PATIENT NAME LEON GRATTON CHI ..... CONSULTANT .....

| REGULAR PRESCRIPTIONS | | | Times to be given | Date ⇓ and Month ⇒ 3/9 | 4/9 | 5/9 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DRUG CO-AMOXICLAV | | | | | | | | | | | | | | | | | |
| Dose 625mg | Route PO | Start Date 03/09/25 | 08:00 | X | SM | P | | | | | | | | | | | |
| Reason for Change/Stopping | | | | | | | | | | | | | | | | | |
| Indication CAP | Comments IV → oral switch NEW MLH9 | | 14:00 | N | JM | P | | | | | | | | | | | |
| Prescriber's Signature Drawbridge | | | 22:00 | | | | | | | | | | | | | | |
| DRUG | | | | | | | | | | | | | | | | | |
| Dose | Route | Start Data | | | | | | | | | | | | | | | |
| Reason for Change/Stopping | | | | | | | | | | | | | | | | | |
| Indication | Comments | | | | | | | | | | | | | | | | |
| Prescriber's Signature | | | | | | | | | | | | | | | | | |
| DRUG | | | | | | | | | | | | | | | | | |
| Dose | Route | Start Date | | | | | | | | | | | | | | | |
| Reason for Change/Stopping | | | | | | | | | | | | | | | | | |
| Indication | Comments | | | | | | | | | | | | | | | | |
| Prescriber's Signature | | | | | | | | | | | | | | | | | |
| DRUG | | | | | | | | | | | | | | | | | |
| Dose | Route | Start Date | | | | | | | | | | | | | | | |
| Reason for Change/Stopping | | | | | | | | | | | | | | | | | |
| Indication | Comments | | | | | | | | | | | | | | | | |
| Prescriber's Signature | | | | | | | | | | | | | | | | | |
| DRUG | | | | | | | | | | | | | | | | | |
| Dose | Route | Start Date | | | | | | | | | | | | | | | |
| Reason for Change/Stopping | | | | | | | | | | | | | | | | | |
| Indication | Comments | | | | | | | | | | | | | | | | |
| Prescriber's Signature | | | | | | | | | | | | | | | | | |
| DRUG | | | | | | | | | | | | | | | | | |
| Dose | Route | Start Date | | | | | | | | | | | | | | | |
| Reason for Change/Stopping | | | | | | | | | | | | | | | | | |
| Indication | Comments | | | | | | | | | | | | | | | | |
| Prescriber's Signature | | | | | | | | | | | | | | | | | |

PATIENT NAME ..... CHI ..... CONSULTANT .....

| AS REQUIRED PRESCRIPTIONS | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Date | Time | Dose | Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DRUG** SODIUM CHLORIDE 0.9% | | | | | | | | | | | | |
| Dose: 2 - 10 ml; Route: IV; Start Date: | | | | | | | | | | | | |
| Indication: FLUSHING CANNULA; Frequency/Max Dose: | | | | | | | | | | | | |
| Reason for changing/stopping: | | | | | | | | | | | | |
| Prescriber's Signature: ; Comments: | | | | | | | | | | | | |
| **DRUG** SYMPTOMATIC RELIEF POLICY | | | | | | | | | | | | |
| Dose: ; Route: ; Start Date: | | | | | | | | | | | | |
| Indication: ; Frequency/Max Dose: | | | | | | | | | | | | |
| Reason for changing/stopping: | | | | | | | | | | | | |
| Prescriber's Signature: ; Comments: | | | | | | | | | | | | |
| **DRUG** SALBUTAMOL 100 micrograms | | | | | | | | | | | | |
| Dose: 2 puffs; Route: INH; Start Date: 30/08 | | | | | | | | | | | | |
| Indication: Asthma, breathlessness; Frequency/Max Dose: 4 times in 24 hours | | | | | | | | | | | | |
| Reason for changing/stopping: PMDI M419 | | | | | | | | | | | | |
| Prescriber's Signature: [signature]; Comments: Dose | | | | | | | | | | | | |
| **DRUG** PARACETAMOL | 3/8 | 10 40 | 500 mg | [signature] | | | | | | | | |
| | 3/8 | 21 00 | 500 mg | [signature] | | | | | | | | |
| Dose: 500 mg; Route: PO; Start Date: 30/08 | 1/9 | 0731 | 500 mg | [signature] | | | | | | | | |
| Indication: Pyrexia; Frequency/Max Dose: 4g | 2/9 | 20 50 | 500 mg | [signature] | | | | | | | | |
| | 4/9 | 2343 | 500 mg | [signature] | | | | | | | | |
| Reason for changing/stopping: Review dosed | | | | | | | | | | | | |
| Prescriber's Signature: [signature]; Comments: M419 | | | | | | | | | | | | |
| **DRUG** Aveeno cream | | | | | | | | | | | | |
| Dose: 1 application; Route: Local; Start Date: 30/08 | | | | | | | | | | | | |
| Indication: dry skin; Frequency/Max Dose: 3 application | | | | | | | | | | | | |
| Reason for changing/stopping: [signature] | | | | | | | | | | | | |
| Prescriber's Signature: [signature]; Comments: Dose | | | | | | | | | | | | |

**St Andrews Community Hospital**
Largo Road
St Andrews
KY16 8AR

Dermatology
Tel: 01334 465694 Ext. 55702
http://www.nhsfife.scot.nhs.uk

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CHI: 1703751191

Our Ref: AMM/LR

Letter ID: 5669296

Date Dictated: 17/09/2024
Date Typed: 24/10/2024

Dear Dr MacLaren

Clinic Date: 17/09/2024

**Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA**

**Date of Birth: 17/03/1975**

**Diagnosis:** Atopic dermatitis

**Management:**
Continue 10 mg oral Methotrexate on a Tuesday
Continue Folic Acid 5 mg 6 times weekly
Emollient of choice – Aveeno or Oilatum
For topical steroids if flares

**Follow Up:** 3 months telephone

I had a telephone consultation with Leon today. He is doing much better and says he has been regularly getting his Methotrexate and his skin is looking great and people have been commenting on how good it is looking. He sounded really positive on the phone and I have suggested he continue with the 10 mg and encouraged him that he does need to take the Folic Acid as this is important for when on Methotrexate, and he now understands this as he had been taking it more sporadically he admits. I will make another appointment with him with either myself or a specialist Nurse in 3 months' time.

Kind regards

Yours sincerely

Dr Alexandra McMullan
Consultant Dermatologist

Authorised on 25/10/2024 15:46:18 by Dr Alexandra McMullan.

Yours sincerely

Dr Siobhan McGaw
GPS1 in Dermatology

Authorised on 18/03/2025 13:40:11 by Siobhan McGaw.

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Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CHI: 1703751191
Our Ref: SM/SG

Letter ID: 5863178

Dear Dr MacLaren

Clinic Date: 25/02/2025

Date: 18/03/2025

**Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA**

**Date of Birth: 17/03/1975**

**Diagnosis:**
**Atopic eczema**

**Management:**
**Continue 10mg oral Methotrexate (Tuesdays)**
**Continue folic acid 5mg on non-methotrexate days**
**Continue regular and liberal use of emollient (Epaderm and Aveeno)**
**Dermol as soap substitute**
**Betnovate ointment for flares**

**Follow up:**
**3 months via telephone – sooner if any concerns**

It was a pleasure to review Leon on the phone today. He reports a flare in his eczema last week which is gradually improving. This is particularly affecting his arms which became significantly red and itchy. He denies any increased heat in the skin or weeping/crusting. He is systemically well in himself. He is currently using Epaderm 3 times a day and Aveeno once daily, as well as Dermol soap substitute for the shower. He has not used any topical steroids for over a year.

I have suggested the above plan and encouraged Leon to contact us if things are not settling or he has any concerns. At which it would be preferable to see him in person to review his skin and he has requested that this be at Cupar given difficulties getting to St Andrews. I have advised him to use Betnovate ointment for flares once daily for 1-2 weeks, alternate days for 1-2 weeks and then reducing to twice weekly for 1-2 weeks before stopping. He can use this in the future for flares if required.

Kind regards.

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

KJ MacLaren

Ward/Clir
Hosp .....
Surname
First Nam
Address .
Occupatio
G.P. & Ad

V700828K

Surname: Gratton
Forename: Leon
Date of Birth: 17/03/1975
CHI: 1703751191

V700828K

Derm UNIT/WARD/DEPT

DATE

25/2/25

Mr.

Dx — Atypical eczema
on MTX 10mg weekly.
Flare arm Apply Epaderm (TDS), Aveno (OD)

Bend for shower.
Nil stored currently. (tr > 1 yr)
NW endeavor of Bendy-fetter.
Systemically well

(P) Betnovate for flare — OD 1-2 wells, then ↓
Cont emollient — liberal +↓
MTX 10mg.
If no improvement/worsening — to contact us back.
would prefer tel — but if needed would consider a
appt @ Cupar.

FHB (MR) 44

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

TORY/ CONTINUATION SHEET

KJ MacLaren

Derm Reg ... UNIT/WARD/DEPT

Ward/Clinic/
Hosp ... V700828K
Surname ...
First Name Surname: Gratton
Address ...
Forename: Leon
Occupation ...
Date of Birth: 17/03/1975
G.P. & Address ...
CHI: 1703751191 USE BLOCK ... LS

V700828K

DATE

(50)

25/7/25

Atopic Eczema

Continue lung once a week
Relic acid
Betnovate
Emollient

Slowly clearing, hear only on hand & feet.
Only mining epidermis. Advised Betnovate.
No flare up.
Blood only fine.

FIU F2F in Cupar > St Andrews Next.

M. Sel[illegible]

FHB (MR) 44

I checked his bloods which were done in July and they were fine. I will now book him a face to face appointment as it has been a while since we saw him face to face preferably in Cupar and if not possible then in St Andrews.

Thank you.

Yours sincerely

Dr M Sehrawat
Specialist Registrar in Dermatology

Authorised on 26/08/2025 16:36:32 by Dr Manu Sehrawat.

**St Andrews Community Hospital**
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Department of Dermatology
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NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

*1703751191*

CHI: 1703751191

Letter ID: 200065197

Dear Dr MacLaren

Clinic Date: 25/07/2025

Date: 11 August 2025

**Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA**

**Date of Birth: 17/03/1975**

**Consultant:**
**Dr Khalid**

**Diagnosis:**
**Atopic eczema**

**Plan:**
**Continue 10mg oral Methotrexate once a week**
**Continue with Folic acid 5mg six days and week and omit on day of Methotrexate**
**Continue regular and liberal use of an emollient**
**Dermol as a soap substitute**
**Betnovate ointment on active areas once daily for 2-4 weeks and then slowly wean down**

**Follow up:**
**3 months face to face preferably Cupar otherwise in St Andrews**

I spoke with Leon on the telephone today. He reports that there was no flare up noticed since we spoke with his last in February. He reports that his eczema is slowly clearing up. He only has a few active lesions on his hands and feet on which he is only using emollients. I have advised him to start using Betnovate. He reported that he ran out of his prescription and therefore he will contact yourselves to get more. He will use it once daily for 2-4 weeks or until they clear and then slowly wean down. He will continue with emollients and soap substitute.

DATE

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

DRY CONTINUATION SHEET

KJ MacLaren

Derm ..... UNIT/WARD/DEPT

Ward/Clin
Hosp
Surname
First Na
Address
Occupa
G.P. & A

V700828K

Surname: Gratton
Forename: Leon
Date of Birth: 17/03/1975
CHI: 1703751191

USE BL

DATE

22/10/25

(50)s

On methotrexate for Begeme
long

~~Still [illegible]~~ Cretting better but feet still
sore. Using Betnovate. Not helping much

Blood in oct fire.

Asked to see him R2R & may need to
do.

M. Selvi

FHB (MR) 44

**Adamson Hospital**
Bank Street
Cupar
Fife
KY15 4JG

Department of Dermatology
Tel: 01334 651200 Ext: 51339
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CHI: 1703751191

Letter ID: 200213851

Dear Dr MacLaren

Clinic Date: 22/10/2025

Date: 31 October 2025

**Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA**

**Date of Birth: 17/03/1975**

**Consultant:**
Dr Khalid

**Diagnosis:**
Atopic eczema

**Plan:**
1. To continue Methotrexate 10mg once a week.
2. Continue Folic Acid 5mg 6-days a week and omit on day of Methotrexate.
3. Continue regular and liberal use of emollient.
4. Dermol 500 as soap substitute.
5. Continue Betnovate ointment on active areas fo 2-4 weeks and then slowly wean down.
6. Follow-up face to face appointment next available. Appointment booked 26/11/2025.

I spoke with Leon on the telephone as he received a telephone appointment this time as well.

He reports that his eczema is getting better but his feet are still sore. He is still using Betnovate which is not helping much. He reported that his hands are better. I note that he had his bloods done in October and they were all fine.

Since I have not seen him in clinic and his feet eczema is not improving, I would like to see him face to face before I consider increasing his does to 15mg. Increasing dose to 15mg will be the next plan but I would like to see his feet before I increase it. The rest of the plan will stay as above.

Yours sincerely

Dr M Sehrawat
Specialist Registrar in Dermatology

Authorised on 11/11/2025 17:15:41 by Dr Manu Sehrawat.

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

HISTORY/CONTINUATION SHEET

KJ MacLaren

Ward/Clinic/
Hosp
Surname
First Name
Address
Occupation
G.P. & Address

V700828K

Surname: Gratton
Forename: Leon
Date of Birth: 17/03/1975
CHI: 1703751191

Cons.
Unit No.
of B.
State
Sex
USE
HOSPITALS

Rerm Reg ..... UNIT/WARD/DEPT

DATE

28/11/25

Support worker

Warin Hospital. 6 weeks ago is off Methotrexate of Pneumonia. Restarted it

Eczema flaring

(1) (1) Betnovate continue

(2) 4 Methotrexate 15mg once a week

(3) RA

(4) Blood tests weekly x 8 weeks

(5) OV work

R/V 3 months

[illegible]

FHB (MR) 44

Thank you.

Yours sincerely

Dr M Sehrawat
Specialist Registrar in Dermatology

Authorised on 16/12/2025 17:03:01 by Dr Manu Sehrawat.

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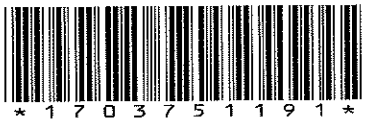
NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN




CHI: 1703751191

Letter ID: 200274568

Dictated: 26 November 2025
Date: 15 December 2025

Dear Dr MacLaren

Clinic Date: 26/11/2025

**Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA**

**Date of Birth: 17/03/1975**

**Consultant:**
Dr Khalid

**Diagnosis:**
Atopic dermatitis

**Plan:**
Increase the dose of Methotrexate to 15mg once a week.
Continue Folic Acid 5mg once daily except on the day of Methotrexate.
Continue Betnovate ointment on active rash once daily for 2-4 weeks and then slowly wean down.
QV wash as soap substitute.
Hydromol ointment as emollient.
Will need bloods twice-weekly for 4-weeks and then back to once monthly.

**Follow-up:**
Review in 3-4 months.

I saw Leon in the Clinic today. He was accompanied by a support worker. He reported that his skin was getting better with Methotrexate except for his feet and therefore he was given a face to face appointment today. Six-weeks ago he ended up in hospital because of pneumonia when he had his Methotrexate withheld for a few weeks. He has now restarted it back. He reported that because they had stopped his Methotrexate his eczema had flared up. At the moment he is using Betnovate ointment. He reports that Dermol 500 makes his skin more irritated therefore I asked him to stop it and would prescribe him QV wash. Because he is a big man, therefore I have increased his dose of Methotrexate to 15mg rather than 10mg once a week. I would be grateful if you could increase the dose. I have done this via e-prescription as well. He will need frequent bloods for 4-weeks and then can go back to once a month or less frequent blood tests.

I am planning to see him back in 4-months time.

**Victoria Hospital**
Hayfield Road
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Fife
KY2 5AH

Department of Cardiology
Tel: 01592 643355 Ext 28073 -
Lisa Clews
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr Christopher Olley
Specialty Doctor in Psychiatry
Stratheden Hospital
Springfield
CUPAR
KY15 5RR

*1703751191*

CHI: 1703751191

ADMINISTRATIVE
LETTER

Letter ID: 3397867

Date: 12/06/2019

Dear Dr Olley

**Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA**

**Date of Birth: 17/03/1975**

Thank you for your enquiry about Mr Gratton.

His QT prolongation likely reflects his antipsychotic treatment and if this is required for his mental health condition I would not change this based on the ECG findings though I would take the usual precautions at dose increments and avoid concomitant therapies that could worsen this tendency.

Regarding his asymptomatic sinus tachycardia I would suggest this requires no treatment though I note obesity and deconditioning may contribute here. I would however suggest antihypertensive therapies if his blood pressure is sustained at unsatisfactory levels. Given his age group I would suggest an ACE inhibitor or angiotensin receptor blocker with appropriate monitoring of renal function with the dose titrated to achieve satisfactory levels.

Kind regards

Yours sincerely

Dr R I Cargill
Consultant Cardiologist

Authorised on 13/06/2019 17:01:35 by Dr R Cargill.

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Pat-Name: Leon Yralton

.1703751191

Age: ..... M / F

..... cm/ ..... kg

..... / ..... mmHg

HR 112/min

Intervals:
RR 534 ms
P 74 ms
PR 146 ms
QRS 90 ms
QT 330 ms
QTC 452 ms

Axis:
31 °
QRS 24 °
T 64 °

P (II) 0.08 mV
S (V1) -1.28 mV
R (V5) 1.12 mV
Sokol: 2.41 mV

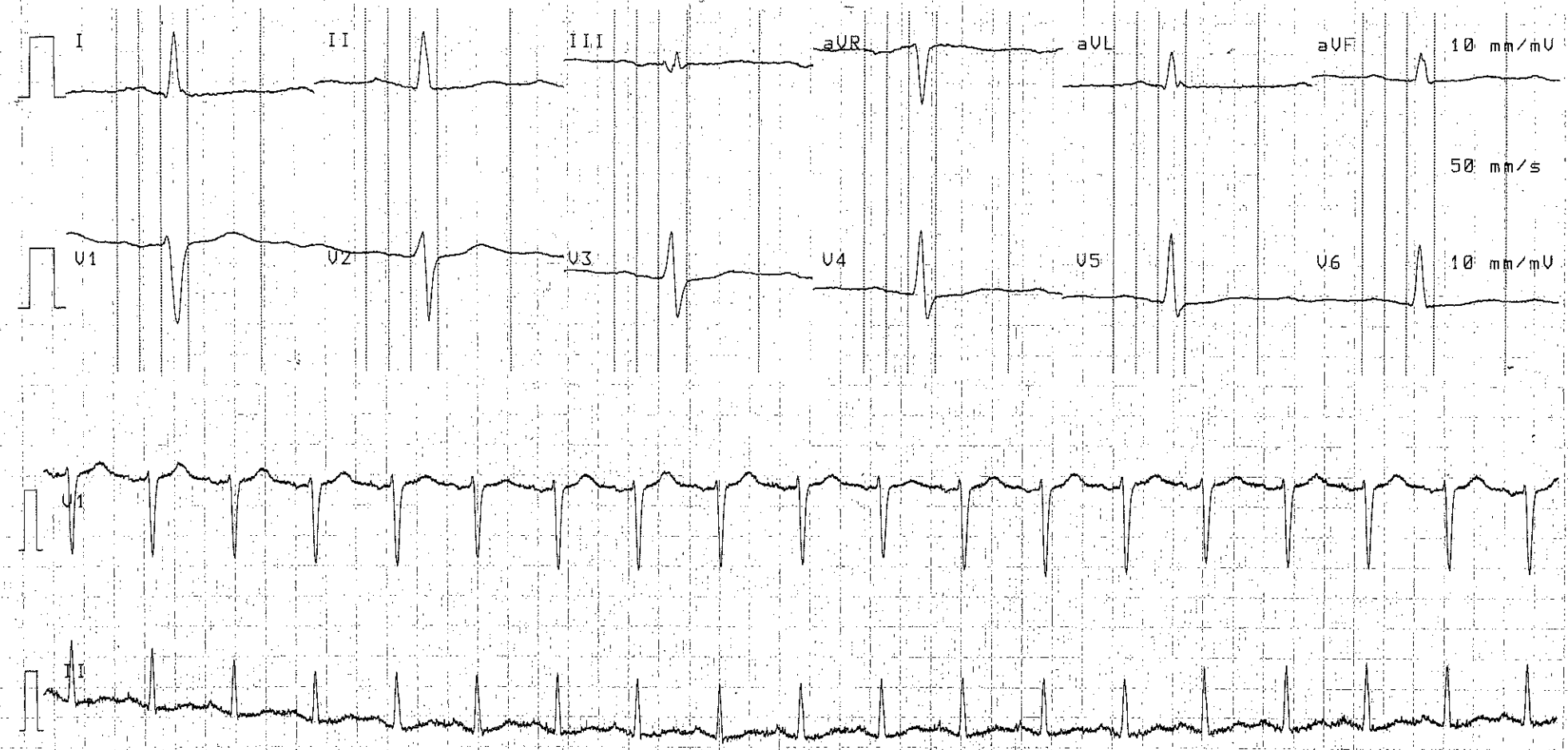
SINUS TACHYCARDIA

5.70

UNCONFIRMED REPORT

MILD
QTC I
MILD
HR

RPT ECG
MAR 2018




25 mm/s 10 mm/mV F50 Tu 27-NOV-18 13:50:44 P80Six I 3E03

Pat-Name: LEON GRATTON

1703751191..

Age: ..... M / F

..... cm/ ..... kg

..... / ..... mmHg

HR 104/min

Intervals:
RR 575 ms
P 110 ms
PR 136 ms
QRS 84 ms
QT 332 ms
QTC 443 ms

Axis:
P 7 °
QRS 22 °
T 64 °

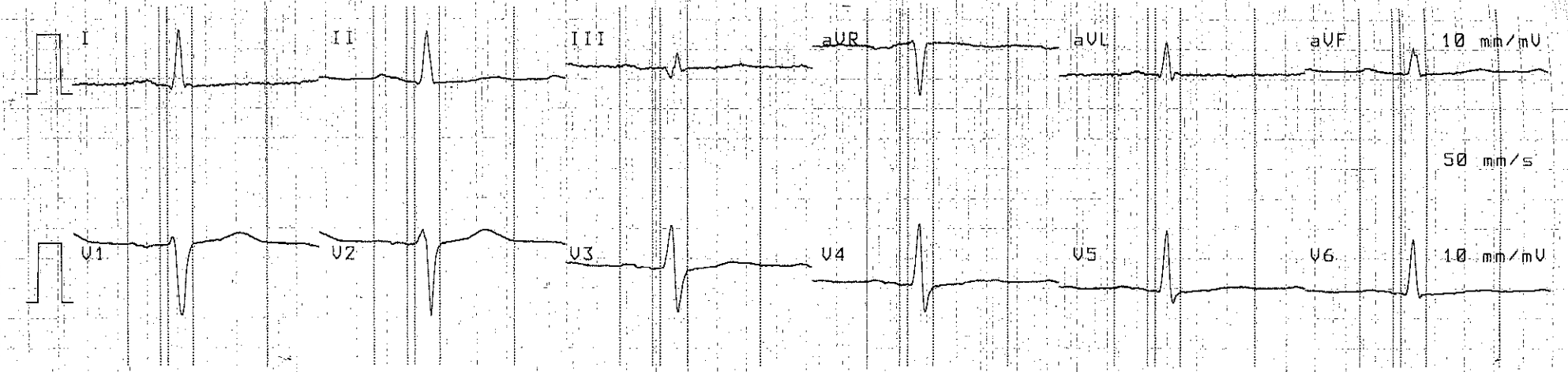
P (II) 0.08 mV
S (V1) -1.16 mV
R (V5) 1.00 mV
Sokol. 2.19 mV

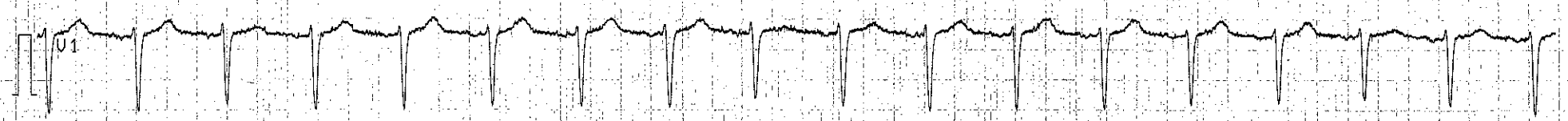
SINUS TACHYCARDIA
OTHERWISE NORMAL ECG

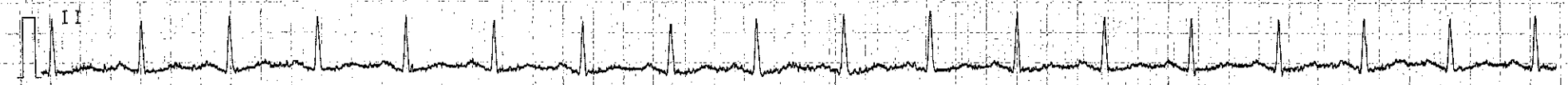
5.70

UNCONFIRMED REPORT

MILD TACHYCARDIA
QTC I MUCH IMPROVED
→ [illegible] ECG
°Δ TO TX UNTIL
RECEIVE DOUBLE FROM
CARDIOLOGY




25 mm/s 10 mm/mV F50 Tu 19-FEB-19 09:42:20 PB0Six I 3E03

**ID:** CHI: 1703751191 / CRN: 1703751191
**Patient Name:** GRATTON, Leon
**Admitted:** 30 - Aug - 2025
**DOB:** 17 Mar 1975 (50y) **Gender:** Male

# Observation Chart

NHS Fife

## EWS Regime History

1 **FEWS**

Start Date: 30/08/2025 21:02 End Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Temperature | <=34.90 (3) | 35.00-35.40 (2) | 35.50-35.90 (1) | 36.00-37.40 (0) | 37.50-37.90 (1) | 38.00-38.40 (2) | 38.50+ (3) |
| Lying Systolic Blood Pressure | <=79 (3) | 80-89 (2) | 90-99 (1) | 100-179 (0) | 180-189 (1) | 190-199 (2) | 200+ (3) |
| Heart Rate | <=39 (3) | 40-49 (1) | 50-99 (0) | 100-109 (1) | 110-129 (2) | 130+ (3) | |
| Respiration Rate | <=7 (3) | 8-19 (0) | 20-23 (1) | 24-31 (2) | 32+ (3) | | |
| AVPU | Alert (0) | Verbal (1) | New Confusion (1) | Pain (2) | Unresponsive (3) | | |
| O2 Saturation | <=84 (3) | 85-89 (2) | 90-94 (1) | 95+ (0) | | | |

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting



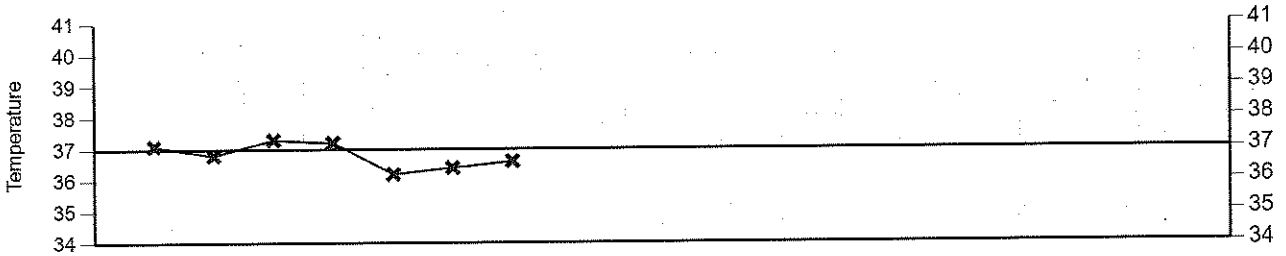
Date Printed 31/08/2025 17:38

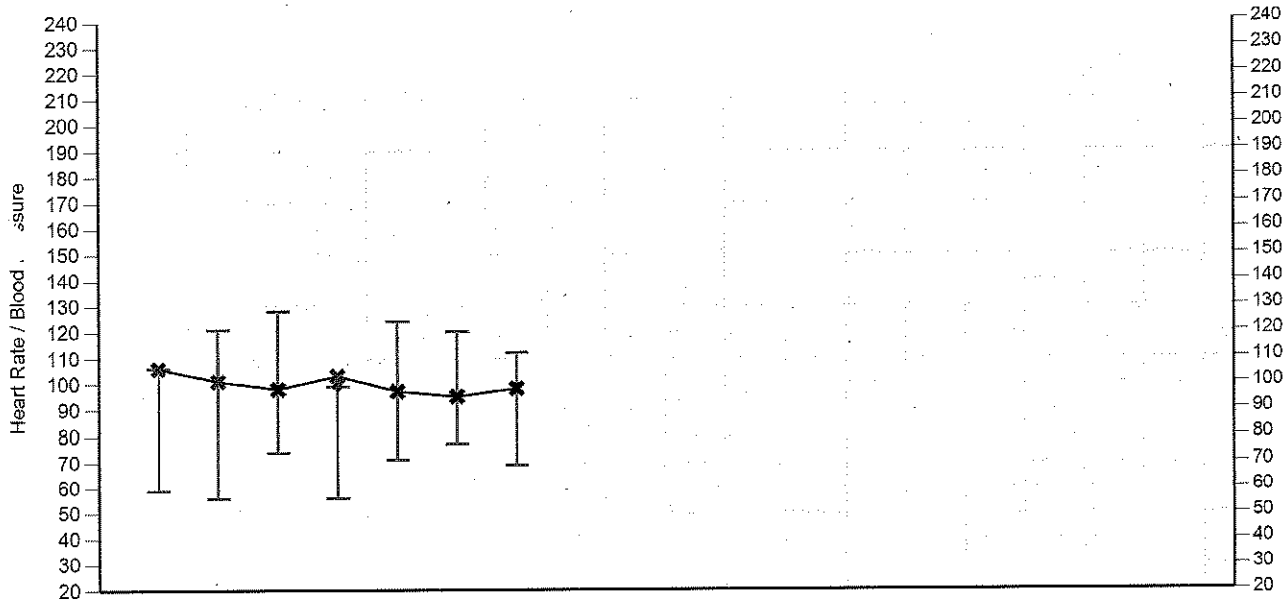
**ID:** CHI: 1703751191 / CRN: 1703751191
**Patient Name:** GRATTON, Leon
**Admitted:** 30 - Aug - 2025
**DOB:** 17 Mar 1975 (50y) **Gender:** Male

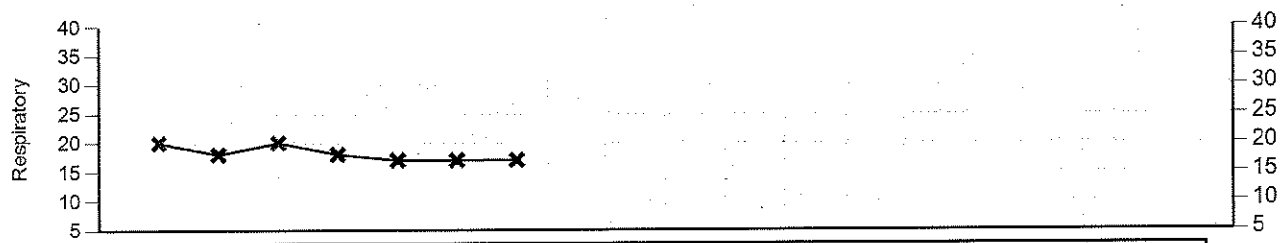
# Observation Chart

NHS Fife

| DATE | 30/08 | 30/08 | 31/08 | 31/08 | 31/08 | 31/08 | 31/08 |
|---|---|---|---|---|---|---|---|
| TIME | 21:33 | 22:17 | 01:33 | 05:26 | 09:47 | 14:00 | 15:37 |
| FEWS | 3 | 2 | 1 | 2 | 1 | 0 | 1 |




| | | | | | | | |
|---|---|---|---|---|---|---|---|
| O2 Sat | 93 | 93 | 95 | 95 | 92 | 95 | 94 |
| On 02 % | NC | NC | NC | NC | NC | No | NC |
| Ward | | | VADM1 | | | | VWD53 |
| Temp | 37.1 | 36.8 | 37.3 | 37.2 | 36.2 | 36.4 | 36.6 |
| Pulse (p/m) | 106 | 101 | 98 | 103 | 97 | 95 | 98 |
| Lying BP | 106/59 | 121/56 | 128/74 | 99/56 | 124/71 | 120/77 | 112/69 |
| Standing BP | | | | | | | |
| Resp | 20 | 18 | 20 | 18 | 17 | 17 | 17 |
| O2 Sat | 93 | 93 | 95 | 95 | 92 | 95 | 94 |
| On 02 % | NC | NC | NC | NC | NC | No | NC |
| AVPU | A | A | A | A | A | A | A |
| Pain (Rest) | | | | | | | |
| Pain (Move) | | | | | | | |
| N/V | | | | | | | |
| Bowels | | | | | | | |
| Weight (kg) | | | | | | | |
| EWS Regime | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Nurse | KG | LG | KG | KG | AM | AM | JS |

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting



Date Printed 31/08/2025 17:38

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

## FRAILTY Assessment

| | 30/08/2025 21:33 |
|---|---|
| Recorded by | gilesk |
| 1. Has the patient been admitted from a nursing or residential home? | No |
| 2. Does the patient have NEW functional decline? | No |
| 3. Dementia diagnosis or are there any concerns about memory/cognition | No |
| 4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual? | No |
| 5. Has the patient fallen in the past 3 months or is a fall the reason for admission? | No |
| 6. Does the patient attempt to walk alone although unsteady or u[illegible]fe? | No |
| 7. Does the patient or their relatives have fear or anxiety re falling? | No |
| FormResult | 1 |
| Ward | V Admissions Unit 1 |
| Bed | |

| | |
|---|---|
| ID: | CHI: 1703751191 / CRN: 1703751191 |
| Patient Name: | Gratton, Leon |
| Admitted: | 30 August 2025 |

| | | |
|---|---|---|
| DOB: | 17 March 1975 | 50y |
| Gender: | Male | |

# CPE Clinical Risk Assessment

| CPE CRA | | |
|---|---|---|
| CPA Date | CPA Time | CPA By |
| 30/08/2025 | 21:33 | gilesk |

| | |
|---|---|
| CPE colonisation or infection at any time in the past | No |
| Infomation on Infection In the past 12 months | |
| Patient has been an inpatient outside Scotland? | No |
| Patient has received holiday dialysis outside Scotland? | No |
| Patient been close contact of someone with CPE? | No |
| Discussed with patient/carer and information sheet provided | |
| Reason and contact IPCT | |
| Patient Placement (single room) | |
| Give reason and contact IPCT | |
| Contact precautions in place | |
| [redacted] | [redacted] |

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

# Patient IV Summary

| Line Details | Reason for insertion | Insertion Date | | Colour | Inserted by | | |
|---|---|---|---|---|---|---|---|
| Left ante-cubital fossa | Diagnosis | 30/08/2025 09:00 | | Pink | | | |
| | Reviewed | Inflamation | Dressing Intact | Bioconector attached & Taped | Remain Reason | Remove Reason | Removed |

| | |
|---|---|
| ID: | CHI: 1703751191 / CRN: 1703751191 |
| Patient Name: | Gratton, Leon |
| Admitted: | 30 August 2025 |
| DOB: | 17 March 1975 50y |
| Gender: | Male |

NHS Fife

# MRSA Clinical Risk Assessment

| MRSA CRA | | |
|---|---|---|
| Screening Date | Screening Time | Screening By |
| 30/08/2025 | 21:33 | gilesk |

| | |
|---|---|
| MRSA CRA completed at pre-assessment. | No |
| Patient has history of MRSA colonisation or infection at any time in the past | No |
| Patient admitted from somewhere other than home e.g. another hospital, care home? | No |
| Patient has wound/ulcer or invasive device present before admission | No |
| Discussed with patient/carer and information sheet provided | |
| Supplied Reason if the above answer is no | |
| Patient placement (single room/cohort/separated) – refer to protocol | |
| Placement not possible as per protocol. Reason Documented | |
| Cohort or Separated Nursing | |
| Contact precautions in place | |
| MRSA Screening Required | No |

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

# Nutritional Assessment

| | |
|---|---|
| Special Dietary Requirements? | No |
| Please specify: | |
| Special Meal Types | |
| Food Allergies? | |
| Please specify: | |
| Food Intolerance? | |
| Please specify: | |
| Texture Modified | |
| Thickened Liquids | |
| Renal | |
| Other (Please specify) | |
| Route of Nutritional Intake | Oral |
| Independant Menu Choice? | Yes |
| Likes dislikes form completed? | |
| Copy of Catering Lefleat Provided? | No |
| Assistance or Equipment Required? | No |
| Items Required? | |
| Other Items | |
| Contributing factors that may affect intake | No |
| Physical e.g. swallowing/oral problems | |
| Please specify (Physical): | |
| Physiological e.g. Nausea/constipation | |
| Please specify (Physiological): | |
| Psychological e.g. Dementia | |
| Please specify (Psychological): | |
| Social | |
| Please specify(Social): | |
| Environmental | |
| Please specify(Env): | |

Recorded By gilesk on 30/08/2025 20:34

**ID:** CHI: 1703751191 / CRN: 1703751191
**Patient Name:** GRATTON, Leon
**Admitted:** 30 - Aug - 2025
**DOB:** 17 Mar 1975 (50y) **Gender:** Male

Observation Chart

NHS Fife

## EWS Regime History

1 **FEWS**

Start Date: 30/08/2025 21:02 End Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Temperature | <=34.90 (3) | 35.00-35.40 (2) | 35.50-35.90 (1) | 36.00-37.40 (0) | 37.50-37.90 (1) | 38.00-38.40 (2) | 38.50+ (3) |
| Lying Systolic Blood Pressure | <=79 (3) | 80-89 (2) | 90-99 (1) | 100-179 (0) | 180-189 (1) | 190-199 (2) | 200+ (3) |
| Heart Rate | <=39 (3) | 40-49 (1) | 50-99 (0) | 100-109 (1) | 110-129 (2) | 130+ (3) | |
| Respiration Rate | <=7 (3) | 8-19 (0) | 20-23 (1) | 24-31 (2) | 32+ (3) | | |
| AVPU | Alert (0) | Verbal (1) | New Confusion (1) | Pain (2) | Unresponsive (3) | | |
| O2 Saturation | <=84 (3) | 85-89 (2) | 90-94 (1) | 95+ (0) | | | |

❤ Irregular Heart Rate
✘ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting



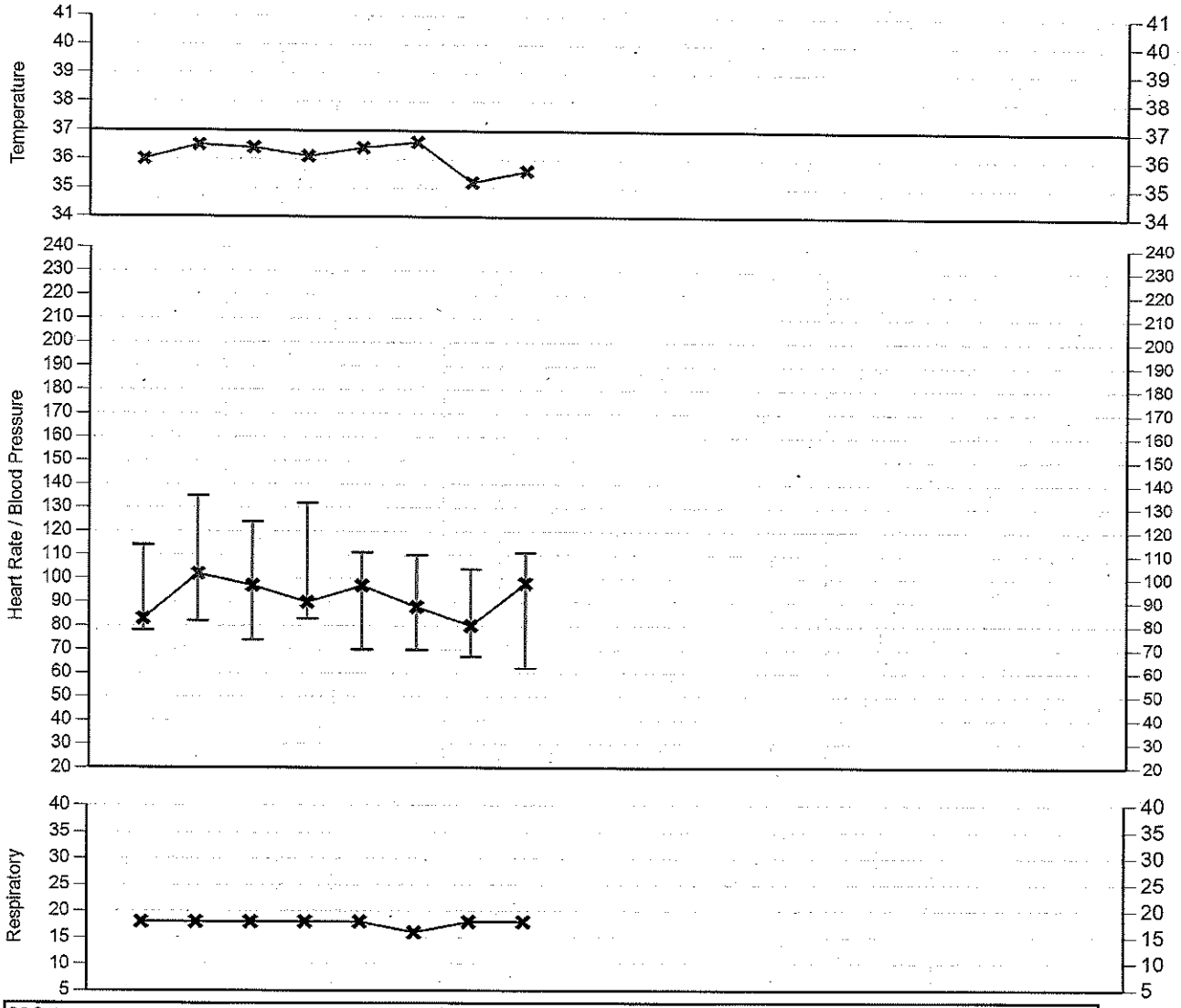
Date Printed 05/09/2025 18:51

**ID:** CHI: 1703751191 / CRN: 1703751191
**Patient Name:** GRATTON, Leon
**Admitted:** 30 - Aug - 2025
**DOB:** 17 Mar 1975 (50y) **Gender:** Male

# Observation Chart

NHS Fife

| DATE | 03/09 | 03/09 | 03/09 | 04/09 | 04/09 | 04/09 | 05/09 | 05/09 |
|---|---|---|---|---|---|---|---|---|
| TIME | 05:54 | 13:17 | 21:50 | 05:55 | 13:52 | 21:43 | 05:50 | 13:07 |
| FEWS | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |




| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| O2 Sat | 90 | 95 | 93 | 92 | 94 | 92 | 95 | 96 |
| On 02 % | NC | NC | NC | NC | NC | No | No | No |
| Ward | | | | VWD53 | | | | |
| Temp | 36.0 | 36.5 | 36.4 | 36.1 | 36.4 | 36.6 | 35.2 | 35.6 |
| Pulse (p/m) | 83 | 102 | 97 | 90 | 97 | 88 | 80 | 98 |
| Lying BP | 114/78 | 135/82 | 124/74 | 132/83 | 111/70 | 110/70 | 104/67 | 111/62 |
| Standing BP | | | | | | | | |
| Resp | 18 | 18 | 18 | 18 | 18 | 16 | 18 | 18 |
| O2 Sat | 90 | 95 | 93 | 92 | 94 | 92 | 95 | 96 |
| On 02 % | NC | NC | NC | NC | NC | No | No | No |
| AVPU | A | A | A | A | A | A | A | A |
| Pain (Rest) | | | | | | | | |
| Pain (Move) | | | | | | | | |
| N/V | | | | | | | | |
| Bowels | | | | | | | | |
| Weight (kg) | | | | | | | | |
| EWS Regime | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Nurse | MG | AS | CM | CM | AS | AR | GD | AS |

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting



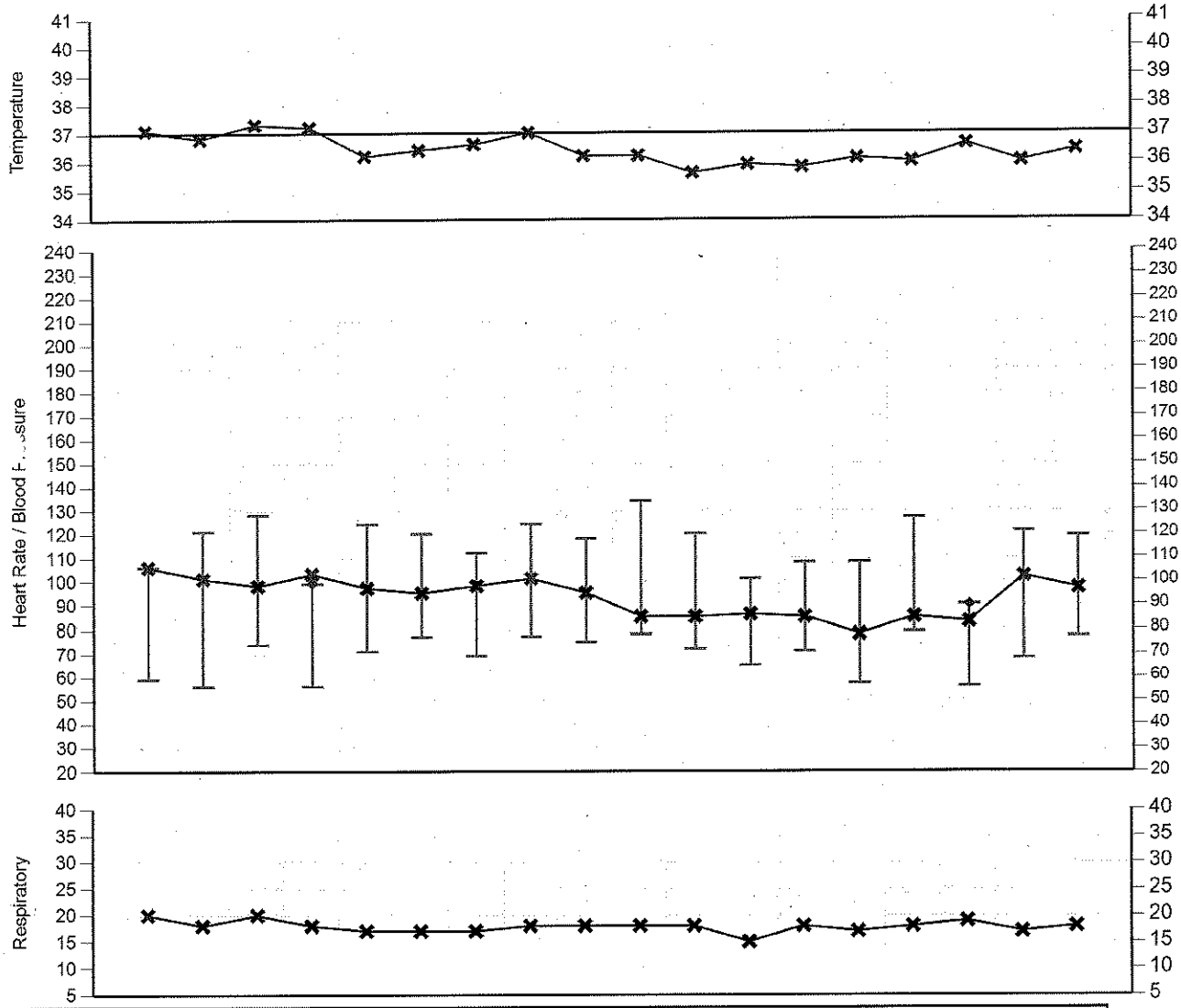
Date Printed 05/09/2025 18:51

**ID:** CHI: 1703751191 / CRN: 1703751191
**Patient Name:** GRATTON, Leon
**Admitted:** 30 - Aug - 2025
**DOB:** 17 Mar 1975 (50y) **Gender:** Male

# Observation Chart

NHS Fife

| DATE | 30/08 | 30/08 | 31/08 | 31/08 | 31/08 | 31/08 | 31/08 | 31/08 | 31/08 | 01/09 | 01/09 | 01/09 | 01/09 | 01/09 | 01/09 | 02/09 | 02/09 | 02/09 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 21:33 | 22:17 | 01:33 | 05:26 | 09:47 | 14:00 | 15:37 | 18:22 | 21:50 | 01:12 | 05:30 | 09:26 | 13:35 | 17:57 | 21:36 | 05:59 | 13:22 | 21:42 |
| FEWS | 3 | 2 | 1 | 2 | 1 | 0 | 1 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 0 | 2 | 2 | 1 |




| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| O2 Sat | 93 | 93 | 95 | 95 | 92 | 95 | 94 | 94 | 92 | 93 | 91 | 93 | 94 | 93 | 95 | 93 | 91 | 94 |
| On 02 % | NC | NC | NC | NC | NC | No | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | No | NC |
| Ward | | | VADM1 | | | | | | | | | VWD53 | | | | | | |
| Temp | 37.1 | 36.8 | 37.3 | 37.2 | 36.2 | 36.4 | 36.6 | 37.0 | 36.2 | 36.2 | 35.6 | 35.9 | 35.8 | 36.1 | 36.0 | 36.6 | 36.0 | 36.4 |
| Pulse (p/m) | 106 | 101 | 98 | 103 | 97 | 95 | 98 | 101 | 95 | 85 | 85 | 86 | 85 | 78 | 85 | 83 | 102 | 97 |
| Lying BP | 106/59 | 121/56 | 128/74 | 99/56 | 124/71 | 120/77 | 112/69 | 124/77 | 118/75 | 134/78 | 120/72 | 101/65 | 108/71 | 108/57 | 127/79 | 90/56 | 121/68 | 119/77 |
| Standing BP | | | | | | | | | | | | | | | | | | |
| Resp | 20 | 18 | 20 | 18 | 17 | 17 | 17 | 18 | 18 | 18 | 18 | 15 | 18 | 17 | 18 | 19 | 17 | 18 |
| O2 Sat | 93 | 93 | 95 | 95 | 92 | 95 | 94 | 94 | 92 | 93 | 91 | 93 | 94 | 93 | 95 | 93 | 91 | 94 |
| On 02 % | NC | NC | NC | NC | NC | No | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | No | NC |
| AVPU | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A |
| Pain (Rest) | | | | | | | | | | | | | | | | | | |
| Pain (Move) | | | | | | | | | | | | | | | | | | |
| N/V | | | | | | | | | | | | | | | | | | |
| Bowels | | | | | | | | | | | | | | | | | | |
| Weight (kg) | | | | | | | | | | | | | | | | | | |
| EWS Regime | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Nurse | KG | LG | KG | KG | AM | AM | JS | JA | AS | AS | AS | RH | RH | RH | MH | MG | RH | MG |

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting



Date Printed 05/09/2025 18:51

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

## FRAILTY Assessment

| | 30/08/2025 21:33 |
|---|---|
| Recorded by | gilesk |
| 1. Has the patient been admitted from a nursing or residential home? | No |
| 2. Does the patient have NEW functional decline? | No |
| 3. Dementia diagnosis or are there any concerns about memory/cognition | No |
| 4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual? | No |
| 5. Has the patient fallen in the past 3 months or is a fall the reason for admission? | No |
| 6. Does the patient attempt to walk alone although unsteady or u fe? | No |
| 7. Does the patient or their relatives have fear or anxiety re falling? | No |
| FormResult | 1 |
| Ward | V Admissions Unit 1 |
| Bed | |

| | |
|---|---|
| ID: | CHI: 1703751191 / CRN: 1703751191 |
| Patient Name: | Gratton, Leon |
| Admitted: | 30 August 2025 |

| | | |
|---|---|---|
| DOB: | 17 March 1975 | 50y |
| Gender: | Male | |

# CPE Clinical Risk Assessment

| CPE CRA | | |
|---|---|---|
| CPA Date | CPA Time | CPA By |
| 30/08/2025 | 21:33 | gilesk |

| | |
|---|---|
| CPE colonisation or infection at any time in the past | No |
| Infomation on Infection In the past 12 months | |
| Patient has been an inpatient outside Scotland? | No |
| Patient has received holiday dialysis outside Scotland? | No |
| Patient been close contact of someone with CPE? | No |
| Discussed with patient/carer and information sheet provided | |
| Reason and contact IPCT | |
| Patient Placement (single room) | |
| Give reason and contact IPCT | |
| Contact precautions in place | |
| [illegible] | [illegible] |

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

# Patient IV Summary

| Line Details | Reason for insertion | Insertion Date | | Colour | Inserted by | | |
|---|---|---|---|---|---|---|---|
| Right hand dorsum | Fluids IV | 31/08/2025 11:15 | | Pink | | | |
| | Reviewed | Inflamation | Dressing Intact | Bioconector attached & Taped | Remain Reason | Remove Reason | Removed |
| | 03/09/2025 13:15 | No | Yes | Yes | | Time expired (reached 72hr) | 03/09/2025 13:15 |
| | 03/09/2025 07:33 | No | Yes | Yes | In situ for less than 72 hours | | |
| | 02/09/2025 19:28 | No | Yes | No | In situ for less than 72 hours | | |

| e Details | Reason for insertion | Insertion Date | | Colour | Inserted by | | |
|---|---|---|---|---|---|---|---|
| Left ante-cubital fossa | Diagnosis | 30/08/2025 09:00 | | Pink | | | |
| | Reviewed | Inflamation | Dressing Intact | Bioconector attached & Taped | Remain Reason | Remove Reason | Removed |
| | 31/08/2025 19:43 | Yes | Yes | Yes | | No longer required | 31/08/2025 19:44 |

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

## FRAILTY Assessment

31/08/2025 19:43

Azucenaj

No

Ward 53 VHK

VWD53B1-Bed 1

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

## FRAILTY Assessment

| | 05/09/2025 13:08 | 04/09/2025 13:52 | 03/09/2025 17:41 | 02/09/2025 19:28 | 01/09/2025 19:27 |
|---|---|---|---|---|---|
| Recorded by | stevensonam | stevensonam | currann | grahammari | grahammari |
| Is the patient more confused/agitated or more sleepy or drowsy than before? | No | No | No | No | No |
| Ward | Ward 53 VHK | Ward 53 VHK | Ward 53 VHK | Ward 53 VHK | Ward 53 VHK |
| Bed | VWD53B1-Bed 1 | VWD53B1-Bed 1 | VWD53B1-Bed 1 | VWD53B1-Bed 1 | VWD53B1-Bed 1 |

| | |
|---|---|
| ID: | CHI: 1703751191 / CRN: 1703751191 |
| Patient Name: | Gratton, Leon |
| Admitted: | 30 August 2025 |
| DOB: | 17 March 1975 50y |
| Gender: | Male |

NHS Fife

# MRSA Clinical Risk Assessment

| MRSA CRA | | |
|---|---|---|
| Screening Date | Screening Time | Screening By |
| 30/08/2025 | 21:33 | gilesk |

| | |
|---|---|
| MRSA CRA completed at pre-assessment. | No |
| Patient has history of MRSA colonisation or infection at any time in the past | No |
| Patient admitted from somewhere other than home e.g. another hospital, care home? | No |
| Patient has wound/ulcer or invasive device present before admission | No |
| Discussed with patient/carer and information sheet provided | |
| Supplied Reason if the above answer is no | |
| Patient placement (single room/cohort/separated) – refer to protocol | |
| Placement not possible as per protocol. Reason Documented | |
| Cohort or Separated Nursing | |
| Contact precautions in place | |
| MRSA Screening Required | No |

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

# MUST Assessment

| | |
|---|---|
| Recorded Time | 01/09/2025 08:07 |
| By | humer |
| Exclusion Reason | |
| Weight Measurement Method | Actual |
| Weight (kg) | 124.56 |
| Height Measurement Method | Reported |
| Height (cm) | 176.78 |
| Height measured via Ulna? | False |
| Ulna Length (cm) | |
| Previous Weight Measurement Method | Reported |
| Amount (kg) | 125 |
| Weight Change % | -0.35 |
| Calculated Body Mass Index | 39.86 |
| Nutritional Intake | No |
| Total Weight Score | 0 |
| Intake Chart in Place? | No |
| Risk Score | 0 |
| BMI Score | 0 |
| Total Score | 0 |
| Risk Category | L |
| Intake Chart In Place? | |
| Dietetic Referral Criteria? | |

| | |
|---|---|
| **ID:** | CHI: 1703751191 / CRN: 1703751191 |
| **Patient Name:** | Gratton, Leon |
| **Admitted:** | 30 August 2025 |
| **DOB:** | 17 March 1975 50y |
| **Gender:** | Male |

NHS Fife

# Nutritional Assessment

| | |
|---|---|
| Special Dietary Requirements? | No |
| Please specify: | |
| Special Meal Types | |
| Food Allergies? | |
| Please specify: | |
| Food Intolerance? | |
| Please specify: | |
| Texture Modified | |
| Thickened Liquids | |
| Renal | |
| Other (Please specify) | |
| Route of Nutritional Intake | Oral |
| Independant Menu Choice? | Yes |
| Likes dislikes form completed? | |
| Copy of Catering Lefleat Provided? | No |
| Assistance or Equipment Required? | No |
| Items Required? | |
| Other Items | |
| Contributing factors that may affect intake | No |
| Physical e.g. swallowing/oral problems | |
| Please specify (Physical): | |
| Physiological e.g. Nausea/constipation | |
| Please specify (Physiological): | |
| Psychological e.g. Dementia | |
| Please specify (Psychological): | |
| Social | |
| Please specify(Social): | |
| Environmental | |
| Please specify(Env): | |

Recorded By gilesk on 30/08/2025 20:34

**Hospital Number:** CHI: 1703751191 / CRN: 1703751191

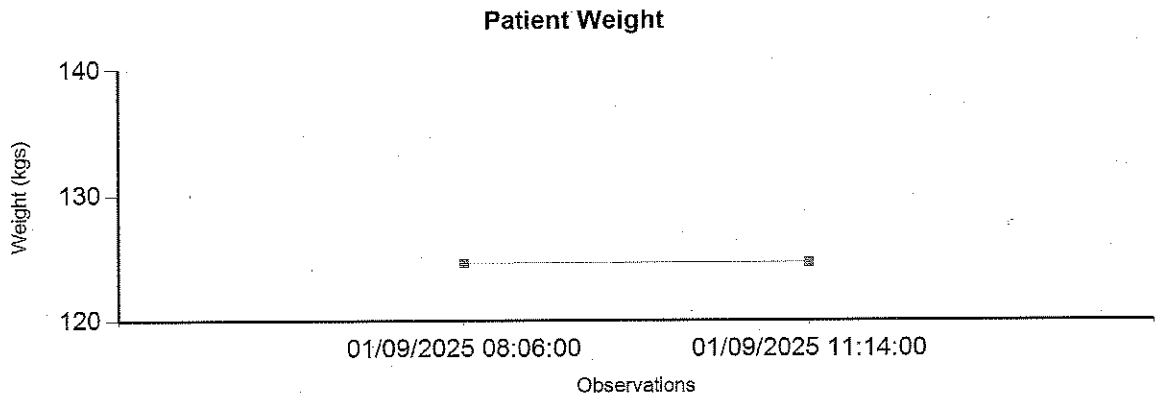
**Patient Name:** Gratton, Leon

**Admitted:** 30 August 2025

**DOB:** 17 March 1975 50y

**Gender:** Male

NHS Fife




| Date | Actual Estimated | Weight (Kg) | Change |
|---|---|---|---|
| 01/09/2025 08:06:00 | Actual | 124.56 | - |
| 01/09/2025 11:14:00 | Actual | 124.6 | 0.039999999999992 |

Vital Signs™ 236 166 06

| | | |
|---|---|---|
| Vent. rate | 125 | BPM |
| PR interval | 138 | ms |
| QRS duration | 74 | ms |
| QT/QTc-Baz | 324/467 | ms |
| P-R-T axes | 31 12 58 | |

**Patient ID: 1703751191**

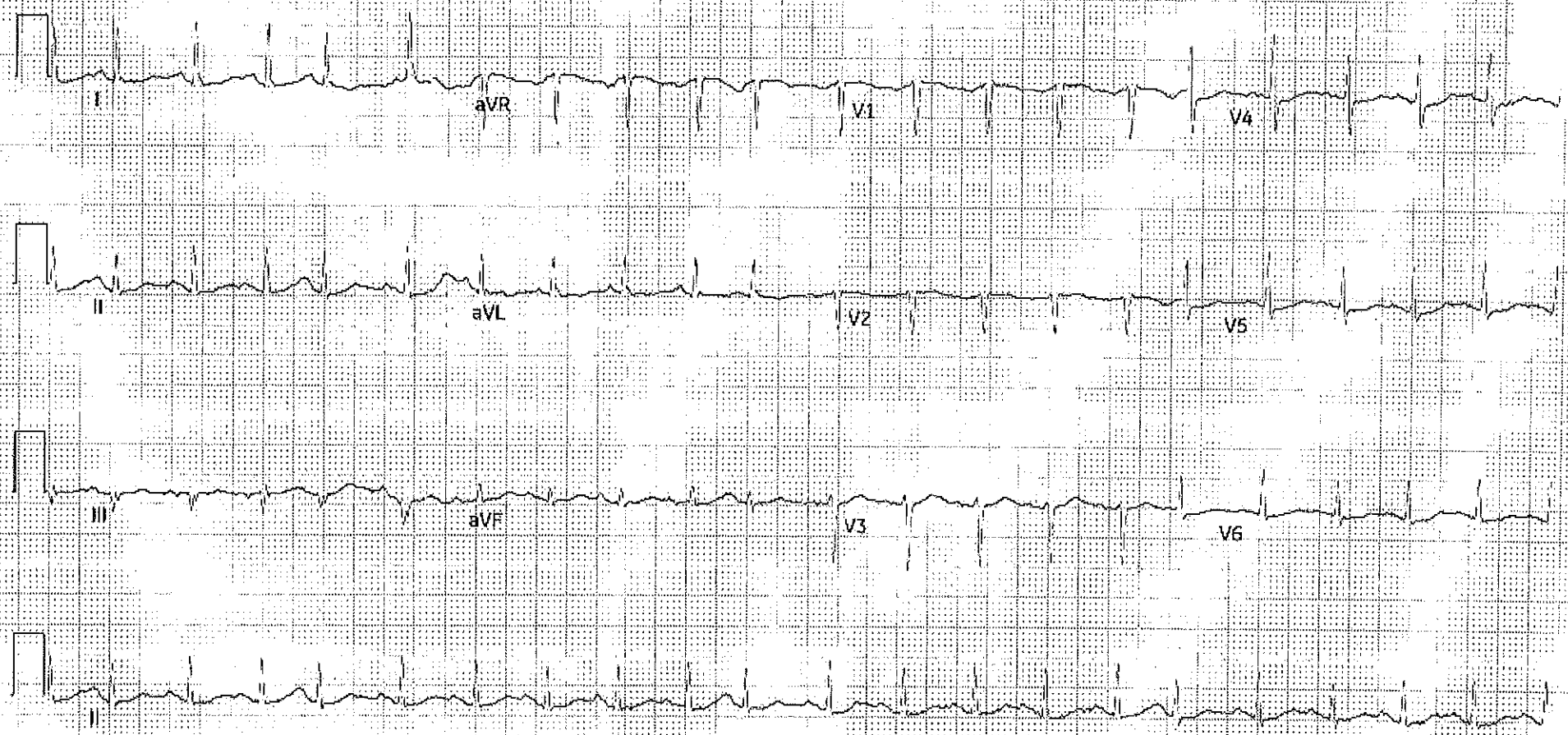
**30.08.2025 08:53:34 AM**

Victoria Hosp Kirkcaldy

GRATTON
LEON
17-03-1975
1703751191

Ward /Dept:

Unconfir




25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz MAC™ VU360 1.02 SP06 125L 1 4 by 2.5s + 1 rhythm ld

Vital Signs™ 226 166 55

30.08.2 23:20:12
HK

Lo m:
Order Numb
Indication:
Medication 1:
Medication 2:
Medication 3:

101 bpm
-- / -- mmHg

| | |
|---|---|
| QRS | 80 ms |
| QT / QTcBaz | 308 / 399 ms |
| PR | 146 ms |
| P | 120 ms |
| RR / PP | 594 / 594 ms |
| P / QRS / T | 30 / 44 / 81 degrees |

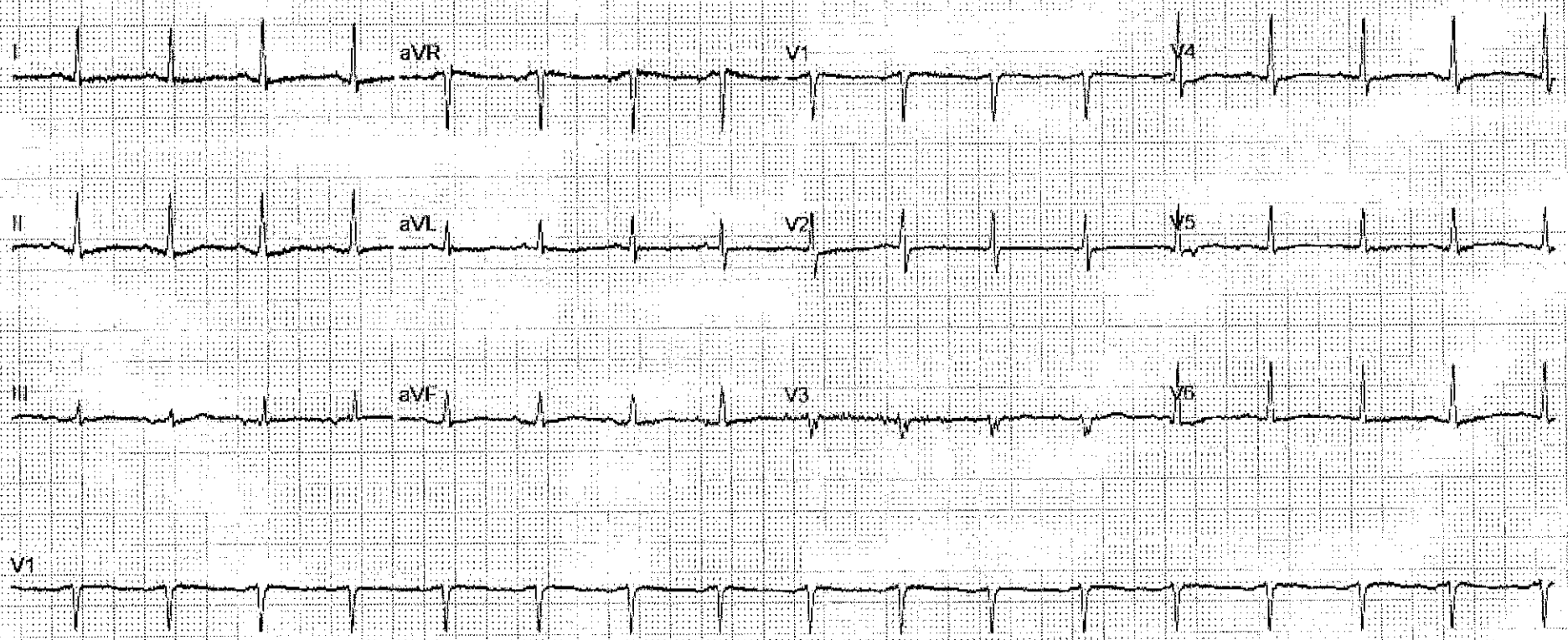
Sinus tachycardia
Possible Anterior infarct , age undetermined
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

GRATTON
LEON

17-03-1975

1703751191




Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-150 Hz 50 Hz 4x2.5x3_25_R1 1/1

# DAILY ADULT INTRAVENOUS/SUBCUTANEOUS FLUID PRESCRIPTION CHART

NHS Fife

GRATTON LEON 17-03-1975
1703751191
Date of Birth

Maximum of 24 hours on this chart – N.B. NOT FOR PAEDIATRICS

Date: 30/8/25 Ward: AU1 **Patient Weight:**

**Maintenance Goal Today** (including oral intake) 30ml/kg/24hrs

(20-25ml/kg/24hrs in frail elderly) _____

Latest U&Es/Hb checked (circle): **Yes / No**

| **1. Assess patient** | **Hypovolaemic (reassess regularly)** | | **Euvolaemic (fasting >8hrs)** | **Hypervolaemic (overloaded)** | Special cases Consult senior |
|---|---|---|---|---|---|
| **2. Why give fluid?** | **Resuscitation** | **Replacement** | **Maintenance** | **Restriction** _____ ml | Cardiac dysfunction / Renal / Liver failure / Obstetrics / Head Injury |
| **3. How much?** Look at history, weight, U&Es, other fluid intake e.g. IV antibiotics | Fluid challenge 250-500ml over 5-15mins & reassess | Estimate losses in past 24 hrs. Give replacement before maintenance. | 30ml/kg/24hrs Subtract other intake **Today's IV needs:** = _____ml | Fluid restrict. Consider diuresis. Ensure patient receives fluid goal. | ***Give 40mmol KCl/litre in maintenance unless K is ≥ 5.0 or renal function deteriorating** |
| **4. Which fluid?** | PlasmaLyte148 (PL148) / colloid / Blood on BTS chart | PL148 0.9%NaCl+KCl for upper GI loss | 0.18%NaCl/ 4%Glucose +/- KCl * **If Na ≤132 use PL148** | Consult Senior. | |

***Never give 0.18%NaCl/4%Glucose/KCl at over 100ml/hr: RISK OF HYPONATRAEMIA**

**Diabetes**: for patients on intravenous insulin use 0.18%NaCl/4%Glucose/KCl

**Subcutaneous fluids– see S/C guidance

| Weight (kg) | Maintenance Requirement /24hr (30ml/kg/24hrs) | Rate (ml/hr) |
|---|---|---|
| 35-44 | 1200 ml | 50 |
| 45-54 | 1500 ml | 65 |
| 55-64 | 1800 ml | 75 |
| 65-74 | 2100 ml | 85 |
| ≥75 | **2400 ml (max)** | **100 (max)** |

**PLEASE PRESCRIBE IN ml/hr FOR MAINTENANCE FLUIDS**

**Resuscitation / Replacement Fluid in this box** Still hypotensive after 2000ml of resuscitation fluid? D/w with senior/ICU.

| Fluid +/- Additions e.g. KCl / $MgSO_4$ | Vol ml | Rate ml/hr | After this bag | | Prescribed by (Sign/Print) | Date | Start Time | Given by / Checked by |
|---|---|---|---|---|---|---|---|---|
| PLASMALYTE | 1000 | 75 | Stop | Review | [illegible] | 30/08 | 22:30 | [illegible] |
| PL148 | 1000 | 100 | Stop | Review | [illegible] | 31/8 | 14:15 | [illegible] |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |

**Maintenance Fluid (Max 100ml/hr)** includes fluid for patients receiving IV insulin or subcutaneous fluids**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | Continue / Stop | Review | | | |
| | | | Continue / Stop | Review | | | |
| | | | Continue / Stop | Review | | | |
| | | | Continue / Stop | Review | | | |

The Fife Guidance for Intravenous Fluid and Electrolyte Prescribing, Guidelines for Diabetes Emergencies, **Hyponatraemia Guideline and Subcutaneous (Hypodermoclysis) Fluid Guidelines are available on Blink.

**Intake Output Chart**

NHS Fife

**Affix Patient Label**
Name: Leon Cratton
CHI:
Date of Birth:

**Date:** 31/8/25 **Ward:** AU **Patient weight:**

**Previous Day's Intake:** **Output:**

**Reason for chart** (use Criteria for Fluid Chart):

**Maintenance Goal Today:** _____ ml

| Time | Intake | | | | | Output | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Oral | Oral Type | Enteral | IV | IV Type | Urine | Stool / Stoma | Vomit / Aspirate | Drain / Fistulae | Blood |
| 01:00 | | | | | | | | | | |
| 02:00 | | | | | | | | | | |
| 03:00 | | | | | | | | | | |
| 04:00 | | | | | | 500 500 | | | | |
| 05:00 | | | | | | | | | | |
| 06:00 | | | | | | | | | | |
| 07:00 | | | | IV f 75 | | | | | | |
| 08:00 | DIB fast | | | IV f 75 | | | | | | |
| 09:00 | | | | IV Stoped Cannula Not working | | | | | | |
| 10:00 | Juice | 750 | | | | | | | | |
| 11:00 | ↓ | ↓ | | Re Cannulated, IV fluids Stopped | | | | | | |
| 12:00 | Juice (hard) | 750 | | | IV f 75 | | | | | |
| 13:00 | | ↓ | | (Finished 13 45 | IV F 75) | (380 pu) | | | | |
| 14:00 | | | plerther IV - 100 | | | | | | | |
| **Subtotal** | 1500 | | | | | 880 | | | | |

| **Stop and Check** | | | | If Yes to any question or if any concern **inform nurse in charge** |
|---|---|---|---|---|
| | **Intake** (Oral/Enteral + IV) less than **500ml**? | Yes | No | |
| | **Urine** less than **300ml?** | Yes | No | |
| | **Other losses** more than **500ml**? | Yes | No | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15:00 | | | | | | | | | | |
| 16:00 | 400 | Milk x2 | | | | | | | | |
| 17:00 | | Jug | | | | | | | | |
| 18:00 | | | | | | | | | | |
| **00:00-18:00 Total** | 1900 | | | | | 880 | | | | |
| 19:00 | | | | | | | | | | |
| 20:00 | 150ml | milk | | | | 469 | | | | |
| 21:00 | | | | | | | | | | |
| 22:00 | | | | | | 240 | | | | |
| 23:00 | | | | | | | | | | |
| 00:00 | | | | | | | | | | |
| **24 hr Totals** | | | | | | | | | | |

| **Total Intake** | | **Total Output** | |
|---|---|---|---|

Codes: Nil by mouth = NBM Fasting for Procedure = FP
Passed Urine non measurable = PUNM
Break in administration = BA

**Fluid Balance**
(Total Intake minus Total Output)

GRATTON
LEON 17-03-1975
1703751191

# INTRAVENOUS/SUBCUTANEOUS FLUID PRESCRIPTION CHART

NHS Fife

Af
N
C
D

Of 24 hours on this chart – N.B. NOT FOR PAEDIATRICS

Date: 1/9/25 Ward: 53 **Patient Weight**:

**Maintenance Goal Today** (including oral intake) 30ml/kg/24hrs

(20-25ml/kg/24hrs in frail elderly) _____

Latest U&Es/Hb checked (circle): **Yes / No**

| 1. Assess patient | Hypovolaemic (reassess regularly) | | Euvolaemic (fasting >8hrs) | Hypervolaemic (overloaded) | Special cases Consult senior |
|---|---|---|---|---|---|
| 2. Why give fluid? | Resuscitation | Replacement | Maintenance | Restriction _____ ml | Cardiac dysfunction<br>Renal / Liver failure |
| 3. How much? Look at history, weight, U&Es, other fluid intake e.g. IV antibiotics | Fluid challenge 250-500ml over 5-15mins & reassess | Estimate losses in past 24 hrs. Give replacement before maintenance. | 30ml/kg/24hrs Subtract other intake **Today's IV needs:** = _____ml | Fluid restrict. Consider diuresis. Ensure patient receives fluid goal. | Obstetrics<br>Head Injury<br>*Give 40mmol KCl/litre in maintenance unless K is ≥ 5.0 or renal function deteriorating |
| 4. Which fluid? | PlasmaLyte148 (PL148) / colloid / Blood on BTS chart | PL148 0.9%NaCl+KCl for upper GI loss | 0.18%NaCl/ 4%Glucose +/- KCl * If Na ≤132 use PL148 | Consult Senior. | |

**Never give 0.18%NaCl/4%Glucose/KCl at over 100ml/hr: RISK OF HYPONATRAEMIA**

**Diabetes**: for patients on intravenous insulin use 0.18%NaCl/4%Glucose/KCl

**Subcutaneous fluids– see S/C guidance

| Weight (kg) | Maintenance Requirement /24hr (30ml/kg/24hrs) | Rate (ml/hr) |
|---|---|---|
| 35-44 | 1200 ml | 50 |
| 45-54 | 1500 ml | 65 |
| 55-64 | 1800 ml | 75 |
| 65-74 | 2100 ml | 85 |
| ≥75 | **2400 ml (max)** | **100 (max)** |

**PLEASE PRESCRIBE IN ml/hr FOR MAINTENANCE FLUIDS**

**Resuscitation / Replacement Fluid in this box** Still hypotensive after 2000ml of resuscitation fluid? D/w with senior/ICU.

| Fluid +/- Additions e.g. KCl / $MgSO_4$ | Vol ml | Rate ml/hr | After this bag | | Prescribed by (Sign/Print) | Date | Start Time | Given by / Checked by |
|---|---|---|---|---|---|---|---|---|
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |
| | | | Stop | Review | | | | |

**Maintenance Fluid (Max 100ml/hr)** includes fluid for patients receiving IV insulin or subcutaneous fluids**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Continue | | | | | |
| | | | Stop | Review | | | | |
| | | | Continue | | | | | |
| | | | Stop | Review | | | | |
| | | | Continue | | | | | |
| | | | Stop | Review | | | | |
| | | | Continue | | | | | |
| | | | Stop | Review | | | | |

The Fife Guidance for Intravenous Fluid and Electrolyte Prescribing, Guidelines for Diabetes Emergencies, **Hyponatraemia Guideline and Subcutaneous (Hypodermoclysis) Fluid Guidelines are available on Blink.

GRATTON
LEON
17-03-1975
1703751191

# Intake Output Chart

NHS Fife

**Date:** 1/9/25 **Ward:** 53 **Patient weight:**

**Previous Day's Intake:** **Output:**

**Reason for chart** (use Criteria for Fluid Chart): IV fluids

**Maintenance Goal Today:** _____ ml

| Time | Intake | | | | | Output | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Oral | Oral Type | Enteral | IV | IV Type | Urine | Stool / Stoma | Vomit / Aspirate | Drain / Fistulae | Blood |
| 01:00 | | | | | | | | | | |
| 02:00 | | | | | | | | | | |
| 03:00 | | | | | | | | | | |
| 04:00 | | | | | | | | | | |
| 05:00 | | | | | | | | | | |
| 06:00 | | | | | | | | | | |
| 07:00 | 300 | water | | | | | | | | |
| 08:00 | 400 | milk/juice | | | | | | | | |
| 09:00 | 100 | water | | | | PU | | | | |
| 10:00 | 200 | tea | | | | | | | | |
| 11:00 | 200 | milk | | | | PU | | | | |
| 12:00 | 200 | juice | | | | | | | | |
| 13:00 | | | | | | | | | | |
| 14:00 | 150 | juice | | | | PU | | | | |
| **Subtotal** | 1650 | | | | | | | | | |

| **Stop and Check** | | | | |
|---|---|---|---|---|
| | **Intake** (Oral/Enteral + IV) less than **500ml**? | Yes | No | If Yes to any question or if any concern **inform nurse in charge** |
| | **Urine** less than **300ml?** | Yes | No | |
| | **Other losses** more than **500ml**? | Yes | No | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15:00 | | | | | | PU | | | | |
| 16:00 | 100 | juice | | | | | | | | |
| 17:00 | 250 | tea | | | | PU | | | | |
| 18:00 | | | | | | | | | | |
| **00:00-18:00 Total** | | | | | | | | | | |
| 19:00 | | | | | | | | | | |
| 20:00 | | | | | | | | | | |
| 21:00 | | | | | | | | | | |
| 22:00 | | | | | | | | | | |
| 23:00 | | | | | | | | | | |
| 00:00 | | | | | | | | | | |
| **24 hr Totals** | | | | | | | | | | |

| **Total Intake** | | **Total Output** | |
|---|---|---|---|
| Codes: Nil by mouth = NBM Fasting for Procedure = FP<br>Passed Urine non measurable = PUNM<br>Break in administration = BA | | **Fluid Balance**<br>(Total Intake minus Total Output) | |

## NHS FIFE BLOOD GLUCOSE MONITORING CHART

NHS Fife

For elevated blood glucose levels on insulin treatment consider dose adjustment.
For poor control on current treatment refer to Diabetes Inpatient Specialist Nurse (DISN).
See reverse for 'Hospital Management of Hypoglycaemia in Adults with Diabetes Mellitus'.

GRATTON 17-03-1975
LEON
1703751191

**BLOOD GLUCOSE LEVELS SHOULD BE MONITORED**

..... **TIMES DAILY (PRE-MEALS)**
**(Medical staff or DISN to complete)**

| Meal | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31/8/25 | 1/9/25 | 2/9 | 3/9 | 4/9 | 5/9 | | | | | | | | |
| Pre-breakfast | 7.1 | 7.6 | 7.2 | 8.8 | 7.8 | 6.7 | | | | | | | | |
| Initial | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | | | | | | | |
| Pre-lunch | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | |
| Pre-evening meal | 10.1 | | | | 9.5 | | | | | | | | | |
| Initial | [illegible] | | | | [illegible] | | | | | | | | | |
| Pre-supper | 14.4 | 8.8 | 8.7 | 13.4 | 9.2 | | | | | | | | | |
| Initial | [illegible] | MG | [illegible] | [illegible] | [illegible] | | | | | | | | | |

**OTHER TIMES**

| Date | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | | | | | | | | | | | | | | |
| Blood glucose | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | |

Developed as part of the Scottish Patient Safety Programme May 2011.

MS2793

61

PATIENT NAME ..... CHI ..... CONSULTANT .....

| AS REQUIRED PRESCRIPTIONS | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Date | Time | Dose | Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DRUG ORAMORPH 1/R | 31/8/25 | 1415 | 5mg | CT | 4/9 | 0935 | 5mg | M | | | | |
| | 3/8 | 21⁰⁰ | 5mg | [illegible] | | | | | | | | |
| Dose 5mg / Route ORAL / Start Date 31/8/25 | 1/9 | 1316 | 5mg | [illegible] | | | | | | | | |
| Indication PAIN / Frequency/Max Dose Max QDS. | 1/9 | 19³⁰ | 5mg | [illegible] | | | | | | | | |
| | 2/9 | 11.12 | 5mg | [illegible] | | | | | | | | |
| Reason for changing/stopping | 2/9 | 20⁵⁰ | 5mg | [illegible] | | | | | | | | |
| | 3/9 | 1420 | 5mg | [illegible] | | | | | | | | |
| Prescriber's Signature / Comments | 3/9 | 23⁴⁰ | 5mg | [illegible] | | | | | | | | |
| DRUG Laxiloso Orange | | | | | | | | | | | | |
| Dose 4 sachets / Route PO / Start Date 3/09/24 | | | | | | | | | | | | |
| Indication / Frequency/Max Dose | | | | | | | | | | | | |
| Reason for changing/stopping | | | | | | | | | | | | |
| Prescriber's Signature / Comments | | | | | | | | | | | | |
| DRUG Senna | | | | | | | | | | | | |
| Dose 15mg / Route PO / Start Date 5/09/2024 | | | | | | | | | | | | |
| Indication constipation / Frequency/Max Dose max 2 doses | | | | | | | | | | | | |
| Reason for changing/stopping | | | | | | | | | | | | |
| Prescriber's Signature / Comments | | | | | | | | | | | | |
| DRUG | | | | | | | | | | | | |
| Dose / Route / Start Date | | | | | | | | | | | | |
| Indication / Frequency/Max Dose | | | | | | | | | | | | |
| Reason for changing/stopping | | | | | | | | | | | | |
| Prescriber's Signature / Comments | | | | | | | | | | | | |
| DRUG | | | | | | | | | | | | |
| Dose / Route / Start Date | | | | | | | | | | | | |
| Indication / Frequency/Max Dose | | | | | | | | | | | | |
| Reason for changing/stopping | | | | | | | | | | | | |
| Prescriber's Signature / Comments | | | | | | | | | | | | |