01418850955
GP address:	Renfrew Health Centre 10 Ferry Road Renfrew PA4 8RU	NoK Aware of admission:	☑ Yes ☐ No
		Consent for information to be given to relatives:	☑ Yes ☐ No
		Nominated family contact:	
GP telephone:		Telephone - Day:	07830217965
		Telephone - Evening:	

Is the patient a carer? ☐ Yes ☑ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☐ Not required

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☑ No ☐ N/A

a. If 'Yes' please provide – Name: ..... Relationship: .....

Contact telephone number: .....

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☐ No ☐

If 'No' to 'b' please inform medical staff. Name of doctor informed: .....

2. Presenting Complaint / Diagnosis

OPEN REPAIR OF RIGHT INGUINAL HERNIA.

Why does the patient think they are in hospital? *Use patients own words:*

HERNIA REPAIR

3. Allergies (including food allergies)

No known allergies: ☑ ANAESTETIC SCHOLINE

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO_2	Temp
3	4	0	63	145/98	18	98	35.8
Urinalysis:		AMT4 Score	BM	NEWS Score	Weight Estimated / Actual	Height Estimated / Actual	BMI
		/	/	1	Rst 7	5ft7	28

5. Current Medication

Medicines reconciled on admission? ☐ Yes ☑ No

6. Relevant Past Medical History

NONE

7. Risk Assessment

MUST

1. Is the patient's BMI:
   - > 20 ..... Score 0
   - 18.5-20 ..... Score 1
   - <18.5 ..... Score 2

   Score ..... [0]
2. Has the patient had unplanned weight loss in the past 3-6 months?
   - < 5% ..... Score 0
   - 5-10% ..... Score 1
   - >10% ..... Score 2

   Score ..... [0]
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:

   Score = 2

   Not applicable: Score = 0

   Score ..... [0]

MUST Score: [0]

If score 1 or more, complete full Nutrition Profile

Na 2012576494 .....
BEAVERS M
Ad David 20/12/1957 .....
28 Elizabethan Way .....
... Renfrew, Renfrewshire .....
D PA4 0LY .....
Cl .....

Affix patient data label

8. Cognitive Impairment

For all patients ≥ 65 years, ask the following 4 AMT questions:

1. How old are you? ..... years
2. What is your date of birth? / /
3. What is this place? .....
4. What year is it? .....

If the patient does not answer all questions correctly then refer to medical staff.

AMT Score: ..... out of 4

Name of Doctor informed (if required)

..... Grade .....

9. MRSA Screening / CJD / Healthcare outside Scotland

Will the patient be an inpatient >23 hours? ☐ Yes ☑ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☑ No ☐ Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☑ No ☐ Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☑ No ☐ Not known

If **'Yes'** to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

☐ Nasal ☐ Perineum ☐ Other - Specify: ☐ Patient refused

CJD: **Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:**

☐ Yes ☑ No If 'Yes' contact Infection Control Team. Infection Control Team contacted: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☐ No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken ☐ Patient refused ☐

10. Lifestyle

Smoking:

Does the patient smoke? ☐ Yes ☑ No

If 'Yes' how many per day:

Does the patient use nicotine replacement therapy? ☐ Yes ☑ No

Does the patient wish referral to Smoking Cessation Service?

☐ Yes ☐ No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? ☐ Yes ☑ No If 'Yes' specify:

Alcohol (Men): How often do you have 8 or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☑ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have 6 or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

11. Admission Documentation Completed By

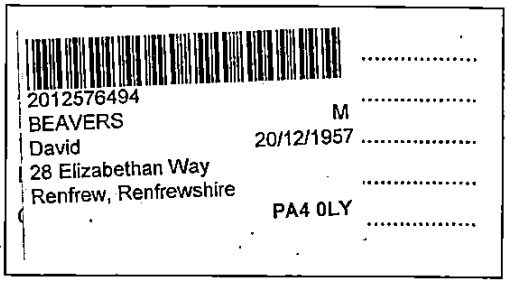
Name (Please PRINT): JOANNE LUNSON.	Signature: J Lunson.
Designation: STN.	Date: 16/12/12.

Acute Services Division

Nursing Admission & Assessment

2. Assessment

Hospital: RAH	Ward: 29.
Date of Assessment: 16/12/12	Time: 8.55



1. Breathing and Circulation

Breathing:

- [x] No symptoms or history of respiratory problems
- [ ] Dyspnoeic at rest
- [ ] Dyspnoeic on minimal exertion
- [ ] Dyspnoeic on maximum exertion
- [ ] Productive / non-productive cough evident
- [ ] Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- [x] No symptoms
- [x] Known cardiac or circulatory problems

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

ENGLISH

Interpreter: Required ☐ Not required ☑

If required, provide details and arrangement made:

Does the patient have:

a. Speech difficulties? ☐ Yes ☑ No

b. A learning disability e.g. Down's Syndrome? ☐ Yes ☑ No

If 'Yes' please specify:

If 'Yes' contact Liaison Learning Disability Team.

Liaison Learning Disability Team contacted: ☐ Yes ☐ No

c. A learning difficulty e.g. dyslexia, dyspraxia? ☐ Yes ☐ No

If 'Yes' please specify:

3. Senses

Senses:

Eyesight

- [x] Normal vision
- [ ] Glasses – ☐ Distance ☐ Reading
- [ ] Prosthesis – ☐ Left ☐ Right
- [ ] Contact lenses
- [ ] Registered blind

Hearing

- [x] Normal
- [ ] Hearing impaired
- [ ] Hearing aid – ☐ Left ☐ Right

4. Mental Status

Mental Status:

- [x] Orientated
- [ ] Confused
- [ ] Distressed
- [ ] Aggressive /Abusive
- [ ] Unconcious

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

5. Hydration and Nutrition

Name: .....
Address 2012576494 .....
BEAVERS M
..... David 20/12/1957 .....
DoB: ... 28 Elizabethan Way .....
Renfrew, Renfrewshire
CHI nu PA4 0LY .....

MUST Score: ..... If score is 1 or more, complete a Nutrition Profile.

Nutition Profile completed ☐ Yes ☑ No
If 'Yes' do not complete sections 5a to 5d.

- **If score is 0, reassess / screen patient in 7 days.**
- **Complete sections 5a to 5d.**

Date of reassessment: / /

5a 1. Food likes / dislikes: NONE.

5a 2. Fluid likes / dislikes:

5c. Help needed with eating and drinking:
☐ Yes ☑ No
If 'Yes' provide details:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):
☐ Yes ☑ No
If 'Yes' specify diet needed:

5d. Texture Modified Diet needed?
☐ Yes ☑ No
If 'Yes' specify texture: A☐ B☐ C☐ D☐ E☐
Thickened Fluids required? ☐ Yes ☐ No
If 'Yes' specify stage required: 1☐ 2☐ 3☐

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

6. Elimination

Continent:
☑ Bladder
☑ Bowel

Incontinent:
☐ Bladder
☐ Bowel

NHS GGC Stool Chart commenced:
☐ Required ☑ Not required

Long-term urinary catheter in situ? ☐ Yes ☐ No
If 'Yes' – Size: .....fg Make: .....
Date catheter last changed: / /

Continence assessment commenced:
☐ Yes ☐ No ☑ Not applicable

Containment products in use? Please specify:

☑ Bowels regular
☐ Constipated
☐ Diarrhoea / loose stools

Stoma: ☐ Yes ☑ No
If 'Yes' please specify and list appliances used:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

7. Personal Hygiene, Oral Health and Skin Assessment

Name: 2012576494
Address: BEAVERS
..... David M
28 Elizabethan Way 20/12/1957
DoB: ... Renfrew, Renfrewshire .....
CHI nu PA4 0LY .....

Personal hygiene:

☑ Self-caring and independent
☐ Requires assistance

Specify assistance if required:

Oral health:

Self-caring and independent	☑ Yes	☐ No
Does the the patient have a sore mouth	☐ Yes	☑ No
Does the patient have a non healing mouth ulcer	☐ Yes	☑ No

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway) and implement Oral Care Bundle.

Oral Hygiene Care Bundle:

☐ Required ☑ Not required

Dentures:

☑ Not worn
☐ Upper set
☐ Lower set
☐ Full set
☐ Dentures with patient on admission

Skin assessment:

☑ Skin healthy with no evidence of damage
☐ Skin broken ☐ Skin oedematous ☐ Skin discoloured ☐ Skin clammy

If 'Yes' to any of the above, describe skin condition:

Wound Assessment Chart completed: ☐ Yes ☐ No ☑ Not applicable

Pressure ulcer evident: ☐ Yes ☐ No

If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade: .....

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

8. Mobility

Patient fully mobile / independent? ☑ Yes ☐ No If 'No' complete Moving and Handling Assessment.

☐ Limited mobility

☐ Mobile with aid – Specify:

☐ Prosthesis – Specify:

Moving and Handling Plan commenced:

☐ Yes ☐ No

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

9. Maintaining a Safe Environment

Pain status:

Does the patient have pain? ☐ Yes ☑ No

If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: ☐ Yes ☑ No

Bed rails required:

☐ Required ☑ Not required

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

10. Sleep and Rest

Sleep habits:

- [x] Less than 8 hours
- [ ] Afternoon nap
- [ ] Morning nap

Sleep difficulties:

- [x] None
- [ ] Disturbed e.g. nocturia, insomnia
- [ ] Early wakening

Medication required: [ ] Yes [x] No

Name: ....
Address: ....
.....
DoB: .....
CHI num

2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

	Initial

11. Social Circumstances

- [x] Employed [ ] Unemployed [ ] Retired
- [ ] Lives alone
- [x] Lives with Family
- [ ] Friend
- [x] Dependants
- [ ] Other: [ ] Nursing Home [ ] Residential

Current Care / Support arrangements:

- [ ] Social Services [ ] Unpaid carer e.g. family, friends
- [ ] Private Carers [x] None

If support services in place, please provide details:

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

	Initial

12. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?

- [ ] Yes [x] No

If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?

- [ ] Yes [x] No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?

- [ ] Yes [x] No

If 'Yes' please provide brief details:

Ask the patient:

"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"

- [ ] Yes [ ] No [x] Not at this time

If 'Yes' please specify faith group:

Name: 2012576494 BEAVERS M
Address: David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY
DoB:
CHI numb
Affix patient data label

14. Anticipatory Care
(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☑

Is the patient aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the patient's family aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Preferred place of care:	Preferred place of death:
Home: ☐ Hospital ☐ Hospice ☐	Home: ☐ Hospital ☐ Hospice ☐
Current treatment – please identify (e.g. chemotherapy/ radiotherapy):	Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses):

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT): JOANNE LAWSON

Signature: J. Lawson.

Designation: STN. Date: 16/12/12.

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
16/12/12	Patient admitted to ward 29 for open repair of right inguinal hernia. Has needle phobia Diazepam given 9am	Joanne Lawson. STN.
	PATIENT RETURNED FROM THEATRE AFTER OPEN REPAIR OF RIGHT INGUINAL HERNIA REPAIR. HES	
	ALERT & COMFORTABLE - CAN GO HOME WELL ENOUGH LATER TONIGHT.	
	GIVEN ANALGESIA AT 6PM. WOUND AND OBSERVATION SATISFACTORY	Joanne Lawson. STN.
18th	Full progress no discharge needs LIAPO	
21st	Patient fully recovered. Discharged	
	home.	Barbara Brown SN

Clinical Notes continue on next page

Name: ..
2012576494
Address: BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY
DoB: .... M 20/12/195?
CHI nur

Clinical Notes (continued)

Date and Time	Notes	Name, Signature and Designation

Acute Services Division

Hospital / Department RAH WARD 29.

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient name: 838473 RAH General Medical Record .....

Ward: ..... BEAVERS David .....

CHI number: .... CHI: 2012576494 .....Unit/Hospital number .....

Contents

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 16/12 Ward: 29.	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				1						
Age	13-59 0	60-70 1	71-80 2	81+ 1		0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		0						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	0						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		3						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below		1						
SCORE 13+ = HIGH RISK* If patient unconscious score as N/A until patient status improves.				NURSE SIGNATURE								

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

Action code	NURSING INTERVENTIONS	Date: 16/12 Ward: E7	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
1	Falls prevention and general safety precautions discussed with patient and family.	✓						
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.							

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevrin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxycontin.

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

WRITE, 2012576494
Surname BEAVERS M .....
Forenam David 20/12/1957
28 Elizabethan Way .....
DoB ..... Renfrew, Renfrewshire
PA4 0LY
Location .....

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**
Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

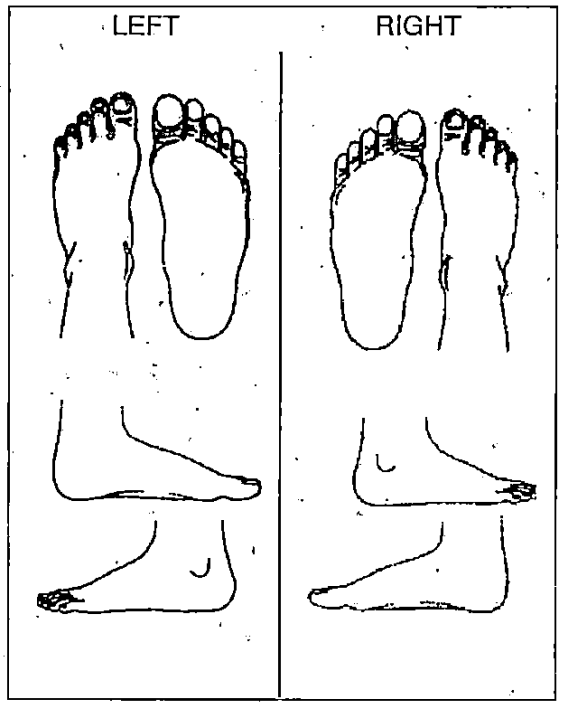
Sex										
Male	1									
Female	(2)									
Age										
14 -49	1									
50 -64	(2)									
65 - 74	3									
75 - 80	4									
81+	5									
Build/Weight for Height (BMI=weight in Kg/height in m²)										
Average - BMI 20-24.9	0									
Above average - BMI 25-29.9	1									
Obese - BMI > 30	2									
Below average - BMI < 20	3									
Continence										
Complete/catheterised	0									
Incontinent urine	1									
Incontinent faeces	2									
Doubly incontinent (urine & faeces)	3									
Skin Type - Visual Risks Area										
Healthy	(0)									
Tissue paper (thin/fragile)	1									
Dry (appears flaky)	1									
Oedematous (puffy)	1									
Clammy (moist to touch)/pyrexia	1									
Discoloured (bruising/mottled)	2									
Broken (established ulcer)	3									
Mobility										
Fully mobile	(0)									
Restless/fidgety	1									
Apathetic (sedated/depressed/reluctant to move)	2									
Restricted (restricted by sever pain or disease)	3									
Bedbound (unconscious/unable to change position/traction)	4									
Chairbound (unable to leave chair without assistance)	5									
Nutritional Element										
Unplanned weight loss in past 3-6 months	0									
<5% Score **0**, 5-10% Score **1**, >10% Score **2**	0-2									
BMI > 20 Score **0**, BMI 18.5-20 Score **1**, BMI < 18.5 Score **2**	0-2									
Patient acutely ill or no nutritional intake > 5 days	2									
Special Risks - Tissue Malnutrition	0									
Multiple organ failure/terminal cachexia	8									
Single organ failure e.g. cardiac, renal, respiratory	5									
Peripheral vascular disease	5									
Anaemia = Hb < 8	2									
Smoking	1									
Special Risks - Neurological Deficit	0									
Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6*	4-6									
Special Risks - Surgery/Trauma	0									
On table > 6 hours	8									
Orthopaedic/below waist/spinal (up to 48 hours post op)	5									
On table > 2 hours (up to 48 hours post op)	5									
Special Risks - Medication	0									
Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4*	4									
Total Score										
Date	14/11									
Initials	[illegible]									
Time	9.00am									

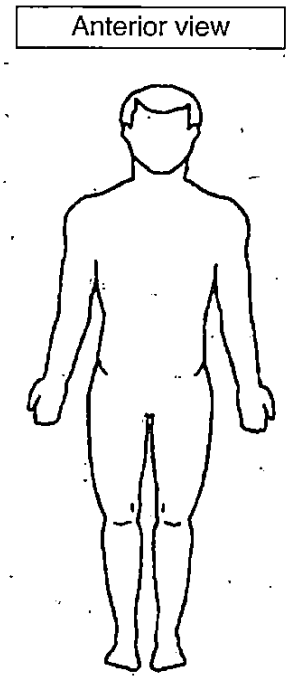
83826

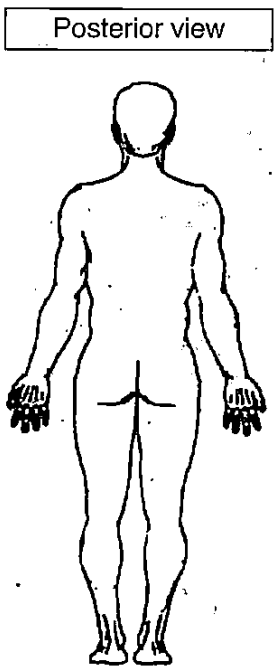
Ensure plan of care is implemented / reviewed for all identified areas of concern.

PRESSURE ULCER RECORD

Indicate by circling and numbering all pressure damage on diagrams, then complete box below. Indicate care plan/wound assessment chart.







SCOTTISH ADAPTED EPUAP PRESSURE ULCER GRADING TOOL

GRADE 1 Non-blanchable erythema of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.

GRADE 2 Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion or blister.

GRADE 3 Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.

GRADE 4 Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

DATE	NUMBER OF ULCER(S)	LOCATION OF ULCER(S)	GRADE OF ULCER(S)	LOCATION OF ULCER(S)

Pressure Ulcers may deteriorate from Grade 1 to Grade 4, but can not be reversed and should be documented as a healing grade of pressure ulcer, eg healing grade 4.

Acute Services Division - Surgery & Anaesthetics Directorate
General Surgery

NHS Greater Glasgow and Clyde

Hospital:
Admission Date: **Operation Date:** 16/12/2014
Name: DAVID BEAVERS (CHI:2012576494)
Date of Birth: 20/12/1957 **Age:** 56 yrs **Ward:**
Principal Surgeon: Mr R Maitra
Anaesthetist: DR H Aitken
Assistants: Ms V Gough
Diagnosis: Inguinal Hernia (K40)
Procedure: Primary Repair Of Inguinal Hernia Using Insert Of Prosthetic Material (T202)
Post Op Comments:
Diet and fluids
Home this evening if well
Operation Note:
Indication
right groin hernia

Incision
right groin

Procedure
Incision deepened down to eternal oblique.
External oblique opened and cord identified. Ilio-inguinal nerve resected as in path of mesh. and ilio-hypogastric nerves seen and preserved
Moderate sized indirect sac separated from cord after opening cremaster ; opened and sliding hernia found. Sac closed with 2/0 polysorb and returned to abdomen Ligated at base with 2/0 polysorb and excess excised
Shaped Lichtenstein style optilene mesh placed with lateral fishtail and secured to inguinal ligament with 2/0 prolene
Mesh secured medially 2/0- polysorb and deep ring restored 2/-0 prolene
Haemostasis secured

Closure
2/0 polysorb to external oblique
3/0 caprosyn to skin
20 mls 0.5% chirocaine locally infiltrated

Operation Note

Write or affix	Peripheral Vascular Cannula(PVC) Insertion & Maintenance Bundle	
Name: Address: CHI: DOB: Hospital &	838473 RAH General Medical Record BEAVERS David CHI: 2012576494	NHS Greater Glasgow and Clyde

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

IV site appears healthy	0 No phlebitis : Observe cannula
One of the following is evident : slight pain or redness near site	1 Possible first signs : Observe cannula
Two or more of the following are evident: pain,redness,swelling	2 Early stage of phlebitis : Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3 Phlebitis/Thrombophlebitis:
As above including: palpable venous cord	4 Remove & resite cannula
As above including :pyrexia	5 Seek further advice

Insertion – Complete all sections

PVC inserted ED ☐ Theatre ☐ Ward_____		Date inserted	Insertion site	Colour of PVC	Inserted by (Name & Designation)
Clinical indication	IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other *Please state:*	
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes☐ No☐ Unknown☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No☐ Unknown ☐	Dressing affixed Yes ☐ No☐ Unknown☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation **Record VIP score**	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 ...../...../.....	Yes ☐ No ☐	**V.I.P:**	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 ...../...../.....	Yes ☐ No ☐	**V.I.P:**	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 ...../...../.....	Yes ☐ No ☐	**V.I.P:**	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 ...../...../.....	Yes ☐ No ☐	**V.I.P:**	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 ...../...../.....	Yes ☐ No ☐	**V.I.P:**	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Date & time	PVC no.	Comments	Signature

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 16/12/14

Attach Addressograph label

2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

Ward:

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr (4hr) 6r

1. Signed ..... Name ..... Designation ..... RGN
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Times	8:00																	
	1.	Pain: assess and address If in pain inform registered nurse Y / N or N/A		Y																	
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (Independent)		I																	
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)		INT																	
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)		I																	
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B		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 or faeces		I																	
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)		Y																	
		Encourage the patient to drink? Y / N / N/A		Y																	
		Food, snack or supplement taken? Y / N / N/A																			
	6.	ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S		Y																	
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S		NA																	
	8.	ESCALATION: Escalate any issues to the Registered Nurse Y / N/A		NA																	
			Nurse Initials	AR																	

Attach Addressograph label Ward:

NHS
Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902

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

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hospital Number:	Height:
DOB:	Weight:
Date of Admission: __/__/__	Surface area:
Consultant Name:	Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
16/12	Morphine ? Recovery	3 mg	IV	1600	HARTLEY		
16/12	Morphine ? Recovery	2mg	IV	1600	HARTLEY		
16/12	Morphine ?	1mg	IV	1600	HARTLEY		

2012576494
BEAVERS M
David 20/12/1957
Name 28 Elizabethan Way
Renfrew, Renfrewshire
CHI No PA4 0LY

Drug Allergies / Sensitivities None Known ☐ Yes ☑ (provide details below)
? Sux, opiates

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.

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 →

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

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

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: INITIALS:

PRESCRIBER (PRINT & SIGN)

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: INITIALS:

PRESCRIBER (PRINT & SIGN)

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
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**D** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) STOPPED DATE: / INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time	For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**E** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) STOPPED DATE: / INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time	For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**F** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) STOPPED DATE: / INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time	For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**G** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) STOPPED DATE: / INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time 0700-0900 1200-1400 1600-1800 2200-2400 Other time	For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.

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

2012576494
BEAVERS M
David 20/12/1957
Name 28 Elizabethan Way
Renfrew, Renfrewshire
CHI No PA4 0LY

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

? Sux, omrea

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.

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).

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 ☐

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

J DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

K DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE | 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 ☐

N 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 ☐

P 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 ☐

R 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.

2012576494
BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

M
20/12/1957

Name
CHI N

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

? Sulx, morphine

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.

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).

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.

2012576494
BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

M
20/12/1957

Name

CHI N

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

? Sux, ? area

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.

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).

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 ☐

CC DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF 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 ☐

GG 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 ☐

HH 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 ☐

JJ 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 ☐

KK 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.

2012576494
BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

M
20/12/1957

Name

CHI N

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

? Sulx, morphine

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

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)

All Routes: As Required Prescriptions

						Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	LL	DRUG: Co-codamol 30/500; DOSE: 2 tabs; ROUTE: PO; INDICATION: pain; PRESCRIBER (PRINT & SIGN): [signature]; MAX.FREQ.: 8; DATE: 16/12/14; ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:	STOPPED DATE: INITIALS:	DATE: 16/12; TIME: 10:00; DOSE: 2; GIVEN BY: [initials]		For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	MM	DRUG: Ondansetron; DOSE: 4mg; ROUTE: IV; INDICATION: N/V; PRESCRIBER (PRINT & SIGN): [signature]; MAX.FREQ.: 8; DATE: 16/12/14; ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:	STOPPED DATE: INITIALS:	DATE; TIME; DOSE; GIVEN BY		For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	NN	DRUG: Morphine; DOSE: 5mg-10mg; ROUTE: SC/IM; INDICATION: pain; PRESCRIBER (PRINT & SIGN): [signature]; MAX.FREQ.: 2; DATE: 16/12/14; ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:	STOPPED DATE: INITIALS:	DATE; TIME; DOSE; GIVEN BY		For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	PP	DRUG:; DOSE:; ROUTE:; INDICATION:; PRESCRIBER (PRINT & SIGN):; MAX.FREQ.:; DATE:; ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:	STOPPED DATE: INITIALS:	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

Patient's Own Medicine

BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	RR	DRUG			STOPPED DATE: / INITIALS: / DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N / Qty: / Date: / Assessed by: / Ordered from Pharm.
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.			
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						

BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	SS	DRUG			STOPPED DATE: / INITIALS: / DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N / Qty: / Date: / Assessed by: / Ordered from Pharm.
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.			
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						

BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	TT	DRUG			STOPPED DATE: / INITIALS: / DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N / Qty: / Date: / Assessed by: / Ordered from Pharm.
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.			
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						

BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐	VV	DRUG			STOPPED DATE: / INITIALS: / DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N / Qty: / Date: / Assessed by: / Ordered from Pharm.
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.			
	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.

2012576494
BEAVERS M
David 20/12/1957
Name 28 Elizabethan Way
Renfrew, Renfrewshire
CHI N PA4 0LY

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

? Sux, [illegible]

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

Plea
2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

PATIENT CARE PLAN
CONFIDENTIAL

NHS Greater Glasgow and Clyde

HOSP: DATE OF ADMISSION: WARD: CHART NO:

This care plan has been discussed and agreed with the patient and/or main carer Yes ☐ No ☐ Date.....

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
1. COMMUNICATING												
GOAL: Promote good communication ☐ Minimise confusion ☐												
	Patient is unable to communicate appropriately due to:	Minimise noise levels	☐									
		Note body language	☐									
		Encourage verbalisation	☐									
		Orientate to time/place/person	☐									
		Utilise written communication *(e.g. pen/paper)*	☐									
			☐									
			☐									
			☐									
2. MAINTAINING A SAFE ENVIRONMENT												
GOAL: Reduce feelings of apprehension ☐ Prevention of injury ☐ Risk of injury is minimised ☐												
	Patient is restless in bed/climbing out of bed due to	Ensure cot bumpers are in situ	☐									
		Ensure bed rails are secured and fully extended	☐									
		Inform patient and relatives of reason behind the need for bed rails	☐									
		Perform high risk patient assessment status	☐									
		Ensure patient's buzzer is within patient's reach	☐									
		Place patient in best vantage point for observation	☐									
		Inform patient and relatives of reason behind the removal of bed rails	☐									
			☐									
			☐									
			☐									
3. SLEEPING												
GOAL: Adequate sleeping requirements will be met ☐												
	Patient has difficulty sleeping due to		☐									
			☐									
			☐									
			☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
4 MOBILISING												
GOAL:	**Prevention and/or early detection of complications of immobility** ☐											
	A. Patient has reduced mobility due to	Assess risk of venostasis	☐									
		Measure and apply anti-embolic stockings *(if applicable)*	☐									
		Encourage passive/active limb exercises	☐									
			☐									
GOAL:	**Promote safe and effective mobility** ☐											
	B. Assistance required with mobility due to	**Transfer Requirements:**										
		Assistance required with nurses	☐									
		Walking stick x 1	☐									
		Walking stick x 2	☐									
		Crutches	☐									
		Pulpit	☐									
		Zimmer	☐									
		Standing aid	☐									
		Dextra Lift	☐									
		Maxi Hoist	☐									
		Mobilising Requirements:										
		Assistance required with nurses	☐									
		Walking stick x 1	☐									
		Walking stick x 2	☐									
		Crutches	☐									
		Pulpit	☐									
		Zimmer	☐									
		Standing aid	☐									
		Dextra Lift	☐									
		Maxi Hoist	☐									
5 PERSONAL DRESSING AND CLEANSING												
GOAL:	**All personal hygiene requirements will be met** ☐ **Promote and encourage independence** ☐ **Maintain privacy** ☐											
	Patient is unable to maintain personal hygiene due to	Bed Bath *Please specify frequency:*	☐									
		Daily ☐ Twice Daily ☐ Other ☐ *Specify:*										
		Assisted Wash *Please specify frequency:*	☐									
		Daily ☐ Twice Daily ☐ Other ☐ *Specify:*										
		Assistance Req'd:										
		Assisted Shower/Immersion Bath	☐									
		Daily ☐ Twice Daily ☐ Other ☐ *Specify:*										
		Assistance Req'd:										
		Independent and Self Caring	☐									
		Oral/Denture Care - *Please specify frequency:*	☐									
		Eye care - *Please specify frequency:*	☐									
		Nail care - *Please specify frequency:*	☐									
		Podiatry referral	☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
6. BREATHING												
GOAL:	**Early detection and treatment of deterioration in condition ☐**	**Safe and effective administration of oxygen ☐**										
	Patient unable to maintain adequate oxygenation due to:	Support patient's position for maximum expansion of chest	☐									
		Record respiration rate	☐									
		Specify frequency										
		Monitor & record O_2 saturation on observation chart	☐									
		Specify frequency										
		Administer oxygen therapy as prescribed	☐									
		Maintain safety issues with oxygen delivery	☐									
		Encourage deep breathing exercises	☐									
		Encourage coughing & expectoration	☐									
		Note colour, amount & consistency of sputum	☐									
		Administer mouth and nasal care *(where applicable)*	☐									
			☐									
			☐									
7. CONTROLLING BODY TERMPERATURE (AND HAEMODYNAMICS)												
GOAL:	**Early detection and treatment of haemodynamic instability ☐**											
	A. Patient potentially haemodynamically unstable due to:	Monitor and record blood pressure	☐									
		Specify frequency										
		Monitor and record pulse	☐									
		Specify frequency										
		Inform medical staff of any significant changes	☐									
			☐									
			☐									
GOAL:	**Early detection and treatment of any dysrhythmias ☐**											
	B. Patient has potential for cardiac dysrhythmias due to:	Monitor ECG continuously	☐									
		Maintain integrity of ECG electrodes	☐									
		Record rate & rhythm in appropriate chart	☐									
		Specify frequency										
		Inform medical staff of any significant changes	☐									
			☐									
GOAL:	**Early detection and treatment of high temperature disturbance ☐**											
	C. Patient has high temperature disturbance due to:	**PYREXIA**	☐									
		Monitor tympanic/peripheral temperature	☐									
		Specify frequency										
		Administer tepid sponge therapy *(if appropriate)*	☐									
		Obtain blood cultures if temp ≥ 38°C	☐									
			☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
7. CONTROLLING BODY TEMPERATURE (AND HAEMODYNAMICS CONT)												
GOAL: Early detection and treatment of low temperature disturbance ☐												
	D. Patient has low temperature disturbance due to:	**HYPOTHERMIA**										
		Monitor tympanic/peripheral temperature	☐									
		Specify frequency										
		Apply blankets/duvet	☐									
			☐									
GOAL: Safe & effective use and care of central line ☐												
	Patient requires central venous access due to:	Explain procedure to patient	☐									
		Care of central line as per unit policy	☐									
		Inform medical staff of any significant changes	☐									
		Specify frequency										
			☐									
			☐									
8. EATING AND DRINKING												
GOAL: Maintain hydration ☐ **Early detection and treatment of dehydration** ☐ **Safe and effective administration of IV fluids** ☐												
	A. Patient unable to meet own hydration requirements due to:	Encourage oral fluids	☐									
		Encourage fluids by:										
		Type of fluid to be encouraged:										
		Restricted fluids: 30ml ☐ 60ml ☐ Other ☐										
		(Please specify)	☐									
		Explain cannulation procedure to patient	☐									
		Adhere to insertion and maintenance of peripheral venous cannula policy	☐									
		Initiate IV Access Device record	☐									
		Record in fluid balance chart	☐									
			☐									
GOAL: Maintain oral hygiene ☐ **Assess mouth status – refer to mouth guidelines**												
	B. Patient fasting for following procedure	**FAST FROM: Date:** **Time:**										
		Nil by mouth	☐									
		Offer mouthwashes	☐									
GOAL: Early detection and treatment of nutritional deficiencies ☐												
	C. Patient unable to meet own nutritional requirements due to	Complete nutritional risk score on admission	☐									
		Reassess risk score weekly if condition changes	☐									
		Refer to dietitian *(if required)*	☐									
		Assist with meals *(e.g cutting of food)*	☐									
		Monitor swallowing abilities	☐									
		Refer to SALT *(if required)*	☐									
		Specialist diet	☐									
		Please Specify										

ADULTS ≥ 18 YEARS

Nutrition Risk Score

*Complete **ON ADMISSION AND WEEKLY** if patient's condition changes*

	DATE	HEIGHT (CM)	WEIGHT (KG)	BMI	COMMENTS
On Admission:					
Week 1:					
Week 2:					
Week 3:					
Week 4:					

A. Please circle relevant score **B. Only select one score from each section** **C. Select the highest score that applies**

		SCORE			
		On Admission	Reassessment		
1	**WEIGHT LOSS IN LAST 3 MONTHS (unintentional)**				
	▪ No weight loss	0	0	0	0
	▪ 0 – 3 kg weight loss	1	1	1	1
	▪ 3 – 6 kg weight loss	2	2	2	2
	▪ 6 kg or more	3	3	3	3
2	**BMI - BODY MASS INDEX**				
	▪ 20 or more	0	0	0	0
	▪ 18 or 19	1	1	1	1
	▪ 15 – 17	2	2	2	2
	▪ Less than 15	3	3	3	3
3	**APPETITE**				
	▪ Good appetite, manages most of 3 meals / day (or equivalent)	0	0	0	0
	▪ Poor appetite, poor intake – leaving > half of meals provided (or equivalent)	2	2	2	2
	▪ Appetite nil or virtually nil, unable to eat, NBM (for > 4 meals)	3	3	3	3

		SCORE			
4	**ABILITY TO EAT / RETAIN FOOD / STATE OF HYDRATION**				
	▪ No difficulties eating, able to eat independently/ tolerating enteral feeds. No diarrhoea or vomiting / well hydrated	0	0	0	0
	▪ Problems handling food e.g. needs special cutlery. Vomiting / frequent regurgitation (or possetting) mild diarrhoea	1	1	1	1
	▪ Difficulty swallowing, requiring modified consistency. Problems with dentures, affecting food intake. Problems with chewing, affecting food intake. Problems tolerating enteral feeds. Moderate vomiting and / or diarrhoea (1-2 / day). Needs help with feeding (e.g. physical handicap).	2	2	2	2
	▪ Unable to take food orally. Unable to swallow (complete dysphagia). Severe vomiting and / or diarrhoea (>2 / day). Malabsorption, Dehydrated.	3	3	3	3
5	**STRESS FACTOR**				
	▪ **No Stress Factor -** (includes admission for investigation only)	0	0	0	0
	▪ **Mild -** Minor surgery. Minor infection. CVA	1	1	1	1
	▪ **Moderate -** Chronic disease, major surgery, infections, fractures, pressure sores/ulcers, inflammatory bowel disease. Other gastrointestinal disease	2	2	2	2
	▪ **Severe -** Multiple injuries, multiple fractures/burns, multiple deep pressure sores/ulcers, severe sepsis, carcinoma / malignant disease.	3	3	3	3
	SCORE TOTALS				

	ACTION
SCORE 0 – 3 LOW RISK	▪ No action necessary ▪ Check weight weekly
SCORE 4 – 5 NEEDS MONITORING	▪ Check weight weekly ▪ Encourage eating & drinking ▪ Replace missed meals with snacks e.g. sandwiches, crackers/cheese, pancakes, yoghurts, full cream milk ▪ Record patients dietary intake on food diet chart ▪ Repeat score after one week (ask medical staff to refer patient to dietitian if no improvements)
SCORE 6 – 15 HIGH RISK	▪ Refer patient to dietitian

ALSO REFER TO DIETITIAN IF:

- The patient needs a special diet not available on normal menu
- The patient needs advice about a special diet
- Patient needs a theraputic diet not available on the normal menu
- The patients needs specific advice (as requested by medical staff

Contact the catering department if : The patient is following a special diet e.g. Halaal/vegetarian

DATE COMM	PATIENT'S PROBLEM (S)	...TION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
GOAL: Maintain blood sugar levels within normal limits ☐												
	D. Patient may have blood sugar problems due to	Check blood sugar levels	☐									
		Specify frequency										
		Check urinalysis	☐									
		Specify frequency										
		Record results in diabetic chart	☐									
		Refer to Diabetic Nurse Specialist	☐									
9 ELIMINATING												
GOAL: Early detection and treatment of reduced urinary output ☐ Maintain urinary continence and skin integrity ☐ Safe and effective care of indwelling catheter ☐ Prevention and treatment of urinary infection ☐												
	A. Patient has reduced urinary output due to	Maintain adequate fluid balance	☐									
		Observe for signs of urinary retention, infection	☐									
		Insertion of urinary catheter	☐									
		Catheter type:	Catheter size	*Comments:*								
		Balloon size:	H_2O in balloon:									
	B. Catheterised due to:	Date inserted:	Due changed:									
		Serial No:										
		Observe urinary output	☐									
		Hourly ☐ 4hrly ☐ Free drainage ☐										
	C. Patient has dysfunctional bladder problems due to	Catheter hygiene	☐									
		Adhere to hospital indwelling catheter policy	☐									
		Educate patient about self-catheter care *(if applicable)*	☐									
		Send MSSU or CSU to microbiology	☐									
		Remove catheter	☐									
		Complete voiding trial and record outcome	☐									
		Bladders scan to be performed on_____	☐									
		Observe post residual volumes	☐									
			☐									
			☐									
GOAL: Regain regular bowel pattern ☐ Maintain bowel continence and skin integrity ☐												
	D. Patient has dysfunctional bowel problems due to	**CONSTIPATION**										
		Encourage oral fluids to maintain hydration	☐									
		Encourage high fibre nutritional input	☐									
		Offer oral aperients/suppositories/enema *(if applicable)*	☐									
		Record bowel function on observation chart	☐									
			☐									
			☐									
		DIARRHOEA										
		Encourage oral fluids to maintain hydration	☐									
		Observe consistency of diarrhoea	☐									
		Send stool sample to microbiology	☐									
		Adhere to hospital infection control policy *(if applicable)*	☐									
			☐									
			☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
GOAL: Safe and effective care of NG tube ☐												
	E. Patient has nasogastric (NG) tube in situ due to	Ensure tube is secured and supported for safety and comfort	☐									
		Carry out nasal care *(as required)*	☐									
		Observe site for breakdown of skin integrity	☐									
		Monitor and record the colour, amount and type of drainage	☐									
		Inform medical staff of significant changes in drainage	☐									
			☐									
			☐									
GOAL: Safe and effective care of stoma ☐												
	A. Patient has stoma due to	Ensure stoma bag is secured and supported for safety and comfort	☐									
		Carry out stoma care *(as required)*	☐									
		Observe site for breakdown of skin integrity	☐									
		Observe integrity of stoma	☐									
		Monitor and record the colour, amount and type of drainage	☐									
		Inform medical staff of significant changes in either stoma or stoma drainage	☐									
		Give patient emotional support and reassurance	☐									
		Offer patient education literature *(if applicable)*	☐									
		Liase with Colorectal Nurse Specialist *(as required)*	☐									
		Liase with Stoma Nurse Specialist *(as required)*	☐									
			☐									
GOAL: Adequate bowel preparation ☐												
	B. Patient requires bowel prep prior to	Administer suppositories as prescribed	☐									
		Administer_____enema as prescribed	☐									
		Administer bowel washout as prescribed	☐									
		Administer Picolax as prescribed	☐									
			☐									
			☐									
10. WOUND CARE												
GOAL:												
	A. Patient has wound due to	Complete wound management chart	☐									
		Liase with Tissue Viability Nurse *(as necessary)*	☐									
		Inform medical staff of any deterioration	☐									
			☐									
			☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
10. WOUND CARE (CONT)												
GOAL:	**Promote wound healing** ☐	**Early detection and treatment of wound deterioration** ☐		**Safe and secure care of wound drain** ☐								
	B. Patient has wound drain in situ due to	Ensure drain is positioned to facilitate drainage	☐									
		Ensure drain is secure and positioned safely and comfortably	☐									
		Monitor and record colour, type & amount of drainage	☐									
		Inform medical staff of significant changes in drainage	☐									
		Redress site as appropriate	☐									
			☐									
			☐									
			☐									
11. INDIVIDUAL PATIENT CENTRED PROBLEMS												
A. GOAL:												
	A.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
B. GOAL:												
	B		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
C. GOAL:												
	C.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
11. INDIVIDUAL PATIENT CENTRED PROBLEMS (CONT.)												
D. GOAL:												
	D.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
E. GOAL:												
	E.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
F. GOAL:												
	F.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
G. GOAL:												
	G.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
11. INDIVIDUAL PATIENT CENTRED PROBLEMS (CONT)												
H. GOAL:												
	H.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
I. GOAL:												
	I.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
J. GOAL:												
	J.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
K. GOAL:												
	K.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									

DATE COMM	PATIENT'S PROBLEM (S)	ACTION		INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	REVIEW DATE	INITIAL	DATE DISC	INITIAL
11. INDIVIDUAL PATIENT CENTRED PROBLEMS (CONT)												
L. GOAL:												
	L.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
M. GOAL:												
	M.		☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									
			☐									

PLEASE COMPLETE THIS SECTION IF YOU ARE A TEMPORARY MEMBER OF STAFF AND HAVE AMENDED THIS CARE PLAN

DATE	FULL NAME (Please Print)	DESIGNATION (e.g. Bank Nurse, Agency Nurse)	SAMPLE SIGNATURE	SAMPLE INITIALS

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	
Address	2012576494 BEAVERS M David 20/12/1957 28 Elizabethan Way Renfrew, Renfrewshire PA4 0LY
CHI No.	
DoB	

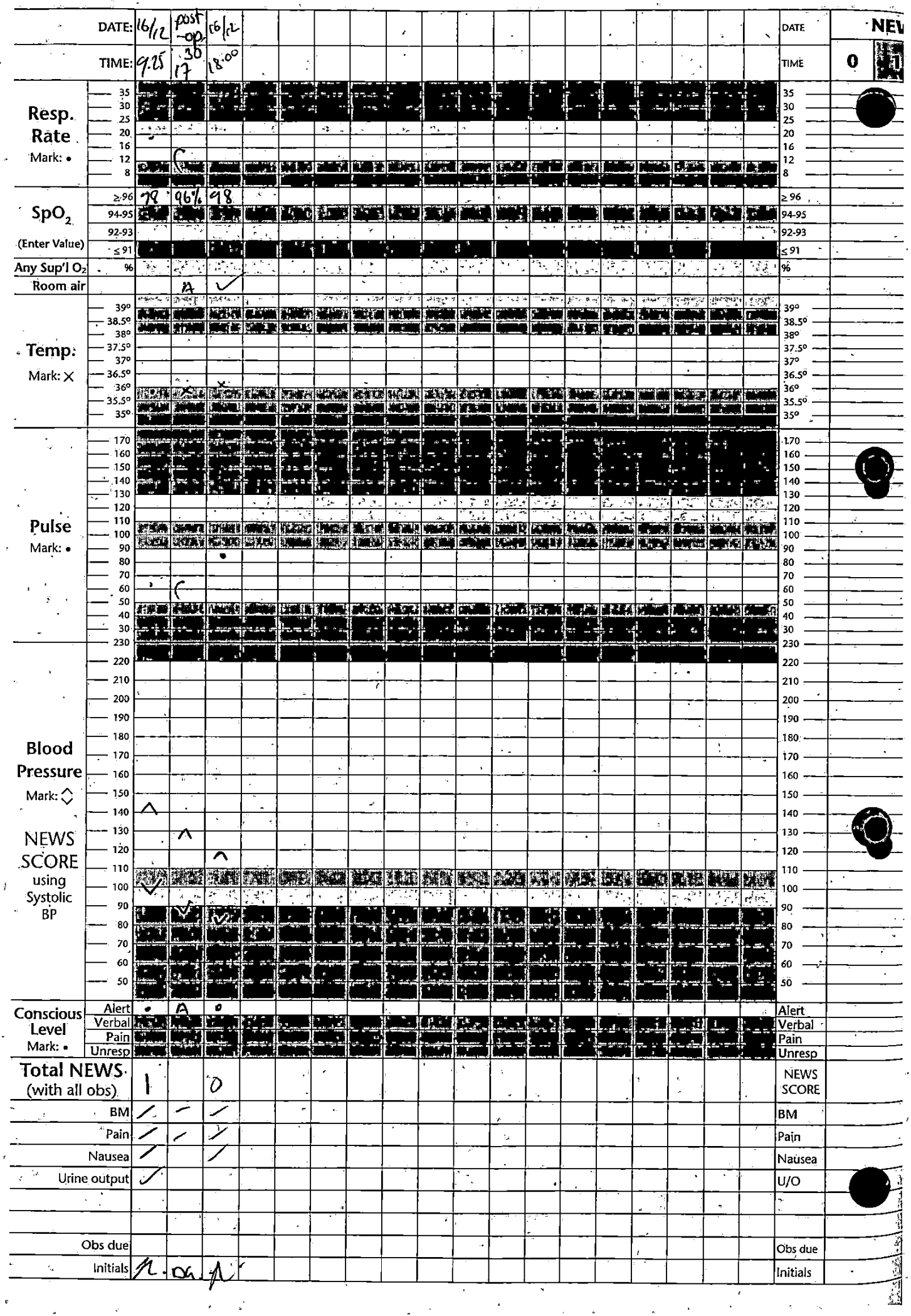
	Date	Ward
Admitted		
Transferred		
Transferred		

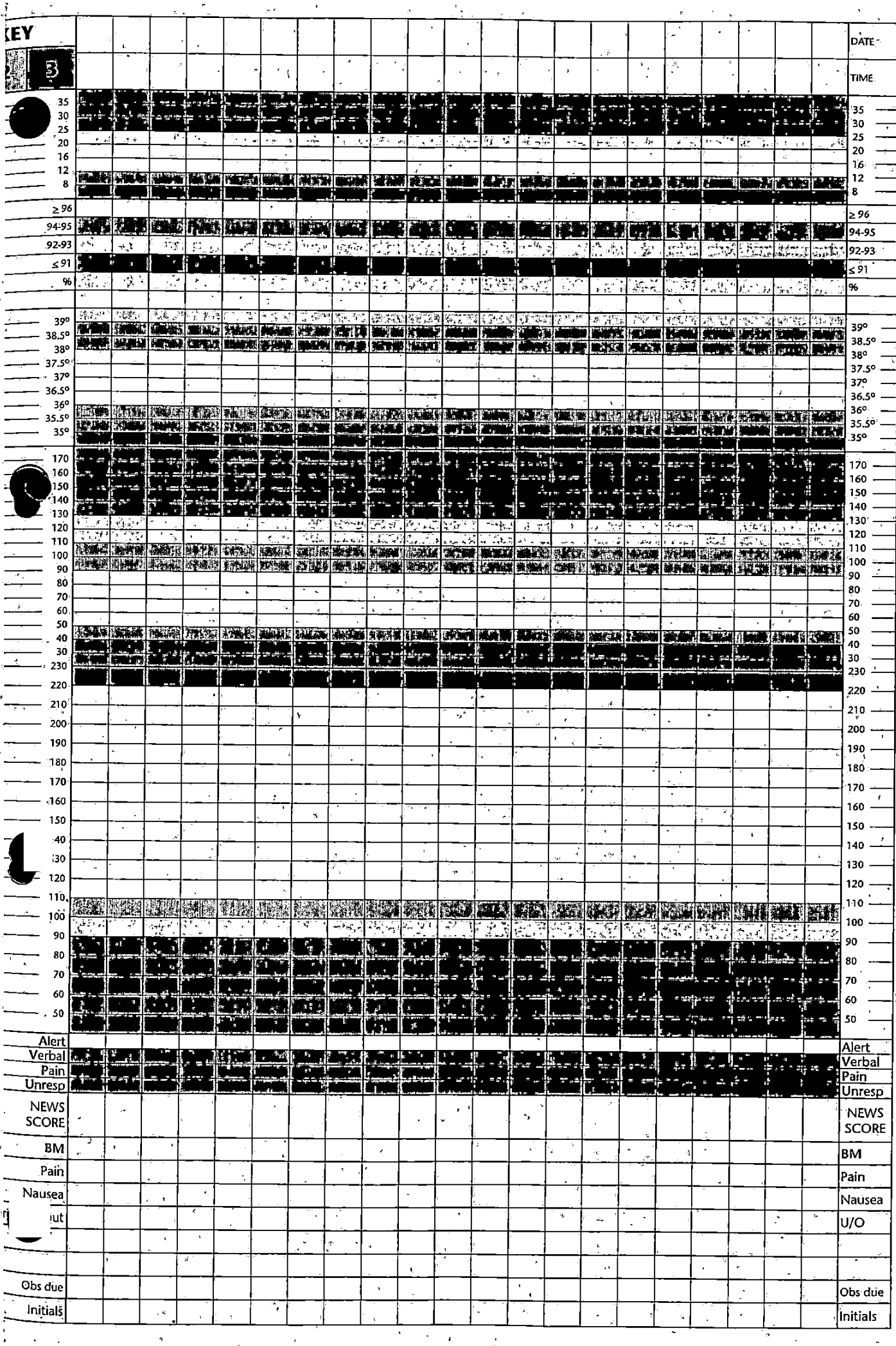
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic 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: 16/12 post-op 16/12
TIME: 9.25 1730 18.00
DATE
TIME
NEW
0
Resp. Rate
Mark: •
35 30 25 20 16 12 8
SpO2
(Enter Value)
≥96 94-95 92-93 ≤91
78 96% 98
Any Sup'l O2
%
Room air
A ✓
Temp:
Mark: ×
39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°
Pulse
Mark: •
170 160 150 140 130 120 110 100 90 80 70 60 50 40 30
Blood Pressure
Mark: ^v
NEWS SCORE using Systolic BP
230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
A
V
Total NEWS (with all obs)
1
0
NEWS SCORE
BM
Pain
Nausea
Urine output
U/O
Obs due
Initials


KEY
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Neurological Observations

Date:																									
Time:																									
COMA SCALE	E Eyes open	Spontaneously	4																						Eyes closed by dwelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
		TOTAL SCORE																							
PUPILS	R	Size																							+ reacts – no reaction c. eyes closed
		Reaction																							
	L	Size																							
		Reaction																							
LIMB-MOVEMENT	ARMS	Normal power																							Recordright (R) andleft (L) separatelyif there is a difference between the two sides
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Glasgow Coma Scale

Pupil size (mm)

1
2
3
4
5
6
7
8

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

Redesigned by Medical Illustration Services • 231261

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name: 2012576494
BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY
M
20/12/1957

Unit number:

CHI number:

Ward: 27

Discharge destination: Home

Estimated Discharge Date (1) / /

Estimated Discharge Date (2) / /

Final date of discharge : 16/12/14

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		✓	
Relative/carer informed	✓		✓	
Others informed: Care Home		✓	✓	
Transport arranged				
Own transport (preferred option)	✓		✓	
Ambulance-1 man/ 2 man am/pm		✓	✓	
Other: Flight, Air ambulance etc.		✓	✓	
Discharge medication				
Discharge prescription completed	✓		✓	
Compliance aids e.g. Dossette Box (involve pharmacist)		✓	✓	
Medication received	✓		✓	
Medication explained to patient and/or relative/carer	✓		✓	
Own medication returned to patient		✓	✓	
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓	✓	
Informed of discharge				
Social work/ Other agencies/Home help		✓	✓	
Physiotherapist		✓	✓	
Occupational Therapist		✓	✓	
Dietician		✓	✓	
Speech and Language Therapist		✓	✓	
Clinical Nurse specialist e.g. Care Home Liaison		✓	✓	
Liaison/ District Nurse/Practice Nurse		✓	✓	
Other discharge items				
Access arrangements (e.g. keys, door entry)	✓		✓	
Patients clothing available for day of discharge	✓		✓	
Valuables e.g. cashier		✓	✓	
Intravenous cannula removed	✓		✓	
Equipment ordered (inc. walking aids) in place for discharge		✓	✓	
Part 2 Discharge letter - Required				
- Completed	✓		✓	
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow	✓		✓	
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				

Time of Discharge: 21[illegible]

Nurse's signature: [signature] Designation: Staff Nurse Date: 16/12/14

Beavers David CHI: 2012576494

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Date of Completion: 16/12/2014

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr L Murphy,

Name	CHI	DoB	Address
David Beavers	2012576494	20/12/1957	28 Elizabethan Way Renfrew PA4 0LY

Admitted	Type	Discharged	Destination
16/12/2014 08:00	In Patient	16/12/2014	

Specialty	Consultant	Ward	Telephone
General Surgery	Miss Vivienne Gough	RAH 29 - General Surgery	0141 314 7029

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Electve admission for elective right inguinal repair. Operation note; "Incision deepened down to eternal oblique.External oblique opened and cord identified. Ilio-inguinal nerve resected as in path of mesh. and ilio-hypogastricnerves seen and preservedModerate sized indirect sac separated from cord after opening cremaster ; opened and sliding hernia found. Sacclosed with 2/0 polysorb and returned to abdomen Ligated at base with 2/0 polysorb and excess excisedShaped Lichtenstein style optilene mesh placed with lateral fishtail and secured to inguinal ligament with 2/0proleneMesh secured medially 2/0- polysorb and deep ring restored 2/-0 proleneHaemostasis secured"Medically fit fr home with co-codamol prn for pain control. Regards

Treatments: None recorded.

Follow-up arranged: nil

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	As Required	No duration defined	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Struan Henry Gray
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Struan Henry Gray, Doctor

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / family name

Patient's first name

2012576494
BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY
M
20/12/1957

Date of birth

Gender Male ☑ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

~~Elec~~ Open repair of right inguinal hernia

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding / infection
Injury to surrounding structures
Recurrence
Further surgery

Chronic pain

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) L.K. MAITRA

Date 16/12/14.

00526

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature X David Brown	Date 16/12/14.
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

NHS Greater Glasgow & Clyde: Anaesthetic Chart

Date	Time	Premedication	Ordered By	Given By	Time Given
[illegible]	[illegible]	Temazepam	[illegible]	[illegible]	
16/12/14	08:30	Diazepam 2.5mg	[illegible]	[illegible]	9a.

2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

Pre-Operative assessment ASA: I

Investigations 560

Previous GA: NO.

Complications:

Weight

BP

CVS: nil

Uncle has Sux apnoea
↳ ? has trait

Resp:

GIS:

CNS:

Others: fasted.
no acid reflux

non-smoker
[illegible] ~20 units/wk.

Haem (N)

Biochem (N)

CXR

ECG Sinus.

Others

Drugs Nil

Airway missing right upper tooth
MP 1e MO Neck ok TMJ ✓

Allergies NKDA

Techniques and Risks
- ECG
- Bloods.

Operation: (R) inguinal hernia

Surgeon: GOUGH

Anaesthetist: [illegible] / AITKEN

Supervising Anaesthetist:

Post-Operative Instructions

Analgesia
See kardex

Oxygen
$4 L O_2$

Fluids Hartmanns 80ml/h till eating + drinking

Other

Signature: [signature]

Date: 16/12/14

STY0480D

Site of Injection:	20G DLH
Site of Infusion:	
CVP Site:	
Arterial Line Site:	
Position: supine	ETT / LMA / Mask
Intubation Grade:	Cuffed / Uncuffed
Bougie:	Size: 4
	Oral / nasal
	RSI

Fluids — Warmer:

① CSL 1000ml

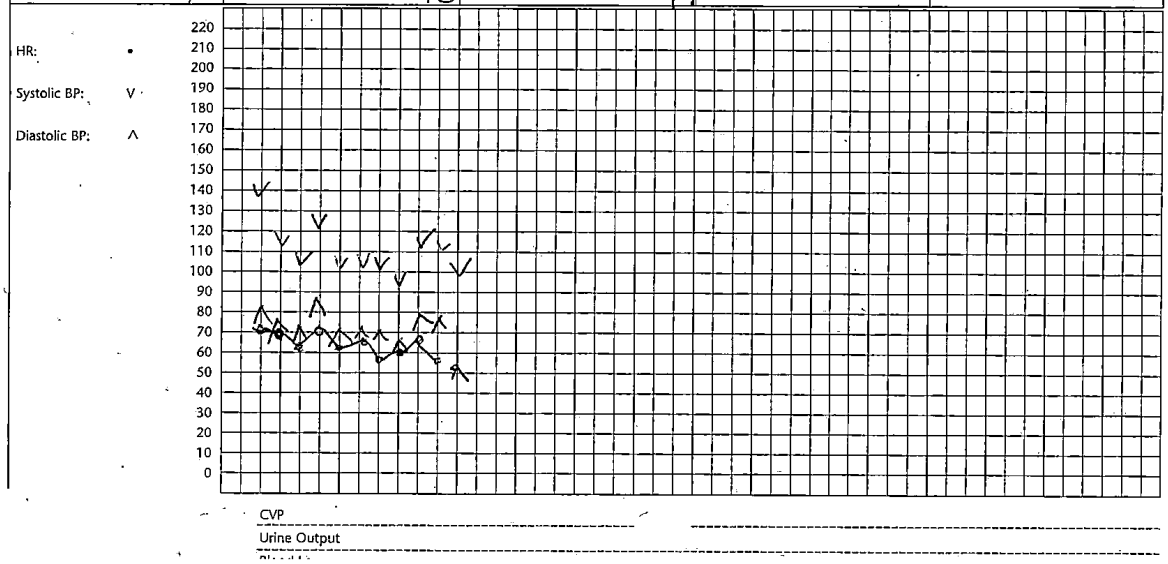
Comments:

Local infiltration by surgeons

ECG	✓	FIO2	✓	CVP
NIBP	✓	EtAA	✓	IABP
SpO2	✓	Temp		PA
EtCO2	✓	Disconnect	✓	TOF

Anaesthetic machines Checked: ✓

~~Fentanyl~~				
Midazolam	2			
Ondansetron	4			
Propofol	250			
Morphine	5	2		
IV Fluids	①			
Vt/ x f / Pressure	PC 15	18		
FiO2	0.44	0.42		
SaO2	98%	97%		
ETCO2	5.9	6.8		
ET Agent DES / N_2O	6.9	6.6		
Temperature	35.8			
Time	15 30	16 30	17 30	



CVP

Urine Output

Acute Services Division
Surgery and Anaesthetics

NHS
Greater Glasgow and Clyde

Nam
Add
Do
CH
2012576494
BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
M
20/12/1957
PA4 0LY

Perioperative Care Plan

Hospital: RAH	Consultant: V. GOUGH.
Ward: 29	Date: 16/12/14.

Nursing Admission Document (NAD)

WARD STAFF – Nursing Admission Document (NAD) must accompany patient to Theatre.

THEATRE STAFF – The following information can be found in the Nursing Admission Document (NAD):

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History	Yes ☐ No ☐	Yes ☐ No ☐
• Waterlow Score	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

Waterlow Score – Key: 10+ = At Risk 15+ = High Risk 20+ = Very High Risk

Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, interpreter arranged. Please provide 'Getting to know me' document if available.

NEEDLE PHOBIA, DIAZEPAM TAKEN @ 9.00 am.

Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☑ Site 1: Time: Site 2: Time:

Patient Transport

Patient mode of transport to Theatre: Trolley ☑ Walking ☐ Chair ☐ Bed ☐

Patient assigned level of escort for transfer to Theatre (Please tick all that apply - must be a minimum of 2)

Porter ☑ Nursing Auxiliary ☐ Registered Nurse / ODP ☑ Other ☐ Please state:

Na
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label

Ward Checklist – To be completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check	Anaesthetic Assistant
Identity band correct (Name, DoB, CHI number, Ward)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ECG	Yes ☑ No ☑ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
NAD document	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Cannard pack	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
MUST Tool	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐
X-Ray and Scans – Hardcopy	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Waterlow chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Pressure Ulcer chart	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐
Wound Assessment chart	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐
Active Care Checklist	Yes ☑ No ☐	Yes ☐ No ☑	Yes ☐ No ☑
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
PVC Care Plan in place	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
Consent / Incapacity (circle) Signed and dated	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Checked against Theatre List	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Check with Patient / Incapacity / Consent (circle)			
Procedure and site for surgery	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Correct site marked (R) side	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Allergies/ Sensitivities and Reactions	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
If 'Yes' specify:	ANAESTHETIC GUIDELINE	→ family history	? Sux. Apnoea
Fasted from – specify time (24 hr clock) N/A ☐	Food: 8 pm 15/12/14	Food: 2030	Food: 15-12-14
	Fluid: 5 am.	Fluid: 0530	Fluid: 16-12-14 06:00
Blood Glucose Score – if relevant	Time: Score: N/A ☑	Time: Score: N/A ☑	Time: Score: N/A ☑
Internal prosthesis in situ e.g. metalwork, pacemaker, implant etc	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
If 'Yes' state location and type			
External prosthesis removed e.g. hairpiece, false eye etc.	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
If 'Yes' state type where stored			
Loose teeth, caps and crowns	Yes ☐ No ☑	Yes ☑ No ☐	Yes ☑ No ☐
State site and type	upper	gold worth	upper front
Dentures removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
If 'Yes' state where stored			
Hearing aid(s)	R ☐ L ☐ N/A ☑	R ☐ L ☐ N/A ☑	R ☐ L ☐ N/A ☑
Hearing aid(s) removed	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐
If removed state where stored			

Name:
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DoB:
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Ward Checklist continued

Pre-operative checks	Ward Check	Reception Check	Anaesthetic Assistant
Spectacles/Contact lenses removed (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
If 'Yes' state where stored			
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
Make-up/ Nail polish removed (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
False nails in situ – Anaesthetist informed	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Jewellery/Body piercing removed (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
If 'Yes' state where stored			
Jewellery/Body piercing taped (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
If 'Yes' state location of items on body			
Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required: written our	
Blood Cross Matched confirmed by labs	Yes ☐ No ☑ N/A ☐		
Blood Grouped and Saved confirmed by labs	Yes ☐ No ☑ N/A ☐		
CJD single question asked	Yes ☑ No ☐	[redacted]	
Answer to CJD single question	At increased risk ☐		
If answered 'Yes' or if any other questions please contact your Infection Control Team	Not at increased risk ☐		
If CJD question has not been asked, then ask the question "Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified ☐ No, I have not been notified ☐	Comments if required:	
Inhalers/ sprays with patient	Yes ☐ No ☐ N/A ☑	Type:	
State type			
Anti-embolic Prophylaxis – state type	Yes ☑ No ☐ N/A ☐	Type: TED Stockings	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason: no underwear on	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☐ No ☑	Comment if required:	
Date of Last Menstrual Period (LMP)		N/A ☐	
Is there any chance you are pregnant?	Yes ☐ No ☐ N/A ☐	[redacted]	
Pregnancy test carried out	Yes ☐ No ☐ N/A ☐		
Pregnancy test result	Postive ☐ Negative ☐		
Tampon removed	Yes ☐ N/A ☐		
MRSA swab test results	Postive ☐ Negative ☐ Results pending ☐ N/A ☐	Comments if required DIAZEPAM. diazepam at 9am	
Pre-Medication given	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE JOANNE LAWSON STN	Ward: 29 Time: 9.00	Reception: Time: 15.10	Anaesthetic Assistant: Time: 13:40

Name: 2012576494 M
Addres: BEAVERS 20/12/1957
David
28 Elizabethan Way
DoB: Renfrew, Renfrewshire PA4 0LY
CHI num
affix patient data label

Surgical Brief

Surgical Brief carried out:	Yes ☒ No ☐	If 'No' please specify reason:

Anaesthetics

Baseline Observations	Pulse: 56	BP: 108/73	Temp: 35.8 °C	SpO_2: 97	Resps: 8
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☒	Available: Yes ☐ No ☐	Or patient has been Grouped and Saved: Yes ☐ No ☐		

Stop Before You Block — This section NOT applicable ☒

Stop Before You Block carried out:	Yes ☐ No ☐	

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☒ LMA(L)	Epidural ☐	Spinal ☐	Regional Blocks ☐	Throat spray ☐
Local Anaesthetic ☐	Site:	Drug:		mls
Sedation ☐	Drug:			mls

PVC Care Plan in place Yes ☒ No ☐ Skin Prep specify: Alcho wipe

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☒

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:		
OTHER	Yes ☐ N/A ☐	Specify prep:		

Blood Glucose Monitoring — This section NOT applicable ☒

Time								
BM Score								

Safe use of SpO_2 probe to prevent injury — This section NOT applicable ☐

SpO_2 Probe rotated hourly	Yes ☐ No ☐ N/A ☒			Initial position: left index			
Time rotated							
Probe position							
Time rotated							
Probe position							

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☒	Specify: TAPE

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Anaesthetics continued

Maintenance of Normothermia — This section NOT applicable ☒

Actions taken to maintain the patient's temperature SHEET + BLANKET.	Yes ☐ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other – specify:	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist	Yes ☒ No ☐		

Record of Anaesthetic Pump Infusion Device Numbers — This section NOT applicable ☒

Comments

Name: .....
Addre: 2012576494 .....
BEAVERS
..... David M .....
DoB: 28 Elizabethan Way 20/12/1957 .....
CHI r Renfrew, Renfrewshire .....
PA4 0LY

Theatre

Safe Positioning

This section NOT applicable ☒

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care

Pre-operative skin inspection scores (please circle)	Excoriation Level: (0) 1 2 3	Pressure Ulcer Grade: (N/A) 1 2 3 4

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure Relieving	Arm Position

Position 1

Time:

Supine ☒ Prone ☐
Left Lateral ☐ Right lateral ☐
Lloyd Davis ☐ Jack-knife ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐
Lower limb traction ☐ Deckchair ☐
Other ☐ Lithotomy ☐

Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐
Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐

Gel pads ☐ Heel gel pads ☒ Full gel mattress ☐ Gel wedge ☐ Pillows ☒

R Arm Position		L Arm Position	
At side	☒	At side	☐
On boards	☐	On boards	☐
Across chest	☐	Across chest	☒
Hand table	☐	Hand table	☐
Hand traction	☐	Hand traction	☐
Secured with:		**Secured with:**	
J-board	☒	J-board	☒
Straps	☐	Straps	☐
Pressure care:		**Pressure care:**	
Gel/ Foam pads	☒	Gel/ Foam pads	☒

Position 2

Time:

Supine ☐ Prone ☐
Left Lateral ☐ Right lateral ☐
Lloyd Davis ☐ Jack-knife ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐
Lower limb traction ☐ Deckchair ☐
Other ☐ Lithotomy ☐

Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐
Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐

Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐

R Arm Position		L Arm Position	
At side	☐	At side	☐
On boards	☐	On boards	☐
Across chest	☐	Across chest	☐
Hand table	☐	Hand table	☐
Hand traction	☐	Hand traction	☐
Secured with:		**Secured with:**	
J-board	☐	J-board	☐
Straps	☐	Straps	☐
Pressure care:		**Pressure care:**	
Gel/ Foam pads	☐	Gel/ Foam pads	☐

Position 3

Time:

Supine ☐ Prone ☐
Left Lateral ☐ Right lateral ☐
Lloyd Davis ☐ Jack-knife ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐
Lower limb traction ☐ Deckchair ☐
Other ☐ Lithotomy ☐

Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐
Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐

Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐

R Arm Position		L Arm Position	
At side	☐	At side	☐
On boards	☐	On boards	☐
Across chest	☐	Across chest	☐
Hand table	☐	Hand table	☐
Hand traction	☐	Hand traction	☐
Secured with:		**Secured with:**	
J-board	☐	J-board	☐
Straps	☐	Straps	☐
Pressure care:		**Pressure care:**	
Gel/ Foam pads	☐	Gel/ Foam pads	☐

Name:
Add
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Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☑ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Electrode:	Right Thigh	
Skin site(s) assessed and meets safety criteria as per policy	Yes ☑ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☑ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☑ No ☐ N/A ☐	If 'No' state reason and action:
Post-op skin check(s) is satisfactory	Yes ☑ No ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☒

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquet — This section NOT applicable ☒

Site and side applied	Time applied	Time removed

DVT Prophylaxis — This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☑
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Theatre continues on next page

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....

2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

Affix patient data label

Theatre continued

Skin Preparation — This section NOT applicable ☐

Site – specify:	Clipped	Preparation solution used	
Abdomen + Groin	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: 5 % ☑ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐
Site – specify:	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ____ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐
Site – specify:	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ____ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐

Prevention of Compartment Syndrome — This section NOT applicable ☒

Legs in Lloyd Davis or Lithotomy position: Yes ☐ No ☐

Patient must be rested for 5 minutes every 3 hours. If this does not happen, the reason must be documented in the comments / notes section.

Time legs positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site	Drug	Quantity
Groin Right side	Chirocaine 5mg/ml	20 mls

Drains — This section NOT applicable ☒

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					
5					

Name: .....
Addre 2012576494 .....
..... BEAVERS .....
..... David M
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Theatre continued

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐

Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound Closure	Dressings	Packing
1	Groin Right Side	2 o Caprosyn	Premicpore.	—
2				
3				
4				
5				
6				
7				
8				

Urinary Catheter

Inserted Pre-op ☐

This section NOT applicable ☒

	Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with sterile water	Prepping Solution
1			mls	mls	
2			mls	mls	
3			mls	mls	

Blood Tags

This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Name: .....
Address:.....
.....
DoB: .....
CHI numb

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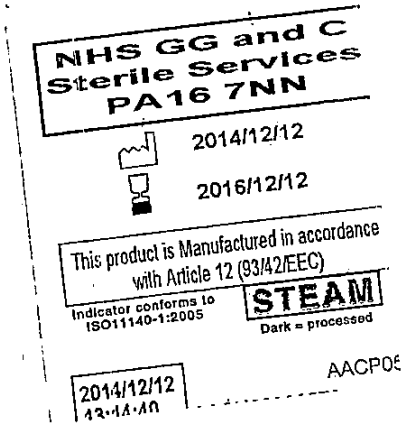
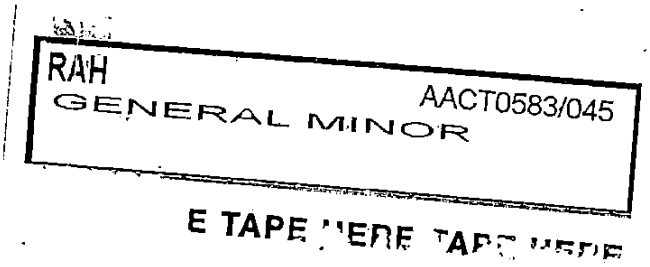
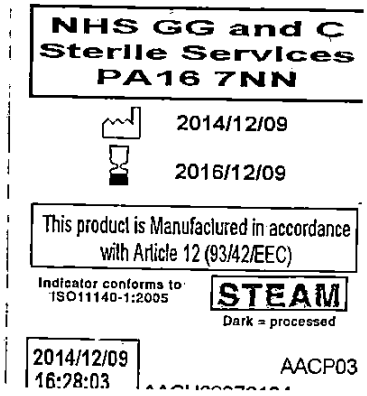
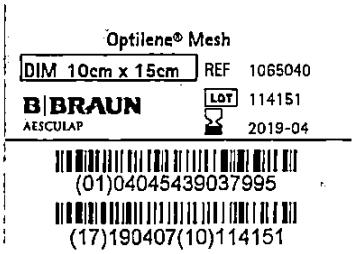
Traceability Stickers









Nam
Addr
DoB:
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838473
RAH General Medical Record
BEAVERS
David
CHI: 2012576494

Traceability Stickers

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 16-12-14

ADDRESSOGRAPH

NAME David Beavers

DOB 20/12/57

HOSP/CHI no. 6494

WARD 29

HOSP - RAH

THEATRE- 5

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	G. Kelly	JM'C FM'C
PRE - OP INSTRUMENT COUNT CORRECT	G. Kelly	JM'C FM'C
FINAL SWAB COUNT CORRECT	G. Kelly	JM'C FM'C
FINAL INSTRUMENT COUNT CORRECT	G. Kelly	JM'C FM'C
FINAL SWAB DISPATCH COUNT CORRECT	G. Kelly	JM'C FM'C

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct

SCRUB NURSE 1- SIGNATURE -

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

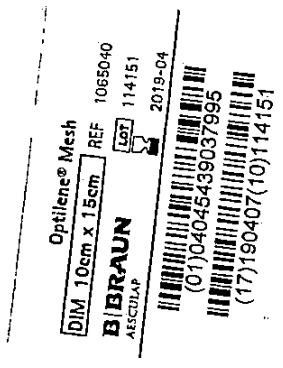
HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION: Right Inguinal hernia repair using mesh.

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)		Tapes				ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	10	Sloops/Slings				
Abdominal packs		Bulldogs				
Sutures	5	Shods				
Blades	1	Tibbs Cannula				
IV needles	1	Ports				
Syringes	1	Staple Gun Inserts				
Discard-a-pad	1	Spears				
Diathermy pencil	1	Throat packs - Anae				
Diathermy tips	1	Throat packs - Scrub				
Scratch pad	1	Retrieval Bag (Bert)				
Reels	1	Digital Tourniquets				
Patties						
Pledgelets						



DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

Name: .....
Address: .....
.....
DoB: .....
CHI numb ..

838473
RAH General Medical Record
BEAVERS
David
CHI: 2012576494

Operation / Procedure Performed

Right Inguinal hernia repair using Mesh

Pressure Area Care

Post-operative skin inspection scores (please circle)	Excoriation Level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign
Scrub - G. Kelly		
Circ FM^c Cudden		FM^c Cudden

Na
Ad
Do
CH

838473
RAH General Medical Record
BEAVERS
David
CHI: 2012576494

Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: Dr Aitken To: N Granger

Handover should include the following

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic type	Drains	
Theatre	CVP/Arterial Line	Wounds/Dressings	
Procedure	Local anaesthetic Infiltration	Urinary catheter	
Allergies	Peripheral IV	Skin inspection results	
	PVC Care Plan in place	Intra-operative events	
	Airway type	Surgical Instructions	

Recovery

This section NOT applicable ■

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care

See post operative skin inspection score from theatre on previous page

Skin inspection as required by patient but no longer than 2 hours

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action
1650	supine	0	n/a	pressure areas checked & all intact	

Area of concern identified (include area of body)	Actions taken

Name: .....
Address: 838473
RAH General Medical Record
.....
BEAVERS
David
DoB: .... CHI: 2012576494
CHI nun .....
Affix patient data label

intra-op
7mgs morphine
local anaesthetic

Post-operative Observations

Time	1645	1700	1715	1730															
210																			
200																			
190																			
180																			
170																			
160																			
150																			
140		139	139																
130	127	^	^																
120	^																		
110																			
100																			
90	v	v	v																
80	81	85																	
70		r	r																
60																			
50																			
40																			
30	75	68	66																
Airway type	1	1	1																
O_2 Therapy	5l	5l	air																
SpO_2	98%	99	96																
Resp. Rate	14	14	15																
CVP	n/a																		
Temp.	35.4																		
Pain Score	0	0	0																
P.O.N.V.	0	0	0																
Sedation Score	1	0	0																
BM Score	n/a	/	/																
HemoCue Score	n/a	/	/																
Hourly Urine Vol.	n/a	/	/																
Total Urine Vol.																			
Wound Score	0	0	0																
Wound Score	n/a	/	/																
Wound Score	n/a	/	/																
PV Staining	n/a	/	/																
Circulation +ve/-ve	n/a	/	/																
Sensation +ve/-ve	n/a	/	/																
Movement +ve/-ve	n/a	/	/																
Pedal Pulse – Left	n/a	/	/																
Pedal Pulse – Right	n/a	/	/																
Drain 1	n/a	/	/																
Drain 2	n/a	/	/																
Drain 3	n/a	/	/																
Drain 4	n/a	/	/																
Staff initials	DG	DG	DG																

NEWS CHART

SEE

Name: .....
Address 838473 .....
..... RAH General Medical Record .....
DoB: ... BEAVERS .....
David
CHI nu CHI: 2012576494 .....

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

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

Name: ..
Address:
.....
DoB: ....
CHI.nun

838473
RAH General Medical Record
BEAVERS
David
CHI: 2012576494

Affix patient data label

Events

Event	Action	Outcome

Events

Event	Action	Outcome

Name: ..
Address: 838473
RAH General Medical Record
BEAVERS
DoB:.... David
CHI: 2012576494
CHI nun

Discharge

NEWS Score: 1	Time: 17 30	Local Discharge Criteria met: Yes ☑ No ☐

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS Score	
Allergies		Intra-operative events		
	Peripheral IV			
	PVC Care Plan in place			

Blood Tags

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Name: .....

Address:.....

.....

DoB: .....

CHI numb

2012576494
BEAVERS
David M
28 Elizabethan Way 20/12/1957
Renfrew, Renfrewshire
PA4 0LY

Use this page to document further patient information if required.

NHS Greater Glasgow & Clyde: **Anaesthetic Chart**

Date	Time	Premedication	Ordered By	Given By	Time Given

Addressograph Label

Name:

D
Se
U 2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

Pre-Operative assessment

ASA:

Investigations

Previous GA:

Complications:

Weight

BP

CVS:

Haem

Resp:

Biochem

GIS:

CXR

CNS: migraine

ECG

Others:

Others

Drugs

sumatriptan prn

Airway

Allergies

Techniques and Risks

Operation: R inguinal hernia

Surgeon:

Anaesthetist:

Supervising Anaesthetist:

Post-Operative Instructions

Analgesia

Oxygen

Fluids

Other

STY0480D

Signature: _____ Date: _____

Site of Injection:	
Site of Infusion:	
CVP Site:	
Arterial Line Site:	

Comments:

ECG		FIO2		CVP	
NIBP		EtAA		IABP	
SpO2		Temp		PA	
EtCO2		Disconnect		TOF	

Anaesthetic machines Checked:

Position:	ETT / LMA / Mask
	Cuffed / Uncuffed
Intubation Grade:	Size:
	Oral / nasal
Bougie:	RSI

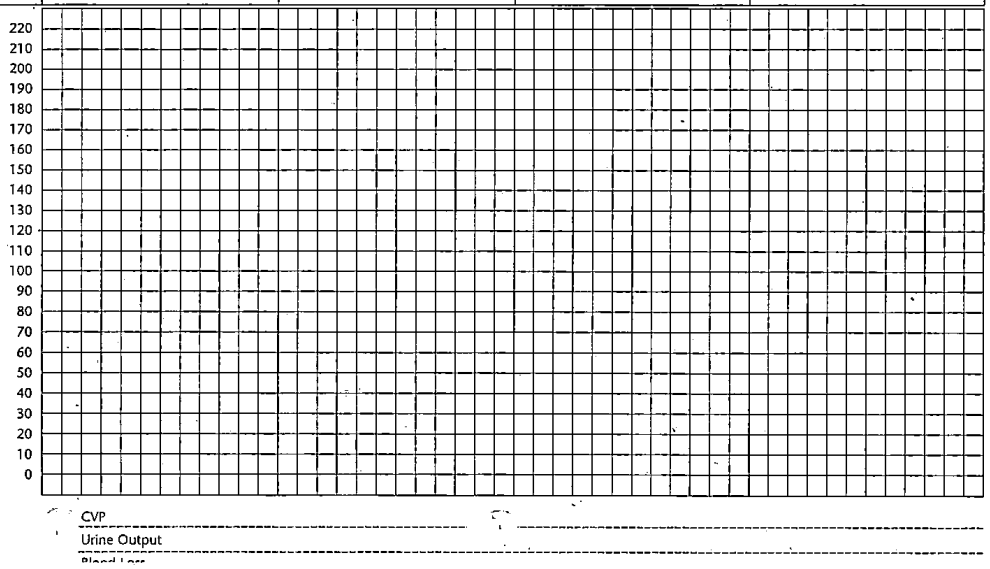
Fluids Warmer:

IV Fluids				
Vt/ x f / Pressure				
FiO2				
SaO_2				
$ETCO_2$				
ET Agent				
Temperature				
Time				

HR: •

Systolic BP: V

Diastolic BP: ^



CVP

Urine Output

Blood Loss

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	☐
OPEN EYES	☐
PODIATRY	☐
ORTHOTICS	☐

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

2012576494
1 BEAVERS
7 David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY
M
20/12/195

Date & Time		Signature, Print Name & Designation
24/7/13		
	2x (TF)	
	PO	
		UCC
	PASS I	
		IAN

Date & Time		Signature, Print Name & Designation

EMERGENCY DEPARTMENT
ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD
PAISLEY
PA2 9PN

NHS
Greater Glasgow and Clyde

Dr LORRAINE MURPHY
The Health Centre
103 Paisley Road Renfrew
PA4 8LH

Date: 23 Jan 2010

Dear Dr LORRAINE MURPHY,

Re: DAVID BEAVERS, 28 Elizabethan Way, RENFREW, PA4 0LY
Date of Birth: 20/12/1957 CHI number: 2012576494

Your patient attended Royal Alexandra Hospital on the 23 Jan 2010.

The presenting complaint was:	**HEAD INJURY**
Triage information:	**ASSAULTED LAST NIGHT POST ALCOHOL. OCCIPTAL ABRASIONS NOTED, AND CO PCP, RIGHT SIDED. NON SMOKER**
The following investigations were carried out:	**None**
The A&E diagnosis was:	****INJURY** - FRACTURE-POSSIBLE - RIB/S-SPECIFY WHICH IN GP LETTER**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**Not specified**
Follow-up:	**Not recorded**
Additional information:	**None**

Yours sincerely,

JO TUCKER
DOCTOR

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard:	0141-887-9111
Department:	UROLOGY
Contact Tel:	0141 314 6996
Enquiries to:	Maureen Gibson
Letter Date:	31/07/2015
Reference:	ZL/SJ
Dictated Date:	24/07/2015
Transcribed Date:	31/07/2015

Dear Dr Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

This patient attended the Urology clinic. He has Peyronie's disease. He also has erectile dysfunction.

On examination he has an obvious Peyronie's plaque located dorsally.

If the erectile dysfunction continues and he has no contra-indications he could have a PDE5 inhibitor to help with this.

If the deviation with Peyronie's is troublesome and extensive then the only option would be a penile prosthesis. He is not keen on surgical intervention and I have therefore discharged him.

Yours sincerely

Mr Zak Latif

Consultant Urologist

Electronically Signed: Mr Zak Latif, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Main Switchboard:
Department:
Contact Tel: 0141 314 6979
Enquiries to: Lorraine.clark2@ggc.scot.nhs.uk
Letter Date: 08/05/2015
Reference: VG/LC
Dictated Date: 08/05/2015
Transcribed Date: 08/05/2015

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - RAVGGS9-MISS GOUGH GEN SURG FRI AM
Date and Time of Appointment - 08/05/2015 11:10

Clinical Comments:
I reviewed this man at the clinic today. As you know, he has an open right inguinal hernia repair in December. He tells me he is having problems with numbness in his groin. I did explain to him that the ileo-inguinal nerve was resected at the time of his surgery, which he had been warned about pre-operatively and that this was the cause of the numbness. I advised him that it might improve over the next six months but that he would undoubtedly be left with a small area of numbness.

He also has noted that his erection is not as good as it was prior to the surgery. It is difficult to see why this has occured, but I will arrange for an ultrasound scan of his groins to make sure that his testicular flow is ok. If this comes back as normal, I will refer him to the urologists for further advice.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: Miss Vivienne Gough, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department:
Contact Tel: 0141 314 6979
Enquiries to: Lorraine.clark2@ggc.scot.nhs.uk

Letter Date: 22/10/2014
Reference: VG/LC
Dictated Date: 22/10/2014
Transcribed Date: 22/10/2014

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - RAVGGS6-MISS GOUGH GEN SURG WED PM
Date and Time of Appointment - 22/10/2014 13:45

Clinical Comments:
Thank you for referring this man, who works as an electrician. He noted a few months ago an increasing lump in his right groin and he gets discomfort in this from time to time. He tells me that he does not do a lot of heavy lifting and is self employed. He is otherwise fit and well. He is a non-smoker and takes no regular medication.

On examination he has a small, fully reducible right inguinal hernia with no palpable left inguinal hernia.

I went through the surgery with him today and he is keen to get this done. He knows there is a risk of recurrence, infection and chronic groin pain (10%).

He is self employed and would prefer his surgery to be just before Christmas so that he loses the least income possible, preferably around 11.12.14. We will endeavour to try to fit him in at his conveninece.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: Miss Vivienne Gough, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Surgery
Contact Tel: 0141 314 6979
Enquiries to: lorraine.clark2@ggc.scot.nhs.uk

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Letter Date: 06/01/2015
Reference: RM/HMcM
Dictated Date: 18/12/2014
Transcribed Date: 19/12/2014

Dear Dr. L Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admission: Specialty - General Surgery; Ward - RAH 29 - General Surgery
Consultant - Miss Vivienne Gough; Date of Admission - 16/12/2014
Date of Discharge - 16/12/2014; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:
This gentleman attended for elective repair of a right inguinal hernia. This was completed, and intra operatively a sliding hernia was found. The hernia was repaired with an open mesh technique, and he was discharged when he was well.

No further surgical follow-up has been planned.

Yours sincerely

Rudra Maitra

Surgical CT4

Electronically Signed: Doctor Rudra Maitra, Doctor

cc.

Beavers David CHI: 2012576494

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Date of Completion: 16/12/2014

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr L Murphy,

Name	CHI	DoB	Address
David Beavers	2012576494	20/12/1957	28 Elizabethan Way Renfrew PA4 0LY

Admitted	Type	Discharged	Destination
16/12/2014 08:00	In Patient	16/12/2014	

Specialty	Consultant	Ward	Telephone
General Surgery	Miss Vivienne Gough	RAH 29 - General Surgery	0141 314 7029

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Electve admission for elective right inguinal repair. Operation note; "Incision deepened down to eternal oblique.External oblique opened and cord identified. Ilio-inguinal nerve resected as in path of mesh. and ilio-hypogastricnerves seen and preservedModerate sized indirect sac separated from cord after opening cremaster ; opened and sliding hernia found. Sacclosed with 2/0 polysorb and returned to abdomen Ligated at base with 2/0 polysorb and excess excisedShaped Lichtenstein style optilene mesh placed with lateral fishtail and secured to inguinal ligament with 2/0proleneMesh secured medially 2/0- polysorb and deep ring restored 2/-0 proleneHaemostasis secured"Medically fit fr home with co-codamol prn for pain control. Regards

Treatments: None recorded.

Follow-up arranged: nil

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	As Required	No duration defined	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Struan Henry Gray
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Struan Henry Gray, Doctor

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard:	0141-887-9111
Department:	General Surgery
Contact Tel:	0141 314 6979
Enquiries to:	Lorraine.clark2@ggc.scot.nhs.uk
Letter Date:	29/05/2015
Reference:	VG/LC
Dictated Date:	27/05/2015
Transcribed Date:	27/05/2015

Dear Mr Beavers,

am writing to let you know that your recent ultrasound scan was normal. This is very reassuring. You did mention when you were at the clinic that you were having problems with your erection and therefore I will refer you to the urology doctors. If everything has resolved and you do not wish to see the urology doctors, please contact me on the above number and I will cancel this appointment.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: Miss Vivienne Gough, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew,Renfrew,PA4 8RU

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 13-Aug-2021 **Date sent** 13-Aug-2021

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955
Voice: 07838164108

101024096507C Unique Care Pathway Number: 101024096507C

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
PA4 8RU

Contact number(s)

Voice: 0141 207 7480
Facsimile: 0141 207 7488
E-mail: ggc.gp87697@nhs.scot

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

Voice: 0141 207 7480

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Altered bowel pattern and elevated qFIT

Comment: Dear Doctor

Thank you for seeing this 63 year old gentleman. He has had an altered bowel pattern for two months with his bowels being looser. There has been no blood visible.

Examination is unremarkable. qFIT was 30.

I would appreciate your further assessment.

Past history and medication are as enclosed.

Thank you,

Yours sincerely

Dr Lorraine Murphy

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
Peyronie's disease	22-Sep-2017	22-Sep-2017

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Primary repair of inguinal hernia (Left)	10-Dec-2018	10-Dec-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fucibet Cream	30	30 gram	APPLY TWICE DAILY	-	29-Jul-2021	29-Jul-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	26-May-2021	26-May-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	05-Mar-2021	05-Mar-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Nov-2018	170	96
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80

24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Age > 40 and POSITIVE QFIT > 10:true
Abdominal examination performed:No
Rectal examination performed:No
QFIT requested?:Result available
QFIT concentration:30
QFIT additional comment:Positive
FBC requested?:Yes - result available
Haemoglobin result:155
MCV:94.2
Urea and Electrolytes requested?:Yes - result available
eGFR:> 60
I feel that this patient would tolerate colonoscopy::Yes
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

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

Referral letter:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Mr Z Latif
Consultant Urologist
Royal Alexandra Hospital
PAISLEY
PA2 9PN

Main Switchboard: 0141-887-9111
Department: General Surgery
Contact Tel: 0141 314 6979
Enquiries to: Lorraine.clark2@ggc.scot.nhs.uk
Letter Date: 29/05/2015
Reference: VG/LC
Dictated Date: 27/05/2015
Transcribed Date: 27/05/2015

Dear Mr Latif,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
8 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

I wonder if you would kindly see Mr Beavers. He underwent an uncomplicated inguinal hernia repair recently and when he came to the clinic, he complained of a slight reduction in his erection. I organised an ultrasound scan, which shows normal blood flow to his testes and I wonder if you would be kind enough to see him and advise.

Yours sincerely

New Route
MR CATIF

VIVIENNE GOUGH

CONSULTANT SURGEON

lectronically Signed: Miss Vivienne Gough, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew,Renfrew,PA4 8RU

08 JUN 2015

Scan ✓

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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 GGC General Referral	——	**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 14-Aug-2014 **Date sent** 14-Aug-2014

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955
Voice: 07838164108

101007718644F | Unique Care Pathway Number: 101007718644F

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)

Voice: 0141 207 7480
Facsimile: 0141 207 7488

REFERRING GP DETAILS

Name	Dr. Robert Anderson		
GMC code	6063132	GP code	38661
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

Voice: 0141 207 7480

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Inguinal Hernia (R)

Comment: Dear Doctor

I welcome your input and assessment with the above 56 year old man who has presented with a lump in his groin. On examination he has a right sided inguinal hernia with cough impulse. It has grown slowly over the last few months and is becoming more troublesome.

He has no other medical problems.

I would therefore be grateful of your input and assessment regarding its repair.

Thank you for your help.

Yours sincerely

Dr Robert Anderson

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
Migraine	13-Aug-2014	13-Aug-2014
Mole of skin	13-Aug-2014	13-Aug-2014
Inguinal hernia	13-Aug-2014	13-Aug-2014

Family conditions (All priorities)

Description	Comment	Date of Onset
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 50 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	13-Aug-2014	13-Aug-2014

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014

Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional Support Needs
No known ASN requirements

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

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

Golden Jubilee National Hospital

COLONOSCOPY REPORT

Name: **David BEAVERS (M)**
Date of birth: **20/12/1957**
CHI No: **2012576494**
Case note no.: **2012576494**

Address: **28 Elizabethan Way**
Renfrew
PA4 0LY

GP: **MURPHY, LORRAINE**
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Procedure date: **29th September 2021 (15:47)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **Royal Alexandra Hospital, Paisley**
Referring Cons: **Mr Andrew Renwick (Consultant surgeon)**

Indications
Altered bowel habit.
Clinically important comments: Qfit 30.

Report
Bowel preparation with Kleenprep 4L was good.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified positively by ileal intubation. The scope was retroflexed in the rectum.

Site b: An area extending from the distal sigmoid to the proximal ascending
Diverticula: multiple scattered.

Diagnosis
Diverticulosis.

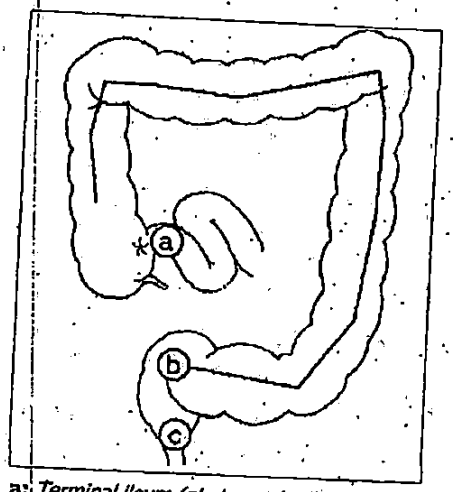
Advice/comments
Normal colonoscopy bar the diverticular disease, reassurred and discharged from further follow up.

Follow up
No evidence of cancer was seen on this endoscopy - patient informed. Patient removed from fast track
No further follow up.

Consultant/Endoscopist
List consultant: Mr Andrew Renwick
Endoscopist No1: Mr Andrew Renwick
Endoscopist No2: Miss Eleanor Massie
Nurses: Mr Henry Agoylo
Mrs Helen Moreno

Instrument
CF-HQ290L 215 4633

Premedication
Entonox (Inhaled Gas)
No Sedation



a: *Terminal ileum (photographed)*
b: *An area extending from the distal sigmoid to the proximal ascending*
c: *Rectum (photographed)*

Mr Andrew Renwick
Consultant Colorectal Surgeon
c.c. Mr Andrew Renwick (Consultant surgeon)
Beavers, David

Acute Services Division - Surgery & Anaesthetics Directorate
General Surgery

NHS Greater Glasgow and Clyde

Hospital:
Admission Date: **Operation Date:** 16/12/2014
Name: DAVID BEAVERS (CHI:2012576494)
Date of Birth: 20/12/1957 **Age:** 56 yrs **Ward:**
Principal Surgeon: Mr R Maitra
Anaesthetist: DR H Aitken
Assistants: Ms V Gough
Diagnosis: Inguinal Hernia (K40)
Procedure: Primary Repair Of Inguinal Hernia Using Insert Of Prosthetic Material (T202)
Post Op Comments:
Diet and fluids
Home this evening if well
Operation Note:
'ndication
'ight groin hernia

Incision
right groin

Procedure
Incision deepened down to eternal oblique.
External oblique opened and cord identified. Ilio-inguinal nerve resected as in path of mesh. and ilio-hypogastric nerves seen and preserved
Moderate sized indirect sac separated from cord after opening cremaster ; opened and sliding hernia found. Sac closed with 2/0 polysorb and returned to abdomen Ligated at base with 2/0 polysorb and excess excised
Shaped Lichtenstein style optilene mesh placed with lateral fishtail and secured to inguinal ligament with 2/0 prolene
Mesh secured medially 2/0- polysorb and deep ring restored 2/-0 prolene
Haemostasis secured

Closure
2/0 polysorb to external oblique
3/0 caprosyn to skin
20 mls 0.5% chirocaine locally infiltrated

XR Chest

Performed	09-Dec-2021 14:30	Received	18-Dec-2021 07:17
Reported	18-Dec-2021 07:14	Order Number	C418H37881437
Status	Final	Source System	MiSys

XR Chest Final
David Beavers
THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
Peristant cough for several months.

(Information via Order Comms)

XR Chest

Comparison made with previous. The heart and mediastinal contours are satisfactory. No focal active pulmonary disease is seen.

Reported by
Dr Ross MacDuff
GMC 6026466
Consultant Radiologist
NHS GGC
Email-Ross.MacDuff@ggc.scot.nhs.uk

Reported by: External Radiologist and External Radiologist
Verified by: External Radiologist

XR Chest

Performed	05-Sep-2016 14:11	Received	06-Sep-2016 11:45
Reported	06-Sep-2016 11:43	Order Number	C418H31812265
Status	Final	Source System	MiSys

XR Chest Final
David Beavers
HISTORY - Cough with spit for 2 months. Non-smoker.

X RAY CHEST (PA) -

Lungs are clear. Normal mediastinal, hilar and cardiac shadows.

Reported by: Dr Peter Tsang
Verified by: Dr Peter Tsang

US Testes

Performed	22-May-2015 14:53	Received	22-May-2015 15:23
Reported	22-May-2015 15:21	Order Number	C418H30234370
Status	Final	Source System	MiSys

US Testes Final
David Beavers
Clinical History :

previous RI repair. C/o reduced erection since surgeyr, Please check vascualr supply to testicles

US Testes :
No significant abnormality is seen within the scrotum. Both testes are normal in size outline and echotexture. Both show normal perfusion.

Reported by: Steven Griffiths (Sonographer).
Verified by: Steven Griffiths (Sonographer)