PATIENT IDENTIFICATION SHEET

Pat
Ad
Da
Tel

CHI 180 279 6037
Stephen Kearins
Flat 0/2
13 Murray Street
Greenock
Inverclyde
PA16 7EQ

GP's name Ardgowan Medical
Address 2 Finnart Street
Greenock.
PA16 8HW.
Telephone No: 01475 888155

CHANGE OF ADDRESS
Address
Telephone No:

CHANGE OF GP
GP's Name
Address
Telephone No:

DRUG ALLERGIES	SIGNATURE	REVIEWED (DATE)			
		1	2	3	4

MEDICAL / PSYCHIATRIC CRITICAL INCIDENTS	REVIEWED (DATE)			
	1	2	3	4

Getting to know me

This information will help staff to support you. It will help us get to know you, understand who and what is important to you, and how you like things to be.

We invite you, your family, friends and carers to complete this information with as much detail as you want to share with us. **There are guidance notes at the back of the booklet.**

Please ask a member of staff if you need any help to complete this information.

My name: My full name and the name I prefer to be called.

~~Stef~~ STEPHEN KEARNS (STEVIE)

The person who knows me best:

(IS PROBLY MYSELF)

Home, family and things that are important to me: Your family, friends, pets or things about home.

My Aunty [redacted] n uncle [redacted]

also my Best MATE [redacted]

My Dogs

I would like you to know: Anything that will help the staff get to know you, perhaps things that help you relax or upset you.

My life so far: This may include your previous or present employment, interests, hobbies, important dates and events.

painting Decorating

FISHING

WALKING.

Things you should know about my spiritual and cultural needs:

This can be important religious or other beliefs, or anything that makes you feel happy and content.

Food and drink: Tell us about your likes and dislikes, where you like to eat, if you need any help with eating or drinking or special diet.

Cant eat spicey food or seafood

Sleep and rest: Tell us about your usual routines and what helps you to rest or relax.

My sleeps all over the place.

Taking medication: Perhaps you prefer tablets, syrup, need help or take your medication in a specific way.

Personal care and using the toilet: Tell us about your normal routine, any help you need and your preferences.

none

Summary of Key Information

Please use this space to tell us about the things that are most important to you.

1. my Dogs

2.

3.

4.

5.

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

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Hospital:	Points to consider:
Ward:	• Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

Pressure damage	No RISK ↓	At RISK ↓	Grade 1 – non blanching skin Grade 2,3,4, suspected deep tissue injury (SDTI), ungradable pressure ulcer, Moisture Associate Skin Damage (MASD) ↓	Device Related Pressure Damage i.e. nasogastric, catheters, oxygen tubing ↓
YOU MUST CHECK SKIN at pressure points	Daily skin check	4 hourly positioning Complete SSKINS care plan (Overleaf)	2 hourly positioning with skin checks, Complete SSKINS care plan (overleaf)	All devices need a SSKINS care plan (overleaf)

1 PressureDamage	Does the person have Pressure damage; Grade 1, 2, 3, 4, SDTI, Ungradable?
2 Mobility	Does the person require assistance to mobilise or change position?
3 Continence	Does the person have moisture issues, or, continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage?

Date	Location of pressure damage	Grade of ulcer	Date	Location of pressure damage	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

If NO to all questions, continue Care Rounds Prescribed as assessed for individual need and re-assess daily.
If you have answered YES to any of the questions above, please complete the SSKINS care plan overleaf.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Check Skin	Signature
11/11/25	18:25	N	N	N	N	N	N	24 hrly	Alicia Galan STN
12/11/25	7:25	N	N	N	N	N	N	24 hrly	F Copeland SN
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
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NEWS 2 Key | 1 | 2 | 3

Date	1/11	11/11	12/11		
Time	11:00	18 00	09 45		
A + B Respirations Breaths/min	[redacted]				
A + B SpO2 Scale 1 Oxygen saturation (%)	97	96	97	≥96	0
				94-95	1
				92-93	2
				≤91	3
Only use scale 2 under direction of qualified clinician				≥97 on O2	3
				95-96% on O2	2
				93-94% on O2	1
				≥93 on air	0
				88-92	0
				86-87	1
				84-85	2
				≤83	3
Air or oxygen?	A	A	A	Air (A) or O2 device'	0
				O2 L/min 2	2
C Blood Pressure mmHg (Score uses systolic BP only)				≥220	3
				201-219	0
				181-200	0
				161-180	0
		141	157	141-160	0
				121-140	0
				111-120	0
		109		101-110	1
			100	91-100	2
				81-90	3
				71-80	3
				61-70	3
				51-60	3
				≤50	3
C Pulse Beats / min				≥131	3
				121-130	2
				111-120	2
				101-110	1
				91-100	1
				81-90	0
	•			71-80	0
		58		61-70	0

Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

				Range	Score
				41-50	1
				31-40	3
				≤30	3
	•		A	A Alert	0
				C New Confusion	3
ew.				V Verbal	3
				P Pressure	3
				U Unresponsive	3
				≥39	2
				38.1-39.0	1
				37.1-38.0	0
	•	36.3	36.4	36.1-37.0	0
				35.1-36.0	1
				≤35.0	3
	0	0	0		
	7.0		/		
	OA		/		
	10.20		AM		
	N		N		
	N		N		
	23.00		13/11		
	N		N		
	AB		OC STN		

> 4 THINK SEPSIS
SIS 6 within 1 hour

saturation >94% (COPD 88-92%)
g
BC
and fluid balance chart

Think ACE

A Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management pla
Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideratio
of resuscitation status.

S · KEARINS
180279 6037. AAH.

MY CRISIS MANAGEMENT PLAN

Information for me	Information for staff	Things I would want staff to do that may help me when I am in a crisis:
Positive things I can do when I am in a crisis: SEEK HELP AND SPEAK TO OTHERS DOGS GOING FOR A DRIVE	**My difficulties as I see them now:** BREAKDOWN OF RELATIONSHIP	**Practical help in a crisis:** SPEAK TO ME DISCUSSED OT.
Things that have NOT been helpful when I have been faced with crises in the past: 30+ YEARS CANNABIS USE	**Details of any current treatment/support from health professionals:** SAMH - STILL IN CONTACT - WORKER CALLED [redacted]	**I would like copies of this crisis plan to go to:** me, my whole clinical team xxx) CLINICAL TEAM
Specific things I DON'T want to happen during a crisis: DON'T WANT TO HAVE THOUGHTS OF OVERDOSE	**Situations that can lead to a crisis:** SEEING MY PARTNER NOT SEEING MY DOGS	

Classification : Official

Alcohol, Smoking and Substance Involvement Screening Tool Lite (ASSIST-Lite) is an alcohol, tobacco, cannabis, stimulants, sedatives, opioids and psychoactive substances screening tool. It has been modified and licensed for use in health and social care settings in the UK and included in the mental health services dataset.[1] There is a version of this tool adapted for health and social care settings. Permission to use this copyrighted tool must be secured by following NHS Digital processes.[2]

Tobacco	**Scoring**					**Your score**
	0				**1**	
1. Are you currently a tobacco smoker?	Non-smoker				Smoker	1
Alcohol	**Scoring**					**Your score**
	0	**1**	**2**	**3**	**4**	
2. How often do you have a drink containing alcohol? If never, skip to question 5	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
3. How many units of alcohol do you drink on a typical day when you are drinking? [3]	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
4. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? [3]	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total alcohol score						0

Cannabis	**Scoring**		**Your score**
In the last three months:	**0**	**1**	
5. Did you use cannabis? If no, skip to question 8.	No	Yes	1
6. Have you had a strong desire or urge to use cannabis at least once a week or more often?	No	Yes	1
7. Has anyone expressed concern about your use of cannabis?	No	Yes	
Total cannabis score			2

Stimulants	**Scoring**		**Your score**
In the last three months:	**0**	**1**	
8. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed? If no, skip to question 11. Including, for example, cocaine (powder or crack), crystal methamphetamine, speed and ecstasy/MDMA	No	Yes	

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9. Did you use a stimulant at least once each week or more often?	No	Yes	
10. Has anyone expressed concern about your use of a stimulant?	No	Yes	
Total stimulants score			0

Sedatives	**Scoring**		**Your score**
In the last three months:	**0**	**1**	
11. Did you use a sedative or sleeping medication not as prescribed including street benzodiazepines? If no, skip to question 14. Including, for example, diazepam (Valium), flunitrazepam (Rohypnol), temazepam, Z-drugs and street benzodiazepines (for example alprazolam, etizolam and flualprazolam)	No	Yes	
12. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	No	Yes	
13. Has anyone expressed concern about your use of a sedative or sleeping medication?	No	Yes	
Total sedatives score			1

Opioids	**Scoring**		**Your score**
In the last three months:	**0**	**1**	
14. Did you use a street opioid, or an opioid-containing medication not as prescribed? If no, skip to question 17. For example, street opioids such as heroin, or opioid-containing medication such as codeine, methadone, buprenorphine, morphine or tramadol	No	Yes	
15. Have you tried and failed to control, cut down or stop using an opioid?	No	Yes	
16. Has anyone expressed concern about your use of an opioid?	No	Yes	
Total opioids score			1

Other substances	**Scoring**		**Your score**
In the last three months:	**0**	**1**	
17. Did you use any other psychoactive substance? (including use of prescribed medications not as prescribed) This might include: • cathinones (for example mephedrone and 'Monkey Dust') • gabapentinoids (for example gabapentin (Neurontin) and pregabalin (Lyrica) • GHB/GBL	No	Yes	

• hallucinogens (for example LSD/acid, mushrooms and DMT) • ketamine • new psychoactive substances (NPS), such as synthetic cannabinoids (also known as Spice or Mamba) • volatile substances such as glue, gas, aerosols or solvents (for example nitrous oxide)			
18. What did you take? Co-codamol 8/500's on OD + Street Benzo's	(Not scored)		
Total other substances score			0

Scoring and actions

Smoking		
Score	**Risk**	**Actions**
0	**Non-smoker**	No indicated action
1	**Smoker**	Deliver Very Brief Advice (VBA) by following these steps: • Provide very brief advice [1] • actively refer to smoking cessation[2] and provide information leaflet
Alcohol	CAUTION: Patients should seek medical advice and specialist assessment before they stop drinking if they have physical withdrawal symptoms (like shaking, sweating or feeling anxious until you have your first drink of the day). It can be dangerous to stop drinking too quickly without proper support.	
Score	**Risk**	**Actions**
0-4	**Low risk**	▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use

[1] Course: Very brief advice on smoking | PHS Learning
[2] NHS Greater Glasgow & Clyde Quit Your Way Community Services (Inverclyde) - Health and Well-being

5-12	**Increasing risk to possible dependence**	• Deliver alcohol brief intervention • Is patient active to ADRS? ○ **Yes** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS accepted** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS declined** ▪ continue to offer referral to Addiction Liaison Team during routine consultations ▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use

Cannabis		
Score	**Risk**	**Actions**
0 - 1	**No cannabis use / Increasing Risk**	▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
2-3	**Higher to High risk**	• Is patient active to ADRS? ○ **Yes** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS accepted** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight ar. concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS declined** ▪ continue to offer referral to Addiction Liaison Team during routine consultations ▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet

		▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
Stimulants		
Score	**Risk**	**Actions**
0 -1	**No stimulant use / Increasing Risk**	▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
2 - 3	**Higher / High risk**	• Is patient active to ADRS? ○ **Yes** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS accepted** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS declined**

		▪ continue to offer referral to Addiction Liaison Team during routine consultations ▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
Sedatives	CAUTION: Prescription drugs that may be used not as prescribed should not be stopped suddenly and should only be withdrawn following a comprehensive assessment and with an agreed plan.	
Score	**Risk**	**Actions**
0-1	**No sedative use**	▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
2-3	Higher to High risk	• Is patient active to ADRS? ○ **Yes** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS accepted**

		▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review ○ **No - Referral to ADRS declined** ▪ continue to offer referral to Addiction Liaison Team during routine consultations ▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations • Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
Opioids	CAUTION: Stopping opioid use suddenly in an unplanned way increases the risk of unpleasant withdrawals, loss of tolerance and overdose. Opioids should only be withdrawn following a comprehensive assessment and with an agreed plan.	
Score	**Risk**	**Actions**
0-1	**No opioid use**	▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
2-3	**High risk**	• Is patient active to ADRS? ○ **Yes** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351

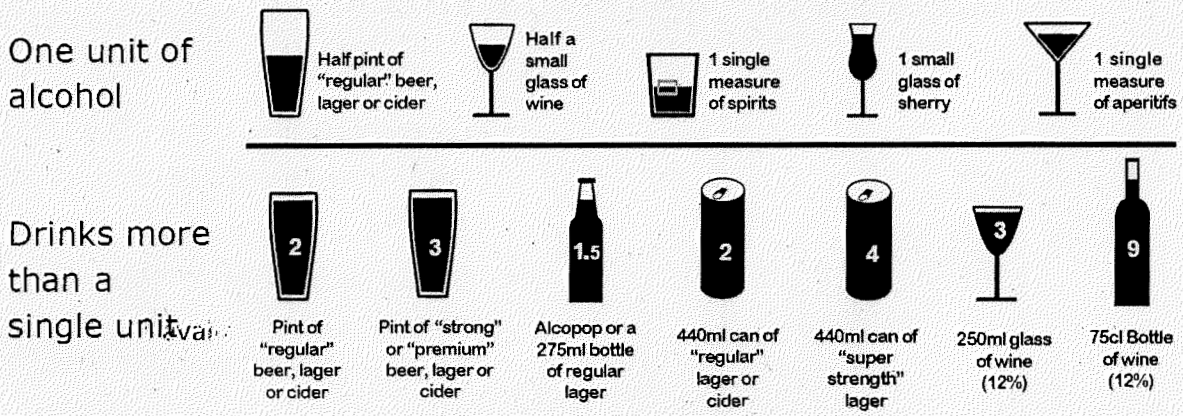
		▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review o **No - Referral to ADRS accepted** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review o **No - Referral to ADRS declined** ▪ continue to offer referral to Addiction Liaison Team during routine consultations ▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations • Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use
Any other psychoactive substance use or prescribed medicines misuse		
Score	**Risk**	**Actions**
0	**No other drug use**	▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations ▪ Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use

1	**Any other drug use**	• Is patient active to ADRS? o **Yes** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review o **No - Referral to ADRS accepted** ▪ contact Addiction Liaison Team Email: addiction.liaison@inverclyde.gov.uk Tel: 01475 715 351 ▪ Discuss ASSIST Lite scoring and highlight any concerns ▪ Arrange joint follow-up review o **No - Referral to ADRS declined** ▪ continue to offer referral to Addiction Liaison Team during routine consultations ▪ Discuss & offer referral to 3rd sector Recovery Services (appendix 2) ▪ Offer information leaflet ▪ Continue to monitor changes to alcohol/drug use during routine consultations • Contact Addiction Liaison Team (appendix 3) to obtain advice and education regarding hazardous/harmful alcohol and/or substance use

[1] This version includes the alcohol use disorders identification test consumption (AUDIT C).

[2] digital.nhs.uk/services/national-clinical-content-repository-copyright-licensing-service

[3] Alcohol unit guide:



[4] Short training videos on VBA are available at: elearning.ncsct.co.uk/vba-launch

[5] NHS Better Health will help you to find local stop smoking services. Visit: nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service/

[6] The NHS alcohol brief advice tool will help you to deliver brief advice on alcohol. It is available at: bit.ly/3cqPPRC

[7] The AUDIT tool will help you to identify health risk from alcohol consumption. It is available at: gov.uk/government/publications/alcohol-use-screening-tests

[8] The FRANK drug and alcohol service directory will help you to find local alcohol and drug services. It is available at: talktofrank.com/get-help/find-support-near-you

[9] FRANK is a free drug advice service, available 24 hours a day online, by phone, by email and by text message. Visit: talktofrank.com/

[10] The cannabis health check-up tool can help you to structure cannabis brief advice. It is available at: bit.ly/2QBIJBa