SAR Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Private
MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date: 15 May 2026
Your Ref: 100183
Ref: SAR / ACCESS /CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: GEORGINA LOGAN DOB: 19/08/1954

Thank you for your recent request in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

GLASGOW ROYAL INFIRMARY RECORDS
STOBHILL HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email:

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 26/08/2020

Private & Confidential

Dr Phillip Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

Allison Walls

www.nhsgg.org.uk

Dear Dr Weir,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Georgina Logan **CHI:** 1908546042 **CRN:** 50551545H
Address: 17 Sollas Place, Knightswood, Lanarkshire, G13 4NA

Consultant: Hendry David

MDT Meeting: Endo-urology/Stone MDT

Date of MDT Review: 26/08/2020

Reason for Referral:

Outcome of MDT Review:

List for FURS will need CT KUB prior to confirm stone position and presence

For further information please contact Allison Walls.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

NHS
Greater Glasgow
and Clyde

Date Printed: 26/08/2020

For further information please contact Allison Walls.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 5402**
Fax: **0141 211 0481**
Appointments: **0141 211 5067 / 5146**

MR C S KUMAR'S FOOT AND ANKLE ORTHOPAEDIC CLINIC

Clinic and dictated: 30/07/2015
Typed: 03/08/2015
Our Reference: BJ/KS

Dr Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

Dear Dr Weir

Re: **Mrs Georgina Logan 19/08/1954; CHI: 1908546042**
17 Sollas Place Knightswood Glasgow Lanarkshire G13 4NA

Mrs Logan is 60 year old. She was referred by yourself with regards to right foot pain however she tells me that this has entirely settled and that she is now troubled by the left dorsal mid foot pain which is atraumatic in nature and intermittent also. This lady has previously had a left sided radiculopathic pain however the pain on this occasion seems quite different to that. I understand that she has had surgery under the care of Mr Reece at Gartnavel General Hospital. She also tells me that she has recently been diagnosed with Crohn's disease and that she is on Asacol.

Examination today reveals normal posture of the foot. Her ankle and subtalar joints as well as her chopart joints move freely. Attempted motion of the tarsal metatarsal joints does seem cause pain. Radiographs suggest perhaps some very mild degenerate change within the tarsal metatarsal joints.

I have explained this to Mrs Logan. She is not keen on surgery which I think is an entirely sensible approach. I have discharged her from the clinic. She knows to get in touch with us should the need arise.

Yours sincerely,

Bilal Jamal
Specialist Registrar (Orthopaedics)

Review images at MDT

Performed	25-Aug-2020 11:24	Received	26-Aug-2020 13:06
Reported	26-Aug-2020 13:04	Order Number	G107H36474469
Status	Final	Source System	MiSys

Review images at MDT Final
Georgina Logan
Review images at Endo-urology MDT on 26.08.2020 :
This is a radiology review report. This report contains information pertinent to the patient's current management and may not document all pathology or incidental non contributory minor abnormality.
It is strongly advised that this report is interpreted in conjunction with the original radiology report for this examination, which may have been performed at another hospital.
In constructing this report, additional clinical information may have been available to the review radiologist that was not available at the time of the original report.

No additional findings

Reported by: Dr Richard McDonald
Verified by: Dr Richard McDonald

XR Foot Lt

Performed	30-Jul-2015 16:36	Received	31-Jul-2015 09:06
Reported	31-Jul-2015 09:06	Order Number	G107H30496349
Status	Final	Source System	MiSys

XR Ankle Lt Final

Georgina Logan

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Ankle Lt

Performed	30-Jul-2015 16:36	Received	31-Jul-2015 09:06
Reported	31-Jul-2015 09:06	Order Number	G107H30496348
Status	Final	Source System	MiSys

XR Ankle Lt Final

Georgina Logan

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Gynaecology
Contact Tel: 0141 355 1828
Enquiries to: Laura Kane

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

Letter Date: 27/12/2023
Reference: CK/LK
Dictated Date: 27/11/2023
Transcribed Date: 14/12/2023

Dear Dr Spence,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Georgina did not keep an appointment for the Gynaecology Ultrasound Clinic today. As Mr Park mentioned, this cystic lesion is long standing dating back to 2014 with no increase in size over this period. In view of this and the pressure on these ultrasound slots I have not issued any further appointments.

Yours sincerely

Dr Chitra Kumar

Associate Specialist in Gynaecology

Electronically Signed: Dr Chitra Kumar, Consultant

cc. Mr James Park
Consultant Colorectal/General Surgeon
Queen Elizabeth University Hospital

Clinic Letter

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

Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 01/08/2016
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. PJ Weir,

Georgina Logan; D.O.B: 19 Aug 1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Attendance: Specialty - Pain Relief; Clinic - STMSPRI-DR SERPELL PAIN RELIEF EXTRA CLINIC
Date and Time of Appointment - 01/08/2016 18:30

Clinical Comments:
Thank you for referring this 61 year old lady with chronic low back and left leg radicular pain following failed back surgery (L2/3 lumbar discectomy from December 2009). She previously attended the Pain Clinic in August 2010 and all the subsequent years has had all our usual therapies. She is currently on BuTrans 30Micrograms, Amitriptyline 75mgs nocte, topical Capsaicin, Pregabalin 300mgs bd, Methocarbamol and Quinine for bedtime leg cramps. She has received a Tens machine from us but uses it less frequently than she should. I have encouraged her to use this as much as possible. She received a caudal block but gained no benefit.

She still has quite a chaotic home life, she has been a previous amphetamine addiction, her son is a heroin addict and she tells me that her daughter who has mental health problems is terminally dying.

On review of her medication and past treatments at the clinic there is little we have to offer. I think the dose of Amitriptyline could be increased gradually further to between 100mgs and 150mgs nocte at most. I don't think we should be escalating the dose of opioid and although the patient did mention a recent hospital admission which resulted in her getting Oxycodone which she found very helpful. I have told her is that if we were ever to rotate her over to this opioid then she would have to come off her BuTrans. She then said she preferred to stay on her BuTrans patch.

We have tried to get her on our patient education classes previously but she has not engaged with them. I had a long discussion with her today about this and I think she may well now give these a try. If she engages with them then we may refer onto the PMP but my impression of this lady is that she

will not probably take the initiative to engage and therefore apart from the Amitriptyline increase we don't have anything productive to offer her.

I will book her for a Nurse review and if she does engage with education classes then certainly we will encourage her to proceed along with the PMP. If not then I think we will be discharging her.

Yours Sincerely

Dr M Serpell

Consultant in Anaesthetics & Pain Management

Electronically Signed: Dr Michael Serpell, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

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 12-Feb-2016 **Date sent** 12-Feb-2016

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Mrs
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Area of Residence	

Patient's address

17 Sollas Place
Glasgow
G13 4NA

Contact number(s)

Voice: 0777 4400 790

101010830048Z Unique Care Pathway Number: 101010830048Z

REGISTERED GP DETAILS

Name	Dr Philip Weir		
GMC code	1326938	GP code	05207
Practice name	1398 Dumbarton Road (18837)		
Practice code	40578		

Practice address

Victoria Park Medical Practice
1398 Dumbarton Rd
GLASGOW
Scotstoun
G14 9DR

Contact number(s)

Voice: 0844 477 3318
Facsimile: 0141 959 8463

REFERRING GP DETAILS

Name	Dr. Andrew McCall

Practice address

1398 Dumbarton Road
Glasgow

GMC code	2987411	GP code	05282
Practice name	Victoria Park Medical Practice (40578)		
Practice code	40578		

G14 9DS

Contact number(s)

Voice: 08444 773318

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: pain control

Comment: This lady is asking to come back to your clinic. She has troublesome back and left sciatic pain and now has developed Right shoulder pain. She Buprenorphine patches, Amitriptyline and Oxycontin

I would be grateful if you would see her

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Asthma	17-Nov-2004	17-Nov-2004

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Advice given about bowel cancer screening programme	01-Apr-2014	01-Apr-2014
Advice given about bowel cancer screening programme	21-Jan-2014	21-Jan-2014

Family conditions (All priorities)

Description	Date of Onset
FH: MI- Myocardial infarct <60 (Father)	03-May-2013
FH: MI- myocardial infarct >60 (Sister)	03-May-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Buprenorphine Transdermal patches 10 micrograms/hour	4	4 patch	APPLY WEEKLY	-	09-Jul-2015	11-Feb-2016
Budesonide And Formoterol Dry Powder Inhaler 200 micrograms + 6 micrograms/actuation	2	2 INHALER	ONE PUFF TO BE INHALED TWICE A DAY	-	04-Nov-2014	11-Feb-2016
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	1 OR 2 CAPS 4 TIMES DAILY	-	21-May-2014	11-Feb-2016
Salofalk Foam Rectal foam 1 gram/application, 80g (14 dose) canister	14	14 CANISTER	ONE APPLICATION AT NIGHT	-	19-May-2014	11-Feb-2016
Anusol Cream	23	23 GRAM	APPLY THINLY TWICE A DAY AS DIRECTED	-	19-May-2014	11-Feb-2016
Asacol Mr Gastro-resistant Tablets 400 mg	168	168 TABLET	3 TABS TWICE DAILY	-	19-May-2014	11-Feb-2016
Amitriptyline Hydrochloride Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING DISP WEEKLY	-	03-Apr-2014	11-Feb-2016
Amitriptyline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	03-Apr-2014	11-Feb-2016
	28	28 tablet		-	01-Apr-2014	

Sertraline Hydrochloride Tablets 50 mg			ONE TO BE TAKEN EACH DAY			11-Feb-2016
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	10-Jul-2012	11-Feb-2016
Methocarbamol Tablets 750 mg	224	224 TABLET	2 TABS 4 TIMES DAILY	-	09-Jul-2012	11-Feb-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	09-Jul-2012	11-Feb-2016
Peptac Liquid (aniseed)	500	500 ML	10 ML 3 TIMES DAILY	-	09-Jul-2012	11-Feb-2016
Pregabalin Capsules 300 mg	56	56 capsule	1 CAP TWICE DAILY	-	09-Jul-2012	11-Feb-2016
Quinine Sulfate Tablets 300 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY	-	09-Jul-2012	11-Feb-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	09-Jul-2012	11-Feb-2016
Simvastatin Tablets 40 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Jul-2012	11-Feb-2016
Hyoscine Butylbromide Tablets 10 mg	168	168 TABLET	2 TABS 3 TIMES DAILY DISPENSE WEEKLY	-	09-Jul-2012	11-Feb-2016
Capsaicin Cream 0.025 %	45	45 gram	APPLY 3 TIMES DAILY	-	09-Jul-2012	11-Feb-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Gel 5 %	100	100 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	11-Feb-2016	11-Feb-2016
Zopiclone Tablets 7.5 mg	7	7 tablet	1 TAB NOCTE ONLY IF REQUIRED	-	11-Feb-2016	11-Feb-2016
Oxycontin M/R tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Jan-2016	11-Feb-2016
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	2 CAPS UP TO TWICE DAILY	-	15-Jan-2016	15-Jan-2016
Clotrimazole Cream 1 %	50	50 gram	APPLY TWO TO THREE TIMES DAILY	-	15-Jan-2016	15-Jan-2016
Prochlorperazine Maleate Buccal tablets 3 mg	10	10 TABLET	ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY	-	22-Dec-2015	22-Dec-2015
Oxycontin M/R tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	17-Dec-2015	17-Dec-2015
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	2 CAPS UP TO TWICE DAILY	-	12-Nov-2015	30-Nov-2015

Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 TAB TWICE DAILY	-	10-Nov-2015	10-Nov-2015
Oxycontin M/R tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	13-Oct-2015	13-Oct-2015
Diazepam Tablets 2 mg	6	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Oct-2015	13-Oct-2015
Metronidazole Tablets 400 mg	21	21 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	09-Sep-2015	09-Sep-2015
Peppermint Oil E/c capsules 0.2 ml	100	100 CAPSULES	1 CAP 3 TIMES DAILY	-	09-Sep-2015	09-Sep-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Apr-2015	104	68
07-Jan-2015	120	80
19-Nov-2014	110	60
03-Nov-2014	120	80
06-Aug-2014	101	66

Body Measurements

Date Recorded	Height	Weight	BMI
17-Aug-2015	148	65.1	29.72
28-Apr-2014	148	69	31.5
09-Jul-2012	148	72	32.87

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker :		09-Jul-2015
Never smoked tobacco:		11-Nov-2013
Non-smoker :		01-Oct-2013
Never smoked tobacco :		03-May-2013
Non-smoker :		15-Mar-2013
Non-drinker alcohol :		03-May-2013
Non-drinker alcohol :		15-Mar-2013
Teetotaller:		18-Jul-2012
Alcohol consumption, 0 units/week:		09-Jul-2012

Clinical warnings

Additional Support Needs

No known ASN requirements

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**

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Main Switchboard: 0141 201 3000
Email Inquiries to: www.paindata.org
Contact Tel Details: 0141 355 1494

Dictated Date: 18/03/2014
By: DR BASLER
Transcribed Date: 24/03/2014
By: Frances Gallagher

Dear Dr. PJ Weir,

Patient

Name:	Logan Georgina
CHI:	1908546042
DOB:	19 Aug 1954
Address:	17 Sollas Place Glasgow G13 4NA

Attendance

Attended:	18/03/2014 09:00
New/Return:	G N PAIN RELIEF
Referral Source:	General Practitioner
Consultant:	Dr Michael Basler
Specialty:	Pain Relief
Clinic:	STMBPR3-PAIN ACH DR M BASLER TUESDAY AM

Clinical Comments:

I saw this lady who presented in a very agitated state today at the clinic. Indeed, she was hyperventilating and was about to throw up which seemed to be a panic attack. She relayed a story to me that she has had four deaths over the last 2-3 months. This is on the background of her having long term anxiety and panic issues.

She was referred today for her back pain and her ongoing spasms and it is clear that she is still cure seeking in her outlook.

What worried me even more was the fact that she did have some good evidence of being incredibly anxious, confessed to having a low mood also and mentioned that she was having fleeting suicidal thoughts but had never acted on it and had no plans. I tried to call your practice to essentially get her to address these issues with the mental health services. As you know, she has had overdoses in the past.

I therefore think that it would be prudent if she was seen once again in your practice with a view to getting her re-engaged with the mental health services.

Clearly social factors are problematic, she herself had previously been an amphetamine addict, her son is a heroin addict who gives her many problems and, as stated she has had significant issues in relation to bereavements recently.

I have given her a further appointment with me and if things settle could look at reviewing some of her meds. I am not unduly worried about changing her Amitriptyline since I think that her mental health is the most prominent factor right now.

Kind regards

Yours sincerely

Dr M Basler
Consultant Anaesthetist in Pain Management

Electronically Signed: Dr Michael Basler, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

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 21-Jan-2014 **Date sent** 21-Jan-2014

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Mrs
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Area of Residence	-

Patient's address

17 Sollas Place
Glasgow
G13 4NA

Contact number(s)

Voice: 0777 4400 790

1010065898317

Unique Care Pathway Number: 1010065898317

REGISTERED GP DETAILS

Name	Dr Philip Weir		
GMC code	1326938	GP code	05207
Practice name	1398 Dumbarton Road (18837)		
Practice code	40578		

Practice address

Victoria Park Medical Practice
1398 Dumbarton Rd
GLASGOW
G14 9DR

Contact number(s)

Voice: 0844 477 3318
Facsimile: 0141 959 8463

REFERRING GP DETAILS

Name	Dr. Andrew McCall		
GMC code	2987411	GP code	05282

Practice address

1398 Dumbarton Road
Glasgow
G14 9DS

Practice name	Victoria Park Medical Practice (40578)
Practice code	40578

Contact number(s)
Voice: 08444 773318

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: missed appointment due to bereavement

Comment: I would be grateful if you could re-appoint this lady as she was unable to attend her appointment due to the death of her husband on the same day.

Thank you.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Leg sprain	right thigh	17-Jan-2014	17-Jan-2014
Weight increasing	-	17-Jan-2014	17-Jan-2014
Asthma	-	17-Nov-2004	17-Nov-2004

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Advice given about bowel cancer screening programme	21-Jan-2014	21-Jan-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	224	224 CAPSULE	1 OR 2 CAPS 4 TIMES DAILY	-	16-Jan-2013	13-Jan-2014
Amitriptyline Hydrochloride Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING DISP WEEKLY	-	21-Aug-2012	13-Jan-2014
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	10-Jul-2012	15-Jan-2014
Methocarbamol Tablets 750 mg	224	224 TABLET	2 TABS 4 TIMES DAILY	-	09-Jul-2012	13-Jan-2014
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	09-Jul-2012	13-Jan-2014
Peptac Liquid (aniseed)	500	500 ML	10 ML 3 TIMES DAILY	-	09-Jul-2012	15-Jan-2014
Pregabalin Capsules 300 mg	56	56 capsule	1 CAP TWICE DAILY	-	09-Jul-2012	13-Jan-2014
Quinine Sulfate Tablets 300 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY	-	09-Jul-2012	13-Jan-2014
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	09-Jul-2012	15-Jan-2014
Simvastatin Tablets 40 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Jul-2012	13-Jan-2014
Hyoscine Butylbromide Tablets 10 mg	84	84 TABLET	1 TAB 3 TIMES DAILY	-	09-Jul-2012	13-Jan-2014
Capsaicin Cream 0.025 %	45	45 gram	APPLY 3 TIMES DAILY	-	09-Jul-2012	28-Oct-2013

Amitriptyline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	09-Jul-2012	13-Jan-2014
Atenolol Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jul-2012	13-Jan-2014
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	09-Jul-2012	15-Jan-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clotrimazole Cream 1 %	50	50 gram	APPLY TWO TO THREE TIMES DAILY	-	17-Jan-2014	17-Jan-2014
Salicylic Acid And Mucopolysaccharide Polysulfate Gel 2 % 0.2 %	125	125 gram	APPLY 3 TIMES DAILY	-	17-Jan-2014	17-Jan-2014
Budesonide And Formoterol Dry Powder Inhaler 200 micrograms 6 micrograms/actuation	2	2 INHALER	ONE PUFF TO BE INHALED TWICE A DAY	-	15-Jan-2014	15-Jan-2014
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	15-Jan-2014	15-Jan-2014
Trimethoprim Tablets 200 mg	6	6 tablet	ONE TO BE TAKEN TWICE A DAY	-	20-Dec-2013	20-Dec-2013
Zopiclone Tablets 3.75 mg	7	7 tablet	ONE TO BE TAKEN AT NIGHT	-	20-Dec-2013	20-Dec-2013
Zopiclone Tablets 3.75 mg	14	14 tablet	ONE OR TWO TO BE TAKEN AT NIGHT	-	02-Dec-2013	02-Dec-2013
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Nov-2013	18-Nov-2013
Budesonide And Formoterol Dry Powder Inhaler 200 micrograms 6 micrograms/actuation	2	2 INHALER	ONE PUFF TO BE INHALED TWICE A DAY	-	11-Nov-2013	20-Dec-2013
Prednisolone Tablets 5 mg	56	56 tablet	EIGHT TABLETS DAILY AFTER FOOD	-	07-Nov-2013	07-Nov-2013
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	07-Nov-2013	07-Nov-2013
Aerochamber Plus Spacer device standard (blue)	1	1 device	USE WITH INHALER	-	07-Nov-2013	07-Nov-2013
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	01-Oct-2013	01-Oct-2013
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Oct-2013	01-Oct-2013
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Sep-2013	25-Sep-2013
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ml	10 ML TWICE DAILY	-	22-Aug-2013	22-Aug-2013

Senna Tablets 7.5 mg	30	30 tablet	2 TABS AT NIGHT	-	22-Aug-2013	22-Aug-2013
Bisacodyl Suppositories 10 mg	2	2 suppository	1 to be inserted Daily	-	22-Aug-2013	22-Aug-2013
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	09-Jul-2012	16-Oct-2013

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker:		01-Oct-2013
Never smoked tobacco:		03-May-2013
Non-smoker:		15-Mar-2013
Never smoked tobacco:		09-Jul-2012
Non-drinker alcohol :		03-May-2013
Non-drinker alcohol :		15-Mar-2013
Teetotaller:		18-Jul-2012
Alcohol consumption, 0 units/week:		09-Jul-2012

Clinical warnings

Additional Support Needs

No known ASN requirements

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**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

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 01-Nov-2013 **Date sent** 01-Nov-2013

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Mrs
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Area of Residence	-

Patient's address

17 Sollas Place
Glasgow
G13 4NA

Contact number(s)

Voice: 0777 4400 790

101006208175T Unique Care Pathway Number: 101006208175T

REGISTERED GP DETAILS

Name	Dr Philip Weir		
GMC code	1326938	GP code	05207
Practice name	1398 Dumbarton Road (18837)		
Practice code	40578		

Practice address

Victoria Park Medical Practice
1398 Dumbarton Rd
GLASGOW
G14 9DR

Contact number(s)

Voice: 0844 477 3318
Facsimile: 0141 959 8463

REFERRING GP DETAILS

Name	Dr. Phillip Weir		
GMC code	1326938	GP code	07218

Practice address

1398 Dumbarton Road
Glasgow
G14 9DS

Practice name	Victoria Park Medical Practice (40578)
Practice code	40578

Contact number(s)
Voice: 08444 773318

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Patient requests re-referral to PMS

Comment: Ms logan missed her follow-up appointment at the PMS in June and requests re-referral because of ongoing low back and thigh pain.

Your assessment and advice on management would be appreciated

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	224	224 CAPSULE	1 OR 2 CAPS 4 TIMES DAILY	-	16-Jan-2013	16-Oct-2013
Amitriptyline Hydrochloride Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING DISP WEEKLY	-	21-Aug-2012	16-Oct-2013
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	10-Jul-2012	28-Oct-2013
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	09-Jul-2012	16-Oct-2013
Methocarbamol Tablets 750 mg	224	224 TABLET	2 TABS 4 TIMES DAILY	-	09-Jul-2012	16-Oct-2013
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	09-Jul-2012	16-Oct-2013
Peptac Liquid (aniseed)	500	500 ML	10 ML 3 TIMES DAILY	-	09-Jul-2012	16-Oct-2013
Pregabalin Capsules 300 mg	56	56 capsule	1 CAP TWICE DAILY	-	09-Jul-2012	16-Oct-2013
Quinine Sulphate Tablets 300 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY	-	09-Jul-2012	16-Oct-2013
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	09-Jul-2012	16-Oct-2013
Simvastatin Tablets 40 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Jul-2012	16-Oct-2013
Hyoscine Butylbromide Tablets 10 mg	84	84 TABLET	1 TAB 3 TIMES DAILY	-	09-Jul-2012	16-Oct-2013
Capsaicin Cream 0.025 %	45	45 gram	APPLY 3 TIMES DAILY	-	09-Jul-2012	

						28-Oct-2013
Amitriptyline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	09-Jul-2012	16-Oct-2013
Atenolol Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jul-2012	16-Oct-2013
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	09-Jul-2012	16-Oct-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	01-Oct-2013	01-Oct-2013
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Oct-2013	01-Oct-2013
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Sep-2013	25-Sep-2013
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ml	10 ML TWICE DAILY	-	22-Aug-2013	22-Aug-2013
Senna Tablets 7.5 mg	30	30 tablet	2 TABS AT NIGHT	-	22-Aug-2013	22-Aug-2013
Bisacodyl Suppositories 10 mg	2	2 suppository	1 to be inserted Daily	-	22-Aug-2013	22-Aug-2013
Benzydamine Hydrochloride Cream 3 %	35	35 gram	APPLY 3 TIMES DAILY	-	10-Jul-2013	10-Jul-2013
Spasmonal Forte Capsules 120 mg	60	60 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	10-Jul-2013	10-Jul-2013
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	07-Jun-2013	07-Jun-2013
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	07-Jun-2013	07-Jun-2013
Cetirizine Hydrochloride Tablets 10 mg	60	60 tablet	ONE TO BE TAKEN EACH DAY	-	07-Jun-2013	07-Jun-2013
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	07-Jun-2013	25-Jul-2013

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker:		01-Oct-2013
Never smoked tobacco:		03-May-2013
Non-smoker:		15-Mar-2013
Never smoked tobacco:		09-Jul-2012
Non-drinker alcohol :		03-May-2013
Non-drinker alcohol :		15-Mar-2013
Teetotaller:		18-Jul-2012

Alcohol consumption, 0 units/week: 09-Jul-2012

Clinical warnings

Additional Support Needs
No known ASN requirements

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**

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW

CHRONIC PAIN SERVICE

www.knowledge.scot.nhs.uk/pain/nhs-boards/nhs-greater-glasgow-and-clyde.aspx

Dictated:28/02/2013 tel 0141 355 1494
Typed: 15/03/2013

Our Ref: MB/FG/50551545H

Dr Phillip Weir
Victoria Park Medical Practice
1398 Dumbarton Road
G14 9DS

Dear Dr Weir

Georgina Logan, (DOB: 19/08/1954, CHI: 1908546042), 17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

I saw this lady at the clinic. She is one of Dr Serpell's patients and indeed, she was involved in a trial and had phoned up Dr Serpell approximately 2 weeks ago and he has booked her in for an epidural steroid.

As far as I can see she is a failed back syndrome patient who has had multiple trials of both antineuropathic agents and opioids without any benefit. She certainly did show signs of anxiety. I note that there are considerable stresses at home with her son being a heroine addict, her husband having an obsessive compulsive disorder, her daughter her learning difficulties, although, her daughter has now moved out of the house.

Clearly we need to see whether her leg pain is helped by the epidural steroid. I am copying my letter to Dr Serpell so that he can arrange this. Obviously if this doesn't work we will be looking at a pain management type approach but I don't know how open she will be to this. I have not arranged further follow up at my clinic but she has an appointment to see Dr Serpell.

Yours sincerely

Dr M Basler
Consultant in Anaesthesia & Pain Management

c.c Dr Serpell Consultant Anaesthetist in Pain Management Stobhill ACH

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

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 23-Jan-2013 **Date sent** 23-Jan-2013

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Mrs
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Area of Residence	

Patient's address

17 Sollas Place
Glasgow
G13 4NA

Contact number(s)

Voice: 0777 4400 790

101004788885X | Unique Care Pathway Number: 101004788885X

REGISTERED GP DETAILS

Name	Dr Philip Weir		
GMC code	1326938	GP code	05207
Practice name	1398 Dumbarton Road (18837)		
Practice code	40578		

Practice address

Victoria Park Medical Practice
1398 Dumbarton Rd
GLASGOW
G14 9DR

Contact number(s)

Voice: 0844 477 3318
Facsimile: 0141 959 8463

REFERRING GP DETAILS

Name	Dr. Andrew McCall		
GMC code	2987411	GP code	05282

Practice address

1398 Dumbarton Road
Glasgow
G14 9DS

Practice name	Victoria Park Medical Practice (40578)
Practice code	40578

Contact number(s)
Voice: 08444 773318

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Worsening pain symptoms

Comment: I would be grateful if you could review this poor lady who is known to your serviceswhose pain symptoms that had improved have returned and are worse. She has a history of chronic back and thigh pain and had caudal epidural block in April 2012.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Recurrent urinary tract infection	08-Jan-2013	08-Jan-2013

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
General medical referral	- pain clinic done	22-Jan-2013	22-Jan-2013
Medication changed	-	16-Jan-2013	16-Jan-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	1 OR 2 CAPS 4 TIMES DAILY	-	16-Jan-2013	16-Jan-2013
Amitriptyline Hydrochloride Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING DISP WEEKLY	-	21-Aug-2012	28-Dec-2012
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	10-Jul-2012	14-Jan-2013
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	09-Jul-2012	14-Jan-2013
Methocarbamol Tablets 750 mg	224	224 TABLET	2 TABS 4 TIMES DAILY	-	09-Jul-2012	28-Dec-2012
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	2 CAPS DAILY	-	09-Jul-2012	28-Dec-2012
Peptac Liquid (aniseed)	500	500 ML	10 ML 3 TIMES DAILY	-	09-Jul-2012	15-Jan-2013
Pregabalin Capsules 300 mg	56	56 capsule	1 CAP TWICE DAILY	-	09-Jul-2012	28-Dec-2012
Quinine Sulphate Tablets 300 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY	-	09-Jul-2012	28-Dec-2012
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	09-Jul-2012	14-Jan-2013

Simvastatin Tablets 40 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Jul-2012	28-Dec-2012
Hyoscine Butylbromide Tablets 10 mg	84	84 TABLET	1 TAB 3 TIMES DAILY	-	09-Jul-2012	28-Dec-2012
Capsaicin Cream 0.025 %	45	45 gram	APPLY 3 TIMES DAILY	-	09-Jul-2012	15-Jan-2013
Amitriptyline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	09-Jul-2012	28-Dec-2012
Atenolol Tablets 25 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jul-2012	28-Dec-2012
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	09-Jul-2012	25-Jul-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 8/500 Capsules	80	80 capsule	2 CAPS 4 TIMES DAILY	-	08-Jan-2013	08-Jan-2013
Nitrofurantoin Capsules 50 mg	28	28 capsule	1 CAP 4 TIMES DAILY	-	08-Jan-2013	08-Jan-2013
Codeine Phosphate Tablets 15 mg	28	28 TABLET	ONE TO BE TAKEN AFTER EACH LOOSE BOWEL MOTION. MAXIMUM 8 IN ANY 24 HOUR PERIOD	-	27-Nov-2012	27-Nov-2012
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	1 OR 2 CAPS 4 TIMES DAILY	-	02-Oct-2012	02-Oct-2012
Mebeverine Hydrochloride Tablets 135 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	02-Oct-2012	02-Oct-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		09-Jul-2012
Teetotaller:		18-Jul-2012
Alcohol consumption, 0 units/week:		09-Jul-2012

Clinical warnings

Additional Support Needs

No known ASN requirements

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**

01 JUN 2012

GLASGOW CHRONIC PAIN MANAGEMENT SERVICE

NHS
Greater Glasgow and Clyde

- IT IS VERY IMPORTANT THAT WE KNOW HOW YOU ARE AFTER THE PROCEDURE YOU HAVE HAD TODAY.
- THIS INFORMATION WILL HELP US TO DECIDE WHAT MAY BE THE NEXT STEP IN YOUR MANAGEMENT PLAN.
- PLEASE COMPLETE THE FOLLOWING QUESTIONS 8 WEEKS AFTER YOUR PROCEDURE - THAT IS ON OR AROUND -

26/6/12

- IF YOU HAVE NOT EXPERIENCED ANY RELIEF 2-3 WEEKS AFTER THE PROCEDURE, PLEASE COMPLETE AND RETURN THE FORM AT THIS TIME
- IF YOU DO NOT RETURN THIS FORM THERE MAY BE A DELAY IN YOUR FUTURE CARE

Patient ID label

50551545H
LOGAN
GEORGINA
CHI-1908546042

ring Consultant: Parris Rae Manchanda
Mcghie (Serpell) Green

rating Consultant: Parris Rae Manchanda
Mcghie Serpell Green

Procedure: (30/04/12 Caudal)

7 01/10

e use only; Review appt Procedure (CSV for Lumb epidural) Open telephone

MIS 24572

ease circle one answer for each question

What percentage of pain relief did you get?	It made my pain worse	None	Less than 30%	30-60%	More than 60%	
How long did the pain relief last?	No pain relief	Hours or days only ✓	Up to 4 weeks	5-8 weeks	More than 8 weeks	
Did your sleep improve?	No	Yes	My pain does not usually affect sleep			
Has your mobility changed?	It's worse now	It's the same ✓	It's better	My pain does not affect my mobility		
Were you able to reduce your medication?	No, I am on more painkillers now	No, I take the same pain medication	Yes, I reduced medication a bit	Yes, I reduced medication a lot		
Has your quality of life changed?	It's worse now	It's the same ✓	It's a bit better	It's a lot better		
Was the procedure beneficial enough to be worth having again?	No	Yes				
Did you experience any side effects?	None	Mild	Moderate	Severe		

ase specify any side effect(s): Swear cramp's in my Leg's worse than they Wear my Leg Began

ase add any comments you feel would be helpful (continue on separate sheet if required):

ase send the completed form in the envelope provided to:

Johnston
n Management Secretary
n Management Offices
rd Floor
bhill ACH
rnock Road
sgow G21 3UW

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

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 09-Nov-2011 **Date sent** 21-Nov-2011

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Miss
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Area of Residence	-

Patient's address

17 Sollas Pl
GLASGOW
G13 4NA

Contact number(s)

Voice: 07500390352

101002778049F Unique Care Pathway Number: 101002778049F

REGISTERED GP DETAILS

Name	Dr Anne Morgan		
GMC code	2943024	GP code	06041
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40652		

Practice address

Drumchapel Health Centre
80-90 Kinfauns Dr
G15 7TS

Contact number(s)

Voice: 0141 211 6126
Facsimile: 0141 211 6128

REFERRING GP DETAILS

Name	Dr. Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Drs Duffy & Morgan (40652)		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Practice code	40652

Contact number(s)

Voice: 0141 211 6120

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Re-appoint

Comment: Dear Dr Semple,

Thanks for seeing Georgina. She has attended the Pain Clinic before but unfortunately missed an appointment at Nurse Peacock's clinic on the 28th of September and her condition continues as before.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Irritable bowel syndrome	Start Date: 30/09/2010	06-Dec-2010	06-Dec-2010
Sciatica	Left L2/L3 Decompression Discectomy	21-Dec-2009	21-Dec-2009
Diverticular disease	-	08-Sep-2009	08-Sep-2009
Asthma	-	01-Mar-2006	01-Mar-2006
Neurotic depression reactive type	-	07-Feb-1989	07-Feb-1989
Overdose of drug	1st daughter mental handicap, subarachnoid cyst	24-Feb-1987	24-Feb-1987
Overdose of drug	-	09-Jul-1985	09-Jul-1985
Overdose of drug	30 feospan	24-May-1972	24-May-1972
Soft systolic murmur	-	17-Jan-1972	17-Jan-1972
Acute poliomyelitis	-	01-Jan-1966	01-Jan-1966

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Angiogram	normal coronary arteries	16-Aug-2011	16-Aug-2011
Primary decompression operations on lumbar spine	-	09-Dec-2009	09-Dec-2009
Laparoscopic cholecystectomy	Start Date: 29/01/2007	13-Feb-2007	13-Feb-2007

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Peptac Liquid (aniseed)	500	500 LIQ	30 mls Take as required	-	21-Mar-2011	04-Nov-2011
Methocarbamol Tablets 750 mg	224	224 TABLET	2 Tabs 4 times daily	-	18-May-2011	31-Oct-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	2 Caps In the morning	-	18-May-2011	31-Oct-2011
Quinine Sulphate Tablets 300 mg	28	28 dispense weekly	1 Tab At night	-	18-May-2011	31-Oct-2011
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 INHALER	2 Puffs Take as required	-	26-May-2011	02-Nov-2011
Simvastatin Tablets 40 mg	28	28 dispense weekly	1 Tab In the morning	-	26-May-2011	03-Oct-2011
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs morning and night	-	26-May-2011	02-Nov-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started

						Date last issued
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	08-Nov-2011	08-Nov-2011
Chlorpromazine Hydrochloride Tablets 25 mg	15	15 tablet	1 OR 2 AT NIGHT	-	04-Nov-2011	04-Nov-2011
Pregabalin Capsules 75 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	28-Oct-2011	28-Oct-2011
Omeprazole Capsules (Gastro-Resistant) 40 mg	56	56 capsule	ONE TO BE TAKEN TWICE EACH DAY	-	19-Oct-2011	19-Oct-2011
Capsaicin Cream 0.025 %	45	45 gram	APPLY TDS	-	19-Oct-2011	02-Nov-2011
Nitrazepam Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	19-Oct-2011	19-Oct-2011
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	19-Oct-2011	19-Oct-2011
Chlorpromazine Hydrochloride Tablets 25 mg	40	40 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY	-	11-Oct-2011	11-Oct-2011
Pregabalin Capsules 75 mg	28	28 capsule	ONE TO BE TAKEN TWICE A DAY	-	11-Oct-2011	24-Oct-2011
Alimemazine Tablets 10 mg	56	56 TABLET	TWO TO BE TAKEN AT NIGHT	-	10-Oct-2011	24-Oct-2011
Morphine Sulphate Tablets 10 mg	30	30 tablet	ONE OR TWO TO BE TAKEN 3 TIMES DAILY	-	22-Sep-2011	22-Sep-2011
Gabapentin Capsules 300 mg	168	168 capsule	2 Caps 3 times daily	-	22-Sep-2011	22-Sep-2011
Alimemazine Tablets 10 mg	30	30 tablet	TWO TO BE TAKEN AT NIGHT	-	22-Sep-2011	22-Sep-2011
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	12-Sep-2011	10-Oct-2011
Alverine Citrate Capsules 120 mg	60	60 capsule	1 TABLET TO BE TAKEN 3 TIMES DAILY IF REQD	-	08-Sep-2011	08-Sep-2011
Morphine Sulphate Tablets 10 mg	30	30 tablet	ONE OR TWO TO BE TAKEN 3 TIMES DAILY	-	08-Sep-2011	08-Sep-2011
Alimemazine Tablets 10 mg	28	28 TABS	1 Tab At night	-	24-Aug-2011	16-Sep-2011
Promethazine Hydrochloride Tablets 25 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	16-Aug-2011	22-Aug-2011
Transvasin Heat Rub (Cream)	80	80 gram	AS DIRECTED	-	16-Aug-2011	16-Aug-2011
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	27-Jul-2011	27-Jul-2011

Promethazine Hydrochloride Tablets 25 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Jul-2011	27-Jul-2011
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	22-Jul-2011	22-Jul-2011
Dantrolene Sodium Capsules 25 mg	42	42 capsule	1 TABLET TO BE TAKEN 3 TIMES DAILY	-	04-Jul-2011	04-Jul-2011
Buprenorphine Transdermal patches 10 micrograms/hour	2	2 patch	APPLY ONE WEEKLY	-	04-Jul-2011	04-Jul-2011
Dantrolene Sodium Capsules 25 mg	7	7 capsule	ONE TO BE TAKEN EACH DAY	-	30-Jun-2011	30-Jun-2011
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	2 Tabs 6 hourly	-	27-Jun-2011	27-Jun-2011
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	22-Jun-2011	06-Sep-2011
Alimemazine Tablets 10 mg	28	28 TABS	1 Tab At night	-	22-Jun-2011	25-Jul-2011
Pregabalin Capsules 75 mg	14	14 capsule	ONE TO BE TAKEN TWICE A DAY	-	15-Jun-2011	15-Jun-2011
Buprenorphine Transdermal patches 10 micrograms/hour	1	1 PATCH	Apply weekly	-	15-Jun-2011	27-Jun-2011
Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	1 spray as reqd	-	15-Jun-2011	15-Jun-2011
Temazepam Tablets 10 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	15-Jun-2011	15-Jun-2011
Pregabalin Capsules 75 mg	14	14 capsule	ONE TO BE TAKEN TWICE A DAY AFTER FOOD	-	08-Jun-2011	08-Jun-2011
Butrans Transdermal patches 5 micrograms/hour	1	1 patch	Apply weekly	-	08-Jun-2011	08-Jun-2011
Temazepam Tablets 10 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	08-Jun-2011	08-Jun-2011
Bisoprolol Fumarate Tablets 2.5 mg	28	28 TABS	1 Tab In the morning	-	18-May-2011	10-Aug-2011
Aspirin E/c tablets 75 mg	28	28 dispense weekly	1 Tab In the morning	-	26-May-2011	10-Aug-2011
Nicorandil Tablets 10 mg	56	56 TABS	1 Tab Twice daily	-	26-May-2011	10-Aug-2011
Gabapentin Capsules 300 mg	224	224 INVAL	2 Caps 3 times daily	-	26-May-2011	26-May-2011
Alimemazine Tablets 10 mg	28	28 TABS	1 Tab At night	-	26-May-2011	26-May-2011
	84	84 TABS	1 Tab tds	-	26-May-2011	

Dicycloverine Tablets 20 mg	26-May-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoker$$ Status.clm - No Action Required	07-Jun-2010
Never smoked tobacco:	Smoker$$ Status.clm - No Action Required	27-Feb-2008
Ex smoker:	Recorded through Combined Vaccination priority=2	19-Oct-2007
Ex-smoker - amount unknown:	Smoker$$ Status.clm - No Action Required	23-Oct-2005
Teetotaller:	Alcohol Intake$$.clm - No Action Required	11-Feb-2005

Clinical warnings

Additional Support Needs

No known ASN requirements

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**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Anaesthetics 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 20-May-2010 **Date sent** 24-May-2010

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Miss
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Area of Residence	-

Patient's address

17 Sollas Pl
GLASGOW
G13 4NA

Contact number(s)

Voice: 07500390352

1010005171090

Unique Care Pathway Number: 1010005171090

REGISTERED GP DETAILS

Name	Dr AH Morgan		
GMC code	2943024	GP code	G06041
Practice name	Dr Duffy and Dr Morgan		
Practice code	40652		

Practice address

Drumchapel Health Centre
80 90 Kinfauns Dr
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6120
Facsimile: 0141 211 6128

REFERRING GP DETAILS

Name	Dr. Ann Morgan		
GMC code	2943024	GP code	06041

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Practice name	DRUMCHAPEL HEALTH CENTRE (40652)
Practice code	40652

Contact number(s)

Voice: 0141 211 6120

** Please address any correspondence to Dr M Rao **

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Assess pain management

Comment: Dear Dr,

I would be grateful if you could see this 55 year-old lady with chronic back pain and pain in her left thigh. She was investigated extensively and had left L2/3 lumbar decompression and discectomy done in December 2009.

Post operatively she felt her pain has worsened in her leg. She was further investigated with MRI scan of the back which has not shown any significant pressure or cause for her symptoms.

She has become significantly dependant on opiates for pain management and currently on Co-codamol, Tramadol and Clonidine. She has significant functional overlay as well, making it difficult to assess her pain threshold and pain management.

I would appreciate your help regarding further management of this patient.

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
Sciatica	Left L2/L3 Decompression + Discectomy	-	21-Dec-2009
Climacteric menorrhagia	-	-	19-Jul-2006
Diarrhoea and vomiting	-	-	23-Jun-2006
Dyspepsia	-	-	09-Jun-2006
[D]Abdominal pain	-	-	09-Jun-2006
Asthma	-	-	01-Mar-2006
Gallstones	-	-	07-Apr-2005
Recurrent urinary tract infection	HOSPITAL ADMISSION	-	21-Sep-2003
Mallet finger	FRACTURE R 5TH FINGER	-	08-May-2002
Acute cholecystitis	ADMITTED	-	15-Jul-1999
Domestic problems	VIOLENCE	-	24-Feb-1998
Menorrhagia	-	-	24-Feb-1996
Marital problems	-	-	11-Feb-1993
Neurotic depression reactive type	-	-	07-Feb-1989
Overdose of drug	daughter mental handicap, subarachnoid cyst	1st	24-Feb-1987
Overdose of drug	-	-	09-Jul-1985
Spontaneous vaginal delivery	-	-	24-Feb-1980
Spontaneous vaginal delivery	-	-	24-Feb-1975
Overdose of drug	30 feospan	-	24-May-1972
Spontaneous vaginal delivery	-	-	24-Feb-1972
Soft systolic murmur	-	-	17-Jan-1972
Acute poliomyelitis	-	-	01-Jan-1966

Past procedures (High and medium priority - all)

Description	Comment	Date performed
Exercise tolerance test normal	-	01-Jul-2008
Laparoscopic cholecystectomy	-	13-Feb-2007
Transvaginal ultrasound scan	ENDOMETRIAL SAMPLE NORMAL	07-Nov-2005
Kids.,urets, bladder abdo xray	NAD	13-Sep-2005
Ultrasound scan	GALLSTONES	07-Apr-2005

Nose operations	EXCISION OF FIBROUS PAPULE	14-Oct-2004
Mandible - plain X-ray	NAD	24-Feb-1997
Laparoscopic bilateral female sterilisation	-	17-Sep-1980
ECG normal	-	17-Jan-1972

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride	28	TABS 25MG	1 Tab	At night	20-May-2010	-
Aspirin	28	Ec TABS 75MG	1 Tab	In the morning	06-Apr-2009	-
Peptac	500	Sf Aniseed LIQ	30 mls	Take as required	03-Apr-2006	-
Quinine Sulphate	28	TABS 300MG	1 Tab	At night	24-Jun-2009	-
Omeprazole	28	CAPS 20MG	1 Cap	In the morning	06-Apr-2009	-
Clenil Modulite 100	1	200 Dose Cfc Free INHAL 100MCG/DOSE	2 Puffs	morning and night	27-Jan-2009	-
Amitriptyline Hydrochloride	28	TABS 50MG	1 Tab	At night	18-Jun-2008	-
Simvastatin	28	TABS 40MG	1 Tab	In the morning	24-Oct-2007	-
Salbutamol	1	200 Dose Cfc Free INHAL 100MCG/DOSE	2 Puffs	Take as required	14-Mar-2008	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clonidine Hydrochloride	56	TABS 25MICROGRAMS	1 Tab	morning and night	20-May-2010	-
Tramadol Hydrochloride	42	CAPS 50MG	2 Caps	3 times daily	20-May-2010	-
Loperamide Hydrochloride	56	CAPS 2MG	1 TAB	Take as required	20-May-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	19-May-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	26-Apr-2010	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	23-Apr-2010	-
Tramadol Hydrochloride	42	CAPS 50MG	2 Caps	3 times daily	14-Apr-2010	-
Amitriptyline Hydrochloride	28	TABS 25MG	1 Tab	At night	14-Apr-2010	-
Dantrolene Sodium	30	CAPS 25MG	1 Cap	at night	14-Apr-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	31-Mar-2010	-
Alimemazine Tartrate	56	TABS 10MG	1 or 2 Tabs	At night	31-Mar-2010	-
Dhc Continus	28	TABS 90MG	1 Tab	Twice daily	19-Mar-2010	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	09-Mar-2010	-
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	09-Mar-2010	-

Promethazine Hydrochloride	28	TABS 10MG	1 or 2 Tabs	At night	09-Mar-2010	-
Loperamide Hydrochloride	50	CAPS 2MG	1 Cap	As directed	25-Feb-2010	-
Paracetamol	100	Caplet TABS 500MG	2 Tabs	4 times daily	25-Feb-2010	-
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	25-Feb-2010	-
Amitriptyline Hydrochloride	100	TABS 25MG	2 or 3 Tabs	At night	12-Feb-2010	-
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	12-Feb-2010	-
Co-Codamol	56	8mg/500mg CAPS	2 Caps	4 times daily	11-Feb-2010	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	08-Feb-2010	-
Ibuprofen	1	SPRAY 5%	Apply	3 times daily	15-Jan-2010	-
Dihydrocodeine Tartrate	140 disp 70 2 weekly	TABS 30MG	1 Tab	As directed	15-Jan-2010	-
Dhc Continus	14	TABS 90MG	1 Tab	Twice daily	15-Jan-2010	-
Lyrica	56	CAPS 75MG	1 Cap twice daily	for 3 days then dbl	15-Jan-2010	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	21-Dec-2009	-
Dihydrocodeine Tartrate	140 disp 70 2 weekly	TABS 30MG	1 Tab	As directed	21-Dec-2009	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	07-Dec-2009	-
Diazepam	4	TABS 5MG	1 Tab	Take as required	07-Dec-2009	-
Dihydrocodeine Tartrate	140 disp 70 2 weekly	TABS 30MG	1 Tab	As directed	07-Dec-2009	-
Cefalexin	20	CAPS 500MG	1 Cap	4 times daily	07-Dec-2009	-
Trimethoprim	6	TABS 200MG	1 Tab	Twice daily	04-Dec-2009	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Feb-2008
Ex-smoker - amount unknown:		23-Oct-2005
Ex smoker:	Recorded through Combined Vaccination	19-Oct-2007
Teetotaller:		11-Feb-2005

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

Previous Surname:Watterson
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
Correspondence recipient:Dr M Rao

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

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW
Switchboard: 0141 201 3000

Dr N F Jamieson
Consultant Physician &
Gastroenterologist

Typed	01/10/2010
Clinic date	29/09/2010
Dictated	29/09/2010
Your Ref	
Our Ref	NFJ/AMMCK
Enquiries to:	Alison McKenzie
Direct Line:	0141 201 3338
Fax No:	0141 201 3888
E-Mail:	Alison.mckenzie@northglasgow.scot.nhs.uk

TO WHOM IT MAY CONCERN

Dear Sir/Madam

This lady is troubled with a bowel disorder where she may have episodes of diarrhoea. This can on occasion lead to difficulties when she is out of her house. This letter is written to explain that there is a medical reason why this lady should have access to toilet facilities if the need arises.

Your help with this is much appreciated

Yours sincerely

N F Jamieson
Consultant Physician and Gastroenterologist

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Dr N F Jamieson
Consultant Physician &
Gastroenterologist

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW
Switchboard: 0141 201 3000

NHS
Greater Glasgow and Clyde

Typed	30/09/2010
Clinic date	29/09/2010
Dictated	29/09/2010
Your Ref	
Our Ref	NFJ/AMMCK
Enquiries to:	Alison McKenzie
Direct Line:	0141 201 3338
Fax No:	0141 201 3888
E-Mail:	Alison.mckenzie@northglasgow.scot.nhs.uk

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Morgan

Georgina Logan ~ 19/08/1954 ~ CHI: 1908546042 ~ CRN: 50551545H
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

Diagnosis:

1. Episodic diarrhoea
2. Diverticular disease
3. Chronic pain
4. Previous low back surgery
5. Cholecystectomy

Many thanks for referring this 56 year old lady whom I saw today as part of the Waiting List Initiative. I note that she was seen in Dr Peter Mills clinic last year. At that time he investigated her for a longstanding history of diarrhoea and she went on to have a colonoscopy which showed diverticular disease. Her colonic biopsies showed no evidence of microscopic colitis. The history is indeed of long term diarrhoea and she manages this with almost daily use of Imodium up to 4 capsules per day. It seems that she is troubled with urgency and is anxious about faecal incontinence. On occasions she may over do her Imodium and has gone a number of days with constipation and lower abdominal pain. Her appetite is good and there are no features of weight loss, there is no family history of note. She did notice that her diarrhoea worsened after her cholecystectomy in 2007. Her diet is only moderate in fibre intake. She has found that dairy products are very troublesome for her and will precipitate diarrhoea. There are not any other major food stuffs that she can avoid to improve her bowel symptoms.

With no evidence of weight loss, anaemia or vitamin deficiency it is very unlikely that this lady will have small bowel disease. It does seem most likely that she has a functional bowel disorder. There may be some worsening of this due to bile salt malabsorption following her cholecystectomy.

I discussed the use of anti-spasmodics and a more limited approach to the use of Imodium to control her bowel habit. I have suggested that for the next couple of weeks she should try Colofac tid and reduce her

Imodium. If this is not helpful I would be grateful if you would give her a trial of Cholestyramine initially 4g per day increased if tolerated to 4g tid.

Another concerns was that she has the need to visit toilets frequently whenever she leaves her house. I am writing a letter from the hospital for her to carry in case she needs to access toilets at short notice.

At present there is no plan for clinic review for this lady. I would be happy to discuss her management further.

Urinalysis today showed a trace of lymphocytes. I believe she has just finished a course of antibiotics but will write to you with the result of her MSU in due course.

Yours sincerely

N F Jamieson
Consultant Physician and Gastroenterologist

Fluoro guided epidural injection caudal

Performed	30-Apr-2012 15:35	Received	17-May-2012 14:41
Reported	17-May-2012 14:41	Order Number	G207H26857564
Status	Final	Source System	MiSys

Fluoro guided epidural injection caudal Final

Georgina Logan

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Legacy SG Code (GILLI)

HYSTEROSCOPY CLINIC

NHS
Greater Glasgow and Clyde

1908546042 F
LOGAN
Georgina 19/08/1954
17 Sollas Place
Glasgow, Lanarkshire
G13 4NA

DATE: 5/4/2026

7.1Y3

LMP: Postmenopausal

Parity: G - Svy

Smear:

Gynaecological History:
Known Left complex adnexal cyst → LL m
Not changed in size

Medical History:
- Diverticulitis
- Chronic liver
- Jan 2026 CT-Scan
Aug 2023
2014
CA-125 (N)

Medication: No - NMB

Allergy:

Examination:

Abdomen: Soft non tender, No palpable m

Cervix: - Not seen.

Vulva: → vulval lichen sclerosus

Uterus: -

Vagina: No suspicious lesion

Adnexae:

Local Anaesthesia: YES/NO

Hysteroscopy:

Ultrasound:
USS - ut - NS N
· ET - 2.1 mm
- Lt adnexal complex cyst
35.2 x 37.6
No free fluid

Biopsy:
Sound (cm) CA-125

Pathology:

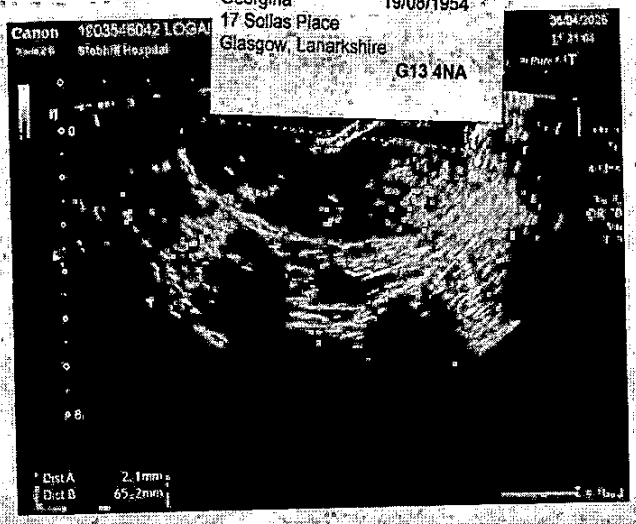
Management Plan: Denied, OV watch for Vulval Skin
- Dermovate on PRN basis
- RN. Ser.

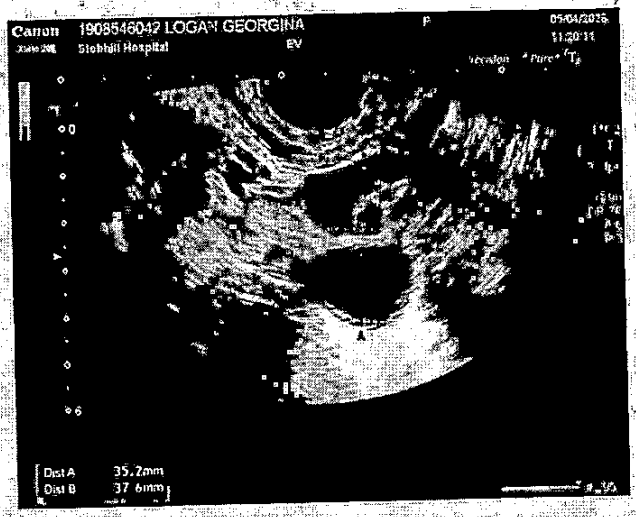
Consent for Procedure: ✓

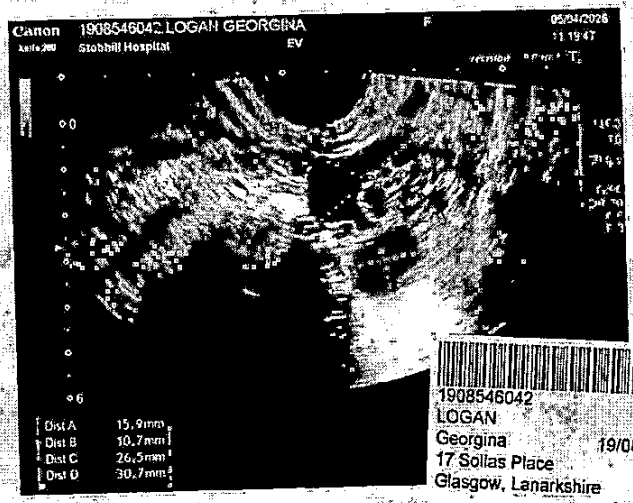
Name and Signature Dr. S. Mehr

MI • 294476 version 1.0

1908546042
LOGAN F
Georgina 19/08/1954
17 Sollas Place
Glasgow, Lanarkshire
G13 4NA







1908546042
LOGAN F
Georgina 19/08/1954
17 Sollas Place
Glasgow, Lanarkshire
G13 4NA

Acute Services Division

Surgery and Anaesthetics Directorate

Department of Chronic Pain

Specialty: Pain Management

NHS Greater Glasgow and Clyde

Chronic Pain B Release 1.0

Hospital Name: Stobhill Hospital

Patient Details		GP Details	
Name:	LOGAN, GEORGINA	**Name:**	MORGAN, ANN
Address:	17 Sollas Place GLASGOW	**Address:**	DRS DUFFY
Postcode:	G13 4NA	**Telephone:**	
Correspondence Address 1:			
Correspondence Address 2:			
Correspondence Postcode:			
Telephone:	9523728	**Consent:**	Yes
CHI Number:	1908546042	**Sensitivity:**	Sensitive
CRN:	50551545H, ZGM0940406	**Consultant Name:**	
D.O.B:	19/08/1954	**Form Date:**	11/01/2012
Sex:	Female		

Ongoing Treatment Record

Date	11/01/2012	**Seen By**	Mick Serpell
Notes			
Action	Book for interventional treatment		
Date	06/06/2012	**Seen By**	M Serpell
Notes	Feedback form - no benefit from LVC, - schedule for Lumb epidural		
Action			
Date	25/01/2017	**Seen By**	sioban saba
Notes	Seen today for ongoing review following Cons appt Chaotic historian, who spent much of the consultation focused on benefits. PMHL2/3 decompression & Discectomy 2009, Prev OD, IHD, Angioplasty 2011, DDX, Long term diarrhoea, Prev amphetamine addiction, Anxiety She continues on Butrans 20mcgs with no side effects noted Amitripyline 25mgs Appears to have no overall change to nature and severity of pain. Mood - struggling following death of 41 year old daughter who died in Aug 16 Son now in rehab programme Pain education - invited to attend Can appt for individual review following pain ed to d/w pt PMP		
Action	Pain education class		
Date	12/06/2017	**Seen By**	Lynn McCaffer
Notes	DNA nurse review today		
Action			

Diagnosis

Date	11/01/2012	Qualifier	
Diagnosis	Chronic back pain		
Action			

Other diagnoses / comments

LBP post L3/4 Laminectomy

Procedures

Date	11/01/2012	Qualifier	
Procedure	Sacral epidural steroid injection		
Action			

Other procedures / comments

Consented
1% Lignocaine to skin
18G spinal needle
Position confirmed with x-ray and contrast
0 mls volume (4 mls of 0.25% chirocaine + 40mg Kenalog and 5 mls of NACL)
olerated well

1. Pain History

Any further details not covered in questionnaire, including operations, investigations, previous pain clinic treatment, etc.

FBSS
LBP and Left leg pain

MRI Spine lumbar & sacral with contrast 2012 2/12 post op:
There is loss of disc height at L2/3 which presumably is in keeping with the given history of discectomy. I am not entirely convinced that there is any nerve root compression at this level, or indeed at any other level. Canal remains widely patent. No evidence of any collection, either within the canal or involving the surgical approach.

In summary: No definite cause for current symptoms demonstrated. If the patient has specific neurology then I would be happy to review the scans again or repeat the imaging in 6-8weeks..

2 Patient assessment of pain

Meaning of pain, hopes and expectations, fears

3 Past Medical History

Medical History

MH
2/3 decompression & Discectomy 2009, Prev OD, IHD, Angioplasty 2011, DDX, Long term diarrhoea, Prev ampetamine addiction, Anxiety

Meds
ATP
Butrans
PGB 300mg BD
Omeprazole, Quinine, Salb, clenil, mebeverine Simvastatin, Loperamide, atenolol, Citalopram, Prednisalone

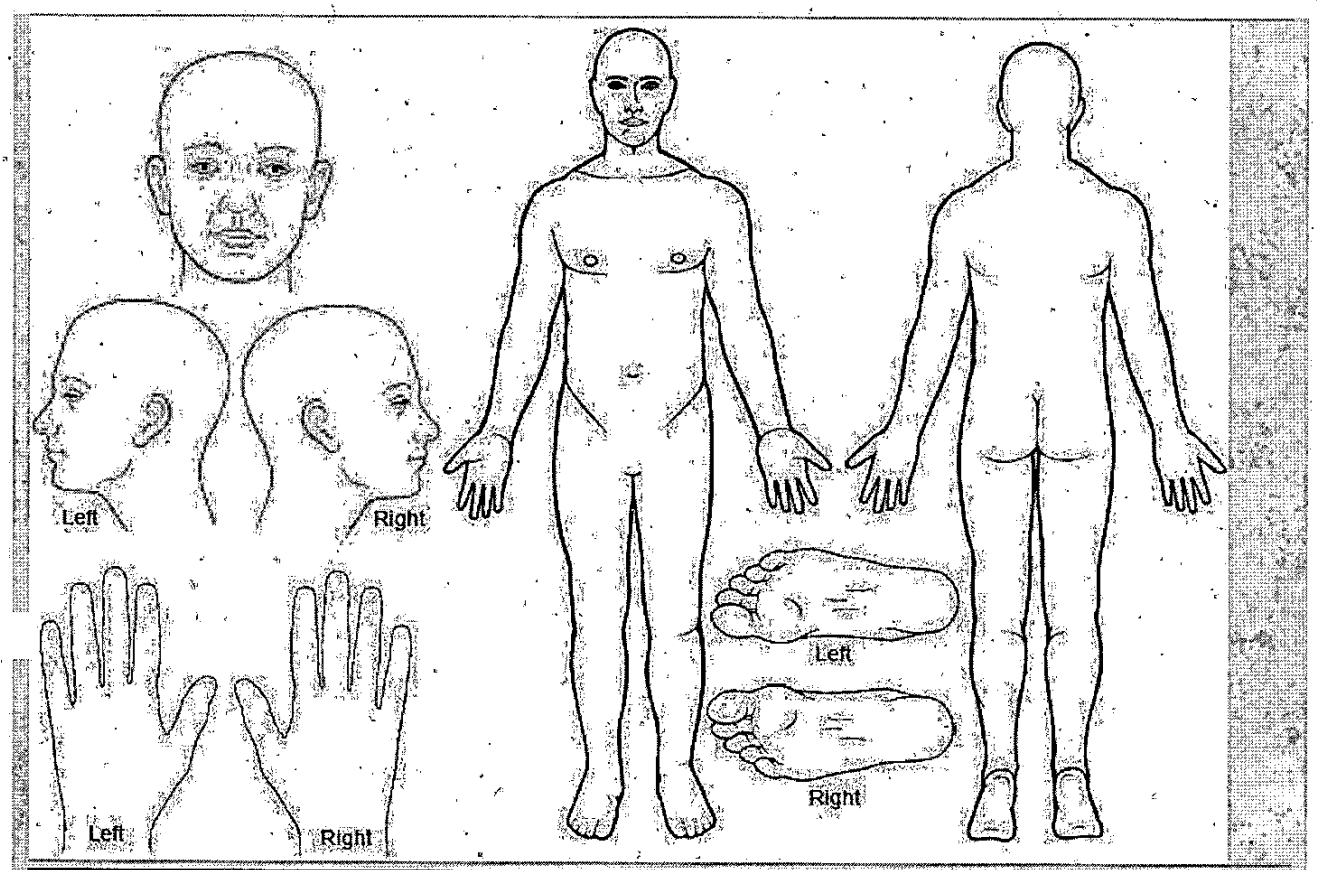
PMH
Cap cm- no benefit
BUtrans
Gaba - Beneficial but sedating
PGB
TENS
Low vol caudal -

4 Social History

Including employment history, home circumstances, social / family support, litigation, normal daily activity and limitations / interference

Chaotic home life previously - drug abuser son, learning diff daughter, husband - OCD

5 Physical Examination



5a. Physical Examination Comments

6. Initial treatment plan

For LVC
TENS appt
Butrans 20 - maintain

Chaotic lifestyle - dying ex-husband, Son drug abuser

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

1908546042
LOGAN F
Georgina 19/08/1954
17 Sollas Place
Glasgow, Lanarkshire
G13 4N

Date & Time		Signature, Print Name & Designation
	Agitated anxious	
17/3/14	4 deaths in last 3 months	
	lives c̄ sister anxiety / depression	
	Panic attacks.	
	Agitated - "passed out four"	
	Buch Jordan.	
	IBS OCD Suicidal thoughts	
	Dry [illegible] No intention	
	No plans.	
	Amitriptyline [illegible]	
	[illegible] Statin	
	Hyoscine pregabalin	
	Mebeverine [illegible]	
	Omeprazole.	
	last 2 years does not go out of house.	
	[illegible] / Heroin Abuse	
	looking for easy solution	

193443

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

50551545H F
LOGAN 19/08/1954
GEORGINA
17 SOLLAS PLACE
GLASGOW
LANARKSHIRE G13 4NA
CHI-1908546042

Date & Time		Signature, Print Name & Designation
	Pain Clinic:	
28/2/13		
	Personally Dr Serpell.	
	Poor neck	
	Night time back leg pain - 5 years	
	Car 1968: Nursing - lifting	
	Decompression - Mr Reece 2009.	
	Leg pain - left leg - screaming	
	→ Epidural - injection	
	IBS Diverticular disease 20 times/day	
	Goes to bed with IBS	
	'Pure cramps'	
	Mebeverine	
	Omeprazole	
	Quinine	
	Statin	
	Pregabalin	
	Amitriptyline	
	Pain PMP management	
	Atenolol	
	Hyoscine	
	Senokot	
	Versatis patch	
	Butrans patch.	

193443

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

Acute Services Division

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW

NHS
Greater Glasgow and Clyde

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

www.knowledge.scot.nhs.uk/pain/nhs-boards/nhs-greater-glasgow-and-clyde.aspx

Dictated:28/02/2013 tel 0141 355 1494
Typed: 15/03/2013

Our Ref: MB/FG/50551545H

Dr Phillip Weir
Victoria Park Medical Practice
1398 Dumbarton Road
G14 9DS

Dear Dr Weir

Georgina Logan, (DOB: 19/08/1954, CHI: 1908546042), 17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

I saw this lady at the clinic. She is one of Dr Serpell's patients and indeed, she was involved in a trial and had phoned up Dr Serpell approximately 2 weeks ago and he has booked her in for an epidural steroid.

As far as I can see she is a failed back syndrome patient who has had multiple trials of both antineuropathic agents and opioids without any benefit. She certainly did show signs of anxiety. I note that there are considerable stresses at home with her son being a heroine addict, her husband having an obsessive compulsive disorder, her daughter her learning difficulties, although, her daughter has now moved out of the house.

Clearly we need to see whether her leg pain is helped by the epidural steroid. I am copying my letter to Dr Serpell so that he can arrange this. Obviously if this doesn't work we will be looking at a pain management type approach but I don't know how open she will be to this. I have not arranged further follow up at my clinic but she has an appointment to see Dr Serpell.

Yours sincerely

Dr M Basler
Consultant in Anaesthesia & Pain Management

c.c Dr Serpell Consultant Anaesthetist in Pain Management Stobhill ACH

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW
Direct Line: 0141-355-1490/2

PAIN MANAGEMENT SERVICE

Dictated: 11/01/2012
Typed: 26/01/2012

Our Ref: MGS/CMCN/50551545H

Dr Malachy Duffy
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Duffy

Georgina Logan, (DOB: 19/08/1954, CHI: 1908546042), 17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

I reviewed this lady with ongoing low back and left leg pain. She underwent L2/3 lumbar micro-discectomy in December 2009. She missed her last appointment with our nurse and, therefore, you had to refer her back to us.

Her pain is still a problem. She is currently on Pregabalin 75mg bd and Butrans 20 micrograms. She has discontinued Tramadol. She is also on Quinine and Methocarbamol for cramps, which occur predominantly in her left leg intermittently.

She was previously on a higher dose of Gabapentin and did feel that it helped her. It was very well tolerated apart from some slight sedation. Therefore, I would recommend you increase the dose to 150mg bd and then up to 300mg bd as per my hand written letter, which I gave her today. I would keep her on the current dose of Butrans and not aim to increase this further (equivalent to Morphine 50mg-60mg per day). She previously tried MST, but in view of her home life, which sounds very chaotic with the drug abuser son and dying former husband, it would be better if she does not have tablets of opioids, but uses only the patch as it is less easy to abuse.

On examination she is moderately restricted in forward flexion of her back. She is tender over both SI joint areas, but as her leg pain is the predominant pain symptoms, I will arrange for a low volume caudal block to be carried out. She is currently only on Aspirin and not taking the Clopidogrel.

She bought her own Tens machine, but I am not clear that she is using it appropriately, so I will reschedule her to see our pain nurse and for her to bring her machine with her. It may be that we will loan her one of ours, but more importantly give her thorough education on how to use it.

She quite a strong lady and I think the predominant therapy we can help with is relaxation, and so have encouraged her to attend our patient education classes. If she engages well, then I think we could take this further towards referral to the Glasgow Pain Management Programme, but in her current state she is very anxious and not fully receptive to sitting and listening and relaxation.

She will be reviewed again at the Tens clinic and when I perform the injection.

Yours sincerely

Dr M Serpell
Consultant in Anaesthesia & Pain Management

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

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 09-Nov-2011 **Date sent** 21-Nov-2011

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Miss
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Area of Residence	-

Patient's address

17 Sollas Pl
GLASGOW
G13 4NA

Contact number(s)
Voice: 07500390352

101002778049F Unique Care Pathway Number: 101002778049F

REGISTERED GP DETAILS

Name	Dr Anne Morgan		
GMC code	2943024	GP code	06041
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40652		

Practice address

Drumchapel Health Centre
80-90 Kinfauns Dr
G15 7TS

Contact number(s)
Voice: 0141 211 6126
Facsimile: 0141 211 6128

REFERRING GP DETAILS

Name	Dr. Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Drs Duffy & Morgan (40652)		
Practice code	40652		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)
Voice: 0141 211 6120

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Re-appoint

Comment: Dear Dr Semple,

Thanks for seeing Georgina. She has attended the Pain Clinic before but unfortunately missed an appointment at Nurse Peacock's clinic on the 28th of September and her condition continues as before.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Irritable bowel syndrome	Start Date: 30/09/2010	06-Dec-2010	06-Dec-2010
Sciatica	Left L2/L3 Decompression Discectomy	21-Dec-2009	21-Dec-2009
Diverticular disease	-	08-Sep-2009	08-Sep-2009
Asthma	-	01-Mar-2006	01-Mar-2006
Neurotic depression reactive type	-	07-Feb-1989	07-Feb-1989
Overdose of drug	1st daughter mental handicap, subarachnoid cyst	24-Feb-1987	24-Feb-1987
Overdose of drug	-	09-Jul-1985	09-Jul-1985
Overdose of drug	30 feospan	24-May-1972	24-May-1972
Soft systolic murmur	-	17-Jan-1972	17-Jan-1972
Acute poliomyelitis	-	01-Jan-1966	01-Jan-1966

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Angiogram	normal coronary arteries	16-Aug-2011	16-Aug-2011
Primary decompression operations on lumbar spine	-	09-Dec-2009	09-Dec-2009
Laparoscopic cholecystectomy	Start Date: 29/01/2007	13-Feb-2007	13-Feb-2007

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Peptac Liquid (aniseed)	500	500 LIQ	30 mls Take as required	-	21-Mar-2011	04-Nov-2011
Methocarbamol Tablets 750 mg	224	224 TABLET	2 Tabs 4 times daily	-	18-May-2011	31-Oct-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	2 Caps In the morning	-	18-May-2011	31-Oct-2011
Quinine Sulphate Tablets 300 mg	28	28 dispense weekly	1 Tab At night	-	18-May-2011	31-Oct-2011
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 INHALER	2 Puffs Take as required	-	26-May-2011	02-Nov-2011
Simvastatin Tablets 40 mg	28	28 dispense weekly	1 Tab In the morning	-	26-May-2011	03-Oct-2011
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs morning and night	-	26-May-2011	02-Nov-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Buprenorphine Transdermal patches	4	4 patch	APPLY ONE WEEKLY	-	08-Nov-	08-Nov-

20 micrograms/hour					2011	2011
Chlorpromazine Hydrochloride Tablets 25 mg	15	15 tablet	1 OR 2 AT NIGHT	-	04-Nov-2011	04-Nov-2011
Pregabalin Capsules 75 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	28-Oct-2011	28-Oct-2011
Omeprazole Capsules (Gastro-Resistant) 40 mg	56	56 capsule	ONE TO BE TAKEN TWICE EACH DAY	-	19-Oct-2011	19-Oct-2011
Capsaicin Cream 0.025 %	45	45 gram	APPLY TDS	-	19-Oct-2011	02-Nov-2011
Nitrazepam Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	19-Oct-2011	19-Oct-2011
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	19-Oct-2011	19-Oct-2011
Chlorpromazine Hydrochloride Tablets 25 mg	40	40 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY	-	11-Oct-2011	11-Oct-2011
Pregabalin Capsules 75 mg	28	28 capsule	ONE TO BE TAKEN TWICE A DAY	-	11-Oct-2011	24-Oct-2011
Alimemazine Tablets 10 mg	56	56 TABLET	TWO TO BE TAKEN AT NIGHT	-	10-Oct-2011	24-Oct-2011
Morphine Sulphate Tablets 10 mg	30	30 tablet	ONE OR TWO TO BE TAKEN 3 TIMES DAILY	-	22-Sep-2011	22-Sep-2011
Gabapentin Capsules 300 mg	168	168 capsule	2 Caps 3 times daily	-	22-Sep-2011	22-Sep-2011
Alimemazine Tablets 10 mg	30	30 tablet	TWO TO BE TAKEN AT NIGHT	-	22-Sep-2011	22-Sep-2011
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	12-Sep-2011	10-Oct-2011
Alverine Citrate Capsules 120 mg	60	60 capsule	1 TABLET TO BE TAKEN 3 TIMES DAILY IF REQD	-	08-Sep-2011	08-Sep-2011
Morphine Sulphate Tablets 10 mg	30	30 tablet	ONE OR TWO TO BE TAKEN 3 TIMES DAILY	-	08-Sep-2011	08-Sep-2011
Alimemazine Tablets 10 mg	28	28 TABS	1 Tab At night	-	24-Aug-2011	16-Sep-2011
Promethazine Hydrochloride Tablets 25 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	16-Aug-2011	22-Aug-2011
Transvasin Heat Rub (Cream)	80	80 gram	AS DIRECTED	-	16-Aug-2011	16-Aug-2011
Buprenorphine Transdermal patches 20 micrograms/hour	4	4 patch	APPLY ONE WEEKLY	-	27-Jul-2011	27-Jul-2011
Promethazine Hydrochloride Tablets 25 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Jul-2011	27-Jul-2011
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	22-Jul-2011	22-Jul-2011

Dantrolene Sodium Capsules 25 mg	42	42 capsule	1 TABLET TO BE TAKEN 3 TIMES DAILY	-	04-Jul-2011	04-Jul-2011
Buprenorphine Transdermal patches 10 micrograms/hour	2	2 patch	APPLY ONE WEEKLY	-	04-Jul-2011	04-Jul-2011
Dantrolene Sodium Capsules 25 mg	7	7 capsule	ONE TO BE TAKEN EACH DAY	-	30-Jun-2011	30-Jun-2011
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	2 Tabs 6 hourly	-	27-Jun-2011	27-Jun-2011
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	22-Jun-2011	06-Sep-2011
Alimemazine Tablets 10 mg	28	28 TABS	1 Tab At night	-	22-Jun-2011	25-Jul-2011
Pregabalin Capsules 75 mg	14	14 capsule	ONE TO BE TAKEN TWICE A DAY	-	15-Jun-2011	15-Jun-2011
Buprenorphine Transdermal patches 10 micrograms/hour	1	1 PATCH	Apply weekly	-	15-Jun-2011	27-Jun-2011
Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	1 spray as reqd	-	15-Jun-2011	15-Jun-2011
Temazepam Tablets 10 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	15-Jun-2011	15-Jun-2011
Pregabalin Capsules 75 mg	14	14 capsule	ONE TO BE TAKEN TWICE A DAY AFTER FOOD	-	08-Jun-2011	08-Jun-2011
Butrans Transdermal patches 5 micrograms/hour	1	1 patch	Apply weekly	-	08-Jun-2011	08-Jun-2011
Temazepam Tablets 10 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	08-Jun-2011	08-Jun-2011
Bisoprolol Fumarate Tablets 2.5 mg	28	28 TABS	1 Tab In the morning	-	18-May-2011	10-Aug-2011
Aspirin E/c tablets 75 mg	28	28 dispense weekly	1 Tab In the morning	-	26-May-2011	10-Aug-2011
Nicorandil Tablets 10 mg	56	56 TABS	1 Tab Twice daily	-	26-May-2011	10-Aug-2011
Gabapentin Capsules 300 mg	224	224 INVAL	2 Caps 3 times daily	-	26-May-2011	26-May-2011
Alimemazine Tablets 10 mg	28	28 TABS	1 Tab At night	-	26-May-2011	26-May-2011
Dicycloverine Tablets 20 mg	84	84 TABS	1 Tab tds	-	26-May-2011	26-May-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoker$$ Status.clm - No Action Required	07-Jun-2010
Never smoked tobacco:	Smoker$$ Status.clm - No Action Required	27-Feb-2008
Ex smoker:	Recorded through Combined Vaccination priority=2	19-Oct-2007
Ex-smoker - amount unknown:	Smoker$$ Status.clm - No Action Required	23-Oct-2005
Teetotaller:	Alcohol Intake$$.clm - No Action Required	11-Feb-2005

Clinical warnings

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**

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW
Tel : 0141 355 1492 / 0
Fax : 0141 355 1870

Pain Management Services

Dictated: 08/06/2011
Typed: 14/06/2011

Our Ref: mgs/ej/50551545H

Dr Ann Morgan
Drumchapel Health Centre
80 – 90 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Dear Dr Morgan

Re: Georgina Logan. DOB: 19/08/54. CHI: 1908546042.
17 Sollas Place, Glasgow, G13 4NA.

Further to Dr McCubbin's clinic letter dated 18th August 2010, I reviewed your patient lady with chronic low back and left leg neuropathic pain following L2/3 lumbar discectomy in December 2009. Her pain symptoms continue, and she actually had an angioplasty last week for severe angina.

She has tried topical Zacin cream with no benefit and for analgesia is currently on Tramadol 50mg SR bd, Gabapentin 600mg tid and Quinine for cramps. She is also on Statin, low dose Aspirin, Clopidogrel, Bisoprolol, Omeprazole and Methocarbamol.

I think the next options to try would be to change her Gabapentin over to Pregabalin and also to trial a low dose Step 3 opioid as per the last clinic letter. The patient did in fact admit that she tried a friends dose of MST 30mg and found it to be very beneficial, I think that a low dose transdermal patch might be more safer and appropriate in this lady therefore have given her a hand note for you suggesting Butrans 5ug/hr increasing at weekly intervals if required / tolerated up to 20ug/hr.

I will also appoint her for a TENS machine as she tells me that she has never had one (contrary to the last Clinic letter) and I think we will hold off on injection therapy at the moment as she would have to discontinue the Aspirin and Clopidogrel for a week to minimise the risk of epidural haematoma. I would also like to see her current cardiovascular state become more stabilised, it is only a week since the angioplasty.

She will be reviewed at our Clinical Nurse Specialist Medication Review Clinic where she will be issued and demonstrated the TENS unit.

Yours sincerely

Dr M Serpell
Consultant in Anaesthesia & Pain Management

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde

Patient Label

50551545H F
LOGAN
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW
LANARKSHIRE G13 4NA
CHI-1908546042

The patient attended Garscube Clinic at _____

Hospital on 29.9.10 and I would advise a change to drug therapy from

_____ to _____

or additional therapy of ~~Co~~ Colofac

as detailed below. Full letter to follow.

Additional Comments: _____

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Colofac	135mg	tds	

Yours Sincerely

Signature:

Name (print) [illegible] Grade: Consultant Ext. No:

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

00545

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Dr N F Jamieson
Consultant Physician &
Gastroenterologist

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW
Switchboard: 0141 201 3000

NHS
Greater Glasgow and Clyde

Typed	01/10/2010
Clinic date	29/09/2010
Dictated	29/09/2010
Your Ref	
Our Ref	NFJ/AMMCK
Enquiries to:	Alison McKenzie
Direct Line:	0141 201 3338
Fax No:	0141 201 3888
E-Mail:	Alison.mckenzie@northglasgow.scot.nhs.uk

TO WHOM IT MAY CONCERN

Dear Sir/Madam

This lady is troubled with a bowel disorder where she may have episodes of diarrhoea. This can on occasion lead to difficulties when she is out of her house. This letter is written to explain that there is a medical reason why this lady should have access to toilet facilities if the need arises.

Your help with this is much appreciated

Yours sincerely

N F Jamieson
Consultant Physician and Gastroenterologist

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Dr N F Jamieson
Consultant Physician &
Gastroenterologist

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW
Switchboard: 0141 201 3000

NHS
Greater Glasgow and Clyde

Typed	30/09/2010
Clinic date	29/09/2010
Dictated	29/09/2010
Your Ref	
Our Ref	NFJ/AMMCK
Enquiries to:	Alison McKenzie
Direct Line:	0141 201 3338
Fax No:	0141 201 3888
E-Mail:	Alison.mckenzie@northglasgow.scot.nhs.uk

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Morgan

Georgina Logan ~ 19/08/1954 ~ CHI: 1908546042 ~ CRN: 50551545H
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

Diagnosis:

1. Episodic diarrhoea
2. Diverticular disease
3. Chronic pain
4. Previous low back surgery
5. Cholecystectomy

Many thanks for referring this 56 year old lady whom I saw today as part of the Waiting List Initiative. I note that she was seen in Dr Peter Mills clinic last year. At that time he investigated her for a longstanding history of diarrhoea and she went on to have a colonoscopy which showed diverticular disease. Her colonic biopsies showed no evidence of microscopic colitis. The history is indeed of long term diarrhoea and she manages this with almost daily use of Imodium up to 4 capsules per day. It seems that she is troubled with urgency and is anxious about faecal incontinence. On occasions she may over do her Imodium and has gone a number of days with constipation and lower abdominal pain. Her appetite is good and there are no features of weight loss, there is no family history of note. She did notice that her diarrhoea worsened after her cholecystectomy in 2007. Her diet is only moderate in fibre intake. She has found that dairy products are very troublesome for her and will precipitate diarrhoea. There are not any other major food stuffs that she can avoid to improve her bowel symptoms.

With no evidence of weight loss, anaemia or vitamin deficiency it is very unlikely that this lady will have small bowel disease. It does seem most likely that she has a functional bowel disorder. There may be some worsening of this due to bile salt malabsorption following her cholecystectomy.

I discussed the use of anti-spasmodics and a more limited approach to the use of Imodium to control her bowel habit. I have suggested that for the next couple of weeks she should try Colofac tid and reduce her

Imodium. If this is not helpful I would be grateful if you would give her a trial of Cholestyramine initially 4g per day increased if tolerated to 4g tid.

Another concerns was that she has the need to visit toilets frequently whenever she leaves her house. I am writing a letter from the hospital for her to carry in case she needs to access toilets at short notice.

At present there is no plan for clinic review for this lady. I would be happy to discuss her management further.

Urinalysis today showed a trace of lymphocytes. I believe she has just finished a course of antibiotics but will write to you with the result of her MSU in due course.

Yours sincerely

N F Jamieson
Consultant Physician and Gastroenterologist

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

PETER MILLS (Consultant)
Gastroenterology
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

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

Hospital location code: G516H

Email address:

Urgency of referral ROUTINE
Date of referral 09-Jul-2010 **Date sent** 12-Jul-2010

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Miss
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Previous surname	Watterson

Patient's address

17 Sollas Pl
GLASGOW
G13 4NA

Contact number(s)

Voice: 07500390352

101000725769G Unique Care Pathway Number: 101000725769G

REGISTERED GP DETAILS

Name	Dr AH Morgan		
GMC code	2943024	GP code	G06041
Practice name	Dr Duffy and Dr Morgan		
Practice code	40652		

Practice address

Drumchapel Health Centre
80 90 Kinfauns Dr
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6120
Facsimile: 0141 211 6128

REFERRING GP DETAILS

Name	Dr. Ann Morgan		
GMC code	2943024	GP code	06041
Practice name	DRUMCHAPEL HEALTH CENTRE (40652)		
Practice code	40652		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6120

**** Please address any correspondence to Dr Sandra Ford ****

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Review abdo bloating

Comment: Dear Dr Mills,

This lady was seen at the clinic last year and had a colonoscopy which showed diverticular disease. Her symptoms are worse than ever and she is currently having severe diarrhoea for which she takes up to 6 Loperamide a day. She is also experiencing a lot of lower abdominal pain and cramping.

She is aware that certain foods seem to be aggravating her condition but finds it quite difficult to control her diet. She also suffers from back and leg pain and takes quite large quantities of analgesia, some of which are prescribed by us but others which we know she probably buys on the street.

I am unsure as to whether her diarrhoea is related to the diverticular disease or to an irregular supply of opiates.

I would be grateful for your opinion on this lady's symptoms and any further management.

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
Sciatica	Left L2/L3 Decompression + Discectomy	-	21-Dec-2009
Climacteric menorrhagia	-	-	19-Jul-2006
Diarrhoea and vomiting	-	-	23-Jun-2006
[D]Abdominal pain	-	-	09-Jun-2006
Dyspepsia	-	-	09-Jun-2006
Asthma	-	-	01-Mar-2006
Gallstones	-	-	07-Apr-2005
Recurrent urinary tract infection	HOSPITAL ADMISSION	-	21-Sep-2003
Mallet finger	FRACTURE R 5TH FINGER	-	08-May-2002
Acute cholecystitis	ADMITTED	-	15-Jul-1999
Domestic problems	VIOLENCE	-	24-Feb-1998
Menorrhagia	-	-	24-Feb-1996
Marital problems	-	-	11-Feb-1993
Neurotic depression reactive type	-	-	07-Feb-1989
Overdose of drug	daughter mental handicap, subarachnoid cyst	1st	24-Feb-1987
Overdose of drug	-	-	09-Jul-1985
Spontaneous vaginal delivery	-	-	24-Feb-1980
Spontaneous vaginal delivery	-	-	24-Feb-1975
Overdose of drug	30 feospan	-	24-May-1972
Spontaneous vaginal delivery	-	-	24-Feb-1972
Soft systolic murmur	-	-	17-Jan-1972
Acute poliomyelitis	-	-	01-Jan-1966

Past procedures (High and medium priority - all)

Description	Comment	Date performed
Exercise tolerance test normal	-	01-Jul-2008
Laparoscopic cholecystectomy	-	13-Feb-2007
Transvaginal ultrasound scan	ENDOMETRIAL SAMPLE NORMAL	07-Nov-2005
Kids.,urets, bladder abdo xray	NAD	13-Sep-2005
Ultrasound scan	GALLSTONES	07-Apr-2005
Nose operations	EXCISION OF FIBROUS PAPULE	14-Oct-2004
Mandible - plain X-ray	NAD	24-Feb-1997

Laparoscopic bilateral female sterilisation	-	17-Sep-1980
ECG normal	-	17-Jan-1972

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clonidine Hydrochloride	56	TABS 25MICROGRAMS	1 Tab	morning and night	02-Jul-2010	-
Quinine Sulphate	28	TABS 300MG	1 Tab	At night	24-Jun-2009	-
Omeprazole	28	CAPS 20MG	1 Cap	In the morning	06-Apr-2009	-
Amitriptyline Hydrochloride	28	TABS 25MG	1 Tab	At night	20-May-2010	-
Aspirin	28	Ec TABS 75MG	1 Tab	In the morning	06-Apr-2009	-
Simvastatin	28	TABS 40MG	1 Tab	In the morning	24-Oct-2007	-
Peptac	500	Sf Aniseed LIQ	30 mls	Take as required	03-Apr-2006	-
Salbutamol	1	200 Dose Cfc Free INHAL 100MCG/DOSE	2 Puffs	Take as required	14-Mar-2008	-
Clenil Modulite 100	1	200 Dose Cfc Free INHAL 100MCG/DOSE	2 Puffs	morning and night	27-Jan-2009	-
Amitriptyline Hydrochloride	28	TABS 50MG	1 Tab	At night	18-Jun-2008	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Dydramol	42	20mg/500mg TABS	2 Tabs	3 times daily	02-Jul-2010	-
Loperamide Hydrochloride	30	CAPS 2MG	1 TAB	Take as required	30-Jun-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	30-Jun-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	23-Jun-2010	-
Loperamide Hydrochloride	30	CAPS 2MG	1 TAB	Take as required	14-Jun-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	07-Jun-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	03-Jun-2010	-
Promethazine Hydrochloride	56	TABS 10MG	1 or 2 Tabs	nocte	03-Jun-2010	-
Venlafaxine	28	TABS 37.5MG	1 Tab	At night	03-Jun-2010	-
Prochlorperazine Maleate	42	TABS 5MG	2 Tabs	3 times daily	27-May-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	27-May-2010	-
Baclofen	40	TABS 10MG	1 Tab	3 times daily	24-May-2010	-
Loperamide Hydrochloride	56	CAPS 2MG	1 TAB	Take as required	20-May-2010	-
Tramadol Hydrochloride	42	CAPS 50MG	2 Caps	3 times daily	20-May-2010	-
Clonidine Hydrochloride	56	TABS 25MICROGRAMS	1 Tab	morning and night	20-May-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if	19-May-	-

				reqd	2010	
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	26-Apr-2010	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	23-Apr-2010	-
Tramadol Hydrochloride	42	CAPS 50MG	2 Caps	3 times daily	14-Apr-2010	-
Amitriptyline Hydrochloride	28	TABS 25MG	1 Tab	At night	14-Apr-2010	-
Dantrolene Sodium	30	CAPS 25MG	1 Cap	at night	14-Apr-2010	-
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	31-Mar-2010	-
Alimemazine Tartrate	56	TABS 10MG	1 or 2 Tabs	At night	31-Mar-2010	-
Dhc Continus	28	TABS 90MG	1 Tab	Twice daily	19-Mar-2010	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	09-Mar-2010	-
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	09-Mar-2010	-
Promethazine Hydrochloride	28	TABS 10MG	1 or 2 Tabs	At night	09-Mar-2010	-
Paracetamol	100	Caplet TABS 500MG	2 Tabs	4 times daily	25-Feb-2010	-
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	25-Feb-2010	-
Loperamide Hydrochloride	50	CAPS 2MG	1 Cap	As directed	25-Feb-2010	-
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	12-Feb-2010	-
Amitriptyline Hydrochloride	100	TABS 25MG	2 or 3 Tabs	At night	12-Feb-2010	-
Co-Codamol	56	8mg/500mg CAPS	2 Caps	4 times daily	11-Feb-2010	-
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	08-Feb-2010	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		07-Jun-2010
Never smoked tobacco:		27-Feb-2008
Ex-smoker - amount unknown:		23-Oct-2005
Ex smoker:	Recorded through Combined Vaccination	19-Oct-2007
Teetotaller:		11-Feb-2005

Clinical warnings

Additional relevant information

Administrative information

Previous Surname:Watterson

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

Correspondence recipient:Dr Sandra Ford

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

New Stobhill Hospital
133 Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW
Tel : 0141 355 1490 / 2
Fax : 0141 355 1870

Pain Management Services

Dictated: 18/08/2010
Typed: 27/08/2010

Our Ref: tmcc/ej/50551545H

Dr Ann Morgan
Drumchapel Health Centre
80-90 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Dear Dr Morgan,

Re: Georgina Logan. DOB: 19/08/54. CHI: 1908546042.
17 Sollas Place, Glasgow, G13 4NA.

This is the patient whom you referred to our Pain Management Service on account of chronic low back and left leg pain which is longstanding and for which she underwent an L2/3 lumbar microdiscectomy in December 2009. Unfortunately this has not improved her pain control to any extent, and she continues to experience more or less constant pain consisting of both nociceptive and neuropathic components. She rates her pain on average at 7 on the VAS Scale. There is marked sleep disturbance and significant resulting disability. She finds that she can't walk for more than fifty yards.

I also understand that she was in the Western Infirmary recently and has since been started on antianginal therapy.

In the past physiotherapy and TENS proved helpful.

She is currently on Amitriptyline 75mg daily and Tramadol NR 50mg x 6/day with incomplete pain control.

On examination, she was certainly overweight with a restricted range of movement at the lumbar spine. There was not a great deal of tenderness related to the sacro-iliac joints.

I have made the following suggestions with regard to pain control:

1. Continue Amitriptyline.
2. Convert Tramadol NR to the MR preparation which will reduce her daily intake of tablets and may also assist with wakefulness which she associates with the NR preparation.
3. A trial of Gabapentin.
4. A trial of topical Zacin cream.
5. Further treatment options might include a trial of low dose Step 3 opioids in the form of Butrans patches, or if Gabapentin is not tolerated or proves ineffective then a trial of Pregabalin.
6. Finally we may consider a high volume caudal epidural following her next review.
7. I have given her details on how she may opt-in to our Patient Information Sessions and hope that she will do so.

Yours sincerely,

Dr T McCubbin
Consultant in Anaesthesia & Pain Management

cc Sisters Jacqui Peacock / Mandy Parry, Nurse Specialists, Pain Management Team, STB

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde

Patient Label

The patient attended Pain Management Clinic at STOBHILL ACH.

Hospital on 18/08/10 and I would advise a change to drug therapy from

Tramadol MR to Tramadol MR

or additional therapy of Tabs Feb

as detailed below. Full letter to follow.

Additional Comments: Continue Paracetamol 1G + 4 daily

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Tramadol MR	150mg	BD	(MAX 200, BD)
Topical ZAC in cream. 4 WG to affected area. + 4 daily for 6/52.			

Yours Sincerely

Signature: R Owen Cubbin

Name (print) T OWEN CUBBIN Grade: CONS Ext. No:

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

00545

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Anaesthetics
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 20-May-2010 **Date sent** 24-May-2010

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Miss
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042
Previous surname	Watterson

Patient's address

17 Sollas Pl
GLASGOW
G13 4NA

Contact number(s)

Voice: 07500390352

1010005171090 Unique Care Pathway Number: 1010005171090

REGISTERED GP DETAILS

Name	Dr AH Morgan		
GMC code	2943024	GP code	G06041
Practice name	Dr Duffy and Dr Morgan		
Practice code	40652		

Practice address

Drumchapel Health Centre
80 90 Kinfauns Dr
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6120
Facsimile: 0141 211 6128

REFERRING GP DETAILS

Name	Dr. Ann Morgan		
GMC code	2943024	GP code	06041
Practice name	DRUMCHAPEL HEALTH CENTRE (40652)		
Practice code	40652		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6120

**** Please address any correspondence to Dr M Rao ****

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Assess pain management

Comment: Dear Dr,

I would be grateful if you could see this 55 year-old lady with chronic back pain and pain in her left thigh. She was investigated extensively and had left L2/3 lumbar decompression and discectomy done in December 2009.

Post operatively she felt her pain has worsened in her leg. She was further investigated with MRI scan of the back which has not shown any significant pressure or cause for her symptoms.

She has become significantly dependant on opiates for pain management and currently on Co-codamol, Tramadol and Clonidine. She has significant functional overlay as well, making it difficult to assess her pain threshold and pain management.

I would appreciate your help regarding further management of this patient.

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
Sciatica	Left L2/L3 Decompression + Discectomy	-	21-Dec-2009
Climacteric menorrhagia	-	-	19-Jul-2006
Diarrhoea and vomiting	-	-	23-Jun-2006
Dyspepsia	-	-	09-Jun-2006
[D]Abdominal pain	-	-	09-Jun-2006
Asthma	-	-	01-Mar-2006
Gallstones	-	-	07-Apr-2005
Recurrent urinary tract infection	HOSPITAL ADMISSION	-	21-Sep-2003
Mallet finger	FRACTURE R 5TH FINGER	-	08-May-2002
Acute cholecystitis	ADMITTED	-	15-Jul-1999
Domestic problems	VIOLENCE	-	24-Feb-1998
Menorrhagia	-	-	24-Feb-1996
Marital problems	-	-	11-Feb-1993
Neurotic depression reactive type	-	-	07-Feb-1989
Overdose of drug	daughter mental handicap, subarachnoid cyst	1st	24-Feb-1987
Overdose of drug	-	-	09-Jul-1985
Spontaneous vaginal delivery	-	-	24-Feb-1980
Spontaneous vaginal delivery	-	-	24-Feb-1975
Overdose of drug	30 feospan	-	24-May-1972
Spontaneous vaginal delivery	-	-	24-Feb-1972
Soft systolic murmur	-	-	17-Jan-1972
Acute poliomyelitis	-	-	01-Jan-1966

Past procedures (High and medium priority - all)

Description	Comment	Date performed
Exercise tolerance test normal	-	01-Jul-2008
Laparoscopic cholecystectomy	-	13-Feb-2007
Transvaginal ultrasound scan	ENDOMETRIAL SAMPLE NORMAL	07-Nov-2005
Kids.,urets, bladder abdo xray	NAD	13-Sep-2005
Ultrasound scan	GALLSTONES	07-Apr-2005
Nose operations	EXCISION OF FIBROUS PAPULE	14-Oct-2004
Mandible - plain X-ray	NAD	24-Feb-1997

Laparoscopic bilateral female sterilisation	-	17-Sep-1980
ECG normal	-	17-Jan-1972

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Amitriptyline Hydrochloride	28	TABS 25MG	1 Tab	At night	20-May-2010	0 Days
Aspirin	28	Ec TABS 75MG	1 Tab	In the morning	06-Apr-2009	406 Days
Peptac	500	Sf Aniseed LIQ	30 mls	Take as required	03-Apr-2006	1505 Days
Quinine Sulphate	28	TABS 300MG	1 Tab	At night	24-Jun-2009	327 Days
Omeprazole	28	CAPS 20MG	1 Cap	In the morning	06-Apr-2009	406 Days
Clenil Modulite 100	1	200 Dose Cfc Free INHAL 100MCG/DOSE	2 Puffs	morning and night	27-Jan-2009	475 Days
Amitriptyline Hydrochloride	28	TABS 50MG	1 Tab	At night	18-Jun-2008	698 Days
Simvastatin	28	TABS 40MG	1 Tab	In the morning	24-Oct-2007	936 Days
Salbutamol	1	200 Dose Cfc Free INHAL 100MCG/DOSE	2 Puffs	Take as required	14-Mar-2008	794 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Clonidine Hydrochloride	56	TABS 25MICROGRAMS	1 Tab	morning and night	20-May-2010	0 Days
Tramadol Hydrochloride	42	CAPS 50MG	2 Caps	3 times daily	20-May-2010	0 Days
Loperamide Hydrochloride	56	CAPS 2MG	1 TAB	Take as required	20-May-2010	0 Days
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	19-May-2010	0 Days
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	26-Apr-2010	0 Days
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	23-Apr-2010	0 Days
Tramadol Hydrochloride	42	CAPS 50MG	2 Caps	3 times daily	14-Apr-2010	0 Days
Amitriptyline Hydrochloride	28	TABS 25MG	1 Tab	At night	14-Apr-2010	0 Days
Dantrolene Sodium	30	CAPS 25MG	1 Cap	at night	14-Apr-2010	0 Days
Co-Dydramol	42	10mg/500mg TABS	2 Tabs	3 times daily if reqd	31-Mar-2010	0 Days
Alimemazine Tartrate	56	TABS 10MG	1 or 2 Tabs	At night	31-Mar-2010	0 Days
Dhc Continus	28	TABS 90MG	1 Tab	Twice daily	19-Mar-2010	0 Days
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	09-Mar-2010	0 Days
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	09-Mar-2010	0 Days
Promethazine Hydrochloride	28	TABS 10MG	1 or 2 Tabs	At night	09-Mar-2010	0 Days
Loperamide Hydrochloride	50	CAPS 2MG	1 Cap	As directed	25-Feb-2010	0 Days

Paracetamol	100	Caplet TABS 500MG	2 Tabs	4 times daily	25-Feb-2010	0 Days
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	25-Feb-2010	0 Days
Amitriptyline Hydrochloride	100	TABS 25MG	2 or 3 Tabs	At night	12-Feb-2010	0 Days
Dhc Continus	56	TABS 90MG	1 Tab	Twice daily	12-Feb-2010	0 Days
Co-Codamol	56	8mg/500mg CAPS	2 Caps	4 times daily	11-Feb-2010	0 Days
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	08-Feb-2010	0 Days
Ibuprofen	1	SPRAY 5%	Apply	3 times daily	15-Jan-2010	0 Days
Dihydrocodeine Tartrate	140 disp 70 2 weekly	TABS 30MG	1 Tab	As directed	15-Jan-2010	0 Days
Dhc Continus	14	TABS 90MG	1 Tab	Twice daily	15-Jan-2010	0 Days
Lyrica	56	CAPS 75MG	1 Cap twice daily	for 3 days then dbl	15-Jan-2010	0 Days
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	21-Dec-2009	0 Days
Dihydrocodeine Tartrate	140 disp 70 2 weekly	TABS 30MG	1 Tab	As directed	21-Dec-2009	0 Days
Loperamide Hydrochloride	24	CAPS 2MG	1 Cap	As directed	07-Dec-2009	0 Days
Diazepam	4	TABS 5MG	1 Tab	Take as required	07-Dec-2009	0 Days
Dihydrocodeine Tartrate	140 disp 70 2 weekly	TABS 30MG	1 Tab	As directed	07-Dec-2009	0 Days
Cefalexin	20	CAPS 500MG	1 Cap	4 times daily	07-Dec-2009	0 Days
Trimethoprim	6	TABS 200MG	1 Tab	Twice daily	04-Dec-2009	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Feb-2008
Ex-smoker - amount unknown:		23-Oct-2005
Ex smoker:	Recorded through Combined Vaccination	19-Oct-2007
Teetotaller:		11-Feb-2005

Clinical warnings

Additional relevant information

Administrative information

Previous Surname:Watterson

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

Correspondence recipient:Dr M Rao

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

WAITING LIST PATIENT

NHS Greater Glasgow and Clyde

50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE

GLASGOW G13 4NA
CHI-1908546042

CONSULTANT: Hansell

ASSESSMENT DATE: 3/7/15

Procedure: Lap chole

RESULTS TO FOLLOW:

BIOCHEMISTRY	✓
HAEMATOLOGY	✓
ECG	✓
X-RAY	
OTHER	

RESULTS TO BE CHECKED BY MEDICAL STAFF BEFORE FILING

ANAESTHETIC REFERRAL YES ✓ NO

COMMENTS: Requires PFT's – arranged 5/7

ASSESSMENT RECOMMENDATION

DSU SDA ✓ NSDA

NOTICE REQUIRED

NUMBER OF DAYS BEFORE 2 1 WEEK 2 WEEKS

Will contact soc when anaes LV's PFT results.

CAN BE CONTACTED DURING THE DAY YES/NO AT WORK/AT HOME

CAN BE CONTACTED DURING THE EVENING YES/NO AT WORK/AT HOME

HOME TELEPHONE NUMBER: WORK TELEPHONE NUMBER:

07867966715

Signature of Nurse:

MIS 115154

IMMEDIATE DISCHARGE LETTER

Leslie Brown 2040

NHS Greater Glasgow

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UT
Telephone : 0141 - 201 3000

GP COPY

First Issued: 26/05/2006 15:10
Printed: 26/05/2006 15:13

Admitted: 26/05/2006 **Discharged:** 26/05/2006
Discharged to: Home
Ward: 5
Consultant: Mr DT HANSELL, General Surgery
Hospital No: 50551545H **Date of birth:** 19/08/1954
CHI: 1908546042

REGISTERED GP

Dr MALAGHY DUFFY
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

PATIENT

GEORGINA LOGAN
17 SOLLAS PLACE
GLASGOW
G13 4NA

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Biliary colic, 26/05/2006	K805		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

This 51 year old lady was admitted electively for laparoscopic cholecystectomy.
Unfortunately it was necessary to cancel this patient as she was still under investigation for chest pain and abnormal ECG and also requires pulmonary function tests. We will endevour to re-arrange this surgery as soon as the necessary tests have been carried out.

Signed: _____ **Designation:** _____

Contact: Michael Rainey **Pager Number:**

Digestive Diseases Directorate

Mr. D. T. Hansell
General Surgical Clinic
Symptomatic One-Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-3000 Page 4232
Secretary: 0141-201-3780

DTH/LM/10677799A

Dictated & Typed: 9th January 2006

Dr C Grieve
Drumchapel Health Centre
80 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Dear Dr Grieve

Georgina Logan ~ 19.8.54 ~ CHI-6042 ~ 17 Sollas Place, Glasgow, G13 4NA

Thank you for your letter regarding this lady and your request that her name be put back on the waiting list for laparoscopic cholecystectomy.

As you know, she has cancelled the first date we gave her and then failed to attend without notice on the second occasion.

I will place her name again on my waiting list but I would ask if you would be good enough to stress to her the importance of attending when her next date is given.

Kind regards.

Yours sincerely

Mr D T Hansell MD (Hons) FRCS
Consultant Surgeon

Hospital use only	Clinic	Day Date	Time	Hospital No.
				10677799A

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

DOUGLAS HANSELL
General Surgery C1
G General Referral

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

Stobhill Hospital

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

Hospital unit no. -

Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	Logan
Forename(s)	Georgina
Title	Miss
Sex	Female
Date of birth	19-Aug-1954
CHI no.	1908546042

Patient's address

17 Sollas Place
GLASGOW
G13 4NA

Contact number(s) -

REGISTERED GP DETAILS

Name	Dr C Grieve		
GMC code	2555313	GP code	G05550
Practice name	Drumchapel Health Centre		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice: 041 211 6110
Facsimile: 0141 211 6117

REFERRING PRACTITIONER DETAILS

Name	Dr C Grieve		
GMC code	2555313	GP code	G05550
Practice name	-		
Practice code	40559		

Practice address

RECEIVED 20 DEC 2005

Contact number(s)

C/S

DARKS

SIGNATURE

DATE

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Re-referral re cholecystectomy

Comment: I saw Mrs Logan today in my surgery who came to tell me that she defaulted her admission for a cholecystectomy two weeks ago at Stobhill Hospital. She says that she did not go because she had cold like symtpoms.

She was seen on the 7th April 2005 with billiary colic and un ultrasound showed gall stones in the gall bladder. She was added to the waiting list for cholecystectomy.

I wonder if you would be kind enough to add this lady once again to the waiting list.

Yours sincerely

Dr Ramon Calvo
Locum to Dr C Grieve

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Gallstones	-	-	-	07-Apr-2005

Past procedures

Description	Laterality	Modifier	Date performed
Transvaginal ultrasound scan	-	-	07-Nov-2005
Kids.,urets, bladder abdo xray	-	-	13-Sep-2005
Ultrasound scan	-	-	07-Apr-2005
Nasal operations	-	-	22-Oct-2004

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Co-Proxamol	04.07.01.0	32.5/325mg TABS	1 or 2 Tabs	4 times daily	16-Dec-2005	-
Sodium Bicarbonate Ear Drops	21.01.25.0	5% 10ml	1 Drop	3 times daily	16-Dec-2005	-
Trimethoprim	05.01.08.0	TABS 200MG	1 Tab	Twice daily	24-Oct-2005	-
Omeprazole	01.03.05.0	CAPS 20MG	1 Cap	Daily	21-Oct-2005	-
Co-Codamol	04.07.01.0	8/500mg CAPS	2 Caps	every 4 to 6 hours	21-Oct-2005	-
Ibuprofen	10.01.01.0	TABS 400MG	1 Tab	3 times daily	17-Oct-2005	-
Co-Codamol	04.07.01.0	8/500mg CAPS	2 Caps	every 4 to 6 hours	29-Sep-2005	-
Loperamide Hydrochloride	01.04.02.0	CAPS 2MG	1 Cap	As directed	21-Sep-2005	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information
Preferred gender of consultant:No preference

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

Digestive Diseases Directorate

Mr. D. T. Hansell
General Surgical Clinic
Symptomatic One-Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-3000 Page 4232
Secretary: 0141-201-3780

DTH/LM/10677799A

Dictated: 8th December 2005
Typed: 14th December 2005

Dr C Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Grieve

Georgina Logan ~ 19.8.54 ~ 17 Sollas Place, Glasgow, G13 4NA

This lady was due to be admitted on 4th December 2005 for a laparoscopic cholecystectomy on 5th December 2005.

Indeed on a previous occasion she has cancelled a date which we gave her. On this occasion she failed to attend with no notice given.

I have removed her name from my waiting list and I have written to her asking her to contact us to declare her wishes.

Kind regards.

Yours sincerely

Mr D T Hansell MD (Hons) FRCS
Consultant Surgeon

Digestive Diseases Directorate

Mr. D. T. Hansell
General Surgical Clinic
Symptomatic One-Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-3000 Page 4232
Secretary: 0141-201-3780

DTH/LM/10677799A

Dictated: 8th December 2005
Typed: 14th December 2005

Mrs Georgina Logan
17 Sollas Place
Glasgow
G13 4NA

Dear Mrs Logan

I note that you did not attend for surgery on 4th December 2005.

I believe if you would contact my secretary on 0141 201 3780 in order to indicated the current situation regarding your gallbladder surgery.

Kind regards.

Yours sincerely

Mr D T Hansell MD (Hons) FRCS
Consultant Surgeon

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

First Issued: 22/04/2005 14:43
Printed: 22/04/2005 14:43

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UT
Telephone : 0141 - 201 3000

Admitted: 07/04/2005 **Discharged:** 08/04/2005
Discharged to: Home
Ward: 2a
Consultant: Mr DT HANSELL, General Surgery
Hospital No: 10677799A **Date of birth:** 19/08/1954
CHI:

REGISTERED GP

Dr CHRISTINE GRIEVE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

PATIENT

GEORGINA LOGAN
17 SOLLAS PLACE
GLASGOW
G13 4NA

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Biliary colic, 07/04/2005	K805		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8 12 14 18 22	PRN/Comment	Course Length	Quantity Dispensed
Omeprazole	Tab	Oral	20mg	X		Indefinite	7
Paracetamol	Tab	Oral	1g		4-6hrly for pain	Indefinite	32
Tramadol	Tablet	Oral	50mg		Max 4 hourly, 8 tabs in 24 hours	as required	20

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date	Community Care
No arrangements made		*No arrangements made*

GENERAL COMMENTS

This lady was admitted with epigastric pain and vomiting. An ultrasound examination showed gallstones within the gallbladder. Her blood tests have been normal and the pain has now subsided. She is to have a cholecystectomy at some point in the near future.

22nd April 2005

Dr G Somayaji, SHO III

On waiting list for cholecystectomy.

Signed: _____ **Designation:** SHO3

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

GP COPY

First Issued: 08/04/2005 12:42
Printed: 08/04/2005 12:42

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UT
Telephone: 0141 - 201 3000

Admitted: 07/04/2005 **Discharged:** 08/04/2005
Discharged to: Home
Ward: 2a
Consultant: Mr DT HANSELL, General Surgery
Hospital No: 10677799A **Date of birth:** 19/08/1954
CHI:

REGISTERED GP
Dr CHRISTINE GRIEVE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

PATIENT
GEORGINA LOGAN
17 SOLLAS PLACE
GLASGOW
G13 4NA

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Biliary colic, 07/04/2005	K805		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8 12 14 18 22	PRN/Comment	Course Length	Quantity Dispensed
Omeprazole	Tab	Oral	20mg	X		Indefinite	7
Paracetamol	Tab	Oral	1g		4-6hrly for pain	Indefinite	32
Tramadol	Tablet	Oral	50mg		Max 4 hourly, 8 tabs in 24 hours	as required	20

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic **Consultant** **Date**
No arrangements made

Outpatient Investigations **Date**
No arrangements made

Community Care
No arrangements made

GENERAL COMMENTS

Final discharge letter to follow

This lady was admitted with epigastric pain and vomiting. An ultrasound examination showed gallstones within the gallbladder. Her blood tests have been normal and the pain has now subsided. She is to have a cholecystectomy at some point in the near future.

Signed: SMacInnes **Designation:** S/N

Contact: Alys Belcher **Pager Number:**

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde

Patient label

50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW
LANARKSHIRE G13 4NA
CHI-1908546042

The patient attended PAIN Clinic at STOBHILL

Hospital on 11/1/12 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
↑ PREGABALIN	to 150mg	BD → 300mg	BD
STN ON BUTRAN	20µg		

Yours Sincerely

Signature: M. SCHER

Name (print) Grade: CNS Ext. No: 3551490

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

00545

DEPARTMENT OF RESPIRATORY MEDICINE
GLASGOW ROYAL INFIRMARY
NORTH GLASGOW UNIVERSITY HOSPITALS TRUST

LOGAN Georgina
17 Sollas Pl,
Glasgow. G13 4NA

Stobhill OP Surg Assesment
CRI. 1908546042
Female

U.No. 091702/01
D.o.b. 19.08.1954
Date 20.07.2006

PREVIOUS RESULTS – None

	Pre BD	%Pred	Post BD	Normal Range
SPIROMETRY				
FVC	2.64			
FEV1	2.30	113		(1.41 – 2.65)
FEV1/FVC%	87	109		(69 – 90)

BLOOD GASES		
PO2	11.50 KPa (86.2mm Hg)	>10.6 KPa
PCO2	5.10 KPa (38.2mm Hg)	4.7-6.0 KPa
pH	7.440	7.35-7.45
St Bic	26.2 MMol/L	24.5 MMol/L
BE	1.7 MMol/L	

re is no airflow obstruction on dynamic testing
SaO2 97%, H+ 36.3 nmol/l

Dr R Carter

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

LOW MEDIUM HIGH		
Ted Stockings	Yes ☐	☐ No
Heparin	Yes ☐	☐ No

Date of Assessment 28 / 6 / 06

Date of Admission ____ / ____ / ____

Time of Admission ____

Date of Operation ____ / ____ / ____

Consultant Hansell

WARD ____

Name
Address
50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW G13 4NA
CHI-1908546042

Affix data label

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION

Procedure / reason for admission Lap chole

Height: 5' 11" Weight: 67 kg = BMI : 29

B.P. : 106/66 P 66

Spo2 99% T OA

Are you taking any medication prescribed by your doctor ? YES ☑ NO ☐ 1

1. Buccastem
2. Omeprazole 40mg
3. DF118 30mg
4. Salbutamol > inhaler
5. Beclamethasone
6. Gaviscon PRN
7.

Have you ever had:

	YES	NO	
a serious illness Pdio-child	✓		2
an allergy or reaction to medicines, elastoplast etc.			3
state nature of allergy			4
diabetes			
any chest problems asthmatic PFR 360 350 360 chest inf 3/06 – oral steroids SOB on 2 slight stairs Awaiting PFTs ? 3/06 GJH ↓ gen surg appt	✓		5
heart problems Anxiety / panic attacks ? palpitations, dizzy when mixing			6
high blood pressure tends to be ↑	✓		7
heart murmur As a child - investigated - no follow up ? echo GJNH 3/06		✓	8
blackouts, convulsions or fits	✓		9
		✓	10
jaundice / hepatitis		✓	
indigestion or heartburn H2 RA's On medication	✓		11
kidney or urinary trouble Prenatal UTI's		✓	12
anaemia or other blood problems		✓	13
excessive bleeding or bruising		✓	14
arthritis		✓	15
muscle disease or progressive weakness		✓	16

Do you:-

	YES	NO	
require mobility aid / have limited mobility & V. slight weakness (R) lower leg		✓	17
have any problems with your eyesight wears glasses	✓		18
have any problems with your hearing		✓	19
smoke		✓	20
have you ever used intravenous drugs		✓	21
If a woman, are you pregnant or taking the 'pill'		✓	22
have any caps, crowns, dentures or loose teeth top denture	✓		23
drink alcohol (units per week)		✓	24

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

HAVE YOU ANY QUESTIONS ABOUT YOUR ADMISSION? YES ☐ NO ☐ 25

26

Hospital Admissions/Operations *(please list and date)*

Hapsles 1980
Nasal op (BCC) 2004

Admitted 27/6 biliary colic.

Did you have any anaesthetic or surgical complications ? *(please list)* 27

PoNV

Date of your last anaesthetic ? 2004

Has any member of your family had problems with anaesthetics ? YES ☐ NO ☑ *(please tick box)* 28

-define problem

Op canc 9J HC 3/06 - chest infect - also req'd echo

Is there anything else the surgeon / anaesthetist should know ? Op can 5/06 by anaes awaiting results

Pt failed to keep appts for PFT's also does not keep appt 1/c GP re-asthma mgt.

ASSESSMENT NURSES SIGNATURE: J Cleeton DATE: 28/6/06.

WARD NURSE SIGNATURE DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

full screen ☑ 5/06 **full blood count** ☑ 5/06 **E.C.G** ☑ 5/06 **CXR** ☐ **Group / retain** ☐ **X - Match** ☐

Other ☐ (please state)

Urinalysis ☐ **Clearview** ☐

Anaesthetic referral required: YES ☑ NO ☐

Reason: PMH

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : Duncan DATE : / /

ANAESTHETISTS COMMENTS: Requires PFT's - requested 5/7.

NURSES SIGNATURE: DATE : / /

SUITABILITY FOR ADMISSION

SDA ☑ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 12A

PRESENTING COMPLAINT:

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP _____ P _____ TEMP_____ O_2 SAT _____

PAIN SCORE 1-10 [ ] ANALGESIA GIVEN IN A&E YES [ ] NO [ ]

PAST MEDICAL HISTORY:

DRUG HISTORY:

ALERGIES:

MOBILITY./ LEVEL OF INDEPENDENCE:

DIETARY HABITS / APPETITE:

ELIMINATION:

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS ☐

MISSU _____ YES ☐ NO ☐

PREGNANCY TEST ____ + VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

SMOKER _____ YES ☐ NO ☐

ALCOHOL _____ YES ☐ NO ☐

AMOUNT: _____

MENSTRUAL CYCLE: _____

PREGNANCY / CONTRCEPTIVE: _____

D.V.T. PROPHYLAXIS:

FRAGMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: _____ Date: / / Time:

NAMED NURSE: _____

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION ____ / ____ / ____ WARD _____

Waterlow Score: _____

Name
Address

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP _____ **P** _____ **SO_2** _____

	YES
Consent signed	
Pre-medication given	
Fasted _____ Time last ate _____ Time last drank _____	
Identity band	
Case Notes ☐ X-rays ☐ Drug Kardex ☐ Obs. Chart ☐	
Operation site confirmed	
Caps / Crowns / loose teeth	
Prosthesis removed	
entures removed / not removed	
nderwear removed	
Paper pants on patient	
Make up, nail varnish removed	
Jewellery taped / removed	
Inhalers / GTN Spray	
Allergies	
Voided urine	
Subcut heparin	
Ted stockings	
Pre-op visit	

Other relevant information :

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

	YES	NO
DIATHERMY BIPOLAR / MONOPOLAR		
HEEL RESTS		
FLOWTRON BOOTS		
SHEEPSKIN HEEL PADS / MATS		
HEATED BED		
ARM BOARDS		
PATIENT WARMING BLANKET		

PATIENT POSITION

LATERAL RIGHT	☐	TRENDELENBURG	☐
LATERAL LEFT	☐	REVERSE	☐
SUPINE	☐	LITHOTOMY	☐
PRONE	☐	LLOYD DAVIS	☐

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST	☐
- FINAL	☐
INSTRUMENTS	☐
SHARPS - NEEDLES	☐
-BLADES	☐
THROAT PACK OUT	☐
PACK IN SITU	☐

NSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

Name of Scrub Nurse : _____ Signature of Circulating Nurse : _____

THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY TEAM

Named Nurse : _____ Fasted from : _____

Patients Telephone No. 07867966715 Spiritual needs _____

Patients Occupation: _____ Next of kin: husband - George;
(Name & Relationship to patient)

Next of kin Tel. No. S/7
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date:. / /

	YES	NO
Is someone available to accompany the patient home ?	✓	
Is a responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer? 1 daughter - learning difficulties	✓	
GP letter / Prescription :		
Outpatient appointment :		
Relatives informed :		

SERVICES REQUIRED

	YES	NO
District Nurse:		
Social Worker:		
Other :		
Transport Requested: (Date) / /		

Discharge summary / comments:

Pre-op / On Admission

Signature : _____

Ward: _____ Date: / /

Signature : _____ Date: / /

THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY TEAM

COMMUNICATION SHEET/ PROGRESS NOTES

Ward ....

Date	Progress / Evaluation	Signature/ Profession

Dr Sennett.

SURGICAL ASSESSMENT: REFERRAL FOR ANAESTHETIC OPINION

50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE

GLASGOW G13 4NA
CHI-1908546042

Affix data label

CONSULTANT Hensell
DATE OF SURGERY Lap chole
DATE OF ADMISSION w/c
PROCEDURE w/c
BMI 29
BP 106/80 P66
ECG – attached echo report attached
PFR 360 350 360 SpO_2 99% on A

ASSESSMENT SUMMARY :

52 yrs F. Pt canc. from 5/06 – see attached emergency. Pt also canc. from op at Golden Jubilee. 3/06 due to chest infection and history of heart murmur. Echo report from Golden Jubilee attached. – NAD. Pt does not have appt PFT's or stress test but has a further appt at GGH with Mr Mullay again for gall bladder.

Admitted last week w/c biliary colic/pain sent down to assessment on discharge. Pt v. anxious + agitated. Pt claims can manage 2 flights with some SOB. Heart murmur a child – was investigated – no follow up reqd.

Meds – Buccastem, Omeprazole, DF118, Gaviscon, Salbutamol + beclamethasone inhalers.

Do you want PFT's arranged for this pt. or go ahead with date Mrs Jen

DATE OF REFERRAL : 3/7/06 **REFERRED BY : (SIGN) :** JR Sennett

ANAESTHETIST'S OPINION :

Yes please. (-PFT) → (N)
Reg 3/7.

DATE : 4/7/06 **SIGNATURE :** JK Dennett 13780

Lang. 109430

North Glasgow Blood Science Laboratories
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50551545H	LOGAN GEORGINA	19.08.54	F	STOBHILL 5

Specimen N,06.0100283.K Type Specimen
Collected 26.05.06 08:43 A.Diag EPIGASTRIC PAIN

......U&E.....		Protein	73
Sodium	143	Alb	40
Potassium	4.6	Globulin	33
Chloride	108	......CRP.....	
Urea	6.4	CRP	<6
Creat	83		
eGFR	>60		
......LFTs.....			
Bili	6		
AST	18		
ALT	19		
G-GT	23		
A Phos	147		

Quit \ Earlier req \ Later req \ ED \ LD \ Image
Back <B>

Stobhill Haematology **LIVE** System
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50551545H	LOGAN GEORGINA	19.08.54	F	Secretary Stobh

Specimen R,06.0392360.S Type BLOOD
Collected 26.05.06 08:43 A.Diag

FBC		COAG	
WBC	5.67	PT	11
RBC	4.19	APTT	31
Hgb	124	TT	14
HCT	0.392	FIB	346
MCV	94		
MCH	29.6		
PLT	270		
NEUT	3.05		
LYMPH	1.98		
MONO	0.51		
EOSIN	0.11		
BASO	0.02		

Quit \ Earlier req \ Later req \ ED \ LD
Back <Q> ..

50551545M 26-May-2006 08:50:20 GEORGEINA LOGAN
Female

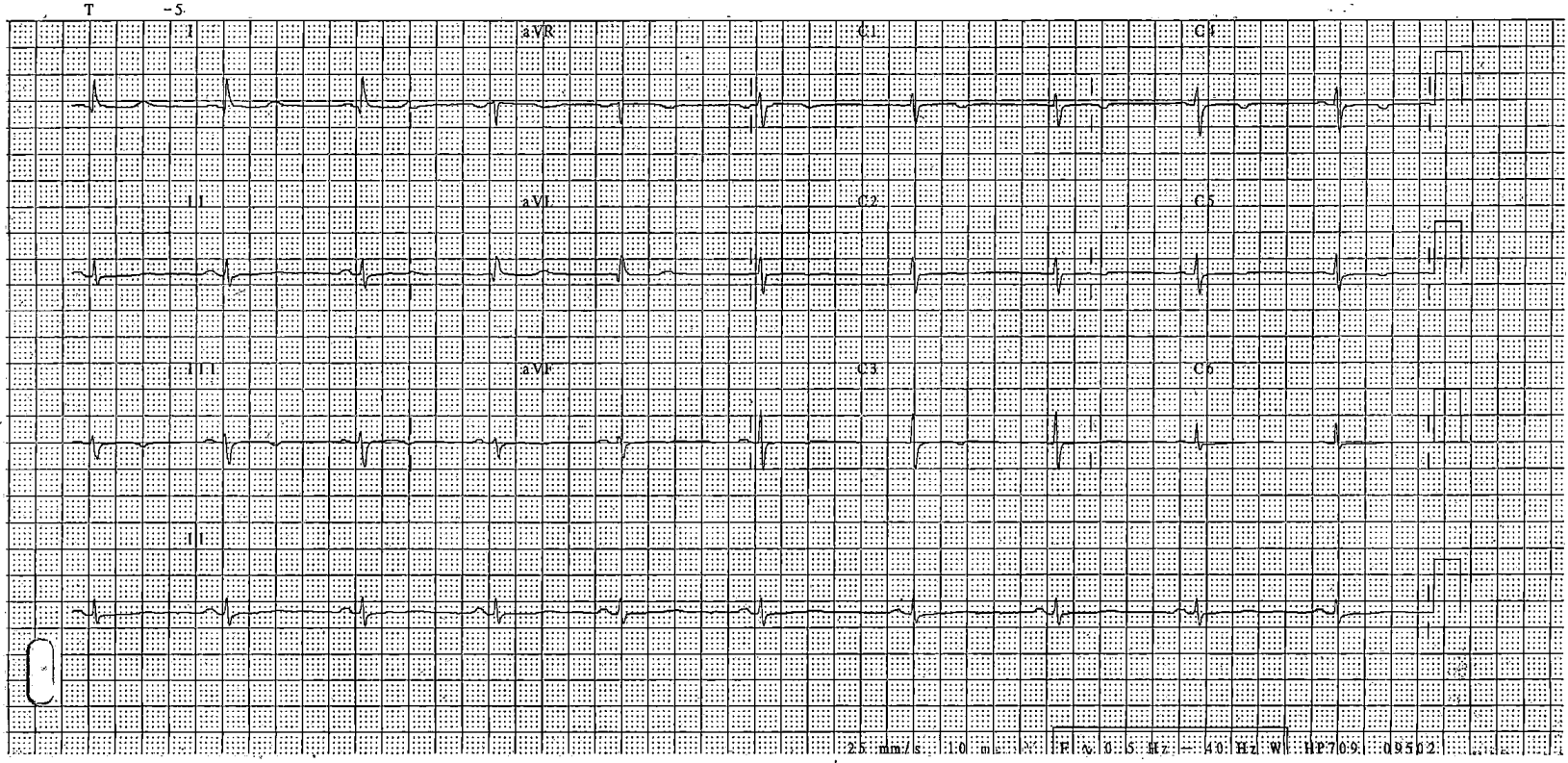
STOBHILL HOSPITAL CARDIAC DEPT
Department: 5

Operator: SR

Rate 58
PR 156
QRSD 73
QT 455
QTc 447

--Axis--
P 39
QRS -22
T -5

Requested by:
HANSALL



NHS SCOTLAND

GOLDEN JUBILEE NATIONAL HOSPITAL

National Waiting Times Centre Special Health Board

Tel: 0141 951 5821 International Dialling: 44(141) 9515821
Fax: 0141 9515948

FAX TRANSMISSION COVER SHEET

Total number of pages 2 (including this cover sheet):

TO:	**Jean Stevenson**	**Fax No:**	**0141 201 4017**
FROM:	**Irene Crawford, Cardiology**		
DATE:	**28/06/2006**		
SUBJECT:	**Echo report**		

As requested Echo report for G. Logan (DOB 19/08/1954)

Regards,

Irene Crawford
Senior Chief/Manager Cardiac Services

Golden Jubilee National Hospital
Cardiac Services Department
Telephone (0141) 951 5825

NHS SCOTLAND

Echocardiography Report

Name Logan, Georgina	**Date** 28/02/2006
Patient Id 1908546042	**Sonographer** Graham Crawford
Sex Female	**Referring Consultant** Dr. Ken McKinlay
Birthdate 19/08/1954	**Ward/Dept.** Cardiology
Age 51	**Diagnosis** Pre-op Orthopaedic

2D		M-Mode		Doppler	
IVSd	0.79 cm	Ao Diam	2.87 cm	MV E Vel	0.74 m/s
LVIDd	4.79 cm	LA Diam	3.77 cm	MV A Vel	0.58 m/s
EDV(Teich)	107.24 ml	LA/Ao	1.32	MV E/A Ratio	1.28
LVPWd	0.65 cm			MV PHT	73.03 ms
RA Diam	2.53 cm			MVA By PHT	3.01 cm²
RVd	2.67 cm			AV Vmax	1.01 m/s
				AV maxPG	4.11 mmHg

Reason for Referral

Chest pain

Cardiac Physiologist Report

ECG SR
Non dilated LV with no obvious wall motion abnormalities
AV - Thin mobile tricuspid valve, no gradient, no AI from doppler or colour
MV - Thin mobile valve, normal doppler, no MR noted on colour
TV - Thin mobile valve, no TR detected on colour and doppler
Right heart dimensions WNL

Conclusion: Satisfactory LV function, no significant abnormalities noted

Date 28/02/2006 **Graham Crawford**

Copy

(sonographer) Reviewed By:

STOBHILL HOSPITAL **ANAESTHETIC RECORD**

DATE & TIME	PREMEDICATION	WEIGHT: Kg.	BMI:
9h00	Omeprazole 40mg PO } sip of water Maxalon 10mg PO		
TIME GIVEN: 11-30 am	ORDERED BY: Samuel.	GIVEN BY: R Quinn	AGE:

50551545H F
LOGAN
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW G13 4NA
CHI-1908546042
DATE OF BIRTH

PRE-OPERATIVE ASSESSMENT 51yr old.

CVS says has low bld pressure
Exercise Tolerance difficulty with 2 floors → gets S.O.B
BP has no chest pain
Pulse

RS. asthma since 6mths ago. no hospital admissions chest clear
Smoker nil (prev)
Airway Assessment MP 2; FROM neck lipdenbares

Other. reflux last vomited yesterday. at the 2 days ago 5. vomiting → Western → chest pain + flu pain
2x chest infxn, was Rx for "anginal attack" → has echo
+ECG → awaiting to go for exercise test
no results ← ⇒ lap chole was cancelled at golden jubilee
from echo/ECG missed tests for PFTs yesterday.

Previous Anaesthetic/ Complications
GA's → sterilization → PONV

Current Drugs Omeprazole Beclazone + salbutamol

Allergies. NKDA AVOIDS NSAIDS

CXR

ECG.

Haematology } required 12.4 Plt 270

Biochemistry. 143/4.6/108/6.4/83

ANAESTHETIST	CON	SpR	SHO	OPERATOR	CON	SpR	SHO
				D/w Dr Sereweth (Senior-an) pt needs results from pulmonary function tests, stress test + echo ⇒ postpone			

SUPERVISING CONSULTANT	PROCEDURE
	Samuel SHO

CLASSIFICATION	OPERATION	DAY CASE	ELECTIVE	SCHEDULE	URGENT	EMERGENCY
	ASA I		II	III	IV	V

INDUCTION	Prop	STP	Etom	Opiate	Benzo	Inhalation	Other	Rapid Sequence

RELAXANT	Sux	Vec	Panc	Infusion	Glyco	Neost
	Miv	Atrac	Roc	Other	Atropine	Other

MAINTENANCE	N_2O	Desflu	Sevo	Morphine	Pethidine	NSAID	Other
	Air	Isoflu	Haloth	Fentanyl	Alfentanil	Remifent	

TECHNIQUE	Spont	Mask	ETT	Oral	Cuff	Tracheos	Circle	Bain	Other
	IPPV	LMA	A'way	Nasal	Pack	Jet	Map A	T Piece	TCI

V / A ACCESS	Peripheral	Central	Arterial	CO Doppler

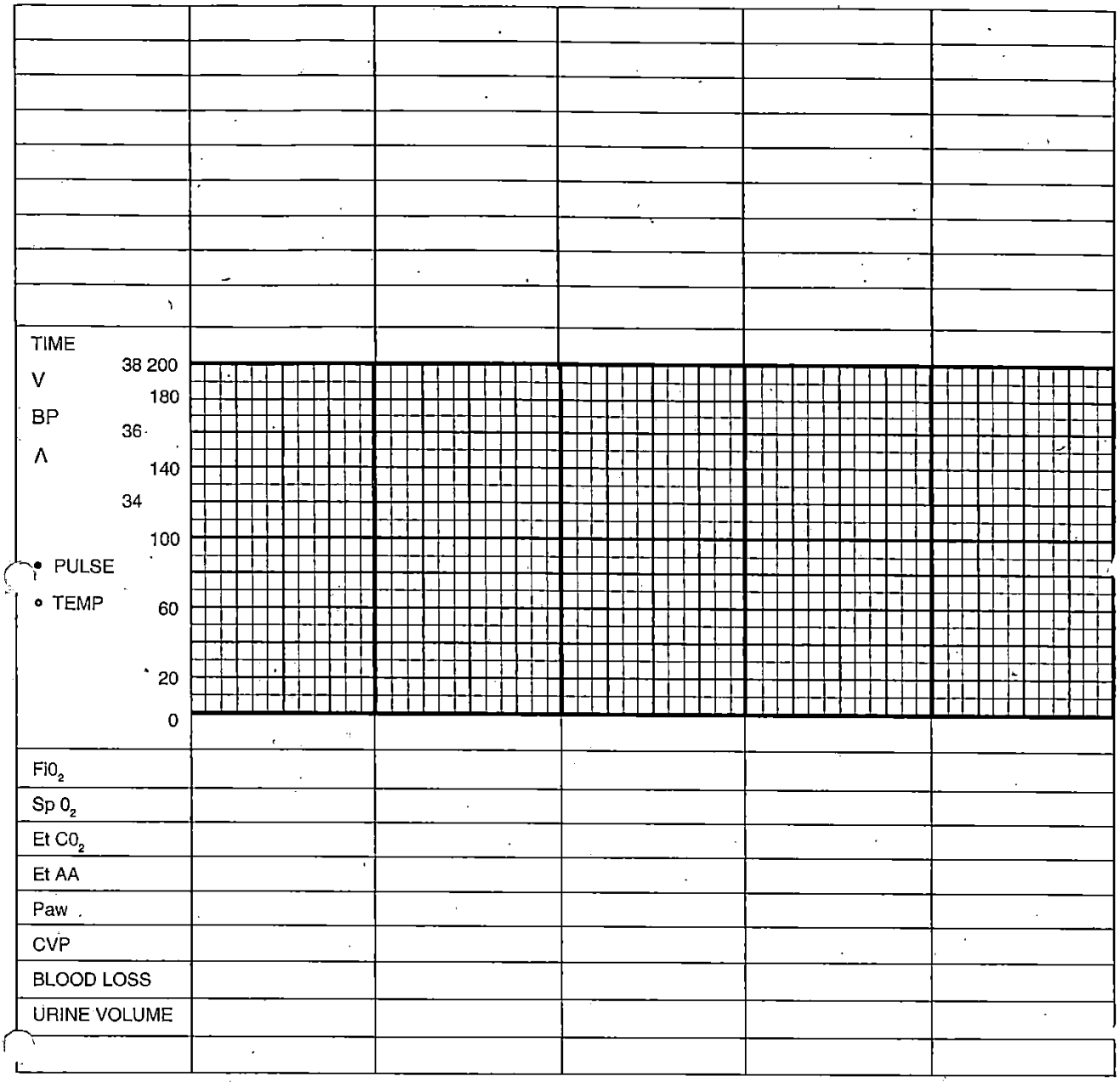
MONITORING	ECG	NIBP	FiO_2	Vent Alm	PNS	Temp
	SpO_2	IABP	Et CO_2	Volatile	CVP	Other

POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd down

REG. ANALGESIA	Spinal	Epidural	Caudal	Brach Plex	Sub-Tenon	Voc Cord	Infill
	Priloc	Cocaine	L. Bupivac	Lignoc	Adren	Fentanyl	Other

COMPLICATIONS	

SIGNIFICANT BLOOD LOSS	ANAESTHETIC MACHINE CHECKED



C.E.T.T. SIZE GRADE

INTUBATION - (circle) EASY AWKWARD DIFFICULT

WARMING - FLUIDS ☐ BLANKET ☐ HAT ☐

Time	Fluid	Volume

Signature : _____

1st pre list

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN	50551545H	Provider SGC04	Hosp STO
Surname	LOGAN	Patient's Address	
First Forename	GEORGINA	17 SOLLAS PLACE	
Second Forename			
Previous Surname	WATERSON	GLASGOW	
Date of Birth	19 Aug 1954	Postcode G13 4NA	
Sex Female	Marital Status Married/Sep	Tel No: 211 6110	
CHI No	1908546042	Ethnic Group WHITE-SCOTTISH	
NHS No		GP Practice DRUMCHAPEL HEALTH CENTRE 0141 211 6	
Alt CRN		GMC No: 2948847 DUFFY	

E ide Management

Spell/Care Package ID	Ward 5*STO	Admission Date 26/05/06
Speciality/Discipline (Code + Text National) GS GS-GENERAL SURGERY		Admission Type 11
Significant Facility OTHER OTHER SIG FACILIT		Admission Reason 11
Consultant Code DH		Admission/Transfer From 1 2
Consultant Name HANSELL		Admission/Transfer From – Location
Management of Patient INPATIENT	Patient Category NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date 09/01/06	Waiting List Type TB

General Clinical

Main Diagnosis – ICD 10	
Other Condition – ICD 10 – 2	
4	
5	
6	

Main Operation/Procedure		Date Main Operation	
		Clinician Responsible	
Other 2		Date (OPP2)	
		Clinician Responsible (2)	
Other 3		Date (OPP3)	
		Clinician Responsible (3)	
Other 4		Date (OPP4)	
		Clinician Responsible (4)	

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1		2
Outcome Measures 1		2
Dependency/Severity Measures 1		2

North Glasgow University Hospitals Division

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

LOW	MEDIUM	HIGH
Ted Stockings	Yes ☐	No ☐
Heparin	Yes ☐	No ☐

Date of Assessment 26 / 5 / 06

Date of Admission 26 / 5 / 06

Time of Admission 8.30

Date of Operation 26 / 5 / 06

Consultant MR Hansell

WARD 5

50551545H F
LOGAN 19/08/1954
GEORGINA
17 SOLLAS PLACE
GLASGOW G13 4NA
CHI-1908546042

Affix data label

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION

Procedure / reason for admission Lap Chole.

Height: _____ Weight: 65.3 Kg = BMI : _____ Spo$_2$ 99 T 35-8

B.P. : 106/74 P 69

Are you taking any medication prescribed by your doctor ? YES ☑ NO ☐ 1

1. Omeprazole
2. Dihydrocodeine
3. Salbutamol
4. Beclazone.
5. Quinine Sulphate
6. _____

have you ever had:	YES	NO	
a serious illness		✓	2
an allergy or reaction to medicines, elastoplast etc.		✓	3
~ate nature of allergy			4
diabetes		✓	
any chest problems ASTHMA PFR	✓		
			5
heart problems Awaiting treadmill	✓	✓	6
			7
high blood pressure		✓	8
heart murmur		✓	9
blackouts, convulsions or fits		✓	10
jaundice / hepatitis		✓	
indigestion or heartburn Omeprazole	✓		11
dney or urinary trouble Urine Infections	✓		12
anaemia or other blood problems	✓		13
excessive bleeding or bruising Bruises easily	✓		14
arthritis		✓	15
muscle disease or progressive weakness		✓	16

Do you:-	YES	NO	
require mobility aid / have limited mobility		✓	17
have any problems with your eyesight Wears glasses	✓		18
have any problems with your hearing		✓	19
smoke		✓	20
have you ever used intravenous drugs		✓	21
If a woman, are you pregnant or taking the 'pill'		✓	22
Do you have any caps, crowns, dentures or loose teeth Top set	✓		23
do you drink alcohol (units per week)		✓	24

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

HAVE YOU ANY QUESTIONS ABOUT YOUR ADMISSION? YES ☐ NO ☐ 25

Hospital Admissions/Operations (please list and date) 26

- Chest Infections
- Gallbladder Inv.
- Benign neck lump

Did you have any anaesthetic or surgical complications ? (please list) - Nausea / Vomiting. 27

Date of your last anaesthetic ? 1980.

Has any member of your family had problems with anaesthetics ? YES ☐ NO ☑ (please tick box) 28

-define problem _____

Is there anything else the surgeon / anaesthetist should know ? _____

ASSESSMENT NURSES SIGNATURE: _____ DATE : / /

WARD NURSE SIGNATURE R Quinn DATE : 26 / 5 / 06

INVESTIGATIONS CARRIED OUT (please tick box)

full screen ☐ full blood count ☐ E.C.G ☐ CXR ☐ Group / retain ☐ X - Match

Other ☐ (please state)

Urinalysis ☐ Clearview ☐

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 2A

PRESENTING COMPLAINT:

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP _____ P _____ TEMP _____ 0_2 SAT _____

PAIN SCORE 1-10 [ ] ANALGESIA GIVEN IN A&E YES ☐ NO ☐

PAST MEDICAL HISTORY:

DRUG HISTORY:

ALERGIES:

MOBILITY / LEVEL OF INDEPENDENCE:

DIETARY HABITS / APPETITE:

ELIMINATION:

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS ☐

MISSU _____ YES ☐ NO ☐

PREGNANCY TEST _____ +VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

SMOKER _____ YES ☐ NO ☐

ALCOHOL _____ YES ☐ NO ☐

AMOUNT: _____

MENSTRUAL CYCLE: _____

PREGNANCY / CONTRCEPTIVE: _____

D.V.T. PROPHYLAXIS:

FRAGMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: _____ Date: / / Time:

NAMED NURSE: _____

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 26 / 5 / 06 WARD 5

Waterlow Score: _____

Nai 50551545H F
Ado LOGAN 19/08/1954
GEORGINA
17 SOLLAS PLACE
G13 4NA
GLASGOW
CHI-1908546042

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS T. 35·8

BP 106/74 P 69 SO_2 99%

	YES
Consent signed	✓
Pre-medication given	
Fasted Yes Time last ate midnight Time last drank midnight	✓
Identity band	✓
Case Notes ☑ X-rays ☑ Drug Kardex ☑ Obs. Chart ☑	✓
Operation site confirmed	—
Caps / Crowns / loose teeth	—
Prosthesis removed	—
Dentures removed / not removed Top plate	✓
Underwear removed	—
Paper pants on patient	Yes
Make up, nail varnish removed	Yes
Jewellery taped / removed	Yes
Inhalers / GTN Spray Salbutamol + Beclazone	Yes
Allergies	No
Voided urine	Yes
Subcut heparin	No
Ted stockings	Yes
Pre-op visit	

Other relevant information :

Ward Signature: R. Quinn S/N Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

	YES	NO
DIATHERMY BIPOLAR / MONOPOLAR		
HEEL RESTS		
FLOWTRON BOOTS		
SHEEPSKIN HEEL PADS / MATS		
HEATED BED		
ARM BOARDS		
PATIENT WARMING BLANKET		

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST	
- FINAL	
INSTRUMENTS	
SHARPS - NEEDLES	
- BLADES	
THROAT PACK OUT	
PACK IN SITU	

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

Name of Scrub Nurse : _____ Signature of Circulating Nurse : _____

THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY TEAM

Named Nurse : Rosemary Fasted from : midnight

Patients Telephone No. 07788-732357 Spiritual needs

Patients Occupation: Next of kin: George
(Name & Relationship to patient)

Next of kin Tel. No. husband
(Name & Relationship to patient) 07788-732357

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date:. / /

	YES	NO
Is someone available to accompany the patient home ?	✓	
Is a responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer? Son - at home (alcoholic)	✓	✓
GP letter / ~~Prescription~~ : Letters posted	✓	
Outpatient appointment :		✓
Relatives informed :	✓	

SERVICES REQUIRED	YES	NO
District Nurse:		✓
Social Worker:		—
Other :		
Transport Requested: (Date) / /		

Discharge summary / comments:

Discharged. OP cancelled
To be re-scheduled

Pre-op / On Admission

Signature :

Ward: 5 Date: / /

Signature : R Quinn Date: 26/5/06

THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY TEAM

COMMUNICATION SHEET/ PROGRESS NOTES

Ward .....

Date	Progress / Evaluation	Signature/ Profession

NHS Greater Glasgow & Clyde

NHS Greater Glasgow and Clyde

COMMUNICATION SHEET

Ward ..... 5 .....

50551545H F
LOGAN 19/08/1954
GEORGINA
17 SOLLAS PLACE
GLASGOW G13 4NA
CHI-1908546042
D
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
26/5/6	JHO Clerk-in	
	Arranged admission for lap. cholecystectomy	
	Background	
	Known gallstones — USS 7/4/6	
	- 3 hospital admissions	
	Suffers from biliary colic daily.	
	RUQ/epigastric pain assoc. ± vomiting.	
	Severity + duration worsening over last few months	
	PMH - Asthma DH Salbutamol	
	- Recurrent UTI's Beclamethasone	
	Omeprazole	
	Soc - Lives at home ± husband	
	- Ex-smoker ~30yrs ago (5/day)	
	- No alcohol	
	S/E Last - °cough/spit/sneeze	
	CVS - °Chest pain °palpitations	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	GI Bowels moving ok	
	GU - resumed UTI's	
	Neuro - nil	
	Obs	
	GI - Abd. soft	
	- mild tenderness RUQ/epigastrium	
	- BS (N)	
	Resp - mild exp. wheeze	
	CVS - Pulse 76 reg	
	- HS 1+1+0	
	- 0 peripheral oedema	
	Plan - Kardex	
	- Clexane	
	- Bloods incl. coag	
	- ECG	
	- consent obtained (and risks of bleeding, infection, conversion to open and bile duct injury explained)	M. RATNER PRHO
24/5/06	Theatre cancelled. Awaiting PFTs plus ind for chest pain. To be re-appointed.	
		R. Quinn

North Glasgow University Hospitals Division

NHS Greater Glasgow

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT, PHOTOGRAPHY AND RESEARCH

Pat

50551545H F
LOGAN 19/08/1954
GEORGINA
17 SOLLAS PLACE
GLASGOW G13 4NA
CHI-1908546042

DATE 26/5/6

Proposed procedure LAPAROSCOPIC CHOLECYSTECTOMY

(block capitals) ± OPEN CHOLECYSTECTOMY

NOTES ON GUIDANCE FOR CLINICIANS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand about the proposed procedure, significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on page two of this form..

Written informed consent is not required for minor procedures, however written consent should be sought for:

i) any procedure that carries a significant risk.

ii) any procedure to be carried out under general anaesthesia, sedation or utilising nerve blockage or regional anaesthesia beyond that provided topically or by simple infiltration.

iii) any procedure which could be considered new, novel or experimental.

iv) any situation where there are implications for "third parties" eg. relatives and insurance companies in relation to genetic studies or HIV testing.

For further guidance on "significant risk" see section 5 of the Trust's Policy for Consent to Anaesthesia, Operation, Investigation or Treatment.

TO BE COMPLETED BY CLINICAL PRACTITIONER

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography and video linking**

Name (block capitals) MICHAEL HARVEY

Signature

Grade/Designation SHO

TO BE COMPLETED BY THE PATIENT/PARENTGUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand please ask the doctor for an explanation. The doctor is here to help you and he or she will explain the procedure. If for any reason you are not content with the explaination you are entitled to refuse the procedure. You can ask any questions and ask for more information. If you are happy with this, you understand the procedure and wish to proceed you should to sign the form.

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. In addition, you should be aware that your operation may be observed via a video link.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM — The Patient/Parent/Guardian/Next of Kin (delete as appropriate)

I UNDERSTAND — The purpose, benefits and significant risks associated with the procedure which have been explained to me by the doctor named on this form.

That the procedure may not be carried out by the Doctor who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests.

That observers may see the procedure via a link but my identity will not be broadcast. I understand Medical Photography and video pictures may subsequently be used for consultation and teaching purposes.

Students need to learn how to examine patients and see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure.

Please tick the appropriate box if you agree or disagree to any of the following:

To the administration of anaesthetics or to sedation if required		☑ Agree	☐ Disagree
To the procedure named on this form		☑ Agree	☐ Disagree
To the use of medical photography and the video system	☐ N/A	☑ Agree	☐ Disagree
To examination by a student during the procedure named on this form		☑ Agree	☐ Disagree

under the supervision of the senior clinician undertaking the procedure.

Signature G Hogan — Date 26/5/16

Name (block capitals)

Address

505515451H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE

GLASGOW G13 4NA
CHI-1908546042

North Glasgow University Hospitals Division

NHS Greater Glasgow

OBSERVATION CHART

Pain Service - Sr Sioban Calwell Page 1184 Ward
Sn Bernadette Goodfellow

PCA PRESCRIPTION

Drug	Conc. mg/ml	Loading dose (mg)	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Prescribed by

ENSURE PCA ALSO PRESCRIBED ON DRUG KARDEX.

PCA PRESCRIPTION CHANGES

Time/Date	Loading dose mg/ml	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Resp rate	Pain Score	Sed. Score	Changed by accredited staff

CLINICAL MANAGEMENT

- Administer oxygen while on PCA as prescribed in post-operative instructions.
- Do not administer further opioids whilst on PCA unless prescribed by Acute Pain Team/On Call Anaesthetist.
- Ensure Naloxone (Narcan) 400 mcg/ml is available at all time.
- Do not position pump above site of IV and ensure PCA has dedicated giving set, with anti-syphon device.
- PCA key to be kept with controlled drug keys, not in pump.

POINTS OF EMPHASIS

- Always consider multi-modal analgesia, ie PR/O Paracetamol +/- NSAID "on a regular basis".
- Carry out regular pain scores.
- For nausea +/- vomiting administer anti-emetic always. For further details, refer to Pain Service Guidelines.
- Check and record post-op observations $^1/_4$ hourly for one hour, $^1/_2$ hourly for two hours, hourly for four hours and then 4 hourly thereafter.

POTENTIAL PROBLEMS

- Refer to troubleshooting guide in ward.

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. _____

OXYGEN / RECOVERY NASAL ☐ HUDSON ☐ OTHER ☐

OXYGEN / WARD _____

2L ☐ 3L ☐ 4L ☐ 5L ☐ OTHER ☐

CANNULA / REMOVAL - RECOVERY ☐ WARD _____

INSTRUCTION/ INFORMATION

Anaesthetist Signature _____

TIME :																		
PULSE																		
BLOOD PRESSURE																		
SATURATION (SaO^2)																		
RESPIRATORY RATE																		
AIRWAY																		
OXYGEN																		
PAIN SCORE	Rest																	
	Movement																	
SEDATION SCORE																		
PONV SCORE																		
TEMPERATURE																		
WOUND																		
VOLUME SYRINGE (mls)																		
VOLUME INFUSED (mls)																		
TOTAL MG INFUSED																		
INITIALS																		

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

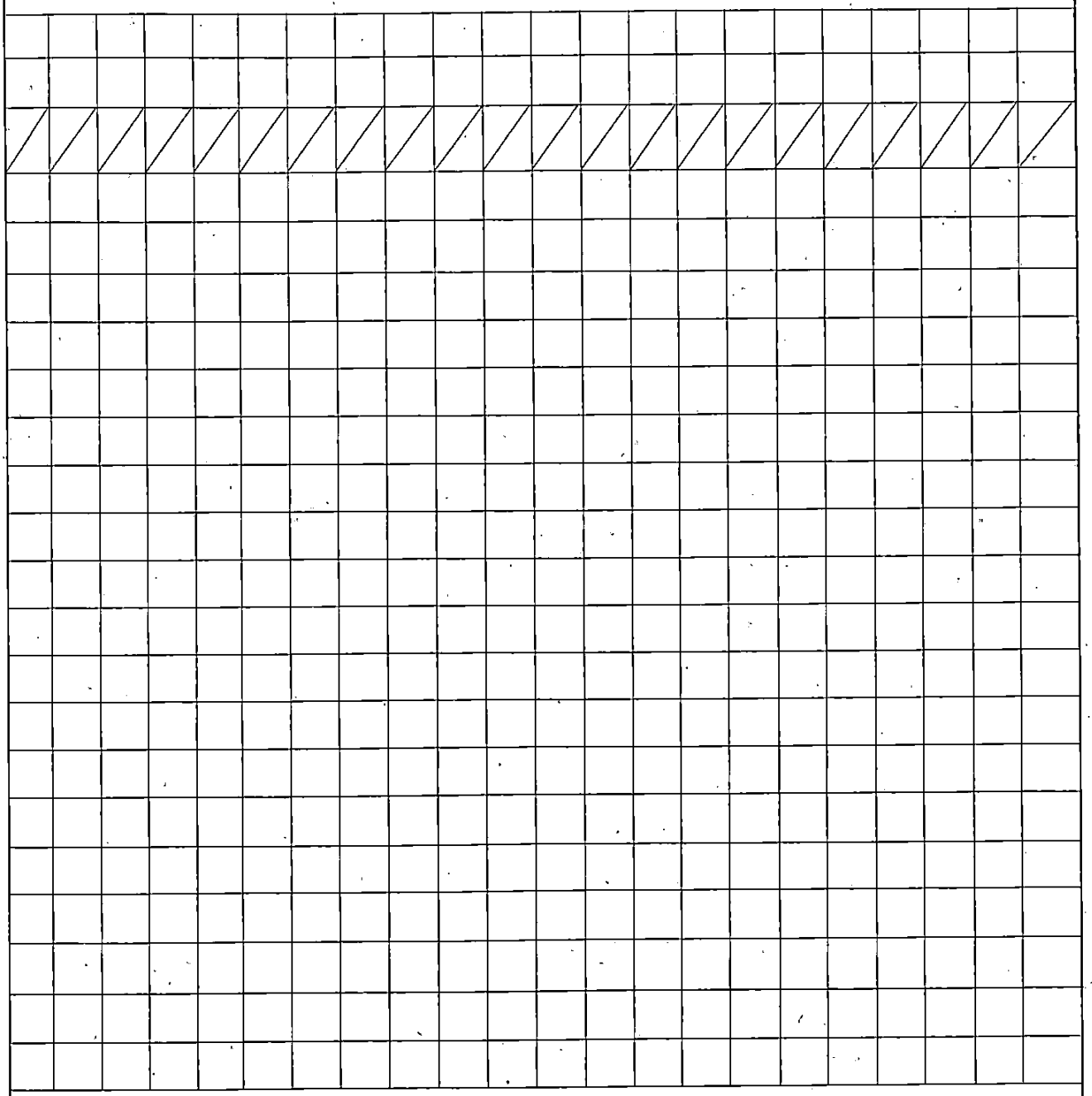
NO PAIN — WORST PAIN EVER

NURSE PAIN SCORE

0 / 2 - No pain / Slight discomfort. No analgesia required.
2 / 4 - Discomfort. Analgesia required.
4 / 6 - Pain only on movement.
6 / 8 - Pain on rest and movement.
8 / 10 - Severe pain on rest.

CONTINUE IV FLUIDS RATE

Anaesthetist Signature _____



SEDATION SCORE
0 = Awake
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable
5 = Normal sleep

P.O.N.V.
0 = No symptoms
1 = Nausea
2 = Vomiting
3 = Persistent nausea/vomiting

TIME	INPUT	VOLUME	TIME	OUTPUT	

NOTES

PRESCRIPTION FORM

Hospital Name: ....

PATIENT DETAILS	
Name / Hosp / DOB: 50551545H LOGAN GEORGINA F 19/08/1954 17 SOLLAS PLACE GLASGOW G13 4NA CHI-1908546042	Height:
	Weight:
	Surface area:
Date of Admission: 26 / 5 / 6	Date of writing discharge prescription: __/__/__
Consultant Name: HANSELL	Ward: 5

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time:________	....	Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

A DRUG: CLEXANE

DOSE: 20 | ROUTE: S/C | DATE: 26/C | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

J DRUG: OMEPRAZOLE

DOSE: 20mg | ROUTE: O | DATE: 26/5 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

K DRUG: BECLOMETHASONE

DOSE: 2puffs | ROUTE: INH | DATE: 26/5 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

P

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

R

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

S

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM

DRUG	STOPPED DATE:	DATE
Salbutamol	INITIALS:	TIME
DOSE: 2 puffs / ROUTE: inh / INDICATION: SOB/wheeze		DOSE
SIGNATURE OF DOCTOR	MAX.FREQUENCY / DATE: 26/5	GIVEN BY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

NN

DRUG	STOPPED DATE:	DATE
	INITIALS:	TIME
DOSE / ROUTE / INDICATION		DOSE
SIGNATURE OF DOCTOR	MAX.FREQUENCY / DATE:	GIVEN BY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

PP

DRUG	STOPPED DATE:	DATE
	INITIALS:	TIME
DOSE / ROUTE / INDICATION		DOSE
SIGNATURE OF DOCTOR	MAX.FREQUENCY / DATE:	GIVEN BY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

RR

DRUG	STOPPED DATE:	DATE
	INITIALS:	TIME
DOSE / ROUTE / INDICATION		DOSE
SIGNATURE OF DOCTOR	MAX.FREQUENCY / DATE:	GIVEN BY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS	DRUG		STOPPED DATE:
DOSE	ROUTE	INDICATION	INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

TT	DRUG		STOPPED DATE:
DOSE	ROUTE	INDICATION	INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

VV	DRUG		STOPPED DATE:
DOSE	ROUTE	INDICATION	INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

WW	DRUG		STOPPED DATE:
DOSE	ROUTE	INDICATION	INITIALS:
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol — Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**
   Millilitre = **ml** Microgram: **to be written in full.**
   Units: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

   Intravenous = **IV** Oral = **O**
   Subcutaneous = **SC** Per rectum = **PR**
   Inhalations = **INH** Topical = **TOP**
   Sublingual = **SL** Nasogastric = **NG**
   Intramuscular = **IM** Vaginal = **PV**
   Intradermal = **ID**

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 7, 07/2005

50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW G13 4NA
CHI-1908546042

Ward: Date: Case Record No.:

CARE PLAN

		1 BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
26/5/06	RQ	Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2 NUTRITION		
26/5/06	RQ	Fasting		
		Normal Diet		
		Special Diet / Modified Diet		
		3 ELIMINATION		
26/5/06	RQ	Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4 MOBILITY		
26/5/06	RQ	Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5 OBSERVATIONS		
		Waterlow daily (if score is over 10+)		
26/5/06	RQ	TPR		
		BP		
		Pain Score		
		Fluid Balance		

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
		IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
		IV access: ∞ IV cannulae ∞ others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

Initial Care Plan seen and agreed by patient: Yes ☐ N/A ☐

Signature of nurse: R. Queen **Date:** 26/05/06

50551545H
LOGAN
GEORGINA
CHI-1908546042

PATIENT ID LABEL

North Glasgow University Hospitals Division

NUTRITIONAL SCREENING TOOL

NHS Greater Glasgow

Name: .....

Weight (kgs): .....

Height (metres): .....

B.M.I: .....

PLEASE CONTACT THE DIETITIAN IF A SPECIAL DIET IS REQUIRED - e.g. LOW FAT, DIABETIC, REDUCTION, LIQUIDISED, GLUTEN FREE, ALLERGY.

		RESCORE			
BODY WEIGHT					
● Normal (no recent weight changes)	(0)	0	0	0	0
● Recent unintentional weight loss (<6 kgs)	3	3	3	3	3
● Underweight / weight loss > 6 kgs	5	5	5	5	5
APPETITE					
● Good - finishing three meals per day	(0)	0	0	0	0
● Reduced - leaving quarter meals and fluids	2	2	2	2	2
● Poor - leaving half meals and fluids	3	3	3	3	3
● Little or no appetite, refusing or unable to eat/drink	5	5	5	5	5
ABILITY TO EAT AND DRINK					
● No difficulties, eating and drinking independently	(0)	0	0	0	0
● Requires assistance with eating and drinking	2	2	2	2	2
● Difficulty swallowing and/or chewing	5	5	5	5	5
SKIN CONDITION					
● Healthy	(0)	0	0	0	0
● Some red pressure areas	2	2	2	2	2
● Superficial breaks in pressure areas	4	4	4	4	4
● Multiple deep pressure sores	5	5	5	5	5
GUT FUNCTION					
● Normal	(0)	0	0	0	0
● Persistent nausea	2	2	2	2	2
● Nausea + / or occasional vomiting + / or some diarrhoea / constipation	3	3	3	3	3
● Diarrhoea > 3 per day / unable to keep food or fluids down	5	5	5	5	5
MEDICAL CONDITION					
● No impairment to food intake	(0)	0	0	0	0
● Minor surgery / mild infection	2	2	2	2	2
● Major surgery (Esp. G.I. Tract) / G.I. disease / CVA / Chronic illness	4	4	4	4	4
● Sever infection / Sepsis / Cancer / Burns>15% / Multiple injuries	5	5	5	5	5
TOTAL (REFER TO ACTION PLAN) *** SCORE 10 + REFER TO DIETITIAN**					

IF YOU FEEL THAT YOUR PATIENT REQUIRES A SPECIAL DIET DESPITE THE SCORE, PLEASE CONTACT THE DIETITIAN.

ACTION PLAN

LOW RISK 0 – 5

Encourage normal diet.
Check weight weekly.
Re-assess if condition changes.

MEDIUM RISK 6 – 9

Commence 3 Day Food Record Chart.
Check weight twice weekly.

Re-assess after 3 days.

Intake / weight increasing → *Continue to encourage oral diet*

Intake / weight not increasing → *Refer to dietitian*

HIGH RISK 10+

Refer to Dietitian and Medical Staff

Date	Weight	Score	Date seen by Dietitian	Refer to Dietetic Care Plan
26/5/06	65.3 kg			

Surgical Division - Fall Risk Assessment Chart

NHS Greater Glasgow and Clyde

MS G LOGAN
17 SOLLAS PLACE
GLASGOW
G13 4NA

Hospital: Stobhill

Ward: 5

Score above 2 - put on fall prevention care plan ov
NB your own clinical judgement can supersede any decision

CRITERIA	O/A	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
History of falls	/											
Confusion / disorientation	/											
Restless	/											
Weak or Debilitated	/											
Mobility problems	/											
Communication problems	/											
Visual / hearing problems	/											
Urinary problems	/											
Bowel problems	/											
Emotional upset	/											
Age	/											
Anaesthesia	/											
Laxatives / Diuretics	/											
Narcotics	/											
Others	/											
Total Score	0											
Signature	R.L											
Comments												

Fall Prevention Care Plan

NHS
Greater Glasgow and Clyde

Hospital: Ward:

Problem: Potential for falls / accidents
Aim: To prevent falls / accidents

Nursing intervention: Assess on admission and thereafter twice weekly or as needed.
Score above 2 : Apply safety interventions as charted.

Safety Interventions	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Increased observations of patient											
Call bell to hand											
Bed in low position											
Commode at bedside											
Bed light device at hand											
Non-slip footwear											
Side rails up											
Patient & family informed of activity restrictions											
Pillows to reduce harm risk											
Nurse to sit with patient											
Signature											
Review											
Comments											

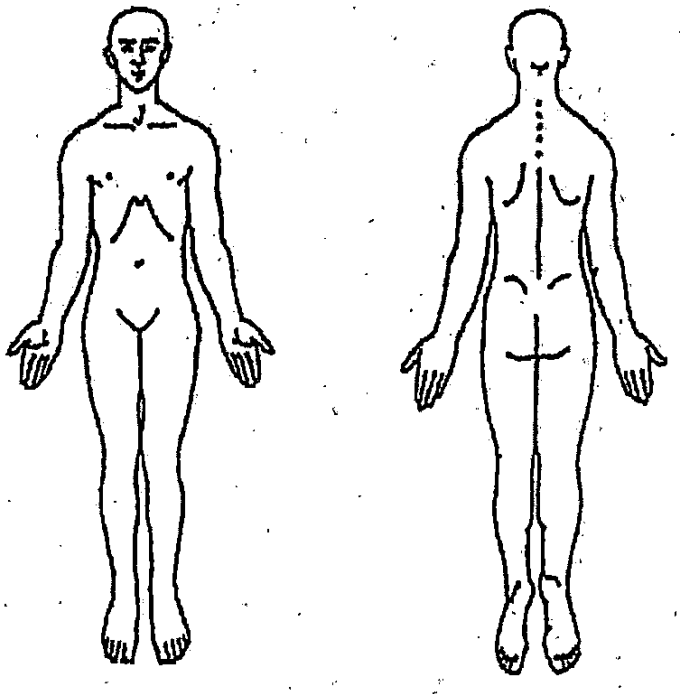
North Glasgow University Hospitals Division

NHS Greater Glasgow

Pressure Sore Risk Assessment Documentation Fo

50551545H
LOGAN
GEORGINA F
17 SOLLAS PLACE 19/08/1954
GLASGOW G13 4NA
CHI-1908546042

MARK POSITION OF EXISTING PRESSURE SORE OR DAMAGED/DISCOLOURED AREA ON BODY WITH AN X



TO ASSIST IN THE SELECTION OF AN APPROPRIATE MATTRESS SEE STEP UP/DOWN CHART

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
26/5/06	4	Softform	—	28/5/06	RR

Pressure Sore Risk Assessment Documentation Form

Waterlow Risk Assessment		Initials	RO													
		Date	24/5													
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body Weight for height:																
Average	0		0													
Above average	1															
Obese	2															
Below average	3															
Continence:			0													
Completely catheterised	0															
Occasionally incontinent	1															
Cath. incontinent of faeces	2															
Doubly incontinent	3															
Skin Type - Visual risk areas:																
Healthy	0		0													
Tissue paper/dry	1															
Oedematous/clammy (temp raised)	1															
Discoloured	2															
Broken/spot	3															
Mobility:																
Fully	0		0													
Restless/fidgety	1															
Apathetic	2															
Restricted	3															
Inert/traction	4															
Chairbound	5															
Age/Sex:																
Male = 1 Female = 2	1 or 2		2													
14 - 49	1															
50 - 64	2		2													
65 - 74	3															
75 - 80	4															
81+	5															
Appetite:																
Average	0		0													
Poor	1															
N.G., Tubes/Fluids only	2															
nbm - Anorexic	3															
Special Risks - Tissue Malnutrition:			0													
e.g. Terminal Cachexia	8															
Cardiac Failure	5															
Peripheral Vascular disease	5															
Anaemia	2															
Smoking	1															
Neurological Deficit:			0													
e.g. Diabetes, MS, CVA, motor/sensory paraplegia	4 5															
Major surgery/Trauma:			0													
Orthopaedic, below waist, spinal	5															
On table > 2 hours	5															
Medication:			0													
Cytotoxics, High dose steroids, Anti-inflammatory	4															
TOTAL SCORE			4													

SCORE: **< 10 - low risk;** **10 - 14 = at risk;** **15 - 19 = high risk;** **20+ = very high risk**

MIS 112301

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN	10677799A	Provider SGC04	Hosp STO
Surname	MS LOGAN	Patient's Address	
First Forename	GEORGINA	17 Sollas Place	
Second Forename			
Previous Surname		GLASGOW	
Date of Birth	19 Aug 1954	Postcode G13 4NA	
Sex F	Marital Status S	Tel No: 951 1119	
CHI No		Ethnic Group	
NHS No		GP Practice DRUMCHAPEL HEALTH CENTRE 0141 211 6110	
Alt CRN		GMC No: 2555313 C GRIEVE	

ode Management

Spell/Care Package ID	Ward 2A*STO	Admission Date 07 Apr 05
Speciality/Discipline (Code + Text National) GS-GENERAL SURGERY		Admission Type 36
Significant Facility 11		Admission Reason 1K
Consultant Code		Admission/Transfer From 12
Consultant Name MR DT HANSELL		Admission/Transfer From – Location
Management of Patient I	Patient Category NHS	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type NWL

General Clinical

Main Diagnosis – ICD 10	
Other Condition – ICD 10 – 2	
4	
5	
6	

Main Operation/Procedure

		Date Main Operation	
		Clinician Responsible	
Other 2		Date (OPP2)	
		Clinician Responsible (2)	
Other 3		Date (OPP3)	
		Clinician Responsible (3)	
Other 4		Date (OPP4)	
		Clinician Responsible (4)	

Development data

Chronic Sick/Disabled ☐ Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1		2
Outcome Measures 1		2
Dependency/Severity Measures 1		2

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
STOBHILL HOSPITAL
GLASGOW
G21 3UW
Tel: 0141-201-3081
Fax: 0141-201-3051

Associate Specialist: Dr Jennifer Devine
Nurse Manager: Susan McFarlane

NHS Greater Glasgow

CRN: 10677799A MEDICAL RECORDS COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
LOGAN	GEORGINA	50	19 Aug 1954	07/04/05	03:25	010846/05-ST(

Address	Sex	Religion	Date of Inc	Time
17 Sollas Place GLASGOW	Female		07/04/05	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G13 4NA	951 1119	Single -		EMER	WALKING

GP

Name	Address	Referred by
C GRIEVE	DRUMCHAPEL HEALTH CEN 80/90 KINFAUNS DRIVE GLASGOW G15 7TS	GP REFERRAL

EXT OF IN

Name
Address
Relat.
I. No.

Complaint: PENDING

SURG

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

GP 157
82
P 58
T 35.6
O 99%

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange

Signature of Medical Officer:

DISCHARGE CODES: *Please circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

Discharge Time:

Ward No. *(if admitted)*	Transfer to Hospital	IRIS
9A 04-11		

Clinic Referred to	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others *(specify)*

Medical Officer's Name *(in BLOCK LETTERS)*

Signature of Medical Officer

Cons SpR SHO3 SHO JHO Clin Assist ENP AS SG

Call No: 1379775 CHI No: 1908546042	Date : 07 Apr 2005	NHS 24 No: 1844457
Patients Name: Georgina Logan	D.O.B. Age 19/08/1954 50 Y	Callers Name Gina

Address Today: 17 Sollas Place Peterson Park Glasgow Main Door	Home Address if different 17 Sollas Place Peterson Park Glasgow Main Door
Post Code: G13 4NA	Post Code: G13 4NA
Phone Number (0141) 951 1119 -	Call Type PTS within 2 Hrs
Name of GP: Grieve C	Time Call Received at NHS 24: 00:32
Surgery 041Drumchapel Health Centre	Time Details Received at GEMS: 00:43
Practice Number 041	Time Patient Arrived: 0200
Fax Number 0141 211 6117	Consultation Start time:
Speed Dial 080W	Consultation End time:
Dispatched To STOBHILL	

Clinical Information

CHEST STOMACH + BACK PAINClinical summary created: 07-Apr-2005
SINCE 5PM TONIGHT PAIN IN LEFT SIDE OF RIBS RADIATING TO BACK. VOMITED X 2. FEELS SHORT OF BREATH AND CLAMMY. NO DEFINITE CARDIAC HISTORY ?STOMACH ULCER. FEELS WHEN SHE HOLDS THE AREA THE PAIN SLIGHTLY EASES. HAS TRIED PANADOL WITH NO EFFECT. NOT UNDUALLY DISTRESSED. REFER PCEC 2 HOURS WITH TRANSPORT.
Valerie, Cuthbertson

Severe epigastric 11 hrs constant.
radiating to back

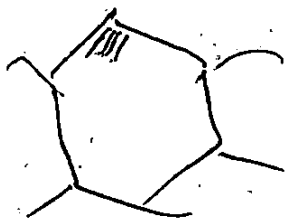
PMHx: ulcer

BP: /	Pulse 88/—	Temp: °c	Allergies

Clinicians Notes

O/E distress

Urinalysis WBC++. abd—



Δ ? Pancreatitis / Peptic ulcer

Dtte Zantac

/UTI

Plan: refer to surgeon

Referral:	Seen by Dr: RL	Rota No: 614	Nurse:

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

LOW MEDIUM HIGH		
Ted Stockings	Yes ☐	☐ No
Heparin	Yes ☐	☐ No

Date of Assessment ____ / ____ / ____

Date of Admission 7 / 4 / 05

Time of Admission 0645

Date of Operation ____ / ____ / ____

Consultant Mr Hamdeh

WARD 2A.

Nam
A 10677799A
LOGAN F
GEORGINA 19/08/1954
17 Sollas Place
D.O.S
GLASGOW G13 4NA
Unit No

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION

Procedure / reason for admission _____

_____

Height: _____ Weight: _____ = BMI : _____ Spo_2 ____ T ____

B.P. : _____ P _____

Are you taking any medication prescribed by your doctor ? YES ☐ NO ☐ 1

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Have you ever had:	YES	NO	
a serious illness			2
an allergy or reaction to medicines, elastoplast etc.			3
State nature of allergy			4
diabetes			
any chest problems PFR			5
heart problems			6
			7
high blood pressure			8
heart murmur			9
blackouts, convulsions or fits			10
jaundice / hepatitis			
indigestion or heartburn			11
kidney or urinary trouble			12
anaemia or other blood problems			13
excessive bleeding or bruising			14
arthritis			15
muscle disease or progressive weakness			16

Do you:-	YES	NO	
require mobility aid / have limited mobility			17
have any problems with your eyesight			18
have any problems with your hearing			19
smoke			20
have you ever used intravenous drugs			21
If a woman, are you pregnant or taking the 'pill'			22
have any caps, crowns, dentures or loose teeth			23
drink alcohol (units per week)			24

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

HAVE YOU ANY QUESTIONS ABOUT YOUR ADMISSION? YES ☐ NO ☐ 25

26

Hospital Admissions/Operations *(please list and date)*

Did you have any anaesthetic or surgical complications ? *(please list)* 27

Date of your last anaesthetic ? _____

Has any member of your family had problems with anaesthetics ? YES ☐ NO ☐ *(please tick box)* 28

-define problem _____

Is there anything else the surgeon / anaesthetist should know ? _____

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

full screen ☐ **full blood count** ☐ **E.C.G** ☐ **CXR** ☐ **Group / retain** ☐ **X - Match** ☐

ther ☐ (please state)

Urinalysis _____ **Clearview** _____

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 12A

PRESENTING COMPLAINT:

8°hx Epig Pain ⇒ back
Vomiting

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP 102/64 P 61 TEMP 35.4°C O_2 SAT 96%

PAIN SCORE 1-10 [ ] ANALGESIA GIVEN IN A&E YES ☐ NO ☐

PAST MEDICAL HISTORY:

Acid Reflux.

DRUG HISTORY:

Zantac

ALERGIES:

MORPHINE

MOBILITY / LEVEL OF INDEPENDENCE:

Independant.

DIETARY HABITS / APPETITE:

Nomal.

ELIMINATION:

Bowels (N)

Urine (N).

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS ☐

MISSU _____ YES ☐ NO ☐

PREGNANCY TEST ____ + VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

lives c son + husband.

SMOKER _____ YES ☐ NO ~~☐~~

ALCOHOL social YES ~~☐~~ NO ☐

AMOUNT: _____

MENSTRUAL CYCLE: _____

PREGNANCY / CONTRCEPTIVE: _____

D.V.T. PROPHYLAXIS:

FRAMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: B Paul Date: 07/04/05 Time: 0430.

NAMED NURSE: Cathy

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION ____ / ____ / ____ WARD _____

Waterlow Score: _____

Name
Address

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP _____ **P** _____ **SO_2** _____

	YES
Consent signed	
Pre-medication given	
Fasted _____ Time last ate _____ Time last drank	
Identity band	
Case Notes ☐ X-rays ☐ Drug Kardex ☐ Obs. Chart ☐	
Operation site confirmed	
Caps / Crowns / loose teeth	
Prosthesis removed	
Dentures removed / not removed	
Underwear removed	
Paper pants on patient	
Make up, nail varnish removed	
Jewellery taped / removed	
Inhalers / GTN Spray	
Allergies	
Voided urine	
Subcut heparin	
Ted stockings	
Pre-op visit	

Other relevant information :

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

	YES	NO
DIATHERMY BIPOLAR / MONOPOLAR		
HEEL RESTS		
FLOWTRON BOOTS		
SHEEPSKIN HEEL PADS / MATS		
HEATED BED		
ARM BOARDS		
PATIENT WARMING BLANKET		

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST	
- FINAL	
INSTRUMENTS	
SHARPS - NEEDLES	
-BLADES	
THROAT PACK OUT	
PACK IN SITU	

NSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

Name of Scrub Nurse : _____ Signature of Circulating Nurse : _____

THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY TEAM

Named Nurse : Cathy

Fasted from :

Patients Telephone No. 951-1119.

Spiritual needs Prot.

Patients Occupation: Carer

Next of kin: Husband.
(Name & Relationship to patient)

Next of kin Tel. No. S/A.
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : unknown

Actual Discharge Date:. 8/4/05.

	YES	NO
Is someone available to accompany the patient home ?	✓	
a responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer?		✓
GP letter / Prescription :	✓	
Outpatient appointment : routine w/l → lap chole	✓	
Relatives informed :	✓	

SERVICES REQUIRED	YES	NO
District Nurse:		✓
Social Worker:		✓
her :		
Transport Requested: (Date) / /		✓

Discharge summary / comments:

Pre-op / On Admission

Signature : B Paul

Ward: 2A. Date: 07/04/05.

Signature : Gmutchell Date: 8/4/05

THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY TEAM

COMMUNICATION SHEET/ PROGRESS NOTES

Ward ....2A.....

Date	Progress / Evaluation	Signature/ Profession
7/4/05	Emergency admission with epigastric pain → back + vomiting. Await RSOH. Await blood results. For USS mane. Bloods (N)	B Paul.
	US	
	Left ♂ hound gus	
	dilated to sc PUJ but gallbladder	
	contains calculi. OB - wall looks ok	
	↓ NOT esp tender	
	CD keep a/ clean ok	
	Cant see all of Zuna. Mid green	
	Tenderness in epigastrium also.	
7/4/5 17⁰⁰	Pt settled + uncomplaining today	
	Observations stable, apyrexial	
	Tolerating fluid + diet well	
	Mobilising around ward	SMacInnes
8/4/05.	Settled night. observations satisfactory	cwd
8/4/05	WR DTH.	
	Fatty bitter. USS → gallstones	
	o/e abdo soft.	
	Plan: (1) (H) today (2) Dietician to advise before discharge	
	(3) For lap chole later → W/L	Somerville 4115

02-28/11

Patient's name Georgina Fogg Age _____ Date of Birth _____

NURSING DOCUMENTATION - ACCIDENT & EMERGENCY DEPARTMENT

Date 7/4/1 Time 0325 Triage Nurse Allen PC Sue Lewis

Pancreatitis

Triage category 1 2 (3) 4 5

Relatives present: No Relatives informed:

INITIAL VITAL SIGNS

at:(Time) 0330
HR: 58
BP: 157/82
RR: _____
SaO_2: 99%
Temp: 35.6
G.C.S: _____
Signed CH

INITIAL MANAGEMENT

Nurse _____

Oxygen started _____ %: Signed _____ ECG: Signed PP. ED.

Bloods FBC U+E GLUC AMYL COAG GROUP Signed _____

Other _____

Treatment _____

NEUROLOGICAL OBSERVATIONS

TIME	hrs								1
EYES OPEN	spontaneously 4								eye closed by swelling =C
	to speech 3								
	to pain 2								
	none 1								
BEST VERBAL RESPONSE	orientated 5								Endotracheal tube or Tracheostomy = E Dysphaisa=D
	confused 4								
	inappropriate words 3								
	incomprehensible sounds 2								
	none 1								
BEST MOTOR RESPONSE	obey commands 6								Record the best arm response Paralysed =P
	localises pain 5								
	normal flexion to pain 4								
	abnormal flexion to pain 3								
	extention to pain 2								
	none 1								
	COMA SCORE 15								
PUPILS RIGHT	size (mm)								2 += Reacts - =No Recaction C= Eye closed SL= sluggish pupil
	Reaction								
PUPILS LEFT	size (mm)								
	Reaction								
LIMB MOVEMENT ARMS	Normal power								3 Record right (R) and left (L) seperatly if there is a difference between the two sides Fractured limb = #
	Mild weakness								
	Severe weakness								
	Extention								
	No response								
LEGS	Normal power								
	Mild weakness								
	Severe weakness								
	Extention								
	No response								
PUPIL SCALE (mm) 1 2 3 4 5 6 7	230								4 40
	220								39
	210								38
BLOOD PRESSURE mm Hg	200								37 Temp C°
	190								36
	180								35
	170								34
	160								33
	150								32
	140								31
	130								30
	120								
	110								
	100								
	90								
PULSE RATE	80								
	70								
	60								
	50								
	40								
	30								
	RESPIRATORY RATE								5
	SaO_2								
	NURSE INITIALS								6

BLOOD GLUCOSE	Time				
BM STIX	BM				
PEAK FLOW	Time				
	PF				
VISUAL ACUITY	R. eye aided/unaided				
	L. eye aided/unaided				
	pH L. eye	R. eye			

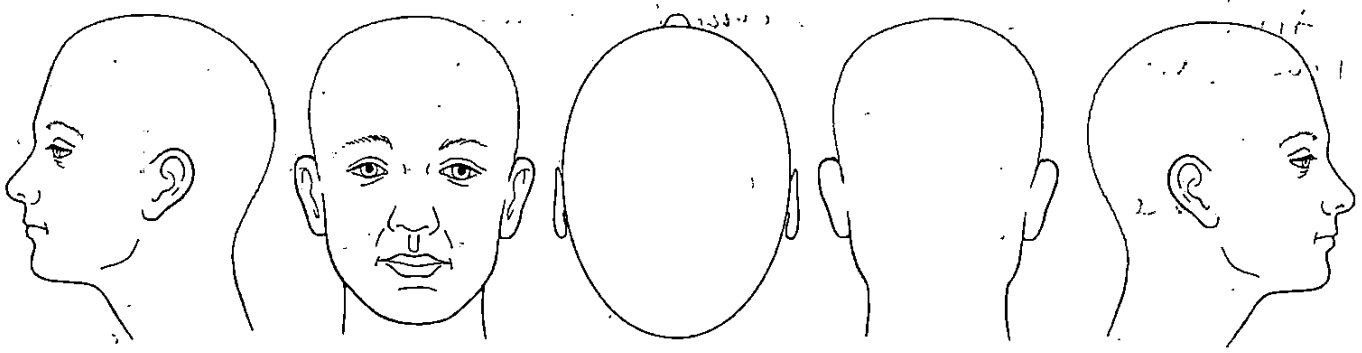
Signed: _____

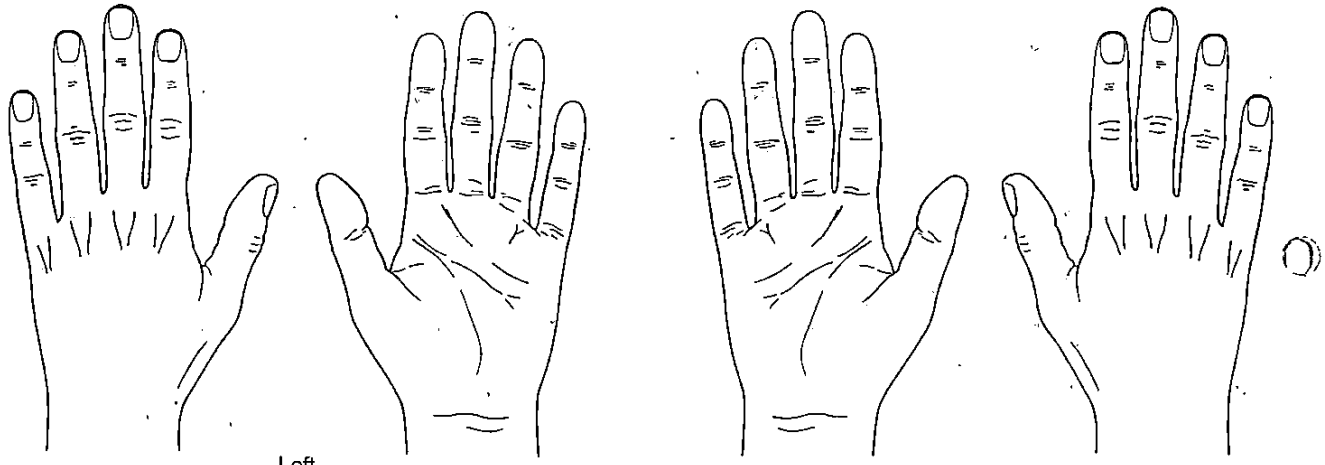
URINALYSIS

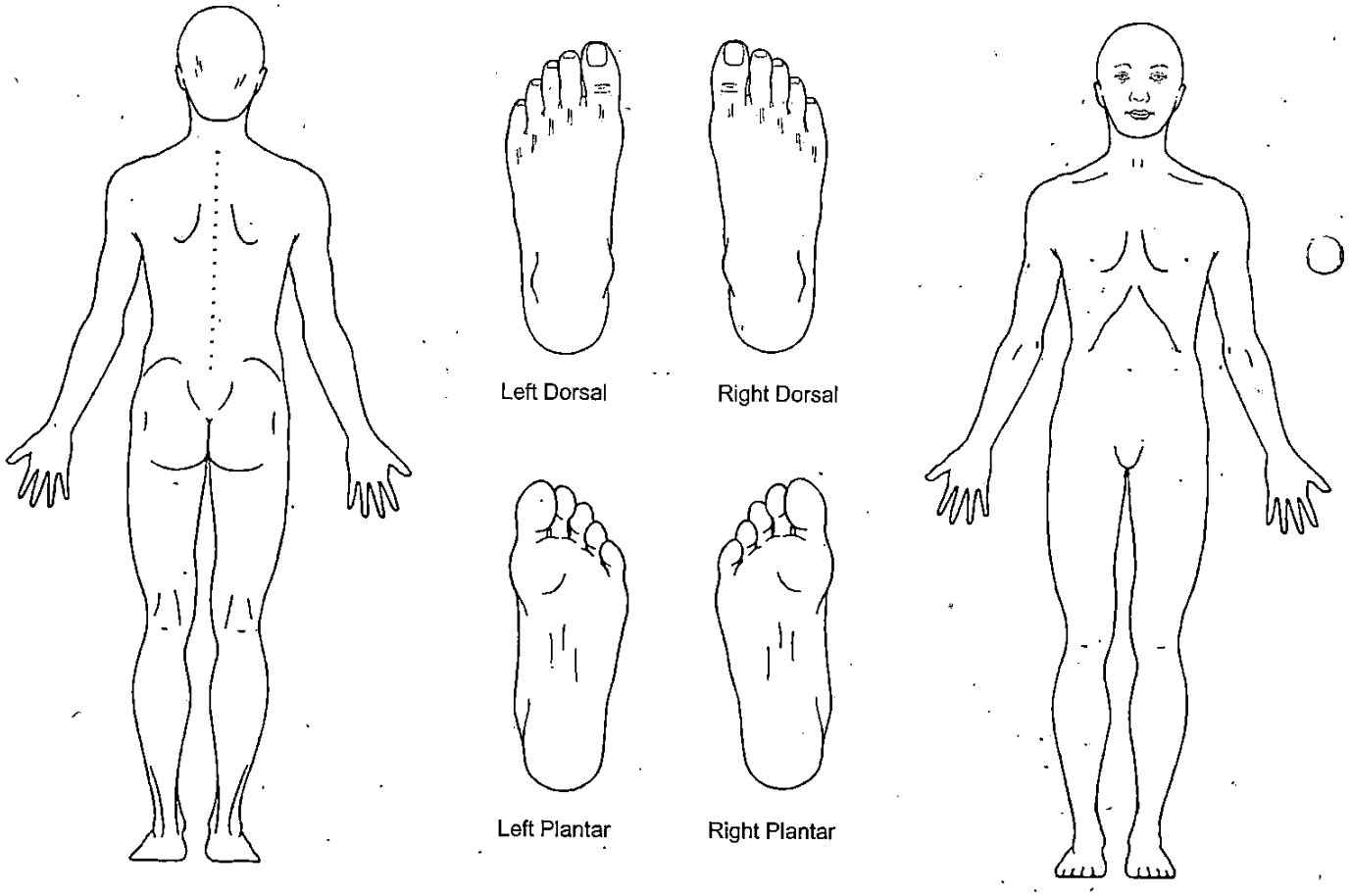
Urobilinogen µmol/L	Normal 3 16	33	66	131			
Protein gm/L	Neg	Trace	0.30 +	1 ++	3 +++	>20 ++++	
pH	5.0	6.0	6.5	7.0	7.5	8.0	8.5
Blood	Neg	Non Haem	Haem Trace	Small +	Mod ++	Large +++	
Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
Ketones mmol/L	Neg	Trace 0.5	Small 1.5	Mod 4	Large 8	Large 16	
Bilirubin	Neg	Small +	Mod ++	Large +++			
Glucose mmol/L	Neg	5.5 Trace	14 +	28 ++	55 +++	111 ++++	
Nitrites	Neg	Positive					
Leucocytes	Neg	Trace	Small +	Mod ++	Large +++		
BHCG	+ ve	- ve					

Signed: _____

Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds







Signed _____

NURSING NOTES

Signature: C Hodson Time: 0330

History: SURGICAL PENDING WITH GP LETTER

DH: SEE GP LETTER.

Allergies: No (Yes) MORPHINE.

Initial Management
02 Y/N Litres Per Min
ECG (Y/N) X-ray Y/N

Urinalysis:

βHCG +ve -ve
Cannula Y/N

Bloods	Y/N
U & Es	☐
FBC	☐
GL	☐
Amyl	☐
Coag	☐
Group	☐

Other:

Social History: LIVES C SON
NON SMOKER

NOK — Not / present
Keys / valuables
Social Services — Not / contacted

MEDICAL NOTES - HISTORY and EXAMINATION

Consultant: Mr. Harisell Seen by: Dr. Santhosh

Grade: SpR SHO SHO3 JHO Clin Assist ENP SG AS (Please circle) At (time)

KEY TO CLINICAL NOTES
1 - HISTORY OF
2 - ON EXAMINATION
3 - X-RAY FINDINGS
4 - TREATMENT GIVEN
5 - DISPOSAL
6 - NAME OF MEDICAL OFFICER

Date 07/04/05 Dr. Santhosh

50 y

C/O Epigastric Pain — 8/24

Sudden in onset, gripping pain

Radiating to her back right across

Ass nausea & vomiting

No Hx of any ass symptoms.

No Hx of bowel / urinary symptoms.

PMH: Acid peptic disease uses Zantac now & then
Otherwise fit & healthy

Allergies: NIL

Non-Smoker & Social drinker

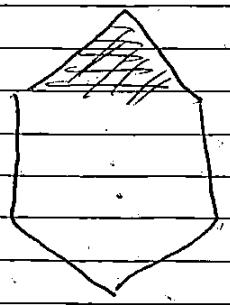
O/E: Pt. appears to be in distress ? pain.
Apyrexial & obs. Stable

Contd

Date

RS – NAD
CVS – NAD

P/A: Soft
Tender in epigastric region
No Guarding / rigidity
B.S: (+)



Hernial orifices Normal

P/R: Not done.

Impression: ? Acute gastritis
? Acute pancreatitis unlikely.

Plan: 1. Admit 2A
2. analgesics + NBM + IVF
3. X-ray & bloods
4. review with results.

(Dr Sandbach)

07/04/05 w/r Mr Hamill
4 noted in above
P/A: Soft & Tender in epigastrium.

Plan: 1. USS today
2. oral omeprazole 4mg od.

(Dr Sandbach)

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date	

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYAXIS)

Date given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given by
07/04/05	Tramadol	100mg	I.V	0400		
07/04/05	Maxalon	10mg	I.V	0400		
07/04/05	Omeprazole	40mg	I.V	0400		

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name *(print)* _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

Escort to ward ☐ Relatives informed ☐ IRIS ☐ Transport ☐ Time booked _____

Discharged with _____ Admitted / transfered to _____

Time discharged _____ Signed _____

JMcC/44070

COMMUNICATION SHEET

Ward ..... 2A .....

Name

10677799A
LOGAN
GEORGINA

Affix data label

Date	Progress / Evaluation	Signature/ Profession
8/4/05	Dietitian	
	Referred for low fat diet for gallstones.	
	Current wt = 10st 11½ lb. Current diet = regular	
	meal pattern, high fat, high sugar. Discussed	
	healthy eating + cutting down on high fat + sugar	
	foods. Patient seemed motivated to make changes	
	+ lose weight. Have arranged outpatient	
	follow up for 2/12.	R Young SRD Rona Young

North Glasgow University Hospitals Division
Stobhill Hospital

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Name: GEORGINA LOGAN Unit No.: 106777994

Date:	07/04											
Time of Result:	0400											
WCC 4-11	8·68											
Hb M - 13-18 F - 11.5-16.5	13·7											
Plat..... 150-400	260											
Hct 0-37-0-47												
Na..... 135-145	141											
K 3-5-50	4·8											
Cl 97-107	106											
Bic 23-30												
Urea 2-5-8.0	8·5											
Creat..... 40-130	92											
Amylase..... <100	47											
CRP ..... <10	<6											
ESR..... AGE 12												
Adj. Ca 2-2-2-6	2·51											
Phosphate 0-7-1-4	1·29											
Tot. Prot. ... 62-82	77											
Albumin 36-55	46											
Alk. Phos. 80-280	135											
Gamma GT... <50	13											
Bil..... 3-22	5											
AST 12-48	25											
ALT..... 3-55	21											
LD 200-520												
Glucose ... 3-0-5-5	6·8											
PT 12-16	11											
APTT 32-44	31											
TT 8-12	12											
FIB..... 200-400	390											
INR												
APTT RATIO												
Drain Amylase												
H^+..... 36-43												
PO_2 ..... 10.5-13.5												
PO_2 ..... 4.6-6.0												
HCO_3 20-28												

MIS 109801/Stob

Patient Observation Chart

NHS Greater Glasgow

Name	
Address	10677799A LOGAN F GEORGINA 19/08/1954 17 Sollas Place
Hospital No	GLASGOW G13 4NA
DOB	

Admitted Date 7/4/05 Ward 2A

Transferred Date _____ Ward _____

Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient reqiures scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

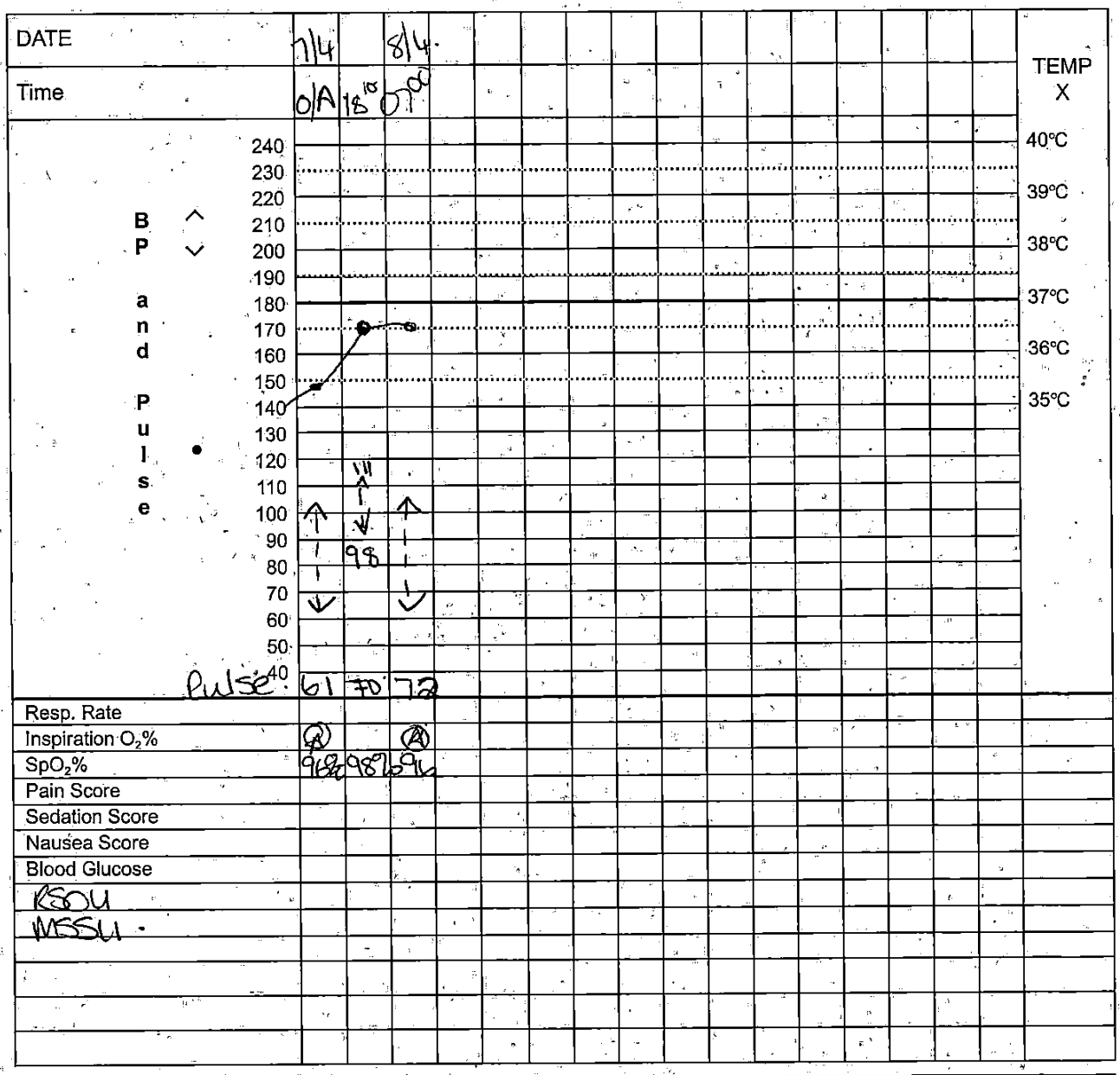
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.



MEWS	
	Resp. Rate
	Pulse
	Systolic BP
	GCS / AVPU
	Urine Output
	Temp.
	SpO_2%
	TOTAL

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			

DATE																		
Time																		TEMP X
BP ^ v and Pulse •	240																	40°C
	230																	
	220																	39°C
	210																	
	200																	38°C
	190																	
	180																	37°C
	170																	
	160																	36°C
	150																	
	140																	35°C
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
	60																	
	50																	
	40																	
Resp. Rate																		
Inspiration O_2%																		
SpO_2%																		
Pain Score																		
Sedation Score																		
Nausea Score																		
Blood Glucose																		
MEWS	Resp. Rate																	
	Pulse																	
	Systolic BP																	
	GCS / AVPU																	
	Urine Output																	
	Temp.																	
	SpO_2%																	
	TOTAL																	

Calling Criteria

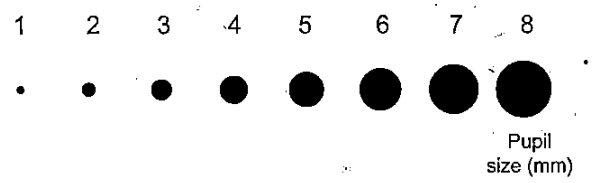
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessary.

Neurological Observation Chart

DATE																			
Time																			
COMA SCALE	E Eyes open	Spontaneously	4																Eyes closed by dwelling = C
		To speech	3																
		To pain	2																
		None	1																
	V Best verbal response	Orientated	5																Endotracheal tube or tracheostomy = T
		Confused	4																
		Inappropriate words	3																
		Incomprehensible sounds	2																
		None	1																
	M Best motor response	Obeys	6																Usually record the best arm response
		Localises	5																
		Flexion - withdrawal	4																
		Flexion - abnormal	3																
		Extension to pain	2																
		None	1																
		TOTAL SCORE																	
PUPILS	R	Size																	= reacts —no reaction c. eyes closed
		Reaction																	
	L	Size																	
		Reaction																	
LIMB MOVEMENT	ARMS	Normal power																	Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																	
		Severe weakness																	
		Spastic flexion																	
		Extension																	
		No response																	
	LEGS	Normal power																	
		Mild weakness																	
		Severe weakness																	
		Extension																	
		No response																	

Glasgow Coma Scale



DATE																			
Time																			
COMA SCALE	E Eyes open	Spontaneously	4																Eyes closed by dwelling = C
		To speech	3																
		To pain	2																
		None	1																
	V Best verbal response	Orientated	5																Endotracheal tube or tracheostomy = T
		Confused	4																
		Inappropriate words	3																
		Incomprehensible sounds	2																
		None	1																
	M Best motor response	Obeys	6																Usually record the best arm response
		Localises	5																
		Flexion - withdrawal	4																
		Flexion - abnormal	3																
		Extension to pain	2																
		None	1																
		TOTAL SCORE																	
PUPILS	R	Size																	= reacts —no reaction c. eyes closed
		Reaction																	
	L	Size																	
		Reaction																	
LIMB MOVEMENT	ARMS	Normal power																	Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																	
		Severe weakness																	
		Spastic flexion																	
		Extension																	
		No response																	
	LEGS	Normal power																	
		Mild weakness																	
		Severe weakness																	
		Extension																	
		No response																	

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

Name: Georgina Logan Ward: 2A Date: 7/4/05 Case Record No.:

CARE PLAN

Date Comm.	Signature	1.BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
7/4	B.Paul	Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2.NUTRITION		
		Fasting		
7/4/5	SM	Normal Diet		
		Special Diet / Modified Diet		
		3.ELIMINATION		
7/4	B.Paul	Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4.MOBILITY		
7/4	B.Paul	Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5.OBSERVATIONS		
7/4	B.Paul	Waterlow daily (if score is over 10+) (1+)		
7/4	B.Paul	TPR 6/0		
7/4	B.Paul	BP 1/0		
7/4	B.Paul	Pain Score ongoing		
		Fluid Balance		

00629

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
		IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
7/4	B. Paul	IV access: ∞ IV cannulae (R) arm. ∞ others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		RSOU MSSU.		
		9.SLEEP		
7/4	B. Paul	No Problems		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
7/4	B. Paul	Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		
7/4	B. Paul	NOK- husband		

Initial Care Plan seen and agreed by patient: Yes ☐ N/A ☐

Signature of nurse: B. Paul **Date:** 07/04/05.

PRESCRIPTION FORM

Hospital Name: ....

PATIENT DETAILS

Name: GEORGINA LOGAN	Height:
Hospital Number: 10677799A.	Weight:
DOB:	Surface area:
Date of Admission: 7/4/5	Date of writing discharge prescription: __/__/__
Consultant Name: HANSELL	Ward: 2A.

Date and time this form prepared:	Sheet No	2nd Prescription in use
7/4/5 Time: 0450.	....	Yes or NO

DRUG SENSITIVITIES

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐

PCA and other infusions ☐

Anticoagulants: Heparin ☐ Oral ☐

Topical: ☐

TPN: ☐

Enteral Nutrition: ☐

Oxygen Therapy: ☐

Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE → 7
MONTH → 4

A DRUG: CLEXANE

DOSE: 20 mg | ROUTE: S/C | DATE: 7/4/15 | STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800 ✓	LS
2200-2400	
Other time	

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 7 8

MONTH → 4 4

J DRUG: PARACETAMOL

DOSE: 1G | ROUTE: O | DATE: 7/4/15 | STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Time		
Other time		
0700-0900	RP	CW
1200-1400	LS	
1600-1800	LS	
2200-2400	RP	
Other time		

K DRUG: OMEPRAZOLE

DOSE: 40mg | ROUTE: PO | DATE: 7/4/15 | STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Time		
Other time		
0700-0900	CW	
1200-1400		
1600-1800		
2200-2400		
Other time		

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Time
Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Time
Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

DD DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM			
DRUG: CYCLIZINE			STOPPED DATE: / INITIALS:
DOSE: 50mg	ROUTE: O/IV	INDICATION: NAUSEA	
SIGNATURE OF DOCTOR: [signature]	MAX.FREQUENCY: 150mg/24hrs		DATE: 7/4/5
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

NN			
DRUG: TRAMADOL			STOPPED DATE: / INITIALS:
DOSE: 50-100mg	ROUTE: O/IV	INDICATION: PAIN	
SIGNATURE OF DOCTOR: [signature]	MAX.FREQUENCY: 400mg/24hrs		DATE: 7/4/5
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

PP			
DRUG: MORPHINE			STOPPED DATE: / INITIALS:
DOSE: 5-10mg	ROUTE: IV	INDICATION: PAIN	
SIGNATURE OF DOCTOR: [signature]	MAX.FREQUENCY: 2°		DATE: 7/4/5
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

RR			
DRUG:			STOPPED DATE: / INITIALS:
DOSE:	ROUTE:	INDICATION:	
SIGNATURE OF DOCTOR:	MAX.FREQUENCY:		DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE																										
TIME																										
DOSE																										
GIVEN BY																										

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS	DRUG			STOPPED DATE: INITIALS:	DATE																											
DOSE	ROUTE	INDICATION			TIME																											
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																											
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																											
TT	DRUG			STOPPED DATE: INITIALS:	DATE																											
DOSE	ROUTE	INDICATION			TIME																											
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																											
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																											
VV	DRUG			STOPPED DATE: INITIALS:	DATE																											
DOSE	ROUTE	INDICATION			TIME																											
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																											
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																											
WW	DRUG			STOPPED DATE: INITIALS:	DATE																											
DOSE	ROUTE	INDICATION			TIME																											
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																											
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																											

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol — Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

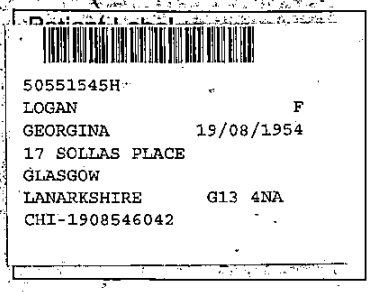
Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 6, 01/2002

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde



50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW
LANARKSHIRE G13 4NA
CHI-1908546042

The patient attended PAIN Clinic at STOBHILL

Hospital on 8/6/11 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
1) Please change GABAPENTIN		OOH TO PREGABALIN	75mg BD ⇒ 300mg BD.
2) Continue BUTRANS	5µg/hr	⇒ 20µg/hr	

Yours Sincerely

Signature:

Name (print) M. SORRELL Grade: CONS Ext. No: 355490

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

00545

STOBHILL HOSPITAL — OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
				M S W

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME
	50551545H				Dr. M DUFFY
	LOGAN	F			DRUMCHAPEL HEALTH CENTRE
	GEORGINA	19/08/1954			80/90 KINFAUNS DRIVE
	17 SOLLAS PLACE				GLASGOW
ADDRESS			G.P.'S NAME & ADDRESS		
	GLASGOW G13 4NA				G15 7TS
	CHI-1908546042				
TEL. NO.			TEL. NO.		

DATE | SPECIALITY PAIN | CONSULTANT Dr Sorrell

18 AUG 2010

Chronic low Back Pain & Sciatica: Failed back surgery
Failed decompression December 2009 —

Constant Neuropathic Burning/Belt Band Shock crush
Heel Dysesthesia ++
Plans - new good. ✓ VAS (7)
TENS - 0.

Slow gait and. Can't walk for 30 yards
Recent visit for Angina (on GTN 1 day)

1) Amitriptyline 75mg ✓ DHC - 30/60
2) Clonidine
3) Tramadol 50+6 daily
4) Salbutamol
5) ? Calcitonin
6) ? AVC

18/4/11 Angiography last week.
LBP + Leg Pain
>>

Trial Tens ~0

O— Status, ASA 78y, Resigned, Colonoscopy
Omeprazole
Methotrexate

Tramadol — 50mg BD
66F 66 yrs TID
Amitriptyline

TENS
Plans POEM
J Barbour

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			

PHYSICAL EXAMINATION

08 JUN 2011

28 SEP 2011 Nurse Review Clinic — DNA · Reacch

11 JAN 2012 — New Letter

11/1/12 — PCIV 35 Bl
Bute 20
methyl Quinn
[redacted] Bacha
ABK

D/C Tramadol
IDB.
O/E: Tender SCBI

— Pt. to Anes
— Tons instructs

Anne Lee Anesthe

3

3-4/12 Caudal Epidural Low Volume

INVESTIGATIONS Consented

1% Lignocaine to Skin ; 18G Spinal Needle
10 mls (4mls Chirocaine 0.25% + 40mg Kenalog +
5mls of NaCl
Position Confirmed & Contrast + II.
Tolerated well.

Jun

STOBHILL HOSPITAL **THEATRE / RECOVERY CARE PLAN**

UNIT NO. 50551545H

NAME : LOGAN GEORGINA F

ADDRESS : 17 SOLLAS PLACE 19/08/1954 GLASGOW LANARKSHIRE G13 4NA CHI-1908546042

CONSULTANT M. Serpell

WARD DSU

THEATRE 5

DATE OF OPERATION 30/4/12

A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECK

		tick
1.	LAST TIME PATIENT ATE OR DRANK 1030am breakfast	✓
2.	CONSENT SIGNED to sign	✓
3.	IDENTITY BAND	✓
4.	CASE NOTES, X-RAYS, DRUG KARDEX	✓
5.	OPERATION SITE PREPARED AND MARKED	✓
6.	TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE top set	✓
7.	PROSTHESIS REMOVED - CONTACT LENS, GLASSES in situ	✓
8.	REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	✓
9.	ALLERGIES nil known.	✓
10.	VOIDED URINE	✓
11.	BASELINE OBSERVATIONS P: 98 BP: 111/70 Spo2 96%	✓

PROBLEMS/NEEDS	INTERVENTION	OUTCOME
Asthma - h2s inhaler	Angina - h2s - gtn. bran morphine patch in situ.	family member
22/3 lumbar micro-discectomy (Dec 2009)	Salbutamol inhaler. Amitriptyline. Atenolol. Prednisolone. Simvastatin. Aliskiren. Ramipril. Omeprazole. Methotrexate.	will come

Signature -

B. THEATRE

OPERATION PERFORMED CAUDAL EPIDURAL

DIATHERMY BIPOLAR/MONOPOLOR	☐	SPECIMENS: PATH BACT OTHER	
HEEL RESTS	☐	DRAINS	
FLOWTRON BOOTS	☐	CATHETER	
SHEEPSKIN HEEL PADS/MAT	☐		
HEATED WATER BED	☐	COUNTS	CORRECT
ARM BOARDS	☐		
		SWABS - FIRST	☐
PATIENT POSITION		- FINAL	☐
		INSTRUMENTS	☐
LATERAL RIGHT ☐ TRENDELENBURG	☐	SHARPS - NEEDLES	☐
LATERAL LEFT ☐ REVERSE	☐	- BLADES	☐
SUPINE ☐ LITHOTOMY	☐		
PRONE ☑ LLOYD DAVIS	☐	THROAT PACK OUT	☐
		PACK IN SITU	☐
TOURNIQUET TIME - ON	OFF	INSTRUCTION FOR REMOVAL	

SPECIAL COMMENTS

Name of Scrub Nurse: n/a

Signature of Circulating Nurse: [signature]

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE -	PULSE & B.P.	CONTINUE IV FLUIDS	RATE
-	OXYGEN / RECOVERY		
-	OXYGEN / WARD		
-	CANNULA / REMOVAL - RECOVERY ☐ WARD ☐		
SPECIAL			

INFORMATION / INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS

ME	00 16	16 15	16 16.35	16 55	17 10												
PULSE	93	79	72	82	86	84											
BLOOD PRESSURE	127/70	89/66	92/64	99/64	107/72	112/69											
SATURATION (SaO^2)	98	98	96	97	96	97											
RESPIRATORY RATE																	
AIRWAY		2ow															
OXYGEN		(A)		(A)													
PAIN SCORE		0		0													
SEDATION SCORE		0		0													
ONV SCORE		0		0													
TEMPERATURE																	
WOUND																	
	88			SC	SC	SC											

PAIN SCORE

0 = NO PAIN
1 = DISCOMFORT / ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE

0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

Georgina Logan.

MULTIDISCIPLINARY NOTES

DATE / TIME

DISCHARGE

		YES	NO
1.	STABLE VITAL SIGNS	✓	
2.	CANNULAE REMOVED		NA
3.	ABLE TO DRESS, SIT AND WALK UNAIDED	✓	
4.	TOLERATING FOOD AND FLUIDS	✓	
5.	INSTRUCTIONS GIVEN SEDATION Pain info given	✓	
6.	GP LETTER GIVEN BEFORE DISCHARGE		✓ to follow
7.	FOLLOW UP APPOINTMENT Complete Queensmine	✓	

DISCHARGE AT 17.50. TO friend CARE

NURSE'S SIGNATURE Nicola

CONSENT FORM

50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW
LANARKSHIRE G13 4NA
CHI-1908546042

Special requirements (e.g. other language / Communication method) .....

Proposed operation, investigation or other treatment. **(BLOCK CAPITALS)**

CAUDAL EPIDURAL

Infection, Bleeding, ↑ Pain, NV damage

I have explained the procedure named on this form to the patient in the terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any sign if cant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedure above).

An information leaflet/tape has been provided .....

..... (Title)

Signature of Practitioner .....

Name / Designation (Print) ..... Pain F

Date 20 / 4 / 12

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*
(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- that the examination for the purposes of teaching will not be undertaken without my consent
- to the emergency administration of blood or blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signature ..... Date ...../...../.....

Additionally you have to agree or disagree the following:-	Agree	Disagree
that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.	☐	☐
that surplus tissue not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

PATIENT AGREEMENT FOR TREATMENT

Signature: N. J. Logan ..... Date ..30./..4./..12.....

Name (Print): .....

CONFIRMATION OF CONSENT
(to be completed when patient is admitted for procedure if form signed in advance)

I confirm that I have no further questions and wish the procedure to go ahead.

Signature: ..... Print name.....

Date ...../...../.....

STOBHILL HOSPITAL

OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
				M S W
DATE OF BIR 505515 45HGE LOGAN GEORGINA 17 SOLLAS PLACE	SEX F 19/08/1954	WARD/DEPT	RELIGION Dr. A MORGAN DRUMCHAPEL HEALTH CENTRE 80/90 KINFAUNS DRIVE GLASGOW	MAIDEN NAME
ADDRESS GLASGOW LANARKSHIRE G13 4NA CHI-1908546042			G.P.'S NAME & ADDRESS G15 7TS	
TEL. NO.			TEL. NO.	

DATE	SPECIALITY GASTRO	CONSULTANT N [illegible]
	Wt 69.2 Kg	29 SEP 2010
	Urinalysis : [illegible]	
		Clonidine
	15 yr Hx	Tramadol
	loose stool	Quinine Sulph
	Urgency to incontinence.	Aspirin
		Omeprazole 20mg
	Stressed + anxious about going out	Simvastatin
		Methocarbamol
	Loperamide 4/day	Gabapentin 200mg
	Colonoscopy – diverticular disease.	Angina B-blocker
	Wt ↑ worse after cholecystectomy	
	[illegible]	
	CRP [illegible]	
	Unremarkable	
	– [illegible]	
	Calprotectin later	Letter re diarrhoea
		→ Home
		[signature]

00593 FORM 1

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			
	PHYSICAL EXAMINATION			
	11/1/12 – Bright on TMO		– MIXED VP –	
	– Pravastatin – 20mg BD			
	– Bisoprolol – 10mg		Trust MST	
	– Ramipril – 10mg			
	INVESTIGATIONS			

ANAESTHETIST ASSESSMENT

ANAESTHETIST CONTACTED	TIME OF CALL
DR Mackenzie McKinlay	RESPONSE OF CALL Immediate
	SEEN BY ANAESTHETIST YES/NO

PROBLEM Wheezy chest / A/b's finished Friday for recurrant chest infection. Chest pain recently ~~counselled~~ diagnosed asthmatic

ACTION TAKEN ECho poorly controlled seen

FINAL OUTCOME postponed

Dr McKinlay wrote to GP requesting follow up with regards asthma

OTHER DEPARTMENTS CONTACTED

OASIS DOCUMENTATION

	YES	NO	N/A	COMMENTS
ALLERGIES		✓		
ADMISSION CHANGES		✓		

CANCELLATION

	E-MAIL	FILED		TELEPHONE	LETTER
BOOKING OFFICE			GP CONTACTED		
	YES	NO		YES	NO
OASIS DOCUMENTATION			GJNH DOCUMENTATION		✓
			YES	NO	