

Emergency Department Ninewells
Hospital
Consultant: Dr Michael Johnston

A&E No: E0000079435

Registered By: Isabel Mills



Patient Details	
Patient Name: James Kemp	CHI: 2405680696
Date of Birth: 24/05/1968	Age: 50 Years
Sex: Male	Status: Never married nor registered civil partnership
Religion: None	Ethnicity: Scottish
Occupation: Groundsman	1st Language:
School:	
Address: 32 Glenmoy Avenue Dundee DD3 8EX Tel: 01382816057 Mobile:	Temporary Address: N/A Tel:
1st Contact: Jacqueline Smith Address: 32 Glenmoy Avenue Dundee DD3 8EX Tel: 01382816057 Relationship: Partner	GP Details: PA MacIntyre Address: 21505/1, Methilhaven Surgery, 361 Methilhaven Road, Methil, Fife, Leven, KY8 3HR Tel: 01333 426913
1st Contact Notified: Yes / No	
Attendance Details	
Complaint: lump on neck	
Arrival Date: 18/07/2018	Arrival Time: 23:24
Arrival Mode: Private transport	Source of Attendance: Self Referral - Patient
Incident Date: 16/07/2018	Incident Time: 15:00
Incident Location: Home (or other house or garden)	
Accompanied By: Partner	
Nurse Assessment Details	
Assessment Nurse: Fiona Dunsmore	
Triage Time: 23:51	Pain Score:
Allergies: None Known	
Immunisation:	
Interventions: redirection / primary care problem explained and given laninated explanation	
Flow Chart / Discriminator:	
Manchester Triage / Streaming Decision Making: re-direction , small lumps on back of neck, on hair line ? ingrown hairs, no concern, happy to see GP friday when has an app, left dept	
Triage Category:	5 - Non-Urgent

EMERGENCY DEPARTMENT NOTES (STREAM 1 & 2)

Pa

Is

SURNAME: _____ **FORENAME:** _____ **A-CHI:** _____ **DATE:** _____

Please date/time and sign all entries

RR: _____ **SPO2:** _____ **T:** _____ **P:** _____ **BP:** _____ **BM:** _____ **Ketones:** _____ **SIRS:** _____ **Weight:** _____

ASSESSMENT/SOCIAL HISTORY **ADL – Independent /Dependent**

Re-Triage: Y/N Stream: _____ Time: _____

INTERVENTIONS

To be completed if further nursing involvement

EVALUATION AND DISCHARGE PLAN

SEI
(if)

TR

Suitably dressed for discharge home Y/N

ADL Independent/Dependent at discharge

PAIN/ABBEY PAIN SCORE:

PPURA:

EWS at discharge:

Nurse Name:

Signature:

Time:

Patients Name _____ A-CHI _____

1st CLINICIAN _____ DATE _____ TIME _____

SENIOR _____ TIME _____ SPECIALITY _____ TIME _____
(if involved) REFERRED

TREATMENT

Patients Name _____ A-CHI _____

DISCHARGE PROFILE

Patients Name _____ A-CHI _____

Drugs:	Brought in by Patient	Y / N	Removed from Patient	Y / N
	Returned to Patient	Y / N	Transferred to ward	Y / N
Other _____				

Valuables / Belongings			
Patient accepts responsibility for own belongings/valuables: Signature _____			
Book No. _____	Page No. _____	Where stored _____	Receipt No. _____
Taken by _____		Taken by Police: Signature _____	

Discharge against Medical Advice	
I, _____ of _____	
> wish to take my discharge from the hospital	
> wish to remove _____ aged _____	
from the hospital. <i>(State name & relationship)</i>	
I appreciate that this is against the advice and wishes of the Consultant in charge or his Deputy. I acknowledge that I have been informed of the dangers of doing so and I accept full responsibility for my action and consequences arising therefrom.	
Signed _____	(patient/parent or guardian) Date _____
Signed _____	Witness Date _____
I confirm that I have explained the dangers that might arise out of his/her decision to take his/her own discharge.	
Signed _____	Medical Practitioner Date _____

Out Patients: Date _____	Paed. Liaison HV: _____ Y / N
_____ Time _____	
_____ Area _____	

Discharge Drugs	
Prescribed by _____ Given by _____	
Left AED at: _____	Discharged by: _____
Discharged to: _____	Accompanied by: _____

Emergency Department Ninewells
Hospital
Consultant: Dr Andrew Reddick

A&E No: E0000098572



Registered By: Kirsty Reilly

Patient Details	
Patient Name: James bernard Kemp	CHI: 2405680696
Date of Birth: 24/05/1968	Age: 50 Years
Sex: Male	Status: Never married nor registered civil partnership
Religion: None	Ethnicity: Scottish
Occupation: Groundsman	1st Language:
School:	
Address: 32 Glenmoy Avenue Dundee DD3 8EX Tel: 01382816057 Mobile:	Temporary Address: N/A Tel:
1st Contact: Jacqueline Smith Address: 32 Glenmoy Avenue Dundee DD3 8EX Tel: 01382816057 Relationship: Partner	GP Details: C Sloss Address: 11382/1, Family Medical Group, Green Wing wallacetown health cent, Lyon Street, Dundee, Dundee, DD4 6RB Tel: 01382 459519
1st Contact Notified: Yes / No	

Attendance Details	
Complaint: R ARM INJURY	
Arrival Date: 16/10/2018	Arrival Time: 21:01
Arrival Mode: Private transport	Source of Attendance: Self Referral - Patient
Incident Date: 16/10/2018	Incident Time: 09:40
Incident Location: Home (or other house or garden)	
Accompanied By: Partner	

Nurse Assessment Details	
Assessment Nurse: Katrina Duncan	
Triage Time: 21:17	Pain Score:
Allergies: None Known	
Immunisation:	
Interventions: Advice - verbal, Procedure explained and reassurance given	
Flow Chart / Discriminator:	
Manchester Triage / Streaming Decision Making: R arm injury	
Triage Category:	4 - Standard

EMERGENCY DEPARTMENT NOTES (STREAM 1 & 2)

Pat
1st

SURNAME: FORENAME: A-CHI: DATE:

Please date/time and sign all entries

RR: SPO2: T: P: BP: BM: Ketones: SIRS: Weight:

ASSESSMENT/SOCIAL HISTORY ADL – Independent /Dependent

Re-Triage: Y/N Stream: Time:

INTERVENTIONS

To be completed if further nursing involvement

EVALUATION AND DISCHARGE PLAN

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(if ir

TRE

Suitably dressed for discharge home Y/N
_ADL Independent/Dependent at discharge
PAIN/ABBEY PAIN SCORE: PPURA: EWS at discharge:
Nurse Name: Signature: Time:

Patients Name JAMES KEMP

A-CHI 2405680696

1st CLINICIAN Cannon

DATE 16/10/18

TIME 22:40

⑤0 → Right elbow injury -

struck elbow on scaffolding when pulling cord of stick saw.

OK - No skin defect, swelling or effusion

Minor abrasion medial to olecranon.

Medial olecranon tenderness

Full ROM - Able to fully extend

Sup / Prone ✓ wrist ✓

NV ✓

⇒ LSP - STI

- algia
Pain ①

SENIOR _____ TIME _____ SPECIALITY _____ TIME _____
(if involved) REFERRED

TREATMENT

Patients Name _____

A-CHI _____

DISCHARGE PROFILE

Patients Name _____ A-CHI _____

Drugs:	Brought in by Patient	Y / N	Removed from Patient	Y / N
	Returned to Patient	Y / N	Transferred to ward	Y / N
Other _____				

Valuables / Belongings

Patient accepts responsibility for own belongings/valuables: *Signature* _____

Book No. _____ Page No. _____ Where stored _____ Receipt No. _____

Taken by _____ Taken by Police: *Signature* _____

Discharge against Medical Advice

I, _____ of _____

> wish to take my discharge from the hospital

> wish to remove _____ aged _____
from the hospital. *(State name & relationship)*

I appreciate that this is against the advice and wishes of the Consultant in charge or his Deputy.
I acknowledge that I have been informed of the dangers of doing so and I accept full responsibility
for my action and consequences arising therefrom.

Signed _____ (patient/parent or guardian) Date _____

Signed _____ Witness _____ Date _____

I confirm that I have explained the dangers that might arise out of his/her decision to take his/her own discharge.

Signed _____ Medical Practitioner _____ Date _____

Out Patients: Date _____ Time _____ Area _____	Paed. Liaison HV: _____ Y / N
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Discharge Drugs

Prescribed by _____ Given by _____

Left AED at: 2245.	Discharged by: <i>C. R. Y.</i>
Discharged to: <i>He</i>	Accompanied by: _____

Emergency Department Ninewells
Hospital
Consultant: Dr Kirsty Tonge

A&E No: E0000170468

Registered By: Kirsty Reilly



Patient Details	
Patient Name: James bernard Kemp	
Date of Birth: 24/05/1968	CHI: 2405680696
Sex: Male	Age: 51 Years
Religion: None	Status: Never married nor registered civil partnership
Occupation: Groundsman	Ethnicity: Scottish
School:	1st Language:
Address: 32 Glenmoy Avenue Dundee DD3 8EX Tel: 01382816057 Mobile:	Temporary Address: N/A Tel:
1st Contact: Jacqueline Smith Address: 32 Glenmoy Avenue Dundee DD3 8EX Tel: 01382816057 Relationship: Partner	GP Details: C Sloss Address: 11382/1, Family Medical Group, Wallacetown Health Centre, Lyon Street, Dundee, Dundee, DD4 6RB Tel: 01382 459519
1st Contact Notified: Yes / No	
Attendance Details	
Complaint: R HAND INJURY / SUICIDAL	
Arrival Date: 17/09/2019	Arrival Time: 19:55
Arrival Mode: Police/prison transport	Source of Attendance: Police
Incident Date: 17/09/2019	Incident Time: 18:00
Incident Location: Countryside / open nature area	
Accompanied By: Police	
Nurse Assessment Details	
Assessment Nurse: Ashleigh McDonald	
Triage Time: 20:46	Pain Score:
Allergies: None Known	
Immunisation:	
Interventions: Procedure explained and reassurance given	
Flow Chart / Discriminator:	
Manchester Triage / Streaming Decision Making: Injury to right hand. Attempted to jump of Tay Bridge earlier tonight. Remains suicidal. Police in attendance	
Triage Category:	4 - Standard

EMERGENCY DEPARTMENT NOTES (STREAM 1 & 2)

Patients

SURNAME: Kemp FORENAME: Jones A-CHI: 2405680596 DATE: 17/1/19

Please date/time and sign all entries

1st CLIN

RR: SPO2: T: P: BP: BM: Ketones: SIRS: Weight:

ASSESSMENT/SOCIAL HISTORY

ADL - Independent / Dependent

(51)

Re-Triage: Y/N Stream: Time:

INTERVENTIONS

To be completed if further nursing involvement

2345 / For assessment at Carserden.
Police will escort

EVALUATION AND DISCHARGE PLAN

Discharged with police. by

SENTIQ
(if invol

TREAT

Suitably dressed for discharge home Y/N

ADL Independent/Dependent at discharge

PAIN/ABBEY PAIN SCORE:

PPURA:

EWS at discharge:

Nurse Name:

[Signature]

Signature:

[Signature]

Time:

2345

Patients Name _____

A-CHI _____

DISCHARGE PROFILE

Patients Name Somey Kemp A-CHI 24056 80696.

Drugs:	Brought in by Patient	Y / N	Removed from Patient	Y / N
	Returned to Patient	Y / N	Transferred to ward	Y / N
Other _____				

Valuables / Belongings

Patient accepts responsibility for own belongings/valuables: *Signature* _____

Book No. _____ Page No. _____ Where stored _____ Receipt No. _____

Taken by _____ Taken by Police: *Signature* _____

Discharge against Medical Advice

I, _____ of _____

> wish to take my discharge from the hospital

> wish to remove _____ aged _____

from the hospital. *(State name & relationship)*

I appreciate that this is against the advice and wishes of the Consultant in charge or his Deputy.
I acknowledge that I have been informed of the dangers of doing so and I accept full responsibility for my action and consequences arising therefrom.

Signed _____ (patient/parent or guardian) Date _____

Signed _____ Witness _____ Date _____

I confirm that I have explained the dangers that might arise out of his/her decision to take his/her own discharge.

Signed _____ Medical Practitioner _____ Date _____

Out Patients: Date _____	Paed. Liaison HV: _____ Y / N
_____ Time _____	
_____ Area _____	

Discharge Drugs

Prescribed by _____ Given by _____

Left AED at: <u>2345</u>	Discharged by: <u>[Signature]</u>
Discharged to: <u>Carewren</u>	Accompanied by: <u>police</u>

Emergency Department Ninewells Hospital

Ninewells Hospital
 Ninewells Drive
 Dundee
 DD2 1GZ

PA MacIntyre
 21505/1, Methilhaven Surgery
 361 Methilhaven Road, Methil, Fife
 Leven
 KY8 3HR

Dear Doctor

Mr James Kemp
 32 Glenmoy Avenue
 Dundee
 DD3 8EX

Date of Birth: 24/05/1968
 ACHI Number: 2405680696
 ED Attendance Number: E0000079435
 No. of Previous Attendances: 0
 Occupation: Groundsman
 School:
 Responsible Consultant: Dr Michael Johnston

The above patient attended the Emergency Department Ninewells Hospital on 18/07/2018 at 23:24 and was discharged with follow up by the primary care team on 19/07/2018 at 01:03. The letter was compiled by Dr Laura Muir

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Redirection - ED nurse redirection (as per policy)		

Diagnosis Comments: To follow-up with GP.

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with follow up by the Primary Care team

Referred To:

Notes for GP:

Yours sincerely
 Dr Laura Muir

Emergency Department Ninewells Hospital

Ninewells Hospital
 Ninewells Drive
 Dundee
 DD2 1GZ

C Sloss
 11382/1, Family Medical Group
 Green Wing wallacetown health cent, Lyon
 Street, Dundee
 Dundee
 DD4 6RB

Dear Doctor

Mr James Kemp
 32 Glenmoy Avenue
 Dundee
 DD3 8EX

Date of Birth: 24/05/1968
 ACHI Number: 2405680696
 ED Attendance Number: E0000098572
 No. of Previous Attendances: 1
 Occupation: Groundsman
 School:
 Responsible Consultant: Dr Andrew Reddick

The above patient attended the Emergency Department Ninewells Hospital on 16/10/2018 at 21:01 and was discharged with no follow up on 16/10/2018 at 22:42. The letter was compiled by Dr Colin Donald

Diagnosis:		
Description	Body Site	Laterality
ED injury - wound - Contusion includes bruise, haematoma	Elbow	Right

Diagnosis Comments: blunt trauma to right elbow. no clinical signs of fracture

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:

Yours sincerely
 Dr Colin Donald

Emergency Department Ninewells Hospital

Ninewells Hospital
 Ninewells Drive
 Dundee
 DD2 1GZ

C Sloss
 11382/1, Family Medical Group
 Wallacetown Health Centre, Lyon Street,
 Dundee
 Dundee
 DD4 6RB

Dear Doctor

Mr James Kemp
 32 Glenmoy Avenue
 Dundee
 DD3 8EX

Date of Birth: 24/05/1968
 ACHI Number: 2405680696
 ED Attendance Number: E0000170468
 No. of Previous Attendances: 1
 Occupation: Groundsman
 School:
 Responsible Consultant: Dr Kirsty Tonge

The above patient attended the Emergency Department Ninewells Hospital on 17/09/2019 at 19:55 and was transferred on 17/09/2019 at 23:53. The letter was compiled by Sophie Equi

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - Depression		

Diagnosis Comments: Tried to jump off Tay Bridge this evening. Was talked down. Fell and hit right hand. No fracture seen on right hand x-ray. On-going suicidal ideation so transferred to Carseview for on-going assessment.

Procedures:

Prescriptions:

Discharge Destination: Transfer to other NHS healthcare provider / hospital - Psychiatric hospital

Discharge Type: Transferred

Referred To:

Notes for GP:

Yours sincerely
 Sophie Equi

Patient name: **JAMES KEMP**
Hospital number: **2405680696**
:

Tayside Diagnostic Services

Printed by sferguson1 (Shona Ferguson (non referrer)) at 15 May 2026 12:33

Patient name: **JAMES KEMP** CHI Number: **2405680696** Sex: **Male**
Date of birth: **24 May 1968** :
Address: **75 HERRIOT CRESCENT, METHIL, LEVEN KY8 3ND**
Report 1/1

Reported	Specialty Location	Clinician
18 Sep 2019 12:42	Radiology NW ACCIDENT & EMERGENCY	Dr Kirsty TONGE(A+E) (Accident & Emergency)

Sample 7332305 (TYPE UNSPECIFIED) Collected 17 Sep 2019 22:39 Received 17 Sep 2019 22:39
XR Hand Rt

Clinical History :
Tried to jump off bridge, got talked down, but fell and hurt right hand. Now painful over
3rd and 4th metacarpals. ?fracture here
ENTERED BY: Sophie Equi (medical)
BLEEP: 34522
XR Hand Rt :
There are no previous films for comparison however, angulation at the neck of the 5th
metacarpal head is suggestive of an old fracture. No acute bony injury.
DR ELIZABETH MCGEE / EMCGEE

End of reports