Registration Details - Patient No: 6404

Personal details...		Address details...	
Sex	M	**Post Code**	G40 2NS
Surname	Norwood	**House Name Flat No**	
Previous Surname		**No and Street**	248 Millroad Drive
Forenames	Henry B	**Village**	
Calling Name	Henry	**Town**	Glasgow
Date of birth	01/01/1950	**County**	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	**Home Tel No**	07767866655
Registered GP	Dr M R Mukherjee	**Work Tel No**	
Usual GP	Dr M R Mukherjee	**Mobile Tel No**	
Residential Inst		**E Mail Address**	
Branch Surgery		**Next of Kin**	
CHI Number	0101506015		
NHS Number	S644/5/50/39		

Practice Information...		Distances	
Dispensing	N	**Rural Mileage**	
Hospital Number		**Blocked Special**	
Records At	Bridgeton Health Centre	**Walking Quarters**	

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	09/10/2015		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details	LP North Seven Ltd-Bridgeton Health Centre,201 Abercromby Street,Bridgeton,Glasgow,(G40 2DA)(Org Id - 1755)		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	2		

Medical Record

Problems

Active Problems		Authorised By	Code
18/08/2026	[D]Prediabetes	Miss Doyle	R102-1
29/06/2026	[V]Palliative care for symptom control	Miss Doyle	ZV57C
25/03/2025	Diverticulitis sigmoid	Miss Doyle	J511
13/03/2025	Perforation of intestine Bowel	Mrs O'Hara	J57yB
05/07/2023	Angina pectoris	Mrs O'Hara	G33
15/05/2023	Inferior myocardial infarction NOS	User Locum	G308
09/05/2023	IHD - Ischaemic heart disease	Mrs O'Hara	G3-3
22/11/2018	Colonic polyp	Ms McMenamin	J578

16/08/2018	Rectal polyp	Mrs O'Hara	J5701
31/03/2015	No response to bowel cancer screening programme invitation	Ms Rankin	9Ow2
19/02/2013	Asthma 460ml increase in Fev1 post bronchodilator	Mrs Smart	H33
19/02/2013	Chronic obstructive pulmonary disease stage 1 (NICE)	Ms McMenamin	H3

Past Problems		Authorised By	Code
25/03/2025	**Laparotomy**	Miss Doyle	7H220-1
25/03/2025	**[SO]Sigmoid colon** perforation	Miss Doyle	7N315
09/08/2023	**Chest pain**	Mrs O'Hara	182
12/06/2023	**O/E - BP reading** seen face to face wel looking no cyanosis no use of accesoey muscles of respiration --chesty cough heard -- temp 36.8 hr 90bpm regualar	User Locum	246-1
30/05/2023	**Acute non-ST segment elevation myocardial infarction**	Mrs Kelly	G3071
09/05/2023	**Open angioplasty of coronary artery**	Mrs O'Hara	79275
09/05/2023	**Acute ST segment elevation myocardial infarction**	Mrs O'Hara	G30X0
27/07/2022	**O/E - BP reading** seen face to face has booked appt or blood today HR 78 sats 98% ENT nad chest clear heart sounds normal	User Locum	246-1
03/04/2020	**Potential infectious contact** High risk category for developing complications from Covid-19 infection; COVID19 Shielding retired 31/05/2022	INTERNAL INTERNAL USER	9d44
06/07/2018	**BPH - benign prostatic hypertrophy** IPSS 25 - PSA- 1.2	User Locum	K20-5
19/02/2013	**Spirometry**	Ms McMenamin	5882
31/03/2011	**Chesty cough**	User Locum	1719
08/09/2006	**[V]Fracture follow-up** compression L1	Dr MacPherson	ZV674

Health Admin Problems		Authorised By	Code
22/11/2018	Diagnostic colonoscopy colonic polyps	Ms McMenamin	771J-1
28/05/2012	Standard chest X-ray abnormal speak to gp	Mr Allan	5353

Investigations		Authorised By	Code
14/08/2026	**Full blood count - FBC** (Source: LAB) Just out of normal range - OK (MUKHERJEE_18907).		424..
14/08/2026	**HbA1c level (DCCT aligned)** (Source: LAB) Make appointment with practice nurse (MN).		42W4.
14/08/2026	**(Non Coded Event - Active B12)** (Source: LAB) Normal - no action (MN). Result in indeterminate range (25 - 70 pmol/L).|Consider treatment for B12 deficiency in following patient groups:|- Patients with a condition which may deteriorate quickly and|have a severe effect on QoL (neurological, haematological cond'ns)|- Patients who are pregnant or breast feeding.|- Patients with a recognised cause of B12 deficiency (surgery or|autoimmune gastritis).|Otherwise consider other causes of symptoms and if necessary|repeat active B12 level at 3-6 months.|Note change in the B12 assay to an active B12 assay from 14/5/24.|		
14/08/2026	**Serum ferritin** (Source: LAB) Normal - no action (MN). Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.|		42R4.
14/08/2026	**Serum folate** (Source: LAB) Normal - no action (MN).		42U5.
14/08/2026	**Bone profile** (Source: LAB) Normal - no action (MN).		44Z2.
14/08/2026	**Urea and electrolytes** (Source: LAB) Normal - no action (MN).		44JB.
14/08/2026	**Liver function test** (Source: LAB) Normal - no action (MN).		44D6.
14/08/2026	**Test request : Lipids** (Source: LAB) Normal - no action (MN).		EMISREQ|440..
14/08/2026	**Thyroid function test** (Source: LAB) Normal - no action (MN).		442J.
30/05/2025	**Urea and electrolytes** (Source: LAB) .		44JB.
07/03/2025	**(Non Coded Event - 2019 NCoV)** (Source: LAB) Normal - no action (MUKHERJEE_18907). The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Not UKAS Accredited|This is a THROAT SWAB sample.|		
07/03/2025	**(Non Coded Event - Respiratory virus)** (Source: LAB) Normal - no action (MUKHERJEE_18907). This is a THROAT SWAB sample.|		
10/04/2024	**Serum ferritin** (Source: LAB) Normal - no action (LOCUM_18907). Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.|		42R4.
10/04/2024	**Serum folate** (Source: LAB) contact patient script left (LOCUM_18907).		42U5.
10/04/2024	**Serum vitamin B12** (Source: LAB) Normal - no action (LOCUM_18907).		42T..
10/04/2024	**(Non Coded Event - BNP (NT-Pro))** (Source: LAB) Normal - no action (LOCUM_18907). NT-proBNP should always be interpreted in combination with|clinical evaluation. Please see Heart Failure Diagnostic Pathway|When used as recommended by protocol, NT-proBNP >= 400 suggests|proceeding to ECG and echo.|		
10/04/2024	**Bone profile** (Source: LAB) has GP appt (LOCUM_18907).		44Z2.
10/04/2024	**Plasma C reactive protein** (Source: LAB) has GP appt (LOCUM_18907).		44CC.

10/04/2024	**Urea and electrolytes** (Source: LAB) Normal - no action (LOCUM_18907).	44JB.
10/04/2024	**Liver function test** (Source: LAB) has GP appt (LOCUM_18907).	44D6.
10/04/2024	**Thyroid function test** (Source: LAB) Normal - no action (LOCUM_18907).	442J.
10/04/2024	**Plasma glucose level** (Source: LAB) Normal - no action (LOCUM_18907). Non-fasting sample|	44g..
10/04/2024	**Full blood count - FBC** (Source: LAB) Normal - no action (LOCUM_18907).	424..
10/04/2024	**Erythrocyte sedimentation rate** (Source: LAB) Normal - no action (LOCUM_18907).	42B6.
31/10/2022	**(Non Coded Event - BNP (NT-Pro))** (Source: LAB) Normal - no action (MUKHERJEE_18907). NT-proBNP should always be interpreted in combination with|clinical evaluation. Please see Heart Failure Diagnostic Pathway|When used as recommended by protocol, NT-proBNP >= 400 suggests|proceeding to ECG and echo.|	
02/09/2022	**Urea and electrolytes** (Source: LAB) Normal - no action (MACPHERSON18907).	44JB.
02/09/2022	**Liver function test** (Source: LAB) check compliance w stexerol (MACPHERSON18907).	44D6.
02/09/2022	**Test request : Lipids** (Source: LAB) actioned (MACPHERSON18907).	EMISREQ|440..
02/09/2022	**Full blood count - FBC** (Source: LAB) stabe- count (asthmatic) (MACPHERSON18907).	424..
02/09/2022	**Plasma glucose level** (Source: LAB) Normal - no action (MACPHERSON18907). Non-fasting sample|	44g..
18/06/2021	**Plasma C reactive protein** (Source: LAB) Normal - no action (MUKHERJEE_18907).	44CC.
18/06/2021	**Liver function test** (Source: LAB) speak to gp (MUKHERJEE_18907).	44D6.
18/06/2021	**Full blood count - FBC** (Source: LAB) Normal - no action (MUKHERJEE_18907).	424..
18/06/2021	**Blood film** (Source: LAB) Normal - no action (MUKHERJEE_18907). Few echinocytes noted. Otherwise, nil of note.|	42Z..
17/05/2021	**Plasma C reactive protein** (Source: LAB) speak to gp (MUKHERJEE_18907).	44CC.
17/05/2021	**Urea and electrolytes** (Source: LAB) Normal - no action (EMCL).	44JB.
17/05/2021	**Liver function test** (Source: LAB) speak to gp (MUKHERJEE_18907).	44D6.
17/05/2021	**Prostate specific antigen** (Source: LAB) Normal - no action (EMCL). Within reference interval. Does not exclude malignancy|	43Z2.
17/05/2021	**Full blood count - FBC** (Source: LAB) speak to gp (MUKHERJEE_18907).	424..
17/05/2021	**Erythrocyte sedimentation rate** (Source: LAB) Normal - no action (MUKHERJEE_18907).	42B6.
17/05/2021	**Plasma glucose level** (Source: LAB) Normal - no action (MUKHERJEE_18907). Non-fasting sample|	44g..
06/03/2020	**Bone profile** (Source: LAB) mildly raised alk phos - possible vit d def- on supplement of vit d- repeat lfts 3 months (EMCL).	44Z2.
20/09/2019	**Liver function test** (Source: LAB) actioned (MACPHERSON18907).	44D6.
20/09/2019	**Test request : Lipids** (Source: LAB) speak to gp (MACPHERSON18907). Fasting sample|	EMISREQ|440..
08/07/2019	**Serum vitamin B12** (Source: LAB) Normal - no action (MUKHERJEE_18907).	42T..
08/07/2019	**Serum ferritin** (Source: LAB) low side of normal (MUKHERJEE_18907). Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.|	42R4.
08/07/2019	**Serum folate** (Source: LAB) contact patient script left (MUKHERJEE_18907).	42U5.
08/07/2019	**Urea and electrolytes** (Source: LAB) Normal - no action (MUKHERJEE_18907).	44JB.
08/07/2019	**Liver function test** (Source: LAB) speak to gp (MUKHERJEE_18907). Please note change in Abbott Total Bilirubin method from 18/01/18|	44D6.
08/07/2019	**Prostate specific antigen** (Source: LAB) Normal - no action (MUKHERJEE_18907).	43Z2.
08/07/2019	**Serum 25-Hydroxy vitamin D3 level** (Source: LAB) contact patient script left (MUKHERJEE_18907). Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.|25-OH Vitamin D measured by Abbott Immunoassay method.|	44LP.
08/07/2019	**Full blood count - FBC** (Source: LAB) speak to gp (MUKHERJEE_18907).	424..
08/07/2019	**Plasma glucose level** (Source: LAB) Normal - no action (MUKHERJEE_18907). Non-fasting sample|	44g..
26/06/2018	**HbA1c level (DCCT aligned)** (Source: LAB) Normal - no action (MUKHERJEE_18907).	42W4.
26/06/2018	**Plasma C reactive protein** (Source: LAB) Normal - no action (MUKHERJEE_18907).	44CC.
26/06/2018	**Urea and electrolytes** (Source: LAB) Normal - no action (MUKHERJEE_18907).	44JB.
26/06/2018	**Liver function test** (Source: LAB) Normal - no action (MUKHERJEE_18907). Please note change in Abbott Total Bilirubin method from 18/01/18|	44D6.
26/06/2018	**Test request : Lipids** (Source: LAB) speak to gp (MUKHERJEE_18907).	EMISREQ|440..
26/06/2018	**Thyroid function test** (Source: LAB) Normal - no action (MUKHERJEE_18907).	442J.
26/06/2018	**Prostate specific antigen** (Source: LAB) Normal - no action (MUKHERJEE_18907).	43Z2.
26/06/2018	**Plasma glucose level** (Source: LAB) await Hba1c result (MUKHERJEE_18907). Non-fasting sample|	44g..
26/06/2018	**Full blood count - FBC** (Source: LAB) speak to gp (MUKHERJEE_18907).	424..
	Erythrocyte sedimentation rate (Source: LAB) Normal - no action	

26/06/2018	(MUKHERJEE_18907).	42B6.
26/06/2018	**Serum folate** (Source: LAB) . Repeat Request |Following result is from 07.06.18 and is valid for 27 days|SF 2.2 ug/l|	42U5.
26/06/2018	**Serum vitamin B12** (Source: LAB) . Repeat Request |Following result is from 07.06.18 and is valid for 27 days|B12 294 ng/l|	42T..
26/06/2018	**Serum ferritin** (Source: LAB) Normal - no action (MUKHERJEE_18907). Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.|	42R4.
26/06/2018	**Faecal calprotectin content** (Source: LAB) speak to gp (MACPHERSON18907). Consistent with active GI inflammation.|Results <200ug/g are rarely associated with significant pathology.|Please see GG&C guidelines for advice and secondary care referral.|www.nhsggc.org.uk/media/236675/ggc_fc_guidelines_dec_2015.doc|	47J..
07/06/2018	**Bone profile** (Source: LAB) speak to gp (MACPHERSON18907).	44Z2.
07/06/2018	**Plasma C reactive protein** (Source: LAB) Normal - no action (MACPHERSON18907).	44CC.
07/06/2018	**Urea and electrolytes** (Source: LAB) Normal - no action (MACPHERSON18907).	44JB.
07/06/2018	**Liver function test** (Source: LAB) Seen and dealt with (MACPHERSON18907). Please note change in Abbott Total Bilirubin method from 18/01/18|	44D6.
07/06/2018	**Serum 25-Hydroxy vitamin D3 level** (Source: LAB) speak to gp (MACPHERSON18907). Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.|25-OH Vitamin D measured by Abbott Immunoassay method.|	44LP.
07/06/2018	**Serum vitamin B12** (Source: LAB) Normal - no action (MACPHERSON18907).	42T..
07/06/2018	**Serum folate** (Source: LAB) contact patient script left (MACPHERSON18907).	42U5.
07/06/2018	**Full blood count - FBC** (Source: LAB) Normal - no action (MACPHERSON18907).	424..
14/10/2015	**Plasma glucose level** (Source: LAB) Normal - no action (EMCL). Non-fasting sample|	44g..
14/10/2015	**Urea and electrolytes** (Source: LAB) Normal - no action (EMCL).	44JB.
14/10/2015	**Liver function test** (Source: LAB) Just out of normal range - OK (EMCL). Alkaline Phosphatase results IFCC aligned from 03/08/15.|	44D6.
14/10/2015	**Test request : Lipids** (Source: LAB) Normal - no action (EMCL).	EMISREQ|440..
14/10/2015	**Full blood count - FBC** (Source: LAB) Normal - no action (EMCL).	424..
14/10/2015	**Erythrocyte sedimentation rate** (Source: LAB) Normal - no action (EMCL).	42B6.

Values

Date	Last Entry	Normal Range Indicator	Normal Range
14/08/2026	**Total white cell count 11.1 x10^9/l**	..... |	4-10
14/08/2026	**Red blood cell (RBC) count 5.25 x10^12/l**	....|.....	4.5-6.5
14/08/2026	**Haemoglobin estimation 160 g/l**	.....|....	130-180
14/08/2026	**Haematocrit 0.509 l/l**	.....|..	0.4-0.54
14/08/2026	**Mean corpuscular volume (MCV) 97 fl**	.....|..	83-101
14/08/2026	**Mean corpusc. haemoglobin(MCH) 30.5 pg**	.....|...	27-32
14/08/2026	**Platelet count 266 x10^9/l**	....|.....	150-410
14/08/2026	**Neutrophil count 8.1 x10^9/l**	..... |	2-7
14/08/2026	**Lymphocyte count 1.5 x10^9/l**	.|.....	1.1-5
14/08/2026	**Monocyte count 1 x10^9/l**	.....|	0.2-1
14/08/2026	**Eosinophil count 0.34 x10^9/l**	.....|...	0.02-0.5
14/08/2026	**Basophil count 0.1 x10^9/l**	.....|	0-0.1
14/08/2026	**Nucleated red blood cell count 0 x10^9/l**		
14/08/2026	**Haemoglobin A1c level - IFCC standardised 45 mmol/mol**	..... |	20-41
14/08/2026	**52 pmol/L (Non Coded Event - Active B12)**		
14/08/2026	**Serum ferritin 61 ug/l**	..|.....	15-300
14/08/2026	**Serum folate 6.7 ug/l**	..|.....	3.1-20
14/08/2026	**Serum calcium 2.19 mmol/L**	|.....	2.2-2.6
14/08/2026	**Corrected serum calcium level 2.33 mmol/L**	...|.....	2.2-2.6
14/08/2026	**Serum inorganic phosphate 1 mmol/L**	...|.....	0.8-1.5
14/08/2026	**Serum albumin 39 g/L**	...|.....	35-50
14/08/2026	**Serum alkaline phosphatase 120 U/L**	.....|.	30-130
14/08/2026	**Serum sodium 140 mmol/L**	.....|.....	133-146
14/08/2026	**Serum potassium 4.4 mmol/L**	.....|.....	3.5-5.3
14/08/2026	**Serum chloride 94 mmol/L**	|.....	95-108
14/08/2026	**Serum urea level 4.8 mmol/L**	....|.....	2.5-7.8
14/08/2026	**Serum creatinine 38 umol/L**	|.....	40-130
14/08/2026	**GFR calculated abbreviated MDRD > 60**		
14/08/2026	**Serum total bilirubin level 10 umol/L**		
14/08/2026	**ALT/SGPT serum level 19 U/L**	....|.....	5-40
14/08/2026	**AST serum level 24 U/L**		
14/08/2026	**Serum cholesterol 4.7 mmol/L**	....|.....	3.5-6.5
14/08/2026	**Serum triglycerides 1 mmol/L**	....|.....	0.2-2.3
14/08/2026	**Serum HDL cholesterol level 1.9 mmol/L**		

14/08/2026	Calculated LDL cholesterol level 2.3 mmol/L		
14/08/2026	0.5 mmol/L (Non Coded Event - VLDL-Chol (calc'd))		
14/08/2026	Serum cholesterol/HDL ratio 2.5		
14/08/2026	Serum TSH level 0.53 mU/L	|.....	0.35-5
14/08/2026	Serum free T4 level 14.9 pmol/L	.....|.....	9-21
14/08/2026	Serum total T3 level		
13/08/2026	O/E - pulse rate 92 beats/minute		
13/08/2026	O/E - blood pressure reading HV meds review. Large excess of meds at home. Removed extra and left 28 days of meds. Excess returned to pharmacy. Can reorder in 4 weeks. Discuused option of blister pack but will try from fresh cycle. I think excess was causing some confusion and with streamlined supply at home this should help. 1. Secondary prevention. MI/angina. Rosuvastatin 5mg and aspirin. Discussed importance of compliance. Reassess at F/U and can organise bloods at that time. Lipids not checked in several years, LFTS ok Jul26. 2. Angina/BP. No supply of bisoprolol despite being on repeat. Says unsure why. Pulse 92bpm, restart bisoprolol. BP ok. Was previously on amlodipine and ramipril but stopped some time ago, not clear from notes why but ?low bp. GTN use minimal with excess at home. Have left 2 full GTNs and will move to acute so only issued prn. 3. Oedema. States only taking furosemide when required and not bd as per dosing on repeat. Ankle swelling much improved. Agreed to leave as prn dosing. 4. Tamsulosin. BPH. Continue. 5. COPD/Asthma. Compliant with trimbow MDI (using spacer device), technique good. Salbutamol DPI, technique also good. Offered to switch salbutmaol to MDI to use with spacer as well but declined. Acepiro daily helps with mucus. Has not collected MST started last week for breathlessness as per resp clinic. Continues either morphine liquid or DHC- aware both to stop when MST commenced. Lorazepam prn for breathlessness/anxiety- using half or one prn, dose updated. Will call back in 4 weeks to asess.		
13/08/2026	Blood pressure reading 132/85 mm Hg		
26/06/2026	O/E - weight 47 Kg		
30/05/2025	Body Mass Index 17.99	|	20-25
30/05/2025	O/E - height 170 cm	.....|...	10-250
09/05/2025	Ideal weight 66.47 Kg		
07/03/2025	(Non Coded Event - 2019 NCoV) Not detected		
07/03/2025	Respiratory virus screen by polymerase chain reaction		
06/09/2024	Peak exp. flow rate: PEFR/PFR 120 L/min		
06/09/2024	Peak flow rate before bronchodilation 120 litres/min		
10/04/2024	Serum vitamin B12 216 ng/l	|.....	200-883
10/04/2024	N terminal pro-brain natriuretic peptide level 87 ng/L		
10/04/2024	Serum C reactive protein level 14 mg/L	..... |	0-10
10/04/2024	Plasma glucose level 5.6 mmol/L	.....|..	3.5-6
10/04/2024	Erythrocyte sedimentation rate 2 mm/hr	.|.....	0-30
12/07/2021	Oxygen saturation at periphery 98 %	|.....	>0
18/06/2021	Blood film microscopy Yes		
17/05/2021	Prostate specific antigen 1.4 ug/L	...|.....	0-5
31/01/2020	Peripheral blood oxygen saturation on room air at rest 97 %	|.....	>0
31/01/2020	Cigarette pack-years 56 year		
31/01/2020	Total time smoked 56 year		
08/07/2019	Serum 25-Hydroxy vitamin D3 level 34 nmol/L		
15/01/2019	Chronic obstructive pulmonary disease assessment test 17 /40 COPD Assessment Test (CAT) Score		
15/01/2019	Asthma control test 19 /25 Asthma Control Test (ACT) Score		
26/06/2018	Faecal calprotectin content 383 ug/g stool	..... |	10-50
10/09/2015	Depression screening using questions		
10/09/2015	Generalised anxiety disorder 2 scale		
10/09/2015	General well - being schedule 4		
10/09/2015	Number of COPD exacerbations in past year 5		
10/09/2015	Percentage predicted FEV1 after bronchodilation 16 %		
10/09/2015	FEV1/FVC ratio 73 %		
03/06/2014	Standard chest X-ray		
14/01/2014	Forced expired volume in 1 second percentage change 81 %		
14/01/2014	FEV1/FVC percent 122 %		
14/01/2014	Forced vital capacity - FVC 4.23 litre		
14/01/2014	Forced expired volume in 1 second 2.19 litres		
14/01/2014	Patient initiated diet NOS 1		
14/01/2014	Cigarette consumption 20		
19/02/2013	Spirometry		
19/02/2013	Forced expired volume in 1 second reversibility 2.44 litre		
19/02/2013	Forced expired volume in one second/vital capacity ratio 0.43 No UOM assigned		
09/07/2012	CT of thorax and abdomen		
28/05/2012	Standard chest X-ray abnormal speak to gp		
19/12/2011	Standard chest X-ray normal		

24/05/2010	**Blood glucose level 5.8**		
24/05/2010	**Free T4 level 18**	...|.....	13-30
24/05/2010	**Serum gamma-glutamyl transferase level 21**		
24/05/2010	**Serum alanine aminotransferase level 20**		
24/05/2010	**Serum bilirubin level 7**	...|.....	3-17
24/05/2010	**Urea 4**	...|.....	3.1-6.6
16/08/2006	**O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval**		
23/02/2005	**HDL : total cholesterol ratio 3.1**		
23/02/2005	**Total cholesterol measurement 5.1**		

Attachments			Authorised By	Code
10/01/2022	**Attachment** Asthma Recall	Asthma review.doc	Mrs O'Hara	EMISATTACHMENT
25/11/2020	**Attachment** Asthma Recall	Asthma review.doc	Mrs O'Hara	EMISATTACHMENT
03/11/2020	**Attachment**	Shingles Invite.doc	Mrs O'Hara	EMISATTACHMENT
08/01/2020	**Attachment** COPD Recall	COPD review.doc	Mrs O'Hara	EMISATTACHMENT
14/01/2019	**Attachment** Asthma Recall	Asthma review.doc	Mrs O'Hara	EMISATTACHMENT
07/08/2017	**Attachment** Braltus Letter	Braltus Letter.doc	Mrs Smith	EMISATTACHMENT
30/06/2015	**Attachment** COPD Recall	COPD review.doc	Mrs O'Hara	EMISATTACHMENT
31/12/2013	**Chronic obstructive pulmonary disease monitoring 2nd letter** COPD	COPD.doc	Ms Steven	9Oi1
23/10/2013	**Chronic obstructive pulmonary disease monitoring 1st letter** COPD	COPD.doc	Ms Steven	9Oi0

Due Diary Entries		Authorised By	Code
31/12/2099	**Key information summary, special note expiry date**	Mrs O'Hara	EMISNQKE5

Overdue Diary Entries		Authorised By	Code
01/08/2026	**Key information summary review date OVERDUE**	Mrs O'Hara	EMISNQKE7
30/05/2026	**Asthma annual review OVERDUE**	Sister Allison	66YJ.
06/09/2025	**Chronic obstructive pulmonary disease annual review OVERDUE**	Sister Allison	66YM.
06/09/2025	**IHD - Ischaemic heart disease OVERDUE**	Sister Allison	G3...
26/07/2023	**No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion	Miss Doyle	9Ow2.
17/05/2016	**Medication review OVERDUE** 30/10/2019	Ms McDonald	8B314

Alerts		Authorised By	Code
16/04/2015	**Primary prevention of ischaemic heart disease** Keep Well LES Patient	Ms Rankin	6C0

Drug Allergies		Authorised By	Code
22/02/2016	**Adverse reaction to Doxycycline**	Dr Tooke	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
11/08/2026	**8HLT.: Phlebotomy D.V. done (SCI Gateway Referral)**	Dr McLellan	8HLT
11/08/2026	**8Hk3.: Refer to community respiratory team (SCI Gateway Referral)**	Dr McLellan	8Hk3
26/06/2026	**8HT3.: Referral to audiology clinic (SCI Gateway Referral)**	Dr Mukherjee	8HT3
26/06/2026	**EMISSPR301: Gastroenterology referral (SCI Gateway Referral)**	Dr Mukherjee	EMISSPR301
29/05/2026	**8H21.: Admit medical emergency unsp. (SCI Gateway Referral)**	Dr Mukherjee	8H21
06/05/2026	**8H...: Referral for further care (SCI Gateway Referral)**	Doctor Mohammad	8H
03/10/2025	**8H76.: Refer to dietician (SCI Gateway Referral)**	Dr McLellan	8H76
18/09/2025	**8H...: Referral for further care (SCI Gateway Referral)**	Doctor Mohammad	8H
13/03/2025	**8H21.: Admit medical emergency unsp. (SCI Gateway Referral)**	Dr Mukherjee	8H21
03/02/2025	**8Hk3.: Refer to community respiratory team (SCI Gateway Referral)**	Dr McLellan	8Hk3
29/01/2025	**8H...: Referral for further care (SCI Gateway Referral)**	Dr McLellan	8H
18/09/2023	**8Hd5.: Admission to acute assessment unit (SCI Gateway Referral)**	User Locum	8Hd5
02/08/2023	**EMISSPR320: Cardiology referral (SCI Gateway Referral)**	User Locum	EMISSPR320
01/08/2023	**8Hd5.: Admission to acute assessment unit (SCI Gateway Referral)**	User Locum	8Hd5
14/02/2022	**8H76.: Refer to dietician (SCI Gateway Referral)**	Dr MacPherson	8H76
14/02/2022	**8HX2.: Admission to hospice for respite (SCI Gateway Referral)**	Dr MacPherson	8HX2
18/09/2019	**8HTJ.: Referral to rapid access chest pain clinic (SCI Gateway Referral)**	Dr MacPherson	8HTJ
12/09/2019	**8HTJ.: Referral to rapid access chest pain clinic (SCI Gateway Referral)**	Dr Mukherjee	8HTJ
18/12/2018	**In-house follow-up** 15/1/19	Mrs Smart	8HBQ

20/11/2018	**In-house follow-up** 18/12/18 2pm	Mrs Smart	8HBQ
23/10/2018	**In-house follow-up** 20/11/18	Mrs Smart	8HBQ
25/09/2018	**In-house follow-up** 23/10/18	Mrs Smart	8HBQ
06/07/2018	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Mukherjee	8H
05/06/2018	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Mukherjee	8H
09/10/2015	**8H4g.: Referral to respiratory physician (SCI Gateway Referral)**	Dr McLellan	8H4g
09/04/2015	**8HRC.: Referral for spirometry (SCI Gateway Referral)**	Dr McLellan	8HRC
14/01/2014	**Referl to stop-smoking clinic**	Ms King	8HTK
30/01/2013	**8H54.: Orthopaedic referral (SCI Gateway Referral)**	Dr MacPherson	8H54
19/01/2013	**8H...: Referral for further care (SCI Gateway Referral)**	Dr MacPherson	8H
25/07/2012	**8H4g.: Referral to respiratory physician (SCI Gateway Referral)**	Dr MacPherson	8H4g
28/05/2010	**Referral for further care** Refered To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gastroenterology. Referral Nature: Treat. , Referral Reason: Loss appetite and weight loss	Dr MacPherson	8H
15/02/2005	**Referral for further care** Refered To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified.	Dr MacPherson	8H

Immunisations		**Authorised By**	**Code**
16/12/2015	**Seasonal influenza vaccination declined**	Dr Tooke	9OX51
10/09/2015	**Pneumococcal vaccination** K010495, exp 06/16 **(GMS)**	Ms McDonald	6572
26/09/2014	**Influenza vaccination invitation letter sent**	Ms Steven	9OX6
14/01/2014	**Seasonal influenza vaccination declined**	Ms King	9OX51
14/01/2014	**Influenza vacc.administrat.NOS** copd review great fev1 81% bp 150/90	Ms King	9OXZ
01/10/2013	**Influenza vaccination invitation letter sent**	Ms Steven	9OX6

Health Status	
01/07/2026	**Rep.presc. monitoring NOS**
28/04/2020	**Equivalent quantities for all medication checked**
30/05/2025	**Height 170 cm**
26/06/2026	**Weight 47 Kg**
30/05/2025	**Body Mass Index 17.99 kg/m2**
13/08/2026	**Blood pressure reading O/E - blood pressure reading**
13/08/2026	**Blood pressure reading 132/85 mm Hg**
21/03/2005	**Exercise grading Enjoys light exercise**

Other Observations		**Authorised By**	**Code**
19/08/2026	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Please call 01415316630, option 1 regarding your recent blood tests. Thanks Abercromby Practice at Bridgeton Health Centre		9N3G
13/08/2026	**O/E - pulse rhythm regular**	Mr MacLean	2431
13/08/2026	**Medication restarted** 1. Bisoprolo. 2. saline	Mr MacLean	8B315-1
13/08/2026	**Medication changed** Furosemide swithed to 40mg prn. 2. Loraepam dose updated.	Mr MacLean	8B316
13/08/2026	**Polypharmacy medication review**	Mr MacLean	8B31B
13/08/2026	**Prescription by supplementary prescriber** Rx issued by Pharmacist Independent Prescriber	Mr MacLean	8B2J
13/08/2026	**Repeated prescription** Repeat Reauthorisation	Mr MacLean	8B41
11/08/2026	**Telephone encounter**	Mr MacLean	9N31
10/08/2026	**Did not attend - no reason** DNA meds review. Called. not feeling well, breathless. Talking in full sentences, using inhalers. Asking about MST issued 07.08.26, not collected yet. Still here for collection at surgery, I have handed in to HC pharmacy for dispensing. He will ask someone to collect. Will call in few days to reorganise meds review.	Mr MacLean	9N42
10/08/2026	**Telephone encounter**	Mr MacLean	9N31
10/08/2026	**Other medication management**	Mr MacLean	8BM

29/07/2026	**Failed encounter - message left on answer machine**	User Locum	9N4F
13/07/2026	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Please make a telephone appointment to discuss your scan referral. Thanks Abercromby Practice at Bridgeton Health Centre		9N3G
08/07/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
08/07/2026	**Post hospital dischrge med reconciliation with medical notes** 7/7/26 FDL for IDL5/6/26 GRI Ward 11	Ms. Mellon	8B3S1
08/07/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
08/07/2026	**Post hospital dischrge med reconciliation with medical notes** 1/7/26 - 4/7/26 GRI ward 50-51	Ms. Mellon	8B3S1
01/07/2026	**Rep.presc. monitoring NOS**	Ms. Mellon	66RZ
01/07/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
01/07/2026	**Telephone encounter**	Ms. Mellon	9N31
01/07/2026	**New medication commenced** Prednisolone 40mg od for 5/7	Ms. Mellon	8B3A3
01/07/2026	**Post hospital dischrge med reconciliation with medical notes** 27/6/26 GRI ward 50	Ms. Mellon	8B3S1
01/07/2026	**Special patient note** End stage COPD - awaiting Palliative Care	Mrs O'Hara	9bK5
01/07/2026	**Consent for key information summary upload**	Mrs O'Hara	9Ndr
01/07/2026	**Send key information summary (KIS) upload**	Mrs O'Hara	EMISNQSE71
10/06/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
10/06/2026	**Telephone encounter**	Ms. Mellon	9N31
10/06/2026	**New medication commenced** 1. Amixicllin 500mg tds for 4/7	Ms. Mellon	8B3A3
10/06/2026	**Drug therapy discontinued** 1. ismn 2. mst 5mg 3. salbutamol nebs	Ms. Mellon	8B3R
10/06/2026	**Medication changed** Lorazepam changed to 1mg tabs from 500mcg	Ms. Mellon	8B316
10/06/2026	**Post hospital dischrge med reconciliation with medical notes** 31/5/26 - 5/6/26 GRI Ward 11	Ms. Mellon	8B3S1
10/06/2026	**Repeated prescription** Repeat Reauthorisation	Ms. Mellon	8B41
10/06/2026	**Medication requested** Acute Rx Issued	Ms. Mellon	8B3H
14/05/2026	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Your prescription is now ready to collect from the surgery. Abercromby Practice at Bridgeton Health Centre		9N3G
13/05/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Miss Farrell	9N1Z
13/05/2026	**New medication commenced** Oseltamivir 75mg caps 1 BD for 10 days from 07/05/26, Lorazepam 1mg tabs 0.5mg every eight hours PRN 21 tabs , morphine sulfate soln 10mg/5ml 1.25ml up to 6 x daily PRN, NIcotine 14mg/24h patches OD for 2 weeks, Prednisolone 5mg tabs 8 daily for 4 days from 07/05/26, sodium chloride nebs 0.9% 2.5ml QID	Miss Farrell	8B3A3
13/05/2026	**Post hospital dischrge med reconciliation with medical notes** 06/05/26-08/05/26 GRI WD 24 Respiratory	Miss Farrell	8B3S1
06/05/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Miss Farrell	9N1Z
06/05/2026	**New medication commenced** Lorazepam 0.5mg every eight hours PRN , Morphine soln 10mg/5ml 1.25ml up to 6 x daily PRN , Nicotine 14mg/24hrs patches OD , Oseltamir 75mg caps 1 BD for 10 days from 01/05/26	Miss Farrell	8B3A3
06/05/2026	**Post hospital dischrge med reconciliation with medical notes** 29/04/26-04/05/26 GRI WD 7-16 Respiratory Gen Meds	Miss Farrell	8B3S1
29/04/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms Pates	9N1Z
29/04/2026	**Post hospital dischrge med reconciliation with medical notes** 22nd to 27th April - GRI	Ms Pates	8B3S1
31/03/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms Paterson	9N1Z
31/03/2026	**Drug therapy discontinued** 1. Ensure Plus Advanced	Ms Paterson	8B3R
31/03/2026	**Outpatient clinic letter received** GRI Dietetics 02/03/26	Ms Paterson	9N3D2
29/01/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
29/01/2026	**New medication commenced**	Ms. Mellon	8B3A3
29/01/2026	**Post hospital dischrge med reconciliation with medical notes** 21/1/26 - 27/1/26 GRI Ward 6.	Ms. Mellon	8B3S1
15/01/2026	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
15/01/2026	**Post hospital dischrge med reconciliation with medical notes** 9/1/26 - 12/1/26 GRI ward 24.	Ms. Mellon	8B3S1
24/11/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
24/11/2025	**Drug therapy discontinued** Acepiro	Ms. Mellon	8B3R
24/11/2025	**Post hospital dischrge med reconciliation with medical notes** 20/11/25 - 21/11/25 GRI Ward 50	Ms. Mellon	8B3S1
12/11/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
12/11/2025	**Post hospital dischrge med reconciliation with medical notes** 16/10/25 FDL for IDL 1/10/25 GRI Ward 24	Ms. Mellon	8B3S1
10/11/2025	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Please contact the surgery and arrange an appointment with the practice nurse to have your blood pressure taken as per request from hospital. Abercromby Practice at Bridgeton Health Centre		9N3G
31/10/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Mr Sweeney	9N1Z
31/10/2025	**Telephone encounter**	Mr Sweeney	9N31
31/10/2025	**New medication commenced**	Mr Sweeney	8B3A3
31/10/2025	**Outpatient clinic letter received** Resp med GRI 28/10/25	Mr Sweeney	9N3D2
29/10/2025	**Telephone encounter** patient feels usual IE COPD symptoms. cO8ugh, green sputum. more SOB. Chest tightness. Reports no unusual symptoms. Denies fever. P/ treat for IE COPD. Review prn	User Locum	9N31
06/10/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	MS Wilson	9N1Z

06/10/2025	**Outpatient clinic letter received** 28/9/25-1/10/25 - GRI - Ward 24	MS Wilson	9N3D2
03/10/2025	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Please can you make an appointment with practice nurse for bp review following hospital discharge. Abercromby Practice at Bridgeton Health Centre		9N3G
11/08/2025	**Telephone encounter** poor appetite losing weight. Long standing. Asking for build up drinks. Discussed lack of nutritional value in these. Weight is stable around 50-52kg. Patient does feel nausea after forcing self to eat but denies this is preventing oral intke. bowels moving. nop abdo pain. Recent Ct abdo, laparotomy and sigmoidoscopy. No reflux or indigestion, gastritis may be affecting appetite. P/ trial of omeprazole. Try to avoid build up drinks if possible.	User Locum	9N31
28/07/2025	**Telephone encounter** acute episodes of chest pain and SOB occurring often at rest 5 times a day, 25 times in last week or so. Come on at rest or minimal exertion. Not in keeping with COPD. Unstable angina symptoms. Last attack an hour ago. GTN and inhalers ineffectual. P/ advised A&E immediately. Declined ambulance, son will drive patient	User Locum	9N31
11/06/2025	**Telephone encounter** with Henry, confirmed he was aware of starting Laxido he will collect script tomorrow.	Ms. Mellon	9N31
11/06/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
11/06/2025	**New medication commenced** Laxido 2 bd prn	Ms. Mellon	8B3A3
11/06/2025	**Outpatient clinic letter received** 9/6/25 Stobhill General surgery James O'Kelly	Ms. Mellon	9N3D2
11/06/2025	**Medication requested** Acute Rx Issued	Ms. Mellon	8B3H
30/05/2025	**Asthma annual review**	Sister Allison	66YJ
30/05/2025	**Asthma management plan given**	Sister Allison	663U
30/05/2025	**Asthma (REVIEW)**	Sister Allison	H33
29/05/2025	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Friday 30 of May at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
23/05/2025	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 11:30 on Fri, 30 of May at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
19/05/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms Mennie	9N1Z
19/05/2025	**New medication commenced** - Acepiro 600mg tabs -1 OD	Ms Mennie	8B3A3
19/05/2025	**Medication changed** -Trimbow Inhaler increased to 172/5/9mcg 2 P BD	Ms Mennie	8B316
19/05/2025	**Outpatient clinic letter received** -GRI Respiratory clinic - Debbie McFaulds (Nurse specialist)	Ms Mennie	9N3D2
12/05/2025	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Please contact the GP surgery and arrange an appointment to have your blood pressure taken. Abercromby Practice at Bridgeton Health Centre		9N3G
08/05/2025	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Friday 09 of May at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
02/05/2025	**Failed encounter**	Sister Allison	9N4
02/05/2025	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 11:30 on Fri, 09 of May at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
01/05/2025	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:15 on Friday 02 of May at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
25/04/2025	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 11:15 on Fri, 02 of May at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
28/03/2025	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Following a recent clinical letter the GP has received, please call 01415316630, option 1 and arrange an appointment to have your blood pressure checked. Thanks Abercromby Practice at Bridgeton Health Centre		9N3G
28/03/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms Cochrane	9N1Z
28/03/2025	**Telephone encounter**	Ms Cochrane	9N31
28/03/2025	**New medication commenced** co-amoxiclav 500mg/125mg tabs - 1tid fixed for 7 days from 21/3/25	Ms Cochrane	8B3A3
28/03/2025	**Post hospital dischrge med reconciliation with medical notes** 13/3/25 - 25/3/25 - GRI Ward 66 general surgery	Ms Cochrane	8B3S1
10/02/2025	**Telephone encounter** dysuria, frequencym urgency, fould smell from urine. 1 week of symptoms. Long standing nocturia unchanged. No fever. not systemically unwell. P/ antibiotics issued	User Locum	9N31
06/02/2025	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
06/02/2025	**Post hospital dischrge med reconciliation with medical notes** FDL 5/2/25 for IDL 26/11/24 GRI ward 11	Ms. Mellon	8B3S1
08/01/2025	**Failed encounter - no answer when rang back**	Dr Krishan	9N4C
23/12/2024	**Telephone encounter** with Henry, confirmed he has a supply of DHC and a trimbow inhaler, if he needs a further supply of DHC he call gp.	Ms. Mellon	9N31
23/12/2024	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z

23/12/2024	**New medication commenced** 1. DHC 30mg 1 qds prn 2. Trimbow 2 doses bd	Ms. Mellon	8B3A3
23/12/2024	**Drug therapy discontinued** 1. Incruse 2. Relvar	Ms. Mellon	8B3R
23/12/2024	**Post hospital dischrge med reconciliation with medical notes** 18/12/24 - 20/12/24 GRI Ward 43B	Ms. Mellon	8B3S1
16/12/2024	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms Muir	9N1Z
16/12/2024	**Telephone encounter**	Ms Muir	9N31
16/12/2024	**New medication commenced** Amlodipine 5mg	Ms Muir	8B3A3
16/12/2024	**Medication changed** Ramipril reduced to 2.5mg OD	Ms Muir	8B316
16/12/2024	**Outpatient clinic letter received** 16/12/24 GRI Cardiology - Dr Angelo Santos	Ms Muir	9N3D2
28/11/2024	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
28/11/2024	**New medication commenced** Nitrofurantoin 50mg qds for 7/7 from 24/11/24	Ms. Mellon	8B3A3
28/11/2024	**Post hospital dischrge med reconciliation with medical notes** 18/11/24 26/11/24 GRI Ward 11	Ms. Mellon	8B3S1
29/10/2024	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:00 on Wednesday 30 of October at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
23/10/2024	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 15:00 on Wed, 30 of Oct at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
11/10/2024	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Following a letter we have received from Cardiology, please arrange an appointment with the practice nurse in the next few weeks for a review. Thanks Abercromby Practice at Bridgeton Health Centre		9N3G
10/10/2024	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
10/10/2024	**Post hospital dischrge med reconciliation with medical notes** FDL 26/9/24 for IDL 18/8/24 GRI Ward 43A.	Ms. Mellon	8B3S1
06/09/2024	**Chronic obstructive pulmonary disease annual review**	Sister Allison	66YM
06/09/2024	**Chronic obstructive pulmonary disease monitoring**	Sister Allison	66YB
06/09/2024	**MRC Breathlessness Scale: grade 4**	Sister Allison	173K
06/09/2024	**Chronic obstructive pulmonary disease (REVIEW)**	Sister Allison	H3
06/09/2024	**Asthma annual review**	Sister Allison	66YJ
06/09/2024	**Asthma management plan given**	Sister Allison	663U
06/09/2024	**Current smoker**	Sister Allison	137R
06/09/2024	**Asthma (REVIEW)**	Sister Allison	H33
06/09/2024	**Angina control - good**	Sister Allison	662K0
06/09/2024	**Aspirin prophylaxis**	Sister Allison	8B63-2
06/09/2024	**O/E - regular pulse**	Sister Allison	2431-1
06/09/2024	**Breathless - mild exertion**	Sister Allison	1733
06/09/2024	**Inferior myocardial infarction NOS (REVIEW)**	Sister Allison	G308
05/09/2024	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:45 on Friday 06 of September at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
30/08/2024	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 10:45 on Fri, 06 of Sep at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
20/08/2024	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Mr Sweeney	9N1Z
20/08/2024	**Telephone encounter**	Mr Sweeney	9N31
20/08/2024	**Outpatient clinic letter received** GRI 19/8/24	Mr Sweeney	9N3D2
20/08/2024	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Following your recent hospital discharge, please call 01415316630, option 1 and arrange an appointment with the Practice Nurse to have your blood pressure checked. Thanks Abercromby Practice at Bridgeton Health Centre		9N3G
19/08/2024	**Telephone encounter** with Henry, he confirmed changes and has a supply from hospital, he will order when running low.	Ms. Mellon	9N31
19/08/2024	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms. Mellon	9N1Z
19/08/2024	**Medication changed** 1. Bisoprolol 10mg od reduced to 2.5mg od 2. Isosorbide mono 20mg bd increased to 50mg mr od 3. Ramipril 5mg bd reduced to od	Ms. Mellon	8B316
19/08/2024	**Post hospital dischrge med reconciliation with medical notes** IDL 17/8/24 GRI Ward 43A	Ms. Mellon	8B3S1
16/04/2024	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Wednesday 17 of April at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
16/04/2024	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:50 on Wednesday 17 of April at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
10/04/2024	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 09:50 on Wed, 17 of Apr at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
10/04/2024	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Dr Blair has asked if you can get blood test done before your appointment next week. To make appointment for blood test please call		9N3G

	0141 355 1525. Abercromby Practice at Bridgeton Health Centre		
04/01/2024	**Telephone encounter** with Henry- aware of medication changes, got prescription on 27th have advise ramipril should have been 5mg BD	Ms Gray	9N31
04/01/2024	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Ms Gray	9N1Z
04/01/2024	**New medication commenced** 1. Rosuvastatin 5mg OD	Ms Gray	8B3A3
04/01/2024	**Drug therapy discontinued** 1. Atorvastatin- switched to Rosuvastatin 5mg	Ms Gray	8B3R
04/01/2024	**Medication changed** 1. Increase bisoprolol to 10mg daily 2. Ramipril increased to 5mg twice daily	Ms Gray	8B316
04/01/2024	**Outpatient clinic letter received** Cardiology 27/12/23 Dr Keith Robertson	Ms Gray	9N3D2
08/11/2023	**Telephone encounter** feels COPD exacerbation. More discomofrt in left lower chest at back and more SOB. Had these symptoms for some time and under ix by Respiratory. Worse in last week. No central chest pain. no leg swelling. Imp/ IE COPD. P/ steroids and antibiotics issued	User Locum	9N31
24/10/2023	**No response to bowel cancer screening programme invitation** Non-Responder	Miss Doyle	9Ow2
20/10/2023	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Please make a routine telephone appointment next week with the Gp to discuss your CT scan. Thanks Abercromby Practice at Bridgeton Health Centre		9N3G
20/09/2023	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Mr MacLean	9N1Z
20/09/2023	**Telephone encounter**	Mr MacLean	9N31
20/09/2023	**New medication commenced** 1. Clopidogrel 75mg od until 05.06.2024	Mr MacLean	8B3A3
20/09/2023	**Drug therapy discontinued** 1. Ticagrelor. 2. Stexerol.	Mr MacLean	8B3R
20/09/2023	**Medication changed** 1. Bisoprolol increased to 5mg daily.	Mr MacLean	8B316
20/09/2023	**Post hospital dischrge med reconciliation with medical notes** 18.09.23 to 19.09.23 GRI ward 43A	Mr MacLean	8B3S1
18/09/2023	**Light smoker - 1-9 cigs/day**	User Locum	1373
02/08/2023	**Telephone encounter** seen at a&E yesterday, No acute cause of pain. Sounds anginal. Seems to have been lost to cardiology follow up. P/ increase ISMN. Urgent referral back to cardiology	User Locum	9N31
01/08/2023	**Telephone encounter** chest pain and SOB on very minimal; exertion. MI in May. Struggling to cope with symptoms at home. Not unstable angina as such as no pain at rest but is worsening angina now on any exertion. P/ admit medics	User Locum	9N31
18/07/2023	**Current smoker**	Sister Allison	137R
17/07/2023	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:15 on Tuesday 18 of July at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
11/07/2023	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 10:15 on Tue, 18 of Jul at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
07/07/2023	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Please contact the GP surgery and arrange an appointment with the practice nurse in regard to your recent hospital letter. Abercromby Practice at Bridgeton Health Centre		9N3G
07/07/2023	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Mr MacLean	9N1Z
07/07/2023	**Telephone encounter**	Mr MacLean	9N31
07/07/2023	**New medication commenced** 1.Isosordibe mononitarte 10mg bd.	Mr MacLean	8B3A3
07/07/2023	**Medication changed** 1. Bisoprolol restarted	Mr MacLean	8B316
07/07/2023	**Outpatient clinic letter received** Cardiology 07.07.23	Mr MacLean	9N3D2
07/07/2023	**Repeated prescription** Repeat Rx Issued	Mr MacLean	8B41
06/07/2023	**Outpatient clinic letter received** Emergency attendance letter 04/0723	Ms Gray	9N3D2
30/05/2023	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Mr Rainey	9N1Z
30/05/2023	**Post hospital dischrge med reconciliation with medical notes**	Mr Rainey	8B3S1
15/05/2023	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Mr MacLean	9N1Z
15/05/2023	**Unsuccessful attempt to contact patient by telephone**	Mr MacLean	9Nj0
15/05/2023	**Telephone encounter**	Mr MacLean	9N31
15/05/2023	**New medication commenced** 1. Aspirin 75 od. 2. Bisoprolol 2.5mg od. 3. Ramirpril 2.5mg bd. 4. Ticagrelir 90mg 1 bd. 5. GTN spray 2puffs prn (added in amenment Discharge letter.)	Mr MacLean	8B3A3
15/05/2023	**Medication changed** 1. Atorvastatin incresaed to 80mg daily.	Mr MacLean	8B316
15/05/2023	**Post hospital dischrge med reconciliation with medical notes** 10.05.23 to 11.05.23 GRI Ward 43C Cardiology	Mr MacLean	8B3S1
27/07/2022	**Moderate smoker - 10-19 cigs/d**	User Locum	1374
26/07/2022	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:30 on Wednesday 27 of July at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
07/07/2022	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, There is a prescription for you to collect from the surgery as per letter from hospital Abercromby Practice at Bridgeton Health Centre		9N3G
20/05/2022	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, There is a prescription for you to collect from the surgery following letter from Community dietetics Abercromby Practice at Bridgeton Health Centre		9N3G
24/10/2021	**No response to bowel cancer screening programme invitation** Non-Responder	Miss Doyle	9Ow2

12/07/2021	**Chronic obstructive pulmonary disease annual review**	User Locum	66YM
12/07/2021	**Chronic obstructive pulmonary disease monitoring**	User Locum	66YB
12/07/2021	**MRC Breathlessness Scale: grade 3**	User Locum	173J
12/07/2021	**Chronic obstructive pulmonary disease (REVIEW)**	User Locum	H3
11/07/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:30 on Monday 12 of July at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
05/07/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 10:30 on Mon, 12 of Jul at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
17/06/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 13:10 on Friday 18 of June at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.		9N3G
11/06/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 13:10 on Fri, 18 of Jun at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
11/06/2021	**SMS text sent to patient** Summary of text message sent to patient / Dear Henry B Norwood, Unfortunately we have to cancel your appointment with the Nurse on Wednesday 16th June due to Isolation. Can you please call the surgery to rearrange. Thank you. Abercromby Practice at Bridgeton Health Centre		9N3G
09/06/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 10:00 on Wed, 16 of Jun at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.		9N3G
13/01/2021	**Chronic obstructive pulmonary disease annual review**	Sr Moore	66YM
13/01/2021	**Medication review done**	Sr Moore	8B3V
13/01/2021	**Current smoker**	Sr Moore	137R
13/01/2021	**MRC Breathlessness Scale: grade 3**	Sr Moore	173J
12/01/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:00 on Wednesday 13 of January at Abercromby Practice at Bridgeton Health Centre. Please call ...		9N3G
06/01/2021	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 10:00 on Wed, 13 of Jan at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
28/04/2020	**Rep.presc. monitoring NOS** MM LES	Mrs Kelly	66RZ
28/04/2020	**Equivalent quantities for all medication checked** MM LES	Mrs Kelly	8BIQ
04/03/2020	**Telephone encounter** Called patient to advise him of restart of colecalciferol tablets and to make appt with PN or HCA for bloods.	Mr Shields	9N31
04/03/2020	**Prescription by supplementary prescriber**	Mr Shields	8B2J
31/01/2020	**Chronic obstructive pulmonary disease annual review**	Sr Moore	66YM
31/01/2020	**Inhaler technique - good**	Sr Moore	663H
31/01/2020	**MRC Breathlessness Scale: grade 1**	Sr Moore	173H
30/01/2020	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Friday 31 of January at Abercromby Practice at Bridgeton Health Centre. Please call 014...		9N3G
27/09/2019	**SMS text sent to patient** Dear Henry, Please make an appointment for follow up bloods with our healthcare assistant or the treatment room nurse. Thanks		9N3G
18/09/2019	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:00 on Thursday 19 of September at Abercromby Practice at Bridgeton Health Centre. Please call...		9N3G
12/09/2019	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 11:00 on Thu, 19 of Sep at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
16/07/2019	**SMS text sent to patient** Hi Mr Norwood, A prescription has been left at reception following your recent blood test. Thanks Dr MacPherson		9N3G
10/07/2019	**SMS text sent to patient** Dear Henry, Please collect a prescription from the surgery following your recent bloods. Thanks		9N3G
31/03/2019	**No response to bowel cancer screening programme invitation** Non-Responder	Mr Allan	9Ow2
26/02/2019	**Excepted from asthma quality indicators: Informed dissent**	Mrs O'Hara	9hA2
15/01/2019	**Prescription by supplementary prescriber**	Mrs Smart	8B2J
15/01/2019	**Drug treatment still needed** No change to Tx following PSP review	Mrs Smart	8BIX
15/01/2019	**Good compliance with inhaler**	Mrs Smart	8B3d
15/01/2019	**Review of inhaler technique using inhaler checking device**	Mrs Smart	66Yy
15/01/2019	**Asthma-chronic obstructive pulmonary disease overlap syndrom** Mixed Asthma-COPD Patient	Mrs Smart	H3B
15/01/2019	**Smoker** - smoking cessation discussed again. Pt tried to stop over Xmas but has found it difficult.	Mrs Smart	137P-1
15/01/2019	**MRC Breathlessness Scale: grade 1**	Mrs Smart	173H
14/01/2019	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:30 on Tuesday 15 of January at Abercromby Practice at Bridgeton Health Centre. Please call 01...		9N3G
	SMS text sent to patient Type: Appointment Reminder Status: Message		

08/01/2019	Delivered Message: This is a confirmation of your appointment at 15:30 on Tue, 15 of Jan at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
18/12/2018	**Prescription by supplementary prescriber**	Mrs Smart	8B2J
18/12/2018	**Asthma management plan given**	Mrs Smart	663U
18/12/2018	**Good compliance with inhaler**	Mrs Smart	8B3d
18/12/2018	**Review of inhaler technique using inhaler checking device**	Mrs Smart	66Yy
18/12/2018	**Inhaler technique observed**	Mrs Smart	6637
18/12/2018	**Inhaler technique - good**	Mrs Smart	663H
18/12/2018	**Medication increased** Inhaled Steroid Dose Increased trelegy to relvar 184/22 and incruse	Mrs Smart	8B3A1
18/12/2018	**Inhaler technique shown**	Mrs Smart	6636
18/12/2018	**Smoking cessation advice** - pt signposted to CP smokefree services and keen to stop	Mrs Smart	8CAL
18/12/2018	**Asthma-chronic obstructive pulmonary disease overlap syndrom** Mixed Asthma-COPD Patient	Mrs Smart	H3B
18/12/2018	**Smoker** 30g tobacco per week.	Mrs Smart	137P-1
17/12/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:00 on Tuesday 18 of December at Abercromby Practice at Bridgeton Health Centre. Please call 0...		9N3G
11/12/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 14:00 on Tue, 18 of Dec at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
20/11/2018	**Chr.dis.- treatment changed** Other Respiratory Medication Treatment Changed carbocisteine dose reduced. montelukast stopped	Mrs Smart	661E
20/11/2018	**Good compliance with inhaler**	Mrs Smart	8B3d
20/11/2018	**Review of inhaler technique using inhaler checking device**	Mrs Smart	66Yy
20/11/2018	**Asthma-chronic obstructive pulmonary disease overlap syndrom** Mixed Asthma-COPD Patient	Mrs Smart	H3B
20/11/2018	**Prescription by supplementary prescriber**	Mrs Smart	8B2J
19/11/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:00 on Tuesday 20 of November at Abercromby Practice at Bridgeton Health Centre. Please call 0...		9N3G
13/11/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 15:00 on Tue, 20 of Nov at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
23/10/2018	**Prescription by supplementary prescriber**	Mrs Smart	8B2J
23/10/2018	**Chr.dis.- treatment changed** Other Respiratory Medication Treatment Changed trial of montelukast	Mrs Smart	661E
23/10/2018	**Poor compliance with inhaler**	Mrs Smart	8B3e
23/10/2018	**Inhaler technique observed**	Mrs Smart	6637
23/10/2018	**Inhaler technique - moderate**	Mrs Smart	66Y4
23/10/2018	**Inhaler technique shown**	Mrs Smart	6636
23/10/2018	**Asthma-chronic obstructive pulmonary disease overlap syndrom** Mixed Asthma-COPD Patient	Mrs Smart	H3B
22/10/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:00 on Tuesday 23 of October at Abercromby Practice at Bridgeton Health Centre. Please call 01...		9N3G
16/10/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 15:00 on Tue, 23 of Oct at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
25/09/2018	**Prescription by supplementary prescriber**	Mrs Smart	8B2J
25/09/2018	**Drug changed to cost effective alternative** Inhaler(s) changed to equivalent dose (cost effective alternative) switched to trelegy	Mrs Smart	8BIr
25/09/2018	**Poor compliance with inhaler**	Mrs Smart	8B3e
25/09/2018	**Provision of written information on inhaler technique**	Mrs Smart	8OA1
25/09/2018	**Review of inhaler technique using inhaler checking device**	Mrs Smart	66Yy
25/09/2018	**Forgot to bring medication** Not observed - pt forgot to bring medication	Mrs Smart	8B3M
25/09/2018	**Inhaler technique shown**	Mrs Smart	6636
25/09/2018	**Asthma-chronic obstructive pulmonary disease overlap syndrom** Mixed Asthma-COPD Patient	Mrs Smart	H3B
24/09/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:30 on Tuesday 25 of September at Abercromby Practice at Bridgeton Health Centre. Please call ...		9N3G
19/09/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 15:30 on Tue, 25 of Sep at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
05/07/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Friday 06 of July at Abercromby Practice at Bridgeton Health Centre. Please call 0141 5...		9N3G
25/06/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:30 on Tuesday 26 of June at Abercromby Practice at Bridgeton Health Centre. Please call 0141 ...		9N3G
19/06/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 09:30 on Tue, 26 of Jun at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
19/06/2018	**Smoking cessation advice**	Miss Lawson	8CAL
19/06/2018	**Health ed. - exercise**	Miss Lawson	6798
19/06/2018	**Health ed. - diet**	Miss Lawson	6799

19/06/2018	**Chronic obstructive pulmonary disease annual review**	Miss Lawson	66YM
19/06/2018	**Teetotaller**	Miss Lawson	1361
19/06/2018	**Current smoker**	Miss Lawson	137R
19/06/2018	**MRC Breathlessness Scale: grade 2**	Miss Lawson	173I
18/06/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:15 on Tuesday 19 of June at Abercromby Practice at Bridgeton Health Centre. Please call 0141 ...		9N3G
13/06/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 09:15 on Tue, 19 of Jun at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
06/06/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 13:10 on Thursday 07 of June at Abercromby Practice at Bridgeton Health Centre. Please call 0141...		9N3G
05/06/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 13:10 on Thu, 07 of Jun at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
22/03/2018	**Rep.presc. monitoring NOS** MM LES	Ms McMenamin	66RZ
22/03/2018	**Equivalent quantities for all medication checked** MM LES	Ms McMenamin	8BIQ
09/05/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:30 on Wednesday 10 of May at Abercromby Practice at Bridgeton Health Centre. Please call 0141...		9N3G
05/05/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 09:30 on Wed, 10 of May at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
31/03/2017	**No response to bowel cancer screening programme invitation** Non-Responder	Ms Kennedy	9Ow2
21/03/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:20 on Wednesday 22 of March at Abercromby Practice at Bridgeton Health Centre. Please call 01...		9N3G
17/03/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 09:20 on Wed, 22 of Mar at Abercromby Practice at Bridgeton Health Centre. If unable to ...		9N3G
02/03/2017	**Excepted from COPD quality indicators: Informed dissent**	Mrs O'Hara	9h52
02/03/2017	**Chronic obstructive pulmonary disease monitoring verb invite**	Mrs O'Hara	9Oi3
05/12/2016	**Medication review**	Dr Tooke	8B314
05/12/2016	**Smoking cessation advice**	Dr Tooke	8CAL
05/12/2016	**Current smoker**	Dr Tooke	137R
22/03/2016	**Rep.presc. monitoring NOS** MM LES	Ms McMenamin	66RZ
22/03/2016	**Equivalent quantities for all medication checked** MM LES	Ms McMenamin	8BIQ
16/12/2015	**Smoking cessation advice**	Dr Tooke	8CAL
16/12/2015	**Current smoker** pains though chest. more when srteetching and breathing. cough. short of breath. smokes roll ups. sympsom for 4 days. feels like he has strained his chest. not worse on exertion. seeing respiratpoyu re previouis similar pain which resolved.. agrees he gets anxious when he feelts the pain.	Dr Tooke	137R
19/10/2015	**Failed encounter**	Ms McDonald	9N4
10/09/2015	**Chronic obstructive pulmonary disease annual review**	Ms McDonald	66YM
10/09/2015	**Goal identification**	Ms McDonald	67L
10/09/2015	**Pt gi writ adv benef phy activ**	Ms McDonald	8CAn
10/09/2015	**Health ed. - diet**	Ms McDonald	6799
10/09/2015	**Advice about weight**	Ms McDonald	67I9
10/09/2015	**Healthy lifestyle program stat**	Ms McDonald	9m4
10/09/2015	**In paid employment**	Ms McDonald	13Je
10/09/2015	**GPPAQ physical act ind: active**	Ms McDonald	138b
10/09/2015	**Diet poor** no breakfast, gregs for lunch, no added salt, snakcs at night	Ms McDonald	1FB
10/09/2015	**Teetotaller**	Ms McDonald	1361
10/09/2015	**Smoking cessation advice**	Ms McDonald	8CAL
10/09/2015	**Cigarette consumption** 1oz a week	Ms McDonald	137X
10/09/2015	**Current smoker**	Mrs O'Hara	137R
10/09/2015	**Current smoker**	Ms McDonald	137R
10/09/2015	**COPD annual review**	Ms McDonald	66YM
10/09/2015	**Chron dis mngt ann rev compltd**	Ms McDonald	9OEA
10/09/2015	**Inhaler technique shown**	Ms McDonald	6636
10/09/2015	**Inhaler technique - good**	Ms McDonald	663H
10/09/2015	**Inhaler technique observed**	Ms McDonald	6637
10/09/2015	**Difficulty walking up stairs** when at work carrying equipment	Ms McDonald	3993
10/09/2015	**MRC Breathless Scale: grade 2**	Ms McDonald	173I
14/01/2014	**Chronic obstructive pulmonary disease annual review**	Ms King	66YM
14/01/2014	**Goal identification**	Ms King	67L
14/01/2014	**Pt gi writ adv benef phy activ**	Ms King	8CAn
14/01/2014	**Health ed. - diet**	Ms King	6799
14/01/2014	**Advice about weight**	Ms King	67I9
14/01/2014	**Refuses stop smoking monitor**	Ms King	9OO2
14/01/2014	**Thinking about stop smoking**	Ms King	137c
14/01/2014	**Healthy lifestyle program stat**	Ms King	9m4
14/01/2014	**GPPAQ physical act ind: active**	Ms King	138b

14/01/2014	**Healthy diet**	Ms King	1FH
14/01/2014	**Teetotaller**	Ms King	1361
14/01/2014	**Smoking cessation advice**	Ms King	8CAL
14/01/2014	**Depression screen using quest**	Ms King	6896
14/01/2014	**Inhaler technique shown**	Ms King	6636
14/01/2014	**Productive cough NOS**	Ms King	1716
14/01/2014	**Wheeze absent**	Ms King	173E
14/01/2014	**MRC Breathless Scale: grade 1**	Ms King	173H
14/01/2014	**White Scottish**	Ms King	9S13
14/01/2014	**Current smoker**	Ms King	137R
14/01/2014	**COPD annual review**	Ms King	66YM
19/02/2013	**Airways obstructn irreversible**	Ms Steven	663K
19/02/2013	**Post bronchodilator spirometry**	Ms Steven	745D4
25/09/2012	**Moderate smoker - 10-19 cigs/d** 1. Thinks has got a chest infection - cough, productive of thick green sputum +++; SoBoE; pain bilaterally at back on inspiration; feeling bit hot/shivery at times. Appetite poor but drinking plenty. O/e O2 sats 98%, pulse 62, temp 36.8 degrees C; Chest - good air entry bilaterally, sounds relatively clear but given good story of purulent sputum treat as LRTI. Review if not settling. 2. but very keen to stop. Previously tried with zyban but was unsuccessful. Thinks is more mortivated now, requesting script for zyban. Discussion re. smoking cessation classes: patient attended one last time but didn't find it helpful. Issued initial script and explained how to take. Review at end of script, may need further prescription if quite attempt successful.	User Locum	1374
17/07/2012	**Health ed. - smoking** cough and green spit. no chest pain but has a "heaviness" interscapularly and right ant chest wall. no pleuritic type pain. soboe eg going upstairs. had ct scan now awaiting results. 4 wks sputum. send spit sample and try doxy. chest sounded reasonably clear. not sobar. r/v prn. declined inhlaer today. will self ref for accupuncture. ZD	User Locum	6791
07/12/2011	**Smoking cessation advice**	Mr Reid	8CAL
07/12/2011	**Current smoker**	Mr Reid	137R
15/04/2011	**Primary prevention of ischaemic heart disease**	Ms Steven	6C0
31/03/2011	**Smoking cessation advice** Long chat re emphysema and implications of ongoing smoking. Rx amox. Call back sos. [S.Moran]	User Locum	8CAL
31/03/2011	**Moderate smoker - 10-19 cigs/d**	User Locum	1374
18/06/2010	**Direct gastroscopy** barretts mucosa oesophagus priority=1	Ms McMenamin	PCSDT18907_156
24/05/2010	**Full blood count - FBC** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	424
24/05/2010	**Glucose date** Value text: 24 May 2010 00:00	Ms McMenamin	PCSDT18907_24
24/05/2010	**TSH date** Value text: 24 May 2010 00:00	Ms McMenamin	PCSDT18907_64
24/05/2010	**LFT date** Value text: 24 May 2010 00:00	Ms McMenamin	PCSDT18907_16
24/05/2010	**eGFR date** Value text: 24 May 2010 00:00	Ms McMenamin	PCSDT18907_15
24/05/2010	**Creatinine date** Value text: 24 May 2010 00:00	Ms McMenamin	PCSDT18907_10
24/05/2010	**Thyroid function test** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	442J
24/05/2010	**Liver function test** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	44D6
24/05/2010	**Urea and electrolytes** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	44JB
24/05/2010	**Plasma C reactive protein** Negative 2.1 priority=2	Ms McMenamin	44CC
24/05/2010	**Blood glucose result** 5.8 priority=2	Ms McMenamin	44U
20/04/2010	**Standard chest X-ray** priority=1	Ms McMenamin	535
13/10/2009	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Dr Mukherjee	8CAL
13/10/2009	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr Mukherjee	137R
01/03/2007	**Full blood count - FBC** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	424
01/03/2007	**Calcium date** Value text: 01 Mar 2007 00:00	Ms McMenamin	PCSDT18907_94
01/03/2007	**TSH date** Value text: 01 Mar 2007 00:00	Ms McMenamin	PCSDT18907_64
01/03/2007	**LFT date** Value text: 01 Mar 2007 00:00	Ms McMenamin	PCSDT18907_16
01/03/2007	**eGFR date** Value text: 01 Mar 2007 00:00	Ms McMenamin	PCSDT18907_15
01/03/2007	**Creatinine date** Value text: 01 Mar 2007 00:00	Ms McMenamin	PCSDT18907_10
01/03/2007	**Thyroid function test** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	442J
01/03/2007	**Liver function test** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	44D6
01/03/2007	**Urea and electrolytes** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	44JB
01/03/2007	**Blood calcium level** Negative 2.36 priority=2	Ms McMenamin	44h4
01/03/2007	**Plasma C reactive protein** Negative 2 priority=2	Ms McMenamin	44CC
30/01/2007	**LFT date** Value text: 30 Jan 2007 00:00	Ms McMenamin	PCSDT18907_16
30/01/2007	**Liver function test** Disease: SPICE Lab Results, Negative priority=2	Ms McMenamin	44D6
30/01/2007	**Hepatitis C screening** Negative priority=2	janie1	6829
30/01/2007	**HIV1 antibody level** Negative priority=2	janie1	43W7
30/01/2007	**Hep B surface antigen test** Negative priority=2	janie1	43B

26/09/2006	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Dr MacPherson	8CAL
26/09/2006	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr MacPherson	137R
22/12/2005	**Haemorrhoids** banded priority=1	janie1	G84
23/09/2005	**Notes summary on computer** priority=2	Michael	9344
01/04/2005	**Glucose date** Value text: 30 Mar 2005 00:00	Michael	PCSDT18907_24
30/03/2005	**Blood glucose result** Negative 5.4 priority=2	UnknownUser	44U
21/03/2005	**Enjoys light exercise** Disease: SPICE Basic Health Values, priority=2	User Locum	1383
21/03/2005	**Teetotaller** Disease: SPICE Basic Health Values, priority=2	User Locum	1361
21/03/2005	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	User Locum	8CAL
21/03/2005	**Current smoker** Disease: SPICE Basic Health Values, priority=2	User Locum	137R
23/02/2005	**Glucose date** Value text: 02 Feb 2005 00:00	Michael	PCSDT18907_24
23/02/2005	**Tot Chol date** Value text: 02 Feb 2005 00:00	Michael	PCSDT18907_58
02/02/2005	**Total cholesterol measurement** Disease: SPICE Lab Results, Negative priority=2	janie1	44PH
02/02/2005	**Blood glucose result** 7.7 speak to gp priority=2	janie1	44U
02/02/2005	**Full blood count - FBC** Disease: SPICE Lab Results, Negative priority=2	janie1	424
11/02/2003	**Heavy smoker - 20-39 cigs/day** Smoker$$ Status.clm - Repeat after an Interval	UnknownUser	1375
11/02/2003	**Teetotaller** Alcohol Intake$$.clm - No Action Required	UnknownUser	1361
05/02/2003	**Patient MRE received from HB** priority=2	Michael	9125
24/01/2003	**Knee X-ray** wear and tear speak to gp if unsure priority=2	UnknownUser	52A
15/01/2003	**Pat. GP7B/GP8B card from HB** priority=2	Michael	9124
14/01/2003	**Patient reg. form sent to HB** priority=2	Michael	9123
31/12/1995	**GP22-practice changed-moved** priority=2	Michael	923D
05/05/1995	**Primary laparoscopic repair of inguinal hernia** Recurrence right priority=1	Michael	7H116
02/11/1992	**Medication review**	UnknownUser	8B314
15/03/1989	**Inguinal hernia** Left priority=1	Michael	J30
12/06/1985	**Arthroscopic partial medial meniscectomy** Right priority=1	Michael	7K343
25/05/1973	**Pat. GP7B/GP8B card from HB** priority=2	Michael	9124
04/04/1966	**Unilateral inguinal herniotomy** Right priority=1	Michael	7H101
04/12/1963	**Tuberculosis (BCG) vaccination** priority=1	Michael	653

Consultations

19/08/2026	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Please call 01415316630, option 1 regarding your recent blood tests. Thanks Abercromby Practice at Bridgeton Health Centre
14/08/2026	Dr M R Mukherjee at General Practice Surgery
Result	Full blood count - FBC Just out of normal range - OK (MUKHERJEE_18907)
14/08/2026	Dr Maarya Nawaz at General Practice Surgery
Result	HbA1c level (DCCT aligned) Make appointment with practice nurse (MN)
14/08/2026	Dr Maarya Nawaz at General Practice Surgery
Result	Serum folate Normal - no action (MN) Serum ferritin Normal - no action (MN) (Non Coded Event - Active B12) Normal - no action (MN)
14/08/2026	Dr Maarya Nawaz at General Practice Surgery
Result	Thyroid function test Normal - no action (MN) Test request : Lipids Normal - no action (MN) Liver function test Normal - no action (MN) Urea and electrolytes Normal - no action (MN) Bone profile Normal - no action (MN)
14/08/2026	Dr Elaine McLellan at Bridgeton Health Centre
Comment	Concern: -worsening breathlessness with central chest discomfort on minimal effort -using self financed oxygen supply- he says he is no longer able to smoke because of lung deterioration -his recent lung scan was cancelled at the time he turned up for this investigation- says the receptionist didn't explain why and took his appointment letter from him. His breathlessness is worsening so it potentially would have been useful for the scan to have been performed Patient reluctant to have further admissions. Can you assess his suitability for home oxygen and COPD management plan? Can you liaise with respiratory consultant who discharged him and ask whether

	scan should be re instated in view of his on going deterioration- feels unable to leave his house due to breathlessness/ MRC 4
13/08/2026 10:35	Mr Colin MacLean at Data Entry
Examination	Blood pressure reading 132/85 mm Hg
Comment	O/E - blood pressure reading HV meds review. Large excess of meds at home. Removed extra and left 28 days of meds. Excess returned to pharmacy. Can reorder in 4 weeks. Discuused option of blister pack but will try from fresh cycle. I think excess was causing some confusion and with streamlined supply at home this should help. 1. Secondary prevention. MI/angina. Rosuvastatin 5mg and aspirin. Discussed importance of compliance. Reassess at F/U and can organise bloods at that time. Lipids not checked in several years, LFTS ok Jul26. 2. Angina/BP. No supply of bisoprolol despite being on repeat. Says unsure why. Pulse 92bpm, restart bisoprolol. BP ok. Was previously on amlodipine and ramipril but stopped some time ago, not clear from notes why but ?low bp. GTN use minimal with excess at home. Have left 2 full GTNs and will move to acute so only issued prn. 3. Oedema. States only taking furosemide when required and not bd as per dosing on repeat. Ankle swelling much improved. Agreed to leave as prn dosing. 4. Tamsulosin. BPH. Continue. 5. COPD/Asthma. Compliant with trimbow MDI (using spacer device), technique good. Salbutamol DPI, technique also good. Offered to switch salbutmaol to MDI to use with spacer as well but declined. Acepiro daily helps with mucus. Has not collected MST started last week for breathlessness as per resp clinic. Continues either morphine liquid or DHC- aware both to stop when MST commenced. Lorazepam prn for breathlessness/anxiety- using half or one prn, dose updated. Will call back in 4 weeks to asess.
	O/E - pulse rhythm regular
	O/E - pulse rate 92 beats/minute
Additional	Repeated prescription Repeat Reauthorisation
	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber
	Polypharmacy medication review
	Medication changed Furosemide swithed to 40mg prn. 2. Loraepam dose updated.
	Medication restarted 1. Bisoprolo. 2. saline
11/08/2026 14:21	Mr Colin MacLean at Data Entry
Comment	Called patinet, organisd to call to see at home Thursday at 10.30am.
Additional	Telephone encounter
11/08/2026	Dr Elaine McLellan at Bridgeton Health Centre
Comment	poor memory short term recall
Test Request	Vitamin B12 (Active) - *Requested*, Bone Profile - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Lipid profile (inc. HDL) - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, HbA1c - *Requested*, Full Blood Count - *Requested*
11/08/2026	Dr Elaine McLellan at Bridgeton Health Centre
Examination	Breathless and struggling to walk short distances. no marked oxygen desaturations on exertion- tried to climb a few internal stairs. Oxygen sats 94-95 - before and after exertion.He says this is normal for him. BP 163/103 left arm and 158/98 right arm. Heart sounds normal. Chest- nil focal. no ankle oedema. peripheries warm.able to speak in fulls sentences. He says GTN spray not helpful. Thinks oxygen helpful (he has oximeter) - he purchased this oxygen delivery device himself uses 3+ setting- I assume this is 3l but he says that he soemtimes uses higher flow- he seems aware of need for CO2 as drive for his respiratory system.
Social	MRC breathlessness grade 4 . Mentions memory poor. Has stepsons living with him on and off. They help with shopping, He says he can make it to kitchen and prepare basic food. Lives in upstairs appartment.
Comment	Outcomes; 1.chase MRI scan . 2 .Refer CRT. 3. Rescue meds. 4. Ask support pharmacist to check medicines. Worsening advice.
11/08/2026	Dr Elaine McLellan at Bridgeton Health Centre
Problem	asking for HV says struggling unsure why this is so - says he is confused . he has company at present.
10/08/2026 14:49	Mr Colin MacLean at Data Entry
	Did not attend - no reason DNA meds review. Called. not feeling well, breathless.

Comment	Talking in full sentences, using inhalers. Asking about MST issued 07.08.26, not collected yet. Still here for collection at surgery, I have handed in to HC pharmacy for dispensing. He will ask someone to collect. Will call in few days to reorganise meds review. Other medication management
Additional	Telephone encounter

07/08/2026 13:04	User Locum Locum at Bridgeton Health Centre
History	as per oncology letter - start MST 5 mg instead of DHC. further script for rescue pack issued. needs pharmacy rv - will ask admin to arrange

07/08/2026 11:46	User Locum Locum at Bridgeton Health Centre
History	Ongoing IE COPD symptoms. Did not attend A&E last week, gradually worsening SOB, productive cough etc. O/e Sats 94% Hr 84 T 36.6 chest wheeze in both lungs, crackles at right base. Imp/ IE COPD, P/ antibiotics and steroids. Patient has purchased own O2 machine, advised not to use this due to CO2 retention risk for COPD patients

31/07/2026 11:14	User Locum Locum at Bridgeton Health Centre
History	tel rv- c/o sob+chest pain note recent IDL and pmhx advised to attend A+E immediately

29/07/2026 09:37	User Locum Locum at Bridgeton Health Centre
History	Failed encounter - message left on answer machine

16/07/2026 09:26	User Locum Locum at Bridgeton Health Centre
History	tel call. asking about scn results. has v/q o/p scan next week. when was in hospital had CTPA and I see also had upper gi endoscopy; CTPA didn't show blood clot or any serious abnormalities. gi endoscopy showed small hiatus hernia otherwise normal.

13/07/2026	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Please make a telephone appointment to discuss your scan referral. Thanks Abercromby Practice at Bridgeton Health Centre

08/07/2026 13:50	Ms. Pauline Mellon at Data Entry
Comment	Nil to add
Additional	Post hospital dischrge med reconciliation with medical notes 7/7/26 FDL for IDL5/6/26 GRI Ward 11 Site of encounter NOS Actioned in Pharmacotherapy Hub

08/07/2026 07:54	Ms. Pauline Mellon at Data Entry
Comment	Admitted due to chest pain Nil amendments to regular meds
Additional	Post hospital dischrge med reconciliation with medical notes 1/7/26 - 4/7/26 GRI ward 50-51 Site of encounter NOS Actioned in Pharmacotherapy Hub

02/07/2026 13:35	User Locum Locum at Bridgeton Health Centre
Test Request	US Abdomen - *Completed*

01/07/2026 09:17	Ms. Pauline Mellon at Data Entry
Comment	Admitted due to sob Furosemide increased to bd 18/6/26, checked CP pulled old idl from 5/6/26, left dose as per emis as SDA and not mentioned as changed. Spoke to Mr Norwood, he is unaware of any changes, he will make appt with gp
Additional	Post hospital dischrge med reconciliation with medical notes 27/6/26 GRI ward 50 New medication commenced Prednisolone 40mg od for 5/7 Telephone encounter Site of encounter NOS Actioned in Pharmacotherapy Hub Rep.presc. monitoring NOS

26/06/2026 11:55	Dr M R Mukherjee at Bridgeton Health Centre

History	76 year old presents with 3-4 weeks of progressive dysphagia with weight loss of ?1 stone.No altered bowel habit.Denies vomiting or abdominal pain.Known COPD.Smoker.O/E nil ENT examination.Abdo soft?mass R IF, non tender? scarring.USS requested to define.Urgent referral for OGD to rule out upper GI malignancy.If negative plan would be to refer urgently to ENT.Mr Norwood aware and will contact to discuss.
Examination	O/E - weight 47 Kg
Test Request	US Abdomen - *Completed*
New Referral	(NHS), , , , EMISSPR301: Gastroenterology referral (SCI Gateway Referral)

18/06/2026 11:37	Doctor Aijaz Mohammad at Bridgeton Health Centre
History	as below. states sats normally ~91% at home, has 2 sats monitors and regularly checks.
Examination	looks well. walked down the corridor at a normal fairly rapid pace, normal gait, not dyspnoeic on arrival in room. pink. warm. well-perf. tobacco-stained fingers. hr 76 rr 16 sats 91. bp 108/56 t 36.7. hs pure good ae throughout, no creps. vesicular bs. ankles - bilat pitting oedema to 5cm above malleoli. no oozing.
Comment	incr fruse. recheck UEs in 3-4w. if ankles not settling -> cardiology.

18/06/2026 10:53	Doctor Aijaz Mohammad at Bridgeton Health Centre
History	feels getting sob and ankle swelling again. doesn't feel the sob is as bad as 3w ago when had to go in to hosp. from the IDL, it seems he was thought by cardiology to have HF. (however BNP only 213, so does not meet criteria for hf nurse clinic) also CAP, and some episodic panic. pmh copd, prev mi. currently on furose 40mg, feels not helping, able to attend for exam. if HF seems likely on exam -> incr furose, and if not settling and no obvious alt dx -> refer cardiology.

10/06/2026 09:24	Ms. Pauline Mellon at Data Entry
Comment	Admitted due to sob and ankle swelling
	Pharmacy informed
Medication	Lorazepam Tablets 1 mg *28 tablet HALF TABLET EVERY 8 HOURS WHEN REQUIRED*
Comment	Easychamber left on acute
Medication	Furosemide Tablets 40 mg *28 tablet ONE TO BE TAKEN EACH MORNING*
	Laxido Orange Oral Powder Sachets Sugar Free *60 sachet ONE TO BE TAKEN TWICE A DAY*
Additional	Medication requested Acute Rx Issued
	Repeated prescription Repeat Reauthorisation
	Post hospital dischrge med reconciliation with medical notes 31/5/26 - 5/6/26 GRI Ward 11
	Medication changed Lorazepam changed to 1mg tabs from 500mcg
	Drug therapy discontinued 1. ismn 2. mst 5mg 3. salbutamol nebs
	New medication commenced 1. Amixicllin 500mg tds for 4/7
	Telephone encounter
	Site of encounter NOS Actioned in Pharmacotherapy Hub

01/06/2026 16:48	Dr M R Mukherjee at Telephone Consultation
History	Still in patient. Wondered about hospital at home for the future. Has domicillary resp appt 9/6/26, had scan today. Adjustments to analgesia, await IDL.

29/05/2026 15:37	Dr M R Mukherjee at Bridgeton Health Centre
History	76 yr old Mr Norwood presents with SOB and swelling in both ankles to mid calf which has been worsening over the past 2-3 days. Denies anterior chest pain. Says intermittent L sided lateral chest pains.Known IHD, COPD,asthma.Recent admission in the past 2 weeks with infective exacerbation of COPD and flu.O/E bibasilar creps both bases.BP 92/52, pulse 70 bpm,reg.O2 sats 82-86%. ? decompensation from ?LVF. Called AAU GRI who will accept.Mr Norwood will make his own way there.
New Referral	(NHS), , , , 8H21.: Admit medical emergency unsp. (SCI Gateway Referral)

29/05/2026 14:04	Dr M R Mukherjee at Telephone Consultation
History	Swelling both ankles acutely over the past 2 days, says feels SOB more so today.Will come in to assess.

14/05/2026	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Your prescription is now ready to collect from the surgery. Abercromby Practice at Bridgeton Health Centre

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13/05/2026 14:01	Miss Claire Farrell at Bridgeton Health Centre

Comment	Pt admitted with SOB and wheeze See IDL for full admission details. F/U: OP DR Cotton Clinic. Pt had high SX burden on admission requiring lorazepam and oromorph - Not added to EMIS, GP to review and prescribe if on going need. pT treated with nebs/steroids and tamiflu. No changes or additions made to Patient's current medication - Maintained as per EMIS. NRT given as IP , Not added to EMIS pt can get from community pharmacy, easychamber spacer and ensure shake not mentioned on IDL - maintained as per EMIS.
Additional	Post hospital dischrge med reconciliation with medical notes 06/05/26-08/05/26 GRI WD 24 Respiratory New medication commenced Oseltamivir 75mg caps 1 BD for 10 days from 07/05/26, Lorazepam 1mg tabs 0.5mg every eight hours PRN 21 tabs , morphine sulfate soln 10mg/5ml 1.25ml up to 6 x daily PRN, NIcotine 14mg/24h patches OD for 2 weeks, Prednisolone 5mg tabs 8 daily for 4 days from 07/05/26, sodium chloride nebs 0.9% 2.5ml QID Site of encounter NOS Actioned in Pharmacotherapy Hub

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12/05/2026 12:19 — Dr M R Mukherjee at Telephone Consultation

History	Spoke to resp nurse just discharged from hospital, pulse 115 and BP 96/62, will monitor.O2 sats 89, normally 92, will also monitor as clinically stable.Will discuss at MDT this week and review again Friday this week.
Medication	Easychamber Spacer device *1 DEVICE USE WITH INHLAER*

06/05/2026 14:29 — Miss Claire Farrell at Bridgeton Health Centre

Comment	Pt was admitted with SOB, Wheeze See IDL for full admission details. Pt discharged with pain medication inc DHC, Morphine and Lorazepam - not added to EMIS - GP to review and add if required. Nicotine patches not added to EMIS- can be supplied by community pharmacy. No further changes or additions made to Patient's current medication - Maintained as per EMIS. Ensure shake not mentioned on IDL - maintained as per EMIS.
Additional	Post hospital dischrge med reconciliation with medical notes 29/04/26-04/05/26 GRI WD 7-16 Respiratory Gen Meds New medication commenced Lorazepam 0.5mg every eight hours PRN , Morphine soln 10mg/5ml 1.25ml up to 6 x daily PRN , Nicotine 14mg/24hrs patches OD , Oseltamir 75mg caps 1 BD for 10 days from 01/05/26 Site of encounter NOS Actioned in Pharmacotherapy Hub

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06/05/2026 09:43 — Doctor Aijaz Mohammad at Bridgeton Health Centre

History	paramedic team member Amy, 07984029023. (seems to be someone in their offices rather than from an ambulance crew). a paramedic crew attended mr norwood yesterday out of hours re his brathing, were aware that he was just discharged from hospital, he didn't want to return, but was a lot better after a nebuliser. they can't see any evidence of him being referred to a copd pathway in the community, wondering if would be worthwhile. currently on trimbow, salbut nebs and acepiro
New Referral	(NHS), , , , 8H...: Referral for further care (SCI Gateway Referral)

29/04/2026 12:49 — Ms Heather Pates at Bridgeton Health Centre

Comment	IECOPD. New acepiro. Also given lorazepam on discharged - not added to emis, can see GP if requires further supply.
Additional	Post hospital dischrge med reconciliation with medical notes 22nd to 27th April - GRI Site of encounter NOS Actioned in Pharmacotherapy Hub

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20/04/2026 10:53 — Doctor Aijaz Mohammad at Bridgeton Health Centre

History	known copd, on trimbow, salbut. acepiro seems to have been stopped before/during recent admission. 5 day course amox+pred at beg of month, feeling worse again. sob at rest at present.
Examination	slim but not quite cachectic, tachypnoeic, incr WOB. managed to walk down corridor at a reasonable pace. managed to dress/undress ok. just managing full sentences. hr 78 rr 20 sats 90 on air. afebrile. creps RMZ, wdiespread wheeze.
Social	still smoking
Comment	abx, pred, clear wsg inc a&e if not settling.
Medication	Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS* Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*

02/04/2026 — User Locum Locum at Bridgeton Health Centre

History	has been feeling more short of breath and wheezy does not feel salbutamol is helping much normally his saturations are 93 to 94% currently sitting at 93% feeling sob when going to the bathroom initially sounded SOB on phone but was able to speak in full sentences hae advised will prescribe steroid and antibiotic and worsening advice given to

	contact 111 if saturations dropping or if worsening symptoms
31/03/2026 10:40	Ms Kimberly Paterson at Letter from Outpatients
Comment	Dietetics have oganised ONS service via pharmacy for patient
	Added Ensure shake to outside medication list
Medication	Ensure Shake Oral powder sachets 57 gram sachet *0.001 sachet ONE SACHET TO BE TAKEN TWICE DAILY AS PER DIETITIAN*
Additional	Outpatient clinic letter received GRI Dietetics 02/03/26
	Drug therapy discontinued 1. Ensure Plus Advanced
	Site of encounter NOS Actioned in Pharmacotherapy Hub
29/01/2026 07:28	Ms. Pauline Mellon at Data Entry
Comment	Admitted due to SOB.
Medication	Salbutamol Nebuliser solution 2.5 mg/2.5 ml unit dose ampoule *40 unit dose USE 4 TIMES A DAY AS REQUIRED*
Additional	Post hospital dischrge med reconciliation with medical notes 21/1/26 - 27/1/26 GRI Ward 6.
	New medication commenced
	Site of encounter NOS Actioned in Pharmacotherapy Hub
15/01/2026 07:31	Ms. Pauline Mellon at Data Entry
Comment	Admitted due to SOB ECOPD
	D/C prednisolone 40mg for 5/7 and salbutamol nebs prn
Additional	Post hospital dischrge med reconciliation with medical notes 9/1/26 - 12/1/26 GRI ward 24.
	Site of encounter NOS Actioned in Pharmacotherapy Hub
22/12/2025 10:28	User Locum Locum at Bridgeton Health Centre
History	Hx as below
Examination	Speaking in sentences, undistressed T 35.0 sats 91% OA HR 56 pulse reg chest widespread exp wheeze, equal AE throughout
Comment	Rx as IECOPD, strong worsening/persisting/red flags symptoms to prompt further review discussed
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY*
	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*
22/12/2025 08:50	User Locum Locum at Telephone Consultation
History	Flare up of COPD. Feeling SOB, coughing a bit, bringing up some white phlegm. Sx worsening over the last week. note recent hosp admission - rx with docycycline and pred. Note allergy re doxycycline listed on EMIS but pt says no issues with same. Sats on home probe 93% - pt says normally ~91%. Appt given for f2f review this am
24/11/2025 08:57	Ms. Pauline Mellon at Data Entry
Comment	Admitted with worsening sob.
Additional	Post hospital dischrge med reconciliation with medical notes 20/11/25 - 21/11/25 GRI Ward 50
	Drug therapy discontinued Acepiro
	Site of encounter NOS Actioned in Pharmacotherapy Hub
12/11/2025 09:45	Ms. Pauline Mellon at Data Entry
Comment	Nil to add
Additional	Post hospital dischrge med reconciliation with medical notes 16/10/25 FDL for IDL 1/10/25 GRI Ward 24
	Site of encounter NOS Actioned in Pharmacotherapy Hub
12/11/2025 09:02	Doctor Aijaz Mohammad at Bridgeton Health Centre
History	ongoing cough, green spit, sob. amox 2w ago didn't help. low dose oramorph trialled, didn't help. known to resp, severe copd. on acepiro. try clarith
Medication	Clarithromycin Tablets 500 mg *14 tablet ONE TO BE TAKEN TWICE A DAY*
10/11/2025	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Please contact the surgery and arrange an appointment with the

	practice nurse to have your blood pressure taken as per request from hospital. Abercromby Practice at Bridgeton Health Centre
04/11/2025 09:04	User Locum Locum at Bridgeton Health Centre
History	Spoke with Henry. Explains given abx and steroid last week. Doen't feel made much difference. No fever. Feeling sob. Dry cough. Smoker, severe COPD and clinic notes reviewed. Recently px Oramorph but a little hesitant to try.
Examination	Speaking in full sentences. No distress.
Comment	Offered F2F/examination today but declined. Offered trial of alt abx but prefers to trial Oramorph initially and assess effect. Strict worsening statement if >wob or concern to seek review. Happy with plan. P Doherty 7670130
31/10/2025 10:24	Mr Scott Sweeney at Letter from Outpatients
Comment	Request to prescribe - request unclear - dose per Dr A Mohammad (docman comment). Spoke to Mr Norwood, advised about max dose
Medication	Morphine Sulfate Oral solution 10 mg/5 ml *100 ML 1.25ML UP TO SIX TIMES A DAY AS REQUIRED*
Additional	Outpatient clinic letter received Resp med GRI 28/10/25
	New medication commenced
	Telephone encounter
	Site of encounter NOS Actioned in Pharmacotherapy Hub
30/10/2025	Ms Louise Cochrane at Bridgeton Health Centre
Comment	have sent docman message for gp to confirm we can add on morphine oral sol 10mg/5ml - 2.5ml prn with a max dose added - await reply. Poorly written - checked portal - resp clinic.
29/10/2025 09:48	User Locum Locum at Bridgeton Health Centre
History	Telephone encounter patient feels usual IE COPD symptoms. cO8ugh, green sputum. more SOB. Chest tightness. Reports no unusual symptoms. Denies fever. P/ treat for IE COPD. Review prn
06/10/2025 11:12	MS Kerry Wilson at Bridgeton Health Centre
Comment	Admitted with SOB, increasing chest tightness, and decreasing exercise tolerance - managed for ieCOPD - see IDL for full admission details
	F/Up: 2ww CT scan will happen on 2/10
	GP: Please review BP control and meds
	D/c with Doxycycline and Prednisolone - short course - not added to emis
Additional	Outpatient clinic letter received 28/9/25-1/10/25 - GRI - Ward 24
	Site of encounter NOS Actioned in Pharmacotherapy Hub
03/10/2025	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Please can you make an appointment with practice nurse for bp review following hospital discharge. Abercromby Practice at Bridgeton Health Centre
18/09/2025 15:11	Doctor Aijaz Mohammad at Bridgeton Health Centre
New Referral	(NHS), , , , 8H...: Referral for further care (SCI Gateway Referral)
15/09/2025 10:11	User Locum Locum at Bridgeton Health Centre
History	tel rv - 3/7 hx of chesty cough, sob and wheeze no resp distress on phone ? iecopd for amox/pred also needs all prpts wsg
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS*
	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*
28/08/2025	Dr Elaine McLellan at Bridgeton Health Centre
Problem	to discuss medication : he has a nebulsier. says inhalers were not effective. says nebuliser was effective whilst in hospital. He was planning to use it regular. mainly for mucolytic effect.
Medication	Saline Steripoules Nebuliser solution 0.9 %, 2.5 ml ampoule *100 unit dose 2.5 ml 4 TIMES DAILY*
11/08/2025 16:37	User Locum Locum at Bridgeton Health Centre
	Telephone encounter poor appetite losing weight. Long standing. Asking for build up drinks. Discussed lack of nutritional value in these. Weight is stable around 50-52kg. Patient does feel nausea after forcing self to eat but denies

History	this is preventing oral intke. bowels moving. nop abdo pain. Recent Ct abdo, laparotomy and sigmoidoscopy. No reflux or indigestion, gastritis may be affecting appetite. P/ trial of omeprazole. Try to avoid build up drinks if possible.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *28 capsule TWO TO BE TAKEN EACH DAY*

28/07/2025 09:58	User Locum Locum at Bridgeton Health Centre
History	Telephone encounter acute episodes of chest pain and SOB occurring often at rest 5 times a day, 25 times in last week or so. Come on at rest or minimal exertion. Not in keeping with COPD. Unstable angina symptoms. Last attack an hour ago. GTN and inhalers ineffectual. P/ advised A&E immediately. Declined ambulance, son will drive patient

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11/06/2025 09:51	Ms. Pauline Mellon at Data Entry
Comment	Telephone encounter with Henry, confirmed he was aware of starting Laxido he will collect script tomorrow.
Medication	Laxido Orange Oral Powder Sachets Sugar Free *60 sachet TWO TO BE TAKEN TWICE A DAY AS REQUIRED*
Additional	Medication requested Acute Rx Issued
	Outpatient clinic letter received 9/6/25 Stobhill General surgery James O'Kelly
	New medication commenced Laxido 2 bd prn
	Site of encounter NOS Actioned in Pharmacotherapy Hub

30/05/2025	Mrs Janie O'Hara at General Practice Surgery
Result	Urea and electrolytes

30/05/2025	Sister Lynnette Allison at Bridgeton Health Centre
Problem (REVIEW)	**Asthma**
Examination	O/E - pulse rate 61 beats/minute
	O/E - BP reading
	Blood pressure reading 125/82 mm Hg
	O/E - height, 170 cm
	O/E - weight, 52 Kg
	Body Mass Index, 17.99
Comment	Sao2 98%
	Attending resipatory regularly bp OK happy to monitor at home.
Follow up	(diary entry deleted) (Not Known)
Test Request	Urea and Electrolytes - *Completed*
Additional	Asthma management plan given
	Asthma annual review

29/05/2025	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Friday 30 of May at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.

23/05/2025	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 11:30 on Fri, 30 of May at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.

19/05/2025	Ms Karen Mennie at Bridgeton Health Centre
Comment	- Nacsys Requested - Acepiro added as Nhs ggc preferred brand for cost efficiency. Call to advise Rx issued per resp clinic Mr Norwood will collect Rx from practice confirmed Trimbow dose increase to higher strength and Acepiro to replace Carbocisteine caps .
Additional	Outpatient clinic letter received -GRI Respiratory clinic - Debbie McFaulds (Nurse specialist)
	Medication changed -Trimbow Inhaler increased to 172/5/9mcg 2 P BD
	New medication commenced - Acepiro 600mg tabs -1 OD
	Site of encounter NOS Actioned in Pharmacotherapy Hub

15/05/2025	Dr Elaine McLellan at Bridgeton Health Centre
Comment	See Respiratory Clinic Letters: 17th April onwards- has rising aspergillus titres and progressive COPD. Bronchoscopy Dec 24 no malignancy. Recent CT scan apical nodularity one lung. Now awaiting further respiratory opinion re progresisve breathlessness/ weight loss/ aspergillus. It may be worth offering him dietician for nutritional support. His weight 17th April at Resp clinic was

	52.9 kg.
-	----
12/05/2025	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Please contact the GP surgery and arrange an appointment to have your blood pressure taken. Abercromby Practice at Bridgeton Health Centre
-	----
09/05/2025	Sister Lynnette Allison at Bridgeton Health Centre
Examination	O/E - height, 170 cm
	O/E - weight, 52 Kg
	Ideal Weight, 66.47 Kg
Comment	See Home readings increase ramipril
Medication	Ramipril Capsules 5 mg *28 capsule ONE TO BE TAKEN EACH DAY*
-	----
08/05/2025	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Friday 09 of May at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.
-	----
02/05/2025	Sister Lynnette Allison at Bridgeton Health Centre
Comment	Failed encounter
-	----
02/05/2025	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 11:30 on Fri, 09 of May at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.
-	----
01/05/2025	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:15 on Friday 02 of May at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.
-	----
25/04/2025	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 11:15 on Fri, 02 of May at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.
-	----
15/04/2025	Mrs Nikki Kelly at Bridgeton Health Centre
Comment	Surgical Doctor called, requesting weight check by nurse to be done weekly. Practice nurse annual leave, next appt 2nd May. Say can start from then.
-	----
28/03/2025 10:30	Ms Louise Cochrane at Bridgeton Health Centre
Comment	See IDL for admission details - note IDL amendments states amlodipine and nicorandil currently withheld.
Additional	Post hospital dischrge med reconciliation with medical notes 13/3/25 - 25/3/25 - GRI Ward 66 general surgery
	New medication commenced co-amoxiclav 500mg/125mg tabs - 1tid fixed for 7 days from 21/3/25
	Telephone encounter
	Site of encounter NOS Actioned in Pharmacotherapy Hub
-	----
28/03/2025	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Following a recent clinical letter the GP has received, please call 01415316630, option 1 and arrange an appointment to have your blood pressure checked. Thanks Abercromby Practice at Bridgeton Health Centre
-	----
27/03/2025 10:28	User Locum Locum at Bridgeton Health Centre
History	tc. med rv. note recent admission w/ perf 2nd to diverticulitis. on d/c letter - nicorandil and amlodipine w/h due to low bp. pt reports has not restarted. taking bp at home and reports "normal" but not able to give any readings. advised to perform bp readings and hand in before further tc, if in target range consider stopping ccb +/- nicorandil. discussed all other meds and rationalised. PS GMC

	7446701
-	-
13/03/2025 11:58	Dr M R Mukherjee at Bridgeton Health Centre
History	75 year old with a history of COPD and asthma, smoker presented with worsening cough and SOB over the past 2 weeks.Was gven oral prednisilone 7/3/25 with oseltamivir,allergic to doxycycline. Negative flu swabs since.O/E resp distress at rest. RR 28,unable to speak in sentences.SOB on mild exertion.O2 sats 90%. T 36 degrees.Chest widespread insp and exp wheeze with reduced AE R base.BP 122/72. Pulse 103 bpm,reg.Infective exacerbation COPD.Will make own way up , GRI AAU phoned.
New Referral	(NHS), , , , 8H21.: Admit medical emergency unsp. (SCI Gateway Referral)
-	-
07/03/2025	Dr M R Mukherjee at General Practice Surgery
Result	(Non Coded Event - Respiratory virus) Normal - no action (MUKHERJEE_18907) (Non Coded Event - 2019 NCoV) Normal - no action (MUKHERJEE_18907)
-	-
07/03/2025	Dr Elaine McLellan at Bridgeton Health Centre
Examination	RR22 pulse78 PO2 95 chest: wheeze left hemi thorax with reasonably good AE decreased AE right mid zone and right LZ
Comment	LRTI / suspect influenza offered GRI- prefers to trial medication and will follow worsening advice- any further deterioration ove rnext 24 hours he will go to A+E
-	-
07/03/2025	Dr Elaine McLellan at Bridgeton Health Centre
Test Request	Resp viruses + Mycoplasma Throat Swab - *Completed*
-	-
07/03/2025	Dr Elaine McLellan at Bridgeton Health Centre
Problem	chest infection : chest feels heavy - 4- 5 days- tired- some discomfort arms and legs onset with the infection- coughing a lot - no excess phlegm- white- feels more short of breath than normal - see later
History	see CRT contact- REMOTE- with obs recorded 6th february.
-	-
10/02/2025	User Locum Locum at Bridgeton Health Centre
History	Telephone encounter dysuria, frequencym urgency, fould smell from urine. 1 week of symptoms. Long standing nocturia unchanged. No fever. not systemically unwell. P/ antibiotics issued
Medication	Trimethoprim Tablets 200 mg *14 tablet ONE TO BE TAKEN TWICE A DAY*
-	-
06/02/2025 16:06	Ms. Pauline Mellon at Data Entry
Comment	Nil to add
Additional	Post hospital dischrge med reconciliation with medical notes FDL 5/2/25 for IDL 26/11/24 GRI ward 11 Site of encounter NOS Actioned in Pharmacotherapy Hub
-	-
31/01/2025	User Locum Locum at Bridgeton Health Centre
History	see back to referrer letter - discussed he said that he called the comm resp team yesterday and a (helpful?) staff member told him that there were no spaces currently but a 2nd referral usually worked! letter we got suggests he will not be accepted I'll try again but little chance of success
-	-
29/01/2025 09:09	User Locum Locum at Bridgeton Health Centre
History	see referral.
New Referral	(NHS), , , , 8H...: Referral for further care (SCI Gateway Referral)
-	-
08/01/2025 12:20	Dr Punam Krishan at Bridgeton Health Centre
History	Failed encounter - no answer when rang back
-	-
23/12/2024 13:03	Ms. Pauline Mellon at Data Entry
Comment	Admitted troponin neg chest pain. Telephone encounter with Henry, confirmed he has a supply of DHC and a trimbow inhaler, if he needs a further supply of DHC he call gp.
Medication	Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose *120 dose TWO PUFFS TO BE USED TWICE DAILY*
Additional	Post hospital dischrge med reconciliation with medical notes 18/12/24 - 20/12/24 GRI Ward 43B Drug therapy discontinued 1. Incruse 2. Relvar New medication commenced 1. DHC 30mg 1 qds prn 2. Trimbow 2 doses bd

	Site of encounter NOS Actioned in Pharmacotherapy Hub

16/12/2024 13:38	Ms Laura Muir at Data Entry
Medication	Amlodipine Tablets 5 mg *28 tablet ONE TO BE TAKEN EACH DAY* Ramipril Capsules 2.5 mg *28 capsule ONE TO BE TAKEN EACH DAY*
Comment	Pt reviewed in clinic on 03/12/24 - to optimise anti-anginals for better symptom control. LDL to be repeated at practidce and increase statin accordingly to achieve optimal LDL of <1.4. Spoke with pt to advise change to medication - pt aware of this. He will collect rx's from practice.
Additional	Outpatient clinic letter received 16/12/24 GRI Cardiology - Dr Angelo Santos Medication changed Ramipril reduced to 2.5mg OD New medication commenced Amlodipine 5mg Telephone encounter Site of encounter NOS Actioned in Pharmacotherapy Hub

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28/11/2024 11:14	Ms. Pauline Mellon at Data Entry
Comment	Admitted with sob. Nil amendments to regular meds.
Additional	Post hospital dischrge med reconciliation with medical notes 18/11/24 26/11/24 GRI Ward 11 New medication commenced Nitrofurantoin 50mg qds for 7/7 from 24/11/24 Site of encounter NOS Actioned in Pharmacotherapy Hub

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11/11/2024 09:45	Dr M R Mukherjee at Telephone Consultation
History	Feels SOB improving he thinks.Has CT thorax this week.No need for CXR.This is FU fom resp clinic interval CT.Aware if symptoms worse/concerns this week to contact and I can see him f2f to reassess.

08/11/2024 11:35	User Locum Locum at Bridgeton Health Centre
Comment	F2F- describes feeling more SOB over last few days, is always SOB and always tired, has angina but feels discmfort whern coughing not same as usual anginal pains. No ankle swelling. Is SOBOE. O/e sats initially 92% came up to 95% on air after sitting, afebrile, BP 134/90, chest- feel there is dec AE right base, mild creps. No wheeze heard. Rest of chest seems clear. Discussed- could admit - despite obs being stable he has sig history and given feeling more SOB ? silent MI etc. He is not keen. In end have sugg trial Ab, also refer for CXR to assess right base. Will put in for GP to call next week to reassess, if things no better - can revisit either admission or further investigations eg bloods . Have given clear WS for weekend Dr McDade Locum
Test Request	XR Chest - *Completed*

08/11/2024 10:53	User Locum Locum at Bridgeton Health Centre
Comment	Phoned- Feels more SOB over last week, known COPD, angina. No anginal pains. Not much cough. No ankle swelling. Says last week could get up and down stairs but this week more difficult. Best to see- he says can come down at 11.30am. Dr McDade

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30/10/2024	Sister Lynnette Allison at Bridgeton Health Centre
Examination	O/E - BP reading Blood pressure reading 135/84 mm Hg
Comment	Has Cardiology follow up.

29/10/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:00 on Wednesday 30 of October at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.

23/10/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 15:00 on Wed, 30 of Oct at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.

11/10/2024	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Following a letter we have received from Cardiology, please arrange an appointment with the practice nurse in the next few weeks for a review. Thanks Abercromby Practice at Bridgeton Health Centre

10/10/2024 13:40	Ms. Pauline Mellon at Data Entry
Comment	Noted in docman for appt to be made
Additional	Post hospital dischrge med reconciliation with medical notes FDL 26/9/24 for IDL 18/8/24 GRI Ward 43A.
	Site of encounter NOS Actioned in Pharmacotherapy Hub
18/09/2024 11:04	User Locum Locum at Bridgeton Health Centre
History	tel rv - chesty - sob+wheeze no esp distress on phone feels chest inf ?ie copd for abx/steorids. also c/o leg cramps check blodos initially
Test Request	Glucose - *Requested*, Vitamin B12 (Active) - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, Full Blood Count - *Requested*
06/09/2024	Sister Lynnette Allison at Bridgeton Health Centre
Problem (REVIEW)	**Inferior myocardial infarction NOS**
History	Breathless - mild exertion
Examination	O/E - pulse rate, 56 beats/minute
	O/E - regular pulse
Follow up	IHD - Ischaemic heart disease (06/09/2025)
Additional	Aspirin prophylaxis
	Angina control - good
Problem (REVIEW)	**Asthma**
Examination	Peak flow rate before bronchodilation, 120 litres/min
Social	Current smoker
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma management plan given
	Asthma annual review
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
History	MRC Breathlessness Scale: grade 4
Examination	Blood pressure reading 134/85 mm Hg
	O/E - height, 170 cm
	O/E - weight, 56 Kg
	Body Mass Index, 19.38
	Peak exp. flow rate: PEFR/PFR, 120 L/min
Comment	Currently under respiratory and Cardiology review.
Follow up	(diary entry deleted) (Not Known)
Additional	Chronic obstructive pulmonary disease monitoring
	Chronic obstructive pulmonary disease annual review
05/09/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:45 on Friday 06 of September at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.
30/08/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 10:45 on Fri, 06 of Sep at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.
26/08/2024 09:24	User Locum Locum at Telephone Consultation
History	pt was in hopital 17/8 pt taking all meds note reduced ramipril a d increased ISMN pt has appt with PN get BP checked and can adjust accordingly told pt to continue all meds as per DOCman 17/8
20/08/2024 14:18	Mr Scott Sweeney at Letter from Outpatients
Comment	Request to prescribe - patient informed script done
Medication	Nicorandil Tablets 10 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
Additional	Outpatient clinic letter received GRI 19/8/24
	Telephone encounter

	Site of encounter NOS Actioned in Pharmacotherapy Hub
20/08/2024	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Following your recent hospital discharge, please call 01415316630, option 1 and arrange an appointment with the Practice Nurse to have your blood pressure checked. Thanks Abercromby Practice at Bridgeton Health Centre
19/08/2024 10:33	Ms. Pauline Mellon at Data Entry
Comment	Admitted due to excertional chest pain and sob. **GP to check BP in near future to ensure tolerating ISMN abd reduced Ramipril.** Follow up at HOT clinic in 4-6 weeks. Telephone encounter with Henry, he confirmed changes and has a supply from hospital, he will order when running low.
Medication	Bisoprolol Fumarate Tablets 2.5 mg *28 tablet ONE TO BE TAKEN EACH DAY* Isosorbide Mononitrate M/R capsules 50 mg *28 capsule ONE TO BE TAKEN DAILY*
Additional	Post hospital dischrge med reconciliation with medical notes IDL 17/8/24 GRI Ward 43A Medication changed 1. Bisoprolol 10mg od reduced to 2.5mg od 2. Isosorbide mono 20mg bd increased to 50mg mr od 3. Ramipril 5mg bd reduced to od Site of encounter NOS Actioned in Pharmacotherapy Hub
01/08/2024	Dr Elaine McLellan at Bridgeton Health Centre
History	says after exertion- says po2 can be 84 ,ct emphysema. he indicates poor appetite
Examination	56.8 kg po2 94 hr 94 ears- scarred right tm. chest bilateral wheeze/ and scattered mucus - nil focal poor expansion
Medication	Prednisolone Tablets 5 mg *80 tablet EIGHT TO BE TAKEN IN THE MORNING*
01/08/2024	Dr Elaine McLellan at Bridgeton Health Centre
Problem	URGENT: Can you message DR McLAY GRI RESPIRATORY- CT scan 16th June organised by RESPIRATORY MEDICINE abnromalities which need further opinion and investigation. Patient feelling worse- increaisng breathleesness minimal exertion and when lying recumbant. Weight loss. Thanks E
01/08/2024	Dr Elaine McLellan at Bridgeton Health Centre
Problem	re his breathing : see f2f
17/04/2024 11:49	Dr Punam Krishan at Bridgeton Health Centre
History	bloods reviewed, ?cause of breathlessness. Smoker for 60 years, not keen to stop or cut down. CXR - result awaited.
16/04/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Wednesday 17 of April at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.
16/04/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:50 on Wednesday 17 of April at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.
12/04/2024	User Locum Locum at Bridgeton Health Centre
History	see folate - px given also has f/u appt
11/04/2024	User Locum Locum at Bridgeton Health Centre
History	see bloods - discuss at GP appt
10/04/2024	User Locum Locum at General Practice Surgery
Result	Serum vitamin B12 Normal - no action (LOCUM_18907) Serum folate contact patient script left (LOCUM_18907)

	Serum ferritin Normal - no action (LOCUM_18907)
-	-
10/04/2024	User Locum Locum at General Practice Surgery
Result	
-	-
10/04/2024	User Locum Locum at General Practice Surgery
Result	Thyroid function test Normal - no action (LOCUM_18907) Liver function test has GP appt (LOCUM_18907) Urea and electrolytes Normal - no action (LOCUM_18907) Plasma C reactive protein has GP appt (LOCUM_18907) Bone profile has GP appt (LOCUM_18907)
-	-
10/04/2024	User Locum Locum at General Practice Surgery
Result	Plasma glucose level Normal - no action (LOCUM_18907)
-	-
10/04/2024	User Locum Locum at General Practice Surgery
Result	Erythrocyte sedimentation rate Normal - no action (LOCUM_18907) Full blood count - FBC Normal - no action (LOCUM_18907)
-	-
10/04/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 09:50 on Wed, 17 of Apr at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.
-	-
10/04/2024	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Dr Blair has asked if you can get blood test done before your appointment next week. To make appointment for blood test please call 0141 355 1525. Abercromby Practice at Bridgeton Health Centre
-	-
10/04/2024	User Locum Locum at Telephone Consultation
History	see my review February still exhausted, soboe, wheeze persistent cough also now unilateral otalgia put a cotton bud in there 2 weeks ago may have irritated it no discharge or reduction in hearing speaking in sentences as mentioned in my note, now worth getting bloods/cxr CT due in July - see resp letters give px to cover potential ongoing infection - stop statin 5 days get sputum sample too booked for review after tests done
Medication	Clarithromycin Tablets 500 mg *10 TABLET ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS*
Test Request	XR Chest - *Completed*, Glucose - *Requested*, Vitamin B12 - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, Sputum (C&S) - *Completed*, ESR - *Requested*, Full Blood Count - *Requested*, NT Pro Brain Natriuretic Peptide - *Requested*
-	-
15/02/2024	User Locum Locum at Bridgeton Health Centre
History	see my TC - oe seems tired mild dyspnoea on walking into room t36.7 p112reg o2 sats 95% (home readings usually low 90s) no tenderness chest wall definite wheeze over point of pain ae reduced bilat percussion r=l=resonant VR r=l=normal imp bronchospasm, possible infection known nodules in left upper lobe but improving no evidence of collapsed lung/PTE (other than tachycardia) treat for now if worsening or not better then r/v may need bloods/cxr
-	-
15/02/2024	User Locum Locum at Telephone Consultation
History	1 day of left-sided, sharp chest pain worse on movement and on breathing in no cough/spit mild soboe but not new no central chest pain as with previous MI/IHD no fever no strenuous activity and no trauma not tender - he has pressed all round chest see f2f to exclude underlying lung problem
-	-
04/01/2024 10:16	Ms Nadine Gray at Data Entry
Comment	Reviewed at clinic- medication suggestions as below Noted that practice has already made medication changes however ramipril has been added as daily instead of twice daily. I have spoken with practice manager. I have amended prescription Telephone encounter with Henry- aware of medication changes, got prescription on 27th have advise ramipril should have been 5mg BD
Additional	Outpatient clinic letter received Cardiology 27/12/23 Dr Keith Robertson

	Medication changed 1. Increase bisoprolol to 10mg daily 2. Ramipril increased to 5mg twice daily
	Drug therapy discontinued 1. Atorvastatin- switched to Rosuvastatin 5mg
	New medication commenced 1. Rosuvastatin 5mg OD
	Site of encounter NOS Actioned in Pharmacotherapy Hub
27/11/2023 09:54	User Locum Locum at Telephone Call
Comment	SAys BP high over the weekend- checking every couple of hours- Average 160/96 . No chest pain For 1 week home monitoring- sheet supplied for recording and then hand in for averaging
08/11/2023	User Locum Locum at Bridgeton Health Centre
History	Telephone encounter feels COPD exacerbation. More discomofrt in left lower chest at back and more SOB. Had these symptoms for some time and under ix by Respiratory. Worse in last week. No central chest pain. no leg swelling. Imp/ IE COPD. P/ steroids and antibiotics issued
25/10/2023 09:27	User Locum Locum at Telephone Call
History	Explained chest CT to patient - he tells me he has an appointment with respiratory tomorrow. Getting breathless when lying flat at night - panics and has to get out of bed. Plan - await resp review tomorrow but advised him to make an appointment with us if what they suggest tomorrow doesn't help.
24/10/2023 00:00	Miss Sarah Jayne Doyle at General Practice Surgery
Follow up	No response to bowel cancer screening programme invitation (26/07/2023) Bowel Cancer Screening Exclusion
Comment	No response to bowel cancer screening programme invitation Non-Responder
20/10/2023	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Please make a routine telephone appointment next week with the Gp to discuss your CT scan. Thanks Abercromby Practice at Bridgeton Health Centre
20/09/2023 13:17	Mr Colin MacLean at Data Entry
Comment	Admitted with chest pain and SOB Investigtons normal. Ticagrelor stopped due to SE of worsening SOB, clopidogrel commenced instead. Spoke with patinet, discussed med changes, has supply.
Medication	Bisoprolol Fumarate Tablets 5 mg *28 tablet ONE TO BE TAKEN EACH DAY* Clopidogrel Tablets 75 mg *28 tablet ONE TO BE TAKEN EACH DAY UNTIL 05.06.2024*
Additional	Post hospital dischrge med reconciliation with medical notes 18.09.23 to 19.09.23 GRI ward 43A Medication changed 1. Bisoprolol increased to 5mg daily. Drug therapy discontinued 1. Ticagrelor. 2. Stexerol. New medication commenced 1. Clopidogrel 75mg od until 05.06.2024 Telephone encounter Site of encounter NOS Actioned in Pharmacotherapy Hub
18/09/2023 10:45	User Locum Locum at Bridgeton Health Centre
History	Dear colleague, I would be grateful for your review of this gentleman ? NSTEMI/unstable angina. Presents with 4day hx of central chest pain. Previous NSTEMi may this yr. Tookd GTN spray this mornign on my advice, no improvement. Pain mainly centre of chest, dull and tight pain, 4/10, constant for 4 days. Associated breathlessness although this is persistent since NSTEMI May. Not fully compliant with medications - not ordered some for 2months. Obs temp 36.8 sao2 94 hr 83. BP 138/78. hs1+2+0 reduced A/E R base. Thanks for your review, Dr R Quinn GP Locum
Examination	te,p 36.8 sao2 94 hr 83
Social	Light smoker - 1-9 cigs/day
New Referral	(NHS), , , , 8Hd5.: Admission to acute assessment unit (SCI Gateway Referral)
18/09/2023 09:42	User Locum Locum at Telephone Call
History	reports chest pain for 3-4days. states centre of chest, dull, 4/10. Not taken GTN spray. Also reports SOB and feeling SOb when lying flat. See ongoing issue - has been referred back to cardio in view of this.
Comment	advised pt to take gtn spray now. Tcb down for f2f assessment. RQuinn 7495743

02/08/2023	User Locum Locum at Bridgeton Health Centre
History	Telephone encounter seen at a&E yesterday, No acute cause of pain. Sounds anginal. Seems to have been lost to cardiology follow up. P/ increase ISMN. Urgent referral back to cardiology
Medication	Isosorbide Mononitrate Tablets 20 mg *56 tablet ONE TO BE TAKEN TWICE A DAY*
New Referral	(NHS), , , , EMISSPR320: Cardiology referral (SCI Gateway Referral)
01/08/2023	User Locum Locum at Bridgeton Health Centre
History	Telephone encounter chest pain and SOB on very minimal; exertion. MI in May. Struggling to cope with symptoms at home. Not unstable angina as such as no pain at rest but is worsening angina now on any exertion. P/ admit medics
New Referral	(NHS), , , , 8Hd5.: Admission to acute assessment unit (SCI Gateway Referral)
21/07/2023	User Locum Locum at Bridgeton Health Centre
Problem	F2F symptoms similar to when see by A&E/discussed with cardiac rehab team. SOB on minimal exertion - 10 yards and can feel tightness in chest with SOB. No infective symptoms. Some response to GTN but minimal. Has been taking bisop 2.5 mg again (was given supply from hospital) O/E observations stable. talking full sentences. no IWOB/distress. HS normal. Chest clear. No peripheral oedema. Cardiology ref/email 11/07 on portal - if ongoing symptoms suggest increase bisop to 5 mg. Suggest trying this and cardio appointment has been arranged. Strict worsening advice.
21/07/2023	User Locum Locum at Bridgeton Health Centre
Examination	HR 94, HR 99, 143/91
Medication	Bisoprolol Fumarate Tablets 5 mg *28 tablet ONE TO BE TAKEN EACH DAY*
21/07/2023	User Locum Locum at Bridgeton Health Centre
Problem	TC - more breathless. COPD/recent MI. arranged F2F
20/07/2023 13:56	Dr M R Mukherjee at Data Entry
Test Request	CT Thorax - *Completed*
18/07/2023	Sister Lynnette Allison at Bridgeton Health Centre
Examination	O/E - BP reading Blood pressure reading 144/80 mm Hg O/E - pulse rate 79 beats/minute
Comment	Current smoker
17/07/2023	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:15 on Tuesday 18 of July at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.
12/07/2023 15:30	Dr M R Mukherjee at Data Entry
Test Request	Repeat XR Chest - *Completed*
11/07/2023	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a confirmation of your appointment at 10:15 on Tue, 18 of Jul at Abercromby Practice at Bridgeton Health Centre. If unable to attend please send CANCEL to 07903590756.
07/07/2023 13:28	Mr Colin MacLean at Data Entry
Comment	Reviewed at cardiac rehabilitation. Had trialed withhold of bisoprolol for SOB symptoms but no benefit and recommenced after ED visit. Request to commence ISMN. Progress will be reviewed by clinic next week. **Request for updated BP/HR as patient has not been seen F2F-I will flag on Docman.** Spoke with patient, will collect later today, john will ask GP to sign.
Medication	Isosorbide Mononitrate Tablets 10 mg *56 tablet ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)*
Additional	Repeated prescription Repeat Rx Issued Outpatient clinic letter received Cardiology 07.07.23

	Medication changed 1. Bisoprolol restarted New medication commenced 1.Isosordibe mononitarte 10mg bd. Telephone encounter Site of encounter NOS Actioned in Pharmacotherapy Hub
07/07/2023	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Please contact the GP surgery and arrange an appointment with the practice nurse in regard to your recent hospital letter. Abercromby Practice at Bridgeton Health Centre
06/07/2023 09:05	Ms Nadine Gray at Data Entry
Comment	Unwell, difficulties breathing Diagnosis- angina pectoris **Patient advised had stopped taking bisoprolol as felt he was taking too many medications. Hospital advised to restart or discuss with GP** Cardiac rehab follow up in 2 days
Additional	Outpatient clinic letter received Emergency attendance letter 04/0723
12/06/2023 09:49	User Locum Locum at Bridgeton Health Centre
Problem (NEW)	**O/E - BP reading** seen face to face wel looking no cyanosis no use of accesoey muscles of respiration --chesty cough heard -- temp 36.8 hr 90bpm regualar
Examination	Blood pressure reading 134/78 mm Hg ENT nad chest -- good ai entry bilateral wheeze++ both side but also right basal coarse cresp JVP flat heart sounds normal both calf soft non tender nil ankle odema
Medication	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS*
12/06/2023 08:55	User Locum Locum at Bridgeton Health Centre
Problem	Spoken to patient - contiNues to bebreathless -- has now been of beta blocker12 days -- no chest pain slight wheeze onphone F2F
30/05/2023 10:55	Mr Cliff Rainey at Data Entry
Comment	29/5/23 Nurse Butt Cardiology GRI bisoprolol r/v due to worsening COPD Sx Advised to stop taking from 30/5/23 as she awaits consultant advice. HR at clinic 58 however new SOB Have removed from repeats until further correspondance
Additional	Post hospital dischrge med reconciliation with medical notes Site of encounter NOS Actioned in Pharmacotherapy Hub
15/05/2023 11:07	User Locum Locum at Telephone Consultation
Problem (FIRST)	**Inferior myocardial infarction NOS**
History	Tel appt. Recent STEMI treated with DES PCI in RCA with some non obstructive disease in LAD to be treated medically. For DAPT 12/12. F/u cardiac rehab. Called today for medications - issued. Managing ok post discharge. A little breathlessness but told to be expected - a/w/ cardiac rehab
15/05/2023 10:44	Mr Colin MacLean at Data Entry
Comment	Admitted with Chest pain. Inferior STEMI. PPCI at GJNH with 1 DES in RCA. Mild non obstructive stenosis mid vessel LAD medically managed. DAPT for 12 months. ADL requesting GTN added to regular meds. Spoke with patient, aware of new meds. Asked about NRT, signposted to community pharmacy. I will ask practice colleague to print new meds.
Medication	Atorvastatin Tablets 80 mg *28 tablet ONE TO BE TAKEN EACH DAY* Aspirin Dispersible tablets 75 mg *28 tablet ONE TO BE TAKEN EACH DAY* Bisoprolol Fumarate Tablets 2.5 mg *28 tablet ONE TO BE TAKEN EACH DAY* Ramipril Capsules 2.5 mg *56 CAPSULE ONE CAP TO BE TAKEN TWICE DAILY* Ticagrelor Tablets 90 mg *56 tablet ONE TO BE TAKEN TWICE DAILY UNTIL 15.05.2024* Glyceryl Trinitrate Pump spray 400 micrograms/dose *200 DOSE SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH*
Additional	Post hospital dischrge med reconciliation with medical notes 10.05.23 to 11.05.23 GRI Ward 43C Cardiology Medication changed 1. Atorvastatin incresaed to 80mg daily. New medication commenced 1. Aspirin 75 od. 2. Bisoprolol 2.5mg od. 3. Ramirpril 2.5mg bd. 4. Ticagrelir 90mg 1 bd. 5. GTN spray 2puffs prn (added in

	amenment Discharge letter.)
	Telephone encounter
	Unsuccessful attempt to contact patient by telephone
	Site of encounter NOS Actioned in Pharmacotherapy Hub

12/04/2023 10:15	User Locum Locum at Bridgeton Health Centre
History	Concerned re flare of COPD. Past week more breathless than usual. Can't cross street without getting out of puff - previously could walk several hundred metres. Inc cough, occasionally productive. No fevers. No chest pain. See recent resp input - CT thorax 21st March - reducetion in size of nodule, Henry says resp team were happy and ordered another scan in 6 months
Examination	Sats 96RA, HR90. Afebrile. Chest global wheeze, nil obv focal crackles
Comment	Covered for ECOPD. WSG. Recontact if not settling
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS*
	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*

History	also caught anterior left shin off clean metal barrel yesterday. Self dressed. On review roughly 6cm laceration across anterior shin. Deep but no obvious visble bone. Discussed needs MIU review - old laceration so sutures likely unhelpful but at the very least needs irrigation and steri strips. Henry will attend today

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13/01/2023	Dr Elaine McLellan at Bridgeton Health Centre
Examination	T8 /T9 shingles eruption- not full blown but angry rosettes no blisters on right side. chest- right basal infection. po2 94 temp 37.2 wheeze.
Comment	rx azith for 3 days then if shingles still problematic commence antivirals

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13/01/2023	Dr Elaine McLellan at Bridgeton Health Centre
Problem	SOB when walking / thinks has shingles: call to patient 12.35 : a bit poorly very breathless - feeling panicky- had a course abx a few weeks ago- they helped for a short time- expectorating phlegm- from chest , shinlges rash appearing

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15/12/2022 13:41	Dr M R Mukherjee at Telephone Consultation
History	Ovwr the past week cough, more SOB at times.Dirty spit.Known COPD/asthma and resp FU Jan.Oral Rx for possible infective exacerbation.

31/10/2022	Dr M R Mukherjee at General Practice Surgery
Result	(Non Coded Event - BNP (NT-Pro)) Normal - no action (MUKHERJEE_18907)

31/10/2022 15:02	Dr M R Mukherjee at Bridgeton Health Centre
History	SOB on exertion for the past few weeks.Smoker.KNown COPD, inflammatory L upper lobe lung lesion, calcification coronary artery on recent CT.Resp clinic FU.
Examination	Chest scattered wheeze only.RR22.O2 sats 97%, pulse 80 bpm,reg.
Comment	?flare up of COPD.BNP taken.Will cal back if not settling.
Test Request	NT Pro Brain Natriuretic Peptide - *Completed*

31/10/2022 09:18	Dr M R Mukherjee at Telephone Consultation
History	Feels slightly more breathless and has chest pain.Will come down to be seen today

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10/10/2022	Mrs Nikki Kelly at Bridgeton Health Centre
Comment	Nefopam issued for back and shoulder pain

04/09/2022	Dr S G MacPherson at Bridgeton Health Centre
History	ASSIGN > 30 start statin . PN review 6 weeks please .
Medication	Atorvastatin Tablets 20 mg *28 tablet ONE TO BE TAKEN EACH DAY*

02/09/2022	Dr S G MacPherson at Bridgeton Health Centre
History	chest CT scan in 2 days . generally chest is tight in the morning left sided pain at night no signif benefit w inhalers
Examination	O/E - BP reading pulse 72 reg AE decresased both lower lungs soft exp wheeze upper chest
	Blood pressure reading 152/88 mm Hg
Comment	check ASSIGN score
	Glucose - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests

Test Request	- *Completed*, Lipid profile (inc. HDL) - *Completed*, Full Blood Count - *Completed*
-	-
30/08/2022	Dr S G MacPherson at Telephone Consultation
History	left sided chest discomfort - ongoing - requesting painkillers . further chest CT scan nxt month . calcified coronary arteries - arrange cardiovasc risk assessment
Comment	GP consult booked this wk
-	-
01/08/2022 10:41	User Locum Locum at Bridgeton Health Centre
Problem (REVIEW)	**O/E - BP reading** Coughing over weekend feels tight in chest - mild gren sputum no wheeze - when he coughs get pain left mid back -- temp 36.8 hr 78 sats 99
Examination	Blood pressure reading 121/77 mm Hg ENT nad Chest good aire entry bilaterally moderate wheeze - coarse left sided creps tender to touch over left lateral/ post ribs 7-9
Medication	Co-Codamol 15/500 Tablets *56 tablet TWO TO BE TAKEN FOUR TIMES A DAY*
-	-
27/07/2022 09:40	User Locum Locum at Bridgeton Health Centre
Problem (FIRST)	**O/E - BP reading** seen face to face has booked appt or blood today HR 78 sats 98% ENT nad chest clear heart sounds normal
Examination	Blood pressure reading 138/78 mm Hg
Social	Moderate smoker - 10-19 cigs/d
Comment	one result available assign calculation
-	-
26/07/2022 12:45	User Locum Locum at Bridgeton Health Centre
Problem	Spoken topatient h-- called as wanted known out come from CT thorax-- docman revuiwed ---- No intrathoraci malignacy but subsolid nodule in left long need f/up CT in 3 month -- respiratory have booke d--he never got appt and 3 month would have been May--- 2 incidental coronary artery calcification-- not on aspirn or statin -- will come in tomorrow fo Bp check -- still smokes
Comment	need assign
Test Request	Glucose - *Requested*, Bone Profile - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Lipid profile (inc. HDL) - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*
-	-
26/07/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:30 on Wednesday 27 of July at Abercromby Practice at Bridgeton Health Centre. Please call 0141 531 6630 if you can't attend or text CANCEL to 07903590756.
-	-
07/07/2022	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, There is a prescription for you to collect from the surgery as per letter from hospital Abercromby Practice at Bridgeton Health Centre
-	-
20/05/2022	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, There is a prescription for you to collect from the surgery following letter from Community dietetics Abercromby Practice at Bridgeton Health Centre
-	-
28/04/2022	Dr Elaine McLellan at Bridgeton Health Centre
Examination	poor AE- due to dens airways mucoidal secretions po2 97 pulse 103 - irreg at times, heart sounds quiet , no ankle oedema bp 14090 peripheries warm
Social	strit worsening advice - may require hospital referral if poor response to oral abx/ steroid in net 48 hours- patient not immunised against covid 19
-	-
28/04/2022	Dr Elaine McLellan at Bridgeton Health Centre
Problem	SOB - no chest pain.call to patient 11.03: He is now in day 8/9 current RTI- felt flu like . He seems to have marked SOB on exertion. waking frequently- waking gasping for air. unable to cough effectively and feels he is gasping for air. no temp currently. muscle aches last week these now gone. He says intake fluids is poor. awaiting repeat ct scan left lung nodule.
Comment	he can be seen hour
-	-
18/03/2022 10:05	User Locum Locum at Bridgeton Health Centre

Problem	of and on pain in between shoulder blade 2 weeks - paracetamol mild help but movement and coughning makes it worse - does not have a cough and breathing ok - known copd - wearinng his jacket or shirt would trigger discomfort - never fever loss smeel or taste - ? MSK - he will try below - worsening advise given
Medication	Co-Codamol 8/500 Tablets *56 tablet ONE- TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*

14/02/2022 12:07	User Locum Locum at Bridgeton Health Centre
History	57.8kg (60kg July 2021),
Examination	seen in surgery note hx 1) nails - hyperkeratosis, onycholysis, yellow discolouration IMP ?psoriasis, PLAN enstillar on plaques on legs for up to 4 weeks, vit d and steroid scalp lotion to underneath naisl, toenails to be seen by podiatry (pt prefers to go private), f/u if no improvement. smoking cessation advice 2) left chest wall pain, orse last 1 motnh but admits to ongoign "for years" unable to sleep at night, COPD worse - SOBOE, off food, weight loss as documented, no night sweats, no haemoptysis, not back pain therefore will hold off myeloma screen but can consider this. note prev raised alk phos (on vit D supp), suggest rpt bloods and usoc cxr, will also ref to resp given persistent chest wall pain and normal cxr ?needs ct thorax. 3) Obthersome LUTS - mixed storage and voiding issues, note reassuring assessment from dr mukherjee last year with normal PSA. Actually sx imprvoemd with tamsulosin - admits to caffine and smoking - suggset limit this. will observe sx and recontact if ongoing - incomplete emptying of bladder/intermittently poor stream, freq/urg, no incontinence of infective sx. may req ?antimuscarinic or finasteride
Medication	Betamethasone Dipropionate And Calcipotriol Foam 500 micrograms + 50 micrograms/gram *120 gram ONE DOSE TO BE USED ONCE A DAY* Calcipotriol Scalp solution 50 micrograms/ml *60 ml USE ONCE DAILY UNDERNEATH THE NAILS FOR 3 MONTHS* Betamethasone Valerate Scalp application 0.1 % *100 ML APPLY THINLY UNDERNEATH NAILS EVERY DAY FOR 3 MONTHS* Qv Gentle Wash *500 ml TO BE USED AS SOAP SUBSTITUTE*
Test Request	Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Liver Function Tests - *Requested*, Full Blood Count - *Requested*, XR Chest - *Completed*

14/02/2022 11:35	User Locum Locum at Bridgeton Health Centre
History	1 month of left chest wall pain particularly at night - not been seen in regards to this, note copd, last cxr 2021 was reassuring, note c/o left sided pain previously and resp felt this was secondary to copd (2016) however ?needs further ix in to these sx such as rpt cxr/ref for ct scan. will arrange f2f for further assessment in the first instacne. note pt also req further ix in to ?fungal naisl - note normal mycology on recent sampels - pt states dr macpherson was going to req more cultures - will discuss and if appropriate do further skin scrappings/nail clippings myself

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31/01/2022	Dr S G MacPherson at Bridgeton Health Centre
History	R thumb and index finger nails - thicked distal nail undersurface / onycholysis . clippings and scrapings taken today for microscopy / culture .
Test Request	Mycology Dermatophytes #1 - *Completed*

25/01/2022	Dr S G MacPherson at Telephone Consultation
History	thickened irrgular nails - see prev entry . recent fungal microscopy was negative . F2F review arranged now . check w lab if can do mycoogy culture in addition to microscopy

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05/01/2022	Mrs Data Entry at Bridgeton Health Centre
Test Request	Mycology Dermatophytes #1 - *Completed*

20/12/2021	Dr S G MacPherson at Telephone Consultation
History	suspected fungal nails - R thumb and both Great toes - yellow discoloration of distal nails and thickening
Comment	will hand in samples for mycology 1st instance

19/11/2021	Dr Elaine McLellan at Bridgeton Health Centre
Examination	po2 96 pulse103 tachy- reg, mucoidal airways esp left hemithorax
Medication	Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS* Prednisolone Tablets 5 mg *30 TABLET SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS* Nacsys Effervescent tablets 600 mg *56 TABLET ONE TO BE TAKEN DAILY*

19/11/2021	Dr Elaine McLellan at Bridgeton Health Centre
Problem	breathing problems- on inhalers for COPD , says finds himself out of breath a lot- had an URTI 3 weeks ago , says clear of this 10 days- he feels very breathless. he has pain left side of chest- postural. he says that this often there when he has lung infection. currently excess pglegm productive , says difficulty at night- mucus build up- noisy breathing. Symptoms much worse in mornings and last thing at night. smoker. says restricts contacts.
History	he is avoiding covid vaccination - says will get round to this when feeling a bit better

24/10/2021 00:00	Miss Sarah Jayne Doyle at General Practice Surgery
Comment	No response to bowel cancer screening programme invitation Non-Responder
Follow up	(diary entry deleted) (Not Known)

13/08/2021	Dr Elaine McLellan at Bridgeton Health Centre
Examination	localised tenderness bewteen ribs 4 and 4 right side mid clavicular line, pain here on deep inspiration: pleural rub on end inspiration , nil focal on chest exam. nbp 143/100 pulse 92 PO2 98
Social	says he is avoiding covid vaccination
Comment	delcined pain relief. accepted rx for exac COPD . worsening advice.

13/08/2021	Dr Elaine McLellan at Bridgeton Health Centre
Problem	"chest pain, breathing issues" advised 999, insisits its his copd and ongoing.call to patient 09.12: exacerbation of COPD- deteriorating over the week, he is getting pain right upper right chest- a bit sore to touch on the surface, pain on breathing in and on postural change
History	adverse reaction doxycycline

12/07/2021	User Locum Locum at Bridgeton Health Centre
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
History	MRC Breathlessness Scale: grade 3
Examination	Blood pressure reading 142/90 mm Hg
	O/E - height, 170 cm
	O/E - weight, 60 Kg
	Body Mass Index, 20.76
Comment	discussed smoking and the effects on lung function and increased decline. not interested in stopping. Discussed pulmonary rehab Henry has also declined. Change to 3 in 1 inhlaler, likely disease progression due to continued smoking.
Result	Oxygen saturation at periphery, 98 %
Medication	Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose *1 dose 1 Puff Daily*
Follow up	(diary entry deleted) (Not Known)
Additional	Chronic obstructive pulmonary disease monitoring
	Chronic obstructive pulmonary disease annual review

01/07/2021 09:43	Dr M R Mukherjee at Telephone Consultation
History	Discussed bloods.Longstanding raised alk phos.On vitamin D orally on repeats.Levels lower than May.Urinary symptoms resolved on medication.Says problems with SOB and COPD.Will attend nurse review appt to assess.

18/06/2021	Dr M R Mukherjee at General Practice Surgery
Result	Liver function test speak to gp (MUKHERJEE_18907)
	Plasma C reactive protein Normal - no action (MUKHERJEE_18907)

18/06/2021	Dr M R Mukherjee at General Practice Surgery
Result	Blood film Normal - no action (MUKHERJEE_18907)
	Full blood count - FBC Normal - no action (MUKHERJEE_18907)

11/06/2021	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Henry B Norwood, Unfortunately we have to cancel your appointment with the Nurse on Wednesday 16th June due to Isolation. Can you please call the surgery to rearrange. Thank you. Abercromby Practice at Bridgeton Health Centre

20/05/2021 16:10	Dr M R Mukherjee at Telephone Consultation
History	Discussed bloods,repeat CRP, FBC, blood film and LFTs, rest of bloods normal. Normal PSA. Symptoms greatly improved, resolved.
Test Request	Blood Film - *Requested*, Full Blood Count - *Requested*, CRP - *Requested*, Liver Function Tests - *Requested*

17/05/2021	Dr M R Mukherjee at General Practice Surgery
Result	Prostate specific antigen Normal - no action (EMCL) Liver function test speak to gp (MUKHERJEE_18907) Urea and electrolytes Normal - no action (EMCL) Plasma C reactive protein speak to gp (MUKHERJEE_18907)
17/05/2021	Dr M R Mukherjee at General Practice Surgery
Result	
17/05/2021	Dr M R Mukherjee at General Practice Surgery
Result	
17/05/2021	Dr M R Mukherjee at General Practice Surgery
Result	Plasma glucose level Normal - no action (MUKHERJEE_18907)
17/05/2021 11:53	Dr M R Mukherjee at Bridgeton Health Centre
History	Seen with PPE.Hx as previous encounter.
Examination	Abdo soft, non tender.no masses.No bladder palpable.Pr performed after bloods taken.Enlarged prostate felt with smooth edge.Urinalysis clear.
Comment	Bloods taken.Will call back for results.Oral Rx given meantime.
Test Request	CRP - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, PSA - *Completed*, Glucose - *Completed*, ESR - *Completed*, Full Blood Count - *Completed*
17/05/2021 09:03	Dr M R Mukherjee at Telephone Consultation
History	1 week Hx of dribbling when passing urine, hesitancy.No haematuria/dysuria/temps.Not passing much urine at all. Will try to manage urine sample.Will attend today for examination, bloods.
04/05/2021 10:13	User Locum Locum at Bridgeton Health Centre
Problem	Continues to struggle with inscapular pain more to left / shuolder - position change at night worsens it and he wakes up and cant go back to sleep never pin or needles sensatuion in limbs - never loss of power - feel he COPD iss worse mores so last 2 week exertional breathlessness but no orthopnoea PND or ankle swelling - no chest pain on coughs in morning to clear through and sputum he brings up is clear - never fever -
Comment	trial of below and see
Medication	Amitriptyline Hydrochloride Tablets 25 mg *28 tablet ONE TO BE TAKEN IN THE EVENING* Nefopam Hydrochloride Tablets 30 mg *90 tablet ONE TO BE TAKEN THREE TIMES A DAY* Prednisolone Tablets 5 mg *56 tablet EIGHT TO BE TAKEN IN THE MORNING*
25/02/2021 17:17	Dr M R Mukherjee at Telephone Consultation
History	CXR normal.Still having interscapular pain?neuralgic.Wakens at night at times.Suggest trial of TCA.Will call back to update in a few weeks time.
Medication	Amitriptyline Hydrochloride Tablets 10 mg *21 tablet ONE TO BE TAKEN IN THE EVENING*
25/01/2021 10:20	Dr M R Mukherjee at Telephone Consultation
History	1 week Hx of hard small stool, straining on stool.Denies pr bleeding.Mild constipation sympotms.Tried OTC lactulose without success.Suggest satchets.If not responding will call back in the next 1-2 weeks.Interscapular pain ongoing for a year.CXR 2019 normal.Update this.No new respiratory symptoms.Says weight and appetite steady.
Medication	Macrogol Compound Oral Powder (sachets) NPF Sugar Free *28 sachet ONE SACHET TO BE TAKEN TWICE A DAY*
Test Request	XR Chest - *Completed*
13/01/2021 10:09	Sr Melinda Moore at Bridgeton Health Centre
Problem	COPD review
History	MRC Breathlessness Scale: grade 3
Examination	Blood pressure reading 135/85 mm Hg O/E - height, 170 cm O/E - weight, 62 Kg Body Mass Index, 21.45

	Peak exp. flow rate: PEFR/PFR, 190 L/min
Social	Current smoker
Comment	Symptoms include shortness of breath and chest tightness, especially on exetion, very little (clear) sputum (takes Carbocysteine), doesn't use Salbutamol more than once a week. Was swimming until recent lockdowns, now works in furniture, art, welding workshop. Feels symptoms are worse because of lack of swiimming which use d to clear chest. Also gets chest tightness, L side back after stopping exertion or laying down at night. Not eating as much. trying to keep active. Smoking 30g pouch of tobacco every 2 weeks instead of e3very 3 days now, not thinking he would be able to reduce further but given into re quitting service. Encouraged ++ with this. CAT 28. Not had chest infection for 8 months, x1 or 2 last year, had oral steroids only. Inhaler technique good.
Result	Oxygen saturation at periphery, 97 %
Additional	Medication review done
	Chronic obstructive pulmonary disease annual review

29/09/2020 11:21	Dr M R Mukherjee at Telephone Consultation
History	2-3 day Hx of increased wheeze and also sputum.Denies cough/temp. Says sharp pain between shoulder blades when breathing in at times.Speaking in sentences.Hx of COPD/asthma.Denies cardiac features of chest pain.Says aware difference in both.Worrid re infective exacerbation.No clear covid symptoms.Rx issued.Aware if not settling will call back this week.
Medication	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*

16/03/2020	Dr Elaine McLellan at Data Entry
Problem	mildly raised alk phos - possible vit d def- on supplement of vit d- repeat lfts 3 month

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06/03/2020	Dr Elaine McLellan at General Practice Surgery
Result	Bone profile mildly raised alk phos - possible vit d def- on supplement of vit d- repeat lfts 3 months (EMCL)

04/03/2020	Mr Michael Shields at Telephone Consultation
Comment	Discussion with GP. Patient had previous **Vitamin D insufficiency (34 nmol/L (8/7/19)).** Given colecalciferol 800 iu for 1 supply of 90 days. Discussed whether should be ongoing . Dr McLellan agreed. Rx done for colecalciferol (stexerol 1000iu tablets one daily as per ggc preferred formulary choice)
	Prescription by supplementary prescriber
Medication	Stexerol-D3 Tablets 1,000 units *28 tablet ONE TO BE TAKEN DAILY*
Comment	D/W Dr McLellan. Rx atorvastatin and aspirin 9/19 whilst awaiting investigation by RACPC. Rx not continued. Cardiovacular disease unlikley. Of note assign score > 20 following last lipids. Action: **Invite for bloods(LFTS/CHOL) with PN or HCA to assess assign score**.
	Telephone encounter Called patient to advise him of restart of colecalciferol tablets and to make appt with PN or HCA for bloods.
Test Request	LFTs, Serum Lipids

05/02/2020 09:54	Mr Locum1 Locum1 at Bridgeton Health Centre
History	Several months hx left knee pain - worse overnight and can wake him from sleep and when climbing stairs. No hx clicking/locking/giving way and no hx injury/fall. no swelling, redness, heat overlying joint. right knee starting to become a bit umcomfortable at times but not sure if he is compensating by putting more weight through. no fevers. taking paracetamol and ibuprofen, but finding irritating stomach so has stopped ibuprofen. has also tried topical NSAID in past but didn't find helpful. very active and walks a lot.
Examination	Left knee- no swelling, erythema, heat. ligaments intact and no joint line tenderness. good ROM.
Comment	?OA. Refer for x-ray left knee - given card to attend for this. Try co-codamol 8/500 - not keen on stronger painkillers - suggest could take at night and paracetamol rest of day as long as not taking anymore than 8 in total per day. avoid oral NSAIDs. happy to buy co-codamol himself he says. r/v appt with results x-ray. also mentioned that has had lower back ache for several years now - no acute concerns but just no better - suggest make further appt to discuss in more detail.

31/01/2020 12:15	Sr Melinda Moore at Bridgeton Health Centre
Problem	COPD review
History	MRC Breathlessness Scale: grade 1
Examination	Blood pressure reading 145/92 mm Hg
	O/E - height, 170 cm
	O/E - weight, 61 Kg
	Body Mass Index, 21.11

	Peak exp. flow rate: PEFR/PFR, 210 L/min
Social	Total time smoked, 56 year
	Cigarette pack-years, 56 year
Comment	Main problem is tightness (with breathlessness, panic, coughs up clear sputum) in L chest goes to back, when walking up any incline or lifting things also when resting. Relieved by rest, can abe an ache for up to a day. Says has heart checked, treadmill was done in last few months. Peak flow at home up to 250ml. Works still at furniture making, repairing cars , crafty art. CAT 27. advised to try and stop smoking, has cut down, has been to quit clinic and tried various options. Might just continue to cut down slowly/monthly etc. Going to see GP about joint pains. Will return in 2 months for check. Offered pulm rehab class but he says he's done similar exercises from online site, does them daily.
Result	Peripheral blood oxygen saturation on room air at rest, 97 %
Additional	Inhaler technique - good
	Chronic obstructive pulmonary disease annual review

17/12/2019	Dr S G MacPherson at Bridgeton Health Centre
History	SR Clobetasone ointment

30/10/2019	Dr Elaine McLellan at Bridgeton Health Centre
History	DVLA licence renewal age 70 pending he has none of the listed conditions
Examination	bp 185/102 automated 146/90 right arm
Social	say prostate symptoms acusing nocturia 3 - 4 per night
Comment	re start med for prostate
Medication	Tamsulosin Hydrochloride M/R capsules 400 micrograms *30 CAPSULE ONE TO BE TAKEN EACH MORNING*

27/09/2019	Dr S G MacPherson at Bridgeton Health Centre
Test Request	Bone Profile - *Requested*

18/09/2019	Dr S G MacPherson at Bridgeton Health Centre
Test Request	Liver Function Tests - *Requested*, Lipid profile (inc. HDL) - *Requested*

18/09/2019	Dr S G MacPherson at Bridgeton Health Centre
History	crdiology elevated BP ETT not performed. ongoing chest discomfort central and left side chest pain exacerbated with exertion . no heartburn symptoms.
Examination	O/E - BP reading chest resonant /AE normal vesic breath sounds
	Blood pressure reading 140/82 mm Hg
Comment	rerefer rapid access chest pain clinic recent onset atypical chest pain . agreeable to starting aspirin and statin until clarification . ? rpt CXR FBC infl;amm markers
Medication	Atorvastatin Tablets 20 mg *56 TABLET ONE TO BE TAKEN EACH DAY*
	Aspirin Dispersible tablets 75 mg *56 TABLET ONE TO BE TAKEN EACH DAY*

12/09/2019 10:35	Dr M R Mukherjee at Bridgeton Health Centre
History	L sided chest pain spreads centrally on exertion.Has had intermittently for some time but feeels has changed and been worse over the past few months.Last ETT under respiratory clinic 2016 normal.Known Hx of COPD ,smoker.Would value updated ETT before referring to respiratory for review.Chest clear.No focal signs.Weight and apeptite steady.Will be handing in sputum sample.Results pending.
Test Request	Sputum (C&S) - *Completed*
New Referral	(NHS), , , , 8HTJ.: Referral to rapid access chest pain clinic (SCI Gateway Referral)

13/08/2019 09:50	User Locum Locum at Bridgeton Health Centre
History	small lumps right arm pit couple of weeks, can be sore/burning. no discharge. no fevers. itchy. imp - ? seb cysts/folliculitis. plan - try course of abx + steroid cream. worsening advice
Examination	right axilla - 4-5 small subcutaneous swellings, soft, couple red/inflammed/slightly tender. no discharge. no palpable nodes. left axilla - nil to palpate
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*
	Clobetasone Butyrate Ointment 0.05 % *30 GRAM APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY*

08/07/2019 17:47	Dr M R Mukherjee at Data Entry
History	Urinalysis negative

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08/07/2019	Dr M R Mukherjee at General Practice Surgery
Result	Serum folate contact patient script left (MUKHERJEE_18907) Serum ferritin low side of normal (MUKHERJEE_18907) Serum vitamin B12 Normal - no action (MUKHERJEE_18907)
-	----
08/07/2019	Dr M R Mukherjee at General Practice Surgery
Result	
-	----
08/07/2019	Dr M R Mukherjee at General Practice Surgery
Result	Serum 25-Hydroxy vitamin D3 level contact patient script left (MUKHERJEE_18907) Prostate specific antigen Normal - no action (MUKHERJEE_18907) Liver function test speak to gp (MUKHERJEE_18907) Urea and electrolytes Normal - no action (MUKHERJEE_18907)
-	----
08/07/2019	Dr M R Mukherjee at General Practice Surgery
Result	
-	----
08/07/2019	Dr M R Mukherjee at General Practice Surgery
Result	
-	----
08/07/2019	Dr M R Mukherjee at General Practice Surgery
Result	Full blood count - FBC speak to gp (MUKHERJEE_18907)
-	----
08/07/2019	Dr M R Mukherjee at General Practice Surgery
Result	Plasma glucose level Normal - no action (MUKHERJEE_18907)
-	----
08/07/2019 09:58	Dr M R Mukherjee at Bridgeton Health Centre
History	L sided upper ant chest pain for a week.Says heaviness.Worse with exertion.No radiation.Smoker.Refuses to acceppt could sometimes be cardiac related.Wishes to go for CXR as did not attend last time.More SOB than usual.No cough/spit.Weight and appetite steady.Was on tamsulosin,since stopping urinary frequency.No hesitancy/stop start flow/no dribbling.Did not hand in sample from last time.
Examination	Chest clear.RR22.No resp distress.O2s sats 97%,pulse 90 bpm,reg.
Comment	Will attend for bloods.Review with results of CXR and bloods,possible pr.Did not wish to trial tamsulosin again.Will hand in urine for dipstix and MSSU.
Test Request	XR Chest - *Completed* Vitamin B12 - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, PSA - *Requested*, Folate - *Requested*, Vitamin D - *Requested*, Full Blood Count - *Requested* Glucose - *Requested*
-	----
08/07/2019	Dr S G MacPherson at Bridgeton Health Centre
History	urine dipstix negative
-	----
12/04/2019 09:36	User Locum Locum at Bridgeton Health Centre
History	left mid back discomfort - started last week. turning/straining makes it worse. feels constant. ongoing cough, clear spit. no haemoptysis. sob chronic. no ant chest discomfort. nil ant abdo pain. peeing more than usual, no dysuria. can have uregency ongoing 1 year. bowels ok. no blood pr/pu. feels lost weight, appetite down. patient feels chest infection cause of symptoms. imp - rib discomfort, weight loss, unsure if symptoms infection related. plan - cover with abx, get CXR, check MSU, worsening advice
Examination	sPo2 96%. hr 90. temp 36.2. heart - 1+2+0, rate reg. chest - bilat air entry, mild creps right base. tender left lowermost posterior rib. no loin discomfort.
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
Test Request	Midstream Urine (C&S) - *Completed*, XR Chest - *Completed*
-	----
15/01/2019	Mrs Sharon Smart at Bridgeton Health Centre
Examination	Asthma control test, 19 /25 Asthma Control Test (ACT) Score Chronic obstructive pulmonary disease assessment test, 17 /40 COPD Assessment Test (CAT) Score PFR - peak flow rate 330 L/min SP02 = 98%

	O/E - pulse rate 82 beats/minute
	MRC Breathlessness Scale: grade 1
Social	Smoker - smoking cessation discussed again. Pt tried to stop over Xmas but has found it difficult.
Comment	Asthma-chronic obstructive pulmonary disease overlap syndrom Mixed Asthma-COPD Patient
	Improvement in ACT score and slight improvement in peak flow. MRC score now 1. On maximum ICS dose. Pt states he is concordant (forgets inhalers twice per month). Enough inspiratory effort for elipta and easyhaler device. Pt feels he is managing breathing at present, plans to go swimming on a regular basis. Not using saba that often as unclear how helpful it is.
	action: continue current Rx. Relvar and incruse added to repeat. Offered to prescribe alternative saba device but pt wishing to continue with easyhaler. To make appt if any ongoing issues with saba. Advised patient that I have him on maximum therapy. If any decline in breathing control to make appt for GP. Consider referral to 2ndry care if ongoing symptoms.
	pt states he is troubled with a heavyness in his chest. **Action: make appt with GP**
Additional	Review of inhaler technique using inhaler checking device
Comment	Pt reminded to make appt for haematinics and FBC
Additional	Good compliance with inhaler
Test Request	Haematinics, FBC
Additional	Drug treatment still needed No change to Tx following PSP review
	Prescription by supplementary prescriber

18/12/2018	Mrs Sharon Smart at Bridgeton Health Centre
Examination	Asthma control test, 14 /25 Asthma Control Test (ACT) Score
	Chronic obstructive pulmonary disease assessment test, 12 /40 COPD Assessment Test (CAT) Score
	PFR - peak flow rate 320 L/min
	O/E - pulse rate 73 beats/minute
	SP02 = 97%
Social	Smoker 30g tobacco per week.
Comment	Asthma-chronic obstructive pulmonary disease overlap syndrom Mixed Asthma-COPD Patient
	Smoking cessation advice - pt signposted to CP smokefree services and keen to stop
	SOBOE. feels better if works up to activities. Discussed if SOB related to fitness levels but declined by pt. Unclear if salbutamol effective. Using prior to activities known to cause SOB. Not breathing in hard enough when assessed with in-check but does have enough inspiratory effort. Advice given. Although SOB more than once daily states only using SABA 2-3 times per week. No real change in peak flow or ACT score since last appt. states concordant with inhalers but didn't bring in today to assess technique. reasonable technique with easyhaler device when assessed using placebo. Previously found montelukast ineffective. Phlegm better. managing with reduced carbocisteine dose. **Action: stop trelegy. start relvar 184/22 and incruse. f/u in 4 weeks. WSG**
Medication	Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose *30 dose ONE DOSE TO BE INHALED ONCE DAILY*
Comment	not discussed today - pt still to attend for haematinics and FBC - will remind him when next attends
Medication	Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose *30 dose ONE DOSE TO BE INHALED ONCE DAILY*
Additional	Inhaler technique shown
	Medication increased Inhaled Steroid Dose Increased trelegy to relvar 184/22 and incruse
	Inhaler technique - good
	Inhaler technique observed
	Review of inhaler technique using inhaler checking device
	Good compliance with inhaler
	In-house follow-up 15/1/19
	Asthma management plan given
	Prescription by supplementary prescriber

20/11/2018	Mrs Sharon Smart at Bridgeton Health Centre
Examination	PFR - peak flow rate 330 L/min
	SP02 = 97%
Additional	Prescription by supplementary prescriber
Examination	O/E - pulse rate 73 beats/minute
	Asthma control test, 15 /25 Asthma Control Test (ACT) Score
	Chronic obstructive pulmonary disease assessment test, 21 /40 COPD Assessment Test (CAT) Score
	Montelukast made no benefit to breathing control therefore not continued. Carbocisteine dose reduced to 2 bd (pt had already reduced following discussion at last appt). Finding salbutamol easyhaler better to use and more

Comment	effective therefore continued. Trelegy and salbutmaol easyhaler now added to repeat. Still scope to improve breathing. had a recent exacerbation so unclear scores a a true reflection of control or 2ndry to exacerbation. Discussed option to step up therapy or maintain with f/u in 4 weeks. Pt wishing for latter. f/u appt arranged for 4 weeks. At this point will decide if needs ICS dose optimised. 7 doses left in trelegy.
	Asthma-chronic obstructive pulmonary disease overlap syndrom Mixed Asthma-COPD Patient
Additional	Review of inhaler technique using inhaler checking device
	Good compliance with inhaler
	In-house follow-up 18/12/18 2pm
	Chr.dis.- treatment changed Other Respiratory Medication Treatment Changed carbocisteine dose reduced. montelukast stopped
-	-
07/11/2018	Dr Elaine McLellan at Bridgeton Health Centre
History	left shoulder pain for months , lateral rotation restricted , internal rotation limited, has endocopy and hand surgery pending no constipation nor diarrhoea
Problem	poor appetite shoulder pain
Examination	lungs reasonably clear today but he feels he is coming down with chest infection- increased sputum , cough , abdomen protruberant- more than normal , weight 61 kg , epigastric tenderness no masses
Social	he declined x ray
Medication	Piroxicam Gel 0.5 % *60 GRAM Rub into the affected site three to four times daily*
Comment	organise scan abdomen
-	-
23/10/2018	Mrs Sharon Smart at Bridgeton Health Centre
Examination	Asthma control test, 17 /25 Asthma Control Test (ACT) Score
	Chronic obstructive pulmonary disease assessment test, 25 /40 COPD Assessment Test (CAT) Score
Medication	Montelukast Sodium Tablets 10 mg *28 tablet ONE TO BE TAKEN IN THE EVENING*
	Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation *1 INHALER TWO PUFFS TO BE INHALED WHEN REQUIRED*
Examination	PFR - peak flow rate 300 L/min
	SPO2 = 94%
	pulse = 81
Comment	Asthma-chronic obstructive pulmonary disease overlap syndrom Mixed Asthma-COPD Patient
	No real change in breathing control since switch to trelegy. Slight worsening of CAT score and reduction in SPO2 but marginal improvement in ACT score. pt complaining of wheeze symptoms before going to bed. Has missed 5 doses of trelegy in past month. NO adr noted with trelegy. Although complaining of SOB but not using saba as doesn't find effective and prefers to use breathing exercises.
	action: trial of montelukast. SE discussed. salbutamol mdi switched to easyhaler and advised to use when neededif SOB. technique checked and inspiration rate assessed with incheck device. concordance with trelegy encouraged. F/U in 4 weeks. WSG.
	will reduce carbocisteine dose at next appt.
Additional	Inhaler technique shown
	Inhaler technique - moderate
	Inhaler technique observed
	Poor compliance with inhaler
	In-house follow-up 20/11/18
	Chr.dis.- treatment changed Other Respiratory Medication Treatment Changed trial of montelukast
	Prescription by supplementary prescriber
-	-
25/09/2018	Mrs Sharon Smart at Bridgeton Health Centre
Examination	Asthma control test, 16 /25 Asthma Control Test (ACT) Score
	Chronic obstructive pulmonary disease assessment test, 16 /40 COPD Assessment Test (CAT) Score
Medication	Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose *1*30 dose ONE PUFF TO BE INHALED EACH DAY*
	Folic Acid Tablets 5 mg *28 tablet ONE TO BE TAKEN EACH DAY*
Examination	PFR - peak flow rate 300 L/min
	SP02= 97% on air
Medication	Aerochamber Plus Spacer device standard (blue) *1*1 device USE WITH SALBUTAMOL*
Examination	O/E - pulse rate 71 beats/minute
	MRC 1
Comment	Asthma-chronic obstructive pulmonary disease overlap syndrom Mixed Asthma-COPD Patient
	significant smoking history, 20 cigs per day for 30 years although smoking for

	54 years in total. Now using 30g of tobaco per week. Concordance with Fostair discussed. Admits to forgetting occasionally but only 6op issued in past year. Sub-optimal control according to ACT score. Breathing in too fast when using mdi when inspiration rate assessed using in-check device. **Action: fostair and Braltus stopped. Trelegy started as hopefully will improve concordance. F/U in 4 weeks. WSG. Spacer issued to use alongside saba.**
	Hx BPH - no uplift of tamsulosin since Rx started in July. Pt thought course was finished. When discussed further pt hadn't found tamsulosin made any difference to urinary Sx. **Action: RX removed from repeat, pt advised to make appt with GP if still troubled with urinary problems.**
	Pt still using E45 for skin
	H/O low folate. Issue with 3/12 of folic acid in June. Normally 4/12 supply required to replenish stores . **Action: one month of folic acid supplied to finish course. Pt advised to make appt for FBC/Haematinics once course completed.**
	Not actioned today - plan to review carbocistiene dose when next attends. Pt made aware that dose will be reviewed as prescribed treatment dose.
Additional	Inhaler technique shown
	Forgot to bring medication Not observed - pt forgot to bring medication
	Review of inhaler technique using inhaler checking device
	Provision of written information on inhaler technique
	Poor compliance with inhaler
	In-house follow-up 23/10/18
	Drug changed to cost effective alternative Inhaler(s) changed to equivalent dose (cost effective alternative) switched to trelegy
	Prescription by supplementary prescriber
11/09/2018	Mrs Sharon Smart at Data Entry
Comment	Discussion with Dr RM regarding spirometry result. 460ml increase in FEV1 post bronchodilator during spirometry (20/2/13) demonstrating significant reversibility. Asthma read code added to emis as agreed
23/07/2018	Dr S G MacPherson at Bridgeton Health Centre
History	return call to patient - msg left on voicemail elevated calprotectin level - referred to colorectal and advised to attend Rx for colecalciferol at front desk continue for at least 6 months
Medication	Colecalciferol Tablets 800 units *90 tablet 1 TAB DAILY*
06/07/2018 11:26	User Locum Locum at Bridgeton Health Centre
Problem (FIRST)	**BPH - benign prostatic hypertrophy** IPSS 25 - PSA- 1.2
Medication	Tamsulosin Hydrochloride M/R capsules 400 micrograms *56 CAPSULE ONE TO BE TAKEN EACH DAY*
04/07/2018 16:04	User Locum Locum at Telephone Consultation
Problem	CALLED RE BLOOD APPT FRIDAY
26/06/2018	Dr M R Mukherjee at General Practice Surgery
Result	HbA1c level (DCCT aligned) Normal - no action (MUKHERJEE_18907)
26/06/2018	Dr M R Mukherjee at General Practice Surgery
Result	Prostate specific antigen Normal - no action (MUKHERJEE_18907)
	Thyroid function test Normal - no action (MUKHERJEE_18907)
	Test request : Lipids speak to gp (MUKHERJEE_18907)
	Liver function test Normal - no action (MUKHERJEE_18907)
	Urea and electrolytes Normal - no action (MUKHERJEE_18907)
	Plasma C reactive protein Normal - no action (MUKHERJEE_18907)
26/06/2018	Dr M R Mukherjee at General Practice Surgery
Result	Plasma glucose level await Hba1c result (MUKHERJEE_18907)
26/06/2018	Dr M R Mukherjee at General Practice Surgery
Result	Erythrocyte sedimentation rate Normal - no action (MUKHERJEE_18907)
	Full blood count - FBC speak to gp (MUKHERJEE_18907)
26/06/2018	Dr M R Mukherjee at General Practice Surgery
Result	Serum ferritin Normal - no action (MUKHERJEE_18907)
	Serum vitamin B12
	Serum folate

26/06/2018	User Locum Locum at Bridgeton Health Centre
Problem	Ref Colorectal -- Altered bowel Habit+ rectal bleed and weigth loss 6 months - I would be grateful if you could arrange to see this 68 year old man with a history of alterred bowel habit , predominately loose stool with interrmitent fresh painles rectal bleeds . He has asociated tenemus and increase frequecny of bowel motions. He claims to have gone doen one size in his jeans. He denies abdominal pain .He has no family history of bowel disewase. Today his abdominal and rectal exams are unremarkable. I would appreciate your input in his care .Thank you Dr Ojobo
26/06/2018	User Locum Locum at Bridgeton Health Centre
Problem	1. Aletred bwoel habits six month more loose wih fresh painlessrectal bled and weight loss - 2. also urinary frequncy urgewncy poor stream - 6 month also -- DRE large hard prostate - no haemorhoid no mases in rectum abdo snt bs+
Comment	fill IPSS Urgent colrectal red blood and wait PSA and review after
Test Request	ESR - *Requested*, Full Blood Count - *Requested*, Vitamin B12 - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Lipid profile (inc. HDL) - *Requested*, PSA - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, HbA1c - *Requested*, Glucose - *Requested*, Faecal Calprotectin - *Completed*
19/06/2018	Miss Karen Lawson at Bridgeton Health Centre
History	COPD Review
	MRC Breathlessness Scale: grade 2
Examination	Blood pressure reading 132/78 mm Hg
	O/E - height, 170 cm
	O/E - weight, 61.5 Kg
	Body Mass Index, 21.28
	O/E - height, 170 cm
	O/E - weight, 61.5 Kg
	Body Mass Index, 21.28
	Ideal Weight, 66.47 Kg
Social	Current smoker
	Teetotaller
Comment	Patient reduced appetite, weight stable - diet advise given.
Additional	Chronic obstructive pulmonary disease annual review
	Health ed. - diet
	Health ed. - exercise
	Smoking cessation advice
04/06/2018	User Locum Locum at Bridgeton Health Centre
Problem	ref to ortho - Bilateral Dupuytrens contracture Right worse- I would be grateful if you could arrange to see ths right handed builder who has been struggling bilateral contracture in his hand. He had surgery to his right hand many years ago to releases them. He says in last one year the contarcture in his right hand has become worse pulling his right ring finger in flexion result in pain when he hold a hammer for long periods and when he sands flooring . He has been enduring but feel this has now started to limit his work and pace of work . He is keen to been again. Thank you .Dr I Ojobo
04/06/2018	User Locum Locum at Bridgeton Health Centre
Problem	1. COPD - 1 week coughing green mild wheeze mild sob- no chest pain still smoking rr- 16 sats 98 hr -78 temp- 36.8 chest - right basal crep no mild wheeze. 2. Hnady mand - bilatreal dupytren contracture - previous surgery right hand - says over last once year right hand bnbad again and contracture pulling in right ring finger and hand tosand paper floor and sore with long grips - keen to see ortho again --- refer . 3 . says 1 year legs crmap off and on - can last up to 2 minutes no trigger -- check bloods
Medication	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*
	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*
Test Request	Vitamin B12 - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Liver Function Tests - *Requested*, Folate - *Requested*, Vitamin D - *Requested*, Full Blood Count - *Requested*
19/02/2018	Dr Elaine McLellan at Bridgeton Health Centre
Problem	unwell 2 weeks
Examination	59 kg po2 96 pulse 89 bp 140/90 , psoriasis plaques ; extensive on extensor of legs , widespread ccoarse crackles and wheeze
Comment	exac COPD
	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE*

Medication	*MORNING FOR 5 DAYS* Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS* E45 Emollient Wash Cream *250 ml APPLY FOUR TIMES A DAY*

07/08/2017 — Mrs Angela Smith at Bridgeton Health Centre

Comment	**Respiriatory initiative: Spiriva (tiotropium) handihaler switched to Braltus Zonda inhaler.** Braltus Zonda inhaler delivers the same dose as Spiriva (Tiotropium). Tiotopium removed from repeat. Braltus added to repeat. Letter and PIL sent to patient. Copy of letter in docman.
Medication	Braltus Inhalation Powder Capsules With Inhaler 10 micrograms *60 CAPSULE ONE DOSE TO BE INHALED EACH DAY*
Additional	EMIS attachment reference code Braltus Letter

10/05/2017 — Dr Greg Tooke at Bridgeton Health Centre

History	anterior right thigh pain. and medial and lateral calf. worse on resting. at night time very sore. other leg. no colour changes. no pain on movement. worse in bed at night. 2 weeks of pains. working as joiner. no back pain. no numbness. no weakness. no problems with bowels or bladder. still working. using paracetamol and ibuprophen. smoker.
Examination	slr -ve. sesnation intact.
Comment	discussed his work. and prognosis. seems to be doing ok. must see us if not better in 3 weeks. physiotherapy.
Medication	Tramadol Hydrochloride Capsules 50 mg *15 capsule UP TO QID*

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History	got cramps for while all ove rhis body. these have now laregely resolved/ to see us if happens again.

31/03/2017 00:00 — Ms Joan Kennedy at General Practice Surgery

Comment	No response to bowel cancer screening programme invitation Non-Responder
Follow up	(diary entry deleted) (Not Known)

22/03/2017 — Dr S G MacPherson at Bridgeton Health Centre

History	completed antibiotic/ steroid course . feels a little better tends to dip later on in day recurrent left sided chest pains .
Examination	chest clear
Comment	update CXR antibiotic / steroids for self management

07/03/2017 — Dr S G MacPherson at Bridgeton Health Centre

History	cough worse past 2-3 weeks dry cough feels something in chest was taking tramadol alt days to help with fatigue and aches .
Examination	comfortable at rest pulse 100 reg 02 sats 97% chest resonant reduced AE L lower lung normal breath sounds
Comment	? COPD exac. Rx and review 2 weeks
Medication	Prednisolone Tablets 5 mg *30 tablet 6 tabs Daily* Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS*

05/12/2016 — Dr Greg Tooke at Bridgeton Health Centre

History	pain in back and under ribs when lying down. 5 days. pain is terrible,. feels muscular because moving helps. breathlessness worseing. pain in left lung. cxr clear. this pain is new and in simialr locaiton. nondrinker. no vough. no weight loss.
Examination	no local tendernebss. lungs clear. abdo soft non tender. in pain luying down. sems to be comign from back.
Comment	origin ? cxr clear. red flag thoaracic region. also some concerns here re ongoig luing pain. see in one week if no better and consider refferal.
Medication	Tramadol Hydrochloride Capsules 50 mg *30 capsule UP TO QID*
Comment	Current smoker Smoking cessation advice Medication review

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25/11/2016 — Dr S G MacPherson at Bridgeton Health Centre

History	Rx Varenecline 1 mg tab

26/10/2016 — Dr S G MacPherson at Bridgeton Health Centre

History	feels less breathless, steroid tabs - energising. didn't sleep
Examination	reduced AE nil focal
Comment	for CXR update. will use Fostair every day

14/10/2016	Dr S G MacPherson at Bridgeton Health Centre
History	feels has chest infection discomfort left lung and front of chest. more breathless. no phlegm. roll ups . using inhalers
Examination	appears comfortable hyperinflated pulse 80 O2 sats 97% reduced AE both lungs harsh noises bases
Comment	atypical ? exac COPD keen to quit smoking and willing to try varenicline. antibiotic / steroid course advised GP update by phone
22/02/2016	Dr Greg Tooke at Bridgeton Health Centre
History	PEFR - peak exp. flow rate 240 L/min did not react well to abx. seeing respoiratory in one week. feels as if he is going to pass out when walking up stairs. cxontinueing to do his normal exercise. pef droppepd from 300.
Examination	chets clear, 98% on air, 80bpm. 35.3
Comment	await resp. malignancy?
15/02/2016	Dr Greg Tooke at Bridgeton Health Centre
History	new pains inchest on nreathing. sore during and after exertion. smoking less. pain seems to have resolved but has come back just this week. doesn't get sore on swimming. very tired and sleeping lots. very tired in the mornings on minimal exertion. this is new. cough is worse over last week. cxr ok 2 months ago. seeing respiratory in 2 weeks. lost 7lbs over 2 weeks. eating less due to the phlegm in the morning.,
Examination	mild crackles at right base. 98% on air. 110bpm. apyrexial.
Comment	element of anxiety here but with persiostent suggestive chest symptoms with one week of worsened chestniess. . cxr ok but repeat if respiratoy do not investigate further. malignancy ? alk phos raised. treat chest.
Medication	Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS*
16/12/2015	Dr Greg Tooke at Bridgeton Health Centre
History	Current smoker pains though chest. more when srteetching and breathing. cough. short of breath. smokes roll ups. sympsom for 4 days. feels like he has strained his chest. not worse on exertion. seeing respiratpoyu re previouis similar pain which resolved.. agrees he gets anxious when he feelts the pain.
Examination	chest relativley clear, quiet breath sounds. 99% on air. no calf tenderness, 80bpm.
History	Smoking cessation advice
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
Comment	Seasonal influenza vaccination declined
17/11/2015	Ms Susan McDonald at Bridgeton Health Centre
History	Pt feel improvement with Carbosisteine and new inhalers again discussed adherance with Fostair inhaler - pt wishes to continue with same.
Medication	Carbocisteine Capsules 375 mg *336 CAPSULE 2 CAPS TWICE A DAY* Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose *2 INHALER ONE OR TWO PUFFS TO BE INHALED TWICE DAILY* Spiriva Refill Dry powder capsules for inhalation 18 micrograms *60 CAPSULE ONE DOSE TO BE INHALED EACH DAY*
19/10/2015	Ms Susan McDonald at Bridgeton Health Centre
History	Failed encounter
14/10/2015	Dr Elaine McLellan at General Practice Surgery
Result	Plasma glucose level Normal - no action (EMCL)
14/10/2015	Dr Elaine McLellan at General Practice Surgery
Result	Test request : Lipids Normal - no action (EMCL) Liver function test Just out of normal range - OK (EMCL) Urea and electrolytes Normal - no action (EMCL)
14/10/2015	Dr Elaine McLellan at General Practice Surgery
Result	Erythrocyte sedimentation rate Normal - no action (EMCL) Full blood count - FBC Normal - no action (EMCL)
09/10/2015	Dr Elaine McLellan at Bridgeton Health Centre
Problem	anterior chest ache persisting for weeks associated with loss of appetite and

	increased breathlessness and patient conern about well - being
History	previous fracture lower thoracic spine
Examination	oxygen 98 pulse 81 chest essentially clear
Comment	organise chest x ray
Test Request	Urea and Electrolytes - *Requested*, Liver Function Tests - *Requested*, Lipid profile (inc. HDL) - *Requested*, Glucose - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*
-	----
10/09/2015	Ms Susan McDonald at Bridgeton Health Centre
History	COPD review - COPD assessment score 21/40 PAC smoking years 54 - not currently using any inhalers - 5 exacerbations of COPD in the past year - discussed available medications and agreed to re-start Spiriva - Combination inhaler also added in consultation with Dr McLellan. Mucus causing problems also - Pt has a 5 yr old son and works full time. COPD book and traffic lights discussed and given. PLAN 1. Review in 6/52.
Medication	Tiotropium Dry powder capsules for inhalation 18 micrograms *60 CAPSULE ONE DOSE TO BE INHALED EACH DAY*
	Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose *1 inhaler 1 PUFF TWICE DAILY*
	Carbocisteine Capsules 375 mg *336 CAPSULE TWO TO BE TAKEN THREE TIMES A DAY THEN TWICE DAILY AS CONDITION IMPROVES*
Follow up	(diary entry deleted) (Not Known)
Additional	Pneumococcal vaccination K010495, exp 06/16 **(GMS)**
	Chronic obstructive pulmonary disease annual review
-	----
10/09/2015	Ms Susan McDonald at Bridgeton Health Centre
Result	FEV1/FVC ratio 73 %
	Percent pred FEV1 bronchodiln 16 %
History	MRC Breathless Scale: grade 2
Result	Numb COPD exacer in past year 5
	Oxygen saturation at periphery 96 %
	Weight 60 Kg
	BMI 22.3 kg/m2
History	Difficulty walking up stairs when at work carrying equipment
	Inhaler technique observed
	Inhaler technique - good
	Inhaler technique shown
Result	General well - being schedule 4
	General anxie dis 2 scale 0
	Depression screen using quest 0
Social	Chron dis mngt ann rev compltd
History	COPD annual review
	Current smoker
	Current smoker
	Cigarette consumption 1oz a week
	Smoking cessation advice
	Teetotaller
	Diet poor no breakfast, gregs for lunch, no added salt, snakcs at night
	GPPAQ physical act ind: active
Social	In paid employment
	Healthy lifestyle program stat
History	Advice about weight
	Health ed. - diet
	Pt gi writ adv benef phy activ
	Goal identification
-	----
20/04/2015	User Locum Locum at Bridgeton Health Centre
History	cough restart again when he stopped prednisolone, salbutamol did not help at all, sometimes productive cough (just white or no colour), no high fever, no sputum, shortage of breath for activity
Examination	emph lumg, some wheezing, stridor over both lungs, no crackles, temp: 36,5, SPO2: 97% on air, pulse: 105, PEFR: 200, normal heart sounds,
Medication	Tiotropium Dry powder for inhalation + inhaler 18 micrograms *2 PACK ONE DOSE TO BE INHALED EACH DAY*
-	----
09/04/2015	Dr Elaine McLellan at Bridgeton Health Centre
Problem	cough 2 weeks tired , cough productive of foodstuffs , not disturbing sleep- feels tired / lack of energy - rolls own cigarettes- has cut down £ 5 volume last 1 week
Examination	temp 36.8 pulse 77 oxygen 97 , bilateral basal crackles NORMALLY PEFR 250 - THIS WEEK IT IS 220
Social	has had a week of rest from work

-	----
05/02/2015	Dr Elaine McLellan at Bridgeton Health Centre
Problem	has recurrence of chest symptoms- PEFR currently 250 - usually manages 390
History	rolls own tobacco- 5 to 6g tobacco per day : he has quartered his usual spend on tobacco - eating reasonably well- works joinery / welding etc.
Examination	O/E - BP reading oxygen sats 99 pulse 71 - temp 36.4
	Blood pressure reading 100/60 mm Hg , crackles bases
Comment	probable infection- causing deterioration symptoms - he has declined inhlaers
-	----
07/05/2014	Dr S G MacPherson at Bridgeton Health Centre
History	slight improvement persistent ache left lower chest mucoid sputum - keen for further antibiotic as suspects lingering infection
Examination	chest auscultation clear .not dyspnoeic
Comment	for CXR serial PEFRs antibiotic prescribed rv 3 wks
Medication	Mini-Wright Peak Flow Meter Replacement Mouthpiece Plastic *1 device AS DIRECTED*
	Peak Flow Meter (Standard Range) Meter *1 device as dir*
-	----
28/04/2014	Dr S G MacPherson at Bridgeton Health Centre
History	chestier in last week tightness and cough increased sputum volumes - looks white. not using an inhaler. see spirometry report
Examination	stable - speaking full sentences normal resp rate. chest resonant AE reduced both lungs
Comment	? COPD exac. start antibiotic/steroids review end nxt week ? serial PEFR / further oral steroids as per spirometry
Medication	Prednisolone Tablets 5 mg *42 tablet 6 DAILY FOR 7 DAYS*
-	----
25/02/2014	Dr S G MacPherson at Bridgeton Health Centre
History	chest pain 1 week left sided mid chest level - shoots from front to back exac by deep inspiration minimal sputum no haemoptysis . smoking 12 cpd
Examination	undistressed pulse 80 normal resp rate chest resonant fine creps L mid chest no wheeze
Comment	antibiotic presscribed ? LRTI advised early review if pain persists or unwell
-	----
14/01/2014	Ms Allison King at Bridgeton Health Centre
Examination	Blood pressure reading 136/76 mm Hg
Comment	Influenza vacc.administrat.NOS copd review great fev1 81% bp 150/90
Follow up	(diary entry deleted) (Not Known)
Additional	Seasonal influenza vaccination declined
-	----
14/01/2014	Ms Allison King at Bridgeton Health Centre
Examination	Blood pressure reading 150/90 mm Hg
	Peak exp. flow rate: PEFR/PFR, 390 L/min
	Forced expired volume in 1 second, 2.19 litres
	Forced vital capacity - FVC, 4.23 litre
	FEV1/FVC percent, 122 %
	Forced expired volume in 1 second percentage change, 81 %
Follow up	(diary entry deleted) (Not Known)
Additional	Chronic obstructive pulmonary disease annual review
-	----
14/01/2014	Ms Allison King at Bridgeton Health Centre
History	COPD annual review
	Current smoker
Social	White Scottish
Result	General well - being schedule 4
History	MRC Breathless Scale: grade 1
	Wheeze absent
Problem	**Productive cough NOS**
Result	Numb COPD exacer in past year 0
	Weight 60 Kg
	BMI 22.3 kg/m2
	Oxygen saturation at periphery 98
History	Inhaler technique shown
	Depression screen using quest
	Smoking cessation advice
Result	Cigarette consumption 20
History	Teetotaller
	Healthy diet
	GPPAQ physical act ind: active
Social	Healthy lifestyle program stat

History	Thinking about stop smoking
Result	Patient initiated diet NOS 1
New Referral	Referl to stop-smoking clinic (NHS), , , ,
Social	Refuses stop smoking monitor
History	Advice about weight
	Health ed. - diet
	Pt gi writ adv benef phy activ
	Goal identification

17/10/2013 Dr S G MacPherson at Bridgeton Health Centre

History	SR tramadol issued small number last prescribed 2012

05/09/2013 Mr Locum1 Locum1 at Bridgeton Health Centre

History	Neck pain for 4 days. RHS of neck. No injury/fall. Taking PCM and brufen but no better
Examination	No bony tenderness, FROM c spine. Tender of paravertebral muscle on RHS
Comment	Muscle strain. Try reg co-codamol.
Medication	Co-Codamol 8/500 Tablets *100 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*
	Amitriptyline Hydrochloride Tablets 10 mg *28 tablet ONE TO BE TAKEN IN THE EVENING*
	Diprobase Ointment *500 gram APPLY TWICE A DAY*
	Calcipotriol Ointment 50 micrograms/gram *30 GRAM APPLY TO THE AFFECTED AREAS ONCE OR TWICE DAILY UP TO A MAXIMUM OF 100G WEEKLY*
	Calcipotriol Scalp solution 50 micrograms/ml *60 ml APPLY TWICE A DAY*
History	Psoriasis flaring on shins elbows and scalp. Using vaseline which usually works. Typical plaques clinically, dry.. Try alternative moisturiser and calcipotriol ointment + scalp solution.
	Shooting pain over dorsum of right hand since op for dupreytrons contracture. FROM in hand. No synovitis. History of painful trapped nerves in right shoulder. Try amitryptiline at night. Warned re drowsiness and dry mouth.

17/04/2013 Dr S G MacPherson at Bridgeton Health Centre

History	depressed state several months stayed in for full week not goint to bed til 4 am. anxiety symptoms - smoking more to relieve anxiety. not suicidal but anhedonia +. no alcohol or drugs .
Examination	good rapport today.
Comment	for PHQ9 start fluoxetine 20mg daily discussed SEs GP review 2-3 weeks
Medication	Fluoxetine Hydrochloride Capsules 20 mg *28 capsule ONE TO BE TAKEN EACH DAY*

18/01/2013 Dr S G MacPherson at Bridgeton Health Centre

History	query re chest investigations - see letter from radiologist reassuring CT after 2 yr interval. drop Dr Cotton a note as no f/u. 2) smoking and exertional breathlessness reduced to 15 cpd - refer spirometry and trial of SABA. 3) bilateral palmar contactures 4) crush / penetrating injury to L index finger distal phalanx 3 weeks ago
Examination	Palmar Dupuytrens worse R palm tissues v firm and contracted sl flexion of pinkie and ring fingers 2) L index finger mild dorsal swelling thready bit of metal radial aspect no mallet deformity
Comment	refer hand clinic X Ray L index finger trial of varenicline. did not use nor will , Zyban. advised re side effects of varenicline - stop Rx if not well
Medication	Salbutamol Cfc-free inhaler 100 micrograms/puff *1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
	Varenicline Tablets 1 mg + 500 micrograms (Starter Pack) *25 tablet USE AS DIRECTED*

25/09/2012 User Locum Locum at Bridgeton Health Centre

History	Moderate smoker - 10-19 cigs/d 1. Thinks has got a chest infection - cough, productive of thick green sputum +++; SoBoE; pain bilaterally at back on inspiration; feeling bit hot/shivery at times. Appetite poor but drinking plenty. O/e O2 sats 98%, pulse 62, temp 36.8 degrees C; Chest - good air entry bilaterally, sounds relatively clear but given good story of purulent sputum treat as LRTI. Review if not settling. 2. but very keen to stop. Previously tried with zyban but was unsuccessful. Thinks is more mortivated now, requesting script for zyban. Discussion re. smoking cessation classes: patient attended one last time but didn't find it helpful. Issued initial script and explained how to take. Review at end of script, may need further prescription if quite attempt successful.

Medication	Bupropion Hydrochloride M/R tablets 150 mg *60 tablet TO BE TAKEN AS DIRECTED* Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*

17/07/2012	User Locum Locum at Bridgeton Health Centre
History	Health ed. - smoking cough and green spit. no chest pain but has a "heaviness" interscapularly and right ant chest wall. no pleuritic type pain. soboe eg going upstairs. had ct scan now awaiting results. 4 wks sputum. send spit sample and try doxy. chest sounded reasonably clear. not sobar. r/v prn. declined inhlaer today. will self ref for accupuncture. ZD
Medication	Doxycycline Hyclate Capsules 100 mg *8 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY*

11/06/2012	Dr S G MacPherson at Bridgeton Health Centre
History	recent CXR discussed. further discomfort L lower chest - felt had racked chest. sputum mucoid feels wheezy at night
Examination	nil focal on ausculation AE not reduced
Comment	try combined meds for possible COPD - refer spirometry and CT chest pending. smoking cessation -v keen ? hypnotherapy
Medication	Prednisolone Tablets 5 mg *36 tablet 6 DAILY* Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*

28/05/2012	Dr S G MacPherson at Bridgeton Health Centre
History	cough non pleuritic pain L upper lung few weeks. more breathless c exertion. sputum mucoid. smoking fewer. no retrosternal pain
Examination	comfortable - coughing in surgery.not dyspnoeic reduced AE L upper lung
Comment	CXR start antibiotic rv nxt week .

06/12/2011	Dr S G MacPherson at Bridgeton Health Centre
History	less chest pain but residual ache. pain worse if resting. still L lower chest posteriorly.
Examination	few creps L base otherwise clear. percussion symmetrical looks underweight. chest wall NAD>
Social	1 ty old son. mother of child on methadone maintenance . social work involved, has parental rights
Comment	CXR further antibiotic 5 days . ? check FBC LFTs inflammatory markers

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25/11/2011	Dr S G MacPherson at Bridgeton Health Centre
History	2 weeks - ache L lower chest - deep discomfort . feels more breathless. smoking fewer - 12 cpd . no sputum or fever
Examination	soft wheeze chest resonant nil focal .
Comment	?LRTI. contact GP if no better after antibiotic
Medication	Erythromycin Stearate tablets 500 mg *14 tablet 1 BD*

06/10/2011 11:15	Dr M R Mukherjee at Bridgeton Health Centre
History	Lower back pain ongoing since accidnet a few years ago.No bowel/bladder symptoms.Systemically well.No radiation of pain.
Examination	No spinal tenderness.Good ROM.Very active .
Comment	Given analgesia and r/v in the next month or so if not settling.Declined physio as feels he is doing exercises at home.
Medication	Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 CAPSULE AS DIRECTED

31/03/2011	User Locum Locum at Bridgeton Health Centre
Problem (FIRST)	**Chesty cough**
History	1 week of cough, green sputum.
Examination	Creps L MZ. T 36.4.
Social	Moderate smoker - 10-19 cigs/d
Comment	Smoking cessation advice Long chat re emphysema and implications of ongoing smoking. Rx amox. Call back sos. [S.Moran]
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY

29/11/2010	Dr S G MacPherson at Bridgeton Health Centre
History	coughing - productive cough purulent . has reduced cigs after CT showed "emphysema".
Examination	loose skin folds over trunk harsher breath sounds on L side.
	sputum if no improvement c antibiotic. wants to leave PFTs referral til beginning

Comment	of nxt yr. Gastro follow up Jan 2011
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE CAPSULE THREE TIMES DAILY
-	-
21/10/2010	Dr M R Mukherjee at Bridgeton Health Centre
History	No SEs from TCA but no effect on symptoms.Happy to increas dose.Rx and r/v. priority=2
-	-
08/10/2010	Dr M R Mukherjee at Bridgeton Health Centre
History	Seen at clinic today,for imipramine,low dose first to increase to 25 mg after this if tolerated.Refer community dietician as per clinic. priority=2
	O/E - weight Disease: SPICE Basic Health Values
	O/E - weight
-	-
23/06/2010	Ms Margaret Anne McMenamin at Bridgeton Health Centre
Problem	**Direct gastroscopy** barretts mucosa oesophagus priority=1
-	-
11/06/2010	Ms Margaret Anne McMenamin at Bridgeton Health Centre
History	Blood glucose result 5.8 priority=2
	Plasma C reactive protein Negative 2.1 priority=2
	Urea and electrolytes Disease: SPICE Lab Results, Negative priority=2
	Liver function test Disease: SPICE Lab Results, Negative priority=2
	Thyroid function test Disease: SPICE Lab Results, Negative priority=2
	K+
	TSH
	TSH
	Urea
	Creatinine date Value text: 24 May 2010 00:00
	Na+
	K+
	Urea
	Creat
	eGFR
	eGFR date Value text: 24 May 2010 00:00
	LFT date Value text: 24 May 2010 00:00
	Albumin
	Bilirubin
	ALT
	AST
	Alk Phos
	Gamma GT
	TSH date Value text: 24 May 2010 00:00
	TSH
	Free T4 level
	Glucose
	Glucose date Value text: 24 May 2010 00:00
-	-
03/06/2010	Dr M R Mukherjee at Bridgeton Health Centre
History	Vomiting foods.Keeping fluids down.Green spit.Chest scattered wheeze.Rx and try domperidone and r/v if feeling any worse/no better.Chase appt for clinic. priority=2
-	-
28/05/2010	Dr S G MacPherson at Bridgeton Health Centre
History	SCI Electronic Referral priority=2
	Referral for further care Refered To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gastroenterology. Referral Nature: Treat. , Referral Reason: Loss appetite and weight loss
-	-
26/05/2010	Ms Margaret Anne McMenamin at Bridgeton Health Centre
History	Full blood count - FBC Disease: SPICE Lab Results, Negative priority=2
-	-
24/05/2010	Dr S G MacPherson at Bridgeton Health Centre
History	re weight - CXR normal. loss appetite 2 months . vomitimg after eating intermitt (2 days per week generally) no pain. persist ache L side mid back. abdo NAD

	weight 60kg. check bloods refer gastroscopy urgently. priority=2
-	-
30/04/2010	Ms Margaret Anne McMenamin at Bridgeton Health Centre
Problem	**Standard chest X-ray** priority=1
-	-
20/04/2010	Dr S G MacPherson at Bridgeton Health Centre
History	recurrent episodes breathlessness c cough ache L lower chest. spit white and sticky. vomiting episodes after coughing - no change bowel habit. smoker . manual work. chest clear no spinal tenderness no cervical glands felt. CXR abiotic. check FBC ESR LFTs serum Ca if no better . priority=2
-	-
19/04/2010	Dr S G MacPherson at Bridgeton Health Centre
History	chesty - cough - productive - ache below L shoulder blade sl breathlessness. no haemoptsysis. appt c GP before surgery tomorrow morning. priority=2
-	-
17/12/2009	Dr A M Maguire at Bridgeton Health Centre
History	still has a cough and has been sick in morning for several weeks appetite poor priority=2
-	-
21/10/2009	Dr A M Maguire at Bridgeton Health Centre
History	has had a cough 2 weeks o2 94 chest no dullness to percussion a/e decreased priority=2
-	-
21/10/2009	Dr A M Maguire at Bridgeton Health Centre
History	no better will come over 2 50 today priority=2
-	-
13/10/2009	Dr M R Mukherjee at Bridgeton Health Centre
History	Breathless and cough.Needs to be seen today. priority=2
-	-
13/10/2009	Dr M R Mukherjee at Bridgeton Health Centre
History	Cough with breathlessness on exertion.O/E undistressed at rest.RR22.O2 sats 94%,R sided basal fine inspiratory creps.Rx and r/v if further concerns in the next few days. priority=2 Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
-	-
23/06/2008	Dr A M Maguire at Bridgeton Health Centre
History	still has pain from back all the time but tries to stay active priority=2
-	-
22/10/2007	Dr S G MacPherson at Bridgeton Health Centre
History	urticarial eruption after one tramadol yesterday. generalised itch and skin felt hot; no mucosal swelling or wheeze ; warm bath can trigger too. fenofexadine 120mg od - continue for several weeks ; review if ineffective priority=2
-	-
03/07/2007	Dr M R Mukherjee at Bridgeton Health Centre
History	Back pain ongoing.Feels more on flexion and also when sitting for prolonged periods.Awaits appt from GRI.Med 3 for 'back pain' for 8/52 from today. priority=2
-	-
04/06/2007	Dr S G MacPherson at Bridgeton Health Centre
History	focal midline back pain is not settling - worse extending after flexion of spine; fairly constant including at night - radiates distally to lumbar region ; mobility OK examination ; prominence at thoracic / lumbar junction ; specialist physio referral GRI. tramadol low dose titrate up ; swimming once a week breast stroke priority=2
-	-
30/04/2007	Dr M R Mukherjee at Bridgeton Health Centre
History	In for analgesia,still ongoing lower back pain,will access physio.Med 3 for 5/52 from 25/4/07 'back pain' and r/v. priority=2
-	-
28/03/2007	Dr S G MacPherson at Bridgeton Health Centre
History	blood tests - normal weight stable 59.5kg today. DHC -nettle rash so stop; chest clear; no constitutional symptoms review 1 month med3 4 weeks back pain priority=2

05/03/2007	Ms Margaret Anne McMenamin at Bridgeton Health Centre
History	Full blood count - FBC Disease: SPICE Lab Results, Negative priority=2
05/03/2007	Ms Margaret Anne McMenamin at Bridgeton Health Centre
History	Plasma C reactive protein Negative 2 priority=2 Blood calcium level Negative 2.36 priority=2 Urea and electrolytes Disease: SPICE Lab Results, Negative priority=2 Liver function test Disease: SPICE Lab Results, Negative priority=2 Thyroid function test Disease: SPICE Lab Results, Negative priority=2 Creatinine date Value text: 01 Mar 2007 00:00 Na+ K+ Urea Creat eGFR eGFR date Value text: 01 Mar 2007 00:00 LFT date Value text: 01 Mar 2007 00:00 Albumin Bilirubin ALT AST Alk Phos Gamma GT TSH date Value text: 01 Mar 2007 00:00 TSH Free T4 level Calcium Calcium date Value text: 01 Mar 2007 00:00
01/03/2007	User Locum Locum at Bridgeton Health Centre
History	Still back pain, thinks has lost wt as well - wt today 59 kgs. Rpt meds ck blds priority=2 O/E - weight
07/02/2007	Ms Margaret Anne McMenamin at Bridgeton Health Centre
History	Liver function test Disease: SPICE Lab Results, Negative priority=2 LFT date Value text: 30 Jan 2007 00:00 Albumin Bilirubin ALT AST Alk Phos Gamma GT
06/02/2007	janie1 at Bridgeton Health Centre
History	Hepatitis C screening Negative priority=2
06/02/2007	janie1 at Bridgeton Health Centre
History	HIV1 antibody level Negative priority=2
06/02/2007	janie1 at Bridgeton Health Centre
History	Hep B surface antigen test Negative priority=2
28/09/2006	janie1 at Bridgeton Health Centre
Problem	**[V]Fracture follow-up** compression L1
26/09/2006	Dr S G MacPherson at Bridgeton Health Centre
History	Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2

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16/08/2006	Dr S G MacPherson at Bridgeton Health Centre
History	Systolic blood pressure
	Diastolic blood pressure
	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	----
19/01/2006	janie1 at Bridgeton Health Centre
Problem	**Haemorrhoids** banded priority=1
-	----
23/09/2005	Michael at Bridgeton Health Centre
Problem	**Tuberculosis (BCG) vaccination** priority=1
Problem	**Unilateral inguinal herniotomy** Right priority=1
-	----
01/04/2005	UnknownUser at Bridgeton Health Centre
History	Blood glucose result Negative 5.4 priority=2
	Glucose
-	----
21/03/2005	Dr S G MacPherson at Bridgeton Health Centre
History	Current smoker Disease: SPICE Basic Health Values, priority=2
	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
	Teetotaller Disease: SPICE Basic Health Values, priority=2
	Enjoys light exercise Disease: SPICE Basic Health Values, priority=2
	Systolic blood pressure Disease: SPICE Basic Health Values
	Diastolic blood pressure Disease: SPICE Basic Health Values
	Diastolic blood pressure
	Systolic blood pressure
-	----
23/02/2005	janie1 at Bridgeton Health Centre
History	Blood glucose result 7.7 speak to gp priority=2
	Total cholesterol measurement Disease: SPICE Lab Results, Negative priority=2
	Glucose
	HDL
	HDL:Chol ratio
	Tot Chol
	Tot Chol
-	----
15/02/2005	Ms Heather Steven at Bridgeton Health Centre
History	Referral for further care Refered To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified.
-	----
15/02/2005	Dr S G MacPherson at Bridgeton Health Centre
History	SCI Electronic Referral priority=2
-	----
08/02/2005	janie1 at Bridgeton Health Centre
History	Full blood count - FBC Disease: SPICE Lab Results, Negative priority=2
-	----
11/02/2003	UnknownUser at Bridgeton Health Centre
History	Systolic blood pressure
	Diastolic blood pressure
	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	Teetotaller Alcohol Intake$$.clm - No Action Required
	Heavy smoker - 20-39 cigs/day Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	O/E - height Height$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	O/E - weight Weight$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	----
05/02/2003	Michael at Bridgeton Health Centre
History	Automatically generated by transaction priority=2
	Patient MRE received from HB priority=2

05/02/2003	UnknownUser at Bridgeton Health Centre
History	Knee X-ray wear and tear speak to gp if unsure priority=2
15/01/2003	Michael at Bridgeton Health Centre
History	Automatically generated by transaction priority=2 Pat. GP7B/GP8B card from HB priority=2
14/01/2003	Michael at Bridgeton Health Centre
History	Automatically generated by transaction priority=2 Patient reg. form sent to HB priority=2
06/10/1999	Michael at Bridgeton Health Centre
History	Migrated Data priority=2 GP22-practice changed-moved priority=2 Pat. GP7B/GP8B card from HB priority=2
Problem	**Inguinal hernia** Left priority=1
Problem	**Arthroscopic partial medial meniscectomy** Right priority=1
Problem	**Primary laparoscopic repair of inguinal hernia** Recurrence right priority=1
History	Notes summary on computer priority=2 Tot Chol date Value text: 02 Feb 2005 00:00 Tot Chol HDL HDL:Chol ratio Glucose Glucose date Value text: 02 Feb 2005 00:00 Systolic blood pressure Diastolic blood pressure Glucose Glucose date Value text: 30 Mar 2005 00:00
11/10/1995	Dr Dr Gone at Bridgeton Health Centre
History	Acute Consultation priority=2
02/11/1992	UnknownUser at Bridgeton Health Centre
History	Repeats Reviewed priority=2 Medication review

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
13/08/2026	**Sodium Chloride Nebuliser Liquid 0.9 %, 2.5 ml unit dose ampoule** 2.5ML FOUR TIMES A DAY 20 unit dose	13/08/2026P	Dr M R Mukherjee	ACUTE
11/08/2026	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	11/08/2026P	Dr Elaine McLellan	ACUTE
11/08/2026	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	11/08/2026P	Dr Elaine McLellan	ACUTE
07/08/2026	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	07/08/2026P	Dr M R Mukherjee	ACUTE
07/08/2026	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	07/08/2026P	Dr M R Mukherjee	ACUTE
07/08/2026	**Mst Continus M/R tablets 5 mg** ONE TO BE TAKEN TWICE A DAY 60 TABLET	07/08/2026P	Dr M R Mukherjee	ACUTE
08/07/2026	**Lorazepam Tablets 1 mg** HALF TO ONE TABLET WHEN REQUIRED FOR ANXIETY/BREATHLESSNESS 28 TABLET	18/08/2026P	Dr M R Mukherjee	ACUTE
10/06/2026	**Furosemide Tablets 40 mg** ONE TAB IN THE MORNING WHEN REQUIRED FOR ANKLE SWELLING 28 TABLET	28/07/2026P	Dr M R Mukherjee	ACUTE
14/05/2026	**Morphine Sulfate Oral solution 10 mg/5 ml** 1.25ML UP TO SIX TIMES A DAY AS REQUIRED 100 ML	28/07/2026P	Dr M R Mukherjee	ACUTE

15/05/2023	**Glyceryl Trinitrate Pump spray 400 micrograms/dose** SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH 200 DOSE	29/06/2026P	Dr M R Mukherjee	ACUTE
29/04/2026	**Acepiro Effervescent tablets 600 mg** ONE TO BE TAKEN EACH DAY 28 tablet	28/07/2026P	Dr M R Mukherjee	REPEAT
31/03/2026	**Ensure Shake Oral powder sachets 57 gram sachet** ONE SACHET TO BE TAKEN TWICE DAILY AS PER DIETITIAN 0.001 sachet	31/03/2026O	Dr M R Mukherjee	REPEAT
19/05/2025	**Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose** INHALE TWO PUFFS TWICE EACH DAY 1 INHALER(S)	28/07/2026P	Dr M R Mukherjee	REPEAT
19/08/2024	**Bisoprolol Fumarate Tablets 2.5 mg** ONE TO BE TAKEN EACH DAY 28 tablet	13/08/2026P	Dr M R Mukherjee	REPEAT
27/12/2023	**Rosuvastatin Tablets 5 mg** 1 TAB DAILY 28 tablet	28/07/2026P	Dr M R Mukherjee	REPEAT
15/05/2023	**Aspirin Dispersible tablets 75 mg** ONE TO BE TAKEN EACH DAY 28 tablet	28/07/2026P	Dr M R Mukherjee	REPEAT
30/10/2019	**Tamsulosin Hydrochloride M/R capsules 400 micrograms** ONE TO BE TAKEN EACH MORNING 28 CAPSULE	28/07/2026P	Dr M R Mukherjee	REPEAT
23/10/2018	**Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation** TWO PUFFS TO BE INHALED WHEN REQUIRED 1 INHALER	28/07/2026P	Dr M R Mukherjee	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
10/06/2026	**Lorazepam Tablets 1 mg** HALF TABLET EVERY 8 HOURS WHEN REQUIRED 28 tablet	10/06/2026P	Dr M R Mukherjee	ACUTE
10/06/2026	**Laxido Orange Oral Powder Sachets Sugar Free** ONE TO BE TAKEN TWICE A DAY 60 sachet	10/06/2026P	Dr M R Mukherjee	ACUTE
18/05/2026	**Mst Continus M/R tablets 5 mg** ONE TO BE TAKEN TWICE A DAY 60 TABLET	18/05/2026P	Dr M R Mukherjee	ACUTE
14/05/2026	**Lorazepam Tablets 500 micrograms** 1 TAB TO BE TAKEN EVERY 8 HOURS WHEN REQUIRED 21 tablet	08/06/2026P	Dr M R Mukherjee	ACUTE
14/05/2026	**Sodium Chloride Nebuliser Liquid 0.9 %, 2.5 ml unit dose ampoule** 2.5ML FOUR TIMES A DAY 20 unit dose	14/05/2026P	Dr M R Mukherjee	ACUTE
12/05/2026	**Easychamber Spacer device** USE WITH INHLAER 1 DEVICE	12/05/2026P	Dr M R Mukherjee	ACUTE
20/04/2026	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	20/04/2026P	Dr M R Mukherjee	ACUTE
20/04/2026	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	20/04/2026P	Dr M R Mukherjee	ACUTE
02/04/2026	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	02/04/2026P	Dr M R Mukherjee	ACUTE
02/04/2026	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	02/04/2026P	Dr M R Mukherjee	ACUTE
29/01/2026	**Salbutamol Nebuliser solution 2.5 mg/2.5 ml unit dose ampoule** USE 4 TIMES A DAY AS REQUIRED 40 unit dose	08/06/2026P	Dr M R Mukherjee	ACUTE
22/12/2025	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY 8 capsule	22/12/2025P	Dr M R Mukherjee	ACUTE
22/12/2025	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	22/12/2025P	Dr M R Mukherjee	ACUTE
12/11/2025	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS 8 capsule	12/11/2025P	Dr M R Mukherjee	ACUTE
12/11/2025	**Clarithromycin Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 14 tablet	12/11/2025P	Dr M R Mukherjee	ACUTE
31/10/2025	**Morphine Sulfate Oral solution 10 mg/5 ml** 1.25ML UP TO SIX TIMES A DAY AS REQUIRED 100 ML	10/02/2026P	Dr M R Mukherjee	ACUTE
29/10/2025	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	29/10/2025P	Dr M R Mukherjee	ACUTE
29/10/2025	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	29/10/2025P	Dr M R Mukherjee	ACUTE
03/10/2025	**Ensure Plus Advance Liquid feed (banana)** 1 DAILY 6600 ml	10/02/2026P	Dr M R Mukherjee	ACUTE
30/09/2025	**Ensure Compact Liquid** ONE BOTTLE (125ML) TO BE TAKEN TWICE DAILY 3500 ML	30/09/2025P	Dr Elaine McLellan	ACUTE
15/09/2025	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	15/09/2025P	Dr M R Mukherjee	ACUTE
15/09/2025	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	15/09/2025P	Dr M R Mukherjee	ACUTE
28/08/2025	**Saline Steripoules Nebuliser solution 0.9 %, 2.5 ml ampoule** 2.5 ml 4 TIMES DAILY 100 unit dose	28/08/2025P	Dr Elaine McLellan	ACUTE
11/08/2025	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 28 capsule	11/08/2025P	Dr M R Mukherjee	ACUTE
	Omeprazole Capsules (Gastro-Resistant) 20 mg TWO			

11/08/2025	TO BE TAKEN EACH DAY 28 capsule	11/08/2025P	Dr M R Mukherjee	ACUTE
16/07/2025	**Laxido Orange Oral Powder Sachets Sugar Free** TWO TO BE TAKEN TWICE A DAY AS REQUIRED 60 sachet	15/09/2025P	Dr M R Mukherjee	ACUTE
11/06/2025	**Laxido Orange Oral Powder Sachets Sugar Free** TWO TO BE TAKEN TWICE A DAY AS REQUIRED 60 sachet	11/06/2025P	Dr M R Mukherjee	ACUTE
09/05/2025	**Ramipril Capsules 5 mg** ONE TO BE TAKEN EACH DAY 28 capsule	09/05/2025P	Dr M R Mukherjee	ACUTE
07/03/2025	**Oseltamivir Capsules 75 mg** 1 Cap Twice daily 10 capsule	07/03/2025P	Dr Elaine McLellan	ACUTE
07/03/2025	**Prednisolone Tablets 5 mg** SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS 30 TABLET	07/03/2025P	Dr Elaine McLellan	ACUTE
07/03/2025	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKENUP TO FOUR TIMES A DAY 84 tablet	28/07/2026P	Dr M R Mukherjee	ACUTE
07/03/2025	**Lorazepam Tablets 500 micrograms** 1 TAB DAILY ONLY IF REQUIRED FOR ACUTE EPISODES OF SHORTNESS OF BREATH 14 tablet	07/03/2025P	Dr Elaine McLellan	ACUTE
10/02/2025	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 14 tablet	10/02/2025P	Dr M R Mukherjee	ACUTE
10/01/2025	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKENUP TO FOUR TIMES A DAY 84 tablet	10/01/2025P	Dr M R Mukherjee	ACUTE
08/11/2024	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	08/11/2024P	Dr M R Mukherjee	ACUTE
18/09/2024	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	18/09/2024P	Dr M R Mukherjee	ACUTE
18/09/2024	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	18/09/2024P	Dr M R Mukherjee	ACUTE
01/08/2024	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 80 tablet	01/08/2024P	Dr Elaine McLellan	ACUTE
12/04/2024	**Folic Acid Tablets 5 mg** ONE TO BE TAKEN EACH DAY 112 tablet	12/04/2024P	Dr M R Mukherjee	ACUTE
10/04/2024	**Clarithromycin Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS 10 TABLET	10/04/2024P	Dr M R Mukherjee	ACUTE
15/02/2024	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	15/02/2024P	Dr M R Mukherjee	ACUTE
15/02/2024	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	15/02/2024P	Dr M R Mukherjee	ACUTE
08/11/2023	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	08/11/2023P	Dr M R Mukherjee	ACUTE
08/11/2023	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	08/11/2023P	Dr M R Mukherjee	ACUTE
19/09/2023	**Ventolin Accuhaler 200 micrograms/dose** TWO PUFFS TO BE INHALED WHEN REQUIRED 60 dose	22/07/2024P	Dr M R Mukherjee	ACUTE
19/09/2023	**Salbutamol Dry powder for inhalation 200 micrograms/dose** 1 Puff Daily 60 dose	19/09/2023P	Dr M R Mukherjee	ACUTE
08/09/2023	**Betamethasone Dipropionate And Calcipotriol Foam 500 micrograms + 50 micrograms/gram** ONE DOSE TO BE USED ONCE A DAY 120 gram	19/10/2023P	Dr M R Mukherjee	ACUTE
21/07/2023	**Bisoprolol Fumarate Tablets 5 mg** ONE TO BE TAKEN EACH DAY 28 tablet	21/07/2023P	Dr M R Mukherjee	ACUTE
12/06/2023	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	12/06/2023P	Dr M R Mukherjee	ACUTE
12/06/2023	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS 21 capsule	12/06/2023P	Dr M R Mukherjee	ACUTE
12/04/2023	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	12/04/2023P	Dr M R Mukherjee	ACUTE
12/04/2023	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	12/04/2023P	Dr M R Mukherjee	ACUTE
13/01/2023	**Aciclovir Tablets 800 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR 7 DAYS 35 TABLET	13/01/2023P	Dr Elaine McLellan	ACUTE
13/01/2023	**Azithromycin Tablets 500 mg** 1 TAB DAILY 3 tablet	13/01/2023P	Dr Elaine McLellan	ACUTE
13/01/2023	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	13/01/2023P	Dr Elaine McLellan	ACUTE
15/12/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	15/12/2022P	Dr M R Mukherjee	ACUTE
15/12/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	15/12/2022P	Dr M R Mukherjee	ACUTE
31/10/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	31/10/2022P	Dr M R Mukherjee	ACUTE
10/10/2022	**Nefopam Hydrochloride Tablets 30 mg** ONE TO BE TAKEN THREE TIMES A DAY 90 tablet	10/10/2022P	Dr M R Mukherjee	ACUTE
30/08/2022	**Co-Codamol 15/500 Tablets** TWO TO BE TAKEN FOUR TIMES A DAY 56 tablet	30/08/2022P	Dr S G MacPherson	ACUTE
01/08/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	01/08/2022P	Dr M R Mukherjee	ACUTE
01/08/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	01/08/2022P	Dr M R Mukherjee	ACUTE
01/08/2022	**Co-Codamol 15/500 Tablets** TWO TO BE TAKEN FOUR TIMES A DAY 56 tablet	01/08/2022P	Dr M R Mukherjee	ACUTE
07/07/2022	**Ensure Compact Liquid (Banana)** 1 TWICE A DAY	07/07/2022P	Dr Elaine McLellan	ACUTE

	3000 ml			
28/04/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	28/04/2022P	Dr Elaine McLellan	ACUTE
28/04/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	28/04/2022P	Dr Elaine McLellan	ACUTE
27/04/2022	**Forceval Capsules** 1 Cap Daily 56 capsule	27/04/2022P	Dr M R Mukherjee	ACUTE
18/03/2022	**Co-Codamol 8/500 Tablets** ONE- TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 56 tablet	18/03/2022P	Dr M R Mukherjee	ACUTE
14/02/2022	**Betamethasone Dipropionate And Calcipotriol Foam 500 micrograms + 50 micrograms/gram** ONE DOSE TO BE USED ONCE A DAY 120 gram	14/02/2022P	Dr M R Mukherjee	ACUTE
14/02/2022	**Calcipotriol Scalp solution 50 micrograms/ml** USE ONCE DAILY UNDERNEATH THE NAILS FOR 3 MONTHS 60 ml	14/02/2022P	Dr M R Mukherjee	ACUTE
14/02/2022	**Betamethasone Valerate Scalp application 0.1 %** APPLY THINLY UNDERNEATH NAILS EVERY DAY FOR 3 MONTHS 100 ML	14/02/2022P	Dr M R Mukherjee	ACUTE
14/02/2022	**Qv Gentle Wash** TO BE USED AS SOAP SUBSTITUTE 500 ml	14/02/2022P	Dr M R Mukherjee	ACUTE
19/11/2021	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	19/11/2021P	Dr Elaine McLellan	ACUTE
19/11/2021	**Prednisolone Tablets 5 mg** SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS 30 TABLET	19/11/2021P	Dr Elaine McLellan	ACUTE
19/11/2021	**Nacsys Effervescent tablets 600 mg** ONE TO BE TAKEN DAILY 56 TABLET	19/11/2021P	Dr Elaine McLellan	ACUTE
13/08/2021	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	13/08/2021P	Dr Elaine McLellan	ACUTE
13/08/2021	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	13/08/2021P	Dr Elaine McLellan	ACUTE
12/07/2021	**Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose** 1 Puff Daily 1 dose	20/09/2021P	Dr Elaine McLellan	ACUTE
04/05/2021	**Amitriptyline Hydrochloride Tablets 25 mg** ONE TO BE TAKEN IN THE EVENING 28 tablet	04/05/2021P	Dr M R Mukherjee	ACUTE
04/05/2021	**Nefopam Hydrochloride Tablets 30 mg** ONE TO BE TAKEN THREE TIMES A DAY 90 tablet	04/05/2021P	Dr M R Mukherjee	ACUTE
04/05/2021	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 56 tablet	04/05/2021P	Dr M R Mukherjee	ACUTE
25/02/2021	**Amitriptyline Hydrochloride Tablets 10 mg** ONE TO BE TAKEN IN THE EVENING 21 tablet	25/02/2021P	Dr M R Mukherjee	ACUTE
25/01/2021	**Macrogol Compound Oral Powder (sachets) NPF Sugar Free** ONE SACHET TO BE TAKEN TWICE A DAY 28 sachet	25/01/2021P	Dr M R Mukherjee	ACUTE
29/09/2020	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	29/09/2020P	Dr M R Mukherjee	ACUTE
29/09/2020	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	29/09/2020P	Dr M R Mukherjee	ACUTE
08/04/2020	**E45 Emollient Bath oil** AS DIRECTED 500 ml	08/04/2020P	Dr M R Mukherjee	ACUTE
17/12/2019	**Clobetasone Butyrate Ointment 0.05 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	17/12/2019P	Dr S G MacPherson	ACUTE
18/09/2019	**Atorvastatin Tablets 20 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	18/09/2019P	Dr S G MacPherson	ACUTE
18/09/2019	**Aspirin Dispersible tablets 75 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	18/09/2019P	Dr S G MacPherson	ACUTE
13/08/2019	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	13/08/2019P	Dr M R Mukherjee	ACUTE
13/08/2019	**Clobetasone Butyrate Ointment 0.05 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	13/08/2019P	Dr M R Mukherjee	ACUTE
16/07/2019	**Folic Acid Tablets 5 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	16/07/2019P	Dr M R Mukherjee	ACUTE
09/07/2019	**Colecalciferol Capsules 800 units** 1 Cap Daily 90 CAPSULE	09/07/2019P	Dr M R Mukherjee	ACUTE
12/04/2019	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	12/04/2019P	Dr M R Mukherjee	ACUTE
07/11/2018	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	07/11/2018P	Dr Elaine McLellan	ACUTE
07/11/2018	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	07/11/2018P	Dr Elaine McLellan	ACUTE
07/11/2018	**Piroxicam Gel 0.5 %** Rub into the affected site three to four times daily 60 GRAM	07/11/2018P	Dr Elaine McLellan	ACUTE
07/11/2018	**Colecalciferol Tablets 800 units** 1 TAB DAILY 90 tablet	07/11/2018P	Dr Elaine McLellan	ACUTE
23/10/2018	**Montelukast Sodium Tablets 10 mg** ONE TO BE TAKEN IN THE EVENING 28 tablet	23/10/2018P	Dr M R Mukherjee	ACUTE
25/09/2018	**Folic Acid Tablets 5 mg** ONE TO BE TAKEN EACH DAY 28 tablet	25/09/2018P	Dr M R Mukherjee	ACUTE
	Aerochamber Plus Spacer device standard (blue)			

25/09/2018	USE WITH SALBUTAMOL 1*1 device	25/09/2018P	Dr M R Mukherjee	ACUTE
23/07/2018	**Colecalciferol Tablets 800 units** 1 TAB DAILY 90 tablet	23/07/2018P	Dr S G MacPherson	ACUTE
12/06/2018	**Folic Acid Tablets 5 mg** ONE TO BE TAKEN EACH DAY 84 tablet	12/06/2018P	Dr S G MacPherson	ACUTE
04/06/2018	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	04/06/2018P	Dr M R Mukherjee	ACUTE
04/06/2018	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	04/06/2018P	Dr M R Mukherjee	ACUTE
19/02/2018	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING FOR 5 DAYS 40 TABLET	19/02/2018P	Dr Elaine McLellan	ACUTE
19/02/2018	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	19/02/2018P	Dr Elaine McLellan	ACUTE
19/02/2018	**Calcipotriol Ointment 50 micrograms/gram** APPLY TO THE AFFECTED AREAS ONCE OR TWICE DAILY UP TO A MAXIMUM OF 100G WEEKLY 30 GRAM	19/02/2018P	Dr Elaine McLellan	ACUTE
19/02/2018	**E45 Emollient Wash Cream** APPLY FOUR TIMES A DAY 250 ml	13/03/2019P	Dr Elaine McLellan	ACUTE
10/05/2017	**Tramadol Hydrochloride Capsules 50 mg** UP TO QID 15 capsule	10/05/2017P	Dr Greg Tooke	ACUTE
22/03/2017	**Prednisolone Tablets 5 mg** 6 tabs Daily 30 tablet	22/03/2017P	Dr S G MacPherson	ACUTE
07/03/2017	**Prednisolone Tablets 5 mg** 6 tabs Daily 30 tablet	07/03/2017P	Dr S G MacPherson	ACUTE
07/03/2017	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	22/03/2017P	Dr S G MacPherson	ACUTE
16/01/2017	**Tramadol Hydrochloride Capsules 50 mg** UP TO QID 20 capsule	16/01/2017P	Dr Greg Tooke	ACUTE
05/12/2016	**Tramadol Hydrochloride Capsules 50 mg** UP TO QID 30 capsule	05/12/2016P	Dr Greg Tooke	ACUTE
25/11/2016	**Varenicline Tablets 1 mg** 1 TAB TWICE A DAY 56 tablet	25/11/2016P	Dr S G MacPherson	ACUTE
14/10/2016	**Prednisolone Tablets 5 mg** 6 TABS DAILY AS DIRECTED 42 tablet	14/10/2016P	Dr S G MacPherson	ACUTE
14/10/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	14/10/2016P	Dr S G MacPherson	ACUTE
14/10/2016	**Varenicline Tablets 1 mg + 500 micrograms** As directed 25 tablet	14/10/2016P	Dr S G MacPherson	ACUTE
08/03/2016	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	08/03/2016P	Dr M R Mukherjee	ACUTE
15/02/2016	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	15/02/2016P	Dr Greg Tooke	ACUTE
16/12/2015	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	16/12/2015P	Dr Greg Tooke	ACUTE
09/10/2015	**Gentian Mixture ,Alkaline Mixture** 20ML THREE TIMES A DAY BEFORE MEALS 2000 ml	09/10/2015P	Dr Elaine McLellan	ACUTE
10/09/2015	**Tiotropium Dry powder capsules for inhalation 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 60 CAPSULE	10/09/2015P	Dr M R Mukherjee	ACUTE
10/09/2015	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 1 PUFF TWICE DAILY 1 inhaler	10/09/2015P	Dr M R Mukherjee	ACUTE
10/09/2015	**Carbocisteine Capsules 375 mg** TWO TO BE TAKEN THREE TIMES A DAY THEN TWICE DAILY AS CONDITION IMPROVES 336 CAPSULE	10/09/2015P	Dr M R Mukherjee	ACUTE
20/04/2015	**Tiotropium Dry powder for inhalation + inhaler 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 2 PACK	20/04/2015P	Dr M R Mukherjee	ACUTE
09/04/2015	**Prednisolone Tablets 5 mg** 6 DAILY FOR 7 DAYS 42 tablet	20/04/2015P	Dr M R Mukherjee	ACUTE
09/04/2015	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	09/04/2015P	Dr Elaine McLellan	ACUTE
09/04/2015	**Salbutamol Breath-actuated inhaler 95 micrograms/dose** TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	09/04/2015P	Dr Elaine McLellan	ACUTE
05/02/2015	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	05/02/2015P	Dr Elaine McLellan	ACUTE
05/02/2015	**Prednisolone Tablets 5 mg** 6 DAILY FOR 7 DAYS 42 tablet	05/02/2015P	Dr Elaine McLellan	ACUTE
07/05/2014	**Peak Flow Meter (Standard Range) Meter** as dir 1 device	07/05/2014P	Dr S G MacPherson	ACUTE
28/04/2014	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	07/05/2014P	Dr S G MacPherson	ACUTE
28/04/2014	**Prednisolone Tablets 5 mg** 6 DAILY FOR 7 DAYS 42 tablet	28/04/2014P	Dr S G MacPherson	ACUTE
25/02/2014	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	25/02/2014P	Dr S G MacPherson	ACUTE
17/10/2013	**Tramadol Hydrochloride Capsules 50 mg** 1 CAPSULE AS DIRECTED 30 capsule	17/10/2013P	Dr S G MacPherson	ACUTE
05/09/2013	**Co-Codamol 8/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED	05/09/2013P	Dr M R Mukherjee	ACUTE

	(MAXIMUM OF 8 IN 24 HOURS) 100 TABLET			
05/09/2013	**Amitriptyline Hydrochloride Tablets 10 mg** ONE TO BE TAKEN IN THE EVENING 28 tablet	05/09/2013P	Dr M R Mukherjee	ACUTE
05/09/2013	**Diprobase Ointment** APPLY TWICE A DAY 500 gram	05/09/2013P	Dr M R Mukherjee	ACUTE
05/09/2013	**Calcipotriol Ointment 50 micrograms/gram** APPLY TO THE AFFECTED AREAS ONCE OR TWICE DAILY UP TO A MAXIMUM OF 100G WEEKLY 30 GRAM	05/09/2013P	Dr M R Mukherjee	ACUTE
05/09/2013	**Calcipotriol Scalp solution 50 micrograms/ml** APPLY TWICE A DAY 60 ml	05/09/2013P	Dr M R Mukherjee	ACUTE
17/04/2013	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH DAY 28 capsule	17/04/2013P	Dr S G MacPherson	ACUTE
18/01/2013	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 inhaler	18/01/2013P	Dr S G MacPherson	ACUTE
18/01/2013	**Varenicline Tablets 1 mg + 500 micrograms** USE AS DIRECTED 25 tablet	18/01/2013P	Dr S G MacPherson	ACUTE
25/09/2012	**Bupropion Hydrochloride M/R tablets 150 mg** TO BE TAKEN AS DIRECTED 60 tablet	25/09/2012P	User Locum Locum	ACUTE
25/09/2012	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	25/09/2012P	User Locum Locum	ACUTE
17/07/2012	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY 8 CAPSULE	17/07/2012P	Dr M R Mukherjee	ACUTE
11/06/2012	**Prednisolone Tablets 5 mg** 6 DAILY 36 tablet	11/06/2012P	Dr S G MacPherson	ACUTE
11/06/2012	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	11/06/2012P	Dr S G MacPherson	ACUTE
28/05/2012	**Clarithromycin Tablets 250 mg** 1 Tab morning and night 14 tablet	28/05/2012P	Dr S G MacPherson	ACUTE
09/05/2012	**Tramadol Hydrochloride Capsules 50 mg** 1 CAPSULE AS DIRECTED 30 capsule	09/05/2012P	Dr S G MacPherson	ACUTE
01/02/2012	**Tramadol Hydrochloride Capsules 50 mg** 1 CAPSULE AS DIRECTED 30 capsule	01/02/2012P	Dr S G MacPherson	ACUTE
25/11/2011	**Erythromycin Stearate tablets 500 mg** 1 BD 10 TABLET	06/12/2011P	Dr S G MacPherson	ACUTE
25/11/2011	**Tramadol Hydrochloride Capsules 50 mg** 1 CAPSULE AS DIRECTED 30 capsule	25/11/2011P	Dr S G MacPherson	ACUTE
06/10/2011	**Tramadol Hydrochloride Capsules 50 mg** 1 CAPSULE AS DIRECTED 30 capsule	06/10/2011P	Dr M R Mukherjee	ACUTE
31/03/2011	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	31/03/2011P	User Locum Locum	ACUTE
20/12/2010	**Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml** 2-3 X 200ML BOTTLES PER DAY 84 bottle	20/12/2010P	Dr M R Mukherjee	ACUTE
29/11/2010	**Amoxicillin Capsules 500 mg** ONE CAPSULE THREE TIMES DAILY 21 capsule	29/11/2010P	Dr S G MacPherson	ACUTE
12/11/2010	**Fortisip Bottle Liquid Feed (Banana) Bottle 200 ml** 2-3 X 200ML BOTTLES PER DAY 84 bottle	12/11/2010P	Dr M R Mukherjee	ACUTE
10/11/2010	**Fortisip Range Starter Pack Liquid feed** 1 1*1 pack	10/11/2010P	Dr S G MacPherson	ACUTE
21/10/2010	**Imipramine Tablets 25 mg** 1 Tab At night 28 TABS	21/10/2010P	Dr M R Mukherjee	ACUTE
08/10/2010	**Imipramine Hydrochloride Tablets 10 mg** 1 Tab At night 14 TABS	08/10/2010P	Dr M R Mukherjee	ACUTE
03/09/2010	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 3 times daily 60 CAPS	03/09/2010P	Dr S G MacPherson	ACUTE
03/06/2010	**Domperidone Tablets 10 mg** 1 Tab 3 times daily 42 TABS	03/06/2010P	Dr M R Mukherjee	ACUTE
03/06/2010	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	03/06/2010P	Dr M R Mukherjee	ACUTE
20/04/2010	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	20/04/2010P	Dr S G MacPherson	ACUTE
01/03/2010	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 60 CAPS	01/03/2010P	Dr M R Mukherjee	ACUTE
17/12/2009	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 80 CAPS	17/12/2009P	Dr A M Maguire	ACUTE
17/12/2009	**Clarithromycin Tablets 250 mg** 1 Tab morning and night 10 TABS	17/12/2009P	Dr A M Maguire	ACUTE
21/10/2009	**Clarithromycin Tablets 250 mg** 1 Tab morning and night 14 TABS	21/10/2009P	Dr A M Maguire	ACUTE
13/10/2009	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	13/10/2009P	Dr M R Mukherjee	ACUTE
08/10/2008	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 80 CAPS	08/10/2008P	Dr S G MacPherson	ACUTE
15/08/2008	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 80 CAPS	15/08/2008P	Dr S G MacPherson	ACUTE
23/06/2008	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 60 CAPS	23/06/2008P	Dr A M Maguire	ACUTE
23/06/2008	**Fexofenadine Hydrochloride Tablets 120 mg** 1 Tab In the morning 30 TABS	23/06/2008P	Dr A M Maguire	ACUTE
23/06/2008	**Co-Codamol 30/500 Caplets** 1 or 2 Tabs Daily 30 tablet	23/06/2008Q	Dr A M Maguire	ACUTE
22/05/2008	**Fexofenadine Hydrochloride Tablets 120 mg** 1 Tab In the morning 30 TABS	22/05/2008P	Dr A M Maguire	ACUTE

22/05/2008	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 60 CAPS	22/05/2008P	Dr A M Maguire	ACUTE
18/03/2008	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 60 CAPS	18/03/2008P	User Locum Locum	ACUTE
31/01/2008	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 60 CAPS	31/01/2008P	Dr M R Mukherjee	ACUTE
31/01/2008	**Fexofenadine Hydrochloride Tablets 120 mg** 1 Tab In the morning 30 TABS	31/01/2008P	Dr M R Mukherjee	ACUTE
22/10/2007	**Fexofenadine Hydrochloride Tablets 120 mg** 1 Tab In the morning 30 TABS	22/10/2007P	Dr S G MacPherson	ACUTE
01/08/2007	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 60 CAPS	01/08/2007P	Dr A M Maguire	ACUTE
29/06/2007	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 51 CAPS	29/06/2007P	Dr M R Mukherjee	ACUTE
04/06/2007	**Tramadol Hydrochloride Capsules 50 mg** 1 Cap 3 times daily 50 CAPS	04/06/2007P	Dr S G MacPherson	ACUTE
30/04/2007	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** 1 or 2 Tabs Take as required 100 tablet	30/04/2007Q	Dr M R Mukherjee	ACUTE
01/03/2007	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** 1 or 2 Tabs Take as required 100 tablet	01/03/2007Q	Dr Data Transfer	ACUTE
01/03/2007	**Loratadine Tablets 10 mg** 1 Tab Daily 30 TABS	01/03/2007P	User Locum Locum	ACUTE
29/01/2007	**Loratadine Tablets 10 mg** 1 Tab Daily 30 TABS	29/01/2007P	Dr S G MacPherson	ACUTE
20/12/2006	**Loratadine Tablets 10 mg** 1 Tab Daily 30 TABS	20/12/2006P	Dr S G MacPherson	ACUTE
20/12/2006	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** 1 or 2 Tabs Take as required 100 tablet	20/12/2006Q	Dr S G MacPherson	ACUTE
20/10/2006	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** 1 or 2 Tabs Take as required 60 tablet	20/10/2006Q	Dr S G MacPherson	ACUTE
20/10/2006	**Diclofenac Sodium M/R capsules 75 mg** 1 Cap morning and night 60 CAPS	20/10/2006P	Ms Jeanette Allan	ACUTE
26/09/2006	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** 1 or 2 Tabs Take as required 60 tablet	26/09/2006Q	Dr S G MacPherson	ACUTE
08/09/2006	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** 1 or 2 Tabs Take as required 56 tablet	08/09/2006Q	Dr M R Mukherjee	ACUTE
16/08/2006	**Zyban M/R tablets 150 mg** 1 Tab As directed 60 TABS	16/08/2006P	Dr S G MacPherson	ACUTE
04/08/2006	**Diclofenac Sodium M/R capsules 75 mg** 1 Cap morning and night 60 CAPS	04/08/2006P	User Locum Locum	ACUTE
04/08/2006	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** 1 or 2 Tabs 4 times daily 112 tablet	04/08/2006Q	Dr Data Transfer	ACUTE
29/03/2005	**Calcipotriol Ointment 50 micrograms/gram** Apply sparingly As directed 100 OINT	29/03/2005P	Dr S G MacPherson	ACUTE
09/03/2004	**Calcipotriol Ointment 50 micrograms/gram** Apply sparingly As directed 100 OINT	09/03/2004P	Dr S G MacPherson	ACUTE
10/06/2003	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 21 CAPS	10/06/2003P	Dr S G MacPherson	ACUTE
22/01/2003	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 21 CAPS	22/01/2003P	Dr S G MacPherson	ACUTE
19/05/2025	**Acepiro Effervescent tablets 600 mg** ONE TO BE TAKEN EACH DAY 30 tablet	10/11/2025P	Dr M R Mukherjee	REPEAT
23/12/2024	**Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose** TWO PUFFS TO BE USED TWICE DAILY 120 dose	16/05/2025P	Dr M R Mukherjee	REPEAT
16/12/2024	**Amlodipine Tablets 5 mg** ONE TO BE TAKEN EACH DAY 28 tablet	03/03/2025P	Dr M R Mukherjee	REPEAT
16/12/2024	**Ramipril Capsules 2.5 mg** ONE TO BE TAKEN EACH DAY 28 capsule	15/04/2025P	Dr M R Mukherjee	REPEAT
20/08/2024	**Nicorandil Tablets 10 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	03/03/2025P	Dr M R Mukherjee	REPEAT
19/08/2024	**Isosorbide Mononitrate M/R capsules 50 mg** ONE TO BE TAKEN DAILY 28 capsule	08/06/2026P	Dr M R Mukherjee	REPEAT
27/12/2023	**Bisoprolol Fumarate Tablets 10 mg** ONE TO BE TAKEN EACH DAY 28 tablet	22/07/2024P	Dr M R Mukherjee	REPEAT
27/12/2023	**Ramipril Capsules 5 mg** ONE TO BE TAKEN DAILY 28 CAPSULE	12/12/2024P	Dr M R Mukherjee	REPEAT
20/09/2023	**Bisoprolol Fumarate Tablets 5 mg** ONE TO BE TAKEN EACH DAY 28 tablet	27/11/2023P	Dr M R Mukherjee	REPEAT
20/09/2023	**Clopidogrel Tablets 75 mg** ONE TO BE TAKEN EACH DAY UNTIL 05.06.2024 28 tablet	11/06/2024P	Dr M R Mukherjee	REPEAT
02/08/2023	**Isosorbide Mononitrate Tablets 20 mg** ONE TO BE TAKEN TWICE A DAY 56 tablet	22/07/2024P	Dr M R Mukherjee	REPEAT
07/07/2023	**Bisoprolol Fumarate Tablets 2.5 mg** ONE TO BE TAKEN EACH DAY 28 tablet	18/09/2023P	Dr M R Mukherjee	REPEAT
07/07/2023	**Isosorbide Mononitrate Tablets 10 mg** ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM) 56 tablet	07/07/2023P	Dr M R Mukherjee	REPEAT
15/05/2023	**Atorvastatin Tablets 80 mg** ONE TO BE TAKEN EACH DAY 28 tablet	27/11/2023P	Dr M R Mukherjee	REPEAT
15/05/2023	**Bisoprolol Fumarate Tablets 2.5 mg** ONE TO BE TAKEN EACH DAY 28 tablet	15/05/2023P	Dr M R Mukherjee	REPEAT
15/05/2023	**Ramipril Capsules 2.5 mg** ONE CAP TO BE TAKEN	27/11/2023P	Dr M R Mukherjee	REPEAT

	TWICE DAILY 56 CAPSULE			
15/05/2023	**Ticagrelor Tablets 90 mg** ONE TO BE TAKEN TWICE DAILY UNTIL 15.05.2024 56 TABLET	18/09/2023P	Dr M R Mukherjee	REPEAT
04/09/2022	**Atorvastatin Tablets 20 mg** ONE TO BE TAKEN EACH DAY 28 tablet	02/05/2023P	Dr M R Mukherjee	REPEAT
04/03/2020	**Stexerol-D3 Tablets 1,000 units** ONE TO BE TAKEN DAILY 28 tablet	12/06/2023P	Dr M R Mukherjee	REPEAT
18/12/2018	**Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose** ONE DOSE TO BE INHALED ONCE DAILY 30 dose	12/12/2024P	Dr M R Mukherjee	REPEAT
18/12/2018	**Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose** ONE DOSE TO BE INHALED ONCE DAILY 30 dose	12/12/2024P	Dr M R Mukherjee	REPEAT
25/09/2018	**Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose** ONE PUFF TO BE INHALED EACH DAY 1*30 dose	20/11/2018P	Dr M R Mukherjee	REPEAT
06/07/2018	**Tamsulosin Hydrochloride M/R capsules 400 micrograms** ONE TO BE TAKEN EACH DAY 56 CAPSULE	06/07/2018P	Dr M R Mukherjee	REPEAT
19/02/2018	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	19/02/2018P	Dr Elaine McLellan	REPEAT
07/08/2017	**Braltus Inhalation Powder Capsules With Inhaler 10 micrograms** ONE DOSE TO BE INHALED EACH DAY 60 CAPSULE	21/08/2018P	Dr Elaine McLellan	REPEAT
17/11/2015	**Carbocisteine Capsules 375 mg** 2 Caps Twice daily 112 CAPSULE	16/05/2025P	Dr M R Mukherjee	REPEAT
17/11/2015	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 2 PUFFS BD 2 INHALER	07/06/2018P	Dr Elaine McLellan	REPEAT
17/11/2015	**Spiriva Refill Dry powder capsules for inhalation 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 60 CAPSULE	03/05/2017P	Dr M R Mukherjee	REPEAT