

- risk of dehydration
regret to self
exploitation
deception

Date of Assessment: 21/10/05	Date of Review: 28/10/05	Named Nurse: F
Legal Status: Informal ☐ Detained ☐	RMO:	
Involved in risk assessment:		
Patient ☐	Carer ☐	Consultant Psychiatrist ☐
Clinical Psychology ☐	Teacher ☐	Dietician ☐
	Parry-Jones ☐	Ward Nurse ☒ SW ☐ OT ☐
Completed by (Sign):		Print Name:

Weekly MDT Up-date

In the event that there has been no change in the weekly Risk assessment up-date. Please sign and date one of the additional boxes below.

If there is any change to the risk assessment a new assessment form should always be completed.

Date of Assessment:	Date of Review:	Key Worker:
Legal Status: Informal ☐ Detained ☐	Case Manager:	
Involved in risk assessment:		
Patient ☐	Carer ☐	Consultant Psychiatrist ☐
Clinical Psychology ☐	Teacher ☐	Dietician ☐
	Parry-Jones ☐	Ward Nurse ☐ SW ☐ OT ☐
Completed by (Sign):		Print Name:

Date of Assessment:	Date of Review:	Key Worker:
Legal Status: Informal ☐ Detained ☐	Case Manager:	
Involved in risk assessment:		
Patient ☐	Carer ☐	Consultant Psychiatrist ☐
Clinical Psychology ☐	Teacher ☐	Dietician ☐
	Parry-Jones ☐	Ward Nurse ☐ SW ☐ OT ☐
Completed by (Sign):		Print Name:

CLINICAL OBSERVATION REVIEW RECORD

all changes to timeout must be authorised by the RMO and documented below			
NAME:	DATE OF BIRTH	WARD:	UNIT NO:

[illegible]

REASON CODES: 1. Self harm 2. Suicide 3. Aggression 4. Wandering 5. Unpredictable behaviour 6. Off-site

CLINICAL OBSERVATION REVIEW RECORD

[illegible]

REASON CODES: 1. Self harm 2. Suicide 3. Aggression 4. Wandering 5. Unpredictable behaviour 6. Off-site

GARTNAVEL ROYAL HOSPITAL

MISSING PATIENTS FORM

Name of patient Emma Lindsay Male/Female ☒ Informal/See ☒

Home Address & Tel. No. Cloncairn farm Ayr Ward ADU

KAB BAS Relatives inform Yes / ☒ No

Next of Kin Alivia Lindsay

Relationship As above . mother

Address & Tel. No. as above

01242 561 033

Date of Birth	Height	Weight	Build	Colour of Hair
<u>26/8/90</u>	<u>5'10"</u>	<u>96.2kg</u>	<u>heavy</u>	<u>Brown</u>

Colour of Eyes	Complexion
<u>Brown</u>	<u>Pe</u>

Scars or any other identifiable marks
xlf ham scratches on both arms

Spectacles/No Spectac
Dentures/Own teeth
Beard/Clean Shav

Clothing:

berge jumper grey track suit bottoms

Missing before

Where previously found:

Time and date when last seen ADU 20.45 hrs

Other relevant information: Money / No cash
Whether dangerous to himself or others
Does he have stabilising drugs
Possible direction:

Police notified of absence
By Whom J SN

Time 21.15 hrs

Date 1/8/5

Patient's return
From

Time

Date

Patient's Return from
From

Time

Date

Police notified of patient's return
By Whom

Time 21.25

Date 1/8/5

INITIAL ASSESSMENT

3. SUICIDE RISK - DETAILS	
SUICIDAL THOUGHTS	History of self-harm - injuries, although behaviour always denies suicidal intent.
SUICIDE PLAN	Denies any suicide plan.
PREVIOUS SUICIDE ATTEMPTS	Overdose Dec 05 - although denies wanting to kill self.
4. RISK FACTORS	
SELF-HARM	History of self-harm - superficial to arms & legs.
AGGRESSION	History of aggressive outburst towards mum and peers, physically & verbally.
NEGLECT	No evidence of neglect.
5. MEDICATION FOR PRESENT EPISODE (INCLUDING DOSE & DURATION)	
SPECIFY	carbamazepine 600mg Zopiclone 7.5mg (as required) citalopram 10mg BD (once daily).
6. PRESENT SOCIAL CIRCUMSTANCES	
A.	DAILY LIVING SKILLS (AREA OF DEFICIT)
	No evidence of problems with daily living skills.
B.	ACCOMMODATION/HOUSING (DESCRIPTION OF)
	untenanted.
C.	FINANCE/BENEFITS
	N/A
D.	INTERESTS/HOBBIES
	Horse riding, art, reading.
E.	SIGNIFICANT RELATIONSHIPS (HOUSEHOLD/ELSEWHERE)
	Mum, mum's partner, Grandpa, brother.

INITIAL ASSESSMENT

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26/8/90	Adolescent	T/1778662/1

7. FAMILY HISTORY

FAMILY ORIGIN INCLUDING AGES: mother - Alvin Lindsay, brother - James Lindsay
Mum's partner - Mary Platt, Grandpa - Ian Noble
ILLNESSES: Suffers from Asthma - which is treated with Ventolin inhaler.
PARENTAL EMPLOYMENT

8. PERSONAL HISTORY

CHILDHOOD	Behaviour problems difficulties at school. Reports hearing voices all her life.
EDUCATION	Attendance at school has fluctuated due to truancy.
EMPLOYMENT	N/A
SIGNIFICANT RELATIONSHIPS	
MAJOR LIFE EVENTS	father died 1 1/2 years ago.
PRE-MORBID PERSONALITY	

9. PREVIOUS MEDICAL HISTORY

SPECIFY: Asthmatic

10. PREVIOUS PSYCHIATRIC HISTORY

SPECIFY: one admission to crosshouse hospital, previous to being admitted to adolescent unit.

11. FORENSIC HISTORY/OFFENDING BEHAVIOUR

SPECIFY: No forensic history - although has had aggressive outburst - resulting in injury to peers, and destroying property.

INITIAL ASSESSMENT

12. DRUGS/ALCOHOL/SMOKING HISTORY	
SPECIFY: Emma denies any use of alcohol/drugs - States she hates beer - due to dad being an alcoholic, and mum binge drinking previously.	
13. OBSERVATION OF MENTAL STATE	
A	APPEARANCE & BEHAVIOUR: Neat and tidy in her dress and personal hygiene. Good eye contact, interact engaging well in conversation.
B	SPEECH: No problems - volume, tone & clarity of speech.
C	MOOD Objectively - Mood settled, laughing & joking at times - although Emma states feeling "sad".
D	THOUGHTS & BELIEFS Emma states she doesn't know why she feels low. Experiences hallucinations - auditory / command. Paranoid thinking evident - although showing insight into same.
E	HALLUCINATIONS/DELUSIONS - auditory hallucinations - various female voices inside head - derogatory in nature. Command hallucinations to hurt others. Although thought insertion evident claims she will not act on this.
F	COGNITIVE FUNCTION (ORIENTATION, MEMORY, CONCENTRATION) Concentration appears intact: Orientated to time and place.
G	INSIGHT Showing insight into difficulties - eager to find ways of coping and getting well.
14. VIEWS OF RELATIVE/SIGNIFICANT OTHERS { STATE WHO	
SPECIFY: N/A	

INITIAL ASSESSMENT

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Gemma Lindsay	26/8/90	Adolescent	T/1778662/1

15. ANY ADDITIONAL INFORMATION/OTHER AGENCIES INVOLVED
SPECIFY:

16. CLIENT'S EXPECTATION OF SERVICE
SPECIFY: Expects to get help to find ways of coping with illness

17. CLIENT'S STRENGTHS, COPING MECHANISMS AND SUPPORT
SPECIFY: Strengths - art, Able to use music and reading as distraction techniques.

18. SUMMARY (SYMPTOMS, PROBLEMS, INTER-PERSONAL DIFFICULTIES, CHANGE IN FUNCTIONING ETC.)
SPECIFY: low mood, self-harm, hallucinations, use of aggression & verbally/physically.

19. INITIAL ACTION
SPECIFY:

ASSESSOR SIGNATURE [1]	DATE	19/7/05
ASSESSOR SIGNATURE [2]	DATE	

DECISION FROM REVIEW

SIGNATURE	DATE
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NAME:	DATE OF BIRTH	WARD:	UNIT NO:

[illegible]

**NURSING CARE PLAN
INDIVIDUAL NEEDS AND INTERVENTIONS**

NEED NO:

1

*Discontinued
7/8/05*

{Please use separate care plan form for each need identified}

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26/8/90	Adoxent	7/1778662/1

NEED:

Emma requires a 72 hour assessment of her mental state as well as orientation to the ward routine.

SIGNATURE:	DESIGNATION:	DATE:	REVIEW DATE:
	Staff Nurse	19/7/05	21/7/05

ENSURE INTERVENTIONS/ACTIONS ARE DISCUSSED WITH PATIENT AND/OR RELATIVES

DATE:	INTERVENTION	REVIEW DATE & SIGN
19/7/05	Emma to be assessed by nursing staff under general observation for the first 72 hours from admission.	
19/7/05	Staff to document Emma's mood & behaviour and note any fluctuations. Liaise with multi-disciplinary team.	
19/7/05	Emma must be orientated to bedroom area, female toilets, fire exits, visiting times and offered explanation of ward routine. Within 24 hours from admission.	
19/7/05	Emma to be introduced to named nurse within first 72 hours and given information regarding named nurse system and, team nursing.	
19/7/05	Nursing staff to engage with Emma	

NEED NO:

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
	and encourage her to verbalize difficulties with nursing staff.	, RN

Discontinued
26/10/05

NURSING CARE PLAN
INDIVIDUAL NEEDS AND INTERVENTIONS

NEED NO:

2

{Please use separate care plan form for each need identified}

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	ADU	T/177868211
NEED:			
Emma requires help and support when experiencing auditory hallucinations.			
SIGNATURE:	DESIGNATION:	DATE:	REVIEW DATE:
	CIN	24.7.05	31.7.05
ENSURE INTERVENTIONS/ACTIONS ARE DISCUSSED WITH PATIENT AND/OR RELATIVES			
DATE:	INTERVENTION	REVIEW DATE & SIGN	
24.7.05	1) observe and monitor Emma's mental state. Record any fluctuations	31.7.05	
	2) Emma to inform staff when experiencing hallucinations.	31.7.05	
	3) staff to provide support and reassurance	31.7.05	
	4) staff to help Emma challenge negative thought patterns associated with hallucinations.	31.7.05	
	5) Administer prescribed medication and monitor efficacy of same.	31.7.05	
Discharged 26/10/05			

NEED NO:

[illegible]

**NURSING CARE PLAN
INDIVIDUAL NEEDS EVALUATION CONTINUATION**

NEED NO:

2

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26/8/90	ADM.	T/1778662/1

There should be a regular entry into the evaluation section. Such as after each MDT review, one to one session or specific incident.

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
7/8/05	Emma reports having auditory hallucinations, which tell her she is worthless, and that she doesn't deserve to be here. Although Emma states she can easily distract herself from same. Also states "voices" are louder at night time. Also states that she has experienced visual hallucinations, whereby "creatures" were in her room. This has made it difficult for Emma to go to bed at times, requiring support and guidance from staff. Next Review 14/8/05	RMN
17/8/05	Emma continues to report auditory hallucinations which tell her she is 'fat' and 'stupid'. Although states she can't distract herself from same. Also states she has voices which tell her to vomit, and states she acts on this. Review 24/8/05	RMN
24/8/05	Emma continues to report that she hears voices, although states that she is able to distract herself at times. Emma states she has voices telling her to make herself vomit, but states	

NURSING CARE PLAN

INDIVIDUAL NEEDS EVALUATION CONTINUATION

NEED NO:

2

There should be a regular entry into the evaluation section. E.g. after each MDT review, one to one session or specific incident)

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
24/8/05 cont'd.	She has managed to challenge these, resulting in fewer incidents of self-induced vomiting. Review 12/9/05	EMN
3/10/05	Emma continues to express that she hears voices telling her to kill herself, resulting in her self harming on a few occasions. Also states voices are telling her to vomit. Reports feeling bored and finding it difficult to distract self - at times. Review 10/10/05	EMN
11/10/05	Emma has reported voices telling her to vomit - resulting in her acting on this. Emma requests that staff support her around meal times to help her with same. Review 18/10/05	EMN
24/10/05	Emma continues to express problems around eating. Although has not reported vomiting lately, with due to auditory hallucinations. Also, no evidence of auditory hallucinations commanding Emma to self harm in the past week.	EMN
	Discharged 26/10/05	

Discontinued
26/10/05

NURSING CARE PLAN
INDIVIDUAL NEEDS AND INTERVENTIONS

NEED NO:

3

{Please use separate care plan form for each need identified}

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	A.D.U	T/177866211
NEED:			
Emma requires support in managing thoughts of self-harm.			
SIGNATURE:	DESIGNATION:	DATE:	REVIEW DATE:
	C.W	24.7.05	31.7.05
ENSURE INTERVENTIONS/ACTIONS ARE DISCUSSED WITH PATIENT AND/OR RELATIVES			
DATE:	INTERVENTION	REVIEW DATE & SIGN	
24.7.05	1) Emma to approach staff when experiencing thoughts of self-harm.	31.7.05 ✓	
	2) Emma to be encouraged to engage in activities as a distraction from disturbing thoughts	31.7.05 ✓ C.W	
	3) Support from staff to identify alternative coping mechanisms	31.7.05 ✓ C.W	
	4) Staff to help Emma identify and challenge negative thoughts	31.7.05 ✓ C.W	
Discharged 26/10/05			

NEED NO:

[illegible]

NURSING CARE PLAN
INDIVIDUAL NEEDS EVALUATION CONTINUATION

NEED NO:

3

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	Adm.	71778662/1

There should be a regular entry into the evaluation section. Such as after each MDT review, one to one session or specific incident.

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
7/8/05	Emma has self-harmed on various occasions since admission. Although over the past 7 days has managed to utilize distraction very well. Vomiting is no self-harm. Emma is very proud of same and is determined to cope more effectively. Emma is able to approach staff when wanting to self-harm and all times can respond well to staff support. Review 14/8/05	RMT
17/8/05	Emma's self-harming behaviour has decreased over the past week. Managing to utilize distraction. However is starting to be vomiting more in response to auditory hallucinations. Emma is responding well to staff support. Review 22/8/05	RMT
26/8/05	No self-harming evident over the past week. Although Emma has self-induced vomiting. Emma reports that vomiting has reduced a lot due to her being able to challenge her voices. Next review 12/9/05	RMT
3/10/05	Emma has self-harmed on a few occasions, stating that she	

NEED NO:

3

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
	finds it difficult to distract herself. States she feels 'crap', and reports voices telling her to make herself vomit. Finding it difficult to approach staff when feeling low and wanting to self harm.	RMN
11/10/05	Review 10/10/05. Emma states that she still finds it difficult to distract herself when experiencing thoughts of self-harm. No evidence of self-harm this week. Emma acknowledges that she should approach staff when feeling the urge to self-harm, however states this can be quite difficult at times. Review 18/10/05	RMN
26/10/05	No self-harm in over a week and a half. Emma managing to utilize more effective coping strategies.	RMN
	Discharged 26/10/05	

Discont. med
26/10/05

NURSING CARE PLAN
INDIVIDUAL NEEDS AND INTERVENTIONS

NEED NO:

4

{Please use separate care plan form for each need identified}

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	A.D.U	T/177866211
NEED:			
Promote healthy eating and exercise regime in order to improve negative self-image			
SIGNATURE:	DESIGNATION:	DATE:	REVIEW DATE:
	C/W	24.7.05	31.7.05

ENSURE INTERVENTIONS/ACTIONS ARE DISCUSSED WITH PATIENT AND/OR RELATIVES

DATE:	INTERVENTION	REVIEW DATE & SIGN
24.7.05	1) Provide education on healthy eating to enable Emma to make healthy choices.	31.7.05
	2) Give Emma opportunity to attend sports group and other activities	31.7.05
	3) Emma sometimes binges in an attempt to manage emotions/anger. Offer Emma opportunity to discuss these thoughts as an alternative coping mechanism	31.7.05
	4) Emma to fill in weekly food tracker to encourage her understanding of a healthy balanced diet. Emma aims to incorporate the following on a daily basis	
	a) Have a breakfast in the morning	
	b) Have at least 5 portions of fruit + veg.	
	c) Have 3 glasses of water throughout the day	
	If Emma manages for 3 days she will reward herself with snacks provided on video night.	

D722904

OR Can have a treat at weekend e.g. Chocolate / take away / out to restaurant with staff.

19.8.05

Discharged 26/10/05

7/18/05

NEED NO:

4

[illegible]

NURSING CARE PLAN
INDIVIDUAL NEEDS EVALUATION CONTINUATION

NEED NO:

4

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	ADU	T/1778662/1

There should be a regular entry into the evaluation section. Such as after each MDT review, one to one session or specific incident.

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
7/8/05	Emma is managing to participate in most activities, and also requests to go out on bike at times. Emma is finding it very difficult to comply with healthy eating, and noted to be binge eating a lot. Emma states that she will try very hard to comply with healthy eating regime, although does feel she would benefit more from staff support and guidance in same, as she sometimes finds it difficult to make appropriate choices. Next Review 14/8/05	EMM
17/8/05	Emma participating in all ward activities and outings, although does struggle at times to attend groups that are in the morning. Enjoys sports group; although states that she finds walking group too difficult due to becoming out of breath. Continues to binge eat when feeling low, although has has decreased since commencing healthy eating plan. Review 24/8/05	Komal
26/8/05	Emma continues to struggle with managing a healthy diet, at	

NURSING CARE PLAN
INDIVIDUAL NEEDS EVALUATION CONTINUATION

NEED NO:

4

There should be a regular entry into the evaluation section. E.g. after each MDT review, one to one session or specific incident)		
DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
	Emma complains that he she doesn't like any of the food offered at meal times, which results in Emma having chips quite a lot. Emma does however manage healthy eating at times, when prompted by staff. Attends to groups, including sports group and walking group. States her binge eating has reduced.	KMN
3/10/05	Review 12/9/05 Emma continues to express difficulties around eating healthy. States that she is currently experiencing voices telling her she will get fat if she eats, and telling her to make herself vomit. Emma reports that she has not ate properly in 2 weeks. Requiring a lot of support and guidance around eating at present. Review 10/10/05	KMN
11/10/05	Emma continues to restrict her eating, and when managing to eat - making herself vomit. Reports feeling sick when eating food. Nursing staff to provide support and guidance re eating habits, and encourage Emma to approach staff when tempted to vomit after meals.	KMN

Review 18/10/05

24/10 - continues to express difficulties

around eating - with regards to vomiting. However this has been less lately.

Discussion with ...

DW continued
26/8/05

NURSING CARE PLAN
INDIVIDUAL NEEDS AND INTERVENTIONS

NEED NO:

5

{Please use separate care plan form for each need identified}

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26/08/90	ADU	7/1778662/1
NEED:			
Emma experiences difficulties in going to bed and falling asleep & struggles with thoughts of self-harm. Therefore in conjunction with Emma, a bedtime routine has been established.			
SIGNATURE:	DESIGNATION:	DATE:	REVIEW DATE:
Emma Lindsay	Staff Nurse	31/07/05	8/9/05

ENSURE INTERVENTIONS/ACTIONS ARE DISCUSSED WITH PATIENT AND/OR RELATIVES

DATE:	INTERVENTION	REVIEW DATE & SIGN
31/07/05	Emma will try & avoid naps during the day in order to promote sleep @ night time.	
31/07/05	Emma to participate in daily exercise during the day in order to use up energy & promote sleep @ night.	
31/07/05	Emma to engage in activities prior to bed which will help her relax. These activities could include:- - Listen to music or read a book from 2-10 hours onwards - Have a bath or a shower - Have a hot milky drink - Read a book fifteen to twenty minutes before bed. - Have a last cigarette twenty minutes before bed	
31/07/05	Emma should be in bed for the same time every night. This should be	

NEED NO:

5

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
	22.30 hours during school nights and 2300 hours during the school holidays and 23.30 during the Weekend in order to promote sleep.	
31/07/05	Emma should try & get up from bed at 0900am during the week & 1000am at the Weekend to promote sleep.	U. SIN
		U. SIN

NURSING CARE PLAN
INDIVIDUAL NEEDS EVALUATION CONTINUATION

5

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	ADN	T/1778662/

There should be a regular entry into the evaluation section. Such as after each MDT review, one to one session or specific incident.

DESCRIPTION OF INTERVENTION	SIGNATURE & DESIGNATION
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There should be a regular entry into the evaluation of one session or specific incident.		SIGNATURE & DESIGNATION
DATE:	EVALUATION OF INTERVENTION	
7/8/05	Emma is mostly managing to return to bed at a reasonable time. When finding it difficult to sleep Emma reads, and has a hot drink, which helps her relax. Next review 11/8/05	RNN
17/8/05	Emma continues to be able to return to bed at a reasonable time without any major difficulties	RNN
26/8/05	Review 26/8/05 No change to current care plan. Review 12/9/05	
Discontinued 26/8/05		

NEED NO:

[illegible]

NEED NO:

6

{Please use separate care plan form for each need identified}

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	ADU.	T/1778662/1
NEED:			
Emma to break binge, vomit cycle in order to promote appropriate and healthy eating habits.			
SIGNATURE:	DESIGNATION:	DATE:	REVIEW DATE:
Emma Lindsay	Charge Nurse	14-8-05	20-8-05.
ENSURE INTERVENTIONS/ACTIONS ARE DISCUSSED WITH PATIENT AND/OR RELATIVES			
DATE:	INTERVENTION	REVIEW DATE & SIGN	
14.8.05	1) Emma to approach staff to ask for support when she experiences low mood and thoughts of binge self-induced vomiting	20-8-05	
	2) Staff to observe Emma for signs of binge-eating / self-induced vomiting patterns. Encourage Emma to utilise diversional techniques	20-8-05	
	3) Emma to complete 'Food for thought' worksheets and discuss these in named nurse sessions.	20-8-05	

NEED NO:

6

[illegible]

**NURSING CARE PLAN
INDIVIDUAL NEEDS EVALUATION CONTINUATION**

NEED NO:

6.

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26/8/90	500	+1177 866211

There should be a regular entry into the evaluation section. Such as after each MDT review, one to one session or specific incident.

DATE:	EVALUATION OF INTERVENTION	SIGNATURE & DESIGNATION
17/8/05	Emma states that she has been partaking in self-induced vomiting, and states she does this several times throughout the day. Explored some of these issues with staff, and been to find more effective ways of coping.	RMN
26/8/05	Emma reports that her self-induced vomiting has reduced, and feels she is managing to challenge the voices that tell her to vomit.	RMN
	Review 12/9/05	
31/10/05	Emma reports that she is struggling with her voices telling her to vomit, and reports that she has not been eating properly over the past 2 weeks.	RMN
	Review 10/10/05	
11/10/05	Emma continues to have herself sick after meals and requires support and guidance.	RMN
	Review 18/10/05	
26/10/05	Emma continues to have difficulties eating - although this has been less lately.	RMN
	Discharged 26/10/05	

NEED NO:

[illegible]

Diary

Evening

Afternoon

Morning

Date:

mood:
1-10
(N good)

Noises:
1-10
(N loud)

How I felt

What I did

MULTI-DISCIPLINARY CONTACT

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26.8.90	ADU.	T/11778682/1

DISCIPLINE & CONTACT DETAILS	DATE REFERRED	DATE SEEN	DATE OF FOLLOW-UP
Occupational Therapy	26.7.05	30.9.05	7.10.05
INTERVENTION DETAILS: Met to discuss commencing home work to reintegrate at home. Emma made little eye contact when talking to therapist. She is not keen to work at home as she is struggling to return to home. Discussed the practicalities of having to return to home as she is struggling to accommodate. She states that she is aware of this but as her			
DISCIPLINE & CONTACT DETAILS	DATE REFERRED	DATE SEEN	DATE OF FOLLOW-UP
Cont from above -			
INTERVENTION DETAILS: mum has broken her trust & her friends are talking about her she doesn't want to go home. Discussion ended with her saying she would give further thought to this. We also discussed working on social skills as Emma is aware she becomes over sensitive, defensive & often aggressive. She is willing			
DISCIPLINE & CONTACT DETAILS	DATE REFERRED	DATE SEEN	DATE OF FOLLOW-UP
Cont from above.			
INTERVENTION DETAILS: to work on this areas as she is aware of the problems this brings. Emma will think about activities & interests she would enjoy to help address these issues.			

MULTI-DISCIPLINARY CONTACT

DISCIPLINE & CONTACT DETAILS	DATE REFERRED	DATE SEEN	DATE OF FOLLOW-UP
OCCUPATIONAL THERAPY		7.10.05	14.10.05
INTERVENTION DETAILS: AS Emma will not be returning home it is felt there is no need at this time to commence home based rehab programme. If Emma remains inpatient for a period of time after postcare has been identified therapist will commence this then. Meantime plan is to engage Emma in meaningful leisure & recreational activities.			
DISCIPLINE & CONTACT DETAILS	DATE REFERRED	DATE SEEN	DATE OF FOLLOW-UP
INTERVENTION DETAILS:			
DISCIPLINE & CONTACT DETAILS	DATE REFERRED	DATE SEEN	DATE OF FOLLOW-UP
INTERVENTION DETAILS:			

RECORD OF RELATIVE CONTACT

A summary of discussion should be recorded after each contact with the patient's relatives, particularly in line with the minimum standard as identified in Care Pathway point 3.2

NAME:	DATE OF BIRTH	WARD:	UNIT NO:
Emma Lindsay	26/8/90	ADU.	T/1178662/1
DATE:	SUMMARY OF DISCUSSION		SIGNATURE & DESIGNATION:
28/7/5 13:00pm	Emma's mum phoned this evening - she stated that Emma had contacted her informing her of incidents this evening. Staff verified that incidents had occurred (see notes) and reassurance given (re: same - advised Emma was going to A+E to have hand reviewed - she will contact ward later for information - seemed happy with same.		
1/8/5 20:20	- mother contacted as Emma was noted to be absent from ward without official leave - mum could not think of anywhere Emma may go in Glasgow - advised that missing pt protocol would be initiated and local search of hospital grounds - also advised staff would keep mother informed of progress and developments		
1/8/5 21:25	- Mother contacted and informed Emma had returned to unit of own accord - mum advised staff that Emma had just phoned her and stated she was feeling paranoid about cameras watching her in ward (see nursing notes)		

[illegible]

RECORD OF REPORTABLE INCIDENTS

Record the dates and nature of reportable incidents which have occurred and which are likely to have a bearing on future risk-management decision making

D722836

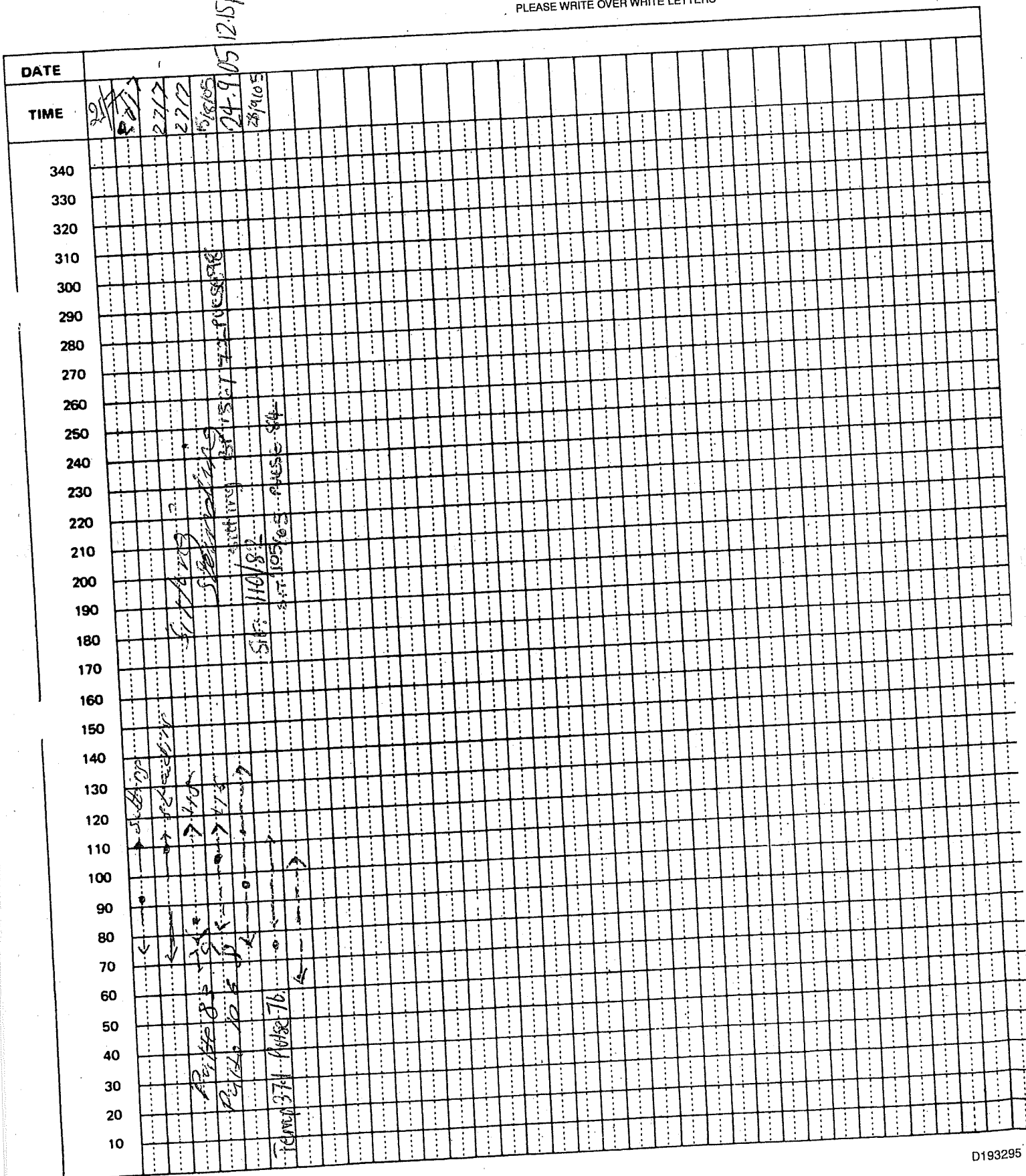
[illegible]

HOSPITAL ADU

BLOOD PRESSURE CHART

DATE 26.8.90 TIME 17:12
FIRST NAME EMMA SURNAME LINDSAY
ADDRESS 32 MARLBOROUGH
ADDRESS GLASGOW
HOSPITAL WIDEN CLINIC ADU

PLEASE WRITE OVER WHITE LETTERS



WEIGHT-CHART

Patient's Name EMMA LINDSAY Ward ADU D.O.B. 26-8-90

[illegible]

GREATER GLASGOW NHS BOARD - PRIMARY CARE DIVISION

SNOWWORK

FORMATIVE EVALUATION

UNIT No. T/1778662/1

PATIENTS NAME Emma Lindsay

DATE OF BIRTH 26.2.90

WARD/DEPARTMENT ADU

DATE	FORMATIVE EVALUATION	SIGNATURE/DESIGNATION
26.7.05	Attended walking group. Initially reluctant to attend 'stating I hate walking'. Managed to be persuaded however. Emma seemed single & settled during session. Conversation spontaneous & interested. Did complain a little about being tired walking.	
27.7.05	Attended sports group. Last week & this week. Interested & participated well. Requires to take breaks due to over exertion resulting from being overweight. Seems to enjoy sessions.	
9.8.05	Attended walking group. Initially reluctant to attend. Managed however with prompts to join group. Mood appeared bright & interested with others throughout session.	
10.8.05	Attended photo group. Initially brought & participated in activity. Emma appeared to take an asthma attack at some time as other patient (LMS). This settled following use of portable inhaler & support from staff. Unfortunately however session was cut short due to these incidents.	
17/8/05	Attended sports group. Participated well, although stated that she felt very tired. Mood settled and behaviour appropriate.	RMM
24/8/05	Attended sports group. Mood bright and behaviour appropriate. Participated very well throughout the session.	
27.9.05	Attended walking group. No problems evident throughout session. Interacted well with others.	
28.9.05	Completed supper group this evening. Managed task asked with verbal guidance. She demonstrated a good knowledge of menu planning & preparation of food. Will continue ongoing assessment over next few weeks.	

Our Ref: AC/JM
Your Ref:
Date: 27 October 2005

PRIVATE AND CONFIDENTIAL

Dr
Adolescent Mental Health Unit
Gartnavel Hospital
GLASGOW

etj
*- Please phone re-organisation
apologies.*

Dear Dr Gardner

Subject: LAC Review – Emma Lindsay

A **Looked After and Accommodated Review** has been arranged for the above named young person on 3rd November 2005 at 2.00pm, within Care Visions, Penpoint, Thornhill and accordingly you are invited to attend.

It would be helpful, if you could arrive 15 minutes beforehand in order that you have an opportunity to read report submissions.

In the event you are unable to attend I would be pleased to receive your written comments and/or report regarding your involvement.

Please note that where a written report is required this should be returned to **Shelby Agnew, Clerical Assistant** at **Holmston House, Holmston Road, Ayr** within 3 days prior to the Review meeting. It is anticipated that these reports can then be collated and distributed to those attending the/your meeting and give people the opportunity to consider the information available.

Yours sincerely

Review Co-ordinator

28 OCT 2005

Colin M.
MacDonald

Interim Report for Emma Lindsay
Meeting with Social Work, S Ayrshire
18th October 2005
School Report

I took Emma to Ayr Academy last week (6th October) to meet with her Guidance Teacher, Mrs Anne Byres. The meeting was a positive one in that Emma behaved impeccably and was interested enough to ask some pertinent questions regarding her timetable. It was agreed that she would be phased in gradually, starting with morning sessions only.

Mrs Byres asked me to let her know when Emma would start but this all depended on where Emma is going to stay and when she would be discharged.

Considering the amount of uncertainty in Emma's life at present, her attendance at the Unit School has not been excellent during the last couple of weeks; sometimes she appears for the lesson and then walks out after 15 minutes saying that she can't cope at the moment. Her concentration and motivation for academic study, while in class, are also quite poor, presumably for the same reason mentioned above.

Colin M MacDonald
Pastoral Care Teacher

Emma Lindsay

MY DAD.

My mum and dad meet when
they were 17 and my dad
was in the raf. 6 months later
~~she~~ they got married. and had
my brother James 7 years later
they had me then they got divorced
because my dad was an alcoholic
for 5 years mum would not dad
see me until I was seriously ill
in hospital then once a month I would
go to his for a weekend and I
really look forward to it. When this
started my dad had stopped drinking
but I began to notice empty bottles
hiddin so my mum stopped me
from seeing him even though he
never drank in front of me
so I hated my dad because that
meant when I went to his I could
get away from my mum (illness).
but at last I could stay at my
dads again. and we had really good
times we would go fishing to the
poolhall and out for meals doing
things I never done with my
mum he would let me decorate
his house for Christmas because
my mum wouldnt let me because I
had to be done in a Sunday

way i wouldn't do it right
then about 8, 9 months before he
died. i fell out with him because
he did not understand what
was going on in my head. So
i stopped talking to him but i
still went to his. i remember there
was one weekend i never said
ONE word to him i think that
was the last weekend. staying
with him i feel very guilty that
i never told him how much i
loved and missed him when he
was not there.

i always thought of my dad
as my saviour because he would
~~save~~ save my from all the shit.
i what though with my mum at
home the night before he came
to pick me up for the weekend
i would be so excited i couldn't
sleep.

i always thought my dad would
always be there but i took that
for granted that way i have
try so many times to make up with
my mum because if she dies
she will die thinking i hate her
just like my dad did the last
thing i said to my dad was
i hate you i have to live
with that for the rest of
my life.

Father had heart condition. Died at 45
~~years old. At end, ~~he~~ did not get on~~
with dad. Went on holiday with dad,
did not get on with him.

Emma has started wearing a crucifix
and asked to see a priest in Crosshouse.

Emma self harms - 5 times in 7 weeks.
Cut her legs. Has had scissors & knives in
her bed. Self harm to stop the voices. Mum
used to do this also.
Since going to high school - screams all the
time.

On holiday - Emma held a a year old
nephew under the water.
In early stages of mum & partner's relationship,
Emma being violent towards mother.

History

Emma started cutting things up at 4 years old.
When born had severe reflux - had to sleep sitting up for first year. No problems with other development. Fell down stairs at 2 years old - in hospital for this. Sick child - high infections - in hospital for some of these. Mum had pre-eclampsia throughout pregnancy. Full term. 5lb baby.

At 4 - aggressive, would hit her head stating 'bad ~~noise~~ noise'. She would sit & talk to the wall. 3 ^{sets of} people she talks to. - The 'little people' who ignore her. The Victorian ladies and also the 'giant people'. Also sees shadows, want sleep. (only since in ~~country~~) (coushouse).
Situation worse as years went on.
When young spent a lot of time in country.
James had extreme case of dyslexia.
Emma tested for dyslexia at 7 years old.
James and Emma don't get on now - fight a great deal.
Dad died 2 years ago - saw Emma daily

Paranoid thinking. - If people laugh / smile they are laughing at her.
- people against her.

onstant ds - due to being younger in crosshairs.

typical egg - broke notes. feels bad for doing it.
- far insidious.

tried to push mum down stairs
+ choke mum - 3 yrs ago - when she wasn't well.

mum's partner feels Emma - egg to get attention
him mum.

mum - binge drinking - Emma became egg.

Recently more verbal egg.
Becomes egg when told "no" - limit behaviour.

Egg - likes parents partner to sit her down in a
room + go back in room - feels this worse.

Responds to structure / order

Family -
- mum's partner - gets on v. well,
- Grandpa - visits regularly - good relationship.
- Brother - feels him "when he can be bothered".
- Agnes quite a lot.
- Unable to accept sister has illness -
- thinks it's attention seeking.

mum's health deteriorated since Emma - accident.
Deep fear / worries constantly about Emma.

mood - sad. 1-10 (2) ^{sad happy}

- Higher than a (2) when on current med.
- can't remember feeling happy before heart
- Before accident - happy (7).

Go to bed 4am. - tries to go early but becomes agitated
can't sleep.
Puts sleeping since going into hosp - watching films
in 3-4 morning. - gets up 8am. Still has energy.
"Interest in art / handwriting / reading" - Appetite - since going on
meds - but lost interest.
Main marks: bad family - no support.

Ward activities / School

Groups / therapies

water bit

Policies - visiting times - 4-5 } Mon
7-9 } Fri
- Bed times 10.30 Mon
12.00 W/E

3-5 } WK
7-9 } end

Physio

- meal times

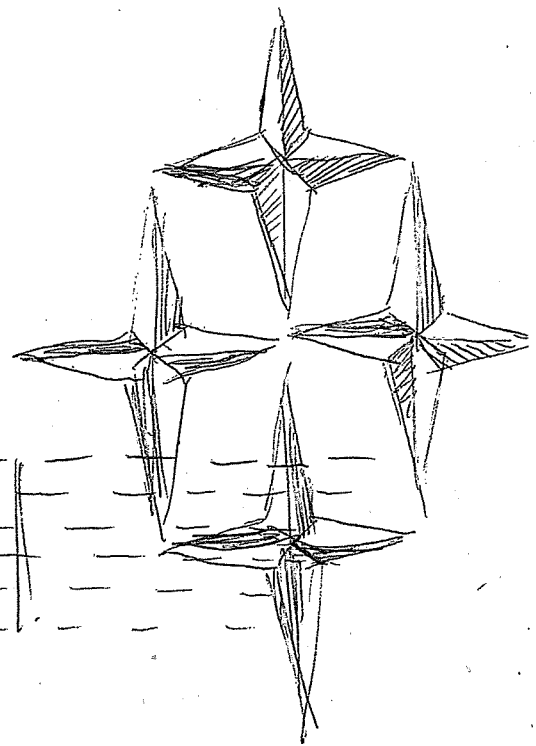
- money - £20?

- Drawer - keep valuables in

- music

Observation policy
clothes - dress - shoes

tidal model
Named nurse



RISK - To self, others -
- self-harm / suicide
©

more bad days than good

On admission mood 3/4

Suicide thoughts roughly once/wk → impulsive - no plans.

Tries to stop self - does so successfully.

Stopped speaking to staff in canteen / felt not listened to her.

Event hours in school were due to voices / unable to concentrate

'Hates alcohol' - no drugs

Smoker - 20/day

Emma feels this is an opportunity to get well

Relaxation / Reading

Internal voices - 4 yrs ^{common} single person hallucination
~~overdose~~ - Sep. ^{Negative} / different voices.

flirtatious / vulnerable, - older male

mother - schizophrenia

Father died 1 1/2 yrs ago.

low mood - worse in evening / high periods
Disruptive sleep! early morning waking ^{irritated} in morning
lack of motivation

• Episodes - age - can't control feelings
breaks furniture / self harm

• School difficulties - diff - concentrating

• self harm - RWR - scissors / knives
- stops the voices

• Wants to cope with illness. * cross house lows. &

• voices - "see things" - has

• Mum recognised Anna - "going down" - took her to doctor.

• feels really bad / really low.

• Doesn't feel medicine - working at present.

• Overdose Dec 04

• Various admissions.

• feels up & down - can't cope at school.

• At school 12 yrs ago - ~~admission~~ difficulties / bad behaviour
School refused to take her back after overdose.

- No triggers - before overdose.
- ~~pre-plans~~ - ~~overdosing~~ due to feeling like
He can't cope - voices
neg. feelings
- Overdose - Rec - impulse - first time seeing
psychiatrist
- 14 paracetamol at school.
- ~~After overdose~~ ^{feels} ~~no~~ No intention to die - just
wanted voices to stop.
- felt after overdose - meds working / when didn't.
- Change in docs - 3 in 3 months.

- Voices - becomes too much → cut self.
- Arms / legs - use nails / teeth
- Release? - feels relieved. (Overdose - voices)
- Cutting reduces - from Once per night to
couple of times within 4 days.
- On constant ds in crosshairs. ^{can't explain why}
- last night - aggressive / injured / voices /
Difficulty sleeping - 3/4 hours night
voices worse at night
- Self harm - what else - reduces voices
what helps?

- Voices - "make everything I do"
"make him of me"
tell to cut self
"to hurt other people"
people don't love me
to kill self.
- lots of diff female voices
inside head - doesn't
recognise voices
louder at night.
- sometimes acts on them - cuts
6 scalps gradually - agg - always been agg - got worse
over past few yrs.
- Agg - Smash room up - no triggers / verbal agg - Stamps / Shouts
Physical agg - school - people look at her wrong way.

train up with mum - mums being ill. Emma
sees this as normal.

Has brother - he went to boarding school
when he was 11 & Emma was 3.
Emma feels mum doing much better
over last 4 years when mum met Mary
and medication was increased.

Went out with friend and came back
distressed, mum states Emma was
This was time she was admitted to adult ward.
School, both primary and secondary, very
difficult due to poor concentration due to
voices. At present failing all subjects. Likes
art only. Used to go horse riding. Involved
in Prince's Trust. Enjoys public speaking.

Passes have have been difficult, keen to get
back to ward. Aggressive also.

Refusing to attend school, states the
teacher gets impatient. Doing school work
on her own.

Has group of friends - mum refusing to let them
visit. One friend knows she is in hospital.

EMMA LINDSAY 14 years.

Emma, mum & mum's ^{Mary} Partner. at home.
Emma having problems since 4, referred at
aged 7 years old. ~~Feels~~ Mum feels they offered
no support. Emma took overdose in December,
seen hospital ~~by~~ psychiatrist but discharged.
Seen by CAMHS consultant on regular
basis but Emma feels not built up
trust with CAMHS due to change of staff.
In adult ward at present on constant
obs. - for 7 weeks.

Mum feels Emma is a 'flirt' and in
the adult ward this has caused difficulties.
Now nursed in own room.
Feels better when distracted by activities.
Had 'voices' ~~since~~ for as 'long as she could
remember'. Has violent outbursts and destroys
her bedroom due to the distress by the
voices. Gets upset when mum holds her
when distressed. Has good relationship with
mum's Partner, Mary, confides in her.
Mum has mental health problem and due
to this Emma feels mum is to blame.
Mum not been well since Emma's overdose,
seeing her own psychiatrist.

9. RELEVANT MEDICAL HISTORY

As a baby: Gastro-esophageal reflux with repeated chest infections. Treated conservatively
One febrile seizure
Lots of headaches

10. PROVISIONAL ASSESSMENT AND FORMULATION OF THE DIFFICULTIES

Bipolar affective mood disorder type II with an episode of depression and strong suicidal ideation. Major problems at school.

11. AIMS OF ADMISSION

- Stabilize condition in safe environment
- Optimal medication program.
- Further testing for learning difficulties

**12. WHAT IS THE CURRENT INVOLVEMENT FROM OUTSIDE AGENCIES.
(eg Social Services, Psychological Services).**

CAHMS nurse therapist, educational psychologist.

13. IS THE REFERRED ADOLESCENT (or any other children in the family) SUBJECT TO A CARE ORDER OR ON THE "AT RISK" REGISTER?

No

14. HAS REFERRAL BEEN DISCUSSED WITH:

General Practitioner

Social Worker

Psychological Services

School

Other

Regular reports

No

Yes

15. WHAT INFORMATION HAS BEEN GIVEN TO THE FAMILY ABOUT THE UNIT?

To achieve the goals as stated in 11

She has an older brother of 22 who is a landscape gardener. He suffers from dyslexia and had learning difficulties. For 6 months in Australia
See 5 for rest

7. WHO LIVES IN THE HOUSEHOLD?

Mother, Alicia, her partner Mary and Emma

8. RELEVANT DEVELOPMENTAL HISTORY (including learning difficulties)

Was quite normal
See 5. Reported as ? dyslexic

4. WHAT TYPE OF ASSESSMENT AND TREATMENT HAS BEEN DONE WITH THE CHILD, FAMILY OR NETWORK BY THE WORKERS CURRENTLY INVOLVED?

Case passed on to _____, nurse therapist by Dr _____, Consultant Child and Adolescent Psychiatrist at the point of her departure from the service in June 2002. Dr _____ formulation centre around complex family relationship difficulties, the impact on Emma of her mother's mental health difficulties and a history of loss within the family. A piece of family work was undertaken by myself between July 2002 and January 2003. The family continued to describe ongoing behavioural difficulties with Emma and ongoing difficulties were evident in the mother daughter relationship. The family stopped attending appointments and did not respond to the offer of a multi disciplinary screening appointment which was organised to re look at the difficulties and possible interventions. The case was closed in September 2003. It was re opened in December 2004 when Dr _____ with Emma after an impulsive overdose and made a diagnosis of Bipolar mood disorder type with mild psychotic symptoms (voices). She was started on Tegretol CR 200mg twice a day and Risperidone 0.5mg twice a day. Dr _____ recommended that Emma be monitored regularly and offered consistent psychiatric review and requested my re involvement to offer support to Emma and her mother and to liaise with education around Emma's ongoing needs. Initially in my contact Emma's mother felt that the pressing priority was for Emma's Medication to be stabilised and then to consider the place of individual support for Emma. Parental, school and self reports indicate that Emma enjoyed a period of stability between February and May 2005. However Emma's mood dipped considerably in the week prior to admission to a local bed within adult psychiatry.

5. SUMMARY AND HISTORY OF PRESENTING PROBLEMS:

- Term pregnancy but repeated episodes of miscarriage. Milestones normal.
- Parents divorced. Mom suffers from schizophrenia but functions well. In gay relationship. Emma has a good relationship with her partner. Father deceased.
- Since age 4 extremes in her mood.
- Since primary school behaviour problems at school. This was also the trigger for the OD in December.
- Emma has major problems at school - ? learning difficulties - was not investigated.
- Current problem:

About 10 days back she was quite high according to her mother, but 3 days back she dropped into a deep depression, doesn't want to get up, doesn't want to go to school, cries constantly, keep on repeating that she doesn't want to live etc. I admitted her in Crosshouse hospital in the adult psychiatric ward, but it is not the most ideal situation.

6. RELEVANT FAMILY HISTORY (including any special arrangements for Access/custody)

REQUIRES A BED.

GARTNAVEL ROYAL HOSPITALADOLESCENT UNITAL FORM (To be completed by the referrer) (Please type)

PLEASE NOTE IT IS THE REFERRER'S TASK TO INFORM GP THAT PATIENT HAS BEEN REF. RED
FOR ADMISSION TO THE WARD.

1. ADOLESCENT'S NAME

ADDRESS

TELEPHONE NO.

D.O.B.

G.P.

SCHOOL

Emma Lindsay

Cloncaird Farm, Ayr, KA6 6AS

Mother: 07749715865 Home: 01292 561033

28/08/90

Dr Hendry, 9 Alloway plc, Ayr

Prestwick Academy

2. REFERRER'S NAME

POSITION

ADDRESS

TELEPHONE NO.

DATE OF REFERRAL

Dr.

Locum consultant psychiatrist CAHMS

Ayrshire Central hospital. Irvine

07841254548

13/05 2005

3. WHO ARE THE WORKERS CURRENTLY INVOLVED IN THE CASE?

Dr.
Di

Nurse therapist, CAHMS, Strathdoon House Ayrshire
consultant psychiatrist - Alicia (mother) suffers from schizophrenia
, Locum consultant psychiatrist CAMHS

Tegretol 300mg - 100 am 200 nocte
Prozac - Fluoxetine 20mg
Risperidone 2mg b.d.

Voices i heard control thoughts
no thought waste etc.

Special powers - when depressed think
may be psychic

High - were even from depression
don't think, do things

Aggressive - often - hit others

no drugs

tobacco 20/day

no alcohol

dad died of alcoholism

not like guys

got on well w dad

Stressor - School -

Used school Predict - Mum moved -

Age 1 year - Stacey

4th year

Art History

Can't eat
none at night

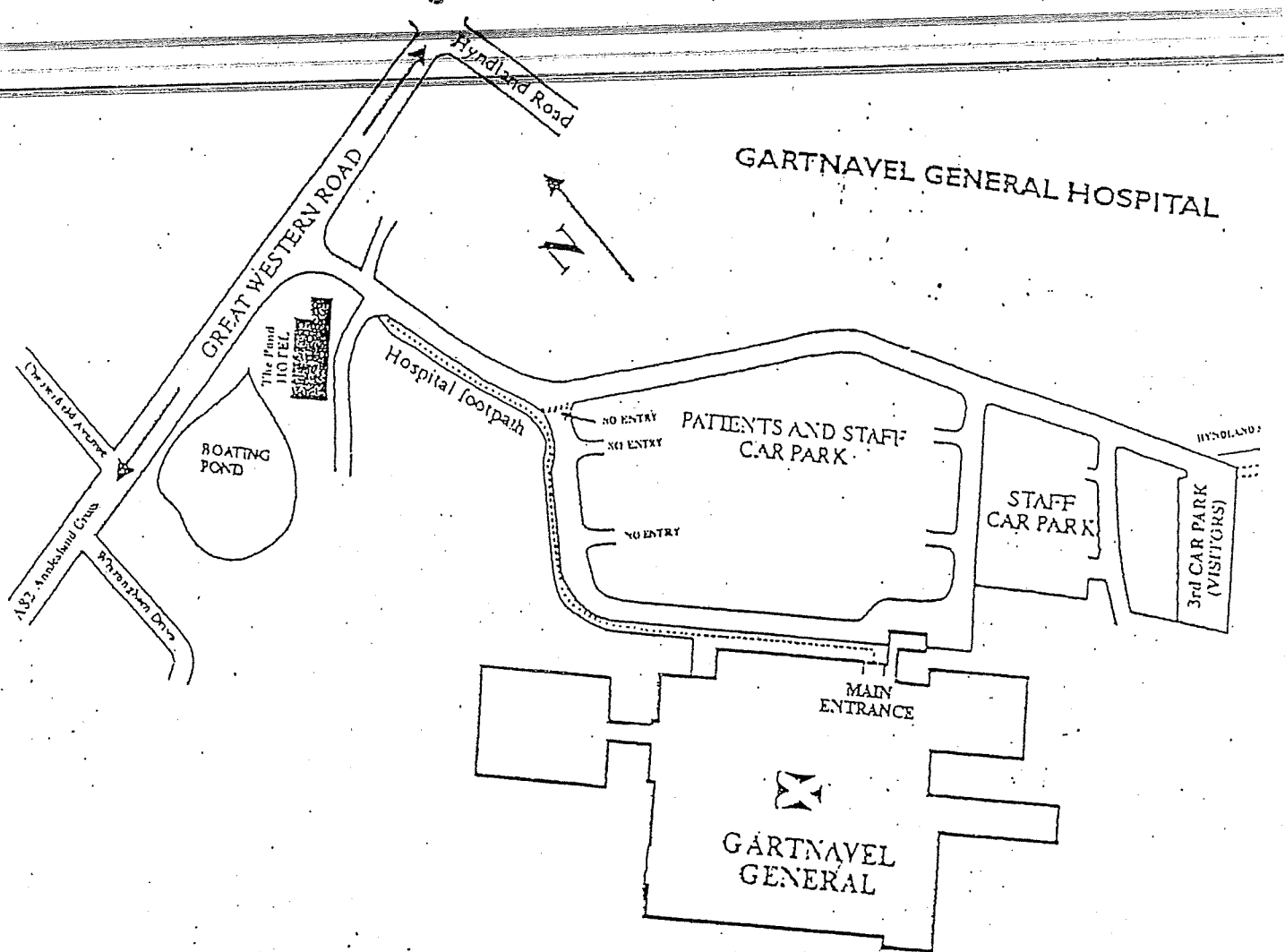
Computing sleeps 2am staying up

emw 4-5am

... sleeps in

Answers That Matter.

Lilly



TRANSPORT

BUS

Strathclyde Regional Buses ⁹⁰ 66, ~~66~~ and 59 stop outside the hospital on Great Western Road and also bus No ⁹² 8 - stops in hospital grounds.

TRAIN

There is access to the hospital from Hyndland Station.

CAR

There is car parking available within the hospital grounds.

GARTNAVEL GENERAL RADIOLOGY
X-RAY DEPARTMENT - CT SCANNING

Tel. 0141-211-0126

DEAR Miss Lindsay.....

Date of Birth 26/08/1990

Your Doctor has arranged an appointment for you to have a CT scan (Computerised Tomography Scan).

Will you please attend the X-ray Department at GARTNAVEL GENERAL HOSPITAL

A CT scan is an X-ray examination that allows the doctor to view sections or slices of the body. An example of a CT image can be seen above.

It is advisable that you eat and drink only light diet prior to your scan. The procedure, which should take no longer than one hour, is quite straightforward and you will be able to return to your normal routine after the examination.

The X-ray department is situated on the ground floor and access is on the right hand side from the main entrance hall.

Please bring this appointment slip with you. When you arrive please report to the reception window in the X-ray department

The result of your scan will be sent to the Doctor in the hospital clinic from which you were referred.

IMPORTANT: Please notify the Department 0141-211-0126 if you cannot attend.

There is a weight restriction on the scanner. If you weigh 23 stones (150 kg) or more, please telephone the above number.

LIGHT DIET - Toast, poached egg, fish, chicken, clear soup.

Yours Sincerely,

Superintendent Radiographer, CT Scanning.

A:GGHOUTdoc

Since admission, Emma has settled into the ward, showing very good insight into her difficulties. Initially Emma stated that she had 3 main issues that she wanted to work on, including, managing her auditory hallucinations, coping skills for self-harm and binge eating, which have all been addressed through nursing care plans. Emma has responded well to these nursing interventions, although at times requiring a lot of firm limit setting.

Initially Emma reported that her mood was mostly low, and voices were loud, particularly at night, resulting in some incidents of self-harm. However over the past 6 weeks, Emma's mood, has become more settled, and a decrease in self-harming behaviour noted. Emma has been able to approach staff when experiencing difficulties and has responded well to support and reassurance. Emma has been monitoring her mood and the intensity of her voices, through the use of a diary work, however continuously needing prompting to complete same. There doesn't appear to be any clear pattern or relationship with Emma's mood and her voices, and there has been no evidence of pre-occupation with unseen stimuli.

Emma reports that a female voice in her head tells her to vomit, which she has acted on, over the past month. Emma states she feels lonely and angry before binge eating and just prior to self-induced vomiting, and describes a release from emotions and thoughts. Nevertheless, there has been a decrease in this behaviour recently, whereby Emma states that she feels able to distract herself, and challenge the negative thoughts. Emma has been commenced on a healthy eating plan, which she has found very difficult to comply with, although she does report that her eating habits have improved since admission.

Also, Emma's behaviour has become more settled around the ward since admission. Initially Emma became easily irritable and argumentative with both staff and peers, resulting in various incidents of verbal aggression and destroying property, thus requiring a lot of limit setting, which Emma admits to finding very difficult, but very helpful too. Emma has recently been very pleasant, interacting well with peers and staff, although at times noted to be quite over-familiar with male patients. Attending to school timetable, groups/outings, and unaccompanied walks with no problems.

However, struggling to manage home passes. Emma was to have 2 overnight passes last weekend and was unable to manage same, stating that she felt it was 'too much'. Mums partner phoned the unit stating that the pass wasn't convenient for them either and wanted to change it to the next week, resulting in Emma going out on a day pass only.

AT TIMES, WE EAT IN RESPONSE
to our emotions.....

FOOD FOR THOUGHT

☒ one of the top bubbles, and then complete the rest of the cartoon.

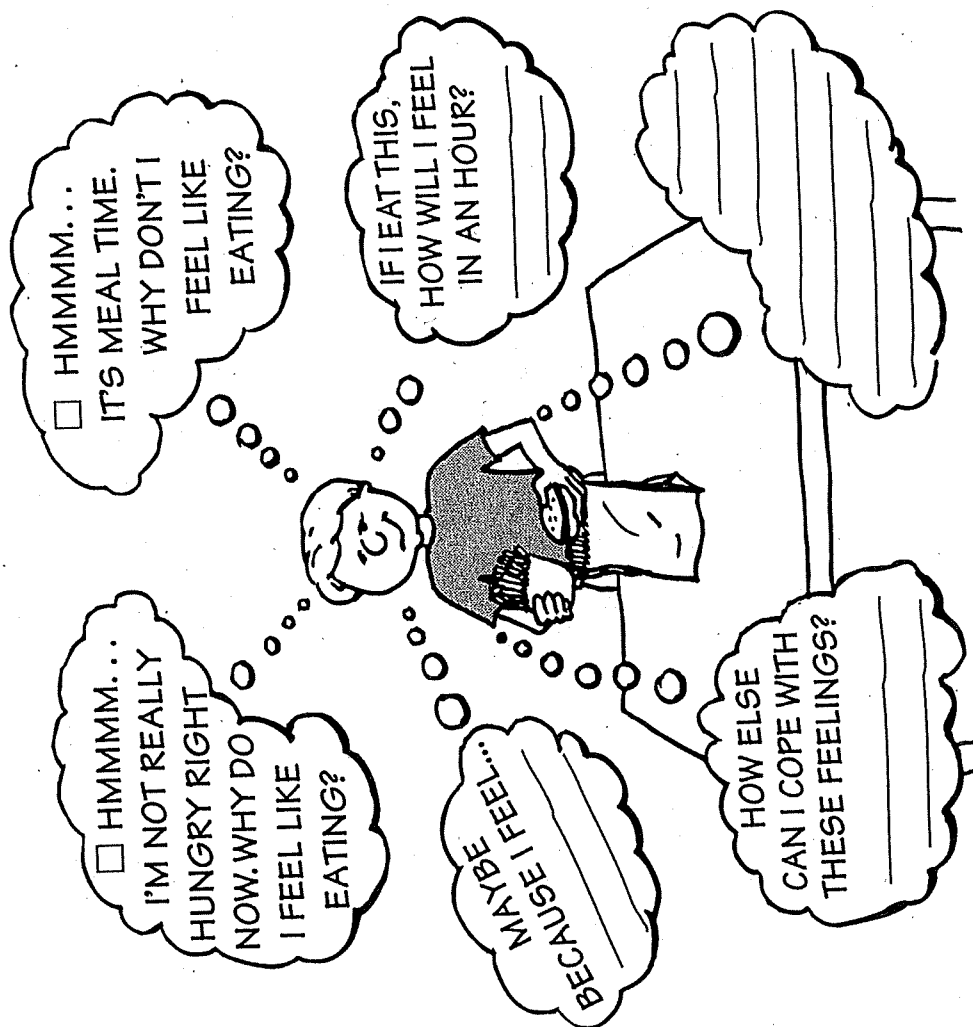
This association between eating and emotions may not interfere with healthy daily living, but at times it can lead to unhealthy behaviors.

It may result in:

- Overeating
- Undereating
- Not eating
- Making poor food choices
- Eating too quickly
- Purging after eating
- _____
- _____
- _____

Some of these behaviors can actually indicate or result in serious eating problems, requiring medical attention.

IT IS IMPORTANT TO
RECOGNIZE WHEN YOUR
EMOTIONS AFFECT YOUR
EATING BEHAVIORS!



Try to put things in perspective.

Remember ... we don't sleep every time we feel tired.
Similarly, we don't need to eat, or not eat, every time we feel certain emotions.

Do you respond to emotions through food?

Consider the following recommendations:

- Recognize and allow yourself to feel your emotions, reminding yourself that these emotions won't last forever.
- Communicate your feelings openly and honestly with yourself and others.
- Look for alternative activities.
- Use positive self-talk.
- Relax, using methods you have found beneficial in the past.
- Use self-questioning methods —
 "Why am I eating this food?"
 "Why am I eating now?"
 "Why am I not eating at all?"
- Ask for help to create your own healthy food plan.

- If your eating behaviors are out of control...
 Seek medical assistance and counseling.
 Involve your family and/or friends to help.

FOOD FOR THOUGHT

At times, we eat in response to our emotions.....

☒ one of the top bubbles, and then complete the rest of the cartoon.

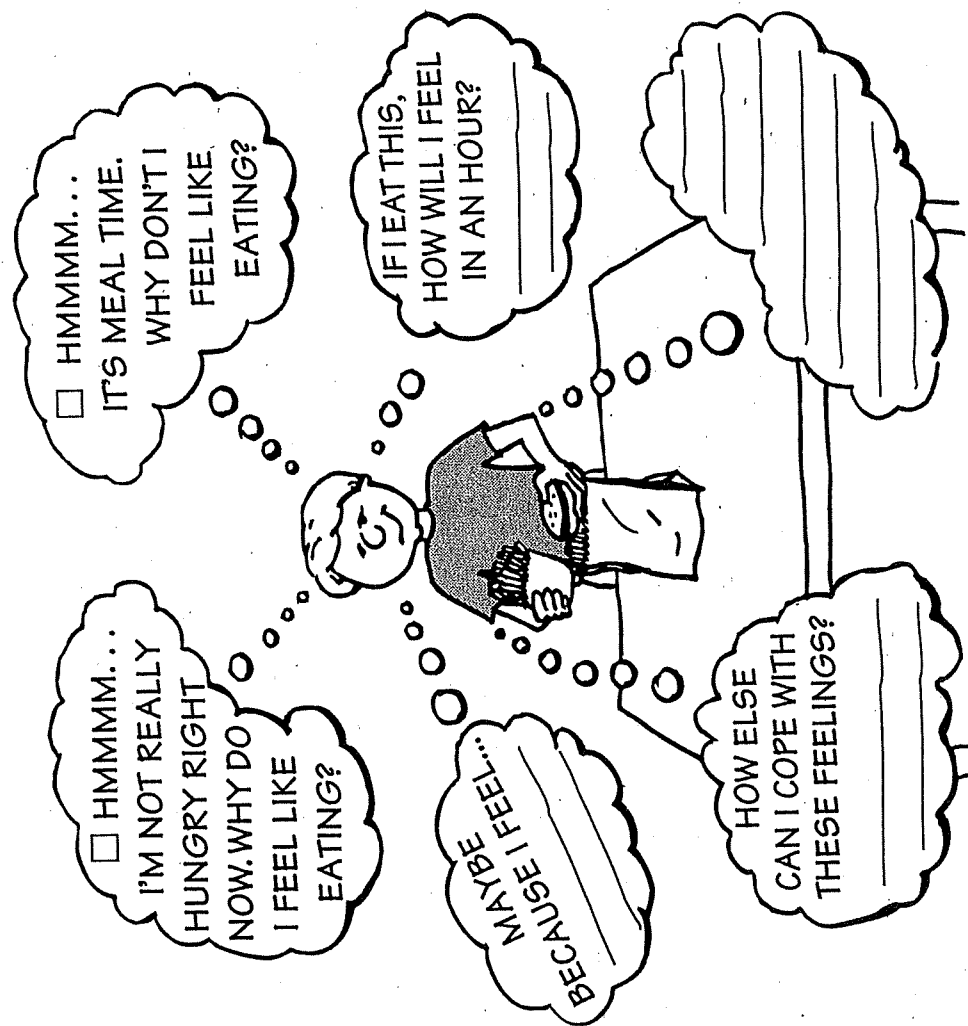
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- _____
- _____
- _____
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☒ one of the top bubbles, and then complete the rest of the cartoon.

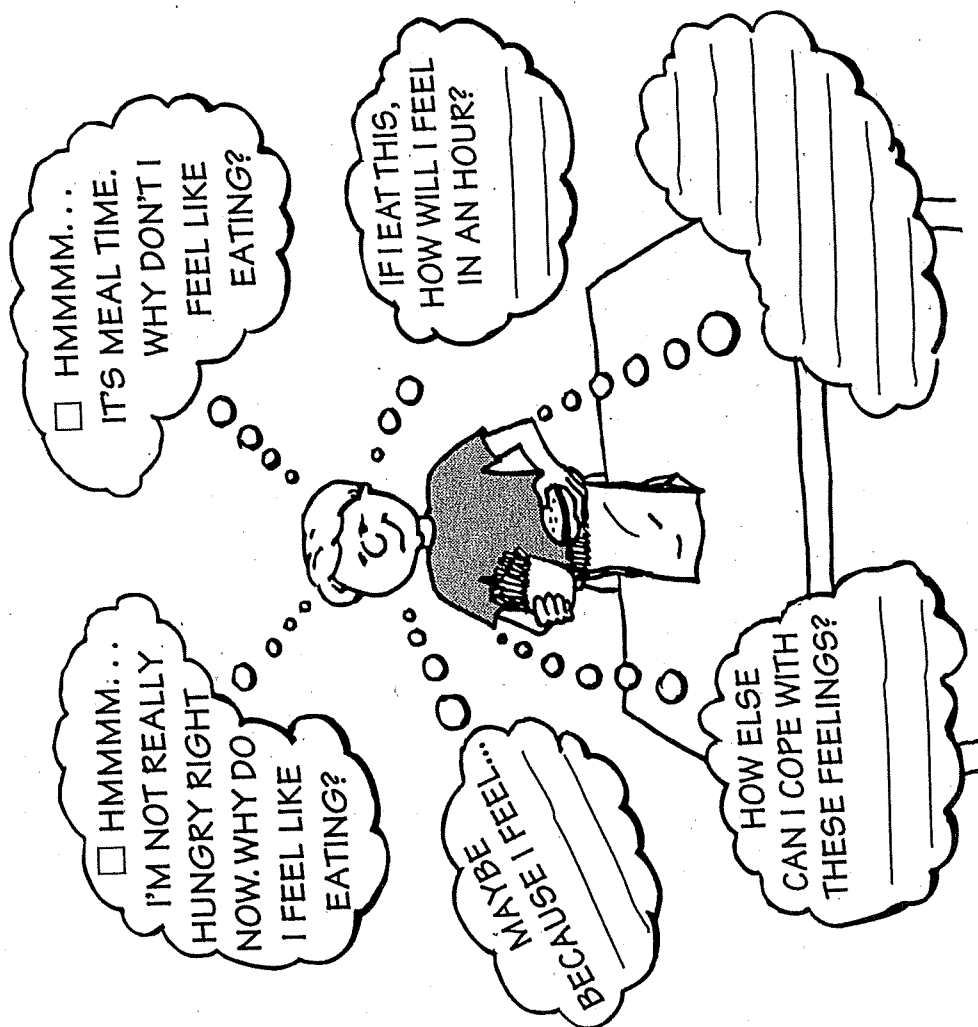
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- Seek medical assistance and counseling.
- Involve your family and/or friends to help.

Weekly Food Tracker PLEASE PUT IN ALL DETAILS. FOOD TYPE

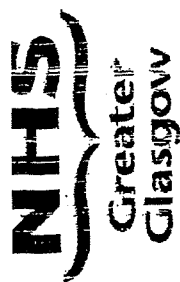
AND REPLACEMENTS OFFERED

Week commencing:- 10/10/05

Name:-

EMMA

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
MON			SOUP SANDWICH	Smoothie + tea		
TUE		Chocolate muffin				
WED						
THUR		/				
FRI				Smoothie + tea		
SAT						
SUN						



20th/8th March

Cumulative Menu Sheet

Adolescent Services- Client Menu Week Three - SUNDAY Day 21

Lunch	Total Numbers
<i>Lentil</i> Tomato Soup	☒
Apple Juice	☐

Roast Pork & Gravy	☐
Brunch	☐
Corned Beef with Tossed salad	☐
Coleslaw	
Pasta Italian	

Creamed Potatoes	☐
Brussel Sprouts	☐

Fresh Fruit	☐
Cake	☐
Thick & Creamy Yoghurt	☒

Supper	Total Numbers
Breaded Chicken Outlets	☒
Chilli Con Carne	☒
Chicken Sate with Tossed Salad	☐
Coleslaw	
Three Bean Salad	

Creamed Potatoes	☒
Boiled Rice (White)	☒
Peas	☒

Semolina Pudding	☐
Thick & Creamy Yoghurt	☐
Pancake 1x fruit	☒

Sandwich Choice:	Lunch	Total Numbers	Supper	Total Numbers
Egg Mayo & Cress	☒		Egg Mayo & Cress	☐
Tuna Mayonnaise	☐		Tuna Mayonnaise	☐
Prawn Mayonnaise	☐		Prawn Mayonnaise	☐
Cheese & Tomato	☐		Cheese & Tomato	☐
Ham Cheese & Coleslaw	☐		Ham Cheese & Coleslaw	☐

Total Requested Meal Numbers to be faxed to S/W Hotel Services Department, Catering Office no later than 5.00pm on the PREVIOUS DAY

11/8/05 Emma Lindsay

Greater Glasgow

Cumulative Menu Sheet

Adolescent Services- Client Menu Week Three - THURSDAY Day 18

Lunch	Total Numbers
Vegetable Broth	☒
Tomato Juice	☐

Pasta & Tuna Bake	☒
Veg. Burger & Onion Gravy	☐
Honey Ham with Tossed salad	☒
Coleslaw & Three Bean Salad	

Creamed Potatoes	☐
Peas	☐

Fresh Fruit	☒
Cake	☐
low fat Thick & Creamy Yoghurt	☒

Supper	Total Numbers
Lancashire Hot Pot	☒
Bridies	☐
Quorn burger	☐
Lemon Chicken with Tossed Salad	☐
Coleslaw	
Potato Salad	

Creamed Potatoes	☐
Baby Jacket Potatoes	☒
Baked Beans	☒

Semolina Pudding & Fruit	☐
Thick & Creamy Yoghurt	☐
Biscuit	☒
1 x fruit	

Sandwich Choice:	Lunch	Total Numbers
Brie, Tomato & Basil	☐	
Bacon, Lettuce & Tomato	☐	
Chicken Mayonnaise	☐	
Marscapone & Roast Veg.	☐	
Tuna Mayonnaise	☐	

Brie, Tomato & Basil	☐	
Bacon, Lettuce & Tomato	☐	
Chicken Mayonnaise	☐	
Marscapone & Roast Veg.	☐	
Tuna Mayonnaise	☐	

Total Requested Meal Numbers to be faxed to S/W Hotel Services Department, Catering Office no later than 5.00pm on the PREVIOUS DAY

17/8 Emma

Adolescent Services- Client Menu Week One - WEDNESDAY Day 3

Cumulative Menu Sheet

Lunch		Total Numbers	Supper		Total Numbers	Sandwich Choice:		Total Numbers
Lentil Soup	☐		Sausage Roll	☐		Fresh Salad with Salad Cream	☐	
Orange Juice	☐		Cauliflower & Bean Bake	☒		Corned Beef	☐	
***** veg option						Prawn Mayonnaise	☐	
Chicken Casserole	☐		Pork Pie with	☐		Savoury Cheese	☐	
Meatballs in Tomato Sauce	☒		Tossed Salad			Coronation Chicken	☐	
Honey Ham with	☐		Coleslaw					
Tossed salad			Pasta Italian					
Coleslaw			*****					
Carrot, Celery & Sultana			*****					

BOILED			Chips			Fresh Salad with Salad Cream	☐	
Creamed Potatoes	☒		Creamed Potatoes	☐		Corned Beef	☐	
CHIPS			Baby Jacket Potatoes	☒		Prawn Mayonnaise	☐	
Green Beans	☒		Green Beans	☐		Savoury Cheese	☐	
*****			*****			Coronation Chicken	☐	
HOT DESSERT			Rice Pudding & Fruit	☐				
Fresh Fruit	☐		Thick & Creamy Yoghurt	☐				
CRISPS			Biscuits	☒				
Cake	☐							
low for								
Thick & Creamy Yoghurt	☒							

Adolescent Services - Client Menu Week One - TUESDAY Day 2

Cumulative Menu Sheet

16/8 Emma

Lunch

Total Numbers

Chicken Broth

Orange Juice

VEG OPTION X 4

Chicken Curry

Haricots X 1 (served chicken)

Chicken Nuggets

veg sausage Roll X

Roast Pork with

Tossed salad

Coleslaw

Beetroot Salad

Boiled

Creamed Potatoes

CHIPS X 1

Carrots

HOT DESSERT X

Fresh Fruit

CAKES X

Cake

Thick & Creamy Yoghurt

low-fat

Supper

Total Numbers

Beef Sausage Hot Pot

Vegetable Lasagne

Haricots X 1 Chicken Korma

Scotch Egg with

Tossed Salad

Coleslaw

Caribbean Salad

CHIPS X 1

Creamed Potatoes

Boiled Potatoes

Carrots

Semolina Pudding & Pears

Thick & Creamy Yoghurt

Crumpets

1 x fruit

Sandwich Choice:

Lunch

Total Numbers

~~Fresh Salad with Salad Cream~~

Corned Beef

Prawn Mayonnaise

Savoury Cheese

Coronation Chicken

Supper

Total Numbers

~~Fresh Salad with Salad Cream~~

Corned Beef

Prawn Mayonnaise

Savoury Cheese

Coronation Chicken

12/8/05 Emma Lindsay

Adolescent Services- Client Menu Week Three - FRIDAY Day 19 Cumulative Menu Sheet

Lunch		Total Numbers	Supper		Total Numbers	Sandwich Choice:	
<i>Meatloaf</i> Leaft Soup	☒		Brd Fried Haddock	☐		Smoked Cheddar Salad	☐
Orange Juice	☐		Macaroni Cheese	☒		Corned Beef & Tomato	☐
Beef & Veg. Casserole	☐		Cheese & Pineapple with Tossed Salad	☐		Chicken & Sunblush T	☐
Scampi	☐		Coleslaw	☐		Egg Mayo & Cress	☐
Pork Pie	☐		Beetroot Salad	☐		Honey Ham	☐
With Tossed Salad							
Coleslaw							
Florida Salad							
Creamed Potatoes	☐		Creamed Potatoes	☐		Smoked Cheddar Salad	☐
Carrots	☐		French Fries	☐		Corned Beef & Tomato	☐
			Peas	☒		Chicken & Sunblush T	☐
Fresh Fruit	☐					Egg Mayo & Cress	☐
Cake	☐		Rhubarb Sponge & Custard	☐		Honey Ham	☐
Thick & Creamy Yoghurt	☒		Thick & Creamy Yoghurt	☐			
			Biscuits	☐			
			1x fruit.	☐			

Total Requested Meal Numbers to be faxed to S/VV Hotel Services Department, Catering Office no later than 5.00pm on the PREVIOUS DAY

~~12/12/2005~~

15/8 Emma

Adolescent Services- Client Menu- Week One - MONDAY Day 1

Cumulative Menu Sheet



Lunch		Total Numbers	Supper		Total Numbers	Sandwich Choice:		Total Numbers
Vegetable Broth	☒		Chicken Rissole	☐		Marscapone & Roast Veg.	☐	
Orange juice	☐		Pasta Shells & Cheese Sauce	☒		Chunky Chicken Salad	☒	
Roast Beef & Gravy	☒		Chicken Drumstick with Tossed Salad	☐		Roast Beef	☐	
Breaded Fried Haddock	☐		Coleslaw	☐		Cheddar Cheese and Tomato	☐	
Cheese & Pineapple with Tossed salad	☐		Florida Salad	☐		Smoked Ham Salad	☐	
Coleslaw								
Potato Salad								

Boiled Potatoes	☐		Creamed Potatoes	☐		Supper	Total Numbers	
French Fries	☐		Boiled Potatoes	☐		Marscapone & Roast Veg.	☐	
Mixed Vegetables	☐		Peas	☒		Chunky Chicken Salad	☐	
*****						Roast Beef	☐	
Fruit	☒					Cheddar Cheese and Tomato	☐	
Fresh Fruit	☒					Smoked Ham Salad	☐	
CAKES								
Thick & Creamy Yoghurt	☐		Biscuit	☐				

Total Requested Meal Numbers to be faxed to S/W Hotel Services Department, Catering Office no later than 4.00pm on the day

13/8 Emma

Adolescent Services- Client Menu Week Three - SATURDAY Day 20 Cumulative Menu Sheet

Lunch	Total Numbers
Scotch Broth	☐
Tomato Juice	☐
Turkey Supreme	☒
Pasta Bolognese	☐
VEGgie OPTION	☐
Scotch Egg with	☐
Tossed salad	
Coleslaw	
Caribbean Rice	
CHIPS	
Creamed Potatoes	☐
Boiled Rice (Brown)	☒
MIXED VEGETABLES	☒
Fresh Fruit	☐
Cake	☐
Thick & Creamy Yoghurt	☒

Supper	Total Numbers
Sausage Roll	☐
Cauliflower & Bean Bake	☒
Chicken Tikka with	☐
Tossed Salad	
Coleslaw	
Beetroot Salad	

Creamed Potatoes	☐
French Fries	☐
Baked Beans	☐

Fruit Trifle	☐
Thick & Creamy Yoghurt	☐
Pancake	☐
1x fruit	☒

Sandwich Choice:	Lunch	Total Numbers
Cheese Ploughmans		☒
Turkey		☒
Chicken Salad		☒
Cheese & Tomato		☐
Roast Beef		☐
Supper		Total Numbers
Cheese Ploughmans		☐
Turkey		☐
Chicken Salad		☒
Cheese & Tomato		☒
Roast Beef		☒

Total Requested Meal Numbers to be faxed to S/W Hotel Services Department, Catering Office no later than 5.00pm on the PREVIOUS DAY

Weight Reducing

Food Plan

10/8/05

Name: Samira Lindsay

Breakfast

Fruit Juice
Milk
Cereal + glass milk (semi-skimmed)
or Toast + spread-jam (thin) 2 slices
+ fruit juice

Fruit Juice
Milk
Ensure Plus
Other: 1 x piece of fruit

Morning Snack

Lunch

Fruit Juice
Milk
Ensure Plus
Other: 1 x piece of fruit

or soup
or sandwich
if main course very carbolic

Fruit Juice
Milk
Ensure Plus
Other: 1 x piece of fruit

Fruit Juice
Milk
Carbohydrate (potato, rice, pasta, bread)
Protein (fish, chicken, meat, egg, pulses)
Vegetables/Salad
Yogurt or Fromage Frais (low fat)
Rice Pudding
Custard
Cake
Fruit
Other

Evening Snack

Fruit Juice
Milk
Ensure Plus
Other: 1 x low fat yogurt

Dinner

Fruit Juice
Milk
Carbohydrate (potato, rice, pasta, bread)
Protein (fish, chicken, meat, egg, pulses)
Vegetables/Salad
Yogurt or Fromage Frais
Rice Pudding
Custard
Cake
Fruit
Other

Fruit Juice
Glass milk
Ensure Plus
Toast+Spread
Other:

Supper

Supervision
Yes ☐ No ☒

Additional Comments

- To have 2 litres of water/day
- To have 3 pieces of fruit + 2 portions of veg
- To have semi-skimmed/low fat products
- choose DIET DRINKS
Treats - allowed 2 chocolate bars + 2 packet crisps/week

CRIPPTIONS - INJECTIONS		MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION												Prescribers Signature (Full)	DISCONTINUED	
					am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other	Date	Signed			
A																			
B																			
C																			
D																			
E																			
F																			
G																			
GULAR PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED																			
	H 21.7.05	DIPICRAC	large	topical	as required											23/9	1		
	I 25.7.05	CHLORPHENIRAMINE	5mg	oral	as required for severe agitation														
	K 11.8.05	GLABUTINOL INTRINER	2 pills	sublingual	as required for ulcers											30.05			
	L 26.8.05	CARBAMAZEPINE	500mg	oral	as required														
	M 24.9.05	PARACETAMOL	1g	oral	as required for pain / max 4g (2 tablets)											7/10			
	N 24.9.05	NICEKETE PATCH	15mg	patch	as required											1/9/10			
	O 20.8.05	CARBAMAZEPINE	850mg	oral	as required											1/9/10	1		
	P 19.05	BONFELA	2mg	oral	as required														
	R 10.05	NICOTINELC chewing gum	2mg	oral	as required														
S																			
T																			
V																			
PLEASE WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS																			
NCE ONLY PRESCRIPTIONS																			
MEDICINE (Block Capitals)																			
DOSE																			
ROUTE																			
SIGNATURE																			
GIVEN BY																			
TIME GIVEN																			
TOTAL PARENTERAL NUTRITION																			
INSULIN																			
ORAL ANTI-THROMBOTIC																			
ANALGESIC																			
TOPICAL APPLICATION																			
IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW																			
ADVERSE REACTION																			
KNOWN MEDICINE SENSITIVITIES																			
1.																			
2.																			

HOSPITAL
PRESCRIPTION SHEET No.

9/8/15 - rewritten

REGULAR PRESCRIPTIONS - INJECTIONS

Pharmacy Use: MEDICINE (Block Capitals)

Date Started

DOSE

ROUTE

TIMES FOR ADMINISTRATION

am 6 am 8 am 10 am 12 pm 2 pm 4 pm 6 pm 10 pm 12 pm Other Times

Prescribers
Signature (Full)

DISCONTINUED

Date

Signed

REGULAR PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

H	19/7	carbamazepine	200mg	0	✓	15/8
J	9/8	carbamazepine	300mg	0	✓	18/8
K	2/17	clonidine	1 appx	top	✓	
L	25/7	clonidine	3mc	0	✓	
M	11/8/15	gabapentin	2 tabs	prn agitation	✓	
N	11-8-15	gabapentin	2 tabs	max 2/24hrs	✓	
O	15/8/15	gabapentin	200mg	0	✓	15/8
P	19/8/15	gabapentin	200mg	0	✓	19/8
R	19/8/15	gabapentin	200mg	0	✓	23/8
S	19/8/15	gabapentin	200mg	0	✓	
T	23/8/15	gabapentin	100mg	0	✓	
V	24/8/15	paracetamol	1g	0	✓	

ONCE ONLY PRESCRIPTIONS

DATE GIVEN TIME OF ADMIN MEDICINE (Block Capitals) DOSE ROUTE SIGNATURE GIVEN BY TIME GIVEN

9/8/15 10:00pm 200mg 0 10:55

PLEASE WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION

INSULIN

ORAL ANTICOAGULANT

TOPICAL APPLICATION

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW

MEDICINE

ADVERSE REACTION

KNOWN MEDICAL SENSITIVITY

WARD

NAME OF PATIENT

AGE/DOB

HEIGHT WEIGHT

Unit 1 26/8/90 177 66 62/1

SCRIPTONS - INJECTIONS				DOSE		ROUTE		TIMES FOR ADMINISTRATION								Prescribers Signature (Full)		Date	Signed
Date Started	MEDICINE (Block Capitals)							am 6 am 8 am 10 mid 12 pm 2 pm 4 pm 6 pm 10 pm 12 Other Times											
A																			
B																			
C																			
D																			
E																			
F																			
G																			
OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED																			
PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED																			
H	19/7/05 CARBAMAZEPINE	200mg	PO																
I	19/7/05 CARBAMAZEPINE	400 mg	PO																
J	19/7/05 RESPERIDONE	1mg	PO																
K	19/7/05 RESPERIDONE	20mg	PO																
L	19/7/05 KETOXETAL	7.5mg	PO																
M	19/7/05 ZOPICLONE																		
N																			
O	02/7/05 DIPROKASE CREAM	Apply topically as required																	
P	25/7/05 CHOCOROMAZINE	5mg	PO																
R																			
S	21/7/05 PARACETAMOL	1g	PO																
T	27/7/5																		
PLEASE WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS																			
NCE ONLY PRESCRIPTIONS																			
GIVEN TIME OF ADMIN																			
MEDICINE (Block Capitals)																			
DIET																			
DOSE																			
ROUTE																			
SIGNATURE																			
GIVEN BY																			
TIME GIVEN																			
TOTAL PARENTERAL NUTRITION																			
INSULIN																			
LOCAL ANTICOAGULANT																			
TOPICAL APPLICATION																			
IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW																			
ADVERSE REACTION																			
UNKNOWN MEDICINE SENSITIVITIES																			
CONSULTANT																			
UNIT NUMBER																			
HEIGHT WEIGHT																			
AGE/DOB																			
NAME OF PATIENT																			
WARD																			

HOSPITAL MEDICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS

COMMENTS ON DISCREPANCIES

DATE 6 a.m. 8 a.m. 10 a.m. 12 m.d. 2 p.m. 4 p.m. 6 p.m. 10 p.m. 12 m.n. OTHER TIMES

W-9/10/05 22:10:45
for headache now

M: 19:30: headache .NM

00:05: headache.

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

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19/10/05

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M

M

NAME

Emma Lindsay

UNIT NUMBER

WARD

ADU.

KEY

CODE LETTER CIRCLED E.G. (A)

= MEDICINE REQUESTED AND
MEDICAL STAFF INFORMED

CODE LETTER SQUARED E.G. [N]

= PATIENT ABSENT

MEDICINE RECORDS

COMMENTS ON DISCREPANCIES

REGULAR PRESCRIPTIONS

OTHER TIMES

DATE

6 a.m.

8 a.m.

10 a.m.

12 m.d.

2 p.m.

4 p.m.

6 p.m.

10 p.m.

12 m.

Initial

③

Initial

⑦

Initial

Initial

Initial

Initial

Initial

Initial

Initial

M

N - not required at 8 a.m.
- not given @ 18.30 hrs
N - given @ 18.30 hrs
N - stomach ache - 10 a.m.
N - not required at 8 a.m.

N - not required at 8 a.m.
M - 12.20 - 11 p.m.
K - given @ 11 p.m.

① Not required @ 8 a.m. Fx
M - 18.45. Stomach pain. N/A

② Not required at 8 a.m.
M - 18.45. Stomach pain. N/A
K - given @ 11 p.m.
K - 13.00 hrs
② Not required at 8 a.m.
② - not required at 8 a.m.
O.R.D.K.

M - at 18.45 K.

PLEASE ENTER APPROPRIATE CODE

CODE LETTER CIRCLED E.G. ② = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. N = PATIENT ABSENT

FORM MR1 10/90

NAME

UNIT NUMBER

WARD

KEY

Emma Lindsay.

HOSPITAL
MEDICINE RECORDING SHEET NO.

REGULAR PRESCRIPTIONS											COMMENTS ON DISCREPANCIES
DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	
2/5/05	Initial	(2)		Initial				Initial			(2) not required @ 8am
3-0-05		(2)			Initial						(10) not required at 8am m @ 2pm etc.
4/10/05		(2)								K	N - NOT REQUIRED AT 8am K 3pm at 2250 AS.
5/10/05		(2)									N - NOT REQUIRED AT 8am
6/10/05		(2)									(10) not required at 8am
7/10/05		(2)									(10) required @ 8am for 450pm Wren
8/10/05		(2)									
9/10/05		(4)									N not required AS
10/10/05		(2)									(10) Not required @ 8am

EMMA LINDSAM

4 11778662 11

ADOLESCENT

CODE LETTER CIRCLED E.G. (A) = MEDICINE REQUESTED AND MEDICAL STAFF INFORMED
(X) = PATIENT ABSENT

HOSPITAL MEDICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
11/8/8	Initial	N	Initial	Initial	Initial	Initial	Initial	P	Initial	Initial	
16/8/8		P						P			
20/8/8		P						P			
24/8/8		P						P			
28/8/8		P						P			
31/8/8		P						P			
3/9/8		P						P			
7/9/8		P						P			
11/9/8		P						P			
15/9/8		P						P			
19/9/8		P						P			
23/9/8		P						P			
27/9/8		P						P			
30/9/8		P						P			
3/10/8		P						P			
7/10/8		P						P			
11/10/8		P						P			
15/10/8		P						P			
19/10/8		P						P			
23/10/8		P						P			
27/10/8		P						P			
31/10/8		P						P			
4/11/8		P						P			
8/11/8		P						P			
12/11/8		P						P			
16/11/8		P						P			
20/11/8		P						P			
24/11/8		P						P			
28/11/8		P						P			
30/11/8		P						P			
3/12/8		P						P			
7/12/8		P						P			
11/12/8		P						P			
15/12/8		P						P			
19/12/8		P						P			
23/12/8		P						P			
27/12/8		P						P			
31/12/8		P						P			

NAME: **ANN LINDSAY** UNIT NUMBER: **105** WARD: **BM**

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REQUESTED AND MEDICAL STAFF INFORMED
 CODE LETTER SQUARED E.G. [X] = PATIENT ABSENT

FORM MR1 10/90

REGULAR PRESCRIPTIONS

FORM MR 1 10/90

27-Jul-2005 13:06:53
14 Years

Pediatric ECG Interpretation

905. 26/8/90

CARDIAC DEPARTMENT GARTNAVEL GENERAL
Department: ADOL. UNIT

Operator: BHM

Rate 92
PR 149
QRS 80
QT 337
QTc 417

Sinus rhythm, rate = 92

Requested by:
DK

NORMAL ECG -

Unconfirmed diagnosis