Keown Michael CHI: 0112556132 GCL 18/06/2015 v1

I saw Mr Keown with ' for review at the medical clinic at Glasgow Royal Infirmary today. Since commencing Spiriva and Seretide he has developed a progressive and disabling arthropathy affecting the first MTP joints, the hip and knee joints leading to immobility. He has also developed a vasculitic type rash in the lower extremities particularly over the pretibial areas as well as increased swelling with pitting oedema of both lower extremities. He was quite definite that the symptoms co-incided with the onset of the inhaler treatment referred to above.

On examination there was pitting oedema of both ankles with well circumscribed erythematous macules over the tibial regions. The lesions were not tender or raised and therefore not typical of erythema nodosum or pretibial myxoedema. He appeared clinically euthyroid with bronzed appearance which he says is due to sun exposure. There was bilateral gynaecomastia and auscultation of the precordium was normal with normal heart sounds and no murmurs or added sounds. The JVP was not visibly raised. Blood pressure was on the high side at 150/100.

I offered him admission but he declined preferring to continue his management as an outpatient. I have requested an update on a number of blood tests aimed at investigating the cause of the arthropathy and rash and also requested and ECG and a chest x-ray. I have asked to see him for review in one week and have instructed him in the meantime to stop the Spiriva and Seretide inhalers.

Kind regards

Yours sincerely,

JAMES BRIAN NEILLY

CONSULTANT PHYSICIAN

Electronically Signed: Dr Brian Neilly, Consultant

cc.

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Medicine
Contact Tel: 0141 211 4971
Enquiries to: Lindsay Fraser {Secretary}
Letter Date: 16/04/2015
Reference: JBN/LMF
Dictated Date: 09/04/2015
Transcribed Date: 14/04/2015

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Dear Dr Little,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Diagnosis:

1. Asthma

Recommendation: Ten day course of Prednisolone 30 mg daily, increase Seretide 250 strength acuhaler to two puffs twice daily. Please also prescribe a peak expiratory flow meter for serial recordings and continue Furosemide at 20 mg daily for fluid retention

Follow-up: General Medical Clinic 21 May 2015 at 2.45 pm

I saw Mr Keown for review at the General Medical Clinic today. He reported an exacerbation of his lower respiratory symptoms and appeared tachypnoeic during the consultation today with unproductive cough. Peak flow rate was 510. Percussion of the chest was normal and auscultation revealed no evidence of inspiratory crackles. It did however reveal high pitched expiratory wheeze on both sides. I suspect he is suffering an exacerbation of his asthma. JVP was not elevated, there was no pitting oedema, heart sounds were normal with no murmurs or added sounds.

I have suggested in a handwritten note that he receives a further longer course of Prednisolone, this time at 30 mg daily for ten days augmented by an increase in his dose of Seretide 250 strength inhaler to two puffs twice daily. He should receive a peak expiratory flow meter and chart his serial peak flow recordings which will be reviewed at the time of his next clinic visit in six weeks.

Yours sincerely

JB NEILLY

CONSULTANT PHYSICIAN

Electronically Signed: Dr Brian Neilly, Consultant

cc.

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Tel: 0141 211 2098
Marie.Lafferty@ggc.scot.nhs.uk

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:
Department
Contact Tel:
Enquiries to:
Letter Date: 13/04/2015
Reference: sm1
Dictated Date: 24/03/2015
Transcribed Date: 13/04/2015

Dear Doctor,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Mr Keown is delighted with the outcome of his recent left cataract surgery. Today the corrected vision is 6/6 in the right eye and 6/6 in the left eye. On examination he has good pseudophakia in both eyes. The intra ocular pressures are normal. The fundi appear unremarkable.

I have discharged him from the eye clinic but would be happy to review him should he develop any new problems in the future.

Yours sincerely

David Yorston

Consultant Ophthalmologist

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Anaesthetics - Pain Clinic
GGC General Referral

— **Consultant / receiving practitioner**and/or**specialty clinic**

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

— **Hospital**and **hospital address**

Hospital location code.
G207H

Email address
-

Urgency of referral	Routine		
Date of referral	22-Jan-2016	**Date sent**	22-Jan-2016

PATIENT DETAILS

Surname	KEOWN
Forename(s)	MICHAEL
Title	MR
Sex	Male
Date of birth	01-Dec-1955
CHI no.	0112556132
Area of Residence	-

Patient's address

48 GLENCORSE STREET
CARNTYNE
GLASGOW
GLASGOW
G32 6JQ

Contact number(s)

Voice:07957 773 592

101010690234U

Unique Care Pathway Number: 101010690234U

REGISTERED GP DETAILS

Name	Dr Paula Rogers		
GMC code	3659500	GP code	02321
Practice name	The Cairns Practice		
Practice code	46081		

Practice address

420 OLD SHETTLESTON ROAD
SHETTLESTON
GLASGOW
G32 7JZ

Contact number(s)

Voice:01415316220

REFERRING GP DETAILS

Name	Dr Craig Mckenna		
GMC code	7460840	GP code	04804
Practice name	The Cairns Practice		
Practice code	46081		

Practice address

420 OLD SHETTLESTON ROAD
SHETTLESTON
GLASGOW
G32 7JZ

Contact number(s)

Voice:01415316220

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Chronic pain

Comment: Chronic pain in neck and lower back since RTA in 1980s. Known OA. Pains in both legs. Tells me he feels pain all over.

Patient ; complain that pain is never controlled. Have tried numerous different medications. States he cannot take opiates. Had a bad experience with codeine in the past where felt awful and vomited so refuses to take more. Currently only on Naproxen and Amitriptyline only. Has previously tried other analgesics including Gabapentin. Felt anything he has tried have eitherbeen ineffective or have had intolerable side effects. Patient keen for referral to specialist pain team.

Therefore I would be grateful for your review of this gentleman.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset	Date recorded
Cataract	- left eye, Ophthalmology OP, Stobhill Hospital	-	21-Nov-2014	21-Nov-2014
Chronic low back pain	[TRUNCATED]left with chronic low back pain after RTA in 1980s also has chronic leg pain and neck pain known OA on nsaid, not controlling low back pain, worse on movement no weight loss no urinary sy	-	14-Mar-2014	14-Mar-2014
[V]Other eye problems	Bilateral Retinal Emboli	First ever	18-Feb-2003	18-Feb-2003
Dry eye syndrome	-	-	24-Oct-2002	24-Oct-2002
Asthma	COUGH VARIENT	-	21-Feb-2002	21-Feb-2002
FRACTURE FIBULA	[YEAR OF EVENT 1981]	-	01-Jan-1981	01-Jan-1981
FRACTURE TIBIA	[YEAR OF EVENT 1981] NOTES: MID-SHAFT L.	-	01-Jan-1981	01-Jan-1981
FRACTURE ACETABULUM	[YEAR OF EVENT 1981] NOTES: CHIP L.	-	01-Jan-1981	01-Jan-1981
FRACTURE COMPOUND	[YEAR OF EVENT 1981] NOTES: SHAFT R FEMUR.	-	01-Jan-1981	01-Jan-1981
ROAD TRAFFIC ACCIDENT	[YEAR OF EVENT 1981] NOTES: (MOTOR BIKE).	-	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Aspirin prophylaxis - IHD	11-May-2007	11-May-2007
ARTHROSCOPY	17-May-1993	17-May-1993
SEPTOPLASTY	07-Nov-1991	07-Nov-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Read code of condition: Ischaemic heart disease [G3...00].	14-Sep-1993

Current medication (Active Repeat medication issued within the last 12 months)

	Date	Date last

Drug name	Quantity	Formulation	Dosage	Frequency	started	issued
Seretide 250 Accuhaler (GlaxoSmithKline UK Ltd)	240	dose	2 PUFFS TWICE DAILY AS DIRECT [more]	-	18-Jan-2016	18-Jan-2016
Amitriptyline 10mg tablets	56	tablet	ONE AT NIGHT	-	17-Jul-2013	18-Jan-2016
Naproxen 500mg tablets	112	tablet	ONE TWICE A DAY	-	17-Sep-2013	13-Jan-2016
Cetirizine 10mg tablets	56	tablet	ONE TABLET EVERY DAY	-	14-Mar-2014	13-Jan-2016
Tiotropium bromide 18microgram inhalation powder capsules	60	capsule	1 DAILY FOR CHEST SYMPTOMS	-	27-Feb-2015	13-Jan-2016
Viscotears 2mg/g liquid gel (Alcon Laboratories (UK) Ltd)	10	gram	ONE DROP AS NEEDED	-	18-Oct-2004	13-Jan-2016
Aspirin 75mg dispersible tablets	56	tablet	ONE IN THE MORNING	-	07-Feb-2003	13-Jan-2016
Omeprazole 20mg gastro-resistant capsules	112	capsule	ONE BD	-	14-Jul-2010	13-Jan-2016
Terbutaline 500micrograms/dose dry powder inhaler	200	dose	ONE PUFF WHEN REQUIRED FOUR T [more]	-	23-Aug-2002	13-Jan-2016

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free	500	ml	PLEASE TAKE 5-10ML AFTER MEAL [more]	-	18-Jan-2016	18-Jan-2016
Zerobase 11% cream (Thornton & Ross Ltd)	500	gram	APPLY AS REQUIRED	-	19-Nov-2015	19-Nov-2015
Seretide 250 Accuhaler (GlaxoSmithKline UK Ltd)	60	dose	2 PUFFS TWICE A DAY AS DIR BY [more]	-	27-Feb-2015	13-Jan-2016
Seretide 250 Accuhaler (GlaxoSmithKline UK Ltd)	60	dose	2 PUFFS TWICE A DAY AS DIR BY [more]	-	27-Feb-2015	24-Aug-2015
Tiotropium bromide 18microgram inhalation powder capsules	60	capsule	1 DAILY FOR CHEST SYMPTOMS	-	27-Feb-2015	16-Dec-2015
Naproxen 500mg tablets	112	tablet	ONE TWICE A DAY	-	17-Sep-2013	16-Dec-2015
Cetirizine 10mg tablets	56	tablet	ONE TABLET EVERY DAY	-	14-Mar-2014	16-Dec-2015
Viscotears 2mg/g liquid gel (Alcon Laboratories (UK) Ltd)	10	gram	ONE DROP AS NEEDED	-	18-Oct-2004	15-Oct-2015
Omeprazole 20mg gastro-resistant capsules	112	capsule	ONE BD	-	14-Jul-2010	07-Aug-2015
Aspirin 75mg dispersible tablets	56	tablet	ONE IN THE MORNING	-	07-Feb-2003	07-Aug-2015
Amitriptyline 10mg tablets	56	tablet	ONE AT NIGHT	-	17-Jul-2013	16-Dec-2015

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking status on date of event: Never smoked.	15-Aug-2014
Ex smoker:	Smoking status on date of event: Ex-smoker.	06-Aug-2013
Ex smoker:	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2011.	05-Sep-2012
Cigarette smoker:	Smoking status on date of event: Smoker.	15-Jun-2011
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	21-Apr-2009
Teetotaller:	Drinking status on eventdate: Life teetotaler.	11-May-

		2007
ALCOHOL NON-DRINKER:	Drinking status on eventdate: Life teetotaler.	14-Sep-1993

Clinical warnings

Allergies

Description	Date recorded
Urticaria	28-Jan-2002

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Patient Label
0112556132 M
KEOWN 01/12/1955
Michael
48 Glencorse Street
Glasgow, Lanarkshire G32 6JQ

The patient attended RESP Clinic at ~~9.4.15~~ 4R1

Hospital on 9.4.15 and I would advise a change to drug therapy from

to

or additional therapy of PREDNISOLONE 30mg FOR 10 DAYS

as detailed below. Full letter to follow.

Additional Comments: 250. INCREASE SALBUTAMOL INHALER TO 2 PUFFS TWICE DAILY

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
PLEASE ALSO PRESCRIBE OMEPRAZOLE 20mg 1 DAY			
ALSO A PEFR METRE TO CHART USUAL PEFR.			

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

CONS RESP 211-4937

White copy to - G.P. Pink copy - *File this copy in Case Records*

00545

Keown Michael CHI: 0112556132

Clinical letter - GP: Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
General Medical Clinic
0141-211-4971
Enis Johnston (Secretary)
10/03/2015
GAMcK/EJ
05/03/2015
06/03/2015

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Dr Little ,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

DIANOGIS: COPD

RECOMMENDATION: Please change his Clenil Modulate to Seretide 250bd and add in Tiotropium 18mcg od as per my handwritten note

I saw Mr Keown at clinic on 26 February 2015 along . He continues to have problems with increased shortness of breath and associated ankle swelling. Examination was unremarkable including saturations of 97% and chest that was clear on auscultation. Heart sounds were also normal. I was able to tell him that his pulmonary function tests show mild airways obstruction on dynamic testing and the transfer factor and corrected transfer factor are reduced. Bronchodilator produced a significant response but airflow obstruction persists. The results were thought to be consistent with COPD stage 1 and with an asthmatic component. I would recommend the addition of the inhalers as outlined above. His breathlessness does seem to be out of proportion to his symptoms with ankle swelling I would recommend the addition of a small dose of diuretic given ankle swelling although I note that the echo done last year in October was normal. Unfortunately his partner developed some chest pain at clinic and it would seem she has had had this on and off in the preceding few weeks. I have made arrangements for her to be seen at the Assessment Unit in order that she could be worked up including getting an ECG.

In the meantime we will see Mr Keown back at clinic to see whether he shows a response to the addition of the above inhalers. (General medical clinic 9 April 3.15pm).

Yours sincerely,

Keown Michael CHI: 0112556132 GCL 05/03/2015 v1

PROFESSOR GA McKAY

CONSULTANT PHYSICIAN

Electronically Signed: Professor Gerard McKay, Consultant

cc.

electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	0112556132
Name	KEOWN, MICHAEL
Date Of Birth	01/12/1955
Registered GP	G0822
Practice Code	G46081

Report Date	28 Feb 2015
Letter ID	210168934517
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	30 Nov 2014

NHS Confidential: Personal data about a patient

Bowel Screening
Scottish Bowel Screening Programme

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr ANDREW LITTLE
THE CAIRNS PRACTICE
SHETTLESTON HEALTH CENTRE
420 OLD SHETTLESTON RD
GLASGOW
G32 7JZ

Date: 28 Feb 2015
CHI Number 0112556132

Bowel Screening Helpline Number: 0800 0121 833

Dear Doctor,

Your patient **0112556132 , MICHAEL KEOWN , 48 GLENCORSE S , GLASGOW , , , , G32 6JQ** was invited to participate in the Bowel Screening Programme on **30/11/2014**

It is 3 months since your patient was sent a bowel screening invitation and bowel screening test kit. As of today's date your patient has not participated. At 6 months your patient will return to re-call and be invited again in two years time.

Anything your GP Practice can offer to help your patient's awareness and understanding of the benefits and risks of the Bowel Screening Programme would be appreciated - this will help them to reach an informed decision regarding participation.

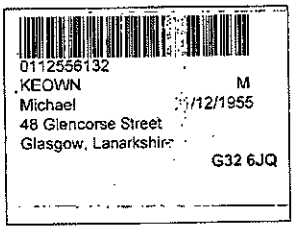
If your patient no longer has their screening kit, it is possible to request another by calling the Scottish Bowel Screening Helpline on 0800 0121 833

Yours sincerely

Professor Steele
Clinical Director

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde



The patient attended medical Clinic at GRI.

Hospital on 26th Feb. 2015 and I would advise a change to drug therapy from

Ventolin nebulate to SERETIDE 250 bd.

or additional therapy of + TIOTROPIUM 18mcg 1 day

as detailed below. Full letter to follow.

Additional Comments: → PFTs in keeping with stage 1. COPD with possible asthmatic component.

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
As above			

Yours Sincerely

Signature: [signature]

Name (print) G. McKay Grade: Counter Ext. No: 211-4977

White copy to - G.P. Pink copy - *File this copy in Case Records*

00545

STOBHILL/GRI DISCHARGE SUMMARY FOR CONSULTANT OPHTHALMOLOGIST

DEAR DOCTOR

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

YOUR PATIENT

0112556132
KEOWN M
Michael 01/12/1955
48 Glencorse Street
Glasgow, Lanarkshire
G32 6JQ

UNDERWENT THE OPERATION OF:

LEFT ☑ E.C.C.E. + IOL (CATARACT EXTRACTION) ☐
RIGHT ☐ PHACO + IOL (CATARACT EXTRACTION) ☑
BILATERAL ☐ TRABECULECTOMY ☐
SQUINT SURGERY ☐

OTHER OPERATION (DETAILS) .....

UNDER L/A ☑ G/A ☐ TOPICAL ☐ ON: .....

AS A: DAY CASE ☑ INPATIENT ☐

THEIR TREATMENT ON DISCHARGE TO THE OPERATED EYE IS:

maxitrol QDS 2/52 BD 2/52

GUTTAE BETNESOL N QID ☐

OTHER: (INCLUDING ANY TREATMENT TO THE UNOPERATED EYE)

A FOLLOW UP APPOINTMENT HAS BEEN ARRANGED FOR:

STOBHILL ☐ GRI ☐ 3-4 WEEKS POST-OP

ADDITIONAL COMMENTS: GGH

4/52 + ref

YOURS SINCERELY: DOCTOR D Yorston DATE 20/2/15

04-102

Keown Michael CHI: 0112556132

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard: 0141 201 3000
Department:
Contact Tel: 0141 355 1864
Enquiries to: Colette.Campbell@ggc.scot.nhs.uk
Letter Date: 21/11/2014
Reference: SR/WDM
Dictated Date: 21/11/2014
Transcribed Date: 05/12/2014

Dear Dr. A Little,

Michael Keown; D.O.B: 01 Dec 1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Attendance: Specialty - Ophthalmology; Clinic - STDYEY9-EYE ACH DR D YORSTON GEN AND CAT CLINIC FRIDAY AM
Date and Time of Appointment - 21/11/2014 10:20

Clinical Comments:
Visual acuity:

Right eye 6 / 6 Left eye 6 / 18 improving to 6 / 6 with pinhole

Thank you for referring the above patient who has previously had cataract surgery in the right eye earlier this year in March. He feels that his vision has deteriorated and the left eye is less clear, especially at night, and is worse when driving.

On examination his anterior segment is normal and intraocular pressures are normal limits. There was evidence of posterior subcapsular cataract in the left eye. Fundus examination showed a healthy disc and macula.

I have listed Mr Keown for cataract surgery in the left eye and explained the risks and benefits and he is keen to proceed and this will be done in due course.

Yours sincerely

S Rasool

ST1 in Ophthalmology

Electronically Signed: Dr Sana Rasool, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
General Medicine
0141 211 4971
Lindsay Fraser {secretary}

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 26/09/2014
Reference: NR/LMF
Dictated Date: 18/09/2014
Transcribed Date: 24/09/2014

Dear Dr Little,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

I reviewed this gentleman in the General Medical Clinic. He had an admission in June with shortness of breath. He had a normal chest x-ray and ECG. He had had an ultrasound scan of his abdomen which showed increased echogenicity in keeping with diffuse parenchymal process, but the liver appeared otherwise normal.

On review, he has ongoing shortness of breath at rest. He denies any chest pain. He does suffer from occasional palpitations, but these seem unrelated. He denied any cough, sputum or haemoptysis. He has gained some weight. He previously suffered from some epigastric fullness, but this has resolved. He has a good appetite, normal bowels and he does admit to urinary frequency, but no dysuria or nocturia. He has a past history of osteoarthritis, gastritis, asthma, Factor V Leiden deficiency and he was in an RTA several years ago and suffered several fractures. His drug history includes Gabapentin, Naproxen, Aspirin, Omeprazole, Cetirizine and inhalers. His Folic Acid and diuretics have both been stopped. He stopped smoking in January, he denies any alcohol use, he previously worked as a panel beater and he lives with his partner. His chest was clear, heart sounds were normal and he did have bilateral pitting oedema to his knees. He is due to have an echocardiogram on 6 October 2014. I have also arranged for him to have PFT's as in view of the smoking history I wonder if some of his symptoms are due to COPD, cor pulmonale and this is what is potentially causing his peripheral oedema.

He had repeat bloods including FBC, U&E's, LFT's, TFT's, PSA, all of which were normal. His cholesterol was elevated at 6.2. I have asked him to hand in a urine sample in view of his urinary frequency to his GP at the first possible convenience and we will see him back in two months following his echo and PFT's.

Many thanks

Yours sincerely

NATALIE RENNIE

ST6

Electronically Signed: Dr Natalie Rennie, Doctor

cc.

Keown Michael CHI: 0112556132

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 17/07/2014

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Dear Dr A Little,

Name	CHI	DoB	Address
Michael Keown	0112556132	01/12/1955	48 Glencorse Street Glasgow G32 6JQ

Admitted	Type	Discharged	Destination
16/07/2014 11:31	In Patient	17/07/2014	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Ravi Jamdar	GRI Acute Assessment Unit	0141 211 5457

Reason for Admission and Presenting Complaints	Admission Category
abdominal distension, shortness of breath, peripheral oedema.	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side
Oedema, unspecified (ICD10: R60.9)		

Date	Procedures/Interventions/Operations

Clinical Comments: The above patient was referred with abdominal distension, peripheral oedema and shortness of breath. Two weeks ago he had noticed abdominal distension with gradual onset shortness of breath, which was worse when he was leaning forward, but not on exertion or lying flat. He had also noticed bilateral pitting ankle oedema which had been present since May, but had worsened in the last fortnight. On admission he was haemodynamically stable, not short of breath and talking in sentences. Blood investigations showed mild renal impairment. Chest xray showed a slight haziness at the left heart border, but no acute changes. ECG showed sinus rythym with no acute changes. On the 17th of July ultrasound scan of his abdomen showed no ascites, and was essentially normal. Repeat blood investigations showed the mild renal impairment to be improving. He was reassured and it was felt his swollen legs were due to dependant oedema.

He was given general advice regarding healthy living and weight loss. He was advised to withhold his furosemide for 7 days and attend his GP next

week to check his renal function. An outpatient echocardiogram has been requested and he will be reviewed at the medical outpatient department in 6-8 weeks.

Treatments: none

Follow-up arranged: MOPD in 6-8 weeks.

Planned Outpatient Investigations: echocardiogram

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

New Medication Started: none

Medication Comment: no changes to regular medication

Medication compliance aid: no

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Doctor Sarah Miller
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Sarah Miller2, Doctor

℞ Treatment room card - take this card to the treatment room

16/7

Appointments can be made with the treatment room by phoning 0141 232 1550

Michael Keown 01/12/1955 Male NHS: S644/1/55/729 CHI: 0112556132
In-study code number 4
Telephone - home 07957 773 592

Referral to nurse

08/07/2014 Referral to nurse UEs please Dr Kerry Walker

I would be grateful if the following tests and /or proceedures could be done at the treatment room.

No data recorded

GP Signature

[illegible signature]

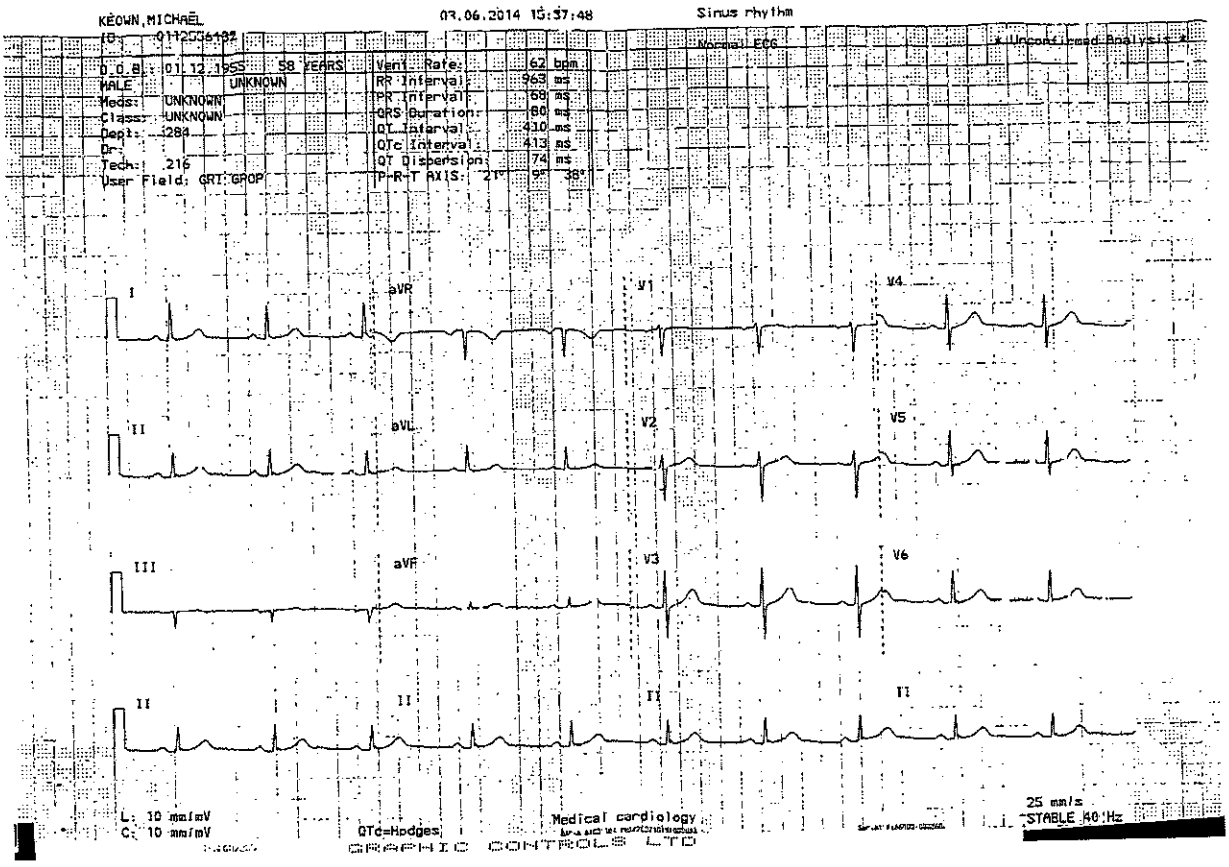
16/7/14 09.45 V.3x1 to [illegible] [illegible] with consent. Breathless [illegible] past couple of weeks. [illegible] weight - 8/12 Taken to GP.

DEPARTMENT OF MEDICAL CARDIOLOGY
GRI NHS TRUST

ECG Report

Date: 3/6/14	Comments:
Name: Michael Kean	
DOB: 1/12/55	Reported By:
Referred by: Dr K Lialkar Sheffield HC	Checked By:

Affix ECG Tracing here



℞ Treatment room card - take this card to the treatment room

Appointments can be made with the treatment room by phoning 0141 232 1550

Michael Keown 01/12/1955 Male NHS: S644/1/55/729 CHI: 0112556132
In-study code number 4
Telephone - home 07957 773 592

Referral to nurse

27/05/2014 Referral to nurse UEs eGFR borderline last check. Thank you. Dr Kerry Walker

I would be grateful if the following tests and /or proceedures could be done at the treatment room.

No data recorded

GP Signature 23/6/14 AFA

Mr Michael Keown 01/12/1955 Male (Unknown) (Details)

Sample Details

Blood

Description: Blood **Date/Time Sampled:** 16/07/2014 09:45 **Date/Time Tested:**
Laboratory Id: B,14.4673664.R **Date/Time Received:** 16/07/2014 14:15 **Biohazard Alert:**

Urea & Electrolytes

!	Code (s)	Description	Value	Normal Range	Comments
	44I5.	"Sodium" = *Serum sodium*	141 mmol/L	133 - 146	
	44I4.	"Potassium" = *Serum potassium*	4.0 mmol/L	3.5 - 5.3	
	44I6.	"Chloride" = *Serum chloride*	106 mmol/L	95 - 108	
+	**44J9.**	**"Urea" = *Serum urea level***	**7.9 mmol/L**	**2.5 - 7.8**	
+	**44J3.**	**"Creatinine" = *Serum creatinine***	**132 umol/L**	**40 - 130**	
-	**451E.**	**"Estimated GFR" = *GFR calculated abbreviated MDRD***	**48 ml/min**	**>60 -**	

Patient Details

Name	Mr Michael Keown
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp	LITTLE, ANDREW
Practice	The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132
NHS	S644/1/55/729
GPASS	6538
CRN	SG03292065
NHS	0112556132
CRN	20656660B

Requester Details

Name	WALKER, KERRY
Organisation	The Cairns Practice
Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	7020285

Administrative Details

Category	Biochemistry
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	16/07/2014

Identifiers

Telepath	B,14.4673664.R

23/5

℞ Treatment room card - take this card to the treatment room

Appointments can be made with the treatment room by phoning 0141 232 1550

Michael Keown 01/12/1955 Male NHS: S644/1/55/729 CHI: 0112556132
In-study code number 4
Telephone - home 07957 773 592

Referral to nurse

20/05/2014 Referral to nurse FBC UE LFT TFT ESR CRP Dr Kerry Walker

I would be grateful if the following tests and /or proceedures could be done at the treatment room.

No data recorded

GP Signature

23/5/14. √3 x 2 → lab (L) arm with patient

3.20

MICHAEL KEOWN 01/12/1955 Male (Unknown) (Details)

Sample Details

Blood

Description:	Blood	**Date/Time Sampled:**	23/05/2014 15:20	**Date/Time Tested:**	
Laboratory Id:	B,14.6273739.S	**Date/Time Received:**	23/05/2014 18:20	**Biohazard Alert:**	

Full Blood Count

!	Code (s)	Description	Value	Normal Range	Comments
	42H..	"White Blood Count" = *Total white cell count*	8.9 x10^9/l	4.0 - 11.0	
	426..	"Red Cell Count" = *Red blood cell (RBC) count*	4.53 x10^12/l	4.50 - 6.50	
	423..	"Haemoglobin" = *Haemoglobin estimation*	143 g/l	130 - 180	
	4258.	Haematocrit	0.405 l/l	0.400 - 0.540	
	42A..	"Mean Cell Volume" = *Mean corpuscular volume (MCV)*	89.4 fl	80.0 - 100.0	
	428..	"MCH" = *Mean corpusc. haemoglobin(MCH)*	31.6 pg	27.0 - 32.0	
	42P..	"Platelet Count" = *Platelet count*	302 x10^9/l	150 - 400	
	42J..	"Neutrophils" = *Neutrophil count*	5.0 x10^9/l	2.0 - 7.5	
	42M..	"Lymphocytes" = *Lymphocyte count*	2.3 x10^9/l	1.5 - 4.0	
+	**42N..**	**"Monocytes" = *Monocyte count***	**0.9 x10^9/l**	**0.2 - 0.8**	
+	**42K..**	**"Eosinophils" = *Eosinophil count***	**0.7 x10^9/l**	**0.0 - 0.4**	
	42L..	"Basophils" = *Basophil count*	0.1 x10^9/l	0.0 - 0.1	
	4266.	"Nucleated RBC" = *Nucleated red blood cell count*	0 x10^9/l	-	

!	Code(s)	Description	Value	Normal Range	Comments
	42B6.	"ESR" = *Erythrocyte sedimentation rate*	5 mm/hr	1 - 10	

Patient Details

Name	MICHAEL KEOWN
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp	LITTLE, ANDREW
Practice	The Cairns Practice
HB of Res.	

Identifiers

CRN	20656660B
GPASS	6538
CRN	SG03292065

NHS	S644/1/55/729
CHI	0112556132
NHS	0112556132

Requester Details

Name	WALKER
Organisation	The Cairns Practice
Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	/WALKER

Administrative Details

Category	Haematology
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	23/05/2014

Identifiers

Telepath	B,14.6273739.S

MICHAEL KEOWN 01/12/1955 Male (Unknown) (Details)

Sample Details

Blood

Description: Blood **Date/Time Sampled:** 23/05/2014 03:20 **Date/Time Tested:**
Laboratory Id: B,14.4538046.K **Date/Time Received:** 23/05/2014 18:12 **Biohazard Alert:**

C-reactive Protein

! Code(s)	Description	Value	Normal Range	Comments
44CS.	"C Reactive Protein" = *Serum C reactive protein level*	< 3 mg/L	0 - 10	

Urea & Electrolytes

! Code (s)	Description	Value	Normal Range	Comments
44I5.	"Sodium" = *Serum sodium*	141 mmol/L	133 - 146	
44I4.	"Potassium" = *Serum potassium*	4.1 mmol/L	3.5 - 5.3	
44I6.	"Chloride" = *Serum chloride*	105 mmol/L	95 - 108	
44J9.	"Urea" = *Serum urea level*	7.6 mmol/L	2.5 - 7.8	
44J3.	"Creatinine" = *Serum creatinine*	124 umol/L	40 - 130	
- 451E.	**"Estimated GFR" = *GFR calculated abbreviated MDRD***	**52 ml/min**	**>60 -**	

Liver Function Tests

! Code(s)	Description	Value	Normal Range	Comments
44EC.	"Total Bilirubin" = *Serum total bilirubin level*	7 umol/L	- <20	
44G3.	"ALT" = *ALT/SGPT serum level*	30 U/L	- <50	
44HB.	"AST" = *AST serum level*	29 U/L	- <40	
44F..	"Alkaline Phosphatase" = *Serum alkaline phosphatase*	79 U/L	30 - 130	
44M4.	"Albumin" = *Serum albumin*	43 g/L	35 - 50	

Thyroid funct test

! Code(s)	Description	Value	Normal Range	Comments
442W.	"TSH" = *Serum TSH level*	2.84 mU/L	0.35 - 5.00	
442V.	"Free T4" = *Serum free T4 level*	12.0 pmol/L	9.0 - 21.0	
442f.	"Total T3" = *Serum total T3 level*		-	

Patient Details

Name	MICHAEL KEOWN
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955

Sex	Male
Marital Status	Unknown
Registered Gp	LITTLE, ANDREW
Practice	The Cairns Practice
HB of Res.	

Identifiers

CRN	20656660B
GPASS	6538
CRN	SG03292065
NHS	S644/1/55/729
CHI	0112556132
NHS	0112556132

Requester Details

Name	WALKER
Organisation	The Cairns Practice
Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	/WALKER

Administrative Details

Category	Biochemistry
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	23/05/2014

Identifiers

Telepath	B,14.4538046.K

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary

KEOWN, Michael
48 Glencorse Street, , Glasgow, Lanarkshire, G32 6JQ
Referrer: Dr Stirling Bruce - GP PRACTICE

Diagnostic Imaging Report

DoB: **01/12/1955**
Chi No: **0112556132**
CRIS No: **5269049**
Hosp No: **20656660B**

VERIFIED Verified By: Dr Hedvig Karteszi 29/05/14 1639.

Clinical History :
Shortness of breath for last 4/52. No cough. No haemoptysis. Known asthma, pitting oedema.? Failure.? Infection.

XR Chest :
The heart is not enlarged. Normal mediastinal outline. No evidence of focal active lung pathology.

Ref. Src: Shettleston Health Centre, 420 Old Shettleston Road, Glasgow, G32 7JZ
Exams: XR Chest
Exam Date: 20/05/14 Event: E-28493420

08964

North Glasgow Hospitals

NHS Confidential: Personal data about a patient

faxed 21.5.14

NHS
Greater Glasgow

GGNHS DIRECT ACCESS ECG – REQUEST FORM

PATIENT DETAILS

Name ..... CHI: 0112556132 01/12/1955 M
KEOWN, MICHAEL
Address... 48 Glencorse S,G32 6JQ
07957 773 592
Dr Kerry Walker, 7020205
Shettleston H.C, G3 7J2
20/05/2014 11:01. Practice: 46081

Post Code ..... Tel No. .....

Hospital No (if known) .....

CHI No. .....

GP DETAILS (or stamp)

Name ..... DR K WALKER

Address..... THE CAIRNS PRACTICE (NO. G46081) DR BRUCE DR GROSSET DR ROGERS DR SPENCE DR STODDART 420 OLD SHETTLESTON ROAD GLASGOW G32 7JZ 0141 531 6220

Tel No. .....

Fax No. .....

Practice Code G6081

INDICATIONS FOR REFERRAL

Hypertension ?LVH (echo not required)	Y ☑	N ☐
Breathlessness ?cardiac cause	Y ☑	N ☐
Probable AF (refer other suspected arrhythmia to a cardiology clinic)	Y ☐	N ☐

Only refer if one of above is "Y".

Do NOT refer patients with chest pain

- **Suspected unstable angina**
  e.g.marked increase in frequency or severity of symptoms, or pain at rest - IMMEDIATE HOSPITAL ADMISSION ADVISED
- **Suspected MI <5 days** - IMMEDIATE HOSPITAL REFERRAL

Otherwise if angina is suspected use rapid access referral if appropriate, or cardiology clinic.
(See Fast Track Chest Pain Clinic referral form for indications)
A negative ECG does not exclude angina.

Glasgow Royal Infirmary - FAX request to 0141-211(2)-0575
Southern General - FAX request to 0141-201(6)-2449
Stobhill - Phone department for appointment – 0141-201(1)-3062.
Then FAX completed referral form to 0141-201(1)-3817.
Victoria Infirmary - FAX request to 0141-201(6)-5588 - an appointment will be sent OR
phone 0141-201(6)-5501 for an appointment. Then FAX completed referral form.
Western Infirmary -Walk-in appointments - 9am to 4pm. Send completed referral form with patient

Re-order from your local ECG Department

August 2003

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Email Inquiries to: marie.lafferty@ggc.scot.nhs.uk
Contact Tel Details: 0141 211 2098

Dictated Date: 03/04/2014
By: Gerry McGowan
Transcribed Date: 29/04/2014
By: Ruth Wood

Dear Dr. A Little,

Patient

Name:	Keown Michael
CHI:	0112556132
DOB:	01 Dec 1955
Address:	48 Glencorse Street Glasgow G32 6JQ

Attendance

Attended:	03/04/2014 15:30
New/Return:	G R RETINA
Referral Source:	General Practitioner
Consultant:	Dr David Yorston
Specialty:	Ophthalmology
Clinic:	GGDYEY8-DR YORSTON RETINA THUR PM

Clinical Comments:

Mr. Keown returned for review today. He has had an excellent result following cataract surgery in the right eye. Visual acuity is 6/4-3 right, N5. Visual acuity post refraction in the left eye is 6/5-2. He has some early posterior subcapsular cataract in the left eye which is off axis.

He was seen by Dr. Yorston today. We have discharged him from the clinic but would be happy to see him again if the left eye progresses and the vision reduces.

Yours sincerely,

G. McGowan

Vitreo-Retina Fellow

Electronically Signed: Dr Gerry McGowan, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Email Inquiries to: marie.lafferty@ggc.scot.nhs.uk
Contact Tel Details: 0141 211 2098

Dictated Date: 03/04/2014
By: Gerry McGowan
Transcribed Date: 29/04/2014
By: Ruth Wood

Dear Dr. A Little,

Patient

Name:	Keown Michael
CHI:	0112556132
DOB:	01 Dec 1955
Address:	48 Glencorse Street Glasgow G32 6JQ

Attendance

Attended:	03/04/2014 15:30
New/Return:	G R RETINA
Referral Source:	General Practitioner
Consultant:	Dr David Yorston
Specialty:	Ophthalmology
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Clinical Comments:

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Yours sincerely,

G. McGowan

Vitreo-Retina Fellow

Electronically Signed: Dr Gerry McGowan, Doctor

cc.

treatment room card

Instruction to nurse | referral to nurse

Michael Keown 01/12/1955 Male NHS: S644/1/55/729 CHI: 0112556132
In-study code number 4
Telephone - home 07957 773 592

I would be grateful of your attention ~~at the treatment room for~~ the following item.

14/03/2014 Referral to nurse please check FBC, U&E, LFT, vitamin B12, folate, ferritin please Dr Katie Colburn
No data recorded.

GP Signature

24/3/14 12:35 Attended for ub. consented UBx3 taken (R) + sent to lab. No problem noted

MR MICHAEL KEOWN 01/12/1955 Male (Unknown) (Details)

Sample Details

Citrate/EDTA

Description:	Citrate/EDTA	**Date/Time Sampled:**	21/03/2014 12:30	**Date/Time Tested:**	
Laboratory Id:	R.14.6156989.B	**Date/Time Received:**	21/03/2014 13:38	**Biohazard Alert:**	

Full Blood Count

!	Code(s)	Description	Value	Normal Range	Comments
	42H7.	"White Cell Count" = *Total white blood count*	4.6 10^9/L	4.0 - 11.0	
	426..	"Red Cell Count" = *Red blood cell (RBC) count*	4.60 10^12/L	4.50 - 6.50	
	423..	"Haemoglobin" = *Haemoglobin estimation*	142 g/l	130 - 180	
	4258.	Haematocrit	0.402 L/L	0.400 - 0.540	
	42A..	"MCV" = *Mean corpuscular volume (MCV)*	87.4 fL	78.0 - 99.0	
	428..	"MCH" = *Mean corpusc. haemoglobin(MCH)*	30.9 pg	27.0 - 32.0	
	42Z7.	"RDW" = *Red blood cell distribution width*	13.0 %	11.5 - 14.5	
	42P..	"Platelets" = *Platelet count*	222 10^9/L	150 - 400	
	42J..	"Neutrophils" = *Neutrophil count*	2.3 10^9/L	2.0 - 7.5	
-	**42M..**	**"Lymphocytes" = *Lymphocyte count***	**1.2 10^9/L**	**1.5 - 4.0**	
	42N..	"Monocytes" = *Monocyte count*	0.6 10^9/L	0.2 - 0.8	
+	**42K..**	**"Eosinophils" = *Eosinophil count***	**0.43 10^9/L**	**0.04 - 0.40**	
	42L..	"Basophils" = *Basophil count*	0.04 10^9/L	0.01 - 0.10	

Vitamin B12

!	Code(s)	Description	Value	Normal Range	Comments
	42T..	"Serum Vitamin B12" = *Serum vitamin B12*	306 pg/ml	200 - 900	

!	Code(s)	Description	Value	Normal Range	Comments
	42R4.	"Ferritin Assay" = *Serum ferritin*	81.0 ng/ml	10.0 - 275.0	

Serum Folate

!	Code(s)	Description	Value	Normal Range	Comments
-	**42U5.**	**"Serum Folate" = *Serum folate***	**2.4 ng/ml**	**3.1 - 20.0**	

Patient Details

Name	MR MICHAEL KEOWN
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp Practice	STODDART, DONALD The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132