SAR Team
Health Records Department
Glasgow Royal Infirmary Hospital
8 - 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

MMA Legal
SToK, 43-59 Princes Street
Stockport
SK1 IRY

Date: 27th May 2026
Your Ref: 100251
Our Ref: SAR Team /PA
Enquiries To: Patricia
Direct Line: 0141 201 3382
Email: patricia.armstrong3@nhs.scot

Dear Sir/Madam,

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: STUART MUNRO DOB: 17/05/1990

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

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

GLASGOW ROYAL INFIRMARY HOSPITAL RECORDS
NO X-RAYS TAKEN

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

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

Including:

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

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 27/03/2019

Consultant: Dr Donogh Maguire

P Balaji
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear P Balaji

Re: **Munro Stuart** DOB: **17/05/1990** CHI: **1705906052**
FLAT 0-1
Glasgow G15 7QG

Attended on: **25/03/2019 at 02:47 hrs.** Departed on: **25/03/2019 at 06:36 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
head injury

Nursing Assessment:
in police custody patient claims to been assaulted from behind ? with what. c/o headache to back of head. denies c-spine tenderness. ? loc. admits to alc & vallium. news1.

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Acute Alcohol intoxication		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Alcohol intoxication, in custody. Discharged back to custody.

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

Yours sincerely,
Joanna-Lee Kerr
Doctor

Copies to:
1. P Balaji (GP)

School Address:

CHI: 1705906052

Glasgow Royal Infirmary

(8)

Total Att: **16**

12 Mth Att: **1**

Title: **MR**

MUNRO **Stuart**

DOB: **17/05/1990** Age: **28y** Sex: **Male**

FLAT 0-1
71 JEDWORTH AVE
Glasgow
Lanarkshire
G15 7QG

Next of kin:
Relationship:

GP: **P Balaji**
0141 212 7082

Attendance Date: **25/03/2019** Arrival Time: **02:47**

Registration Time: **02:47** Date of Incident: **25/03/2019**

Major Incident Desc:

Reason for Attendance: **head injury**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **4** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **25/03/2019 02:56** Nurse name: **Nurse Rachel Baird**

Temp	**35**	C
HR	**82**	bpm
BP	**123/74**	mmHg
MAP	**90.33**	mmHg
RR	**17**	bpm
SpO2	**97**	%
Oxygen		%

BM	**5.9**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **in police custody patient claims to been assaulted from behind ? with what. c/o headache to back of head. denies c-spine tenderness. ? loc. admits to alc & vallium. news1.**

Not on anti-coag.

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To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

ADULT HEAD INJURY ASSESSMENT FORM - GLASGOW ROYAL INFIRMARY

1705906052
MUNRO M
Stuart 17/05/1990
FLAT 0-1
71 JEDWORTH AVE
Glasgow, Lanarkshire
G15 7QG

(sible)

Age

Doctor JKELL
Grade CT
Date 25 / 05 / 19
Time seen 06 : 34

HISTORY / MECHANISM OF INJURY *SOURCE:* Patient Witnesses Ambulance / Police

banged head, intoxicated, told police → ED. No evidence of injury. Tells me just 'banged it'. Now sober.

LOC	No	Yes	Duration:	
Amnesia: PT	No	<5m	5-60	Hrs:
Amnesia: RG	No	Duration:		
Headache	No	Yes:		
Vomiting	No	freq	time	
Alcohol	No	AMOUNT		
Drugs	No	DESCRIBE		
Seizure	No	Yes: TIME		

PMH

Nil

DH	Aspirin	Clopidogrel	NOAC	Warfarin: INR=	TETANUS
					Complete
					Booster
					Uncertain

EXAMINATION

HR		BP		RR		BM		Temp		SaO_2	air/O_2

GCS	Description	Score
E	4	/4
M	6	/6
V	5	/5
Total	15	/15
CN I-XII	Normal	Abnormal
	COMMENTS	

	LEFT			RIGHT		
EYES	o o o ◯			o o o ◯		
	REACTS: Y/N/↓	RCM	VA	REACTS: Y/N/↓	RCM	VA
EARS	Clear	Wax	Abnormal	Clear	Wax	Abnormal
Limbs upper	Normal	Weakness		Normal	Weakness	
Limbs lower	Normal	Weakness		Normal	Weakness	

Speech: Normal Abnormal

Balance/Gait: OK unsteady

Face Movement/Sens: Normal Abnormal - DESCRIBE

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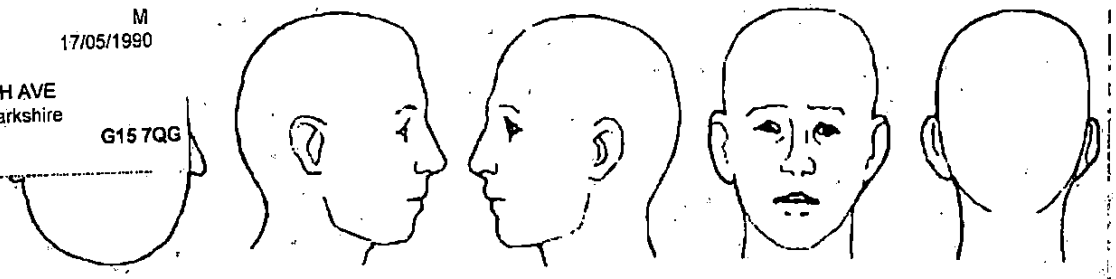


No injuries or abnormalities head/face/C-spine

Wound Closure	NONE	GLUE	SUTURES [No:]	STAPLES [No:]
Skull #	NO	COMMENT		
Base of Skull #	NO	COMMENT		
Neck Injury	NO	COMMENT		

OTHER INJURIES / PROBLEMS	NONE	LISTED ON ED CARD

IMAGING				
Immediate CT		NO	YES	COMMENT
CT within 8hrs		NO	YES	
C-Spine	CT	NO	RESULT	
	X-ray	NO	RESULT	
Other		NO	RESULT	

IMPRESSION

Alcohol.
In custody → dancing 'banged knee'
No injury

TREATMENT				
IV Access	NO	YES	REFUSED	
Bloods	NO	YES Document on card + significant results here		
Pabrinex	NO	I+II TDS	2x (I+II) TDS	
GMAWS	NO	Symptom triggered	Fixed + symptom triggered	
Analgesia	NO	Cocodamol	PRN	REGULAR
		Other		

OUTCOME			
Home	YES	NB: ALCOHOL HIWC SUPERVISION - WHO	
Admit	46 AAU	65 OTHER	
D/W Neurosurgery	NO	YES	COMMENTS: In police custody → observations; d/c.
Specialty Involvement	NO	YES	

Signature: [illegible]

MIS 272617

Emergency Department Nursing Documentation

Presenting Complaint -

Date: ____/____/____ Time: _____

1705906052
MUNRO M
Stuart 17/05/1990
FLAT 0-1
71 JEDWORTH AVE
Glasgow, Lanarkshire
G15 7QG

NHS Greater Glasgow and Clyde

Assessment Complete by: Name NURSE (Please Print)

Patient Prep / Investigations (Please tick/circle when completed)		Communication (Please Circle Tick)	
Prepare patient for examination / Clothing bag labelled + stored	☐	NEWS Chart complete / NEWS SCORE - (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☐
GGC RED BAG - with patient	☐		
12 Lead ECG	☐	ID Band	☐
Weight:	☐	Peak Flow	☐
Blood Samples Obtained: Yes ☐ No ☐		Xrays / CT Scan Performed:	☐
IV Access: Yes ☐ No ☐		Relatives / NOK informed (Carers)	☐
Blood Gas: VBG ☐ ABG ☐		Child Protection Concern (considered in line with policy)	Y/N
		Adult Support and Protection	Y/N

Urinalysis

Leucocytes	☐	Nitrites	☐	Protein	☐	Blood	☐
Ketones	☐	Glucose	☐	PH		S.G.	
MSSU / CSU	☐	Toxiclogy	☐				
HCG	☐	+VE	☐	-VE	☐	Strip No -	

Screening Tools
(Please tick/circle when completed)

SEPSIS RISK? / SIRS Criteria 2 or more	Y/N	**SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)**	YES
Mental Health Triage Assessment	Y/N	If NOT WHY? - (details)	NO
GMAWS	Y/N	Date - Time - Signature -	

4AT

AMT	Correct
Age	
Date of Birth	
Place	
Current year	

No mistakes = 0
1 mistake = 1
> 1 mistake = 2

Attention (months of year backwards)	
> = 7 correct	0
< 7 correct	1
Untestable	2

Alertness	
Normal	0
Mild sleepiness	0
Clearly abnormal	4

Mental status according to family/carer		
Acute change or fluctuating	4	YES
Acute change or fluctuating	0	NO

4AT score

/12

STEP 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

		YES	NO
F	Functional impairment (new or worsening) eg difficulty with self care		
R	Resident in a care home?		
A	Altered mental state such as acute confusion or dementia use the 4AT		
I	Immobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	Likely to require support for discharge? (either new or increase in existing support)		

Are any of the above criteria met? If YES to any of the above move to step 2

STEP 2 Would this person be better managed by another specialty team at present?

Indicator for care by another acute specialty regardless of age.

	YES	NO
Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome		
Trauma with suspected fracture		

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.

If **NO** to the list in step 2:

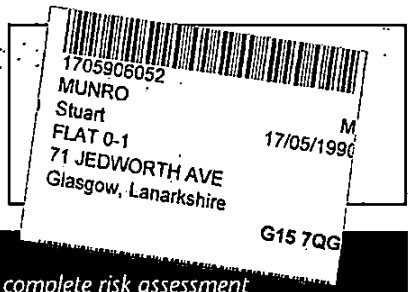
- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

Screening Tools / ACTIVE CARE

(Please tick/circle when completed)

1) Pressure Damage Does the person have redness and/or existing damage? If YES - continue with a minimum of 2 hourly Active Care + Complete PUDRA		Y/N	**Date**	**Location of Redness/Ulcers**	**Grade of Ulcer**	
2) Mobility	Does the person require assistance?	Y/N				
3) Continence		Y/N	**5) Skin**	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?		Y/N
4) Nutrition		Y/N	**6) Judgment**	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS		Y/N

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.



At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*	
YES	NO

Pause for Transfer / Discharge (Please tick when completed)		Tick when completed	N/A	Notes
Relatives Informed of Admission / Discharge		☐	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward		☐	Always	
GGC RED BAG - with patient		☐	Always	
Name Band		☐	Always	
Nursing Screening Tools completed		☐	Always	
Bed requested, SBAR COMPLETE		☐	☐	
NEWS chart		☐	Always	
Prescriptions / Charts signed	Infusions	☐	☐	
	Cannula	☐	☐	
	Notes: medical notes, GP letter, PRF	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	
Belongings (including patients medication)		☐	Always	Please note here if any other tasks required prior to transfer
SAS Transport required and ref. no.		☐	☐	
Print Name Sign -				

Nursing Notes

Date and Time		Print Name and Signature
25/03/19	cn bay 5. Awaits examination	nStewart

Nursing Notes

Date and Time		Print Name and Signature

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Address
1705906052
MUNRO M
Stuart 17/05/1990
FLAT 0-1
71 JEDWORTH AVE
CHI No. Glasgow, Lanarkshire
G15 7QG
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

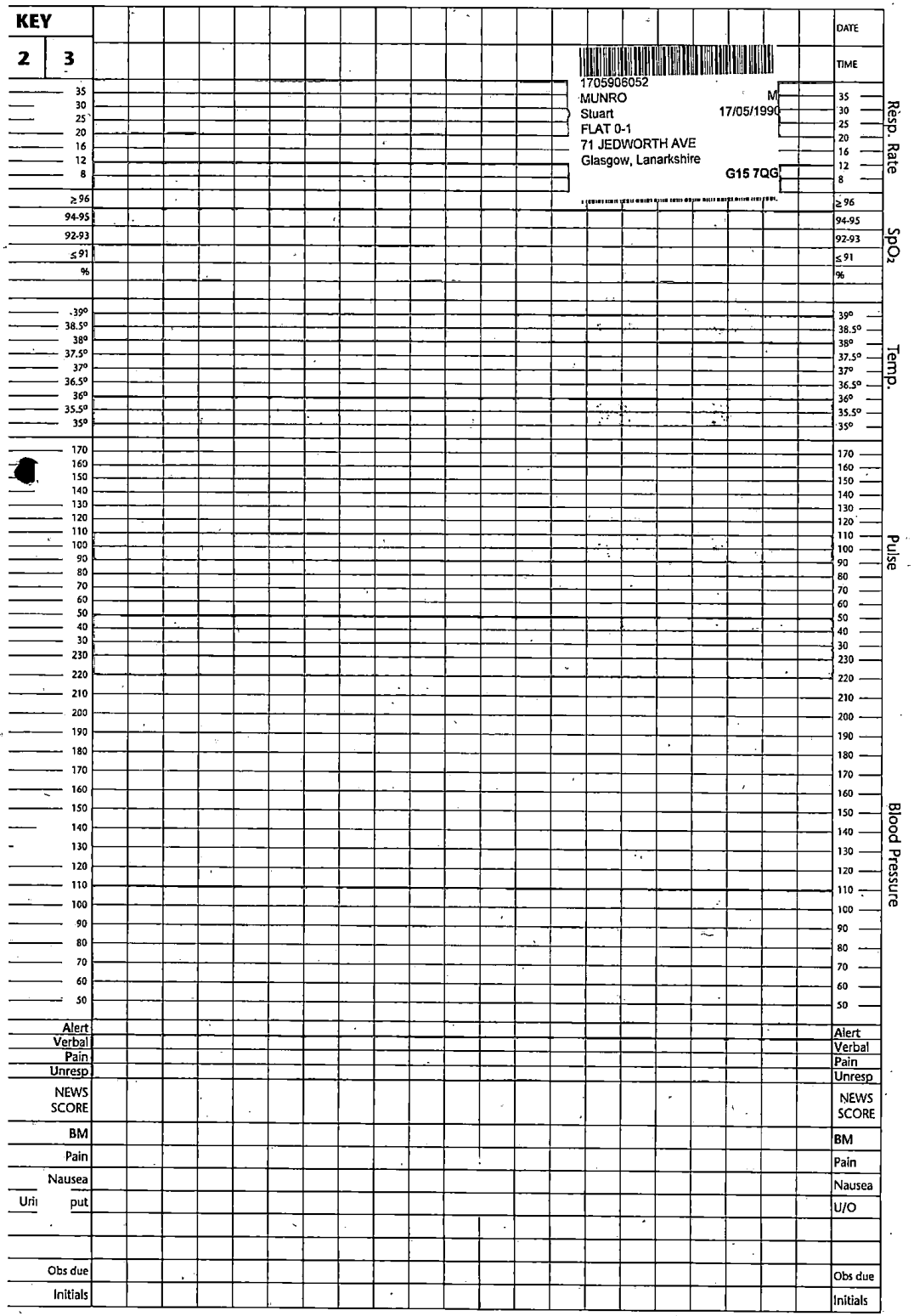
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

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.

5 Stuart Munro

		DATE:	5/3																			DATE	NEWS 0	NEWS 1
		TIME:	0300	0500																		TIME		
Resp. Rate Mark: •	35																					35		
	30																					30		
	25																					25		
	20																					20		
	16	16	•																			16		
	12																					12		
	8																					8		
SpO_2 (Enter Value)	≥96	97	98																			≥96		
	94-95																					94-95		
	92-93																					92-93		
	≤91																					≤91		
Any Sup'l O_2	%																					%		
Room air		A	A																					
Temp. Mark: X	39°																					39°		
	38.5°																					38.5°		
	38°																					38°		
	37.5°																					37.5°		
	37°																					37°		
	36.5°																					36.5°		
	36°																					36°		
	35.5°																					35.5°		
	35°	X	X																			35°		
Pulse. Mark: •	170																					170		
	160																					160		
	150																					150		
	140																					140		
	130																					130		
	120																					120		
	110																					110		
	100																					100		
	90		•																			90		
	80																					80		
	70																					70		
	60																					60		
	50																					50		
	40																					40		
	30																					30		
Blood Pressure Mark: ◇	230																					230		
	220																					220		
	210																					210		
	200																					200		
	190																					190		
	180																					180		
	170																					170		
	160																					160		
	150																					150		
	140																					140		
NEWS SCORE using Systolic BP	130	123																				130		
	120	A																				120		
	110		A																			110		
	100		V																			100		
	90																					90		
	80	V																				80		
	70	74																				70		
	60																					60		
	50																					50		
Conscious Level Mark: •	Alert	▼	•																			Alert		
	Verbal																					Verbal		
	Pain																					Pain		
	Unresp																					Unresp		
Total NEWS (with all obs)		1	2																			NEWS SCORE		
BM																						BM		
Pain																						Pain		
Nausea																						Nausea		
Urine output																						U/O		
Obs due																						Obs due		
Initials		MA	MA																			Initials		


KEY
2
3
DATE
TIME
1705906052
MUNRO
Stuart
FLAT 0-1
71 JEDWORTH AVE
Glasgow, Lanarkshire
G15 7QG
M
17/05/1990
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm)

1 2 3 4 5 6 7 8

AFFIX PATIENT ID

Neurological Observations

Date:				∞	∞	
Time:				03	05	
COMA SCALE	E Eyes open	Spontaneously	4	o	o	Eyes closed by swelling = C
		To speech	3			
		To pain	2			
		None	1			
	V Best Verbal response	Orientated	5	o	o	Endotracheal tube or tracheostomy = T
		Confused	4			
		Inappropriate words	3			
		Incomprehensible sounds	2			
		None	1			
	M Best motor response	Obeys	6	o	o	Usually record the best arm response
		Localises	5			
		Flexion - withdrawal	4			
		Flexion - abnormal	3			
		Extension to pain	2			
		None	1			
		TOTAL SCORE		15	15	
PUPILS	R	Size				+ reacts – no reaction c. eyes closed
		Reaction				
	L	Size				
		Reaction				
LIMB MOVEMENT	ARMS	Normal power				Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness				
		Severe weakness				
		Spastic flexion				
		Extension				
		No response				
	LEGS	Normal power				
		Mild weakness				
		Severe weakness				
		Spastic flexion				
		Extension				
		No response				

Pain Score

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

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

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

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Clinic Letter

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Dr. P Balaji
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard:	
Department:	Plastic Surgery Department
Contact Tel:	Tel: 0141 211 5788
Enquiries to:	Geraldine.Keyes@ggc.scot.nhs.uk
Letter Date:	25/09/2018
Reference:	DL/GK
Dictated Date:	25/09/2018
Transcribed Date:	03/10/2018

Dear Dr. P Balaji,

Stuart Munro; D.O.B: 17 May 1990; CHI: 1705906052
FLAT 0-1, 71 JEDWORTH AVE, Glasgow, Lanarkshire, G15 7QG

Attendance: Specialty - Plastic Surgery; Clinic - CASWPS4-MR WATSON PS TUE PM
Date and Time of Appointment - 25/09/2018 14:00

Clinical Comments:
Thank you for referring this young man who I met at Mr Watson's outpatient clinic this afternoon. He sustained a wound to his left ear in December last year which was treated at the time and he now has a prominent wedge shaped split. This would be amenable to repair under local anaesthetic by freshening the edges and direct closure. I've explained the procedure to him including the attendant risks and he is keen to proceed. I've advised him that his risk of wound healing problems will be significantly reduced if he can make progress with smoking cessation in the meantime.

Kind regards.

Yours sincerely

Mr David Leonard

ST5 in Plastic Surgery

Electronically Signed: Dr David Leonard, Doctor

cc.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

1705906052
MUNRO
Stuart
FLAT 0-1
71 JEDWORTH AVE
Glasgow, Lanarkshire
G15 7QG
M
17/05/1990

Date & Time		e, Print Name esignation
25/9/18	Howard (STS)	
	Traumatic splint (L) ear Dec 2017. Not treated at time.	
		Mask
		No regular meds.
		Smoker 10-15/day.
	Plan:	
	Refer OPLA	
	Smoking cessation advice	
		STS

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Plastic Surgery GGC Plastics	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	——	**Hospital** and **hospital address** Hospital location code. G107H Email address

Urgency of referral Routine
Date of referral 18-Jul-2018 **Date sent** 18-Jul-2018

PATIENT DETAILS

Surname	Munro
Forename(s)	Stuart
Title	Mr
Sex	Male
Date of birth	17-May-1990
CHI no.	1705906052
Area of Residence	

Patient's address

0-1
71 Jedworth Avenue
Glasgow
G15 7QG

Contact number(s)

Voice: 07575 192 975

101016570076J Unique Care Pathway Number: 101016570076J

REGISTERED GP DETAILS

Name	Dr Andrew McCall		
GMC code	2987411	GP code	05282
Practice name	1398 Dumbarton Road (18837)		
Practice code	40578		

Practice address

Victoria Park Medical Practice
1398 Dumbarton Rd
GLASGOW
Scotstoun
G14 9DR

Contact number(s)

Voice: 0844 477 3318
Facsimile: 0141 959 8463

REFERRING GP DETAILS

Name	Dr. Preethy Balaji		
GMC code	6097553	GP code	04995
Practice name	Victoria Park Medical Practice (40578)		
Practice code	40578		

Practice address

1398 Dumbarton Road
Glasgow
G14 9DR

Contact number(s)

Voice: 0141 212 7082

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Left pinna injury

Comment: Thank youf or seeing this 28 year old man who alleged having an injury in December 2017 causing ear laceration. He was reviewed in Jan 2018 for same in A&E but had developed granulation tissue and unabel to be fixed. It would be most appreciated if he could be reviewed to be considered for fixaiton of same please.
Many thanks
Dr P Balaji

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Cellulitis and abscess NOS	-	17-Jul-2018	17-Jul-2018
Fracture of metacarpal bone	right 5th	20-Aug-2008	20-Aug-2008

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
Flucloxacillin Capsules 500 mg	28	28 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY	-	17-Jul-2018	17-Jul-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
27-Aug-2008	112	65

Body Measurements

Date Recorded	Height	Weight	BMI
27-Aug-2008	160	57.2	22.34

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Height (m):	160	-
Weight (kg):	57.2	-
BMI (Weight / Height):	22.34	-
Smoker :		16-Dec-2014
Not interested in stopping smoking:		09-Jan-2014
Current smoker:		09-Jan-2014
Heavy smoker - 20-39 cigs/day :		24-Nov-2011
Current smoker:	: priority=2	06-Dec-2010
Heavy drinker - 7-9u/day :	? overdosed with a mixture of antibiotics/ other m,eds (very vague about which ones) 6/7 ago "depressed" he says ; declined referral	24-Nov-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

GLASGOW ROYAL INFIRMARY

1705906052
MUNRO M
Stuart 17/05/1990
FLAT 0-1
71 JEDWORTH AVE
Glasgow, Lanarkshire
G15 7QG

DATE 18/10/18

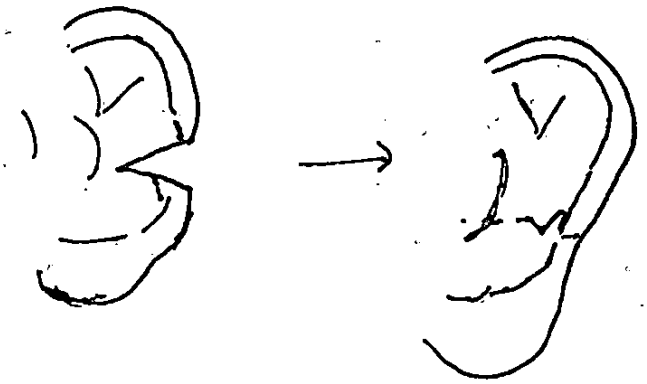
OPERATION

DELAYED REPAIR LACERATION LEFT EAR

SURGEON LEONARDS for WATSON

I: Trauma. Not repaired acutely.

F:



P: 1% lignocaine + adrenaline
Edges of defect excised
2-plasty in anterior aspect to release contracted scar
Haemostasis
5/0 vicryl 5/0 ethilon

D: Chloraphenicol

P/O: Sutures out GP 1 week.
OPD 6-8 weeks.

MATERIAL SENT FOR EXAMINATION

LEONARDS SJ

Intraoperative Accountable Items Count Record

Date 18/10/18

ADDRESSOGRAPH

NAM 1705906052
MUNRO M
Stuart
FLAT 0-1 17/05/1990
DOB 71 JEDWORTH AVE
Glasgow, Lanarkshire
HOS G15 7QG

WARD ~~RSSU~~ 49.

HOSP- GRI (PSU)

THEATRE- YS

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	A Thomas	MBrand
PRE - OP INSTRUMENT COUNT CORRECT	A Thomas	MBrand
FINAL SWAB COUNT CORRECT	A Thomas	Conrad TConroy
FINAL INSTRUMENT COUNT CORRECT	A Thomas	Conrad TConroy
FINAL SWAB DISPATCH COUNT CORRECT	A Thomas	Conrad TConroy

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 - A Thomas

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*		N/A	
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION Laceration left ear.

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

Swabs (2x2)	0	Tapes	0		1	ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	10	Sloops/Slings	0			
Abdominal packs	0	Bulldogs	0			N/A
Sutures	3	Shods	0			
Blades	2	Tibbs Cannula	0			
IV needles	0	Ports	0			
Syringes	0	Staple Gun Inserts	0			
Discard-a-pad	1	Spears	0			
Diathermy pencil	0	Throat packs - Anae	0			
Diathermy tips	0	Throat packs - Scrub	0			
Scratch pad	0	Retrieval Bag (Bert)	0			
Reels	0	Digital Tourniquets				
Pattles	0	Marlex pad	1			
Pledgelets		& valex				

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

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

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	
Pati 1705906052 MUNRO M Stuart 17/05/1990	
Dat FLAT 0-1 71 JEDWORTH AVE Glasgow, Lanarkshire	Gender Male ☐ Female ☐
CHI G15 7QG	
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).

Delayed repair left ear

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

Bleeding infection scar
Haematoma

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)	LEONARD (ST5)
Date	18/10/16

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	Date 18/10/18
Name (print) Stuart [illegible]	

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

PLASTIC SURGERY AND BURNS SERVICE
IPLA/ OPLA MEDICAL HISTORY FORM

NHS

1705906052
MUNRO M
Stuart 17/05/1990
FLAT 0-1
71 JEDWORTH AVE
Glasgow, Lanarkshire
G15 7QG

DATE OF ADMISSION: 18/10/18

WARD: 49

CONSULTANT: mr WATSON

Dr. P Balaji
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DR

PATIENT

NEXT OF KIN Christine Lee

PHONE NUMBER 07849 241136

Planned Procedure:

Please fill in the following questionnaire by circling Y for YES and N for NO. A doctor and / or nurse will come and discuss the questions with you later.

Have you ever had an operation before? (If yes, please state below) Y/(N)

Have you or any of your relatives ever had a bad reaction to a general anaesthetic? (If yes, please state below) Y(N)

Have you been/are you being treated by your GP or other hospital for a medical condition? (If yes, please state below) Y/(N)

Have you ever had any of the following:-

a heart attack	Y(N)	**diabetes**	Y(N)
angina (chest pain)	Y(N)	**heartburn, hiatus hernia or stomach ulcer** (please circle relevant condition)	Y(N)
high blood pressure	Y(N)	**rheumatic fever**	Y(N)
a stroke	Y(N)	**jaundice (turned yellow)**	Y(N)
a fit or convulsion	Y(N)	**a clot on the lung**	Y(N)
asthma, bronchitis, emphysema (please circle relevant condition)	Y(N)	**a clot in the leg**	Y(N)

5. Do you have any allergies? Y(N)

Please list medicines (tablets, patches, inhalers, injections, sprays):

MEDICINE	DOSE	TIMES TAKEN
N/K		

Are you taking a contraceptive pill?	Y/N	N/A
Are you/could you be pregnant?	Y/N	N/A
Do you get palpitations or have an irregular heartbeat?		Y/N
Do you get breathless easily?		Y/N
Can you lie flat without getting breathless?		Y/N
Do you have swollen ankles on most days?		Y/N
Do you have any coughs or colds at the moment?		Y/N
Do you suffer from sickness, diarrhoea or constipation? (please circle)		Y/N
Do you have kidney disease?		Y/N
Do you have any pain or burning on passing water?		Y/N
Do you need to pass water during the night?		Y/N
Do you have blackouts or faint easily?		Y/N
Do you have migraines?		Y/N
Are there any illnesses that run in your family eg heart disease, blood disorders, muscle disorders etc? If so, please give details in the space below.		Y/N
Have you either been an inpatient in hospital or received holiday dialysis, outside Scotland in the last 12 months, or been in close contact with someone who has carbapenemase-producing enterobacteriaceae (CPE) or have been CPE positive		Y/N

If yes please give brief details _____

_____

What do you do for a living? Joiner

Who do you live with? Partner

Do you smoke? Y/N
How many per day? : 10

How often do you have more than 6 alcoholic drinks on one occasion (please circle)
Daily Weekly Monthly Less than Monthly Never

Do you have a hearing aid? Y/N

Do you wear contact lenses or glasses? Y/N

Do you have false teeth? NO/ TOP/ BOTTOM/ BOTH

Do you use any mobility aids?

Do you have a Power of Attorney or Welfare Guardian Y/N

Details: **Are they present?** Y/N

Do you have homecare? Y/N

Details:

Do you have an unpaid carer such as Partner/ Friend/ Family? Y/N

What help do they provide:

Patient's signature _____ **Nurses's signature** _____

Date: 18/10/18 **Date:** 18/10/18

FOR HOSPITAL STAFF ONLY

ADMISSION RECORDINGS

BP : 109/53 **Pulse :** 54

AMT score:

Local Anaesthetic Patient Checklist

Date: 8/6/18 Consultant: Watson

Operating Surgeon: _____

Allergy: NKDA

Patient
1705906052
MUNRO
Stuart
FLAT 0-1
71 JEDWORTH AVE
Glasgow, Lanarkshire
G15 7QG
M
17/05/1990

Checklist	Signed
Identity Band Checked	✓ FR.
Jewellery Removed/ Taped	✓ FR.
Internal Prosthesis ☐ Yes ☑ No site _____	✓ FR.
Pacemaker ☐ Yes ☑ No	✓ FR
Inhalers ☐ Yes ☑ No Which ones _____	✓ FR.
Anticoagulant therapy ☐ Yes ☑ No Last taken _____ If warfarin INR _____ Diabetic ☐ Yes ☐ No BM _____	✓ FR.
AMT score ..... If the patient scores <4 then consent or AWI form must be completed on the ward prior to attending theatre.	✓ FR.

To be completed in theatre area

Planned Procedure: Delayed repair of left ear laceration

Can patient confirm planned procedure and site? ☑ Yes ☐ No

If any concerns contact theatre for review on ward.

Pre Operative Marking Check

Perioperative Surgical Pause (Theatre team & Operating surgeon present)	Signed
Patient Identity check	EB
Patient identifies lesion/ surgical site	EB
Letter and Theatre list correspond with planned surgical site	EB
Lesion Marked	EB
Patient confirm marked lesion (use mirror if required)	EB
Consent form signed	EB

Date/Time		1600	1620	1630										
NIBP														
	220													
	200													
	190													
	180													
	170													
Blood	160													
Pressure	150													
	140													
	130													
	120	^		^										
	110													
	100		^											
Pulse	90													
Rate	80													
	70													
	60	V												
	50			V										
	40		V											
	30													
	20													
	10													
	0													
ECG														
SpO_2		99	99	98										
O_2 L/Minute														
Resps														

Procedure Performed

Local Anaesthetic used

Record of Peri-Operative Events

Time	Event	Sign
1620	Pt felt lightheaded	
	during injections	
	of LA. Stopped injection	
	to give pt a break	
	felt OK again and	
	happy to proceed with	
	operation.	EBowie.

Comments:

CARE AND FOLLOW UP:

Discharge Follow up Date and Location: Rose GP

Referrral required for Outreach Nurse? Y/(N) Form Submitted? Y/(N)

Consultant Follow up: Appointment request in diary mr WATSON 6-8/52 (Y)/N

Post Operative Instructions: Post-op advice given re: Wound care, pain relief, bleeding & swelling. Telephone numbers given.

Carer aware of post op instructions ~~Y/N~~

POST-OPERATIVE RECORDINGS B/P. 100/51 P. 49

Signature of Nurse: m mclauge Date: 18/10/18

Notes