Date Received: 5/9/14 Date Screened: 5/9/14

GP SCI GP Paper *Medical Info:- Match with original Optician referral.*

Other:

Date	Action	Initial

Final Decision:-				
	Urgent	Soon	Routine	
5/9/14	minor OP Nurse Coll.			

See front

MESSAGE LOG SHEET

MESSAGE RECEIVED: TIME /DATE: 07/07/14 FAO: Dr Kearns	BY(print name): Lynne Signed:
PATIENT ID (Full name, Address & DOB/Hospital No. if known) V440980E Thomas Edgar **TEL : 07450 864165**	**Next Appointment:** Date: Clinic/Site:

QUERY:

Pt phoned. Would like to go ahead with removal of meibomian cyst but has a needle phobia. Would it be possible to have this procedure done under GA?

Ask AB/SS/NB if they'd take this on. Thanks [signature] 8/7
(Kirkcaldy, ?GA DC)

ACTION:

[signature]

What cyst. Notes suggest it was removed 2/12 ago.

Signature: **Print Name:**

Date:

(Use reverse for any further exchanges)

Shirley
Could you confirm pt had cyst removed. He appears to have told GP he only got antibiotics from yourself.
15/7/14 Please advise — ?Reappt - message left am

Date Received: Fri 06/06/14
CHI: 2507860596 **Hospital Number: 2507860596**

Hospital use only	Clinic	Day Date	Time	Hospital No.

101007346296E
Unique Care Pathway Number: 101007346296E

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

RECEIVED

OPHTHALMOLOGY
OPHTHALMOLOGY

REFERRAL TO

Ophthalmology C7
Fife General Referral

tral Ophthalmology Electronic Referring Unit

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

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

Hospital Location Code: F004G

Email address:

Urgency of referral Routine

PATIENT DETAILS

Surname	EDGAR
Forename(s)	THOMAS
Title	MR
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address
21 MARYHALL STREET
KIRKCALDY
FIFE
KY1 1BH

Contact number(s)
Voice: 07752360307

RRING PRACTITIONER DETAILS

Name	Dr. Alan Stewart		
GMC code	3495773	GP code	92258
Practice name	Path House Medical Practice (20998)		
Practice code	20998		

Practice address
7 Nether Street
Kirkcaldy

Contact number(s)
Voice: 01592 805100

Date submitted by practice: 06-Jun-2014
Reason for referral
Care type requested: Out Patient
Expected outcome: Advise

Administrative Information
Patient can accept a short notice appointment:yes
Interpreter Required:no

Stylesheet version: 16.0.1.3 25-M

CRN: VUU0980EH/L – B/O – NewNotes
Address inc POSTCODE: ☑
Home & Mobile nos inc STD: ☑
Interpreter Required Yes/No
BSL / Face to Face / Language Line
Referral Diagnosis completed: ☑
Ticked the RTT box on Partial Booking ☑
Clinic: M/OPS Date on W/L:
Staff member initials: PP

RMATION

of presenting complaint / examination findings / investigation results

esenting complaint

Description: REQUEST FOR REAPPOINTMENT - MEIBOMIAN CYSTS

Comment: ** PLEASE REPLY ONLY TO THE REFERRING GP **

Dear Doctor,

This nice man was seen in early May 2014 with a left lower lid meibomian cyst. He was seen by the Ophthalmic Nurse Practitioner and given some antibiotics. Unfortunately he was given an appointment on 7 May which seems to have been a mistake and missed his appointment today 5 June 2014. He continues to be troubled with these cysts and I suspect it could do with being removed. I would be grateful if you could reappoint him. He is very keen to come and the first time I believe he came to the clinic which was closed.

With kindest regards.

Yours sincerely,

Dr A J Stewart
AJS/JR

Examinations and Investigations

Blood Pressure (systolic): 123

Blood Pressure (diastolic): 76

Ex smoker: Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2010. 18-Dec-2013

Fohol consumption: Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20. 27-Nov-2003

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
Fracture of metatarsal bone	-	- left 5th metatarsal base	24-Mar-2012
Tietze's disease	-	[YEAR OF EVENT 2004] NOTES: Possibly.	01-Jan-2004
Mitral regurgitation	-	[YEAR OF EVENT 2004] NOTES: Trivial.	01-Jan-2004
[D]Chest pain	-	[YEAR OF EVENT 2004]	01-Jan-2004
Cls # finger middle phalanx	-	[YEAR OF EVENT 2003] NOTES: r small finger.	01-Jan-2003

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Nortriptyline 10mg tablets	65153020	tablet	1-3 TABS AT 7PM	-	05-Jun-2014	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ch[illegible]amphenicol 1% eye oi[illegible]ient	69200020	gram	APPLY FOUR TIMES DAILY FOR 5 DAYS.	-	05-Jun-2014	-
Doxycycline 100mg capsules	62868020	capsule	1 CAP BD	-	21-May-2014	-
Clarithromycin 500mg tablets	69353020	tablet	1 TABLET TWICE A DAY	-	19-May-2014	-
Naproxen 500mg tablets	58923020	tablet	1 TABLET(S) TWICE A DAY	-	19-May-2014	-
Ciprofloxacin 500mg tablets	67980020	tablet	TAKE ONE TWICE A DAY	-	20-Mar-	
Fucidin 2% cream (LEO Pharma)	52789020	gram				
Flucloxacillin 500mg capsules	59409020	capsule				

Lifestyle risks

Exercise status: Not Known

Date Received: 6/6/14 Date Screened: 6/6/14

GP SCI GP Paper

Other:

Date	Action	Initial

Final Decision:- Urgent Soon Routine

Minor-ops

RL VHIC

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Ophthalmology
Tel: 01383 623623 22347
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Thomas Edgar
21 Maryhall Street
Kirkcaldy
Fife
KY1 1BH

CLINIC LETTER

Consultant on call: Dr Boyle

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 1018073

Dear Mr Edgar

Clinic Date: 07/05/2014

Date: 09/05/2014

I note you did not attend your eye clinic appointment today. Due to pressure on clinic spaces we are unable to send another appointment routinely but if you would like to be seen please contact us.

Yours sincerely

Dr M Zuhair Mustafa
ST2 in Ophthalmology

This document has NOT been verified.

(D) Dr GA Campbell, Path House Medical Practice, 7 Nether Street, Kirkcaldy, KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Ophthalmology
Tel: 01592 643355 28613
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER
Nurse Led Minor Ops Clinic

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 1011677

Dear Dr Stewart

Clinic Date: 02/05/2014

Date: 07/05/2014

Thomas Edgar, 21 Maryhall Street, Kirkcaldy, Fife, KY1 1BH

Date of Birth: 25/07/1986

Diagnosis:
Left lower lid meibomian cyst

Visual acuity:
6/5 right eye
6/60 left eye (known left amblyopia)

Management plan:
On examination this gentleman still had a moderate tarsal cyst which he reports has been present for 3-4 months and is now causing discomfort. It has not responded to hot compress and massage. Incision and curettage has been performed today and Chloramphenicol ointment and double pad applied. He can remove the double pad later today but should continue using the Chloramphenicol tds for 5 days. Routine postoperative instructions have been given but no routine follow up is required. However we would be happy to see him again if he experiences any further problems from this.

Yours sincerely

Shirley Miller
Ophthalmic Nurse Practitioner

This document has NOT been verified.

Date Received: Mon 24/03/14
CHI: 2507860596 **Hospital Number: 2507860596**

Hospital use only	Clinic	Day Date	Time	Hospital No.

101006942285H
Unique Care Pathway Number: 101006942285H

RECEIVED

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

OPHTHALMOLOGY
OPHTHALMOLOGY

REFERRAL TO

Ophthalmology C7
Fife General Referral

[redacted]tral Ophthalmology Electronic Referring Unit

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

Hospital and **hospital address**

Hospital Location Code: F004G

Email address:

Urgency of referral Routine

PATIENT DETAILS

Surname	EDGAR
Forename(s)	THOMAS
Title	MR
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address
21 MARYHALL STREET
KIRKCALDY
FIFE
KY1 1BH

Contact number(s)
Voice: 07752360307

REFERRING PRACTITIONER DETAILS

Name	Dr. Alan Stewart
GMC code	3495773
GP code	92258
Practice name	Path House Medical Practice (20998)
Practice code	20998

Practice address
7 Nether Street
Kirkcaldy

Contact number(s)
Voice: 01592 805100

Date submitted by practice: 24-Mar-2014
Reason for referral
Care type requested: Out Patient
Expected outcome: Advise

Administr
Patient can
Interpreter

Date Received: 25/3/14 Date Screened: 25/3/14

GP SCI **GP Paper** *Other:*

Medical Infor- Match with original Optician referral.

Date	Action	Initial
Final Decision:-		
25/3/14	Urgent / Soon / Routine — NL Minor eyes	NP

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: REQUEST FOR EXCISION OF MEIBOMIAN CYST LEFT INFERIOR EYELID

Comment: ** PLEASE REPLY ONLY TO THE REFERRING GP **

Dear Doctor

This nice man of 27 has had a meibomian cyst for the last several months. He had been given a couple of course of antibiotics for this but he continues to have a cyst that is not infected. I suspect he would benefit from excision. I would be grateful if you would be kind enough to see him to discuss surgery.

With kindest regards.

Yours sincerely

Dr A J Stewart
AJS/HR

Examinations and Investigations

Blood Pressure (systolic): 123 -

Blood Pressure (diastolic): 76 -

Ex smoker: Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2010. 18-Dec-2013

Alcohol consumption: Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20. 27-Nov-2003

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
Fracture of metatarsal bone	-	- left 5th metatarsal base	24-Mar-2012
[D]Chest pain	-	[YEAR OF EVENT 2004]	01-Jan-2004
Mitral regurgitation	-	[YEAR OF EVENT 2004] NOTES: Trivial.	01-Jan-2004
Tietze's disease	-	[YEAR OF EVENT 2004] NOTES: Possibly.	01-Jan-2004
Cls # finger middle phalanx	-	[YEAR OF EVENT 2003] NOTES: r small finger.	01-Jan-2003

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

No medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ciprofloxacin 500mg tablets	67980020	tablet	TAKE ONE TWICE A DAY	-	20-Mar-2014	-
[redacted]cloxacillin 500mg capsules	59409020	capsule	1 CAPSULE FOUR TIMES A DAY	-	07-Mar-2014	-
F[redacted]din 2% cream (LEO Pharma)	52789020	gram	APPLY 3 TO 4 TIMES DAILY	-	07-Mar-2014	-

Lifestyle risks

Exercise status: Not Known

980E

CRN: [redacted] H/L – B/O – NewNotes

Address inc POSTCODE: ☑

Home & Mobile nos inc STD: ☑

Interpreter Required Yes/No

BSL / Face to Face / Language Line

Referral Diagnosis completed: ☑

Ticked the RTT box on ~~Partial~~ Booking ☑

Clinic: M1088 Date or W/L:

Staff member initials: PH

Eye RM

ACCIDENT AND EMERGENCY DEPARTMENT
Victoria Hospital, Hayfield Road, Kirkcaldy KY2 5AH

GP NAME AND ADDRESS
Dr Grant Campbell
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

08444 773113

PATIENT DATA

DOB	**25/07/1986**
Surname	**Edgar**
Forename(s)	**Thomas**
Address	**21 Maryhall Street** **Kirkcaldy** **Fife** **KY1 1BH**
Phone No	**Home :07450864165** **Mobile :**
School	
Occupation	**Student**
Religion	**None**
Next Of Kin Address	**Mrs Margaret Edgar** **Glebe Park** **Kirkcaldy** **KY1 1BJ**
Relationship	**Mother**
Home Phone	**01592 570043**

Unit No V440980E
CHI No 2507860596

Date & Time of Attendance	Date and Time of Accident
05/05/2014 11.08	

TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other *(Specify)*
OTHER

LOCATION	SOURCE OF REFERRAL
OTHER (PLEASE SPECIFY)	**SELF REFERRAL**

Name of doctor GOOD

Time seen 12 :40 **hours**

Presenting Complaint:
(L) EYE COMPLAINT - POST OP 3/7

T.	**P.**	**R.**
B.P.	**BM**	**02 Sats**
FEWS	**If FEWS ≥ 3 consider SIRS**	**Weight Kg**

Follow Up:

Time Discharged : **hours**

1. **Condition normally seen by GP ?**
2. **Condition already seen by GP ?**
3. **Condition present > 3 days ?**

Consider Redirection

Senior Review Sticker

5/5/14

EDGAR
THOMAS
21 Maryhall Street
KIRKCALDY
KY1 1BH

Wed 7th 15:15

V440980E
25/07/1986
2507860596

V440980E
25/07/1986
2507860596

PVC Bundle Audit

Insertion date & time:	
Site:	
Dressing dated& timed:	
Inserted by:	
Profession:	

2507860596

EDGAR
THOMAS
21 Maryhall Street
KIRKCALDY
KY1 1BH

4

EDGAR
THOMAS
21 Maryhall Street
KIRKCALDY
KY1 1BH

V440980E

25/07/1986
2507860596

Date and Time	MULTIDISCIPLINARY NOTES
	Name MUST be printed against each note entry
5/5/14 12:40	27 ♂ Post-op complaint.
	Cyst removed from left lower eyelid 3 days ago. Both eyes but particularly left irritated, watering and slightly photophobic. No change in visual acuity. Not blood-shot. Using chloramphenicol ointment TDS. Was F/U on Friday but concerned they shouldn't be so sore and cyst no smaller than pre-op.
	O/E Visual acuity R: 6/5
	L: ~~[illegible]~~ No - long-standing ~~[illegible]~~ since childhood
	Not red. No discharge.
	(N) Eye movements.
	No foreign bodies seen.
	Declined LA drops.
	Imp ? Normal symptom post-op
	Plan QAH eye appt 7/5/14 at 15:15
	P.S. Tried to directly see ophthalmology but as public holiday advised to come to A+E
	[illegible signature]

OPHTHALMOLOGY DEPARTMENT

NHS Fife

NEW EPISODE

NAME:	PATIENT TELEPHONE NO:
ADDRESS: EDGAR THOMAS 21 Maryhall Street KIRKCALDY KY1 1BH	V440980E
DATE OF BIRTH: 25/07/1986	METRIST: 2507860596
DATE TODAY: 2/5/14	REFERRED FROM (and date): G.P. referral 25/3/14
CONSULTANT: PPK/SM	TYPE OF CLINIC: Minor Ops
	HOSPITAL SITE: VHK

PRESENTING COMPLAINT:	AGE:	SEX:
(2) LL tarsal cyst	27	M

HISTORY OF PRESENTING COMPLAINT:

OPHTHALMIC HISTORY:

(2) squint surgery as a baby - amblyopic

MEDICAL AND SURGICAL HISTORY:

GH - Good.

MEDICATIONS:

Nil

ASPIRIN:	WARFARIN:	ALLERGIES: N/K.

FAMILY HISTORY:

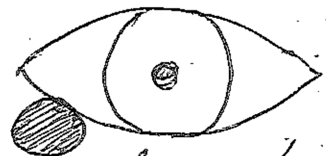
SOCIAL HISTORY/MOBILITY:

OBSERVATIONS AND INVESTIGATIONS

HEART RATE:	ECG:
BP:	URINALYSIS:
SATS:	CHEST X-RAY:

BLOODS:

MS2436

RIGHT		LEFT
6/5⁻²	VA (UNAIDED)	6/60 (amblyopia)
	VA (CORRECTED)	
	VA (PINHOLE)	
	VA (NEAR)	
	REFRACTION	
	PUPILS/RAPD	
TONOPEN: GAT:	INTRA OCCULAR PRESSURES	TONOPEN: GAT:
NORMAL ☐ ABNORMAL ☐	ANTERIOR SEGMENT	NORMAL ☐ ABNORMAL ☐  Moderate tarsal cyst - present for 3-4/12
	LENS	Not responding to hot compress & massage. Keen for I+C today despite needle phobia
NORMAL ☐ ABNORMAL ☐	POSTERIOR SEGMENT	NORMAL ☐ ABNORMAL ☐ Consent form signed

MINOR OP - TARSAL
ID- A056055
2014/04/27 KOPD457
NHS Tayside

Benoxinate 0.4% ODs BE
LA injection to (L) LL (Xylocaine 2% + Adrenaline)
Incision & curettage of tarsal cyst
Oc. chlor & double pad applied
Cont. oc chlor TDS for 5/7
Routine post-op info given

DIAGNOSIS:

TREATMENT PLAN:

FOLLOW-UP: (D) Rev PRN CLINIC: HOSPITAL SITE:

DR NAME: J Miller ONP NURSE NAME:

SIGNED: J Miller DATE: 2/5/14 SIGNED: DATE:

OPHTHALMOLOGY DEPARTMENT

NHS Fife

DNA - E-CLINIC
S/N N. Batchelor
notes to medical staff

NEW EPISODE

NAME:	EDGAR THOMAS	V440980E	PATIENT TELEPHONE NO: 07450864185
ADDRESS:	21 Maryhall Street KIRKCALDY KY1 1BH		G.P.: Path House Medical Practice 14/5/14
DATE OF BIRTH:		25/07/1986 2507860596	OPTOMETRIST:
DATE TODAY: 7-5-14			REFERRED FROM (and date): A+E 5-5-14
CONSULTANT: Dr Boyle on Call			TYPE OF CLINIC: E-Clinic HOSPITAL SITE: QMH

PRESENTING COMPLAINT:	AGE:	SEX: M

HISTORY OF PRESENTING COMPLAINT:

OPHTHALMIC HISTORY:

MEDICAL AND SURGICAL HISTORY:

MEDICATIONS:

ASPIRIN:	WARFARIN:	ALLERGIES:

FAMILY HISTORY:

SOCIAL HISTORY/MOBILITY:

OBSERVATIONS AND INVESTIGATIONS

HEART RATE:	ECG:
BP:	URINALYSIS:
SATS:	CHEST X-RAY:

BLOODS:

2436

Patient/parent/guardian's agreement to investigation or treatment form 2
(procedures where consciousness NOT impaired)

Hospital/Location: VHK Eye OPD	Hospital Number:	EDGAR THOMAS 21 Maryhall Street KIRKCALDY KY1 1BH	V440980E 25/07/1986 2507860596
Patient's First Name(s):	Patient's Surname:		
Date of Birth:	CHI Number:		

Name of proposed procedure or course of treatment
(include brief explanation if medical term not clear)

INCISION & CURRETAGE OF TARSAL CYST, LEFT LOWER EYELID

Statement of health professional
(to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent guidance)

I have explained the procedure to the patient/~~parent/guardian~~. In particular, I have explained:

The intended benefits FOR THE RELIEF OF OCULAR DISCOMFORT, IRRITATION AND PREVENTION OF BLURRING OR REDUCED VISUAL FIELD

Serious or frequently occurring risks EXPECTED BRUISING FOR APPROXIMATELY ONE WEEK
RISK OF INFECTION OR RECCURENCE

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☑ The following leaflet/~~tape~~ has been provided MINOR OP. POST-OPERATIVE INSTRUCTIONS

To: Patient / ~~parent / guardian / carer / relative~~ THOMAS EDGAR

Signed S Miller Date 2/5/14

Name (PRINT) ~~SHIRLEY MILLER~~ Job Title OPHTH. NURSE PRACTITIONER

Statement of Interpreter *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed _____ Date _____

Name (PRINT) _____

You may request a copy of this form - please ask **Copy Given** ☐

MS2255

Statement of patient/parent/guardian

Please read this form carefully. If the treatment/procedure has been planned in advance, the risks and benefits and any alternatives of the proposed treatment/procedure should have been discussed with you. If you have any further questions, do ask – we are here to help you.

I agree to the procedure or course of treatment described on this form. Yes ☒ No ☐

I agree to the use of photography **only** for the purpose of diagnosis and treatment. Yes ☒ No ☐

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. Yes ☒ No ☐

I understand that the procedure will/~~will not~~* involve local anaesthesia Yes ☒ No ☐

*(*please delete as appropriate)*

I understand that I have the right to change my mind at any time, including after signing this form Yes ☒ No ☐

Patient/~~parent/guardian~~'s signature X [signature] Date 2/5/14

Name (PRINT) T EDGAR

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here.

Signed _____ Date _____

Name (PRINT) _____

Confirmation of Consent
(to be completed by a health professional when the patient is admitted for the procedure/treatment)

On behalf of the team treating the patient, I have confirmed with the patient/parent/guardian that she/he has no further questions and wishes the procedure to go ahead.

Signed [signature] Name (PRINT) J MILLER

Job Title ONP Date 2/5/14

Important Notes: *(tick if applicable)*

Patient has withdrawn consent ☐

(ask patient/parent/guardian to sign/date here) _____

EDGAR V440980E
THOMAS
21 Maryhall Street
KIRKCALDY 25/07/1986
KY1 1BH 2507860596

NHS Fife

CJD Risk Questionnaire

Guidance on completion of this risk assessment is available in the CJD section of the NHS Fife Infection Control Manual.

Question 1: To the patient	**Response (circle one only)**
"Have you ever been notified by your GP or another doctor that you are at increased risk of CJD or vCJD? (also known as "mad cow" disease)	**YES** **NO** (circled) **UNSURE** **UNABLE TO RESPOND**

Question 1 **MUST** be completed. Any experienced member of staff can ask the patient the question, sign and date below to confirm this has been done

Signed: S Miller Print Name: S MILLER Post: ONP Date: 2/5/12

Question 2: To be answered by Maxillofacial and ENT surgeons	**Response (circle one only)**
Will the procedure potentially involve contact with any of the following high risk tissue? ☐ **Brain, Spinal cord, Dura mater** ☐ **Cranial nerves, specifically:** -any part of the optic nerve - intracranial components of the other cranial nerves ☐ **Cranial nerve ganglia** ☐ **Posterior eye specifically*:** -posterior hyaloid face, retina, retinal pigment epithelium, choroid, subretinal fluid, optic nerve ☐ **Pituitary gland**	**YES** **NO**

Question 2 **MUST** be completed by the patient's Consultant. It can be delegated to any competent member of NHS Fife staff if the consultant is sure the member of staff understands the procedure. Sign and date below for completing question 2:

Signed.................................Print Name........................ Post.........................Date................

* Question 2 is not required for ophthalmology patients as single use instruments are used during all operations on high risk tissue.

NOTE: In Scotland, instruments used in any procedure involving adenotonsillar tissues must be single use or disposed of after use. See CMO letter 8th July 2003.

Q1 Patient's response	**Q2 Surgeon's response**	**Action to be taken**
No	No	Surgery or endoscopy can proceed using standard procedures.
Unsure or unable to respond	No	Surgery or endoscopy can proceed using standard procedures.
Yes	No	Patient's risk already established. Seek advice from the duty microbiologist
No	Yes	Surgery or endoscopy can proceed using normal procedures.
Unsure or unable to respond	Yes	Surgery can proceed, but all instruments must be quarantined following the procedure. Contact the duty microbiologist during normal working hours for management of the instruments. See Annex J (2010) paragraphs J2 and J7-J10
Yes	Yes	Contact the duty microbiologist & follow national guidance on control measures for CJD/vCJD

This questionnaire MUST be retained in the medical notes as part of the patient's medical record.

PATIENT CARE ASSESSMENT AND ADMISSION RECORD

NHS Fife

PATIENT DATA: Patient label or write

Edgar
Thomas
98 Dallas Drive
KIRKCALDY
KY2 6NG

2507860596

(35)

GA Campbell

DATE OF ARRIVAL: 20-01-22

TIME OF ARRIVAL: 1315

SOURCE OF REFERRAL: (GP) ED OTHER

ADDRESS:

PHONE NUMBER:

GP PRACTICE: Path House Surgery Kirkcaldy

ESTIMATED DISCHARGE DATE:

NAME OF ADMITTING CONSULTANT:

WARD CONSULTANT:

SPECIALTY:

NEXT OF KIN
NAME: Karen
RELATIONSHIP: Cowser
ADDRESS: Partner.

TEL: 07422892626

Patient consent to inform of admission: ☑ YES ☐ NO

Next of kin informed: ☑ YES ☐ NO

ALTERNATIVE CONTACT
NAME:
RELATIONSHIP:
ADDRESS:

TEL:

Patient consent to inform of admission: ☐ YES ☐ NO

Contact person informed: ☐ YES ☐ NO

FEWS on ADMISSION: 0

If FEWS ≥3, complete the 'SCOTTISH STRUCTURED RESPONSE'

Nurse in charge informed: ☐ YES ☐ NO

ePCS/eKIS reviewed (*acute admissions wards only*): ☐ YES ☐ NO ☐ N/A

Please provide an explanation in the Continuation Notes for points 1 to 7, utilising the 'SSR Sticker'

1. Screened for Sepsis
2. Appropriate care givers have met and discussed plan
3. Documentation of active problems, working diagnosis, management plan and review time
4. Patientrack observation profiles / flags reviewed
5. Escalation ceiling recorded
6. Early referral to higher level of care considered and documented
7. DNACPR considered and completed if appropriate

ETHNIC STATUS: British *(see ETHNIC STATUS KEY information, held at nurses' station)*

FIRST LANGUAGE ☑ English ☐ Other: (specify) _____

Does this person require an interpreter? ☐ YES ☐ NO If yes, specify: _____

ACUTE DIVISION

BED BUREAU MUST BE PHONED WITHIN 15 MINUTES OF PATIENT'S ADMISSION

BED BUREAU TEL: (29964) 29965 29026 29027

Tick when completed: ☑ CONFIRM PATIENT DETAILS

☑ BED BUREAU INFORMED OF ADMISSION

☑ PATIENT NAME / FEWS ON DOCTORS BOARD

SIGNED: MAdnan (SR)

SIGNATURES

This record is a LEGAL DOCUMENT. Your signature indicates that you have reviewed and updated the record, and it is a true reflection of the treatment and care given by you or delegated by you.

Whenever anyone writes in this record for the first time, they should fill in their details below:

NAME *(please print)*	SIGNATURE	JOB TITLE
MELISSA KNOX	[signature]	SN.

ASSESSMENT

PRACTITIONERS NAME: Koss, M.	DATE: 20/1/22
	TIME COMMENCED: 1420
JOB TITLE: CDF.	LOCATION: AUI VHK

PRESENTING COMPLAINT

Chest Pain.

+ LFT 3 days ago.

HISTORY OF PRESENTING COMPLAINT

Hx of atypical chest pain seen by Dr Yeramenn
- Smoker, FHx of IHD. ECG Sinus 30/11/21.
- awaiting CT coronary angiogram

(35) → Scratchy throat Monday, woke up Tuesday with sunny ears — LFT taken = +ve.

over past 2 days having chest pain :-
2 places -
(R) Superior chest wall - worse on inspiration
5-6/10 @ rest, 10/10 when lies down -
Nil radiation. Some palpitations
(L) axilla pain - moves down along (L) pec
cramping, sharp, squeezing - not worse on palpation - Comes + goes.
Naproxen helps with the pain.
Fevers + uncontrollable shaking @ home.
Nausea + diarrhoea - no bowels today, yesterday 4-5 motions of watery brown stool
Coughing up specks of blood for 2 weeks.
Regular gym goer - pushes himself with weights, recent bicep (L) hamma

CHECKLIST

CVS	Chest Pain
	SOB
	PND/Orthopnoea
	Palpitations
	Ankle Swelling
	Claudication
RS	Cough
	Sputum
	Wheeze
	Haemoptysis
GI	Anorexia/Weight loss
	Abdominal Pain
	Nausea/Vomiting
	Dysphagia
	Heartburn
	Diarrhoea
	Constipation
	PR Bleeding
GUS	Dysuria
	Nocturia
	Frequency/Urgency
	Haematuria
	Incontinence
	Last menstrual period
	Cervical smear
	Contraception
CNS	Headache
	Dizziness
	Fits/Blackouts
	Memory Problems
	Visual Problems
	Hearing Problems
	Weakness
	Paraesthesia
MS	Joint pains
	Joint stiffness

PAST MEDICAL, SURGICAL, OBSTETRIC and ANAESTHETIC HISTORY

(tick box and give dates and details)

Cardiac Disease / Pacemaker		Mitral Regurg. - Mild
Hypertension		
Diabetes		
Asthma / COPD		
Epilepsy		
Stroke Disease		
Thromboembolic Disease (DVT / PE)		
Cognitive Impairment		
Liver Disease		
Other (e.g. Mental Health)	✓	Cervicalgia, Costochondritis.
Malignancy / Chemotherapy		Cancer diagnosis: Previous treatment (date last treatment):

Surgical / Anaesthetic History:	Past Obstetric History:
Relevant Family History: Father had IHD.	Social smoker. occasional cannabis. Nil cocaine

SOCIAL HISTORY

Smoking:	☐ Never	Ex-smoker since:	Current:_____ /per day	Pack years:
Alcohol:	Units / week: Occasional		History of previous excess:	
Driving:	☐ Yes ☐ No			
Occupation:			Retired: ☐ Yes	☐ No

Usual level of activity (please circle):

Bedbound	Dependent for personal care	Requires minimal assistance with ADLs	Slowed: assistance with heavier household tasks	"Slowed-up" but not requiring assistance	No exercise beyond walking	Occasional exercise	Regular exercise

MEDICINES RECONCILIATION

(You must complete below **AND** print ECS checklist)

Source of information **Must be at least 2 of the following:**			Patient Consent for ECS	☐ YES	☐ NO
GP letter / Print out	☐ YES	☐ NO	Patient's Own Drugs / Compliance Aid	☐ YES	☐ NO
ECS	☐ YES	☐ NO	Nursing Home Chart	☐ YES	☐ NO
Patient / Carer / Relative	☐ YES	☐ NO	Repeat Prescription	☐ YES	☐ NO

Allergies: Drugs NKDA **Allergies:** Other	C: Continue W: Withhold A: Amend St : Stop *(Tick appropriate box)*	Compliance Aid ☐ YES ☐ NO Community Pharmacy *(please specify which Pharmacy):*

Medicine Form and Strength	Dose	Route	Freq	C	W	A	St	Comments
Nil								
Regular								

Over the counter / Illicit substances / Herbal remedies / Homeopathic drugs

Medicine reconciliation completed by:

Date: Sign: Designation:

Pharmacy Review

Comments:

Date: Sign: Designation:

FOR ORTHOPAEDICS: SEE MEDICATION GUIDANCE, PAGE 8

INFORMATION ON 'PATIENTS ON ANTICOAGULATION': SEE PAGE 8

EXAMINATION

General Appearance:	Hydration Status:	Is this patient SEPTIC?
Muscular, clutching (E)* (L) chest	(N)	☐ YES ☐ NO

T °C:	S_pO_2:	F_iO_2:	BP:	HR:	RR:	BM:	FEWS SCORE:
36.8	98	AIR	140/62	71	15		0

CARDIOVASCULAR

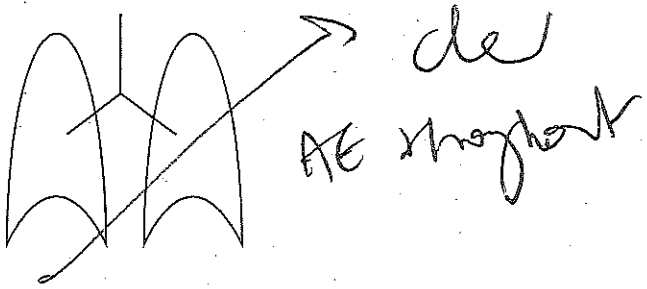
Pulse NS 1st+0, Regular.

JVP

Oedema N.1

Calves: (R) calf soft, mild tender on deep palpation.

RESPIRATORY



ABDOMEN

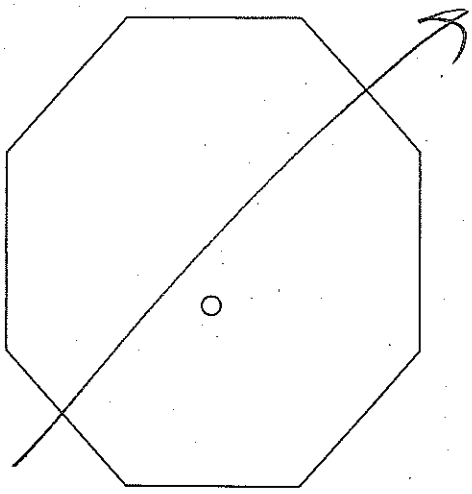
Mouth

Herniae

Genitalia

- Speculum Exam
- VE

PR / Anal Tone



CIRCULATION

Capillary Refill <2s

Pedal pulses WNP.

MUSCULOSKELETAL / SKIN

Describe (use diagrams where appropriate), joint examination

BREASTS

PERIPHERAL LYMPH NODES

INVASIVE DEVICES (eg Hickman line, catheter, pacemaker)

EXAMINATION

NEUROLOGY: Full neurological assessment is not required on all patients. However, general assessment of Tone, Reflexes, Power and Sensation should be documented to exclude acute neurology and as a baseline to assess any subsequent neurological decline. Full assessment is required in all patients admitted with spinal trauma or back pain.

GCS

EYE OPENING	VERBAL RESPONSE	MOTOR RESPONSE
Spontaneous =4	Orientated =5	Obeys =6
To command =3	Confused =4	Localises pain =5
To pain =2	Random =3	Withdraws =4
None=1	Incomprehensible sounds = 2	Flexes to pain =3
	None =1	Extends to pain=2
		None =1

TOTAL 15/15

CRANIAL NERVES

II

III, IV, VI

V

VII

VIII

IX, X

XI

XII

TONE

tick	*normal*	*flaccid*	*spasticity*	*clonus*
Right UL				
Left UL				
Right LL				
Left LL				

REFLEXES

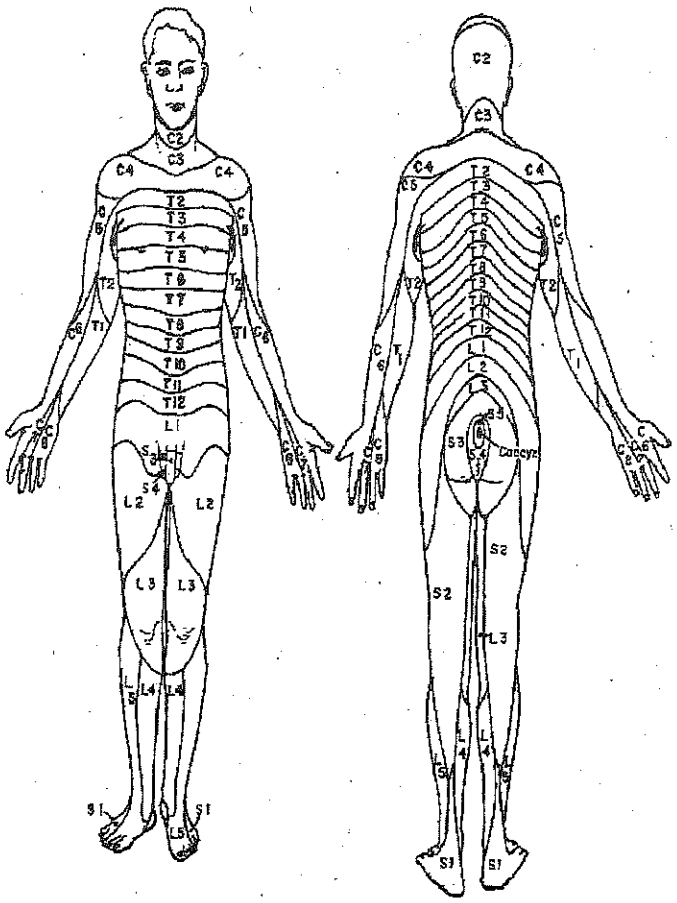
Mark:
- - = absent
- = reduced
+ = normal
++ = brisk

Please tick		*right*	*left*
Biceps	C6		
Triceps	C7		
Knee	L3,L4		
Ankle	S1, S2		
Plantar response			

POWER

Please tick		*right*	*left*	*Please tick*		*right*	*left*
Shoulder abduct	C5			Hip flexion	L2, 3		
Elbow flex	C5, 6			Knee ext	L3, 4		
Wrist ext	C6, 7			Foot dorsal	L4, 5		
Elbow ext	C7, 8			EHL	L5		
Grip	C7, 8			Knee flex	L5, S1		
Finger abduction	T1			Foot plant flex	S1, S2		

SENSATION mark areas reduced and absent sensation



ABBREVIATED NEUROLOGICAL ASSESSMENT
(comment on PTRS in all limbs)

DIFFERENTIAL DIAGNOSIS AND PROBLEM LIST

Covid - 19 Disease

+ Costochondritis

→ need to exclude VTE

MANAGEMENT PLAN (REMEMBER: FEWS of 3 or more = Scottish Structured Response

1) Bloods
inc. D-Dimer
2) ECG
3) CXR
4) If above re-assuring → D? (H)
with NSAIDs ↓ VTE (N)
+ drinking -

FLUIDS / FASTING Allow clear fluids until 2 hrs pre op. Allow normal diet until 6 hrs pre op.

Anticipated op time: ______am / ______pm

Fast for theatre: ☐ YES ☐ NO

Clear fluids until: ____________

Fasting from: ____________

Clerking Practitioner Sign off	Tick Box
Completed: VTE risk assessment	
Prescribed Dalteparin if indicated	
Completed: medicines reconciliation and kardex written	
Clerking complete	

Name: M. Kov	Signature:	Job Title: CDF	Date: 20/1/22	Time: 1440

RESULTS

XR	CT	MRI	USS	ECG	ABG
					Fi02 pH BE HC03 pCO2 p02

Blood Results (previous results in shaded area

Date				Date				Date			
WCC	5.3			Na	138			Alb			
Neut				K	3.9			Protein	(N)		
Lymph				Urea	4.9			Alk Phos			
Hb	148			Creat	119			GGT			
MCV	90			eGFR	>60			ALT			
PLT	286			HCO_3	26			Bilirubin			
Ddimer	235 (N)			Cor Ca^{2+}				Amylase			
PT				Phos				CRP	25		
APTT				Mg	0.72			Serum HCG			
INR				TSH	(N)			Adm Trop			
B12				Glucose	4.9			12h Trop			
Folate				Lactate				CK			

CONSULTANT (REGISTRAR) WARD ROUND

Consultant Name: [illegible]

35 y/o (M) unvaccinated.

+ve covid-19 x 7/7.

sore throat/fever/ sore

presents with (R) sided chest pain

pleuritic/ movement/ coughing

O/E comfortable @ rest. ? resp distress

sats 98% RA.

chest clear HS I+II+0.

IMPRESSION (to be completed by Consultant / Registrar only)

i) mild - covid-19.

± costochondritis/ msk chest pain.

CONSULTANT SIGN OFF (to be completed by Consultant only)

PLAN:

i) CXR → ? + (-) home c analgesia

paracetamol 1g QDS

ibuprofen 400mg 8° TDS.

ii) advised to strongly consider vaccination in 28 day

Analgesia considered	☑YES	☐NO	Med rec complete	☐YES	
CXR seen	☐YES	☑NO	Remove unwanted PVCs	☐YES	
ECG seen	☑YES	☐NO	AWI required	☐YES	☑N/A
Bloods seen	☑YES	☐NO	Oxygen prescribed	☐YES	☑N/A
VTE Risk assessment	☑YES		Target saturations / Other	(>94%)	88% - 92%
Dalteparin prescribed	☐YES	☑N/A	IV fluid prescription considered	Yes	☑N/A

Resuscitation and Escalation status

Discussed with patient / family / POA: ☐Family phoned, but not contactable
☐Yes ☐ To be discussed (state time of discussion:__________) ☐No

☐For CPR	☐Not for CPR	DNACPR form completed ☐YES ☐NO	**<48 hour stay**	**Specialty**
☐ICU	☐MHDU	☐Ward level care	Home	
Escalation Plan:				

Consultant Name: [illegible] **Sign:** [signature] **Date:** 10/1/22 **Time:** 15:12

FRAILTY SCREENING TOOL

Would this person benefit from Comprehensive Geriatric Assessment? If answered "Yes" to any of the following questions please refer to the Integrated Assessment Team

Practitioner Signature..... (CN) Date: 20.1.22 Time: 1330

1. Has the patient been admitted from a nursing or residential home?	☐ YES ☑ NO
2. Does the patient have **NEW functional** decline?	☐ YES ☑ NO
3. Dementia diagnosis or are there any concerns about memory/cognition?	☐ YES ☑ NO
4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual?	☐ YES ☑ NO
5. Has the patient fallen in the past 3 months or is a fall the reason for admission?	☐ YES ☑ NO
6. Does the patient attempt to walk alone although unsteady or unsafe?	☐ YES ☑ NO
7. Does the patient or their relatives have fear or anxiety re falling?	☐ YES ☑ NO
If YES to Question 3, 4 or 5: Complete 4AT below. THINK DELIRIUM **Initiate FALLS PATHWAY if FALLS and COGNITIVE questions positive**	
FALLS PATHWAY initiated	☐ YES ☑ NO

	4AT	**SCORE**
1	**Alertness:** This includes patients who may be markedly drowsy (eg difficult to rouse &/ or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep attempt to wake with speech or gentle touch on shoulder. **Ask patient to state their name and address to assist rating** • Normal (fully alert, but not agitated throughout assessment • Mild sleepiness for 10 secs after waking, then normal • Clearly abnormal	 0 0 4
2	**AMT 4:** **Age, DOB, place name and current year** **AMT score= /4** • No mistakes • 1 mistake • 2 or more mistakes/untestable	 0 1 2
3	**Attention:** Ask the patient: "Please tell me the months of the year backwards starting at December" You can assist with 1 prompt of "What is the month before Dec?" • Achieves 7 or more • Starts but score <7 months/refuses to start • Untestable (cannot start because unwell, drowsy, inattentive)	 0 1 2
4	**Acute change or fluctuating course:** Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg paranoia, hallucinations arising over last 2 weeks and evident in last 24 hours • No • Yes	 0 4
	4AT score **4 or above:** possible delirium+/- cognitive impairment: **THINK DELIRIUM - initiate TIME BUNDLE** **1-3:** possible cognitive impairment **0:** delirium or severe cognitive impairment unlikely (but delirium still possible if question 4 Information incomplete)	**Total score:** 0

Infection Prevention and Control Clinical Risk Assessment (CRA): Multi-Drug Resistant Organism (MDRO) Admission Screening

Hospital + Ward/Dept: A01

Admission date: 20/1/22 Time: 1315

Patient Name: _____
(or place patient sticker here)

CPE Clinical Risk Assessment (on admission)

Date of Screen: 20/1/22 Time: 13³⁰ Signature: [signature]

	(Y/N)
1. **Patient has history of CPE colonisation or infection at any time in the past** (confirm by checking systems for flags/results and ask patient if no record on system)	N
2. **In the past 12 months** (this will most often require asking the patient): • **Patient has been an inpatient outside Scotland** • **Patient has received holiday dialysis outside Scotland** • **Patient has been close contact of someone with CPE**	N / N / N

If **YES**, patient should be managed as a CPE positive case + **must** be placed in a single room, and the case discussed with IPCT

If **YES** to any, patient is at increased risk of CPE colonisation, + **must** be placed in a single room and the case discussed with IPCT

Discussed with patient and provided information sheet ☐

1. PATIENT PLACEMENT (Single room)

Date_____ Signature_____

Reason patient not placed in a single room (if applicable) and risk assessment completed:

_____ ☐

_____

AND

2. SAMPLES FOR TESTING (Y/N)

Rectal swab (or stool sample) ☐

AND

Wound swab, if present ☐

AND

Invasive device site swab, if present (exc urinary catheter site) ☐

AND

CSU if catheterised ☐

Date_____ Signature_____

MRSA Clinical Risk Assessment

Date of Screen 20/1/22 Time: 13³⁰ Signature: [signature]

	(Y/N)
1. **Patient has history of MRSA colonisation or infection at any time in the past** (confirm by checking systems for flags/results and ask patient if no record on system)	N
2. **Patient admitted from somewhere other than home e.g. another hospital, care home** (confirm by checking admission documentation/systems)	✓
3. **Patient has wound/ulcer or invasive device present before admission** (may require physical inspection)	✓

If **YES** to any, patient is at increased risk of MRSA colonisation

If **NO** to all **AND** patient is in high impact specialty*

Discussed with patient and provided them with leaflet ☐

1. PATIENT PLACEMENT (Single room/cohort/separated- refer to protocol)

Single ☐

Cohort¥ ☐

Separated‡ ☐

If placement not possible as per protocol, undertake risk assessment and document reasons below:

_____

_____

2. SAMPLES FOR TESTING

Nasal + perineal swabs (or nasal + throat swabs#) ☐

AND

Wound/skin break swab, if present ☐

AND

Invasive device site swab, if present (exc urinary catheter site) ☐

AND

CSU if catheterised ☐

Date _____ Signature_____

** High impact specialties refers to: Intensive Care, Orthopaedics, Renal Medicine, Vascular Surgery and Cardiothoracic Surgery*

¥ MRSA patients nursed together, with dedicated nursing

‡ MRSA patients physically separated, no dedicated nursing

 # Only to be used when nasal/perineal swabs are not possible

NURSING ASSESSMENT – INITIAL ASSESSMENT ON ADMISSION

Belongings *(tick)*	With patient	✓	With family		In safe		Bagged		Labelled	
Own medication	☐ YES		☑ NO							
Name band	☑ YES		☐ NO							
Patient fasted	☐ YES		☑ NO		Food time:		Fluid time:		See also page 9	
Relatives with patient	☐ YES		☐ NO		☐ Informed					

Home circumstances:	☑ Lives alone	Lives with:		
Living Arrangements:	☑ Own Home	☐ Sheltered	☐ Care Home	☐ Homeless
Care Package:	☐ Yes	☑ No	Frequency:	
Family Support:	Details:			

CAPACITY AND CONSENT

Mental State	Orientated ☑ YES ☐ NO	Confused ☐ YES ☑ NO	Distressed ☐ YES ☑ NO	Unconscious (GCS ≤ 9) ☐ YES

Consider if the patient has capacity to consent. If the patient's ability to consent is in doubt refer to medical staff to assess and then complete the following:

Is there a concern that the patient is at risk?

1. Are they unable to safeguard their own wellbeing, property rights or other interests?	☐ YES ☑ NO
2. Are they at risk of harm?	☐ YES ☑ NO
3. Are they affected by disability, mental disorder, illness, physical or mental infirmity which makes them more vulnerable to harm than adults not affected in this way	☐ YES ☑ NO

If the patient meets all 3 points, follow NHS Fife Adult Protection and Support process

Does patient require supervision / special observation?	☐ YES ☑ NO	Refer to Supervision Policy

Consider need for Violence and Aggression Risk Assessment

Adults With Incapacity (AWI) form completed	☐ YES ☐ NO ☑ N/A	Date:
Discussed with and signed by family / carer	☐ YES ☐ NO ☑ N/A	Date:
Date treatment plan in place?	☑ N/A	Date:
Is Welfare Power of Attorney held?	☐ YES ☐ NO ☑ N/A	Date:
Has copy been requested?	☐ YES ☐ NO ☑ N/A	Date:

Does the patient consent to us sharing information with:

Other Health Professionals ☑ YES ☐ NO	Family ☑ YES ☐ NO	Carers ☐ YES ☐ NO N/A
Specify:		

SPIRITUAL CARE & PSYCHOLOGICAL SUPPORT

Does the patient want you to contact their spiritual or religious leader?	☐ YES ☐ NO	**Name:** ☎: **Date:**
Does the family / carer want support from Spiritual Care Team (Chaplain)?		☐ YES ☐ NO
Reason for referral (please circle): Patient support / Family Support	Religious care *(faith group?)*	
Refer to Spiritual Care Team:	☐ YES ☐ NO	**Date:** **Time:**

NURSING ASSESSMENT – INITIAL ASSESSMENT ON ADMISSION

PAIN ASSESSMENT ON A SCALE OF 0 – 10 WHERE '0' = NO PAIN & '10' = WORST IMAGINABLE OR FACE LEGS ACTIVITY CRYING AND CONSOLABILITY (F.L.A.C.C. SCORE 0 - 10)		
Does the patient have pain?	☐ YES ☑ NO	**If 'Yes' initiate pain assessment chart**

SWALLOWING		
Does patient have any risk factors that would affect their ability to swallow? (e.g. previous or suspected stroke)	☐ YES ☑ NO	**Follow 'Compromised Swallow Assessment Flow chart' or 'Stroke Swallow Assessment' if stroke suspected**
Swallow Screen Checklist completed?	☐ YES ☑ NO	**If Nil By Mouth ensure essential medicines and hydration are prescribed via an appropriate route**

ORAL HEALTH (IF YES TO ANY OF THE FOLLOWING IMPLEMENT THE ORAL HYGIENE TOOL)					
Does the patient have dentures?	Full	Partial	☑ No	Tongue coated?	☐ YES ☑ NO
Are there any issues with oral health?	☐ YES ☑ NO			Lips dry and cracked?	☐ YES ☑ NO

PRESSURE ULCER RISK ASSESSMENT (PURA)

Mobility: Patient is fully mobile without equipment/ assistance (Y/N)

Continence: Person is fully continent (Y/N)

Nutrition: Person appears well nourished and able to eat and drink (Y/N)

Record answer in grid below Y=Yes N=No

If the answer is **NO** to any assessments, commence SSKIN bundle

Remember
- People who are overweight may not be well nourished
- Please sign after each check

DATE	TIME	MOBILITY	CONTINENCE	NUTRITION	SKIN INSPECTED	SSKIN BUNDLE COMMENCED	SIGNATURE/ PRINT
20/1/22	1330	Y	Y	Y	N	N	[signature]

Name: [illegible] Signature: [signature] Date: 20/1/22 Time complete: 1330

FALLS *(see 'Falls History' Page 12)*

Please score through any part of the following that is not used

URINALYSIS

Glucose	Bilirubin	Ketones	SG	Blood	PH	Protein	Urobilin-ogen	Nitrates	Leuco-cytes	Date	Initials

MSU – Culture and Sensitivity	
Chlamydia (P.C.R.)	

What was the date of the patient's Last Menstrual Period?

Ask the patient if there is any possibility that they may be pregnant

Pregnancy Status on Admission (Female patients over 12 years) – please tick box

Pregnant	Not Pregnant	Don't know	Not applicable

A pregnancy test must be carried out if the patient is uncertain/states that they are pregnant.
Ask the patient for verbal consent for a urine pregnancy test

Pregnancy test results	Negative	Positive

DATE	TIME	PROGRESS / CONTINUATION / EVALUATION OF CARE

Please use 24 hour clock and sign each entry. Insert your details on 'Signature' sheet.

COVID-19 Testing

Emergency & Elective Inpatients

On Admissions Screen: POCT

Date: 20/01/22 Signed: _____

2nd Screen - due day 5 from admission date:

Date: / / Signed: _____

20.1.22 - Patient admitted to AU1 via GP
1380 With (R) sided pleuritic chest pain
? PE.
- Positive LFT - 2 days ago.
- NEWS = 0.
- alert and orientated.
- Independent with ADL's.
- awaiting medical review.

Medina (RN)

SCI Store - Patient Result Report

Report ID: E-05808520

Sample Collected: 20/07/2017 13:09:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS EDGAR	2507860596	25/07/1986	30	NARAYANA, SUGUNA	Path House Medical Practice	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Kerri, BAKER,	(F704HECAS) VHK EMERGENCY CARE ASSESSMENT SUITE .	E-05808520	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	20/07/2017 13:09:00	20/07/2017 13:53:09.787	20/07/2017 13:53:17	Active

Report

CT Angiogram

Thomas Edgar
Clinical History:
30 year old male. Sudden onset severe headache while lifting weights 3 weeks ago. Lightheaded and collapse at onset. Right sided headache frontal and behind eye, severe. Neck stiffness. Persisting. Increased severity when tried to lift weights again or straining, associated lightheadedness.
?evidence aneurysm

(Entered By DEVLING on Jul 20, 2017 at 12:14:47 PM)

CT Angiogram:

There is no evidence of intracranial bleeding, acute territorial infarction, space-occupying lesion, extra-axial fluid collection. The ventricles and CSF spaces are central, symmetrical and appropriate for age. No bony abnormality visible.
Inflammatory changes seen within the left maxillary sinus.

Angio-CT size is degraded by motion artefact.
No evidence of aneurysm in the circle of Willis arteries. No evidence of thrombosis or dissection.

Conclusion:

No acute abnormality seen within the brain.
Normal appearances of intracranial arteries.

Reported by: WEREWKA-MACZUGA, Agnieszka and WEREWKA-MACZUGA, Agnieszka
Verified by: WEREWKA-MACZUGA, Agnieszka

Printed By: Shona Gibson on 20/07/2017 14:15:02

DRUG PRESCRIPTION AND ADMINISTRATION RECORD
SHORT STAY

NHS
Fife

ALLERGIES: Yes or No *(Delete as appropriate)* If Yes, Please list	Consultant .....
NKDA.	Hospital .....
	Ward .....
	Weight ..... Height .....

EDGAR THOMAS 25-07-1986

2507860596

INSTRUCTIONS FOR USE

- Use of this prescription must follow the Code of Practice Medicines.
- Use the Approved Drug name and print each entry **LEGIBLY IN CAPITAL LETTERS** in indelible ink.
- **NEVER alter existing instructions, write a new entry.**
- To stop a prescription, score a single line through both drug and administration sections, sign and date.
- When a dose is administered the person doing so must initial the appropriate box.
- When prescribing new medicines be mindful of administration times and if necessary prescribe a dose in the once only section to ensure patients do not miss doses.

Place Any Additional Stickers Here

CHARTS IN THE BOOKLET	Additional Charts (Attached)	√	Date started	Date finished
Thromboprophylaxis	Warfarin			
Oxygen Prescriptions	Subcutaneous Insulin			
Regular Prescriptions	Intravenous Insulin			
As Required/ Symptomatic Relief	Intravenous Fluid			
	Syringe Driver			
	Others			

Codes for Drugs Not Administered

A - Patient refused
B - Patient Unavailable
C - Instructions not clear / legal
D - Medicine not available
E - Nil by mouth
F - Once only / prn given
G - Dose withheld – Prescriber's instructions
H - Self-administered by patient
I - Nausea / Vomiting
J - Unable to swallow
K - No intravenous access
L Other

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescriber's Signature	Time Given	Given by
20/1	1400	Paracetamol	1g	PO	EG NRF	1730	MA
20/1	1600	Ibuprofen	400mg	PO	EG NRF	1730	MA

MS2791

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

REGULAR PRESCRIPTIONS

Drug details	Times to be given	Date ⇓ and Month ⇒
DRUG PARACETAMOL	6	
Dose 1g / Route PO / Start Date 20/11	12	
Reason for Change/Stopping		
Indication / Comments	18	
	22	
Prescriber's Signature [illegible]		
DRUG IBUPROFEN		
Dose 400mg / Route PO / Start Date 20/11	8	
Reason for Change/Stopping		
Indication / Comments	14	
Prescriber's Signature [illegible]	22	
DRUG		
Dose / Route / Start Date		
Reason for Change/Stopping		
Indication / Comments		
Prescriber's Signature		
DRUG		
Dose / Route / Start Date		
Reason for Change/Stopping		
Indication / Comments		
Prescriber's Signature		
DRUG		
Dose / Route / Start Date		
Reason for Change/Stopping		
Indication / Comments		
Prescriber's Signature		
DRUG		
Dose / Route / Start Date		
Reason for Change/Stopping		
Indication / Comments		
Prescriber's Signature		

V Emergency Department

GA Campbell
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Dr Cristina Sifiringa

The above patient attended the V Emergency Department on 23/03/2026 at 11:23. I outline below some information regarding this attendance.

Present Complaint: VACANT EPISODE - R ANKLE INJ/HEAD LAC

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - Cardiovascular - Vasovagal syncope			
ED injury - Soft tissue - Ligament strain	Foot	Right	

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
GP Action: Nil
Follow up: Nil

FY1 Review

PC: LOC and ankle injury

HPC:
Mr Edgar got up late last night for a glass of water. He walked downstairs and on entering the kitchen felt lightheaded. Mr Edgar lost consciousness for 5-15 minutes. He awoke on the kitchen floor with 2 cuts to his head.

LOC:
- Preceding lightheadedness
- No visual changes
- Was unconscious for 5-15 mins
- Felt confused and tired afterwards
- No tongue biting, incontinence, or focal neurology

Ankle injury
- Swollen right ankle
- No skin changes
- Unable to weightbear or move without pain
- Maximally tender over inferior and posterior aspect of lateral malleolus
- Neurovascularly intact

Head injuries
- 2x cuts on right side of head
- 1 8cm cut over Rt side of forehead, 1 2cm vertical cut across lateral side of Rt eyebrow
- No vomits after HI
- No signs of basal skull fracture
- No weakness, paraesthesia, numbness in limbs

O/E:
A - Patent
B - Lungs clear, chest expansion equal
C - HS I+II+0, WWP, Crt <2 secs, radial and carotid pulse good character
D - PEARL, GCS 15
E - Abdo SNT; No bony tenderness over head, neck, spine, back, chest wall, long bones, pelvis; Neck FROM; Shoulders FROM; Hips FROM

No focal neurology

PMHx: Nil
DHx: Nil
Allergies: NKDA
SHx: Smokes 0.25g cannabis every night in bong, never smokes with tobacco, no alcohol, no other recreational drugs, lives with children and partner 3/4 days of week

Imp: ?Seizure ?Vaso-vagal

Plan:
1) ECG
2) Bloods

3) XR Rt Ankle

Matthew MacDonald FY1

ECG - Sinus rhythm
XR Rt Ankle - No fracture seen
Bloods - WCC 10.7, all else NAD

VR Dr Corrieri

Recapped history and examination. Advised this is likely vaso-vagal syncope. If recurrent episodes to discuss with GP. If any signs of seizure (prolonged confusion, witnessed seizure like episode, incontinence, tongue biting), to return to ED.

Thomas given 2x crutch as struggling to mobilise without. Advised to use simple analgesia for pain and gradually weightbear as able.

Diagnosis:
1) Vaso-vagal syncope
2) Ligament strain

Plan:
1) Discharge with worsening advice

Matthew MacDonald FY1
Senior Review:
Senior Review Comments:

Yours sincerely
Dr Matthew MacDonald FY1

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No	Unique Care Pathway Number: 1010372496538 **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
Clinical RadiologyH1 Fife GP Radiology Referral		**Consultant / receiving practitioner and/or specialty clinic**
Radiology Unit Queen Margaret Hospital Dunfermline		**Hospital and hospital address** Hospital unit no. F007G Email address -
Urgency of referral	**Urgent**	

PATIENT DETAILS			**Patient's address**
Surname	Edgar		98 Dallas Drive Kirkcaldy KY2 6NG
Forename(s)	Thomas		
Title	Mr		
Sex	Male		
Date of birth	25-Jul-1986		Contact number(s)
CHI no.	2507860596		Voice: 07493 261257

REGISTERED GP DETAILS		**Practice address**

REFERRING PRACTITIONER DETAILS					**Practice address**
Name	Dr A. J. Stewart				Path House Medical Practice 7 Nether Street Kirkcaldy
GMC code	3495773	GP code	92258		
Practice name	Path House Medical Practice (16915)				Contact number(s)
Practice code	20998				Voice: 01592 805100

EDGAR, THOMAS ID:2507860596 23-MAR-2026 15:34:11 NHS FIFE-Card_V ROUTINE RECORD

25-JUL-1986 (39 yr)
Male Caucasian

Room:
Loc:1

Vent. rate	69	BPM
PR interval	188	ms
QRS duration	76	ms
QT/QTc	356/381	ms
P-R-T axes	73 81	60

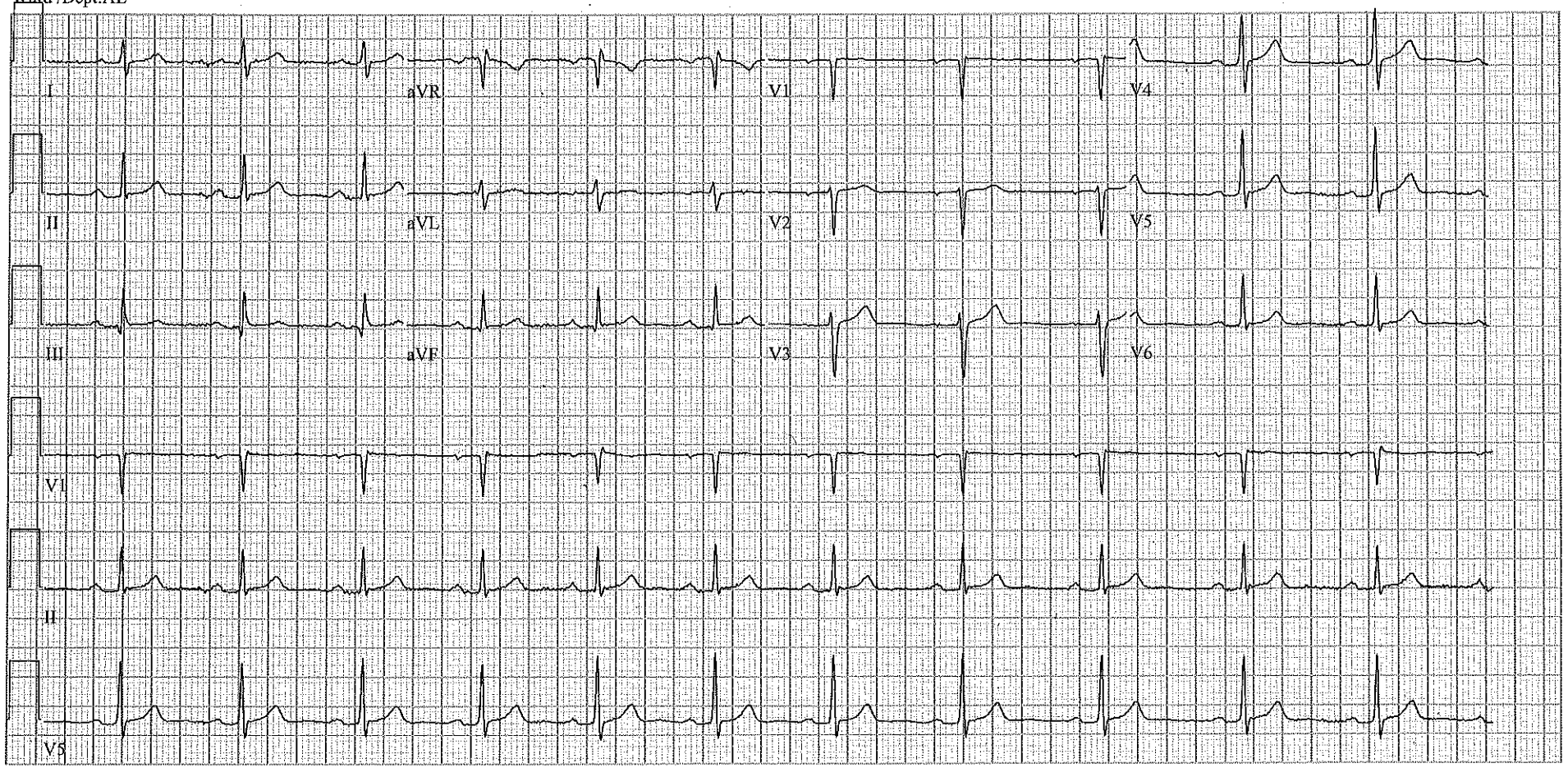
Normal sinus rhythm with sinus arrhythmia
Normal ECG
When compared with ECG of 14-NOV-2025 10:52,
No significant change was found

Technician: DS
Test ind:SEIZURE

Referred by: ANDERSON

Unconfirmed

Ward /Dept:AE



25mm/s 10mm/mV 40Hz 8.0 SP2 12SL 243 CID: 915

SID: 557747 EID:13 EDT: ORDER: ACCOUNT: 2507860596

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No	Unique Care Pathway Number: 101036946047E **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO

Clinical psychologyR2 Fife Psychology Referral	—	Consultant / receiving practitioner and/or specialty clinic
Stratheden Hospital Stratheden By Springfield Cupar KY15 5RR	—	Hospital and hospital address Hospital unit no. F712H Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	Edgar
Forename(s)	Thomas
Title	Mr
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address

98 Dallas Drive
Kirkcaldy
KY2 6NG

Contact number(s)

Voice: 07493 261257

REGISTERED GP DETAILS

Name	Dr Suguna L Narayana		
GMC code	4102528	GP code	93424
Practice name	Path House Medical Practice (16915)		
Practice code	20998		

Practice address

Path House Medical Practice
7 Nether Street
Kirkcaldy

Contact number(s)

Voice: 01592 805100

REFERRING PRACTITIONER DETAILS

Name	Dr. Suguna Narayana		
GMC code	4102528	GP code	93424
Practice name	Path House Medical Practice (20998)		
Practice code	20998		

Practice address

7 Nether Street
Kirkcaldy
Fife

Contact number(s)

Voice: 01592 805100

Cls # finger middle phalanx	-	-	r small finger PRIORITY=2	01-Jan-2003

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information.

Administrative information

Please select the Psychology sub-specialty to refer to:Adult

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

EDGAR, THOMAS
Male
25.07.1986 (39 Years)

Location: 1

Technician ID: DS

Test Indication: SEIZURE

Vent. rate	65	BPM
PR interval	188	ms
QRS duration	76	ms
QT/QTc-Baz	356/381	ms
P-R-T axes	73 81	60

Patient ID: 2507860596

Normal sinus rhythm with sinus arrhythmia
Normal ECG

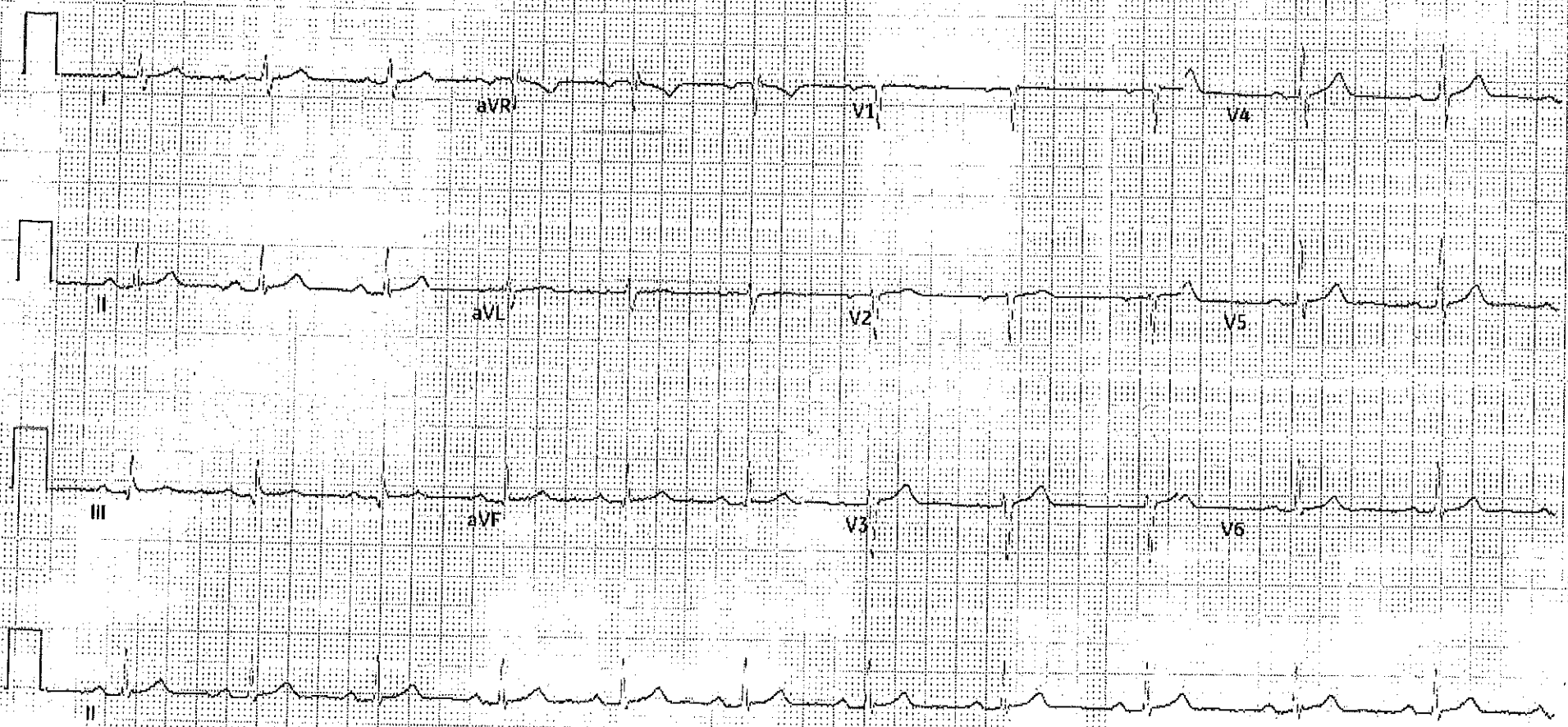
23.03.2026 15:34:11
Victoria Hosp Kirkcaldy

Sinus rhythm
FYI

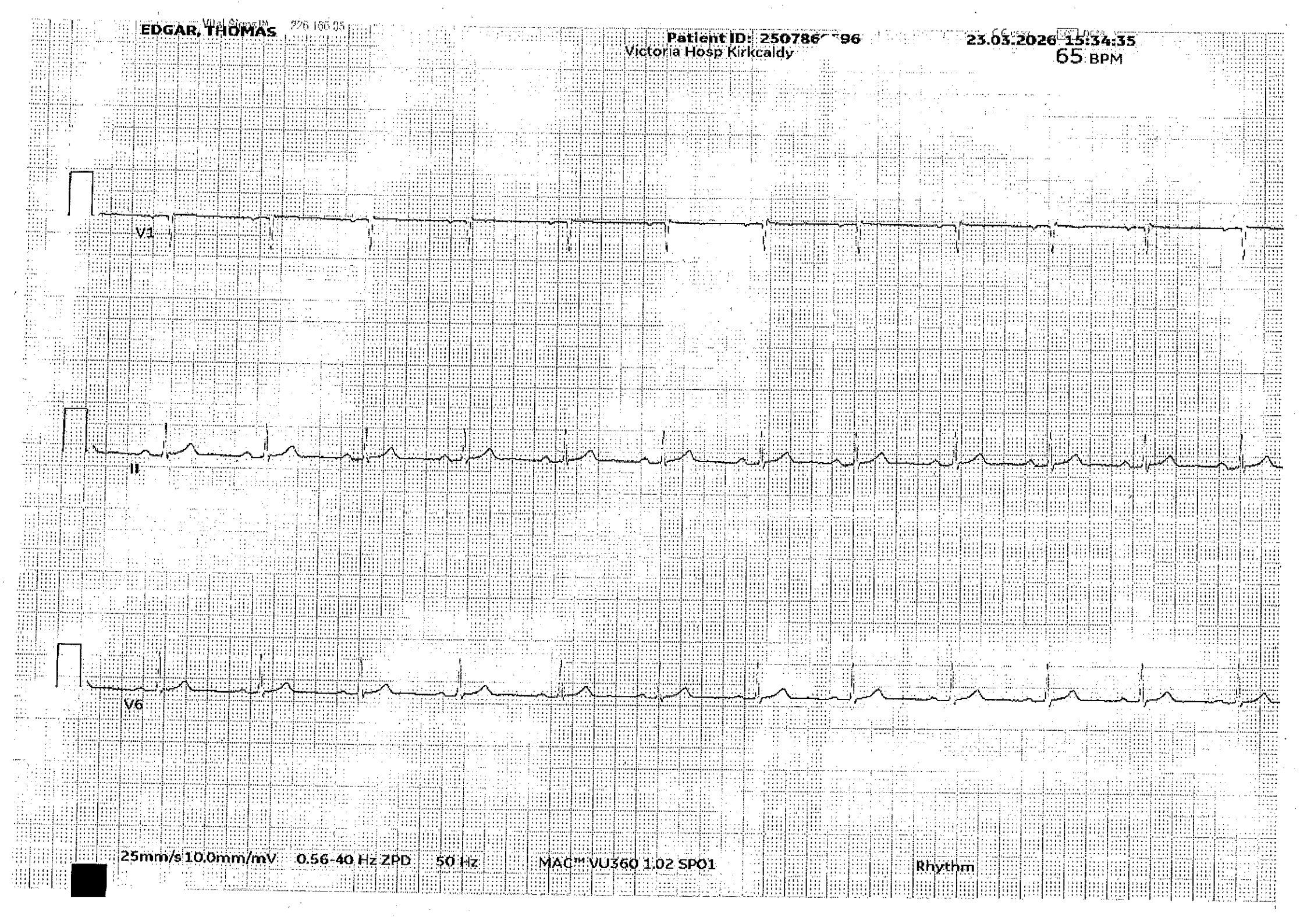
Ward /Dept: AE

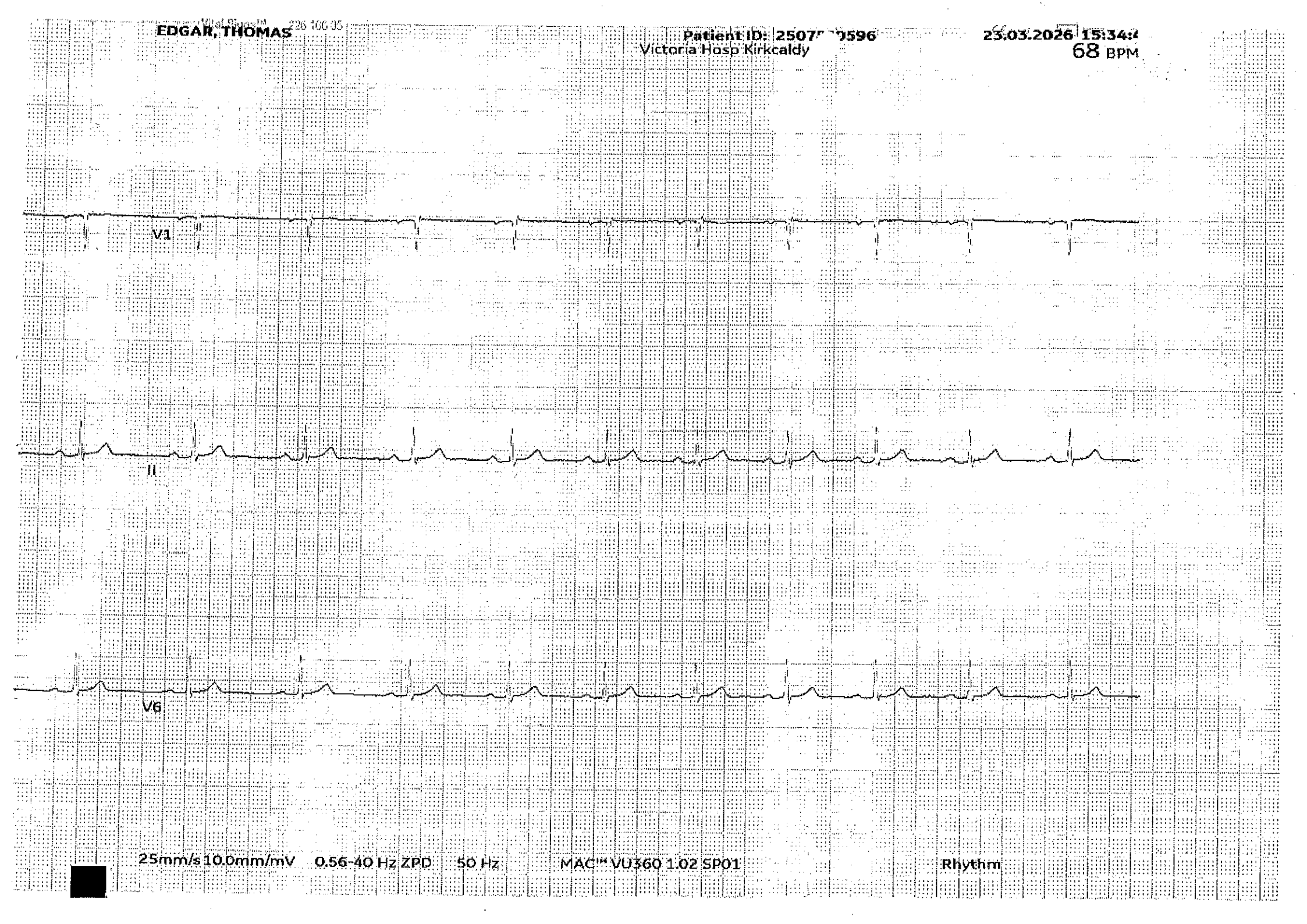
Referred By: ANDERSON

Unconfirmed



25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz MAC™ VU360 1.02 SP01 12SL v23.1 4 by 2.5s + 1 rhythm ld


EDGAR, THOMAS
Patient ID: 250786 96
Victoria Hosp Kirkcaldy
23.03.2026 15:34:35
65 BPM
V1
II
V6
25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz
MAC™ VU360 1.02 SPO1
Rhythm


EDGAR, THOMAS
Patient ID: 2507[illegible]0596
Victoria Hosp Kirkcaldy
23.03.2026 15:34:[illegible]
68 BPM
V1
II
V6
25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz
MAC™ VU360 1.02 SP01
Rhythm

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No	Unique Care Pathway Number: 101036929370K **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
Clinical RadiologyH1 Fife GP Radiology Referral	——	Consultant / receiving practitioner and/or specialty clinic
Radiology Unit Queen Margaret Hospital Dunfermline	——	Hospital and hospital address Hospital unit no. F007G Email address -
Urgency of referral	Routine	

PATIENT DETAILS			Patient's address
Surname	Edgar		98 Dallas Drive Kirkcaldy KY2 6NG
Forename(s)	Thomas		
Title	Mr		
Sex	Male		
Date of birth	25-Jul-1986		Contact number(s)
CHI no.	2507860596		Voice: 07493 261257

REGISTERED GP DETAILS		Practice address

REFERRING PRACTITIONER DETAILS					Practice address
Name	Dr C. Murphy				Path House Medical Practice 7 Nether Street Kirkcaldy
GMC code	4610494	GP code	91332		
Practice name	Path House Medical Practice (16915)				
Practice code	20998				Contact number(s)
					Voice: 01592 805100

Allergies:
NKDA

2507860596

Dr Cristina Sifiringa
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355
NHS Fife

Patient surname: **Edgar**	Date of arrival: **23/03/2026**	Management type: Resus [ ] Majors [✓] CR Minors [ ]
Patient forename: **Thomas**	Time of arrival: **11:23**	
Patient address: **98 Dallas Drive Kirkcaldy KY2 6NG**	Date & time of incident: **22/03/2026 23:30**	
	Incident location: **Home**	Discharge/Ward destination & Time:
DOB: **25/07/1986** Age: **39 Yrs**	Incident type: **Fall-From same level or <1m**	
Patient email:	Activity when injured:	Breach reason:
Landline: **07493261257** Mobile: **07493261257**		
Ethnicity: **1A Scottish**	Specific location:	
Special requirements:	Temporary alerts:	GP Address: **Path House Medical Practice, 7 Nether Street, Kirkcaldy, Fife, KY1 2PG** Tel No: **01592 805100**
Accompanied: **Unaccompanied**	Source of attendance: **Self referral**	School/Nursery address:
1st Contact name: **Karen Cousar**	Arrival mode: **Private transport**	
1st Contact address: L: M:**07951621710**	Attendance category: **New - unplanned**	Tel No:
	Annual A&E attendance No: **3**	Named person/HV:

Presenting complaint
VACANT EPISODE - R ANKLE INJ/HEAD LAC

ED NOTES ON TRAK

Triage notes

Triage category.....

Observations 1136

Temp 36.6	Pulse 94	BP 116/86	SpO2 98	RR 18	FEWS Score 0
GCS/AVPU 15	BM	Cap refill	Sup. O2 A	Weight/Kg	Pain score

Follow up clinic (please √)			
VFC	[ ]	Knee	[ ]
Physiotherapy	[ ]	IAT	[ ]
Ophthalmology	[ ]	ENT	[ ]
Other (specify)	[ ]	OMFS	[ ]
		ECAS/DVT	[ ]

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes [ ]
Colour Gauge:	Dressing date & timed Yes [ ]
	Skin cleansed Yes [ ]
Site/number:	Inserted by:
Hand hygiene Yes [ ]	

EDGAR THOMAS 25-07-1986 2507860596

Care Rounds Nursing Variance Documentation Sheet

EDGAR
THOMAS
25-07-1986
2507860596

Codes: Record of any interventions, treatments or communication, variances and any escalations required, noting any out comes as appropriate.

1.Think Delirium 2.Pain 3.Skin Inspection 4.Keep moving 5. Elimination

6.Food,Fluids,Nutrition 7.Patient safety/Falls risks check 8.Check drug prescription 9.Communication

DATE	TIME/24 HR	CODE	ACTION/INTERVENTION	SIGN & PRINT NAME
23/3/26	14:10	1-9	OBS DONE	

F EDGAR 25-07-1986 RE
THOMAS
2507860596

WD.
CONS.

FEWS KEY

0	1	2	3

FEWS ≥ 3 FOLLOW FEWS FLOWCHART

DATE	23/3/26						
FREQUENCY							
TIME	14 10						
TEMP. 36.6	40 39 38 37 36 35	36.6					
BLOOD PRESSURE 116/86	210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	116/86					
FEWS SCORE uses Systolic BP	170 160 150 140 130 120 110 100 90 80 70 60 50	0					
HEART RATE 94	170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20	94					
Sp02	~~95+~~ 90-94 85-89 < 85	97					
Fi02	40	A					
RESP. RATE	40 36 32 28 24 20 16 12 <8	16					
NEURO.	Awake / Verbal/Confu / Pain / Unresp	A					
FEWS SCORE:		0					
BM:							
Signature/initials							

MS1377

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	Unique Care Pathway Number: 1010294504488 **REFERRAL LETTER** MEDICAL IN CONFIDENCE	
No		

REFERRAL TO		
Clinical RadiologyH1 Fife GP Radiology Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Radiology Unit Queen Margaret Hospital Dunfermline	——	**Hospital and hospital address** Hospital unit no. F007G Email address -
Urgency of referral	**Urgent**	

PATIENT DETAILS		**Patient's address**
Surname	Edgar	98 Dallas Drive Kirkcaldy KY2 6NG
Forename(s)	Thomas	
Title	Mr	
Sex	Male	
Date of birth	25-Jul-1986	Contact number(s)
CHI no.	2507860596	Voice: 07493 261257

REGISTERED GP DETAILS				**Practice address**
Name	Dr Suguna L Narayana			Path House Medical Practice 7 Nether Street Kirkcaldy
GMC code	4102528	GP code	93424	
Practice name	Path House Medical Practice (16915)			Contact number(s)
Practice code	20998			Voice: 01592 805100 Facsimile: 01592 644550

REFERRING PRACTITIONER DETAILS				**Practice address**
Name	Dr. Alan Stewart			7 Nether Street Kirkcaldy Fife
GMC code	3495773	GP code	92258	
Practice name	Path House Medical Practice (20998)			Contact number(s)
Practice code	20998			Voice: 01592 805100

Acute Medicine - SDEC

GA Campbell
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Acute Medicine - SDEC team

The above patient attended the Acute Medicine - SDEC on 14/11/2025 at 10:47. I outline below some information regarding this attendance.

Present Complaint: 10:45 New Ref from Consult - PE

Diagnosis:			
Description	Body Site	Laterality	Comments
Bacterial Pneumonia, Unspecified			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
Mr Edgar was referred from his GP due to pleuritic chest pain.

He tells me has had a 3 month history of sudden onset pain in the R lower chest (around 7th rib onwards). This has been accompanied with worsening exertional breathlessness and he has been unable to lie down when sleeping due to pain and shortness of breath.
He describes this as a sharp pain on inspiration that spreads posteriorly. He denies central chest pain, palpitations, nausea, vomiting, ankle swelling. He reports normal urine and bowels for him.
He has had two episodes of loss of consciousness when smoking cannabis. He reports coughing and then feeling dizzy and waking up on his kitchen floor after inhalation.

He smokes 10 cigarettes a day, cannabis daily and roughly drinks a bottle of wine a week. He works as a PT at the moment and lives alone.

CTCA in 2022 due to atypical chest pain was normal.

CXR on review was clear, WCC 11.2, CRP 24.2. CTPA done, infective changes noted, no PE.

Discharged home with safety netting and 5 day course of antibiotics (doxycyline).

Dr E-Thompson
CT1 ACCS

Senior Review:
Senior Review Comments:

Yours sincerely
Dr Alexandra Entwistle-Thompson

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	Unique Care Pathway Number: 1010269783637 **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
DermatologyA7 Fife General Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH	——	**Hospital and hospital address** Hospital unit no. F704H Email address -
Urgency of referral	Routine	

PATIENT DETAILS			**Patient's address**
Surname	Edgar		98 Dallas Drive Kirkcaldy KY2 6NG
Forename(s)	Thomas		
Title	Mr		
Sex	Male		
Date of birth	25-Jul-1986		Contact number(s)
CHI no.	2507860596		Voice: 07493 261257

REGISTERED GP DETAILS				**Practice address**
Name	Dummy Reg GP name			Dummy GP Address
GMC code	123456	GP code	12345	
Practice name	Dummy GP Practice Name			Contact number(s)
Practice code	000000			Voice: 01234 567890

REFERRING PRACTITIONER DETAILS				**Practice address**
Name	Dr. Suguna Narayana			7 Nether Street Kirkcaldy Fife KY1 2PG
GMC code	4102528	GP code	93424	
Practice name	Path House Medical Practice (20998)			Contact number(s)
Practice code	20998			Voice: 01592 805100

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referrall
Patient can accept a short notice appointment:yes
Interpreter Required:no

Signature of referring doctor (or other professional) Date

Emergency Care Assessment Document **NHS Fife Victoria Hospital Kirkcaldy KY2 5AH**

Adc EDGAR
THOMAS 25-07-1986
2507860596

Date:	16/11/25	Time of Arrival:	1040
BP	125/81	Temp	35.9
Pulse	69	RR	17
SpO2	95	BM	
Nurse:	M. Johnson		Pews 1

History and Clinical Examination

Refer from GP -> pleuritic chest pain for 7-8 weeks

3/12 pain on the (R) lower rib -> CXR NAD &
& spirometry -> inhaler -> no improvement to SOB
Recent visit to Spain -> got chest infection (no antibiotics) -> cleared up
Productive cough -> yellow sputum
Coryzal symptoms
Ongoing sharp pain in (R) lower ribs - sharp pain persisting down 10 ribs onwards.
Thinks the pain first was due (put it down to training at gym), worse on inspiration & lying down.
Shortness of breath started 3-4 weeks ago -> unable to mobilise.
Ø haemoptysis, palpitations, central chest pain, nausea, vomiting, ankle swelling
bowels twice normal. No dysuria/ haematuria

Mum smoked drugs -> passed out last week
-> cannabis.

Drug use -> cannabis daily, no other drug use.
Alcohol -> drinks every Friday -> 1x bottle wine
Smoking -> 10 day roll ups.
Working at gym previously -> now PT.
Living/family -> 4 kids. Driving.
Mum born with heart murmur -> no follow up from this -> reports leaking valve previously

O/E
JVP not raised
Regular radial pulse, no radio-radial
Chest clear, equal & bilaterally.
air entry
HS challenging to auscultate
but I + II no added sounds
murmur caller
Abdo SNT
Calves SNT no oedema.

Impression and Management plan

① Need to r/o PE (helpful for future chest imaging due to extensive smoking hx)
② Reasonable to also consider chest infection (more likely)

→ CTPA requested + need
→ If chest infection → discharge with safety netting.

Name: Sign: Designation:

WBC	11.2	CRP	24.2	CXR: clear.
HB	150	ALB		
MCV	87.1	ALP		
PLT	383.	ALT		ECG: NSR
DDIMER		BIL	10	
INR		Urea	6.8	
TSH		Na+	137	CT/ Echo/ Other
Trop		K+	4.5	
Glucose		Creat	109	

Review

CTPA → bronchial wall thickening - central & peripheral airways
negative for PE.

Review → Sputum sample & home with antibiotics.
↳ 5 day

Mhairi Edgar 2307860596

AFFIX LABEL

[redacted] ALLERGIES [redacted]

NKDA

ONCE ONLY PRESCRIPTIONS

Date	Time	Prescription	Dose	Route	Doctor's Signature	Time Given	Given by
14/11/25	13.32	DOXYCYCLINE STAT	200MG	PO	[signature]	1340	[initials]
15/11/25		DOXYCYCLINE	100MG for 5days	PO	[signature]	1340	[initials]

TAKE HOME DRUGS

Date	Prescription	Dose	Route	Clinician Signature	Dispensed by	Signature

INTRAVENOUS FLUIDS

Date	Fluid (Block Letters) / Additional Medicine	Vol. (ml) / Dose	Prescribed Duration of Administration	Doctor's signature	Time Begun (2400)	Completion Time	Administered by / Added by
	[redacted]	[redacted]					[redacted]
	[redacted]	[redacted]					[redacted]
	[redacted]	[redacted]					[redacted]
	[redacted]	[redacted]					[redacted]
	[redacted]	[redacted]					[redacted]
	[redacted]	[redacted]					[redacted]
	[redacted]	[redacted]					[redacted]

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	Unique Care Pathway Number: 101022305358T **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
CardiologyA2 Fife General Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH	——	**Hospital and hospital address** Hospital unit no. F704H Email address -
Urgency of referral	**Urgent**	

PATIENT DETAILS			**Patient's address**
Surname	Edgar		98 Dallas Drive Kirkcaldy KY2 6NG
Forename(s)	Thomas		
Title	Mr		
Sex	Male		
Date of birth	25-Jul-1986		Contact number(s)
CHI no.	2507860596		Voice: 07493 261257

REGISTERED GP DETAILS					**Practice address**
Name	Dummy Reg GP name				Dummy GP Address
GMC code	123456	GP code	12345		
Practice name	Dummy GP Practice Name				
Practice code	000000				Contact number(s)
					Voice: 01234 567890

REFERRING PRACTITIONER DETAILS					**Practice address**
Name	Dr. Grant Campbell				7 Nether Street Kirkcaldy Fife KY1 2PG
GMC code	4106656	GP code	90611		
Practice name	Path House Medical Practice (20998)				
Practice code	20998				Contact number(s)
					Voice: 01592 805100

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Glyceryl Trinitrate Pump spray 400 micrograms/dose	0206010F0AAA1A1	1 dose	2 PUFFS WHEN REQUIRED	-	17-Dec-2020	42 Days
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	100 capsule	1-2 QDS PRN	-	16-Dec-2020	42 Days

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Exercise status: Not Known

Number per day
? (not known)

Units per day
? (not known)

Additional relevant information

Administrative information

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referrall

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referrall

Patient can accept a short notice appointment:yes

Interpreter Required:no

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

EDGAR, THOMAS Vital Signs™ 226 168 06

Male
25.07.1986 (39 Years)

Location: 1

Vent. rate	72	BPM
PR interval	184	ms
QRS duration	80	ms
QT/QTc-Baz	350/383	ms
P-R-T axes	63 80 61	

Patient ID: 2507860596
Normal sinus rhythm
Normal ECG

14.11.2025 10:52:14
Victoria Hosp Kirkcaldy

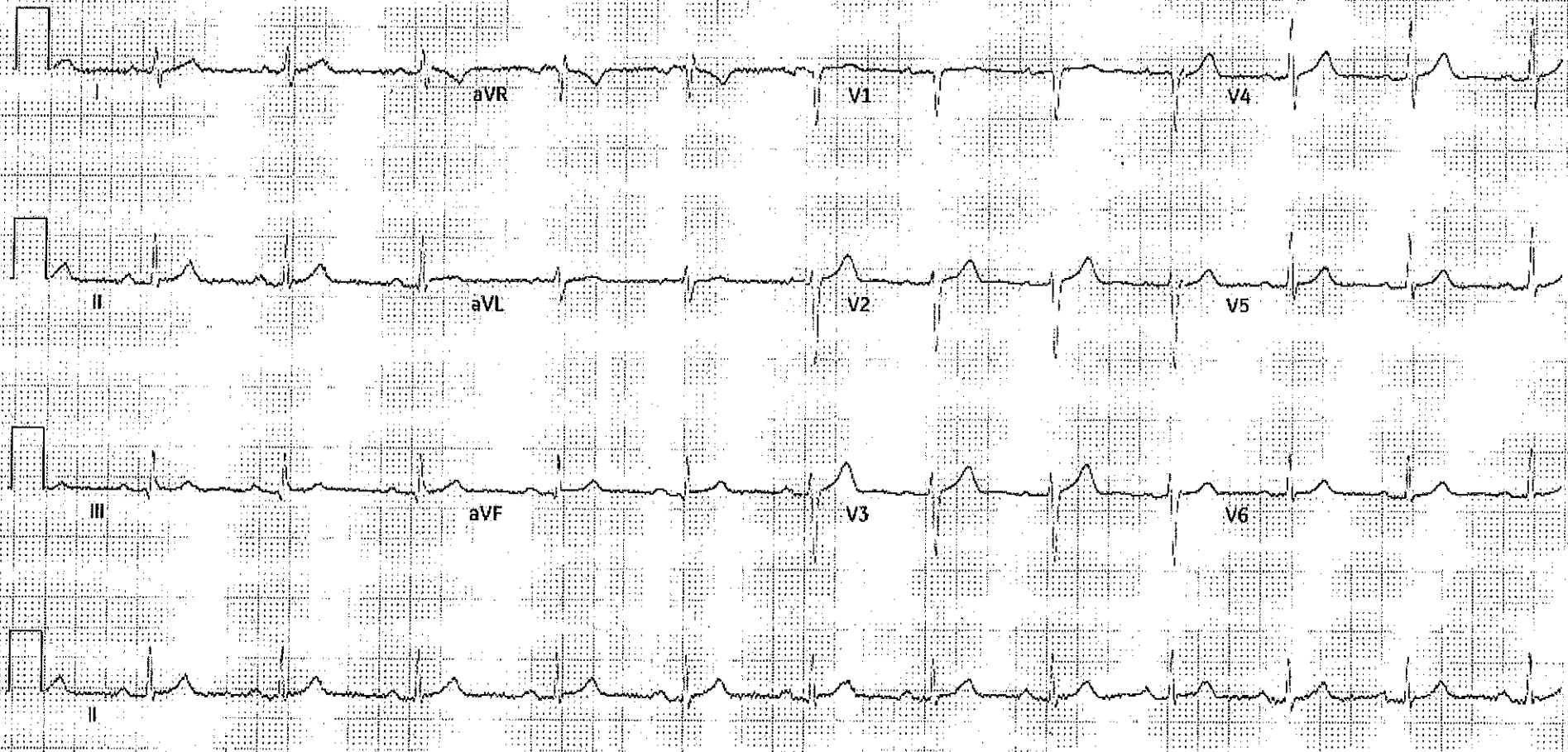
Technician ID: LJ

Ward /Dept: ECAS

Test Indication: ?PE

Referred By: MAHMOUD

Unconfirmed



25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz MAC™ VU360 1.02 SP02 12SL v23.1 4 by 2.5s + 1 rhythm Id

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No	Unique Care Pathway Number: 1010183938334 **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO

Clinical psychologyR2 Fife Psychology Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Lynebank Hospital Halbeath Road Dunfermline KY11 8JH	——	**Hospital and hospital address** Hospital unit no. F810H Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	Edgar
Forename(s)	Thomas
Title	Mr
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address

98 Dallas Drive
Kirkcaldy
KY2 6NG

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Suguna L Narayana		
GMC code	4102528	GP code	93424
Practice name	Path House Medical Practice (16915)		
Practice code	20998		

Practice address

Path House Medical Practice
7 Nether Street
Kirkcaldy

Contact number(s)

Voice: 01592 805100

REFERRING PRACTITIONER DETAILS

Name	Dr. Suguna Narayana		
GMC code	4102528	GP code	93424
Practice name	Path House Medical Practice (20998)		
Practice code	20998		

Practice address

7 Nether Street
Kirkcaldy
Fife

Contact number(s)

Voice: 01592 805100

Ibuprofen Tablets 400 mg	1001010J0AAAEAE	112 tablet	1 THREE TIMES DAILY	-	02-Apr-2019 -

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative information

Please select the Psychology sub-specialty to refer to:Adult

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

EDGAR, THOMAS

ID:2507860596

14-NOV-2025 10:52:14

NHS FIFE-Card_V ROUTINE RECORD

25-JUL-1986 (39 yr)
Male Caucasian

Room:
Loc:1

Vent. rate	72	BPM
PR interval	184	ms
QRS duration	80	ms
QT/QTc	350/383	ms
P-R-T axes	63 80	61

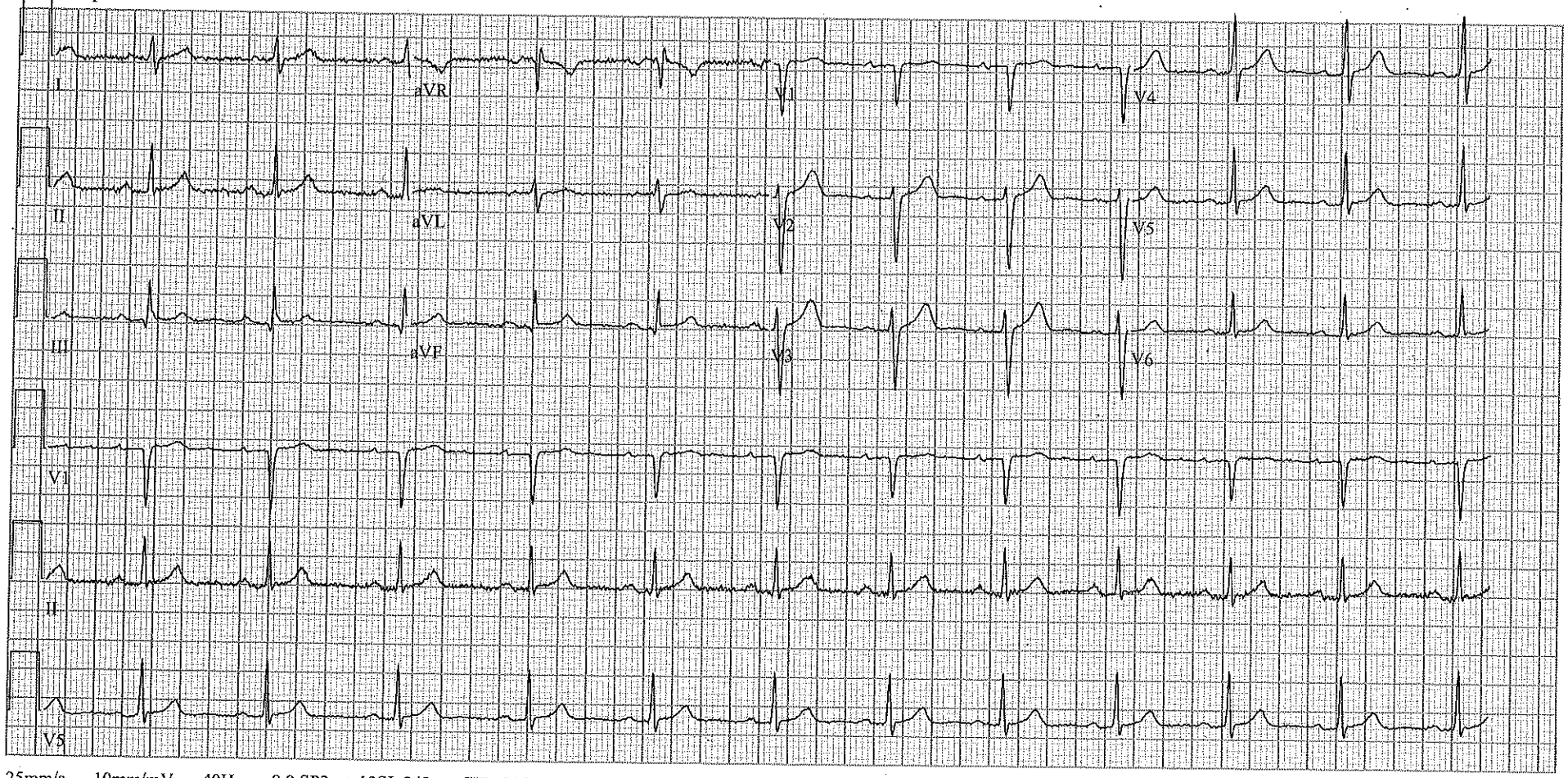
Normal sinus rhythm
Normal ECG
When compared with ECG of 30-NOV-2021 18:55,
No significant change was found

Technician: LJ
Test ind:?PE

Ward /Dept:ECAS

Referred by: MAHMOUD

Unconfirmed



25mm/s 10mm/mV 40Hz 8.0 SP2 12SL 243 CID: 915

SID: 557747 EID:13 EDT: ORDER:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No	Unique Care Pathway Number: 101013218761T **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
Clinical RadiologyH1 Fife GP Radiology Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Radiology Unit Queen Margaret Hospital Dunfermline	——	**Hospital and hospital address** Hospital unit no. F007G Email address -
Urgency of referral	Routine	

PATIENT DETAILS		**Patient's address**
Surname	Edgar	98 Dallas Drive Kirkcaldy KY2 6NH
Forename(s)	Thomas	
Title	Mr	
Sex	Male	
Date of birth	25-Jul-1986	Contact number(s)
CHI no.	2507860596	Voice: 07450864165

REGISTERED GP DETAILS				**Practice address**
Name	Dr Suguna Narayana			Path House Medical Practice 7 Nether Street Kirkcaldy
GMC code	4102528	GP code	93424	Contact number(s)
Practice name	Path House Medical Practice (16915)			Voice: 01592 805100 Facsimile: 01592 644550
Practice code	20998			

REFERRING PRACTITIONER DETAILS				**Practice address**
Name	Dr. Catriona Clark			7 Nether Street Kirkcaldy
GMC code	6134606	GP code	92622	Contact number(s)
Practice name	Path House Medical Practice (20998)			Voice: 01592 805100
Practice code	20998			

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

Private & Confidential
Dr GA Campbell
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
KY1 2PG

Fife Psychology Service
Kirkcaldy & Levenmouth Adult Service
Tel: 01383 623623 Ext 35402
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

2507860596

CHI: 2507860596

Letter ID: 200035332

Dear Dr Campbell

Date: 09 July 2025

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Thank you referring the above patient to the Adult Mental Health Psychology service. Having considered the information in your referral letter, I think that they may benefit from self-referral to the Better Than Well service in the first instance.

Better Than Well offer up to 8 individual sessions with a self help coach for those who have experienced childhood trauma. They use a Cognitive Behavioural Therapy based approach to help people develop tools and techniques to manage their difficulties. This service is provided by Link Living, who can be contacted on 01592 644048 or via their website www.linkliving.org.uk/betterthanwell/

I have copied this letter to your patient in order to avoid any delay in them receiving this information.

I hope the above information is useful. Please do not hesitate to contact us in future if, having engaged with the above service, you feel that further input is required.

Yours sincerely

Psychology Service

Authorised on 09/07/2025 12:17:47 by Typist Psychology Secretary 4, on behalf of Psychology Service.

(P) Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No	Unique Care Pathway Number: 101010340683W **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO

Clinical psychologyR2 Fife Psychology Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Lynebank Hospital Halbeath Road Dunfermline KY11 8JH	——	**Hospital and hospital address** Hospital unit no. F810H Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	EDGAR
Forename(s)	THOMAS
Title	MR
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address

62 SMEATON GDNS
KIRKCALDY
FIFE
KY2 5BP

Contact number(s)

Voice: 07450864165

REGISTERED GP DETAILS

Name	Dr Oluwole Ogunleye		
GMC code	6094067	GP code	92720
Practice name	Path House Medical Practice		
Practice code	20998		

Practice address

7 NETHER ST
KIRKCALDY
FIFE

Contact number(s)

Voice: 01592805100

REFERRING PRACTITIONER DETAILS

Name	Dr. Alan Stewart		
GMC code	3495773	GP code	92258
Practice name	Path House Medical Practice (20998)		
Practice code	20998		

Practice address

7 Nether Street
Kirkcaldy

Contact number(s)

Voice: 01592 805100

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative information

Please select the Psychology sub-specialty to refer to:Adult

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Acute Services Division

NHS Fife

V Emergency Department

GA Campbell
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Dr Daniel Day

The above patient attended the V Emergency Department on 09/05/2025 at 13:46. I outline below some information regarding this attendance.

Present Complaint: (L) FOOT INJURY

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Wound - Contusion includes bruise, haematoma	Toes		

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
Dear Doctor,

Thomas attended ED after dropping a 20kg weight onto his foot. He had bruising and swelling over the great toe MTPJ and to a lesser extent over the 2nd toe. He was able to walk with antalgic gait.

XR showed no evidence of fracture. We discussed simple analgesia, ice and elevation. We discussed that sturdy footwear was non-inferior to moonboot, and does not have the complication of ankle stiffness. Thomas was happy to weight bear in sturdy footwear. No follow up is planned.

Kind regards,
HRobertson
Speciality Doctor
Senior Review:
Senior Review Comments:

Yours sincerely
Dr Heather Robertson SCF

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	Unique Care Pathway Number: 1010089815553	
No	**REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO

Clinical RadiologyH1 MRI Lumbar Spine	——	**Consultant / receiving practitioner and/or specialty clinic**
Radiology Unit Queen Margaret Hospital Dunfermline	——	**Hospital and hospital address** Hospital unit no. F007G Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	EDGAR
Forename(s)	THOMAS
Title	MR
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address

21 MARYHALL STREET
KIRKCALDY
FIFE
KY1 1BH

Contact number(s)

Voice: 07450864165

REGISTERED GP DETAILS

Name	Dr E. A. Macdonald		
GMC code	2341763	GP code	93726
Practice name	Path House Medical Practice		
Practice code	20998		

Practice address

7 NETHER ST
KIRKCALDY
FIFE

Contact number(s)

Voice: 01592805100

REFERRING PRACTITIONER DETAILS

Name	Dr. Alan Stewart		
GMC code	3495773	GP code	92258
Practice name	Path House Medical Practice (20998)		
Practice code	20998		

Practice address

7 Nether Street
Kirkcaldy

Contact number(s)

Voice: 01592 805100

Exercise status: Not Known	Number per day	Units per day
	? (not known)	? (not known)

Additional relevant information

Administrative information

I have read and understood this information:true

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Allergies:

2507860596

Dr Daniel Day
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355
NHS Fife

Patient surname: **Edgar**	Date of arrival: **09/05/2025**	Management type: Resus [ ] Majors [ ] Minors [x]
Patient forename: **Thomas**	Time of arrival: **13:46**	
Patient address: **98 Dallas Drive Kirkcaldy KY2 6NG**	Date & time of incident: **09/05/2025 13:00**	
DOB: **25/07/1986** Age: **38 Yrs**	Incident location: **Sports and athletic area**	Discharge/Ward destination & Time: Home
Patient email:	Incident type: **Crushing force- Crushed beneath an object**	Breach reason:
Landline: **07493261257** Mobile: **07493261257**	Activity when injured: **Leisure play, exercise or physical activity**	
Ethnicity: **1A Scottish**	Specific location: **GYM**	GP Address: **Path House Medical Practice, 7 Nether Street, Kirkcaldy, Fife, KY1 2PG** Tel No: **01592 805100**
Special requirements:	Temporary alerts:	
Accompanied: **Unaccompanied**		School/Nursery address:
1st Contact name: **Karen Cousar**	Source of attendance: **Self referral**	
1st Contact address: L: M:**07951621710**	Arrival mode: **Private transport**	Tel No:
	Attendance category: **New - unplanned**	Named person/HV:
	Annual A&E attendance No: **2**	

Presenting complaint
(L) FOOT INJURY

NOTES ON TRACK.

Triage notes

Triage category.....

Observations

Temp	Pulse	BP	SpO2	RR	FEWS Score
GCS/AVPU	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

25-07-1986
2507860596
EDGAR
THOMAS

Follow up clinic (please √)			
[ ]		Knee	[ ]
therapy	[ ]	IAT	[ ]
almology	[ ]	ENT	[ ]
(specify)	[ ]	OMFS	[ ]
		ECAS/DVT	[ ]

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes [ ]
Colour Gauge:	Dressing date & timed Yes [ ]
	Skin cleansed Yes [ ]
Site/number:	Inserted by:
Hand hygiene Yes [ ]	