Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

Private

MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date: 26th May 2026
Your Ref: 100036
Our Ref: LAT/ACCESS/LB
Enquiries to: Lorna
Direct Line: 0141 201 1644
Email: Lorna.Bower@nhs.scot

Dear Sir/Madam,

Re: Subject Access Request under the General Data Protection Regulation

Patient Margaret McGee D.O.B 16.9.1963

Thank you for your request received 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:

Queen Elizabeth University/Gartnavel General Hospitals

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: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

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	

NHS GREATER GLASGOW & CLYDE

SURNAME (Block Letters)

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

FIRST NAME

UNIT No. 3451804

RELIGION

SEX Female

DATE OF BIRTH

NEXT OF KIN (Name and Address)

CHANGE OF ADDRESS

NAME AND ADDRESS OF [illegible] DOCTOR
Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

PHONE No.

CHANGE OF ADDRESS

DOCTOR

PHONE No.

UNITCASE RECORDS (Delete)

	YES	NO
DISABILITY	☐	☐

CHI NUMBER

ETHNIC ORIGIN

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH DATE
	A&E				
30/4/14	Pre Ass'				
14/5/14	W 66 A	COOLEER			14/5/14

USE RED INK FOR NOTIFIABLE [illegible]

ontinued

ATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE

Theatre Care Plan - Southern General Hospital

Regional Services

NHS Greater Glasgow and Clyde

1609632184
MCGEE
Margaret
365 Kelso Street
Glasgow
G13 4PG
F
16/09/1963

PATIENTS NAME:	DATE: 14/5/14 WARD: 66A
ADDRESS:	WEIGHT:
	PROPOSED OPERATION: Microlaryngoscopy + biopsy
D.O.B:	UNIT NO.: 1609632184
CONSULTANT: Miss Oozeer	

PRE-OPERATIVE CHECKLIST	WARD		RECOV.		THEATRE	
	YES	N/A	YES	N/A	YES	N/A
1. Identification bracelet (wrist & ankle)	✓				✓	
2. Consent form / Incapacity form signed	✓				✓	
3. Theatre gown / modesty pants	✓				✓	
4. TED stockings on **PLEASE ENSURE ONLY LOWER LEGS STOCKINGS FOR OMF'S MAJOR PATIENTS**	✓				✓	
5. Pre-medication given at: hrs. And other medications: 0700 hrs.	✓				✓	
6. Fasted from: Cup of tea 0430 am	✓				✓	
7. Allergies: N.K.A		✓				✓
8. Artificial prosthesis removed: Implanted devices:		✓				✓
9. Dentures/capped/crowned/loose teeth Top removed		✓				✓
10. Nail polish / make up removed		✓				✓
11. Jewellery removed / body piercings		✓				✓
12. Wedding ring taped: **PLEASE REMOVE FOR OMF'S MAJOR PATIENTS**		✓				✓
13. I.V. in situ	✓				✓	✓
14. Urinary catheter in situ / passed urine	✓				✓	
15. To accompany patient: Case Notes	✓				✓	
Prescription Chart	✓				✓	
Hearing Aid		✓				✓
Glasses / contact lenses		✓				✓
Other (specify): Inhalers	✓				✓	
16. Patient positioned correctly on trolley	✓				✓	
17. Head down tilt functioning	✓				✓	
18. Method of transfer: Pat slide: Straight lift: Other:						
19. If relevant - pregnancy status:		✓				✓
PRE-OPERATIVE CHECKLIST COMPLETED BY (signature):	[signature]				[signature]	

OTHER RELEVANT INFORMATION: eg: BM status

THEATRE TEAM LEADER:

ANAESTHETIC ROOM CARE	DATE: 14-5-16	BP: 122/76 P: 76	Sa02: 97
ANAESTHETISTS Dr Singh		ANAESTHETIC NURSE/ODP: ODP Miller	
TYPE ANAESTHETIC: GA	INTUBATED ☑	VENOUS ACCESS (LEFT)	RIGHT
GA. WITH E.T.T. MLT 6	☑	20G	
L.M.A.	☐		
SEDATION/LA	☐	ARTERIAL MONITORING	
THROAT PACK	REMOVED ☐		
EYE GEL/VASELINE GAUZE	☐	C.V.P. MONITORING:	
EYS TAPED WITH MICROPORE	☑		
NASOGASTRIC TUBE	☐	SPINAL DRAIN:	PRE-OP ☐ POST-OP ☐
CATHETER			
ANAESTHETIC NURSE/ODP SIGNATURE: TM			

INTRA-OPERATIVE CARE:	METHOD OF TRANSFER:		PATIENT POSITION:	
	ROLL PATIENT	☐	SUPINE	☑
Surgical Pause Carried Out	PAT SLIDE	☑	PRONE	☐
	STRAIGHT LIFT	☐	SITTING	☐
	OTHER (SPECIFY)	☐	SEMI-SITTING	☐
	SLIDING SHEETS	☑	LEFT/RIGHT LATERAL	☐
			3-PIN HEADSET	☐
			SKULL TRACTION	☐
			OTHER (SPECIFY)	☐

PREVENTION OF INJURY					
PILLOW UNDER KNEES	☑				
HEELS ELEVATED	☐	DIATHERMY	SITE	LEFT	RIGHT
LEFT ARM SECURED WITH J BOARD	☑	THIGH			
ACROSS	☐	BUTTOCK			
AT SIDE	☑ Armboard	OTHER (SPECIFY)			
RIGHT ARM SECURED WITH J BOARD	☑				
ACROSS	☐				
AT SIDE	☑				
LATERAL SUPPORTS	☐	TOURNIQUET	TIME ON	TIME OFF	
PADDING OF BONY PROMINENCES	☑	LEFT ARM/LEG			
SEQUENTIAL STOCKINGS Teds	☐	RIGHT ARM/LEG			
WARMING BLANKET	☐				
GEL PADS	☑				
CONFORMING MATTRESSES	☐				

	PRE-OPERATIVE			POST-OPERATIVE		
EVALUATION	YES	NO	N/A	YES	NO	N/A
PRESSURE AREA CHECK	✓			✓		
DIATHERMY SITE CHECK			✓			✓
TOURNIQUET SITE CHECK			✓			✓

PERI-OPERATIVE CARE

SURGEON: Ms Oozer	SCRUB: SN Park
ASSISTANT:	CIRCULATING NURSE: SN McGarva
	SN Rose CSW Jordan

OPERATION PROCEDURE: Microlaryngoscopy with Biopsy and Rigid Oesophagoscopy

CO-PHENYLCAINE SPRAY x2 5ml

SKIN CLOSURE	
DRESSING	
DRAINS	
OTHER (EG: PACKS)	
SPECIMENS TAKEN:	
PATHOLOGY:	
BACTERIOLOGY:	
OTHER (SPECIFY):	

SWAB/NEEDLE/INSTRUMENT COUNT	SCRUB NURSE SIGN	CIRCULATING NURSE SIGN
CORRECT	MM	&
CORRECT		
CORRECT		
INCORRECT		
APPROPRIATE ACTION TAKEN		

IMPLANTS

POST OPERATIVE / RECOVERY CARE

NAMED NURSE Sw Adams	
TIME IN RECOVERY 0955	TIME OUT OF RECOVERY 1020
CONSULTANT / ANAESTHETIST } See previous page	
PROCEDURE }	
ANGIOGRAPHY	IMAGING
PUNCTURE SITE	CT
PEDAL PULSE	MRI
SHEATH SET	
AIRWAY REMOVED AT Theatre	ICP MONITORING
OXYGEN LITRES 4L/min	VENTRIC DRAINS HEIGHT
HUDSON MASK	DRAINAGE
~~NASAL CANNULA~~	
Sa02 98-99% on 4L.	

I.V. ACCESS	L (circled)	R	ARTERIAL LINE	C.V.P. LINE
INFUSION RUNNING	☑	☐	COMMENCED ☐	COMMENCED ☐
CAPPED CANNULAE			IN SITU ☐	IN SITU ☐
DISCONTINUED			REMOVED ☐	
MORPHINE PROTOCOL	2mgs @ 2mgs @ 2mgs @ 2mgs @ 2mgs @		WOUND	DRAINS
			DRY ☑	PATENT ☐
			STAINING - SLIGHT ☐	BLOCKED ☐
ANALGESIA as charted.			- HEAVY ☐	DRAINAGE (MLS) ☐

PRESSURE AREAS: POTENTIAL PROBLEM ☐ NO PROBLEMS ☑

NEURO OBS/SEWS/ORBITAL OBSERVATIONS: See anaesthetic chart

COMMENTS: See anaesthetic chart and operation report for notes and instructions of Optician

RECOVERY NURSE SIGNATURE:

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice .....

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

Patient's surname/family name : .....

Patient's first name(s): .....

Date of Birth ___/___/_____ Gender: Male ☐ Female ☒

NHS/ CHI Number _____

Special requirements (e.g. other language/communication method) .....

.....

Responsible practitioner: Mr Ooreer

Job title: ENT Learn Consultant

STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side: (WRITTEN IN FULL)

PANENDOSCOPY

MICROLARYNGOSCOPY + BIOPSY.

Aim : Diagnosis

Risks : dental / gum / lip trauma
Bleeding
gullet tear (Rare)

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner: ..... OOREER

Name/Designation (Print) ..... GMC 6055866

Date 14/05/14

00526

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.
- That examination for the purpose of teaching will not be undertaken without my consent.

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
- to the emergency administration of blood or blood products

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 or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	✓	

PATIENT REFUSAL FOR BLOOD PRODUCTS

Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.

Signature: ..... Date ...../...../.....

Practitioner Signature: ..... Date ...../...../.....

PATIENT/~~PARENT~~* AGREEMENT FOR TREATMENT

Signature: ..... Date 14./05./14.....

Name (Print): X: MARGARET MCGEE

South Glasgow Hospitals

ANAESTHETIC RECORD

NHS Greater Glasgow and Clyde

Date: / /

Pre-op instructions:

Fast for: AM Lunchtime PM List

Patient de

Name:

Unit No:.

Address:

1609632184
MCGEE
Margaret F
365 Kelso Street 16/09/1963
Glasgow
G13 4PG

DOB

Proposed operation: ML + diagnostic + panendoscopy

Assessor: SINGH. 14/5.

Ward:

Pre-op assessment

Previous G.A.'s: eye surgery; last – 3yrs. – Ø prob.

CVS: HR 70/– BP 105/65.

Resp: Sats = 100% PEFR = 250mls.
COPD.

Other (specify):
pain lower back.

Fasted: S – 2145
L – 0430.

Reflux: Ø

Drugs:
07:00 Salbutamol inhaler
07:00 Beclamasone inhaler
Tramadol.
anti-depressant.
? what.

N.S.A.I.D's X

Allergies: Ø

BMI: 150 (18).

Weight (kg): 40

Airway: neck/ MO/ MP, TM=5/. JP↓

Dentition: top set
few gaps.

Investigations

Na+:	Hb:	Others (specify): PFT. FEV1/FVC = 66%.
K+:	WCC:	
C1-:	Plts:	
HCO3-:	ECG:	
Urea:	CXR:	
Creat:	Glucose	

Urgency		A.S.A.
Elective	☑	1
Scheduled	☐	(2)
Urgent	☐	3
Emergency	☐	4
		5

Comments / Warnings

Material risks explained ☐

BMV – Grade 2 – easy.

Anaesthesia

Date: 14/05/14

Machine check: ☒ Circuit check ☐

Cannula: 20 G, (L/R) (Hand) Arm Foot

Cannula: G, L/R Hand Arm Foot

Arterial site: | CVP site:

Patient position: O–E–4

ECG ☐	NIBP ☐	S_pO_2 ☐
E_TCO_2 ☐	FiO_2 ☐	E_TAA ☐
ALL ABOVE ☒		
TOF ☐	CVP ☐	IABP ☐
Blood warmer ☐	Patient warmer ☐	
Anti DVT ☐	U/O ☐	Temp ☐

Fluids warmed.

① Hartmans.

Pre O_2 ☒

Cricoid ☐

Airway - Oral / Nasal

ETT size: 5 | LMA size:

(Oral) / Nasal

Cuffed / Uncuffed

Type: MLT

Pack: In / Out

Ventilation - Spontaneous / (Controlled)

(Circle)	(Air) / N_2O
Bain	(SEVO)
T-piece	ISO
ADE	DES

Laryngoscopy Grade: 1 (2) 3 4

Mac 3 – BURP.

Time: 30 | 1000.

ALFENT.	1mg
PROPOFOL	120+30
RX	20
FENT.	85 85
ONDANS	4
SpO_2	100 ← 100
FiO_2	40
$ETCO_2$	4.6
E AA MAC	.9
Fluids	①
Temperature	
CVP	
Blood loss	
Urine output	

180 160 140 120 100 80 60 40 20

Regional Anaesthesia / Other Procedures / Comments

Operation Details **Theatre:** 6 INS

Operation as proposed on page 1 ☑ Reversal given: Yes ☑ No ☐

Anaesthetist(s): SINGH.	Surgeon(s): OOZEER.
Named Consultant:	Discussed with Consultant: Yes ☐ No ☐

Post Operative Care

A. Oxygen 4 **L/min OR** **% for** **hours OR SpO_2** 96 **% on air.**

B. Routine observations / postoperative care as per local protocol.

C. Appropriate DVT prophylaxis precribed: Yes ☐ N/A ☐

D. Anti-emetic given: Yes ☑ No ☐ Drug given: Ondansetron 4mg

E. Analgesia:

I.V. Morphine as per Recovery Algorithm - Sign		
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:

OR

I.V. Fentanyl as per Recovery Algorithm - Sign		
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:

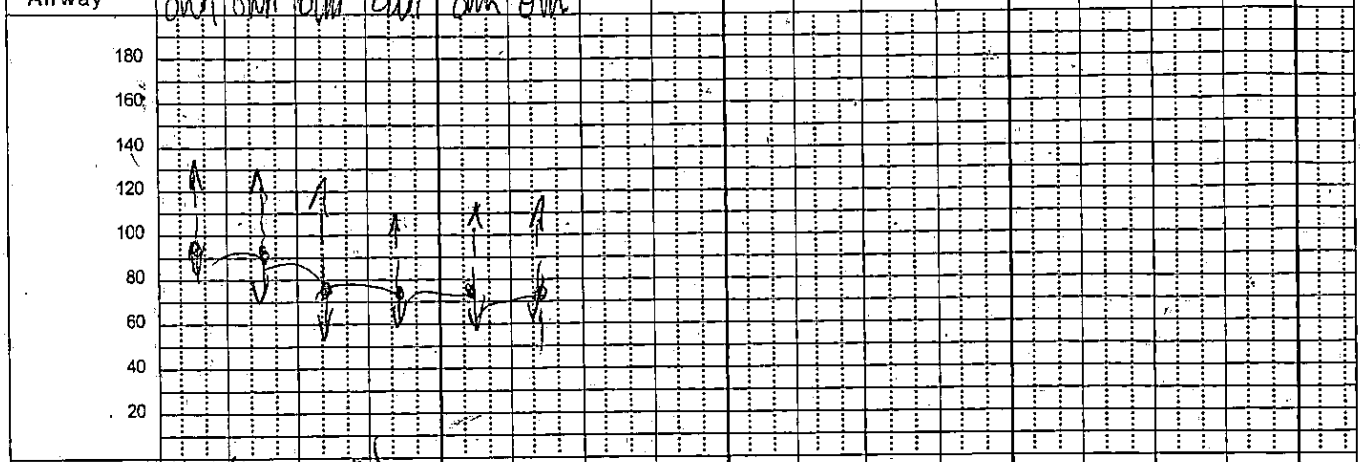
F. Post Operative fluids

Fluid (additive)	Volume	Rate	Sign	Start	Lot No.	Initials
	Nil fluids					

Post operative notes / Comments

Post Operative Care

Time	0955	1000	1005	1010	1015	1020
SpO_2	99	99	100	100	100	100
O_2 L/min	4L	4L	4L	4L	4L	4L
Resp Rate	18	16	16	16	16	16
Airway	own	own	own	own	own	own



Temperature	36°C (tympanic)	—	—	—	—	—
CVP	—	—	—	—	—	—
und site	✓	✓	✓	✓	✓	✓
ected limb pulse: +ve/-ve	—	—	—	—	—	—
Circulation Satisfactory:S Poor: P	—	—	—	—	—	—
Sensation +ve/-ve	—	—	—	—	—	—
Movement +ve/-ve	—	✓	—	—	—	—
Sedation/Pain score	0/0	0/0	0/0	0/0	0/0	0/0
Nausea score	0	0	0	0	0	0

Time	Fluid in	Urine	Drain 1	Drain 2

Blood results / Drug given

Additional nursing comments

See care plan

Waterlow Score ☐ **Intervention required:**

Discharge criteria met:	**Discharged to:**	**Recovery Nurse name:**	**Ward Nurse name:**
Yes ☐ NO ☐	Ward:	.....	.....
Comments:	HDU ☐ ITU ☐	Signature:	Signature: .....

VIC 638 Cat. No. 0163149 VI MEDICAL ILLUSTRATION • ANAES • 1985 / 6.05

SOUTHERN GENERAL HOSPITAL

OPERATION REPORT 8

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

SURGEONS: OOREER (Locum ENT Consultant) DATE: 14.5.14.

OPERATION PERFORMED

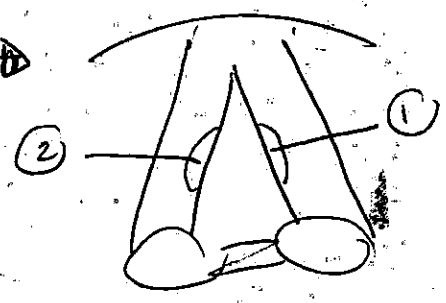
PANENDOSCOPY
MICROLARYNGOSCOPY / BIOPSY

FINDINGS & PROCEDURE:

Indication: smoker, hoarseness
Bilateral leukoplakia on FOL

Procedure: GA, ML Tube

Rigid oesophagoscopy to 25 cm NAD.
Bilateral VC leukoplakia mid cords →
Pilling's microlaryngoscopic suspension
BOR VCs biopsied specimen ① (R) VC
② (L) VC



All other subsites examined NAD
Palpation of BOT / Tonsils / Neck NAD
xylocaine spray

Post op:
① Routine SOR
② can eat/drink 20 mins
③ (H) later
④ f/u 4/52 for pathology
⑤ To stop smoking

TISSUE SENT FOR PATHALOGICAL EXAMINATION

Signature: Mr Ooreer
GMC 6055866.

S4495 – 001 3313540

0 & 90 Degree Telescope Set 1

S4538 – 009 3310978

Kleinsasser And Pilling Laryngoscol

S1657 – 006 3314710

Xomed Boucheyer Micro Laryngeal

7 332582 718053

Basic ENT Pack Southern General

Mölnlycke Health Care AB

REF 97036890-00 0024

2018-03 LOT 13499984

S4529 – 011 3328567

Hypopharyngoscope Set 1

S4494 – 007 3328266

Oesophagoscopy Set (Sets 3 – 6)

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date: 14.5.14

ADDRESSOGRAPH

1609632184
MCGEE
Margaret
365 Kelso Street
Glasgow
G13 4PG
F
16/09/1963

WARD: 66a

HOSP: SGH

THEATRE: ENT TH6

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	SN PARK	J. ROSE
PRE - OP INSTRUMENT COUNT CORRECT	SN PARK	J. ROSE
FINAL SWAB COUNT CORRECT	SN PARK	J. ROSE
FINAL INSTRUMENT COUNT CORRECT	SN PARK	J. ROSE
FINAL SWAB DISPATCH COUNT CORRECT	SN PARK	J. ROSE

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct.

SCRUB NURSE 1- SIGNATURE -

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

[redacted]	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name -	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION: Microlaryngoscopy with Biopsy And. Rigid Oesophagoscopy

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ITEMS REMAINING IN SITU (Type & Number)
Swabs (2x2)	—	Tapes				
Swabs (10x10)	10	Sloops/Slings				
Abdominal packs		Bulldogs				
Sutures		Shods				
Blades		Tibbs Cannula				
IV needles	1	Ports				
S[redacted]ges		Staple Gun Inserts				
Discard-a-pad	1	Spears				
Diathermy pencil		Throat packs - Anae				
Diathermy tips		Throat packs - Scrub				
Scratch pad		Retrieval Bag (Bert)				
Reels		Digital Tourniquets				
Patties		Fred	1			
Pledgelets						

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

ID: #STAT#140430094637

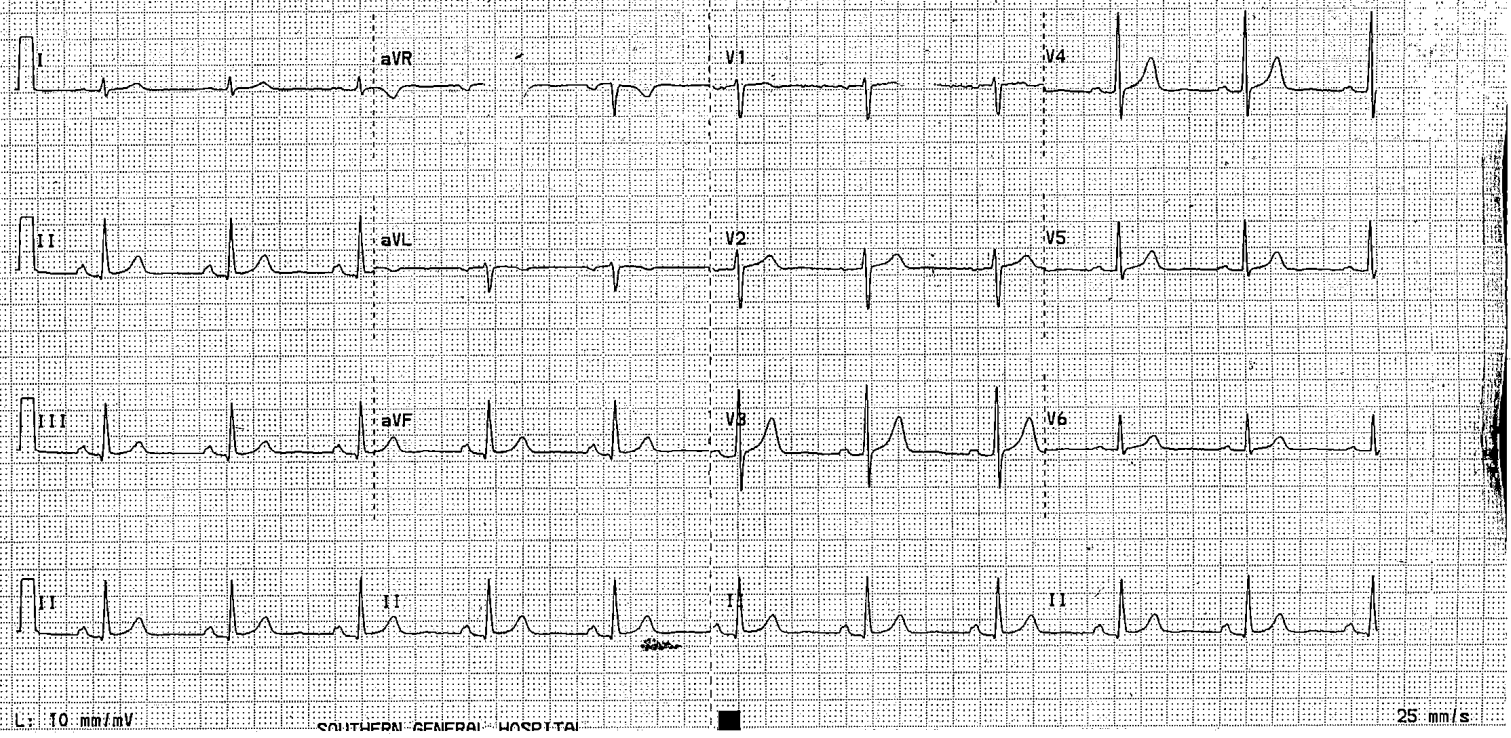
1609632184 F
MCGEE 16/09/1963
Margaret
365 Kelso Street
Glasgow G13 4PG

ID: #STAT#140430094637

Vent. Rate:	63	bpm
RR Interval:	944	ms
PR Interval:	176	ms
QRS Duration:	80	ms
QT Interval:	374	ms
QTc Interval:	379	ms
QT Dispersion:	38	ms
P-R-T AXI	80° 82°	72°

Sinus rhythm.
Normal ECG

* Unconfirmed Analysis *



L: 10 mm/mV

SOUTHERN GENERAL HOSPITAL

25 mm/s

South Glasgow Hospitals
Southern General Hospital, Glasgow G51 4TF. Tel: 0141 201 1100

Part I Discharge Letter and Medicine Prescription Form - Confidential Ref No: 207280

NHS Greater Glasgow and Clyde

VIMI - DISCHARGE - 2725 SGH

Dear Doctor Dickson
Surgery Yoker mill

Fix ID label to all 4 copies

Patient: Margaret McGee
Address: 365 Kenmuir Street
G13 4PG
DOB: 16/9/63 Unit no:
Weight CHI no: 1609632194

Ward: 66A DSU Tel: 2012194
Consultant: Oozeer (Roughead)
Specialty ENT
Named Nurse:
Admission date: 14/5/14
Mode of admission
Source of admission
Discharge date: 14/5/14

Follow-up arrangements
Clinic appointment made:
Yes ☐ No ☐ To follow ☐
Clinic name ENT 4/52
Date ../../..
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Reason for admission, treatment, diagnosis, investigations, operations, complications:

Panendoscopy + biopsy
leukoplakia

Other information
Advised to stop smoking
WR 62 201 2680
201 2010

MEDICINE	Dosage form	Dose	Times for administration: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	New Drug	New Dose	Number of days supply	Dispensing Details (Pharmacy only)
Paracetamol	soluble	1g		✓		✓			✓		✓					6 days	

Medicines discontinued	Reason (if known) e.g. side effects

Clinical Pharmacy check:
All known drug sensitivity / adverse reactions:

Dispensed by: Date: 14/5/14
Checked by:

WARD USE ONLY
Med. rec. on ward by:
Issued by: Date: ../../..
Signature of recipient:

Doctor s name: JOHN DALY Signature: Date 14/5/14
Doctor s grade: GPJ 1 Pager number: 7612

Number of prescription sheets at discharge:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; White copy - Patient.

If you have any problems after discharge, please contact the Ward

Nurse/Midwife Administration by Syr[illegible]omatic Relief Policy or other Pro[illegible]col - 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.

DATE | DRUG | DOSE | ROUTE | TIME

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

DATE →
MONTH →

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

Parenteral Drugs : Regular Prescription

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

A DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

B DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

C DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time	Patient's Own Medicine	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
A												
B												
C												

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

D

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

G

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
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.

MCGEE
Margaret F
365 Kelso Street 16/09/1963
Glasgow

Name G13 4PG

CHI No

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

Nurse/Midwife Administration by Syr omatic Relief Policy or other Pr col - 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.

DATE	DRUG	DOSE	ROUTE	TIME	NURSE

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

H DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M. DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

MCGEE
Margaret
365 Kelso Street
Glasgow

F
16/09/1963

Name —

G13 4PG

CHI No _____

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

_____

_____

Nurse/Midwife Administration by Sy...tomatic Relief Policy or other P...ocol - 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.

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

W DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

| | | |

Nurse/Midwife Administration by Sym matic Relief Policy or other Pro ol - 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.

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. In the case of sustained release lithium or theophylline).

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

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

PRESCRIBER (PRINT & SIGN)

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.

MCGEE
Margaret
365 Kelso Street
Glasgow
G13 4PG

F
16/09/1963

Name

CHI No

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

Nurse/Midwife Administration by Syr...omatic Relief Policy or other Pr...col - 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.

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

All Routes: As Required Prescriptions

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION	DRUG	DOSE	ROUTE	INDICATION	STOPPED DATE: / INITIALS:	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
☐	☐	☑	LL PARACETAMOL	750mg	O	pain		[signature]	6	14/5/14	
☐	☐	☑	MM DIHYDROCODEINE	30mg	O	pain		[signature]	6	14/5/14	
☐	☐	☑	NN CYCLIZINE	25mg	O/N	PONV		[signature]	8	14/5/14	
☐	☐	☐	PP DRUG	DOSE	ROUTE	INDICATION		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | |

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE: INITIALS:	DATE																						Patient's Own Medicine For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																				Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																				Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																				Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																				Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																				Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																				Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																				Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																				Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																				Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																				Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																				Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																				Assessed by:
																										Ordered from Pharm.

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

1609632184
MCGEE
Margaret F
365 Kelso Street 16/09/1963
Glasgow

Name G13 4PG

CHI No

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other 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.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg
Gram = g
Millilitre = ml
Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

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

Cat. No. 40995 ver 4, 05/2010

Acute Services Division

Surgery and Anaesthetics Directorate
Department: Pre Op Assessment Unit
Specialty: Ear, Nose & Throat (ENT)

NHS Greater Glasgow and Clyde

Hospital Name	Southern General

Patient Details		GP Details	
Name	McGee, Margaret	Name	ROUSHDY-GEMIE, MAY
Address	365 Kelso Street GLASGOW G13 4PG	Address	Yokermill Medical Centre 6 Yokermill Road Glasgow
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	64617380E, 1609632184
Telephone		Consent	Yes
Patient Contact Number	07522487790	Sensitivity	Sensitive
CHI Number	1609632184	Consultant Name	MISS OOZEER
Sex	Female	Requires Transport	No
Date of Birth	16/09/1963	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	mark allan	
Address	sa	
Landline		
Mobile	07824360836	
Relationship	friend	

Assessor

a paterson Date Assessed: 30/04/2014

POA First Line

Surgery / Procedure: MICROLARYNGOSCOPY/BIOPSY+ UPPER OESOPHAGOSCOPY
Admission - DSU
TCI Date -
Fasting information provided

Availability

Reason -
Details -

Examination

Age: 50	Weight (kg): 40	Height (m): 1.5	BMI: 18
BP: 107/64mmHg	Pulse: 71/ min	Rhythm:	SaO2: 100%

Patient has had an anaesthetic before. There is not a family history of anaesthetic problems.
Patient has had surgery before. eye surgery as child

Acute Services Division

Nursing Admission & Assessment

1. Admission

NHS Greater Glasgow and Clyde

Name: 1609632184
Address: MCGEE Margaret 365 Kelso Street Glasgow G13 4PG
DoB: 16/09/1963 F
CHI numb

Affix patient data label

Hospital: SGH	Ward: 66A
Date of admission: 14/5/14	Time: 0820
Admitting Consultant: [illegible]	Admitting Nurse:
Expected date of discharge: / /	

1. Patient Details

Preferred name:	Next of Kin (NoK): Mark Allan
Age: 50	Relationship: friend
Religion: —	NoK Address:
Telephone: 07522487790	
GP: Dr. M Roushdy-Gemie, Dr Dickson & Gemie	NoK Telephone: 07824 360 836
GP address: Yokermill Medical Centre, 6 Yokermill Road, Glasgow, G13 4PU	NoK Aware of admission: ☑ Yes ☐ No
	Consent for information to be given to relatives: ☑ Yes ☐ No
	Nominated family contact:
GP telephone:	Telephone - Day:
	Telephone - Evening:

Is the patient a carer? ☐ Yes ☑ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☐ Not required

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☐ No ☑ N/A

a. If 'Yes' please provide – Name: ..... Relationship: .....

Contact telephone number: .....

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☐ No ☐

If 'No' to 'b' please inform medical staff. Name of doctor informed: .....

2. Presenting Complaint / Diagnosis

microlaryngoscopy / Biopsy + Upper Oesophagoscopy

Why does the patient think they are in hospital? *Use patients own words:*

3. Allergies (including food allergies)

No known allergies: ☑

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO_2	Temp
5	8	2	79	120/68	14	99	36.2
Urinalysis: Eye Requested		AMT4 Score	BM	NEWS Score	Weight Estimated / Actual	Height Estimated / Actual	BMI
		—	—	0	40kg	1.5m	18

5. Current Medication

tramadol
salbutamol inh.
beclometasone inh.
? antidepressant

Medicines reconciled on admission? ☐ Yes ☐ No

6. Relevant Past Medical History

eye surgery as child
Asthma daily (walking 100yds causes breathlessness)
Depression - attending psychiatrist
Smoker

7. Risk Assessment

MUST

1. Is the patient's BMI:
   - > 20 ..... Score 0
   - 18.5-20 ..... Score 1
   - <18.5 ..... Score 2

   Score 2
2. Has the patient had unplanned weight loss in the past 3-6 months?
   - < 5% ..... Score 0
   - 5-10% ..... Score 1
   - >10% ..... Score 2

   Score 0
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:
   - Score = 2
   - Not applicable: Score = 0

   Score 0

MUST Score: 2

If score 1 or more, complete full Nutrition Profile

Name: ... 1609632184 ...
Address: ... MCGEE Margaret F ... 16/09/1963 ...
365 Kelso Street ...
Glasgow ...
DoB: ... G13 4PG ...
CHI numb ...

8. Cognitive Impairment

For all patients ≥ 65 years, ask the following 4 AMT questions:

1. How old are you? ..... years
2. What is your date of birth? / /
3. What is this place? .....
4. What year is it? .....

If the patient does not answer all questions correctly then refer to medical staff.

AMT Score: ..... out of 4

Name of Doctor informed (if required)

..... Grade .....

9. MRSA Screening / CJD / Healthcare outside Scotland

Will the patient be an inpatient >23 hours? ☐ Yes ☑ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☐ No ☐ Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☐ No ☐ Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☐ No ☐ Not known

If **'Yes'** to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

☐ **Nasal** ☐ **Perineum** ☐ **Other - Specify:** ☐ **Patient refused**

CJD: **Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:**

☐ Yes ☑ No If 'Yes' contact Infection Control Team. Infection Control Team contacted: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☑ No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken ☐ Patient refused ☐

10. Lifestyle

Smoking:

Does the patient smoke? ☑ Yes ☐ No

If 'Yes' how many per day: 12

Does the patient use nicotine replacement therapy? ☐ Yes ☐ No

Does the patient wish referral to Smoking Cessation Service?

☐ Yes ☐ No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? ☐ Yes ☑ No If 'Yes' specify:

Alcohol (Men): How often do you have **8** or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have **6** or more drinks on one occasion:

☑ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

1. Admission Documentation Completed By

Name (Please PRINT): CCA/AM1	Signature:
Designation: CN	Date: 14/5/14

Acute Services Division

Nursing Admission & Assessment

2. Assessment

Hospital: SGH	Ward: ECCA
Date of Assessment: 14/5/14	Time: 08:00

Name: MCGEE Margaret F
Address: 365 Kelso Street Glasgow
DoB: 16/09/1963
CHI numb: G13 4PG
1609632184

1. Breathing and Circulation

Breathing:

- [x] No symptoms or history of respiratory problems
- [ ] Dyspnoeic at rest
- [ ] Dyspnoeic on minimal exertion
- [ ] Dyspnoeic on maximum exertion
- [x] Productive / non-productive cough evident
- [ ] Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- [x] No symptoms
- [ ] Known cardiac or circulatory problems

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

Initial

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

English

Interpreter: Required [ ] Not required [x]

If required, provide details and arrangement made:

Does the patient have:

a. Speech difficulties? [ ] Yes [x] No

b. A learning disability e.g. Down's Syndrome? [ ] Yes [x] No

If 'Yes' please specify:

If 'Yes' contact Liaison Learning Disability Team.

Liaison Learning Disability Team contacted: [ ] Yes [ ] No

c. A learning difficulty e.g. dyslexia, dyspraxia? [ ] Yes [ ] No

If 'Yes' please specify:

3. Senses

Senses:

Eyesight

- [x] Normal vision
- [ ] Glasses – [ ] Distance [ ] Reading
- [ ] Prosthesis – [ ] Left [ ] Right
- [ ] Contact lenses
- [ ] Registered blind

Hearing

- [x] Normal
- [ ] Hearing impaired (h)
- [ ] Hearing aid – [ ] Left [ ] Right

4. Mental Status

Mental Status:

- [x] Orientated
- [ ] Confused
- [ ] Distressed
- [ ] Aggressive /Abusive
- [ ] Unconcious

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

Initial

5. Hydration and Nutrition

MUST Score: 2 **If score is 1 or more, complete a Nutrition Profile.**

Nutition Profile completed ☐ Yes ☑ No

If 'Yes' do not complete sections 5a to 5d.

- **If score is 0, reassess / screen patient in 7 days.**
- **Complete sections 5a to 5d.**

Date of reassessment: / /

Name: .....
Address: .....
.....
DoB: .....
CHI number

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

5a 1. Food likes / dislikes:
Normal diet
Poor appetite
needs to swallow meat etc.

5a 2. Fluid likes / dislikes:
Tea with 2 sug + milk

5c. Help needed with eating and drinking:
☐ Yes ☑ No
If 'Yes' provide details:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):
☐ Yes ☑ No
If 'Yes' specify diet needed:

5d. Texture Modified Diet needed?
☐ Yes ☐ No
If 'Yes' specify texture: A ☐ B ☐ C ☐ D ☐ E ☐
Thickened Fluids required? ☐ Yes ☐ No
If 'Yes' specify stage required: 1 ☐ 2 ☐ 3 ☐

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Patient more of the thin lost weight. Always of slight build. Managing diet although long to eat very small pieces of meat as she is having difficulty swallowing

Initial m

6. Elimination

Continent:
☑ Bladder
☑ Bowel

Incontinent:
☐ Bladder
☐ Bowel

NHS GGC Stool Chart commenced:
☐ Required ☑ Not required

Long-term urinary catheter in situ? ☐ Yes ☐ No
If 'Yes' – Size: ..... fg Make: .....
Date catheter last changed: / /

Continence assessment commenced:
☐ Yes ☐ No ☑ Not applicable

Containment products in use? Please specify:

☐ Bowels regular
☑ Constipated
☐ Diarrhoea / loose stools

Stoma: ☐ Yes ☑ No
If 'Yes' please specify and list appliances used:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

7. Personal Hygiene, Oral Health and Skin Assessment

Name: ....
1609632184
Address: MCGEE F ....
Margaret 16/09/1963 ....
365 Kelso Street ....
DoB: ..... Glasgow ....
G13 4PG
CHI num ....

Personal hygiene:

- [x] Self-caring and independent
- [ ] Requires assistance

Specify assistance if required:

Oral health:

Self-caring and independent	[x] Yes	[ ] No
Does the the patient have a sore mouth	[ ] Yes	[x] No
Does the patient have a non healing mouth ulcer	[ ] Yes	[x] No

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway) and implement Oral Care Bundle.

Oral Hygiene Care Bundle:

- [ ] Required
- [x] Not required

Dentures:

- [ ] Not worn
- [x] Upper set
- [ ] Lower set
- [ ] Full set
- [ ] Dentures with patient on admission

Skin assessment:

- [x] Skin healthy with no evidence of damage
- [ ] Skin broken
- [ ] Skin oedematous
- [ ] Skin discoloured
- [ ] Skin clammy

If 'Yes' to any of the above, describe skin condition:

Wound Assessment Chart completed: [ ] Yes [ ] No [x] Not applicable

Pressure ulcer evident: [ ] Yes [ ] No

If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade: .....

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

Initial

8. Mobility

Patient fully mobile / independent? [x] Yes [ ] No If 'No' complete Moving and Handling Assessment.

- [ ] Limited mobility
- [ ] Mobile with aid – Specify:
- [ ] Prosthesis – Specify:

Moving and Handling Plan commenced:

- [ ] Yes
- [x] No

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

Initial

9. Maintaining a Safe Environment

Pain status:

Does the patient have pain? [ ] Yes [x] No

If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: [ ] Yes [x] No

Bed rails required:

- [ ] Required
- [x] Not required

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

Initial

10. Sleep and Rest

Sleep habits:

☐ Less than 8 hours ☐ Afternoon nap

☐ Morning nap

Sleep difficulties:

☐ None ☑ Disturbed e.g. nocturia, insomnia

☐ Early wakening

Medication required: ☐ Yes ☑ No

Name: .....
1609632184
Address:..... MCGEE F
Margaret 16/09/1963
..... 365 Kelso Street
Glasgow
DoB:..... G13 4PG
CHI number

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

11. Social Circumstances

☐ Employed ☑ Unemployed ☐ Retired

☐ Lives alone

☑ Lives with Family

☐ Friend

☐ Dependants

☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services ☐ Unpaid carer e.g. family, friends

☐ Private Carers ☑ None

If support services in place, please provide details:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

12. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?

☐ Yes ☑ No

If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?

☐ Yes ☑ No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?

☐ Yes ☑ No

If 'Yes' please provide brief details:

Ask the patient:

"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"

☐ Yes ☑ No ☐ Not at this time

If 'Yes' please specify faith group:

Name [redacted]
Addre 1609632184 F
MCGEE
..... Margaret 16/09/1963
365 Kelso Street
DoB: .. Glasgow
G13 4PG
CHI nu

14. Anticipatory Care

(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☐

Is the **patient** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the **patient's family** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Preferred place of care:
Home: ☐ Hospital ☐ Hospice ☐

Preferred place of death:
Home: ☐ Hospital ☐ Hospice ☐

Current treatment – please identify (e.g. chemotherapy/ radiotherapy):

Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses):

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT): CEARNS

Signature:

Designation: CN

Date: 14/5/14

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
OPU 14/5/14	Admitted via A&E Fasting prepared & Alert	CEARNS
14/5/14 10.30 am	Returned from Theatre at 10.25 am following cystoscopy, microlaryngoscopy and biopsy. (1)(3)&(7) Observations stable. Apyrexial O_2 Sats 100% on 4L. (4) Can have diet and fluids as able (5) Please observe for passing urine post-op	

Clinical Notes continue on next page

Name: .....
Address:.....
.....
DoB:.....
CHI numbe



1609632184
MCGEE F
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365 Kelso Street
Glasgow
G13 4PG

Clinical Notes (continued)

Date and Time	Notes	Name, Signature and Designation
	(6) Complaining of throat pain	
	(8) Reduced until eating and drinking.	
	(12) Pain score 3 on return.	Kerry Winstanley
	For clinic in 4/52, appointment requested	K Winstanley
1500	(1) Vital signs checked as charted	
	(3) O2 sats 97% on air	
	(4) Bloody diet + fluids well	
	(5) Passing urine spontaneously	
	(6) No pedals.	
	(9) Opioid	
	(12) Analgesia as per Kardex with effect.	
	(2) SHO Medical Staff Doctor aware as per protocol	[illegible] (6)

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

WRITE, IMPRINT OR ATTACH LABEL

Surname 1609632184
Forenames ... MCGEE F
Margaret 16/09/1963
DoB ..... 365 Kelso Street
Glasgow
Location G13 4PG

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**

Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

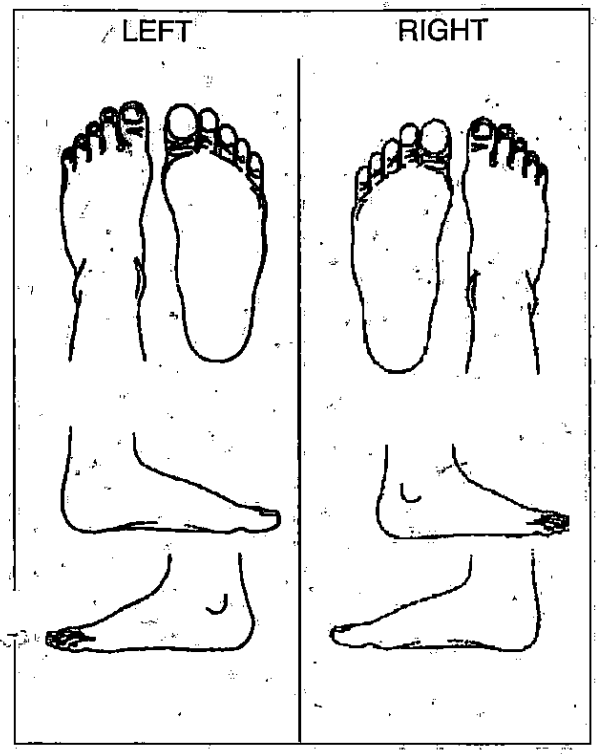
Sex									
Male	1								
Female	2	2							
Age									
14 -49	1								
50 -64	2	2							
65 - 74	3								
75 - 80	4								
81+	5								
Build/Weight for Height (BMI=weight in Kg/height in m²)									
Average - BMI 20-24.9	0								
Above average - BMI 25-29.9	1								
Obese - BMI > 30	2								
Below average - BMI < 20	3	3							
Continence									
Complete/catheterised	0								
Incontinent urine	1								
Incontinent faeces	2								
Doubly incontinent (urine & faeces)	3								
Skin Type - Visual Risks Area									
Healthy	0								
Tissue paper (thin/fragile)	1								
Dry (appears flaky)	1								
Oedematous (puffy)	1								
Clammy (moist to touch)/pyrexia	1								
Discoloured (bruising/mottled)	2								
Broken (established ulcer)	3								
Mobility									
Fully mobile	0								
Restless/fidgety	1								
Apathetic (sedated/depressed/reluctant to move)	2								
Restricted (restricted by sever pain or disease)	3								
Bedbound (unconscious/unable to change position/traction)	4								
Chairbound (unable to leave chair without assistance)	5								
Nutritional Element									
Unplanned weight loss in past 3-6 months									
<5% Score **0**, 5-10% Score **1**, >10% Score **2**	0-2								
BMI > 20 Score **0**, BMI 18.5-20 Score **1**, BMI < 18.5 Score **2**	0-2								
Patient acutely ill or no nutritional intake > 5 days	2								
Special Risks - Tissue Malnutrition									
Multiple organ failure/terminal cachexia	8								
Single organ failure e.g. cardiac, renal, respiratory	5								
Peripheral vascular disease	5								
Anaemia = Hb < 8	2								
Smoking	1	1							
Special Risks - Neurological Deficit									
Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6*	4-6								
Special Risks - Surgery/Trauma									
On table > 6 hours	8								
Orthopaedic/below waist/spinal (up to 48 hours post op)	5								
On table > 2 hours (up to 48 hours post op)	5								
Special Risks - Medication									
Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4*	4								
Total Score		8							
Date		14/5							
initials									
Time		8pm							

83826

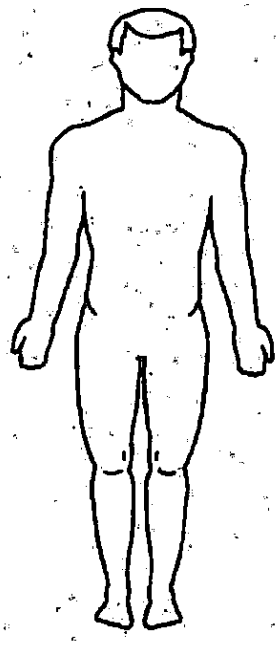
Ensure plan of care is implemented / reviewed for all identified areas of concern.

PRESSURE ULCER RECORD

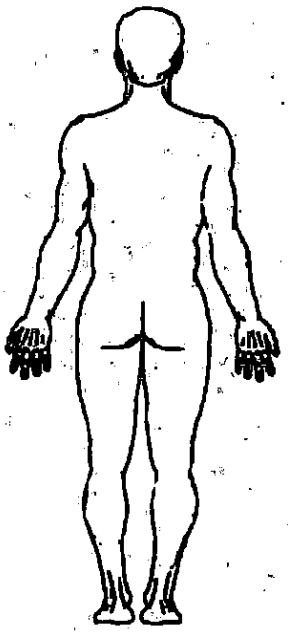
Indicate by circling and numbering all pressure damage on diagrams, then complete box below. Indicate care plan/wound assessment chart.



Anterior view



Posterior view



SCOTTISH ADAPTED EPUAP PRESSURE ULCER GRADING TOOL

GRADE 1 Non-blanchable erythema of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.

GRADE 2 Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion or blister.

GRADE 3 Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.

GRADE 4 Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

DATE	NUMBER OF ULCER(S)	LOCATION OF ULCER(S)	GRADE OF ULCER(S)	LOCATION OF ULCER(S)

Pressure Ulcers may deteriorate from Grade 1 to Grade 4, but can not be reversed and should be documented as a healing grade of pressure ulcer, eg healing grade 4.

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 14/5/14

Attach Addressog

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

Ward:

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, **based on the patient's most critical need** should be every (Please circle): 1hr 2hr 3hr 4hr 6r

1. Signed ..... Name ..... Designation RGN
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Times																	
	1.	**Pain: assess and address** If in pain inform registered nurse Y / N or N/A	NA																	
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (Independent)	I																	
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)																		
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)	I																	
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B																		
		Chair Assist to walk, stand or tilt (W /ST/ T)																		
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I																	
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)	Y																	
		Encourage the patient to drink? Y / N / N/A	NA																	
		Food, snack or supplement taken? Y / N / N/A	NA																	
	6.	**ENVIRONMENT: Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S	Y																	
	7.	**INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	Y																	
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse Y / N/A	NA																	
		Nurse Initials																		

Attach Addressograph label

Ward:

NHS Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902

CEDAR CODE 102083

INSTITUTE OF NEUROLOGICAL SCIENCES
SOUTHERN GENERAL HOSPITAL

NHS Greater Glasgow and Clyde

NAME	1609632184
UNIT No.	MCGEE F Margaret 16/09/1963
CHI No.	365 Kelso Street Glasgow
DOB	G13 4PG

Use addressograph label if available

CARE PLAN - WARD 66A / 62

WARD: 66A

CONSULTANT: Mrs Dreen

DATE: 14/5/14

	PROBLEM	NURSING ACTION	AIMS OF CARE	SIGNATURE	REVIEW DATE	DISC. DATE
1	Vital signs	Assess and record using sews.	To obtain baseline for post op comparison. Early detection of complications			
2	Anxiety	Explain all nursing interventions.	To reassure patient and minimise anxiety.			
3	Respiratory Status	Record O2 saturation. Identify pre existing respiratory conditions Post-op 02 therapy Y / N _____ L/pm Asthma COPD	To obtain baseline. To ensure medication/ inhalers available. Identify potential complications. Maintain 02 sats as per anaesthetist instructions			
4	Fluid and Nutrition	Fast patient from 12 Complete must Y / (N) Refer to Dietitian Y / (N) Diet: _____	To prevent aspiration and adhere to anaesthetic guidelines. Identify potential problems. Maintain adequate hydration and nutrition.			
5	Output	Observe bladder + bowel pattern. Incontinent Y / (N) Catheter Y / (N) Independant (Y) / N	To ensure emptying of bladder/bowel. Identify preexisting conditions/ problems and potential complications.			
6	Wound	Observe any wounds for signs of inflammation. Remove: Drains: _____ Sutures: _____	Early detection of complications. To promote healing. To prevent infection.			
7	Temperature	Monitor + record temperature.	To obtain baseline. Early detection of pyrexia/hypothermia.			

	PROBLEM	NURSING ACTION	AIMS OF CARE	SIGNATURE	REVIEW DATE	DISC. DATE
8	Mobility	Independent (Y) / N Mobile: _____ Refer to physio Y / (N) Complete cannard (Y) / N Complete M+H risk assessment Y / (N)	To identify level of assistance required. Refer to appropriate source of advice/support.			
9	Potential need for spiritual care	Encourage discussion assess needs patient/ family refer to appropriate chaplain if desired	Address spiritual needs. Assist patient/family to cope with illness + possible bereavement.			
10	Potential altered body image	Discuss Provide support Promote dignity	To maintain patients dignity. To support + reassure			
11	Potential disruption to normal sleep pattern	Provide calm/peaceful atmosphere. Administer analgesia. Administer night sedation. if applicable.	To promote rest/sleep			
12	Pain	Assess using appropriate pain assessment tool. Administer prescribed analgesia + note effect.	To maintain patient comfort. Relieve pain.			

Acute Services Division

Hospital / Department

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack



Patient name: 1609632184 MCGEE Margaret F 16/09/1963

Ward: 365 Kelso Street Glasgow

CHI number: G13 4PG Unit/Hospital number

Contents

1. Canard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 14/5	Date:	Date:	Date:	Date:	Date:	Date:
						Ward: Gen	Ward:	Ward:	Ward:	Ward:	Ward:	Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			—						
Sex	Male 1	Female 2				2						2
Age	13-59 0	60-70 1	71-80 2	81+ 1		—						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		—						
Medication type **	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		1						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	—						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		5						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below		1						
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves				NURSE SIGNATURE		~						

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

	NURSING INTERVENTIONS	Date: 14/5 Ward: 6GA	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
Action code:								
1	Falls prevention and general safety precautions discussed with patient and family.	✓						
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.							

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevrin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxycontin.

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name	1609632184 MCGEE Margaret F 16/09/1963
Address	365 Kelso Street Glasgow G13 4PG
CHI No.	
DoB	

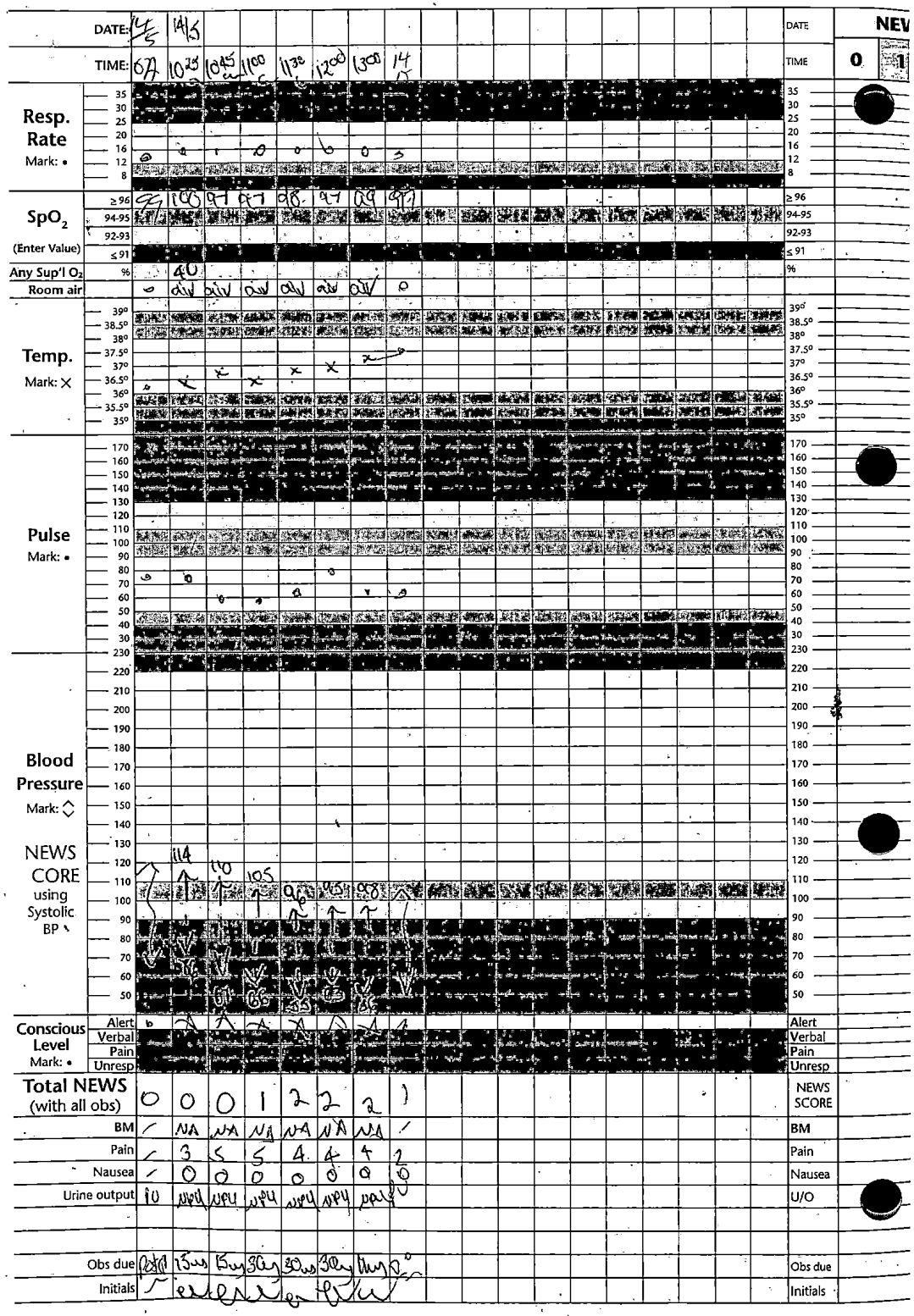
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Admitted		
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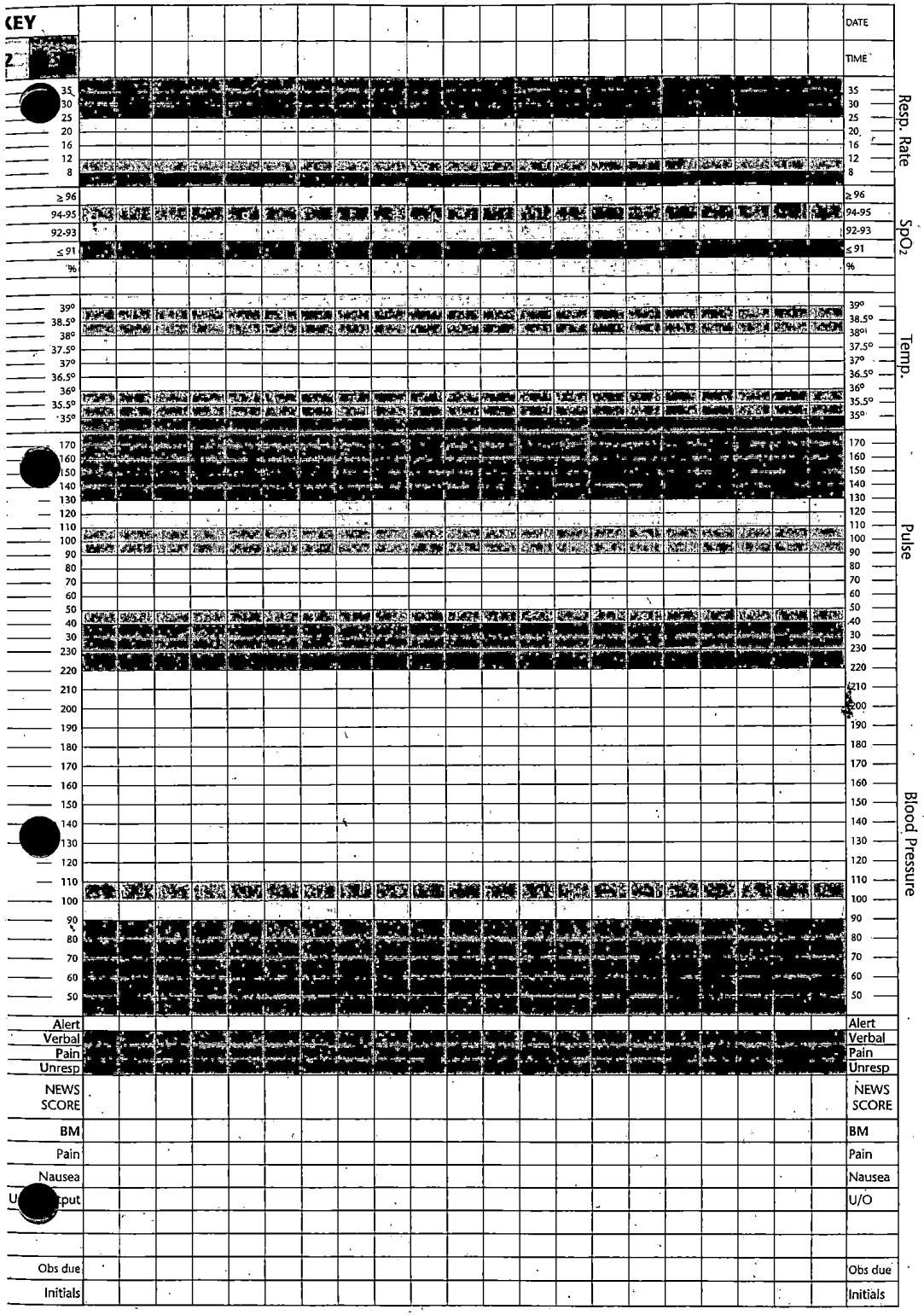
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V or P

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1 - 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.


DATE: 14/5 14/5
TIME: 07 1035 1045 1100 1130 1200 1300 14
Resp. Rate
Mark: •
SpO2
(Enter Value)
Any Sup'l O2
Room air
Temp.
Mark: ×
Pulse
Mark: •
Blood Pressure
Mark: ◇
NEWS CORE using Systolic BP
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
BM
Pain
Nausea
Urine output
Obs due
Initials
NEWS SCORE
U/O


KEY
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood Pressure
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Neurological Observations

| | | |

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 AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

ORTHOPAEDIC WAITING LIST

Name: Miss Margaret McGee (52)	**Unit No:** 1609632184	**CONSULTANT:** CHAMBERS
365 Kelso Street Yoker Glasgow Lanarkshire G13 4PG	**CHI No:** 1609632184	**GP:** Dr Morgan, Dr M Duffy And Dr A Morgan Drrumchapel Health Centre 80/90 Kinfauns Drive Glasgow G15 7TS
	D.O.B: 16/09/1963	

Telephone: Home:07584244118 Mobile:

Diagnosis:	**Foreign body and carpal tunnel syndrome left arm**	Daycase
Operation	**Excision of FB left forearm and CTD**	GA
DVT Risk	**Low risk**	
Date on WL	11/11/2015	**Clinician:** Mr Max Chambers

Instructions:	**Transport:** *Not required*	**Short Notice:** *Yes*

Dept of Orthopaedic Surgery, Western Infirmary, Dumbarton Road, Glasgow G11 6NT,
Secretary: 0141 211 2288 Department Fax: 0141 211 2466 Appointment Office 0141 211 2392

NHS
Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary: 0141 211 2013
Appointment Office: 0141 232 9499
Department Fax: 0141 211 6334

Our Ref: MC/JM
Typed: 25/11/2015

MR CHAMBERS' ORTHOPAEDIC CLINIC– 11/11/2015

Dr Morgan
Dr M Duffy And Dr A Morgan
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Morgan

Miss Margaret McGee DOB 16/09/1963 ~ CHI: 1609632184
365 Kelso Street Yoker Glasgow Lanarkshire G13 4PG

Diagnosis 1: bilateral carpal tunnel syndrome Diagnosis 2: foreign body left forearm
Outcome: waiting list for general anaesthetic removal of foreign body left forearm + left carpal tunnel decompression

Thank you for referring this lady to the hand clinic. She has a lesion on her left forearm on the volar side ulnarly based. As you mention she had an ultrasound scan which suggested there is a fibrous superficial lesion. She does have a history of putting her hand through a glass window and I got an x-ray of the hand which does seem to show a foreign body in keeping with a flake of glass. She seemed to think that this has migrated from her wrist to her forearm which is not impossible but certainly not the norm.

I discussed removing this under a local anaesthetic with her. She says she is desperately concerned about having a procedure under local and therefore we have prelisted her today to have this under a general anaesthetic.

We will see her back six weeks afterwards to see how she is faring in terms of her carpal tunnel syndrome and we can have a chat regarding the right side. Certainly on the left side she has positive Tinel's tap and positive modified Durkan's test with normal sensation today and no obvious thenar muscle wasting or weakness. Of note looking at the x-ray of the forearm, as well showing the foreign body, there is evidence of a non-union of the proximal pole of the scaphoid. This is asymptomatic and therefore we will plan no treatment for this at present.

Yours sincerely

Max Chambers
Associate Specialist in Orthopaedic Surgery

Department of Orthopaedic Surgery
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

NHS
Greater Glasgow and Clyde

Secretary: 0141 211 2288
Department Fax: 0141 211 2466
Appointment Office 0141 211 2268

Our Ref: NM/AL
CHI: 1609632184

23/02/2015

MR NEAL MILLAR -Orthopaedic Clinic- 13/02/2015

Dr Roushdy-Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Dear Dr Roushdy-Gemie

Miss Margaret McGee DOB 16/09/1963
365 Kelso Street Yoker Glasgow Lanarkshire G13 4PG

Diagnosis: ? nonunion right 5th metatarsal
Plan: MRI right 5th metatarsal, referral to orthotics and return to foot clinic

This very pleasant 51-year-old lady fell, sustaining a fracture to the base of her 5th metatarsal in March 2014. This was treated nonsurgically. While it initially did improve she has noticed a lot of increasing pain over the last 4 to 6 months around this area and is not able to walk on the lateral border of her foot. She reports pain around this area and radiating up her leg. As you know, she has an extensive past medical history with pain management for her back pain and also COPD. She smokes 20 a day.

On clinical examination today of her right foot she certainly is tender around the base of the 5th metatarsal but this is only to deep palpation. There is no surrounding erythema or swelling. She has got a good medial longitudinal arch and she has got no callosities on the undersurface of her foot. She is non-tender around the metatarsals, in the midfoot or the hindfoot. She has good subtalar joint movement and moves her ankle joint well from 10° of dorsiflexion to 40° of plantar flexion. She is non-tender around the tendo Achilles or the peroneals or tib post tendon. I note I could not feel the dorsalis pedis and I could only feel a very faint popliteal on the right side. X-rays taken today show the previous fracture and it is difficult to fully delineate whether this has fully healed. There is a slight line which I wonder if it has gone on to a fibrous nonunion.

In view of the fact she is still having discomfort here I think she would benefit from undergoing an MRI just to fully delineate whether there is any evidence of a nonunion. I would only treat this nonoperatively with a further period of immobilisation to try and improve things for her. She has mentioned quite restless legs and pain around her calf and I wonder whether this may be related to peripheral vascular disease due to her smoking history. I have arranged an MRI and I am also referring her on to orthotics, but it may be worthwhile for her to be referred to a vascular clinic or indeed have a Doppler to ascertain whether she has a peripheral vascular issue. She will be seen back in the foot clinic with the results in due course.

Yours sincerely

Mr Neal L Millar PhD, FRCS Ed (TR & Ortho)
Consultant Orthopaedic Surgeon

NHS
Greater Glasgow and Clyde

Department of Orthopaedic Surgery
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Secretary Tel: 0141 211 6360
Secretary Fax 0141 211 2466

Our Ref: SG/EY
Dictated: 04/03/2014
Typed: 04/03/2014

MR RANA'S FRACTURE CLINIC - Tuesday, 04/03/2014

Dr Roushdy-Gemie
Dr Dickson And Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Dear Dr Roushdy-Gemie

Miss Margaret McGee Hospital Number: 1609632184 CHI: 1609632184
Add: 365 Kelso Street Glasgow Lanarkshire G13 4PG

Diagnosis: **2 month's following right 5th metatarsal base fracture**
Outcome: **Discharged with advice**

I reviewed Miss McGee today. I am very happy to say she is back into her normal footwear walking without a limp and has minimal tenderness over the base of the 5th metatarsal. She herself feels the pain is much better but not fully back to normal. I have now mobilisation as pain allows and discharged from routine review with the advice that the vast majority of these settle down with time and don't require any further intervention. If however she has significant pain with it or an associated limp she should be referred back to the Foot and Ankle Service.

Yours Sincerely

Stephen Grant
ST6 in Orthopaedics

Date Taken	Height	Weight	BMI	Comments	Created Date	Created By	Modified Date	Modified By
28-Oct-2022	1.52 m	41.4 kg	17.92	clinic scales	28-Oct-2022 11:21	Andrew DOCHERTY1	28-Oct-2022 11:29	Andrew DOCHERTY1
05-Aug-2022	1.52 m	39 kg	16.88	pt reported	19-Aug-2022 10:47	Andrew DOCHERTY1	19-Aug-2022 10:49	Andrew DOCHERTY1
11-Apr-2022	1.52 m	39.9 kg	17.27	Pt weighed herself at boots pharmacy	22-Apr-2022 13:16	Andrew DOCHERTY1	22-Apr-2022 13:17	Andrew DOCHERTY1
08-Mar-2022	1.52 m	42 kg	18.18	BMI calculated incorrectly in sci gateway (assuming patients H is 1.52m). Ask patient H measurement - lack of info	20-Apr-2022 16:02	Chloe STUART	22-Apr-2022 13:16	Andrew DOCHERTY1

Results 1-4

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

1609632184
Writ MCGEE
Nan Margaret
DOI 10 WYVIS PLACE
War Glasgow, Lanarkshire
G13 4LY
F
16/09/1963
Il: _____
Idress: _____
spital: _____

NHS Greater Glasgow and Clyde

Insertion criteria: Please complete this section at time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ **Resuscitation/Chest Pain** ☐ **IV Drugs** ☐ **Fluids** ☐ **Transfusion** ☐

PVC inserted: Day 0	Date: 7/3/22 Hospital: G+K Area: ED ☐ Theatre ☒ ITU/HDU ☐ Ward ☐ _____ Unknown ☐ _____
Insertion site:	R Hand ☐ R Arm ☐ R Foot ☐ L Hand ☒ L Arm ☐ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☒ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☒ If No, state reason: No Local

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? Diagnostics Resuscitation/ Chest Pain IV Drugs Fluids Transfusion	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 1 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: ___/___/___ Reason for keeping PVC in after 72 hrs/ 3 days: _____

*Date PVC Removed: 7/3/22

*Reason For Removal: No longer required.

Modified Visual Infusion Phlebitis (VIP) Score

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy	0	No phlebitis: Observe cannula
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis : Remove & resite cannula
All of the following are evident: pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula
As above including: palpable venous cord	4	Seek further advice
As above including: pyrexia	5	

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and S. aureus bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → Can I switch my patient from IV to oral antibiotics?

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ CLINICAL IMPROVEMENT in signs of infection e.g. temperature ≤ 37.9°C, reduction in the NEWS score, improving SEPSIS
- ✓ ORAL ROUTE **is available reliably** (eating/drinking and no concerns regarding absorption)
- ✓ UNCOMPLICATED INFECTION (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, S. aureus bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abcess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy. Record the intended duration on the medicine kardex

YES

This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

NO

Care Rounds Checklist

Date: 7/3/22

Attach Ad
1609632184
MCGEE
Margaret F 16/09/1963
10 WYVIS PLACE
Glasgow, Lanarkshire
G13 4LY
Ward: LA

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, **based on the patient's most critical need** should be every (please circle) 1hr 2hr 3hr (4hr)

1. Signed Olucs Name DMcSneery Designation SL
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

			Times	18[45]																	
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N																	
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N																	
S	3	**SKIN INSPECTION** Pressure areas checked:		Rep 1																	
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I																	
K	4	**KEEP MOVING** Has the patient moved or walked?		Y																	
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B																	
		Chair Assist to walk or stand (W/ST)																			
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I. Assistance given = A Incontinent of urine or faeces = IC		NAD																	
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N																	
		Drink taken?		N																	
		Food, snack, or supplement taken?		N																	
		Has oral hygiene been carried out as per care plan?		NT																	
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y																	
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		Y																	
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		N/A																	
			Care provider / role	QS																	

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

1609632184 MCGEE Margaret F 10 WYVIS PLACE 16/09/1963 Glasgow, Lanarkshire G13 4LY	Hospital: GGH Ward: 49	**Points to consider:** • **Use within 8 hrs of admission to care area** • **Re-assess daily and more frequently if a person's condition changes**

1 Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
13/12	10:00	N	N	N	N	N	N	4 hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interv itional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____

NEWS 2 Key | 1 | 2 | 3

Affix Patient ID

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

1609632184
MCGEE
Margaret
10 WYVIS PLACE
Glasgow, Lanarkshire
G13 4LY
F
16/09/1963

	Date	Ward	Time
Admitted	07·03·22	S4W/4A	
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Patient on home oxygen Y☐ N☐
If yes, add details of oxygen therapy

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
Min 12 Hourly Observations	Low Clinical Risk Min 4 Hourly Observation Inform Registered Nurse Agree Frequency of Observation Required	Medium Clinical Risk Min Hourly Observations Urgent Assessment by Medical Team ACE Response in Medical Notes Think Sepsis if Suspicion of Infection	High Clinical Risk Continuous Monitoring Urgent Assessment by Senior Medical Team ACE Response in Medical Notes Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

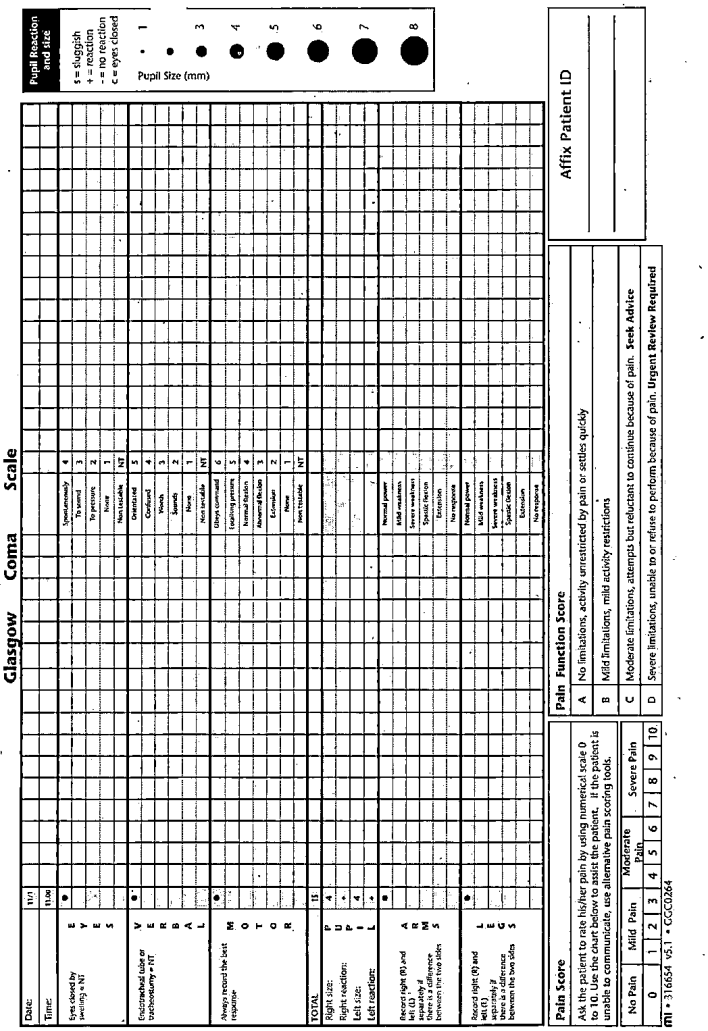
Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed.....

Medical: .....

Date: .....



Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

No Pain	Mild Pain		Moderate Pain			Severe Pain			
0	1	2	3	4	5	6	7	8	9	10

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. **Seek Advice**
D	Severe limitations, unable to or refuse to perform because of pain. **Urgent Review Required**

mi • 3166S4 v5.1 • CGC0264

Acute Services Division
Surgery & Anaesthetics

NHS Greater Glasgow and Clyde

GG&C Day Surgery/23 hour Care Plan

Affix Addressograph Label
Name
CHI : 1609632184
MCGEE F
DOB : Margaret 16/09/1963
365 KELSO STREET
YOKER (Maggie)
Glasgow G13 4P

41.4

Admission Checklist

Hospital : NVH	Consultant : Williams	Date : 8-3-19
Proposed Operation:- Cooled Radiofrequency Right Sacroiliac Joint		
Patient Questionnaire Completed?	Yes ☑	No ☐
Pre-Op assessment Completed?	Yes ☐	No ☑ PAIN Pt.
Escort Details (responsible Adult)Name: Leanne McGee (Daughter)	Telephone Number: 07552154975	
Confirm "Next of Kin" on pre-assessment (Yes) Name:	Telephone No: (taxi home - Daughter staying oIN)	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
Carer required to stay with patient?	Yes ☐	No ☑
Date of LMP?	Date....bleeds irregular - no periods for years	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑ Age 55
Pregnancy test results	+VE	-VE
Group and save results checked Date done.....	Yes ☐	No N/A
Anti D required	Yes ☐	No ☑
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....	Yes ☐ Yes ☐ Result.....	No ☑ No ☑
Is the patient diabetic If "Yes" BM on admission results.....	Yes ☐ NIDD ☐ DD ☐	No ☑
Urinalysis done Results.....	Yes ☐	No (N/A)
CJD single question asked Answer to CJD single question	Yes ☐ DD ☑ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified (No, I have not been notified)	Comment if required
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted Yes N/A	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.	PHOBIA OF NEEDLES.	
Fit Form required Naproxen.	Yes ☐	No ☑

Baseline Observations Cdecalciferol COPD
Inhaler Omeprazole Asthma
Vitamin. Azithromycin Depression
Carbocisteine Mirtazapine Chronic Back pain.
Ensure Plus Duaklir Genuair
Solifenacin Salbutamol

	Time..14.00.	Time.....
SP02	97	
BP	117/64	
HR	79	
Temp	36.7	
Staff Initials	MMcK.	

Please print & sign name when checklist completed	Name : MMcKenna Time : 1200.

Acute Services Division
Surgery & Anaesthetics

1609632184
Affi: MCGEE
Margaret
Na 365 KELSO STREET
YOKER
Ci Glasgow
D
F
16/09/1963
G13 4PG

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Patient mode of transport to theatre Trolley ☐ Walking ☑ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
X-Rays and Scans – Hardcopy	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Alert sticker	[redacted]	Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Checked against theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Check with:			
Patient/Incapacity/Consent(Circle)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Procedure and site for Surgery	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐ (R) side
Correct site marked		Yes ☐ No ☐	Yes ☐ No ☐
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑		Yes ☐ No ☐
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
If Yes, please specify			Nil
Fasted from - specify time (24hr clock	Food: 0720 (toast) Fluid: 0900 (tea & milk)	Checked:	Checked: 0900 8/3
Blood Glucose Score N/A	Time: Score:	Time: Score	Time: Score
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state location and type			
External prosthesis e.g. hair extensions, hair pieces.	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If left in situ, state location on patient	Hair extension - tape		
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state where stored:			
Jewellery/Body piercing taped	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Comments			
False Nails	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
State Location:			
Dentures Removed If "Yes' state where stored:	Yes ☑ No ☐ N/A ☐ plate front lower.	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑

Acute Services Division
Surgery & Anaesthetics

1609632184
MCGEE
Margaret F
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Glasgow,
G13 4PG

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Preoperative Checklist *continued*			
Pre-operative checks	**Admission Check**	**Reception Check N/A**	**Anaesthetic Check**
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐
CJD question asked Answer to CJD question		Please see page 1 Checked ☐	Please see page 1 Checked ☐
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☐
MRSA screen results (if applicable)	Positive ☐ Results Pending ☐	Negative ☐ N/A ☑	Comments if required:
Inhalers / Sprays with patient State Type	Yes ☑ No ☐ N/A ☐	Type:	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☑ N/A ☐	Type:	
Paper Pants in situ	Yes ☐ No ☐ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle).	Yes ☑ No ☐ N/A ☐	Comment if required.	Comment if required
Date of Last Menstrual period		See P1 Checked ☐	See P1 Checked ☐
Is there any chance you are pregnant?		See P1 Checked ☐	See P1 Checked ☐
Pregnancy test carried out Pregnancy test result		See P1 Checked ☐	See P1 Checked ☐
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☑	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☐	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☐	Yes ☐ N?A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2/Accessories	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☑	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information			
Please print and sign name once the checklist is complete	Admission: MMcKenna Time: 1200	Reception: N/A ☐ Time:	Anaesthetic Assistant: Time 1505

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Addressograph Label
Name :
CHI :
DOB :

Surgical Brief

Surgical Brief carried out: Yes ☐ No ☐			If 'No' please specify		
Baseline Observations Date & Time	Pulse:	BP:	Temp:	SpO2:	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☐ No ☐	Or patient has been grouped and saved: Yes ☐ No ☐		
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☐					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s)

This section NOT applicable ☐

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring

This section NOT applicable ☐

Time								
BM score								

Safe use of SpO2 probe to prevent injury

This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☐ No ☐ N/A ☐				Initial Position		
Time Rotated							
Probe Position							

Prevention of Eye Injury

This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☐ No ☐	Specify:

Maintenance of Norm-thermia

This section NOT applicable

Actions taken to maintain the patient's Temperature	Yes ☐ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other - specify	Yes ☐ No ☐ N/A ☐
Patients Temperature documented by Anaesthetist		Yes	No

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

Record of Anaesthetic Pump Infusion Device Numbers				This section NOT applicable ☐	

Comments/Events

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Theatre

Affix Addressograph Label
Name :
CHI :
DOB :

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐ Hover Mattress ☐	Sliding sheet ☐ Other specify: ☐	Roll Board ☐

Pre-op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation 0 1 2 3 Level:	PU Grade: N/A 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time:	Positioning Devices		Pressure Relieving	Arm Position
Supine ☐ Prone ☐ Left Lateral ☐ Right Lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Trendelenburg ☐ Deckchair ☐ Reverse Trendelenberg ☐ Lower Limb Traction ☐ Lithotomy ☐ Other ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb Traction ☐ Side Supports ☐ Bolster ☐	Gel Pads ☐ Heel gel Pads ☐ Full gel mattress ☐ Gel Wedge ☐ Pillows ☐	R Arm Position: At side ☐ On boards ☐ Across chest ☐ Hand Table ☐ Hand Traction ☐ L Arm Position: At side ☐ On boards ☐ Across chest ☐ Hand Table ☐ Hand Traction ☐ Secured with: Straps ☐ J Board ☐ Pressure Care: Gel / Foam Pads ☐

Position 2 — This section NOT applicable ☐

Time:	Positioning Devices		Pressure Relieving	Arm Position
Supine ☐ Prone ☐ Left Lateral ☐ Right Lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Trendelenburg ☐ Deckchair ☐ Reverse Trendelenberg ☐ Lower Limb Traction ☐ Lithotomy ☐ Other ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb Traction ☐ Side Supports ☐ Bolster ☐	Gel Pads ☐ Heel gel Pads ☐ Full gel mattress ☐ Gel Wedge ☐ Pillows ☐	R Arm Position: At side ☐ On boards ☐ Across chest ☐ Hand Table ☐ Hand Traction ☐ L Arm Position: At side ☐ On boards ☐ Across chest ☐ Hand Table ☐ Hand Traction ☐ Secured with: Straps ☐ J Board ☐ Pressure Care: Gel / Foam Pads

Electrosurgery — This section NOT applicable ☐

Monopolar Yes ☐	N/A ☐	Bipolar Yes ☐	N/A ☐
Site(s) of Monopolar electrode			
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:	
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:	
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix Addressograph Label
Name :
CHI :
DOB :

Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐					
Padding under tourniquet	Yes ☐ No ☐ N/A ☐					
Cover over tourniquet	Yes ☐ No ☐ N/A ☐					
Post op skin check(s) satisfactory	Yes ☐ No ☐	If 'No' state reason and action:				
Site	**Time inflated**	**Pressure**	**Time deflated**	**Time re-inflated**	**Pressure**	**Time deflated**

Digit Tourniquets — This section NOT applicable ☐

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % Other ☐ Specify:.....%
Site	**Clipped**	**Preparation solution used**	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % Other ☐ Specify:.....%

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site	Drug	Quantity
Site	Drug	Quantity

Drains — This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (Including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1			Spot Plasters.	
2				

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix Addressograph Label
Name :
CHI :
DOB :

Urinary Catheter	Inserted prior to admission		This section NOT applicable ☐	
Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

Right Cooled Radiofrequency denervation of sacroiliac Joint

Blood Tags This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: : Yes ☐ No ☐ N/A ☐

Post - op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4
Action taken if required		

Notes / Comments / Events This section NOT applicable ☐

Traceability Stickers

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

Affix Addressograph Label
Name :
CHI :
DOB :

Post-Op Instructions e.g. sutures, physio, follow up appointments

8 week Questionnaire

Verbal Handover from Theatre to Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin Inspection score post-operative see page 9)
N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ☐

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Affix Addressograph Label

Name :

CHI :

DOB :

Post-operative Observations

Time	1515	1520	1525	1530	1535	1540	1545	1550	1555	1600	1605
210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30	113/68	110/63	115/62	119/65	130/58	114/48	109/64	107/63	96/59	105/60	102/60
PULSE	84	85	83	87	88	90	91	91	91	90	85
Airway type	1	1	1	1	1	1	1	1	1	1	1
O_2 Therapy	AIR	AIR	AIR	AIR	AIR	AIR	AIR	AIR	AIR	AIR	AIR
SpO_2	99%	96%	97%	96%	96%	95%	95%	95%	95%	95%	95%
Resp. Rate	16	16	14	14	14	12	14	14	12	12	12
CVP											
Temp.											
Pain Score	1 @ 1515										
P.O.N.V.											
Sedation Score											
BM Score											
HemoCue Score											
Hourly Urine Vol. / Total Urine Vol.											
Wound Score	Fentanyl 40mcg		Fentanyl 40mcg @ 1525		Fentanyl 40mcg @ 1533		Fentanyl 40mcg @ 1538		Fentanyl 40mcg @ 1545		
Wound Score											
Wound Score											
PV Staining											
Circulation +ve/-ve											
Sensation +ve/-ve											
Movement +ve/-ve											
Pedal Pulse – Left											
Pedal Pulse – Right											
Drain 1											
Drain 2											
Drain 3											
Drain 4											
Staff initials											

Affix Addressograph Label

Name :

CHI :

DOB :

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse.– Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff Initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score										
0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

A
N 1609632184
Cl MCGEE
Margaret
D 365 KELSO STREET
YOKER
Glasgow
G13 4PG
F
16/09/1963

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: To: L Samson

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre Mobilisation Patient Checks

Time	16.40	Comments
BP	117/70	
HR	83	
SpO2	93%	
Wound Site 1		
Wound Site 2		
Diet & Fluids tolerated	YES	
Operated limb N/A ☑		
Colour		
Sensation		
Movement		
Signature:		

Events / Comments — This section NOT applicable ☐

Events / Comments	Time	Signature
Patient anxious to mobilise and go home Sats at 93% and patient states asymptomic and keen to mobilise. Steady on feet and no issues raised.	16.45	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Affix Addressograph Label
Na
CH 1609632184
DC MCGEE
Margaret
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YOKER
Glasgow
G13 4PG
F
16/09/1963

Discharge Criteria

	Yes	N/A	Comments
Able to dress, sit & walk unaided	✓		
Stable Vital Signs	✓		BP 123/78 HR 81 SpO2 % 94% COPD
Sedation Score (alert & orientated)	✓		
Pain Controlled (mild <3 to 0)	0 ✓		
Post - op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided Urine post-op	✓		
Advice given if not voided urine post-op		✓	
Wound site(s) checked & satisfactory 1. (1) ✓ 2. (2) ✓ (3) ✓			
CSM of operated limb checked & satisfactory		✓	
IV Cannula removed	✓		
ID bracelet/ECG electrodes removed	✓		
Anti-D given		✓	
Appliances given		✓	
Post –Op discharge letter	✓		
Follow up appointment arranged		✓	By post ☐ Given ☐
Practice/ District Nurse referral		✓	
Post- Op Instructions given	✓		
Discharge medication	✓		
Responsible adult escort	✓		
Responsible adult supervision overnight	✓		
Any skin issues prior to discharge reported		✓	
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient	✓		

Patient met discharge criteria at ..17:00.. hrs By.....

Patient left DSU at..17:20.. Destination..Home..

Discharged into the care of ..Leanne McGHEE Relationship..Daughter

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

Affix Addressograph Label

Name :

CHI :

DOB :

The New Victoria Hospital Chronic Pain Service
Telephone: 0141 347 8005

New Victoria Hospital,
55 Grange Road,
Glasgow,
G42 9LF

NHS
Greater Glasgow and Clyde

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr _____

Your patient attended the Day Surgery Unit on : 8/3/19

For the following procedure:

Right Cooled Radiofrequency Denervation of Sacroiliac Joint

Follow up arrangements are:

We have asked them to complete and return a Questionnaire in 8 weeks time	31/5/19 ~~24/5~~/19
Review Appointment to be arranged	
They will be listed for a repeat procedure	

Yours sincerely

Consultant in Anaesthesia & Pain Management

P.P. M. Williams

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

Affix Addressograph Label
Name
CHI : 1609632184 F
DOB : MCGEE 16/09/1963
Margaret
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YOKER
Glasgow G13 4P

Pre-Operative Patient Questionnaire

For the attention of patients receiving a general anesthetic or sedation

Have you arranged a carer for 24hrs at home	Yes ☑ No ☐
Do you have a cough, cold or nose trouble? Cough - smoker.	Yes ☑ No ☐
What time did you last have something to eat?	
What time did you last have something to drink?	
Do you require a sick line or self certificate?	Yes ☐ No ☑
Do you have any known skin problems e.g. pressure ulcers or sores?	Yes ☐ No ☑

Patient Agreement

I understand that following day surgery I must:

- Have a carer for the next 24 hrs
- Have a method of transport home and escort .

I understand that following day surgery I **must NOT:**

- Drive a vehicle or ride a bicycle for 24 hrs
- Drink any alcohol for 24 hrs
- Be alone in charge of a baby or child for 24 hrs
- Operate machinery, use a cooker or kettle for 24 hrs
- Climb a ladder or work at heights for 24 hrs
- Sign any important documents for 24 hrs

I certify that I understand and will comply with these restrictions?

Patient signature: MMcGee Date: 8.3.19

Registered practitioner signature MMcKenna Date: 8.3.19

Comments

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

Age 54

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MCGEE F
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Glasgow, Lanarkshire
G13 4P

Admission Checklist

Hospital: NVH	Consultant: HARDIE	Date: 22/2/18
Proposed Operation:- hysteroscopy, biopsy, removal of Mirena.		
Patient Questionnaire Completed?	Yes ☑	No ☐
Pre-Op assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name: Mark Milligan (brother)	Telephone Number: 07773 202644	
Confirm "Next of Kin" on pre-assessment (Yes) Name: N/A	Telephone No:	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
Carer required to stay with patient? Partner.	Yes ☑	No ☐
Date of LMP?	Date.....Stopped 2008.	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑
Pregnancy test results -ve test	+VE	(-VE)
Group and save results checked Date done.....	Yes ☐	No (N/A)
Anti D required	Yes ☐	No ☑
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....	Yes ☐ Yes ☐ Result.....	No ☑ No ☐
Is the patient diabetic If "Yes" BM on admission results.....	Yes ☐ NIDD ☐ DD ☐	No ☑
Urinalysis done Results.....	Yes ☐	No (N/A)
CJD single question asked Answer to CJD single question	Yes ☑ DD ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified (No, I have not been notified)	Comment if required
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted Yes N/A	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.		
Fit Form required	Yes ☐	No ☑

Baseline Observations: Asthma, COPD - inhalers. Back pain.

	Time 0850	Time.....
SP02	98%	
BP	131/78	
HR	76	
Temp	35.1	
Staff Initials	MCA	

Please print & sign name when checklist completed	Name: Mcghee Time: 0850

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

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Nam MCGEE F
Margaret 16/09/1963
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DOI YOKER
Glasgow, Lanarkshire
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Patient mode of transport to theatre Trolley ☐ Walking ☑ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
X-Rays and Scans – Hardcopy	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Alert sticker		Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Checked against theatre list			
Check with:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Patient/Incapacity/Consent(Circle)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Procedure and site for Surgery		Yes ☐ No ☐	
Correct site marked	Yes ☐ No ☐		Yes ☐ No ☑
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
If Yes, please specify	Nil known		
Fasted from - specify time (24hr clock 1800 food	Food:	Fluid: 0730 tea + milk + (sugar x1)	Checked: ✓
Blood Glucose Score N/A	Time:	Score: Time: Score	Time: Score
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state location and type			
External prosthesis e.g. hair extensions, hair pieces.	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
If left in situ, state location on patient	Hair extensions		
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Comments			
False Nails	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
State Location:	secure top plate.		secure top plate
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

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Preoperative Checklist *continued*

Pre-operative checks	Admission Check	Reception Check N/A	Anaesthetic Check
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐
CJD question asked Answer to CJD question	✓	Please see page 1 Checked ☐	Please see page 1 Checked ☑
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	✓	Please see page 1 Checked ☐	Please see page 1 Checked ☑
MRSA screen results (if applicable)	Positive ☐ Results Pending ☐	Negative ☑ N/A ☐	Comments if required:
Inhalers / Sprays with patient State Type	Yes ☐ No ☐ N/A ☐	Type: in pocket	
Anti-embolic/DVT Prophylaxis. State Type	Yes ☐ No ☐ N/A ☑	Type:	
Paper Pants in situ	Yes ☑ No ☐ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period	✓	See P1 Checked ☐	See P1 Checked ☑
Is there any chance you are pregnant?	✓	See P1 Checked ☐	See P1 Checked ☑
Pregnancy test carried out Pregnancy test result	✓	See P1 Checked ☐	See P1 Checked ☑
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☑	See Admission Check Checked ☐	See Admission Check Checked ☑
Local anaesthetic cream applied	Yes ☐ N/A ☑	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☐	Yes ☐ N?A ☐	Yes ☐ N/A ☑
Trolley/Bed checked for head down tilt and O2/Accessories	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information			
Please print and sign name once the checklist is complete	Admission: L McAllister Time: 0810	Reception: N/A ☐ Time:	Anaesthetic Assistant: Time 0

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix A 1609632184
Name MCGEE
Margaret
CHI : 365 KELSO STREET F
YOKER 16/09/1963
DOB Glasgow, Lanarkshire
G13 4PG

Surgical Brief

Surgical Brief carried out: Yes ☑ No ☐		If 'No' please specify			
Baseline Observations Date & Time	Pulse: 73	BP: Jun/22	Temp:	SpO2: 98%	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☑	Or patient has been grouped and saved: Yes ☐ No ☑		
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☑					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic ✓	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s)

This section NOT applicable ☑

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring

This section NOT applicable ☐

Time								
BM score								

Safe use of SpO2 probe to prevent injury

This section NOT applicable ☑

SpO2 Probe rotated hourly	Yes ☐ No ☐ N/A ☐	Initial Position					
Time Rotated							
Probe Position							

Prevention of Eye Injury

This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: Tape

Maintenance of Norm-thermia

This section NOT applicable

Actions taken to maintain the patient's Temperature	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☑ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other - specify	Yes ☐ No ☐ N/A ☐
Patients Temperature documented by Anaesthetist	Yes	No	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix
Name 1609632184
MCGEE
CHI Margaret F
DO 16/09/1963

Record of Anaesthetic Pump Infusion Device Numbers	This section NOT applicable ☐				

Comments/Events

Acute Services Division
Surgery & Anaesthetics

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Margaret F
16/09/1963

GG&C Day Surgery/23 hour Care Plan

Theatre

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☑	Hover Mattress ☐	Sliding sheet ☑	Other specify: ☐
		Roll Board ☐			

Pre-op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: (0) 1 2 3	PU Grade: (N/A) 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time: 11 21

Supine ☐	Prone ☐	Head ring ☐	Lateral supports ☐	Gel Pads ☐	R Arm Position	L Arm Position	
Left Lateral ☐	Right Lateral ☐	Pillows ☐	Hydraulic leg supports ☑	Heel gel Pads ☐	At side ☐	At side ☑	
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐	
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐	Gel Wedge ☐	Across chest ☑	Across chest ☐	
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand Table ☐	Hand Table ☐	
Lithotomy ☑	Other ☐				Hand Traction ☐	Hand Traction ☐	
					Secured with:	Secured with:	
					Straps ☐	Straps ☐	
					J Board ☑	J Board ☑	
					Pressure Care:	Pressure Care:	
					Gel / Foam Pads ☐	Gel / Foam Pads ☐	

Position 2 — This section NOT applicable ☑

Time:

Supine ☐	Prone ☐	Head ring ☐	Lateral supports ☐	Gel Pads ☐	R Arm Position	L Arm Position	
Left Lateral ☐	Right Lateral ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel Pads ☐	At side ☐	At side ☐	
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐	
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐	Gel Wedge ☐	Across chest ☐	Across chest ☐	
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand Table ☐	Hand Table ☐	
Lithotomy ☐	Other ☐				Hand Traction ☐	Hand Traction ☐	
					Secured with:	Secured with:	
					Straps ☐	Straps ☐	
					J Board ☐	J Board ☐	
					Pressure Care:	Pressure Care:	
					Gel / Foam Pads	Gel / Foam Pads	

Electrosurgery — This section NOT applicable ☑

Monopolar	Yes ☐	N/A ☐	Bipolar Yes ☐ N/A ☐

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

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16/09/1963

Tourniquets — This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐	No ☐	N/A ☐
Padding under tourniquet	Yes ☐	No ☐	N/A ☐
Cover over tourniquet	Yes ☐	No ☐	N/A ☐
Post op skin check(s) satisfactory	Yes ☐	No ☐	If 'No' state reason and action:

Site	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquets — This section NOT applicable ☑

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
GROIN + VAGINA	Yes ☐ No ☐ N/A ☑	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution TCAVASEPT ☑ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%</td>

Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%</td>

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site	Drug	Quantity
Site	Drug	Quantity

Drains — This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1				
2				

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

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MCGEE 16/09/1963
Margaret
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Urinary Catheter **Inserted prior to admission** **This section NOT applicable** ☑

Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

- HYSTEROSCOPY
- REMOVAL OF MIRENA
- NO SPECIMEN

Blood Tags **This section NOT applicable** ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Post - op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: (0) 1 2 3	Pressure Ulcer Grade (N/A) 1 2 3 4
Action taken if required		

Notes / Comments / Events **This section NOT applicable** ☑

Traceability Stickers

S1345 – 010 4931189
Hysteroscopy Set

T – 00005 – 012 4943842
GGC – Gyn D&C Tray

S12121 – 003 4945455
5.5mm 30 Deg Hysteroscopy Set

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

A. F
No: 1609632184
CHI MCGEE 16/09/1963
Margaret
DOB 365 KELSO STREET
YOKER
Glasgow, Lanarkshire G13 4PG

Post-Op Instructions e.g. sutures, physio, follow up appointments

N/A

Verbal Handover from Theatre to Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin inspection score post-operative see page 9)

N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events

This section NOT applicable ☐

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Affix Addressograph Label
Name :
CHI :
DOB :

Post-operative Observations

Time	1135	1140	1145	1150	1155	1200	1205	1210	1215	1220	1225
210											
200											
190											
180											
170											
160											
150											
140				^							
130			^	|	^	^	^				
120			|	|	|	|	|				^
110			|	|	|	|	|	^	^		|
100	^	^	|	|	|	|	|	|	|	^	|
90	|	|	|	|	|	|	|	|	|	|	|
80	|	|	v	v	v	v	v	|	|	|	|
70	v	v						v	v	v	v
60											
50											
40											
30	74	69	79	71	75	74	76	75	74	76	87
Airway type	4	4	1	1	1	1	1	1	1	1	1
O_2 Therapy	100	15L	ldt	ldt	ldt	ldt	ldt	ldt	ldt	ldt	air
SpO_2	91	100	100	100	100	100	100	100	100	100	98
Resp. Rate	12	14	14	14	14	18	16	12	12	12	12
CVP	NA	NA	NA	NA	—	—	—	—			NA
Temp.	35								—	—	
Pain Score	5	5	0	0	8	6	5	4	3	1	1
P.O.N.V.	5	5	0	0	0	0	0	0	0	0	0
Sedation Score	3	3	0	0	0	0	0	0	0	0	0
BM Score	NA	NA	—	—	—	—	—				
HemoCue Score											
Hourly Urine Vol. Total Urine Vol.											
Wound Score											
Wound Score											
Wound Score											
PV Staining			0	0	0	0	0	0	0	0	0
Circulation +ve/-ve											
Sensation +ve/-ve											
Movement +ve/-ve											
Pedal Pulse – Left											
Pedal Pulse – Right											
Drain 1											
Drain 2											
Drain 3											
Drain 4											
Staff initials	KM	KM	KM	KM	KM	KM	KM	KM	KM	KM	KM

Affix Addressograph Label
Name :
CHI :
DOB :

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations	
Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score										
0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

1205/ c/o abdom. pain.
IV fentanyl given as charted.
no PV loss. – fresh pad and
disposable pants applied for
comfort. observations satisfactory
KM
1229/ Pain score reduced
8 → 1
KM

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

Affix Addressograph Label
Name :
CHI :
DOB :

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre Mobilisation Patient Checks

Time	1325	Comments
BP	111/68	
HR	87	
SpO2	95-96%	
Wound Site 1		
Wound Site 2		
Diet & Fluids tolerated	Yes	
Operated limb N/A ☑		
Colour		
Sensation		
Movement		
Signature:	CS	

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

1609632184 F
MCGEE 16/09/1963
Margaret
365 KELSO STREET
YOKER
Glasgow, Lanarkshire G13 4P

Discharge Criteria

	Yes	N/A	Comments
Able to dress, sit & walk unaided			
Stable Vital Signs			BP 168/76 HR 84 SpO2 97%
Sedation Score (alert & orientated)	✓		
Pain Controlled (mild <3 to 0)	✓		
Post - op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided Urine post-op	✓		
Advice given if not voided urine post-op		✓	
Wound site(s) checked & satisfactory 1. 2. PV - ok	✓		
CSM of operated limb checked & satisfactory	✓	✓	
IV Cannula removed	✓		
ID bracelet/ECG electrodes removed	✓		
Anti-D given		✓	
Appliances given		✓	
Post -Op discharge letter	✓		
Follow up appointment arranged		✓	By post ☐ Given ☐
Practice/ District Nurse referral		✓	
Post- Op Instructions given	✓		
Discharge medication	✓		
Responsible adult escort	✓		
Responsible adult supervision overnight	✓		
Any skin issues prior to discharge reported		✓	
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient	✓		

Patient met discharge criteria at 1610 hrs By.....

Patient left DSU at..... Destination.....Home.....

Discharged into the care of .....Mark Milligan..... Relationship.....Partner.....

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

Affix Addressograph Label

Name :

CHI :

DOB :

NHS
Greater Glasgow and Clyde

Dear Doctor,

1609632184
Name MCGEE F
Margaret 16/09/1963
Address 365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

The above named patient attended the Day Surgery Unit at the New Victoria Hospital on 22/02/18.

The procedure carried out was Hysteroscopy + Removal of Mirena

The patient was discharged home following this. No specimen.

This was carried out under:

- ✓ General anaesthetic.
- o Local anaesthetic.
- o Intravenous sedation.
- o No anaesthetic.
- o The patient does not have sutures.
- o The patient has sutures which have to be removed on.....
- o The number to be removed is.....
- o The sutures will be removed at the follow-up clinic.
- o The patient has sutures which will dissolve in due course.
- o The follow-up clinic is on.....
- ✓ There is no follow-up clinic appointment.
- o A detailed letter will follow.
- ✓ Patient was sent home with discharge medication as follows:

Drug name	Dose	Route	Frequency	Duration
~~Naproxen~~	~~500mg~~	~~O~~	~~8hrly~~	~~As Req~~
Paracetamol	1g	O	6hrly	As Req

Yours sincerely,

Dr Hardie

p.p. A Sneddon S/N

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4P

Pre-Operative Patient Questionnaire

For the attention of patients receiving a general anesthetic or sedation

Have you arranged a carer for 24hrs at home	Yes ☑ No ☐
Do you have a cough, cold or nose trouble?	Yes ☐ No ☑
What time did you last have something to eat? Last night 6pm dinner	
What time did you last have something to drink? (tea w/ milk + sugar) 0530 today	
Do you require a sick line or self certificate?	Yes ☐ No ☑
Do you have any known skin problems e.g. pressure ulcers or sores?	Yes ☐ No ☑

Patient Agreement

I understand that following day surgery I must:

- Have a carer for the next 24 hrs
- Have a method of transport home and escort .

I understand that following day surgery **I must NOT:**

- Drive a vehicle or ride a bicycle for 24 hrs
- Drink any alcohol for 24 hrs
- Be alone in charge of a baby or child for 24 hrs
- Operate machinery, use a cooker or kettle for 24 hrs
- Climb a ladder or work at heights for 24 hrs
- Sign any important documents for 24 hrs

I certify that I understand and will comply with these restrictions?

Patient signature: M M C G E Date: 22/2/18

Registered practitioner signature [signature] Date: 22/2/18

Comments

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✔ appropriate directorate

McGee 160963
2184
ARU2
QEUH.

Date & Time		Signature, Print Name & Designation
1800 24/11/16	Patient admitted to ARU2 via A+E with Overdose of substances + Alcohol excess. Shortly after being admitted by medics, patient wished to self-discharge. Patients partner present + had no objections to this. SHO informed. Given advice, + risks explained in leaving hospital. Irregular discharge form signed + written removed.	MQ5

83949 GCC0072

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 2/7/16.

Attach Address

1609632184
MCGEE
Margaret
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG
F
16/09/1963

Ward:

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr 6hr

1. Signed C Turner Name C. TURNER Designation S/N:
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Times	17																	
	1.	Pain: assess and address If in pain inform registered nurse Y / N or N/A		H																	
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (Independent)		I																	
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)		INT																	
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)		I																	
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B		L																	
		Chair Assist to walk, stand or tilt (W /ST/ T)		/																	
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces		I																	
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)		N																	
		Encourage the patient to drink? Y / N / N/A		Y																	
		Food, snack or supplement taken? Y / N / N/A		Y																	
	6.	ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S		Y																	
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S		N																	
	8.	ESCALATION: Escalate any issues to the Registered Nurse Y / N/A		N																	
			Nurse Initials	CT																	

Attach Addressograph label

Ward:

NHS
Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902 GGC0098

CEDAR CODE 102083

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

1609632184 MCGEE F Margaret 16/09/1963 365 KELSO STREET YOKER Glasgow, Lanarkshire G13 4PG	Hospital: QEUH Ward: ARU2.	**Points to consider:** • Use within 6 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 **Pressure Damage**	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Active Care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
2 / 7 / 16	17:45	N	N	N	N	N	N	12 hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Intervei onal Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCONTINENCE / MOISTURE	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of initial plan:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____

Acute Services Division

Hospital / Department

NHS
Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient name: 1609632184 MCGEE Margaret F 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

Ward: .....

CHI number: ..... Unit/Hospital number .....

Contents

1. Cannard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Acute Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall.
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 2/7 Ward: MAU	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	13-59 0	60-70 1	71-80 2	81+ 1		0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type **	Medication for mental illness & drug / alcohol withdrawal 1	Blood pressure / water tablets 1	Sedatives / Analgesia / Night sedation 1	None of these 0		0 1						
Medical history	Cardiovascular Disease / Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	1						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chairbound / wheelchair 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		6						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below								
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves.				NURSE SIGNATURE								

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

	NURSING INTERVENTIONS	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
Action code								
1	Falls prevention and general safety precautions discussed with patient and family.							
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.							

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevrin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxycontin.

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

Write
Nam
Addr1609632184
MCGEE F
CHI: Margaret 16/09/1963
DOB 365 KELSO STREET
YOKER
Hosp Glasgow, Lanarkshire
G13 4PG

Peripheral Vascular Cannula(PVC) Insertion & Maintenance

NHS Greater Glasgow and Clyde

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy		
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis : Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted ED Theatre Ward	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation *(only if inserted in ward)*
2/7/16	ARU2	R hand	Green.	

Clinical indication	IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:

Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Date & time	PVC no.	Comments	Signature

MIS 269426
81117

CHI:	Modified V.I.P (Visual Infusion Phlebitis) Score		
	IV site appears healthy		
	One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
	Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis - Remove & resite cannula
	All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
	As above including: palpable venous cord	4	
	As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted ED Theatre Ward_____	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation *[only if inserted in ward]*
Clinical indication IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:	
Insertion Criteria (If no: please explain in comments below) Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 2	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date & time	PVC no.	Comments	Signature

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Patient Addressograph Label

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

Patient Addressograph Label

			Time							
	1.	PAIN: Assess and address If in pain inform registered nurse Y/ N or N/A								
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (independent)								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)								
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B								
		Chair Assist to walk, stand or tilt (W /ST/ T)								
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine/faeces								
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)								
		Encourage the patient to drink? (if appropriate) Y / N / N/A								
		Food, snack or supplement taken? (if appropriate) Y / N / N/A								
	6.	ENVIRONMENT: Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y / N								
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y / N								
	8.	ESCALATION: Escalate any issues to the Registered Nurse? Y / N/A								
		Nurse Initials								

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant I = Independent NT = No thanks	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (bruising/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	Neurological Deficit	
Incontinent faeces	2	Broken (established ulcer)	3	Nutritional Element		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly Incontinent (urine and faeces)	3	Mobility		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1 > 10% Score 2			
		Fully mobile	0				
Special Risks – Surgery/Trauma		Restless/Fidgety	1			Special Risks - Medication	
On table > 6 hours	8	Apathetic (sedated/depressed/ reluctant to move)	2			Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5			BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4	Patient acutely ill or no nutritional intake > 5 days	2	Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20+ = 'Very High Risk'	
		Chair Bound	5				

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

Patient Addressograph Label

Presenting Complaint:_____

Date and Time: _____

Named Nurse(s):

Patient preparation (Please tick when completed)	Initials:		Communication (Please tick when completed)	Initials:	
Prepare patient for examination and provide blankets if required		☐	Communication Aids (spectacles / hearing aid)		☐
			Relatives present, who?		☐
Clothing bagged, labelled and stored under trolley		☐	Relatives / NOK informed		☐
Name-band (if required)		☐	Interpreter required		☐
			Telephone interpretation required		☐
Observations and Investigations (Please tick when completed)				Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.		☐	IV cannula (if required)		☐
Peak Flow 1. 2. 3.		☐	Blood samples taken		☐
12 Lead ECG		☐	Urinalysis and Specimen if indicated *Results:*		☐
Cardiac Monitoring		☐			
X-rays performed		☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:		☐
Other: please add		☐	Weight:		☐
Screening Tools (Please circle or tick as appropriate)				Initials:	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started		Y / N Y / N	Preliminary Pressure Ulcer Risk Assessment The patient can reposition themselves whilst in the department?		Y / N
AMT 4 (if >65 years) SCORE		/4	There is no reported skin damaged other than presenting trauma?		Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*		Y / N	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*		Y / N
Mental Health Triage Assessment		Y / N	Waterlow Score *If >10 commence Active Care*		☐
Child Protection considered (in line with policy)		Y / N	Active Care (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*		☐
FAST		Y / N			
GMAWS		Y / N	Pressure damage identified on arrival in ED is documented in clinical notes		☐
Has Swallow test been carried out?		Y / N	Grade 3 or 4 Pressure Ulcers are reported on DATIX		☐

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name band	☐	☐	
	AMT4	☐	☐	
	NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient	☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Allergies are recorded (e.g. on Kardex)	☐	☐	
	Fluids	☐	☐	
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed	☐	Always	
	Notes: medical notes, GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on O_2: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

MIS 262617-A
PECOS 110452

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature
7/7/16	3HA - ? INTENTIONAL OD, ? UNKNOWN AMOUNT OF ? MORPHINE, ? PARACETAMOL, UNKNOWN TIME OF INGESTION. DROWSY / SLURRED SPEECH. UNABLE TO GAIN HX FROM PATIENT. RECEIVED ECG. NEWS = 2; PULSE 102, BP 101/70. AWAIT ASSESSMENT BY DOCTOR.	
1545 7/7/16	REVIEWED BY DOCTOR. ECG ☒, CXR ☒, BLOODS ☒ IV FLUIDS ☒, TOXBASE PHONED. DOMIT DISCR.	

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address



CHI No.
DoB

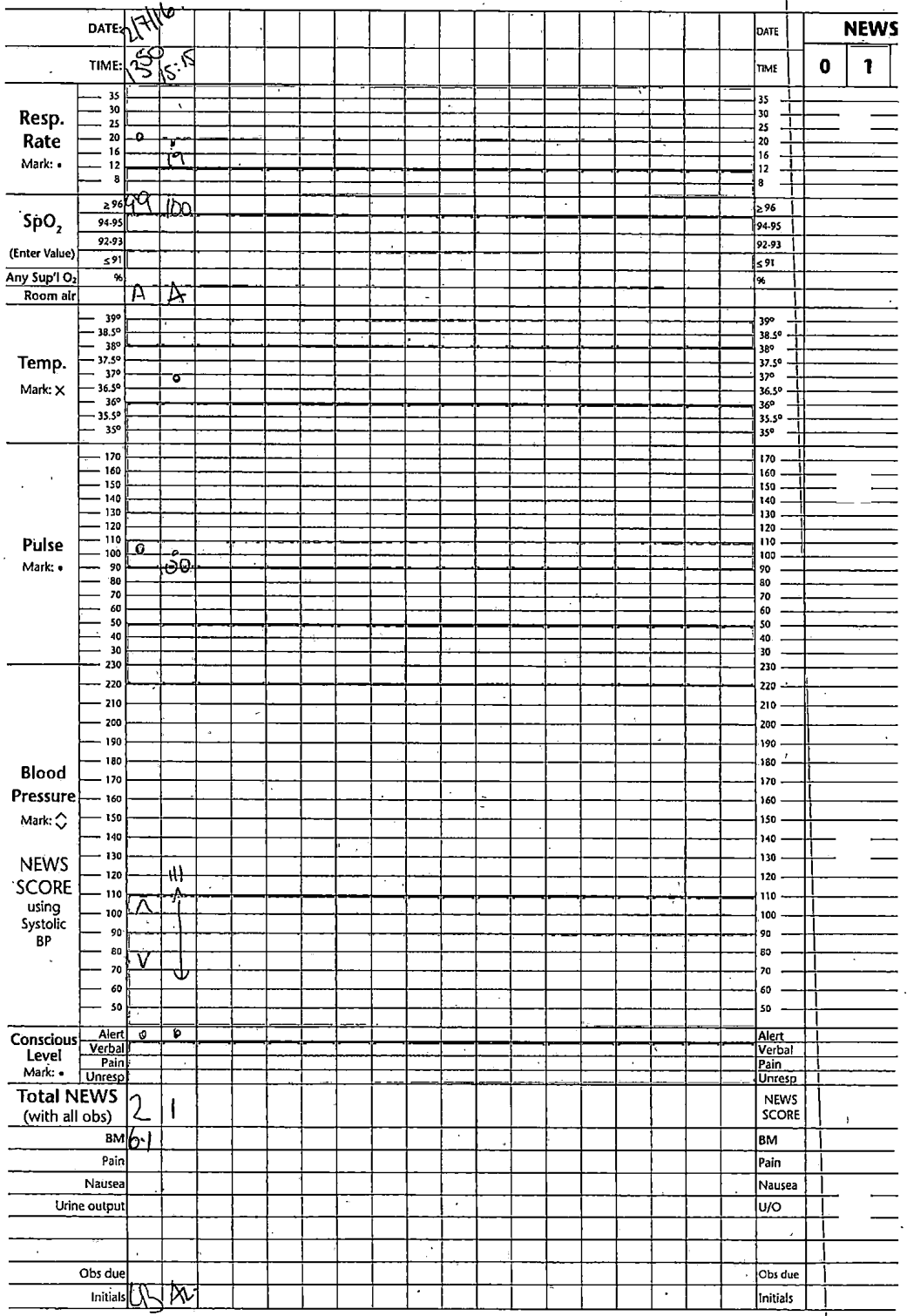
	Date	Ward
Admitted		
Transferred		
Transferred		

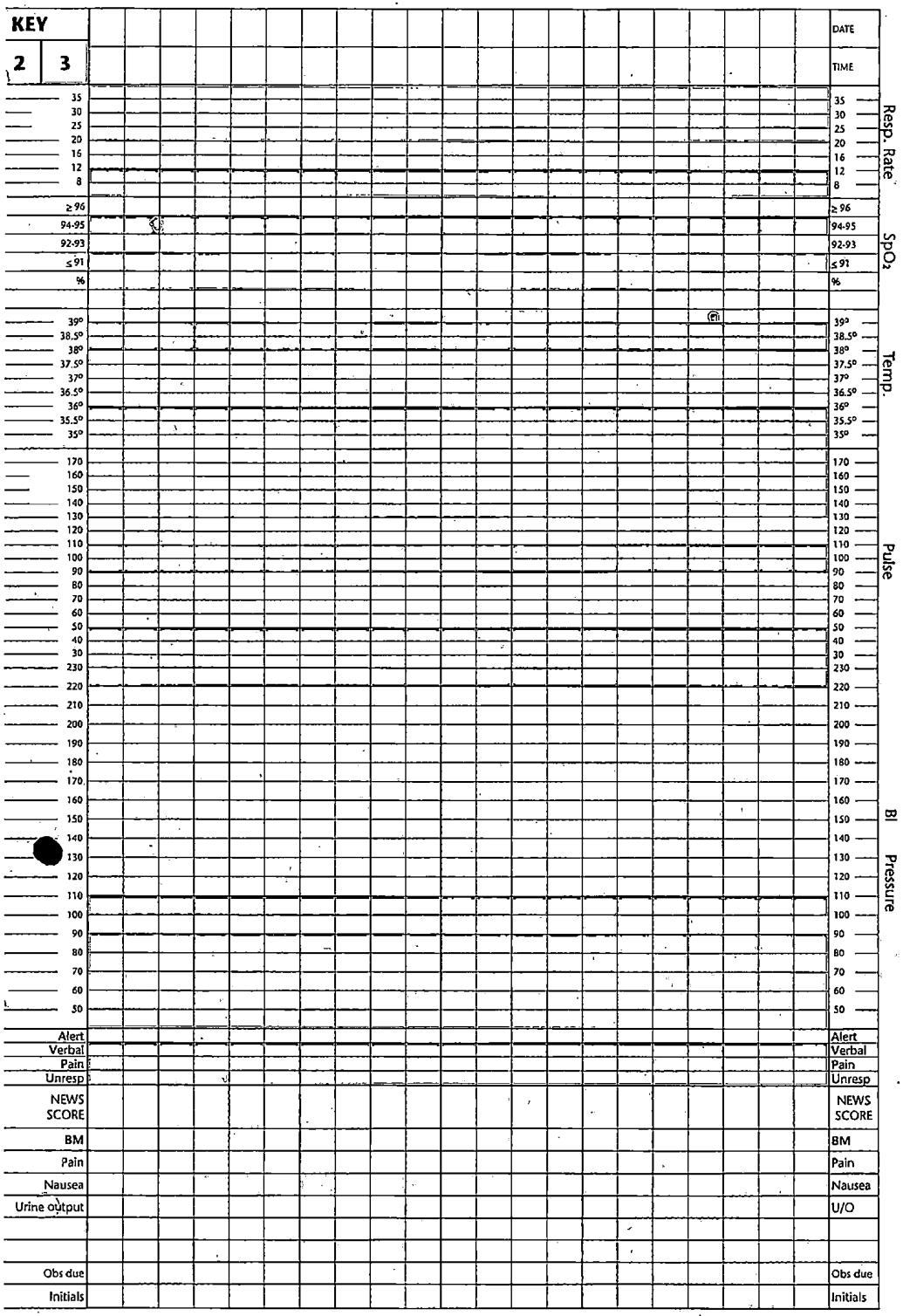
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.


DATE: 24/11/16
TIME: 1350 15:15
DATE
TIME
NEWS
0 1
Resp. Rate
Mark: •
35 30 25 20 16 12 8
19 19
SpO2
(Enter Value)
Any Sup'l O2
Room air
≥96 94-95 92-93 ≤91 %
99 100
A A
Temp.
Mark: X
39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°
Pulse
Mark: •
170 160 150 140 130 120 110 100 90 80 70 60 50 40 30
90 90
Blood Pressure
Mark: ^ v
NEWS SCORE using Systolic BP
230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
111
110 90
Conscious Level
Mark: •
Alert Verbal Pain Unresp
A A
Total NEWS (with all obs)
2 1
NEWS SCORE
BM
6.1
BM
Pain
Pain
Nausea
Nausea
Urine output
U/O
Obs due
Obs due
Initials
CB AL
Initials


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
96
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
BI Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
Urine output
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm): 1 2 3 4 5 6 7 8

Neurological Observations

Date:																															
Time:																															
COMA SCALE	E Eyes open	Spontaneously	4																												
		To speech	3																												
		To pain	2																												
		None	1																												
	V Best Verbal response	Orientated	5																												
		Confused	4																												
		Inappropriate words	3																												
		Incomprehensible sounds	2																												
		None	1																												
	M Best motor response	Obeys	6																												
		Localises	5																												
		Flexion - withdrawal	4																												
		Flexion - abnormal	3																												
		Extension to pain	2																												
		None	1																												
	TOTAL SCORE																														
PUPILS	R	Size																													
		Reaction																													
	L	Size																													
		Reaction																													
LIMB MOVEMENT	ARMS	Normal power																													
		Mild weakness																													
		Severe weakness																													
		Spastic flexion																													
		Extension																													
		No response																													
	LEGS	Normal power																													
		Mild weakness																													
		Severe weakness																													
		Spastic flexion																													
		Extension																													
		No response																													

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

+ reacts – no reaction c. eyes closed

Record right (R) and left (L) separately if there is a difference between the two sides

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed
2/7/15 14:00	Patient refused ECG	BeQ

Patient n: [redacted]

Date of b: 1609632184 16/09/1963 [redacted]

MCGEE Margaret

CHI No: [redacted]

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
2/9/16	15:20	NaCl 0.9%	1000	IV	Stat	- -	[redacted]		2/9/16	15:20	[redacted]		

*Prescriber should sign this box if the fluid/additive is no longer required.

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

NHS
Greater Glasgow and Clyde

Patient Specific VTE Prophylaxis Instruction Sheet

Note:
Prescriptions (and assessments and re-assessments) must also be written on Kardex

1609632184
MCGEE F.
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

Outcome of VTE risk assessment

- ☑ Low
- ☐ Medium
- ☐ High

Assessor: [signature]

Date of assessment: 11/01/16

The above patient has been individually assessed for VTE risk. The consultant or operating surgeon is responsible for completing the information below to provide Medical and Nursing Staff with instructions for VTE prophylaxis. This information may be superseded at any time should the patient's VTE or bleeding risk change. Any changes to the original instructions should be detailed at the bottom of this page.

Pharmacological VTE Prophylaxis

- ☐ *Enoxaparin: _____ mg for _____ days
- ☐ *Rivaroxaban: _____ mg for _____ days (TKR 14 days, THR 35 days)
- ☐ Other: Drug _____ Dose _____ Duration _____
- ☑ No chemical prophylaxis

SIGNED _____ Date 11/01/16

- ☐ Chemical prophylaxis for **discharge** (if different from above):

Drug _____ Dose _____ Duration _____

* As per SIGN guidelines 122 Dec 2010

Mechanical Prophylaxis

- ☐ Anti-embolism stockings Duration _____
- ☐ AV impulse boots Duration _____
- ☐ Intermittent pneumatic compression (IPC) device Duration _____
- ☑ No mechanical prophylaxis Early mobilisation Duration _____

Changes to VTE Prophylaxis

Signed: _____ Date: _____

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name	
Address	1609632184 MCGEE F Margaret 16/09/1963 365 KELSO STREET YOKER Glasgow, Lanarkshire G13 4PG
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

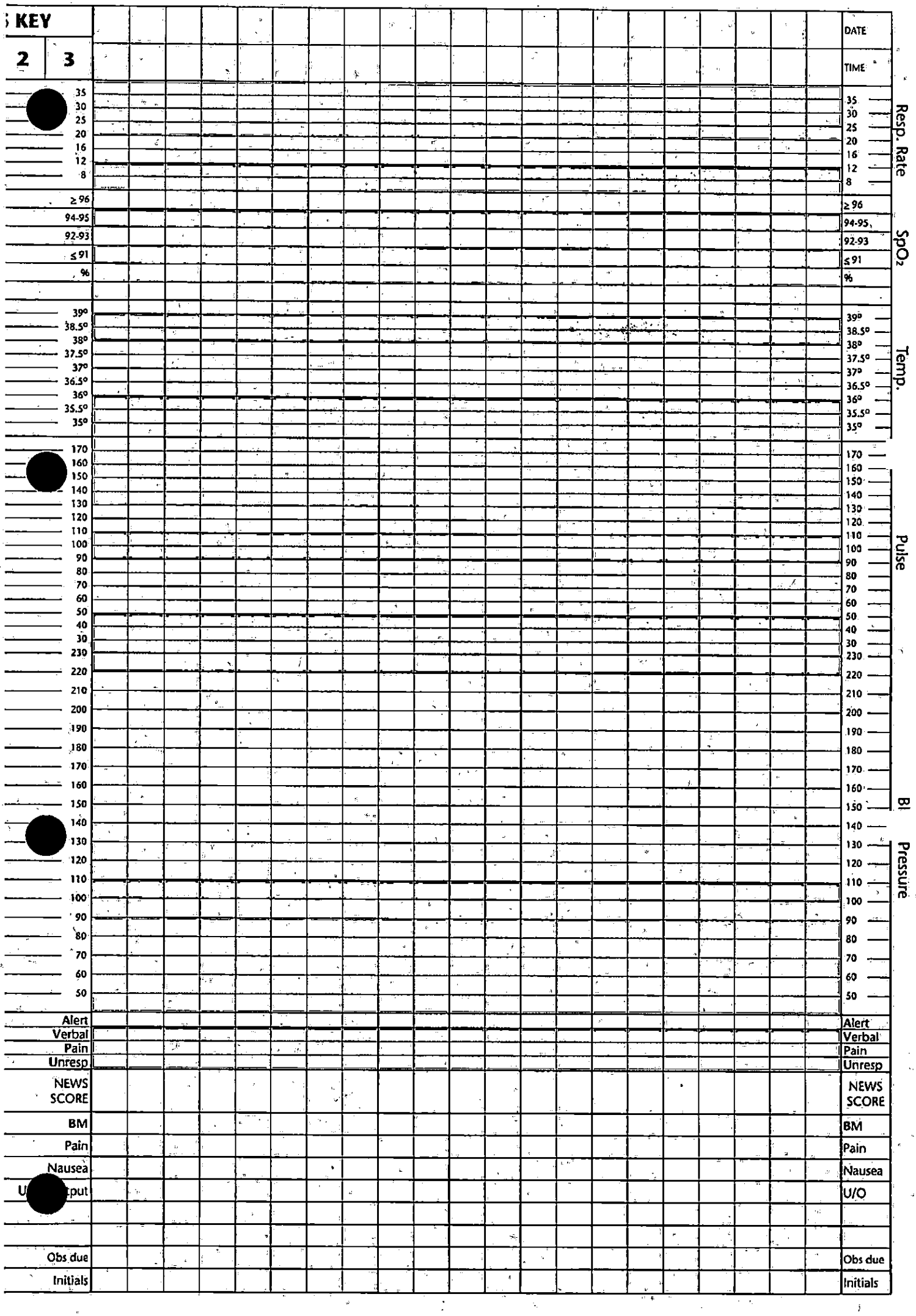
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

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Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
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	DATE:	11/1	11/1	11/1	11/1	11/1	11/1	11/1	DATE	NEWS
	TIME:	9:20	13:15	14:10	14:56	15:20	16:10	17:20	TIME	0 1
Resp. Rate Mark: •	35 30 25 20 16 12 8	•	•	•	•	•	•	✓	35 30 25 20 16 12 8	
SpO_2 (Enter Value)	≥96 94-95 92-93 ≤91	96	98	98	97	97	96	96	≥96 94-95 92-93 ≤91	
Any Sup'l O_2 Room air	%	A	A	A	A	A	A	A	%	
Temp. Mark: ×	39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°		•	•	•	✓	•		39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°	
Pulse Mark: •	170 160 150 140 130 120 110 100 90 80 70 60 50 40 30	•	•	•	•	•	•	•	170 160 150 140 130 120 110 100 90 80 70 60 50 40 30	
Blood Pressure Mark: ^ v	230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	105	114	103	104	124	101	A	230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	
EWS SCORE using Systolic BP		65	70	93	57	50	63	V		
Conscious Level Mark: •	Alert	A	A	A	A	A	A	A	Alert	
	Verbal								Verbal	
	Pain								Pain	
	Unresp								Unresp	
Total NEWS (with all obs)		1	0	1	1	1	1	1	NEWS SCORE	
BM									BM	
Pain		0	2	2	5	4	6	4	Pain	
Nausea		0	0	0	0	0	0	0	Nausea	
Urine output		✓	0	0	0	0	0	✓	U/O	
Obs due		Post op	30mins	30mins	30mins	1hr	30mins	1hr	Obs due	
Initials		EJ	MS	MJ	MJ	EJ	MJ	EJ	Initials	


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
BP
Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Neurological Observations

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																						
		Spastic flexion																						
		Extension																						
		No response																						

Glasgow Coma Scale

Pupil size (mm)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Redesigned by Medical Illustration Services • 231261

Neurovascular Assessment Chart

NHS Greater Glasgow and Clyde

Identification Label

1609632184
MCGEE
Margaret F
365 KELSO STREET 16/09/1963
YOKER
Glasgow, Lanarkshire
G13 4PG

Consultant: mr Hussain

Diagnosis / Injury / Operation (note any block): (L) DCTD

Area for Observation: LEFT / RIGHT (circle)

If both limbs are affected use a separate chart for each limb

Date (every entry)		11/1/16	11/1/16	11/1/16	11/1/16	11/1/16	
Time (every entry)		13:15	14[15]	14/65	16/10	17[45]	
Pain Score (1-10) Ask the patient to move fingers/hand/wrist or toes/foot. unable then you should passively stretch the digits. Ask pt to score their pain level. e flow chart overleaf.		2	2	5	6	2	
Always compare with the unaffected limb							
Colour Observe colour of affected limb or digits	Normal for patient	✓	✓	✓	✓	✓	
	Cyanotic / bluish***						
	Pale***						
Sensation Ask patient how the feeling is in the affected limb. Test all fingers or toes for feeling when you touch them and ask patient again	Normal					✓	
	Tingly / pins and needles ***						
	Numb ***	✓	✓	✓	✓		
	No feeling ***						
Movement As for pain score - ask patient to move fingers/ hand/wrist or toes/foot. Assess the movement.	Normal range of movement	✓				✓	
	Limited or reduced movement ***	✓	✓	✓	✓		
	No movement ***						
Initials (every entry)		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

These may be signs of abnormalities, take appropriate action, follow algorithm. Document all actions taken in the space below

ACTIONS:

Date / Time	Concern being reported	Action taken / review plan	Name of person reported to (if applicable)	Sign
11/1/16 13:15	Reduce movement and sensation	N/A LA affecting 16.	N/A	[illegible]

MIS 261192

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

WR
Sur 1609632184
MCGEE
Fo Margaret F
365 KELSO STREET 16/09/1963
Dc YOKER
Glasgow, Lanarkshire
Lo G13 4PG

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**

Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

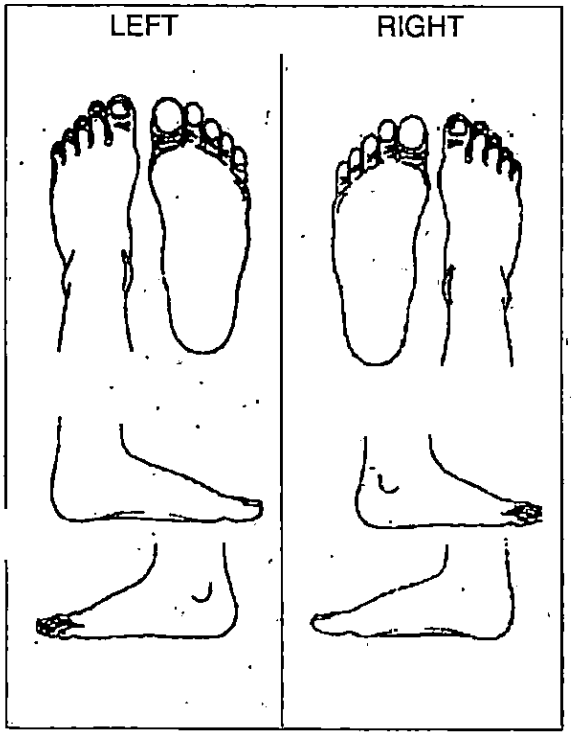
Sex									
Male	1	2							
Female	2								
Age									
14 -49	1								
50 -64	2	2							
65 - 74	3								
75 - 80	4								
81+	5								
Build/Weight for Height (BMI=weight in Kg/height in m²)									
Average - BMI 20-24.9	0	3							
Above average - BMI 25-29.9	1								
Obese - BMI > 30	2								
Below average - BMI < 20	3								
Continence									
Complete/catheterised	0	0							
Incontinent urine	1								
Incontinent faeces	2								
Doubly incontinent (urine & faeces)	3								
Skin Type - Visual Risks Area									
Healthy	0	0							
Tissue paper (thin/fragile)	1								
Dry (appears flaky)	1								
Oedematous (puffy)	1								
Clammy (moist to touch)/pyrexia	1								
Discoloured (bruising/mottled)	2								
Broken (established ulcer)	3								
Mobility									
Fully mobile	0	0							
Restless/fidgety	1								
Apathetic (sedated/depressed/reluctant to move)	2								
Restricted (restricted by sever pain or disease)	3								
Bedbound (unconscious/unable to change position/traction)	4								
Chairbound (unable to leave chair without assistance)	5								
Nutritional Element									
Unplanned weight loss in past 3-6 months		0							
<5% Score 0, 5-10% Score 1, >10% Score 2	0-2								
BMI > 20 Score 0, BMI 18.5-20 Score 1, BMI < 18.5 Score 2	0-2								
Patient acutely ill or no nutritional intake > 5 days	2								
Special Risks - Tissue Malnutrition									
Multiple organ failure/terminal cachexia	8								
Single organ failure e.g. cardiac, renal, respiratory	5								
Peripheral vascular disease	5								
Anaemia = Hb < 8	2								
Smoking	1	1							
Special Risks - Neurological Deficit									
Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6*	4-6	0							
Special Risks - Surgery/Trauma									
On table > 6 hours	8								
Orthopaedic/below waist/spinal (up to 48 hours post op)	5	0							
On table > 2 hours (up to 48 hours post op)	5								
Special Risks - Medication									
Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4*	4	0							
Total Score		8							
Date									
Initials									
Time		0930							

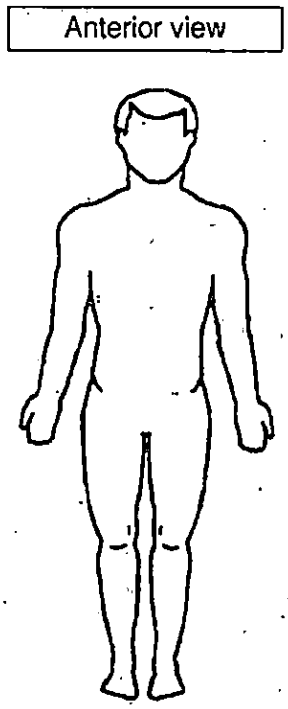
83826

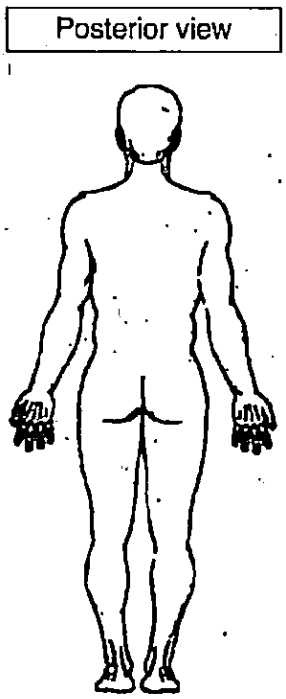
Ensure plan of care is implemented / reviewed for all identified areas of concern. . .

PRESSURE ULCER RECORD

Indicate by circling and numbering all pressure damage on diagrams, then complete box below. Indicate care plan/wound assessment chart.







SCOTTISH ADAPTED EPUAP PRESSURE ULCER GRADING TOOL

GRADE 1 Non-blanchable erythema of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.

GRADE 2 Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion or blister.

GRADE 3 Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.

GRADE 4 Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

DATE	NUMBER OF ULCER(S)	LOCATION OF ULCER(S)	GRADE OF ULCER(S)	LOCATION OF ULCER(S)

Pressure Ulcers may deteriorate from Grade 1 to Grade 4, but can not be reversed and should be documented as a healing grade of pressure ulcer, eg healing grade 4.

1609632184
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YOKER
Glasgow, Lanarkshire
G13 4PG

Modified V.I.P (Visual ion Phlebitis) Score		
IV site appears healthy	0	Routine observe cannula
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis - Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted ED (Theatre) Ward_____		Date inserted 11/1/16	Insertion site Right hand	Colour of PVC pink	Inserted by: Name & Designation *[only if inserted in ward]*
Clinical Indication	IV Fluids/IV Medication ☑	Urgent access ☐	Interventional procedures ☐	Other Please state:	
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☑	Hand hygiene Yes ☐ No ☐ Unknown ☑	Skin asepsis Yes ☐ No ☐ Unknown ☑	Dressing affixed Yes ☑ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☑

Maintenance – To be completed daily

PVC 2	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 11/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date & time	PVC no.	Comments	Signature

Date removed 11/1/16 Reason for PVC removal Not required Reason PVC in greater than 72 hours EDaS/ Not Relevant

Write
Name 1609632184
Addr MCGEE
Margaret F
CHI: 365 KELSO STREET 16/09/1963
DOB YOKER
Hosp Glasgow, Lanarkshire
G13 4PG

Peripheral Vascular Cannula(PVC) Insertion & Maintenance

NHS Greater Glasgow and Clyde

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy		
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis - Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted ED Theatre Ward_____	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation *[only if inserted in ward]*
Clinical indication: IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:	
Insertion Criteria (If no: please explain in comments below) Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Date & time	PVC no.	Comments	Signature

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 11/1/16

Attach Addressograph label

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

Ward: 2A

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr (3hr) 4hr 6r

1. Signed Edgar Name Edgar Designation S/N
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

		Times	21/30	13/15	14/10	14/50	16/10															
	1.	Pain: assess and address If in pain inform registered nurse Y / N or N/A	N	Y	Y	Y	Y															
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (Independent)	I	N	I	I	I															
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)	—																			
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)	I	Y	Y	Y	Y															
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B	—	B	D	B	B															
		Chair Assist to walk, stand or tilt (W /ST/ T)	W	/	/	/	/															
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I	N	N	N	I															
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)	Y	N	N	N	N															
		Encourage the patient to drink? Y / N / N/A	N	Y	Y	Y	Y															
		Food, snack or supplement taken? Y / N / N/A	N	Y	Y	Y	Y															
	6.	ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S	Y	Y	Y	Y	Y															
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	Y	NT	NT	N	Y															
	8.	ESCALATION: Escalate any issues to the Registered Nurse Y / N/A	NA	NA	NA	Y	NA															
		Nurse Initials	E	M	M	M	M															

Attach Addressograph label

Ward:

NHS
Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902

CEDAR CODE 102083

NURSE NAME	**S Robinson**	**Patient's Name:**	Miss Margaret McGee
Date:	**11/11/2015**	**Hospital Number:**	1609632184
OPD clinic	**Chambers**	**CHI Number:**	1609632184

YOU WILL BE OFFERED A DATE FOR YOUR OPERATION WITHIN 9 WEEKS OF GOING ON THE WAITING LIST, THIS MAY NOT BE WITH THE SURGEON WHO'S CLINIC YOU ATTENDED OR ON THE WEST HOSPITALS SITE. **ALL PATIENTS WILL BE ADMITTED ON DAY OF SURGERY UNLESS FOR CLINICAL REASONS**

QUESTION 1: Do you want to go on the waiting for surgery? *(YES / NO / need to think about it?)*	yes
QUESTION 2: Do you have holidays or a commitment booked that would prevent you accepting a date for surgery in the next 9 weeks? *(YES / NO / details?)*	no
QUESTION 3: Do you have any problems with your teeth such as decay or abscesses? (add details...)	no
QUESTION 4: Have you ever been diagnosed with high blood pressure? If yes, what high blood pressure medication do you take?	no
QUESTION 5: Do you take any of the following? Warfarin, Clopidogrel, HRT, OCP? (add details....)	no
QUESTION 6: Are you currently being treated for an on going medical condition, or have been referred by your GP to see a hospital specialist? (details....)	no
QUESTION 6: Do you have a skin condition, such as psoriasis, or any break in your skin on the limb, or area, of your planned surgery? (details....)	Psoriasis not on hands

An excessive BMI is a risk factor for orthopaedic surgery and you will be advised today if your BMI makes you unfit to be listed for surgery until weight loss brings your BMI to within an acceptable level.

When you receive a date for Pre Operative Assessment please contact the Pre Op team if you are unwell or have an infection and they will advise you whether to attend or give you a new date. This will save you a wasted journey and give someone else an opportunity to have surgery.

TO BE COMPLETED BY NURSE

BP 1)	113/69	**BP 2)**		**BP 3)**	
Height	154	**Weight (Kg)**	41.8	**BMI**	17.6
MRSA Screening:		no	**Letter to GP**		no
Patient Cancelled		no	**Secretary Notified**		yes

COVID-19 SCREENING QUESTIONS

mission Practitioner

Print Name..... Sign..... Date.....

Addressograph Label

Margaret McGee
1609632184

When did you have your most recent COVID-19 test? Date..... Time..... Does this fall within 72 hrs of admission?
Yes ☐ No ☐ Have you self-isolated since test Yes ☐ No ☐

These screening questions should be asked of every person attending hospital for any reason including those accompanying patients. First ask the COVID-19 screening questions – if NO to all then ask the Respiratory screening questions. If YES to any then place the patient on the respiratory pathway.

COVID-19 Screening Questions	Yes	No
Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 14 days? NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection.		✓
Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?		✓
Have you travelled internationally in the last 10 days to a country that is on the Government red list?		✓
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?		✓
Do you have any of the following symptoms; •High temperature or fever? •New, continuous cough? •A loss or alteration to taste or smell?		✓

Respiratory Screening Questions	Yes	No
Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? (See note 1)		✓
Have you been had a laboratory test with a confirmed respiratory virus/infection such as Influenza in the last 14 days? (See note 2)		✓

Note 1

List of respiratory symptoms below may indicate a respiratory virus;

- Rhinorrhoea (Runny nose)
- Congestion in the nasal sinuses or lungs
- Sore throat
- Sneezing
- Coughing

The following can also be symptoms of a respiratory virus/infection but may also be related to a non-respiratory cause therefore caution should be applied in allocation of these patients to the respiratory pathway in the absence of any symptoms noted above.

- Breathlessness
- Wheezing or chest tightness
- Myalgia (Muscle aches)
- Fatigue (Tiredness)
- Dyspnoea (Shortness of breath)

Note 2

If the service user advises of having had a test positive pathogen in the last 14 days, they should be placed according to the infective period for that specific pathogen and an assessment of any ongoing infectivity. Refer to A-Z of pathogens for details of individual pathogens.

Previous Patient Notes for Respiratory Medicine (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Remote Consultation**
Date/Time: 22-Jan-2026 10:27	**Created By:** Senior Respiratory Research Nurse - Stephanie Hughes	**Role:** Nurse - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

OPACE TRIAL: Optimising azithromycin prevention treatment in COPD to reduce exacerbations
PI Dr David Anderson

Telephone call with Margaret today to introduce her to the above trial. Information about the trial given. She consented to receive the patient information leaflet.
PIS version 2.0 dated 30JAN25 posted.

I will follow up with Margaret in a few weeks once she has completed her course of antibiotics / steroids. Thanked for her time today.

Patient Note		**Remote Consultation**
Date/Time: 19-Dec-2024 15:33	**Created By:** Clinical Research Fellow - Anna Taylor	**Role:**
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Scheduled TC - routine check in, continuing to have frequent exacerbations of chest, started abx/steroids from GP 2 days ago, managing inhalers ok & speaking in full sentences on the phone. Has dropped off sputum sample to GP, no results yet. Trying to cut down cigarettes but continues to smoke 10-15/day, she is aware that this is likely to be increasing the number of infections she's been having. Awaiting MRI results following rheumatology r/v ?myopathy. Also had CT CAP recently, no signs of malignancy, chronic Rt apical bullae, cyst and minor pleural thickening seen as previous, unaltered. No change to management today. Plan - routine clinic review in Spring, no letter today.

Patient Note		**Remote Consultation**
Date/Time: 16-Nov-2023 15:46	**Created By:** Physiotherapist Pulmonary Rehab - Doreen Anne Berry	**Role:** AHP - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation

Telephone call to review and if able to restart HEP.

S. Spoken with Margaret, consent gained. She has a chest infection and has been started on AB's/steroids 13/11/23.
Margaret is really struggling with her joint pain and unable to do exercise due to the stiffness/pain.
She was seen at Rheumatology yesterday and is to start of methotrexate for her joints for early RA.
We discussed discharge from the service at this time and refer back once pain has settled with new medication and able to participate in HEP.
Encouraged Margaret to do some exercises when and if she is able. She has her HEP diary to refer to at home.
P. Unsuccessful discharge due to ongoing joint pain.
Can be referred back when able to do HEP regularly.

Patient Note		**Remote Consultation**
Date/Time: 09-Nov-2023 15:32	**Created By:** Physiotherapist Pulmonary Rehab - Doreen Anne Berry	**Role:** AHP - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation

Telephone call to review HEP as no answer last week and has not contacted our office.
S. Spoken with Margaret, consent gained. Has been unable to do HEP due to arthritis flare up and has a chest infection at present.
Has been trying to het up every hour or hour & a half to walk indoors. Flare up of pain in her knees.
Discussed chest infection, has not contacted GP was trying to see if it went away and not bother them.
Discussed its important to treat a chest infection early so an not to do more damage or having it lasting longer than necessary.
Last Ab's/steroids was September 23. Margaret agreed to contact her GP tomorrow.
Asked if she would prefer to be discharged at this time but keen still to do the programme.
O. Very moist cough while on telephone and some wheeze when answering questions.
P. Margaret to contact GP re chest infection
For telephone call to review and if restarted HEP in 2 weeks.

Patient Note		**Outpatient Note**
Date/Time: 02-Nov-2023 15:12	**Created By:** Respiratory Nurse Specialist - Joyce Mukupa	**Role:** Nurse - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation. Week 5 HEP T/C, F/U.
Telephoned Margaret to monitor progress with HEP.
No answer, left message on answering machine inviting her to contact the office.
P- Rebook in 1/52 , T/C, F/U

Patient Note		**Remote Consultation**
Date/Time: 19-Oct-2023 14:47.		**Role:** AHP - GGC

	Created By: Physiotherapist Pulmonary Rehab - Doreen Anne Berry	
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation

Telephone call to review HEP week 3/4.
S. Spoken with Margaret, consent gained. Has been doing the exercises now but had not been able to a couple of weeks due to flare up of arthritis.
Has been doing 1 x 5 reps. Discussed upping exercises to doing 1 x 5 reps in am and then pm on M/W/F - happy to try this.
Has been walking in the house but has not been timing self - advised to time walk so as we can keep monitor progress.
Has been using aerochamber with inhalers - sometimes feel its helpful, other time not.
O. Speaking in sentences. Slight wheeze heard when talking.
P. Continue with HEP and increase reps.
Rebook for t/c in 2 weeks - 2/11/23 for HEP review
Aware can contact office if needs advice before arranged telephone call.

Patient Note		**Remote Consultation**
Date/Time: 05-Oct-2023 15:16	**Created By:** Physiotherapist Pulmonary Rehab - Doreen Anne Berry	**Role:** AHP - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation

Telephone call to review HEP week 2
Attempted to call but no answer.
Left voicemail can call office today until 4.30pm with update but I would also rebook for telephone call next week.
P. Telephone call booked for 12/10 23 to review HEP week 3

Patient Note		**Outpatient Note**
Date/Time: 28-Sep-2023 17:01	**Created By:** Physiotherapist Pulmonary Rehab - Doreen Anne Berry	**Role:** AHP - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation

Margaret attended to complete an objective assessment today following on from a subjective completed face to face by Jacquie Fabian, Senior Physiotherapist on 8/8/23.
An objective 6MWT/HEP could not be done as Margaret had a chest infection. See portal notes by Jacquie 8/8/23 for HPC/PMH/DH & SH.

Margaret is know to have COPD/asthma - severe emphysema. Has a a history of low BMI, Chronic low back pain, osteoporosis and diagnosed with RA to start methotrexate.

S. Spoken with Margaret, consent gained. Feeling better than when last attended. Has recurrent chest infections.
Discussed breathing control and pacing when doing any activity. Discussed why we exercise and the importance to strengthen muscles.
Has joint issues with hands, back, bilateral knees and lower leg pain - generally very stiff on all movements.
Doesn't do much generally as family help with housework and only going out to appointments. We discussed trying to increase walking even in the house.
Chronic cough and expectoration of phlegm - very moist chest during assessment.
Has been trying to cut down on cigarettes but struggling - offered referral to smoker free service and this was accepted. Referral will be done with Margaret's consent.
Feeling a benefit of using aerochamber with inhalers.

O. Questionnaires and 6MWT completed by Cheryl Smith, HCSW - see notes on Portal for 28/10/23
We went over HEP - warm up. exercises and cool down.
Advised was given regarding exercising at home - safe area, taking reliever prior to exercise and staying safe while exercising and when to stop.
Advised to exercises M/W/F with a day between to rest and recover. Exercises to spread over day - 1 x 5 reps in am for all exercises and then another 1 x 5 reps later in afternoon or evening. Advised that warm up/cool down could be done daily if she felt able to try to reduce over all stiffness.
Main issue is pain control - very stiff general movements and we discussed the importance of keeping moving to avoid the stiffness/pain/stiffness cycle.
HEP completed.
Warm up
Exercises-
Leg extensions L2- 1 x 5 reps
Biceps curls - L1 - 1 x 5 reps
Hamstrings curls - L1 in standing 1 x 5 reps
Marching on spot L2 - 1 x 5 reps
Sit/stand L1 - 1 x 5 reps - advised to use bed rather than sofa or chair
Step ups L2 - 1 x 5 reps
No arm punches done.
Cool down

A HEP diary was provided with written instructions. Advised if anything is too sore to stop that exercises and discuss with me.
Office number given should she need to discuss before arranged telephone call.
Discussed walking indoor - starting at 3mins and increasing by 20 secs a day - provided with walking diary to monitor time walked.

A. Unsure if will managed increasing reps until pain is under control and is less stiff.
Appears afraid to move due to sore joints.

P. Refer to smoke free service with Margaret's consent
For telephone call in 1 week - 5/10/23 to review HEP week 2

Patient Note		**Outpatient Note**
Date/Time: 08-Aug-2023 10:28	**Created By:** Specialist Physiotherapist Pulmonary Rehabilitation - Jacqueline Fabian	**Role:** AHP - GGC
Specialty: Respiratory Medicine	**Organisation:**	Sensitive
Note:		

Pulmonary Rehabilitation Assessment
Patient referred to Pulmonary Rehabilitation on 09.03.23 by Respiratory Consultant Dr Anna Taylor, GGH re her ongoing breathlessness secondary to her COPD/Asthma. patient attended for her assessment today at 0930hrs accompanied with her daughter at the Physiotherapy Dept., GGH. Subjective assessment completed by myself Specialist Physio Pulmonary Rehab Jacquie Fabian. No objective assessment completed as patient just commenced 2nd course of Doxycycline yesterday and was going to GP today to hand in sputum sample and didn't feel well enough to complete a 6MWT and her Home Exercise Programme (requested by patient) instead of attending classes.
Main issues today reported by patient is increased breathlessness on activity, recurring chest infections, increased joint pain (recently diagnosed Rheumatoid Arthritis) and low back pain.
PMH:
COPD/Asthma (severe Emphysema) CXR Mar'23 show lungs to be emphysematous & hyperinflated in keeping with smoking history.
PFT's (2014) FEV1 81% FEV1/FVC 84% Airflow obstruction present. Transfer slightly reduced
Recurring chest infections - x 5 since Mar'23 with no hospital admissions - on Azithromycin 250mg daily
Symptoms - increased breathlessness on min to mod exertion, cough productive in nature, sputum green/white in colour and thick in consistency, able to cough and clear but chokes at times, chest tightness and wheeze on activity and at rest.
Covid-19 - July'22
Smoker - 20cpd past 46years. Past week cut down to between 6 and 7cpd
Insomnia (2012) still poor sleeper
Gastric Reflux
Anxiety & Depression - long standing
Low BMI - previously seen by Community Dieticians (Weight Loss 2022)
Chronic Low Back Pain and Thoracic spine pain - seen pain clinic - discharged from them
Osteoporosis
Carpal Tunnel Syndrome (2014) - Left decompressed 2016
Right Scaphoid non union & Left OA (2018)
Seropositive Rheumatoid Arthritis 2023 - to start Methotrexate once results from chest x-ray - small joints hands, Right Shoulder, Knees R>L
Psoriasis - no longer issue for long time
DH:
Trimbow 87/5/9mcg - 2 puffs (bd) - advised to use aero chamber with inhaler device
Salbutamol 100mcg - 2 puffs > 4 x/day - doesn't feel always help - inhaler technique poor - given aero chamber and patient felt benefit from using. information sheet given to patient to remind her how to use.
NACSYS 600mg (od)
Azithromycin - 250mg daily
Mirtazapine
No Flu or Pneumococcal vaccines
SH:
Lives in house with 16yr old daughter
Stairs - bedroom and bathroom upstairs.
Stairs - difficult due to increased breathlessness and knee pain - requires to stop on stairs at least x 2.
Always manages to bed
Hills/Slight Inclines - doesn't do.
Hardly leaves house unless got medical appointments due to increased breathlessness, anxiety, embarrassment re coughing and choking fits - always accompanied and goes by taxi.
Housework - older daughter comes and helps her
Shopping - does on-line and gets delivered
Bath - got seat that lowers her in to bath - able to wash hair with great effort due to increased breathlessness and pain in hands
Stays in PJ's most of time
Benefits - PIP & ASA
Rx
Patient given education booklets COPD, Coping with Breathlessness, Coping with Anxiety and your Respiratory Condition, Coping with Low Mood and your Respiratory Condition, Traffic Lights for COPD (discussed), COPD Digital Platform information.
Shown positions to aid with recovery of breathlessness in sitting and standing shown - given leaflet P. New appointment to be sent out for 6MWT and HEP.

Patient Note		**Remote Consultation**
Date/Time: 07-Oct-2021 16:07	**Created By:** Doctor - Chris Carlin1	**Role:** Doctor - GGC
Specialty: Respiratory Medicine	**Organisation:** Gartnavel General Hospital	Sensitive

Note:

Resp NP TC refd last year. Sev COPD prev characterised. laryngeal Leukiplakia at EUA 2014.

MRC 3-4. Freq exac. Appetite steady and weight not dropping she thinks. Coughing, gets choking. High dysphagia - cut meat into small pieces, sometimes have to bring it back up. Throat can be sore. No oral thrush noted.

>urgent CT neck/thorax - schedule f2f appt with results +/- ref on ENT for FNE.
no letter today.

Previous Patient Notes for Ear, Nose & Throat (ENT) (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 15-Apr-2025 13:42	**Created By:** Consultant Rhinologist Head and Neck Surgeon - Omar Hilmi	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

mild chronic laryngitis on laryngoscopy mobile VC nil else mouth/ neck discharge

Patient Note		**Outpatient Note**
Date/Time: 07-Mar-2022 12:58	**Created By:** Consultant Rhinologist Head and Neck Surgeon - Omar Hilmi	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Pan endoscopy
Post op
Routine obs
NBM 2 hrs
home later if well
No routine F.U.

Patient Note		**Outpatient Note**
Date/Time: 24-Feb-2022 09:49	**Created By:** Consultant Rhinologist Head and Neck Surgeon - Omar Hilmi	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

informed of ba result recommended panendsocscopy, risks expaleind

Patient Note		**Outpatient Note**

Date/Time: 08-Feb-2022 13:00	**Created By:** Consultant Rhinologist Head and Neck Surgeon - Omar Hilmi .	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

phone consult, note ba swallow for pan endoscopy see with pre assessment

Patient Note		**Outpatient Note**
Date/Time: 11-Jan-2022 14:04	**Created By:** Consultant Rhinologist Head and Neck Surgeon - Omar Hilmi	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

intermittent coughing and choking and awareness of swallowing no wt loss. note Hx nil on exam mout, neck fol for ba swallow

Patient Note		**Outpatient Note**
Date/Time: 10-Jan-2019 16:18	**Created By:** Clinical Fellow OMFS - Robin Crosbie	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

see US - reassuring, letter to pt and GP done, no f/u req

Patient Note		**Outpatient Note**
Date/Time: 20-Dec-2018 12:14	**Created By:** Clinical Fellow OMFS - Robin Crosbie	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

4/52 noticed lump Left smg region, not progressive, no change with eating, some sore throat also. NOte prev hx laryngeal hyperkeratosis. Smoker 30/day/40yrs, minimal alcohol. No blood/wt loss/otalgia/dysphagia, has got reflux and COPD (inhalers)
OE
Neck - No mass, pt feeling normal SMG, feels same size as right side, no nodes
OC- clear, partial dentures
FOL - injected VC, no masses/leukoplakia
Smoking cessation, US neck for reassurance, no routine f/u, write with report

Previous Patient Notes for Rheumatology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 15-Oct-2024 09:57	**Created By:** Rheumatology Nurse Specialist - Wendy Innes	**Role:** Nurse - GGC
Specialty: Rheumatology	**Organisation:**	Sensitive

Note:

Patient called advice c/intermittent pain and swelling in hands and "pain in legs" requesting earlier appt....appt has been brought forward.

Patient Note		**Outpatient Note**
Date/Time: 14-Oct-2024 10:53	**Created By:** Rheumatology Clinical Nurse Specialist - Gail Dolan	**Role:** Nurse - GGC
Specialty: Rheumatology	**Organisation:**	Sensitive

Note:

called number we have on Trak. patient states she didn't call, and doesn't need help

Patient Note		**Outpatient Note**
Date/Time: 15-Apr-2024 10:56	**Created By:** Consultant Physician and Rheumatologist - Si Han Tan	**Role:**
Specialty: Rheumatology	**Organisation:**	Sensitive

Note:

Note Prof Carlin's reply and he strongly endorsed starting MTX and not interrupting it unnecessarily for fluctuating bronchitis, even if antibiotics required.

Patient Note		**Outpatient Note**
Date/Time: 28-Jul-2023 13:30	**Created By:** Clinical Nurse Specialist - Rheumatology - Darryl McGhee	**Role:** Nurse - GGC
Specialty: Rheumatology	**Organisation:** Queen Elizabeth University Hospital	Sensitive

Note:

Pt called, starting MTX and can be prone to chest infections. Should she have SC MTX.

ADV no difference from an infection perspective so stick to oral initially.

Previous Patient Notes for Acute Specialties GGC (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 28-Sep-2023 10:38	**Created By:** HCA - Cheryl Smith4	**Role:** AHP - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive

Note:

Pulmonary Rehabilitation
Patient attended Gartnavel General Hospital today for an assessment at 10am. Subjective assessment completed by Specialist Physiotherapist Doreen erry (see notes in patients clinical portal) 6MWT and questionnaires completed by myself HCSW Cheryl Smith.
Introduced myself and gained consent from patient to continue with the assessment and walk test. Patient reported feeling well and explanation given of what pulmonary rehabilitation is and what is included within the assessment.

Resting Observations: RR - 12 SPO2 - 100% on air HR - 88bpm BP - 120/70.
6MWT:
Distance - 150m with 2 rests
Highest HR - 104bpm
Lowest Sp02 - 100%
BCS Pre - 0.5
BCS Post - 2/3
MRC - 3
1m post-test = SPO2 - 100% HR - 93bpm

Patient attended her appointment today with little energy and feeling quite fatigued. She admitted that she tends to push herself instead of stopping and taking breaks/pacing herself. Patient is somewhat able to control her breathing but when pushing herself to much she struggles to stay in control and starts to panic. She was able to speak clearly when spoken to and showed no distress or cyanosis throughout. Patient had acrylic nails on which could have an effect on the results of her walk test. The gym was very cold and patient opted to wear her jacket. She had a slow steady pace and had walked 90m but found that her legs began to fatigue fairly quickly and feeling light headed around the 3m mark where she had to have a rest. Patient then walked a further 60m before ending the test at 5m 3s due to breathlessness.

Questionnaires:
CAT= 28 PHQ-8= 19 GAD-7= 20 LINQ= 9

Patient was shown the HEP exercises along with demonstrations of each exercise. Programme was explained, with exercises and walking diaries given.
She will be booked in for a T/C in 2 weeks time - check on progress of exercises.

Previous Patient Notes for Pain Management (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 09-Jan-2020 10:25	**Created By:** Consultant - Anaesthesia and Pain Medicine - Lars Williams	**Role:** Doctor - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Office note

Delayed review of 8/52 Q after cooled RF denervation R SI joint, returned August 2019.

Pain relief >60% Duration >8/52

SEs 'severe', but not specified

Has subsequently seen MS @ SH for review and been discharged

Patient Note		**Outpatient Note**
Date/Time: 23-Dec-2019 15:16	**Created By:** Consultant, Pain Medicine - Mick Serpell	**Role:** Doctor - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Cooled RF R SIJ on 3/19 - pt states very little benefit (including x2 prev R SIJ LA/steroid inj)

D - Naproxen
D/C Lido - not helping

PLAN:
COX
? Amitriptyline 75 to 100
No further injections
D/C

Patient Note		**Other**
Date/Time: 16-Oct-2019 10:43	**Created By:** Consultant - Anaesthesia and Pain Medicine - Lars Williams	**Role:** Doctor - GGC

Specialty: Pain Management	**Organisation:**	Sensitive

Note:

office note
e-mail from sec and my reply:

"The above patient called to ask for repeat Cooled RF. (She was referred by Dr Bashir, Stobhill)
(She forgot to send back her Questionnaire)

She advised from the date of her procedure in March this year she had good relief until last week.

She is asking for the procedure to be repeated - can I add her to the waiting list?"

Reply:

Patients need to wait a year between repeats. If she?s only getting a few months benefit it?s prob not worth repeating RF

Best plan will be for her to be reviewed by one of the Stobhill consultants - don?t know if they have a system for taking over Usman?s former patients - Christina, can you pass this on?

Patient Note		**Inpatient Note**
Date/Time: 08-Mar-2019 16:25	**Created By:** Consultant - Anaesthesia and Pain Medicine - Lars Williams	**Role:** Doctor - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

DSU - attended for cooled RF neurotomy R sacroiliac joint (1st procedure) (Usman Bashir's patient)

3x previous successful R SIJ steroid injections

Consent: failure, bruising, temporary increase pain, temporary leg weakness, infection, neuritis, nerve damage

Site marked

20G venflon to dorsum L hand (Gary, ST3 KM anaesthetist)

Sedation:
(Administered by anaesthetic nurse, Anne): Fentanyl 160 mcg, by 40mcg increments.

Prone, sterile, flouroscopy
1% Lidocaine + 1:200,000 Adrenaline to skin (and pre-lesion) - total 20mls

3x 22G spinal needles as seekers - S1, S2 and S3 foraminae entered, lateral view for depth - image saved to PACS

Cooled RF needles x 3 (Bayliss SInergy system) - lateral view for depth for each level
- images saved to PACS

3x lesions at S1 and S2 levels, 2x at S3, 1x at L5 / S1

Impedance at all levels: 160 min, 350 max

9 x lesions in total: 60 degrees C, 2 mins 30 s for each
All lesions uneventful
Kenalog 10mg in 1ml 0.5% Chirocaine to each level after burn - total 40mg Kenalog.

Plan:

8/52 Q
6/12 OPC
(North PS)

Previous Patient Notes for (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Historical Note**
Date/Time: 29-Apr-2014 13:44	**Created By:** Consultant Respiratory Physician - Colin Church	**Role:**
Specialty:	**Organisation:**	Sensitive
Note:		
discussed at xray. felt to be emphysema. No nodules seen either.		

MAN WR

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

Hospital (circle) | IRH | RAH | RHSC

Queen Elizabeth University Hospital

CHI: 1609632184

Total Att: 3

12 Mth Att: 1

Title: **MISS**

MCGEE **Margaret**

DOB: **16/09/1963** Age: **53y** Sex: **Female**

365 KELSO STREET
YOKER
Glasgow
Lanarkshire
G13 4PG
0141 258 2295

Next of kin: **MCGHEE, Carolanne**
Relationship: **Sister**
07923 362 764

GP: **AH Morgan**
0141 2116120

Attendance Date: **27/10/2016** Arrival Time: **17:14**

Registration Time: **17:14** Date of Incident: **21/10/2016**

Major Incident Desc:

Reason for Attendance: **back injury**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Tetanus up to date/fully immunised:

Triage Category: **3**

Presenting Complaint:

Observation Date: **27/10/2016 18:24**

Temp	**36.6**	C
HR	**94**	bpm
BP	**126/63**	mmHg
MAP	**84.00**	mmHg
RR	**16**	bpm
SpO2	**100**	%
Oxygen	**21**	%

Nurse name: **Nurse Andrew Wilson**

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **"fell down stairs 5/7 seen GP px NSAID and co-codamol pt feels little improvement "**

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)



MCGEE
Margaret

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date	CLINICAL NOTES
27/10/16	Seen by (Dr) Dr Kirsty Wilson. Time seen 1900.

(53) ♀ a/w SOB, cough + back/side pain.

HPC

Fell down stairs 5/7 ago → injured left sided ribs.

2/7 Hx of ↑SOB + cough productive of brown sputum (usually white). No CP/palpitations.

Breathing shallow + trying not to cough due to pain in LHS from fall.

Seen by GP 2/7 ago who gave ibuprofen + cocodamol but feels not helping.

PMHx COPD → on reg inhalers.

'Prev Ix for throat cancer were -ve'.

DHx

NKDA.

SHx Smokes 2S/day.

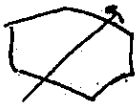
1609632184 16/09/1963
MCGEE
Margaret

O/E



Bibasal crackles + widespread wheeze. RR 16 Sats 100 OA

HS 1+11+0 HR 94 BP 126/63.



abdo SNT BS +ve

GCS (15)

Tender over T3 - T5 left sided ribs anteriorly + posteriorly.

PTO →

Date	CLINICAL NOTES
	Imp/ Chest infection 2° poor air entry 2° rib # (P) Bloods Inhaler → pt's own taken CXR → hyperinflated lungs nil acute  1609632184 16/09/1963 MCGEE Margaret Dr Kirsty Wilson Foundation Trainee GMC 7474651 Page...

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged		Not arranged		To be arranged			
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

CHI: 1609632184

Western Infirmary

Total Att: **1**

12 Mth Att: **1**

Title: **MISS**

MCGEE **Margaret**

DOB: **16/09/1963** Age: **50y** Sex: **Female**

365 Kelso Street
Glasgow
G13 4PG
07522487790

Next of kin: **MCGHEE, Carolanne**
Relationship: **Sister**
07923 362 764

GP: **M Roushdy-Gemie**
0141 959 2118

Attendance Date: **25/02/2014** Arrival Time: **09:30**

Registration Time: **09:30** Date of Incident: **25/02/2014**

Major Incident Desc:

Reason for Attendance: **MINOR INJURY foot**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

Nurse name:

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

1609632184 16/09/1963 MCGEE Margaret
1609632184 16/09/1963 MCGEE Margaret
1609632184 16/09/1963 MCGEE Margaret
1609632184 16/09/1963 MCGEE Margaret
1609632184 16/09/1963 MCGEE Margaret

Leeds (RAH).

Pt. walked into department.

Sustained commuted # 5th Metatarsal @ new years
was to attend F/U c ortho on 18/2 but DNA.
Need Dexa thin wrists + advised to attend ATC for xray.

I have D/W ortho OCP -> new appointment has been made.

CHI: 1609632184

Western Infirmary

Total Att: 0

12 Mth Att: 0

Title: **MISS**

MCGEE **Margaret**

DOB: **16/09/1963** Age: **50y** Sex: **Female**

365 Kelso Street
Glasgow
G13 4PG
07522487790

Next of kin: **MCGHEE, Carolanne**
Relationship: **Sister**
07923 362 764

GP: **M Roushdy-Gemie**
0141 959 2118

Attendance Date: **02/01/2014** Arrival Time: **10:45**

Registration Time: **10:45** Date of Incident: **02/01/2014**

Major Incident Desc:

Reason for Attendance: **minor injury lower limb**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **02/01/2014 10:49** Nurse name: **Nurse Andrew Wilson**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

P.C. Foot injury.

HPC 50 ♀ inversion injury (R) ankle 2/7 ago, increasing difficulty W/B.

PMH - Asthma D.H. - Salbutamol NKDA.
Smoker - 20

O/E Dorsum of (R) foot bruised + swollen ++
Knee ✓ Tib ✓ Fib ✓ calf ✓ achilles ✓ calf ✓ lat mal ✓
med mal ✓
bony tender base 4th + 5th MT.
NV intact distally.

→ X/R (R) foot = comminuted # base 5th MT.

Treat — Moonboot
Crutches
Virtual # clinic

A.W.
Wilson
ENP.

24

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 1609632184

Queen Elizabeth University Hospital

Total Att: 2

12 Mth Att: 0

Title: **MISS**

MCGEE **Margaret**

DOB: **16/09/1963** Age: **52y** Sex: **Female**

365 KELSO STREET
YOKER
Glasgow
Lanarkshire
G13 4PG

Next of kin: **MCGHEE, Carolanne**
Relationship: **Sister**
07923 362 764

GP: **AH Morgan**
0141 2116120

JAMES (partner) 07887541894

Attendance Date: **02/07/2016** Arrival Time: **13:42**

Registration Time: **13:42** Date of Incident: **02/07/2016**

Major Incident Desc:

Reason for Attendance: **BIBA - ?**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **02/07/2016 13:52** Nurse name: **Nurse Angela Gallagher**

Temp	**36.0**	C
HR	**101**	bpm
BP	**108/74**	mmHg
MAP	**85.33**	mmHg
RR	**18**	bpm
SpO2	**99**	%
Oxygen		%

BM	**6.1**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**3**
Motor	**6**
Verbal	**5**
Total	**14**

Pupils-Right		Pupils-Left	
Size (mm)	**2**	Size (mm)	**2**
Reaction	**Y**	Reaction	**Y**

Nursing Notes: **BIBA- ?INTENTIONAL OD: UNKNOWN QUANTITIES OF ?ATARAX AND ? PHENEGRAN, TIME UNKNOWN. CONSUMED ALCOHOL LAST NIGHT. UNABLE TO GAIN Hx FROM PATIENT. DROWSY/SLURRED SPEECH. SEE PRF.**

REFUSING ECG.

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

02/07/2016

Date	CLINICAL NOTES
	Seen by (Dr) Rattle Time seen 14:30

HPC No history prompt.
History from husband: Both drinking last night 1 L Vodka between them.
Argument. No threats
Found by partner (12:20) At 9.AM Normal GCS by Mid day — unable to walk slurred speech.

Potent intermittently wakes.

Medic: ~~Naloxone~~
~~Pethidine~~
Ativan. — 25mg

Neuro New, Espeech Mday V confused place X date X
Argumentative.
Wishes to leave,

CVS Pulse 100 good vol
Periphery warm.
BP 106/61 — BP sponk 112/68

Resp Cough — has asthma. Not at present on steroid
Recently seen GP for cough.
AN-AN
Scattered wheeze.

IV-access FBC
CK UTE
NSP + Pregnancy.
ECG. Nil acute QT Normal
Ors.
Tox base — print out.

At present took only Ativan. Pale, argumentative.
Blood pressure rapidly responds.
Allow to wear off during observation + reassess later
Refer Medical they will admit

DR

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

SOUTHERN GENERAL HOSPITAL — **Against Advice**

SURNAME (Block Letters)	FIRST NAMES (Block Letters)	UNIT NUMBER
MCGEE	MARGARET	

This is to cerify that I go out/take out .....

on my own responsibility, having been warned by the medical staff of the risk involved.

Signature ..... M McGee

Witnessed ..... IOIVA CAMPBELL

Designation FY2

Address .....

.....

Date .....

AGAINST ADVICE

SGH 283

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

Hospital (*circle*)	IRH	RAH	RHSC	GRI	WIG	VI	VIMIU	Stob	VOL	SGH

1609632184
MCGEE
Margaret F
365 KELSO STREET 16/09/1983
YOKER
Glasgow, Lanarkshire
G13 4PG

Title:	Sex: M ☐ F ☐
SURNAME:	Forename:
CHI:	Dob:: Age:
Local address:	Next of kin:
	Relationship:
	Tel:
	GP:
Postcode:	
Tel:	Tel:
Attendance date: / Arrival time: / Date of Incident:	
Registration time:	Major incident description:
Reason for attendance:	

Affix Label

Nursing Assessment	Alerts:
Presenting complaint:	
Triage category: / Pain score: / Tetanus up-to-date / fully immunised?	
Allergies:	

Observations date:			Time:			Nurse's name:	
Temperature		°C	BM		mmol/L	GCS	
HR		bpm	PF		l/min	Eyes	
BP		mmHg	Expected PF		l/min	Motor	
MAP		mmHg	Weight		kg	Verbal	
RR		bpm	Height		cm	Total	
SpO_2		%	Visual Acuity			Pupils – Right	Pupils – Left
Oxygen		%	Left	6/		Size	Size
			Right	6/		Reaction	Reaction
			With correction?				

Nursing Notes:

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List		
	SEWS	0-7
	RED FLAG	(Tick)
	SIRS	
	CURB 65	

Done/ completed	Imediate Managment Plan.

Signature:	Designation:	Page No:

Acute Medical or Surgical Admission Unit Notes



Please

Initial Assessment

Seen by (print): IONA CAMPBELL FY2

Time seen: 2/7/16 1645

Presenting Complaint

Overdose – 15 atarax (antihistamines)

History of Presenting Complaint

Out drinking with partner last night.
Had 1/2 bottle vodka. Fell out with partner.
Went home. Upset due to fallout + coming
up to anniversary of Dad's death.
Took 15 atarax and 'went to sleep'.
Found by partner this morning barely rousable –
Now more awake. Regrets actions, 'didn't
really want to end it'. Telling me wouldn't do it agai

Past Medical History

Mild COPD
Depression
Prev. overdoses
Leukoplakia of vocal cords
Chronic low back pain.
Carpal tunnel.

Systemic Enquiry

CVS No chest pain. No palpitations
No syncope.

RESP No SOB. No wheeze.
Mild cough productive of green sputum

GI Vomited x1 today.
No other GI upset.

CNS/PNS Still sleepy but will wake up properly when spoken to

GU No urinary symptoms

Musculoskeletal

MEDICINES RECONCILIATION (ECS can be stapled here and annotated with plan for medicines. Please sign medicines plan.)

Source of medication history: Patient ☐ Relative/ carer ☐ GP Surgery ☐ ECS ☐ PODs ☐ Com. Pharmacist ☐ GP letter ☐ Rpt Presc ☐

Admissions medicines				Plan for medicines			
Name	Dose	Frequency	Continue	Stop	Amend	Hold	Comments/ reason
Amoxicillin	500mg	TDS	✓	started on 30/6/16			
Capsaicin	0.025%	cream	1 app TDS	-			
Fostair 200-6	2 puffs	BD	-				
salbutamol	2 puffs	PRN	-				
tiotropium	18mcg	OD					
citalopram	20mg	OD	-				
solifenacin	10mg	OD					
ciclesonide	800micrograms	OD	-				
naproxen	500mg	BD					

Allergies	Medication needs
None known ☑	Further clarification? Yes ☐ No ☐
Completed by: Designation:	Date:

Drugs prescribed on admission checked and correct

Compliance aid? Yes ☐ No ☐

Comments:	Community Pharmacist
Reviewed by: Designation:	Date:

1509632184 16/09/1963
MCGEE
Margaret

Social History

Smoking History: 30 per day.

Alcohol History: Denies regular drinking but binges @ weekends → usually ~ ½ bottle vodka on a Sat.

Other drug use?: None.

Home circumstances

Lives with 18yr old son + 9yr old daughter. Initially told me daughter has nobody to look after her + then changed to saying her eldest daughter (25) has her + we need to clarify.

General Examination

Temp:	RR:
Pulse	BG:
SpO2:	Weight:
BP:	Urinalysis:

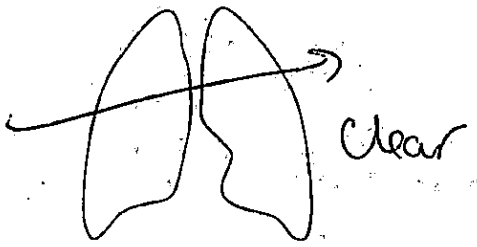
Cardiovascular Examination

HS 1+11+0 pulse reg
JVP not seen BP 111/65
Warm + well perfused

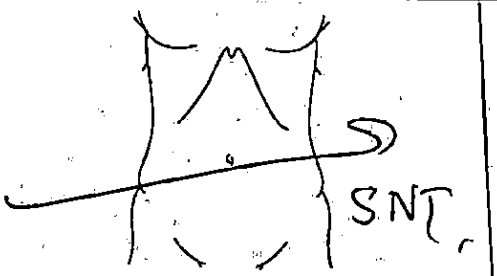
General Observations

Smells of alcohol ++
Sleepy but fully rousable

Respiratory Examination



Abdominal Examination



Neurological and Other Examination (e.g. locomotor)

Cranial Nerves

Uncooperative
Appears grossly in tact

GCS: E: M V: TOTAL

15/15 currently.

AMT

Fundoscopy:

Upper limb neurological examination

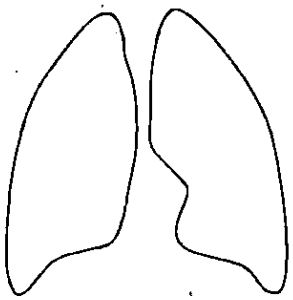
Moving all 4 limbs normally

Lower limb neurological examination

Other

Key Results:

CXR: Not indicated



Urinalysis:

ECG: NSR. QTc (N).

Differential Diagnosis/Problem List

(1) Atarax OD
- now regrets
- GCS now 15 although still sleepy
- haemodynamically stable.

(2) Need to clarify safety of 9yr old child

SEWS ☐ 0-7

RED FLAG ☐ (Tick)

SIRS ☐

CURB 6S ☐

Immediate Managment Plan	Done/ Ordered	Checklist
		Medicines plan documented ☑
(1) Bloods inc CK, paracetamol level, salicylate level		Blood results received ☑
		Kardex ☐
(2) Phone NOK re daughter		Antmicrobials as per Policy
		Yes ☐ No ☐
(3) Not safe for home yet as still sleepy ++		If 'No' state reason:
↳ home manage if more awake		
Rpt ECG mane to ensure QTc remains (N) -		
		DVT prophylaxis indicated → I think fully risk
		Yes ☐ No ☒
		DVT prophylaxis prescribed
(4) Not for further IV fluids unless hypotensive.		Yes ☐ N/A ☐

Doctor Completing Initial Assessment

Name (print): Iona Campbell Signature: Designation: FY2

Page No.

Please affix patient ID label here

Secondary or Senior Focused Review

Seen by (print):

Time seen:

Done/ completed	Continuing Managment Plan

Doctor Completing Initial Assessment

Signature: Designation: Page No.:

Senior Doctor Review Seen by (print): Time seen:	Please affix patient ID label here

DVT Prophylaxis indicated Yes ☐ No ☐	Antimicrobials choice compliant Yes ☐ No ☐
DVT Prphylaxis prescribed Yes ☐ N/A ☐	If 'No' state reason
Medicines Reconciliation completed Yes ☐ No ☐	

Done/ completed	Continuing Managment Plan

Signature:	Designation:	Page No:

Please affix patient ID label here

Margaret McGee
1609632184

Continuation Sheet

Date: Time	
2/7/16 1815	FYI CAMPBELL Asked by nursing staff to review patient wishing to self-discharge. Explained reasons for wanting her to stay – ongoing monitoring – ept ECG in the morning Explained if she goes home we can't know for sure that she won't have any complications from her overdose The most serious would be a cardiac arrythmia which can potentially be fatal. Not willing to stay. Able to retain + understand information given ↳ has capacity – Irregular discharge form signed. Will need IDL FYI

10

Continuation Sheet	
Date: Time	

Please affix patient ID label here

Continuation Sheet	
Date: Time	

Continuation Sheet	
Date: Time	

PLEASE DO NOT WRITE HERE

Attach GP Letter, Results or Emergency Care Summary

Serial Blood Results								
	Date:	02/07						
	Time:							
	Signature:							
Sodium	135 - 146							
Potassium	3.5 - 5.3							
Chloride	95 - 108							
Urea	2.6 - 7.8							
Creatinine	40 - 130							
Estimated GFR								
Bicarbonate	22 - 29							
Glucose	3.5 - 6.0							
CRP	0 -10	<1						
Magnesium	0.7 - 1.0							
Calcium	2.2 - 2.6							
Calcium Adj	2.2 - 2.6	2.34						
Phosphate	0.8 - 1.5	1.29						
Cardiac Enzymes & Liver Function Tests	Normal Values							
Troponin	<0.04							
CK	<150							
Amylase	0 - 100							
ALT	0 - 50	44						
~~Gamma GT~~ AST	0 - 70	40						
Alk Phos	30 - 130	90						
Total Bilirubin	0 - 20	6						
Albumin	35 - 50							
Haematology & Clotting Screen	Normal Values							
White Blood Count	4.0 - 11.0							
Haemoglobin	115 - 165							
Haematocrit	0.370 - 0.470							
MCV	80 - 100							
Platelet Count	150 - 410							
Neutrophils	1.8 - 7.7							
Lymphocytes	1 - 4.8							
Prothrombin Time	9 - 13							
PCT Ratio								
APTT	27 - 38							
APTT ratio	0.8 - 1.2							
Thrombin Time	10 - 16							
TCT Ratio								
Arterial Blood Gas	Normal Values							
H+	36 - 43							
PCO_2	4.5 - 6							
PO_2	10.5 - 13.5							
Base excess	+/- 2.5							
Bicarbonate	20 - 28							
FiO_2 (Inspired Oxygen)								
Other								
Ethanol		129						
CK		178						
Paracetamol		<10						
Salicylate		<50						

Emergency Department Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle				Time Ready to Depart	
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	Consultant (if admitted)

Outpatient clinic specialty						Admission or specialty clinic consultant		
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify

Scottish Ambulance Service Patient Report Form

Incident Number	CR003040583 on 02/07/2016 at 12:40		
Callsign		Incident Type	EMG
Crew1	E0013161 - Driver	Crew3	
Crew2	E1013289 - Attendant	Crew4	

INCIDENT LOG

Incident Location	365 KELSO STREET YOKER GLASGOW	Incident Postcode	G13 4PG
Call Received	12:40 - 02/07/2016	Patient at Hospital	
Call Passed	12:44 - 02/07/2016	Patient Handover	
Crew Mobile	12:44 - 02/07/2016	Crew Clear	
Crew at Scene	12:56 - 02/07/2016	Clear Reason	
Crew Left Scene	13:20 - 02/07/2016		
Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL		

DIAGNOSIS

Chief Complaint Code	23
Despatch Code	23C01V : Overdose - Not Alert - Violent
Diagnostic Code	23B01I : 23B01I - Intentional Overdose - No Priority Symptoms

PATIENT DETAILS

Surname	MCGEE		
Forename	MARGARET		
Middle Initials		Sex	Female
DoB	16/09/1963	Age	52 years 9 months 17 days
Patient Address		Patient Postcode	
Patient Telephone		Ethnicity	

PRIMARY SURVEY

AVPU Assessment	Voice
Catastrophic Haemorrhage	No
Airway Assessment	Clear
Breathing Rate	Fast
Respiratory Rate	26
Pulse	Normal
Most Peripheral Palpable Pulse Found	Radial
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs

VITAL SIGNS

Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
13:00	100	Reg	Alert	26	116	75				100	0	< 2 Secs	Sinus tachycardia	2	15	7.8	4		
13:15	101	Reg	Alert	26	126	85		10.2	37.1	100	0	< 2 Secs		3	14	7.8	4		

AMPLE

Allergy Type	Unknown
Previous Medication	NAPROXEN, PARACEAMOL, SOLIFENACIN, INH, PRED, VIT D, ATARAX, PHENEGRAN.
Events Prior To Incident	PT OD ON ATARAX AND PHENEGRAN (QUANTITY UNKNOWN/ TIME UNKNOWN). ALCOHOL CONSUMED LAST NIGHT. PT DROWSY, INTERMITANTLY COMBATIVE. SLURRED SPEACH: UNABLE TO GAIN ACCURATE INFO.

EYES AND PUPILS

Left Eye		Right Eye	
Left Pupil Size	Constricted	Right Pupil Size	Constricted
Left Pupil Reaction	Normal	Right Pupil Reaction	Normal
Unequal Reaction To Light			

EMERGENCY SERVICES

In Attendance	Paramedic, Police

PATIENT HANDOVER

Patient Mobility On Arrival	Lying	On Scene Removal	Walking
Patient Transportation	Lying	Care Delivery At Hospital	Trolley
Time Of Patient Handover			

SEPSIS

Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection
100	26	116		15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
101	26	126	37.1	14	10.2	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	Eye Opening	Verbal Response	Motor Response	Total
13:00	Spontaneous	Orientated	Obeys Commands	15
13:15	To Voice	Orientated	Obeys Commands	14

REPORT MANAGEMENT

Report ID	CR003040583-02072016133227		
Software Version	1.0.413	Report Type	Interim

Give volume replacement as soon as possible and consider the need for urine alkalinization. In an adult give 225 mmol of 8.4% sodium bicarbonate (in a child 3 - 5 mmol/kg) **over one hour** to increase the urine pH to greater than 7.5; further doses of bicarbonate will be required to maintain pH greater than 7.5.

Since 8.4% and 4.2% bicarbonate are irritant to veins and can cause local necrosis in cases of extravasation, administration by a central venous line is recommended where possible.

Haemodiafiltration can effectively remove myoglobin from the circulation; haemodiafiltration combined with urine alkalinization is more effective than urine alkalinization alone (Peltonen et al, 2007).

Monitor fluid balance, plasma sodium and potassium and urine pH. Beware severe hyperkalaemia.

Haemodialysis / haemodiafiltration / haemofiltration may be required if acute renal failure develops or severe hyperkalaemia is present.

If initial CK is normal but there is concern about muscle damage consider repeat measurement.

Reference

17. Click here for management of serotonin syndrome.

18. Other measures as indicated by the patient's clinical condition.

Patients should be advised on discharge to seek medical attention if symptoms subsequently develop.

Adverse drug reactions from normal use can be reported to the MHRA via the Yellow Card scheme. For more information and to make a report click here.

Activated charcoal
Serotonin syndrome

Chlorphenamine in pregnancy
Promethazine use in pregnancy
Antiemetics in pregnancy

References

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UK NPIS 0344 892 0111
Ireland NPIC (01) 809 2566
mail@toxbase.org

Search
Enter word | Search
Advanced Search | Unknown poisoning
Need help searching

National Poisons Information Service

A service commissioned by Public Health England (PHE) on behalf of the UK Health Departments

Atarax

Updated 06/2015 | Printable version

The information on TOXBASE® requires expert clinical interpretation (ideally users should complete the TOXBASE® E-Learning modules; click here) and, therefore, should only be used by clinically trained medical/nursing professionals, who are responsible for the correct interpretation of the relevant clinical case history. In severe or complex cases, including multiple ingestions, women who are pregnant and people with significant co-morbidity we recommend that you discuss your case with your poisons service: in the UK NPIS 0344 892 0111, in Ireland NPIC (01) 809 2566.

TOXBASE® entries should not be used as patient information sheets.

Please let us know what you think of TOXBASE

We would be grateful if you could please take a few seconds to leave your feedback.

The form will open in a new window - you can choose to complete and submit now, or once you have finished your enquiry.

Please select:

Yes | No

Type of Product

A 1st generation sedating H1 antihistamine used mainly for pruritis and, in adults only, for short term anxiety.

Ingredients

Hydroxyzine hydrochloride
Tablets - 10 mg, 25 mg

Toxicity

Toxicity manifests principally as sedation with central and peripheral anticholinergic symptoms, although severe cardiotoxicity has occurred.

A 13-month-old child accidentally ingested up to 625 mg of hydroxyzine and developed convulsions, tachycardia, and intermittent apnoea (Magera et al, 1981). A case of supraventricular tachycardia occurred in a 9-year-old child after a therapeutic dose (Wong & Rasool, 2004). Withdrawal syndrome has been reported in an infant whose mother was receiving regular hydroxyzine (Serreau et al, 2005).

Peak concentrations are achieved at approximately 2 hours post ingestion; the elimination half-life ranges from 7-20 hours in therapeutic use (Ucerax Tablets SPC, 2014).

ALERT BOX

All patients who have taken a deliberate overdose should be referred for assessment.

Children and adults who have ingested a toxic dose or more of a sedating antihistamine (click here for table), or those who are symptomatic, should be referred for medical assessment.

Children or adults who have accidentally ingested less than a toxic dose (click here for table) and who have no new symptoms since the time of ingestion do not need to be referred for medical assessment. Patients should be advised to seek medical attention if symptoms develop.

Antihistamines sedating - features and management

Revised* 6/2015

Features

Key features include sedation and anti-cholinergic effects (delirium, cardiotoxicity, coma, and convulsions).

Common features include drowsiness, nausea, vomiting, flushing, dilated pupils, blurred vision, dry mouth and tongue, hot dry skin, fever, decreased bowel movements, urinary retention, sinus tachycardia, hypertension, ataxia, nystagmus, agitation, delirium and visual hallucinations.

Uncommon features include myoclonic jerking, muscle rigidity, hypotonia, convulsions, coma, psychosis, cardiac conduction abnormalities including both QRS and QT prolongation, ventricular dysrhythmias including torsade de pointes, cardiorespiratory instability, hyperkalaemia, metabolic acidosis and rhabdomyolysis.

Less commonly than anticholinergic toxicity, serotonin toxicity may occur; click here for features and management.

Clinical features common to cardiac/cardiotoxic agents involved in mixed overdoses may be more severe or prolonged.

Management

ALERT BOX - for hospital doctors

This agent is potentially very toxic and clinicians managing patients are encouraged to discuss **serious** cases with your poisons information service: in the UK NPIS **0344 892 0111**, in Ireland NPIC (01) 809 2566.

Click here for details you may be required to give when telephoning NPIS.

1. Maintain a clear airway and ensure adequate ventilation.
2. In the event of cardiac arrest in hospital or witnessed out of hospital cardiac arrest with bystander CPR, resuscitation should be continued for at least 1 hour and only stopped after discussion with a senior clinician.

   Prolonged resuscitation for cardiac arrest is recommended following poisoning as recovery with good neurological outcome may occur.

   Discuss with your local poisons information service: in the UK NPIS **0344 892 0111**, in Ireland NPIC (01) 809 2566.

   Click here for details you may be required to give when telephoning NPIS.
3. The benefit of gastric decontamination is uncertain. Consider activated charcoal (charcoal dose: 50 g for adults; 1 g/kg for children) only if the patient presents within 1 hour of ingestion of a toxic dose or more (click here for table), provided the airway can be protected.
4. This agent is cardiotoxic and careful assessment of the ECG is required.

   Perform a 12 lead ECG and measure the QRS duration and QT interval. Repeat 12 lead ECGs are recommended, especially in symptomatic patients or in those who have ingested slow release preparations.

   QRS prolongation is a complication of sodium channel blockade and may be associated with life threatening ventricular arrhythmias. Sodium bicarbonate may reduce the QRS duration and risk of arrhythmia and should be administered urgently in patients with QRS prolongation associated with poisoning with a sodium channel blocker (e.g. tricyclic antidepressants).

   QT prolongation occurs due to potassium channel blockade and may provoke torsade de pointes ventricular tachycardia. Magnesium sulphate should be administered urgently to patients with torsade de pointes. Magnesium sulphate can also be given to patients with prolonged QT to reduce the risk of torsade de pointes; however, administration of magnesium does not shorten the QT interval.

   Click here for further advice and management of ECG abnormalities.
5. In symptomatic patients measure U&Es, CK activity and monitor kidney and cardiac function.
6. All patients should be observed for at least 6 hours.

   Following mixed overdoses involving cardiac/cardiotoxic agents, asymptomatic patients should be monitored for at least the longest period recommended in any of the individual TOXBASE® entries.

   Check pulse and blood pressure frequently. Monitor cardiac rhythm. Repeat ECGs should be performed. In symptomatic patients, or patients with an abnormal ECG, consider early discussion with HDU/ITU.

   Asymptomatic patients with a normal ECG can then be considered for discharge with advice to return if symptoms develop.

In seriously poisoned patients the following measures may be required:

7. Consider arterial blood gas analysis in patients who have a reduced level of consciousness (e.g. GCS less than 8; AVPU scale P or U) or have reduced oxygen saturation on pulse oximetry.
8. Assisted ventilation is indicated if hypercapnia is present.
9. Correct hypoxia.
10.

Hypotension
Correct hypotension by adequate fluid resuscitation with a crystalloid. Treat brady and tachyarrhythmias appropriately.

Poisoned patients with fluid-resistant hypotension can deteriorate extremely rapidly and should be managed by experienced physicians. Patients should be referred as appropriate to the local critical care team (ICU) for adults, or paediatric intensive care unit (PICU) for children.

While there may be evidence that certain poisons cause either reduced cardiac output or vasodilation, these mechanisms frequently co-exist in severe or mixed poisoning, making it difficult to decide whether a vasopressor or inotrope should be used as first-line treatment. Invasive vascular monitoring and echocardiography may help identify the specific mechanisms operating in a particular patient.

There have been very occasional reports of worsening of hypotension associated with adrenaline treatment, thought to be due to beta-receptor agonist effects. This further endorses the need for careful clinical assessment by experienced clinicians.

Vasopressors and inotropes can be initiated in an emergency through peripheral venous access. **THIS SHOULD ONLY BE DONE UNDER THE DIRECTION OF AN EXPERIENCED PHYSICIAN (SpR AND ABOVE).** Click here for further advice on doses.

If severe hypotension further persists discuss with your local poisons information service: in the UK NPIS **0344 892 0111**; in Ireland NPIC (01) 809 2566.

Click here for details you may be required to give when telephoning NPIS.

11. Convulsions
Give oxygen, check blood glucose, U&Es and ABG. Correct acid base and metabolic disturbances as required.

Single brief convulsions do not require treatment.

Control convulsions that are frequent or prolonged with intravenous diazepam (10-20 mg in adults; 0.1-0.3 mg/kg body weight in children), lorazepam (4 mg in adults; 0.1 mg/kg in children), or midazolam (5-10 mg in adults; 0.05-0.15 mg/kg in children).

Further doses of benzodiazepines may be needed in adults; refer to intensive care. In children seek consultant paediatric input.

If unresponsive to the above measures, the patient should be referred urgently to critical care. The NPIS recommends barbiturates as second line therapy and avoidance of phenytoin, particularly in cardiotoxic agent overdose, click here for further management

12. Agitation and delirium
Adults: can be sedated with an initial dose of oral or IV diazepam (0.1-0.3 mg/kg body weight). Further boluses, given IV, may be administered if the patient remains severely agitated 10 to 15 minutes after the initial bolus, provided there is no impairment of respiratory function.

If agitation persists despite the above measure, consider oral (5-10 mg) or parenteral (2-10 mg) haloperidol, 0.5 -2 mg (oral or iv) initially in the elderly.

Patients with drug-induced hyperthermia, serotonin syndrome or severe agitation may need high doses, perhaps totalling more than 1 mg/kg over 30 – 60 minutes. These patients need urgent referral to critical care.

Children: it is better to manage agitation without sedation and exclude other causes (e.g. hypoxia, infection, hypoglycaemia and raised ICP). Consider nursing in a dark and quiet environment with a close relative present; seek expert paediatric advice.

Pharmacological management of agitation in children must be supervised by staff experienced in paediatric airway management and sedation.

If required, midazolam is the most appropriate drug for managing agitation in children and young people. This may be delivered buccally (dose 0.2 - 0.3 mg/kg to a maximum of 10 mg) or intravenously (dose 0.05 - 0.1 mg/kg to a maximum dose of 10 mg). Intravenous lorazepam (0.01 mg/kg) is an alternative.

Repeat doses can be given if necessary. There is a particular risk of paradoxical increased agitation in young children.

13. Hyperthermia
Mild to moderate hyperthermia may respond to conventional cooling measures.

When rising body temperature exceeds 39 degrees C, core temperature monitoring should be considered (rectal probe) and urgent cooling measures (click here) should be employed according to local protocols. Sedation should be employed where it can be safely performed (diazepam 10-20 mg in adults; 0.25 mg/kg body weight in children).

Severe hyperthermia carries a high mortality rate, aggressive intervention is recommended.

Rapid sequence intubation with paralysis is usually warranted when the temperature is rising rapidly and not controlled by other measures or if the temperature exceeds 41 degrees C.

If hyperkalaemia is likely avoid succinylcholine.

On-going neuromuscular paralysis, and sedation with benzodiazepines (diazepam 10-20 mg in adults; 0.25 mg/kg body weight in children), is recommended in addition to cooling measures (see below) as per local protocols.

Cooling methods include -

- Ice-baths (may achieve rapid cooling but caution in elderly/comorbidities)
- Internal/invasive measures - cold fluid lavage (gastric, bladder, peritoneal), intravascular cooling techniques
- Ice packs to groin and axillae
- Mist and fan techniques
- External cooling devices.

Dantrolene may be considered where there is muscular hyperactivity (1 mg/kg by intravenous injection to a maximum of 10 mg/kg).

In patients with pyrexia, monitor renal function and creatine kinase activity. Ensure adequate hydration and monitor urine output carefully.

Consider other causes as hyperthermia may be caused by conditions other than poisoning.

If serotonin syndrome is present click here for management.

If neuroleptic malignant syndrome is present click here for management.

14. **Hypertension**

Adults: In agitated patients hypertension may settle once diazepam has been given. If hypertension persists, give intravenous nitrates such as glyceryl trinitrate starting at 1-2 mg/hour and gradually increase the dose (maximum 12 mg/hour) until blood pressure is controlled. Calcium antagonists such as nifedipine, verapamil or diltiazem are an alternative as second line therapy.

Sodium nitroprusside (0.5 – 1.5 microgram/kg/min to a maximum of 8 microgram/kg/min) is an option for patients with hypertension without any evidence of cardiac ischaemia, but may cause a rapid fall in blood pressure.

Alternatively give labetalol (50 mg by slow IV injection repeated to a maximum of 200 mg).

Phentolamine is an alternative therapy; however there are supply problems at present.

Children (less than 5 years): If treatment of hypertension in children is deemed necessary, discussion with paediatric services is advised.

Consider oral/sublingual nifedipine (250-500 microgram/kg body weight) or intravenous labetalol (0.5-1 mg/kg/hour increasing according to response to a maximum of 3 mg/kg/hour).

Intravenous nitrates may also be used (glyceryl trinitrate 0.2 microgram/kg/min increasing to 1-3 microgram/kg/min up to a maximum 10 microgram/kg/min).

15. **Metabolic acidosis**

If metabolic acidosis persists despite correction of hypoxia and adequate fluid resuscitation consider correction with intravenous sodium bicarbonate. Rapid correction is particularly important if there is prolongation of the QRS interval.

Adults: an initial dose of 50 mmol sodium bicarbonate may be given and repeated as necessary, guided by arterial blood gas monitoring (aim for a pH of 7.5 [Hydrogen ion concentration 32], max pH 7.55 [minimum Hydrogen ion concentration 28]). The volumes for different concentrations of sodium bicarbonate to achieve a dose of 50 mmol in adults are shown here.

Children: Use 8.4% sodium bicarbonate diluted in an equal volume of 5% glucose and give a "calculated" dose: dose (in mmol) = desired change in base deficit (current-target) x 0.3 x weight of child up to a maximum of 50 mmol. For a rapid correction administer over 20 minutes otherwise administer at a rate of 1 mmol/minute.

Since 4.2% and 8.4% bicarbonate are irritant to veins and can cause local necrosis in cases of extravasation, administration by a central venous line is recommended where possible.

Adults and children: Recheck acid base status after administration of sodium bicarbonate. Monitor electrolytes since there is a risk of hypokalaemia and possibly hypernatraemia.

Click here for further information on metabolic acidosis

16. **Rhabdomyolysis**

If rhabdomyolysis is present (CK activity greater than 5 x the upper limit of the normal range), renal failure can develop particularly if the CK activity is greater than 5000 iu/L. There are theoretical and experimental reasons why early volume replacement and urine alkalinization may be helpful in preventing or reducing the severity of rhabdomyolysis-induced renal failure. There is no strong evidence base from randomized controlled trials in poisoning but there is some evidence in crush injury.

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Request to GP to prescribe medication

Last updated by Si Han TAN (Si Han Tan) 2 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	02-Apr-2024		
Hospital	Gartnavel General Hospital	Other	—
Specialty / Service	Rheumatology		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was —

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Hydroxychloroquine	200mg	OD	Addition	—

Replacements

This medication replaces which should now be stopped: stop Methotrexate at the moment (patient never started it anyway due to chest infections)

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Si Han Tan
ClinicianDetailsRole	Consultant
Professional Registration Number	7460922
Contact Details	si.tan@ggc.scot.nhs.uk

MCGEE, Margaret
BORN 18-Sep-1963 (62y) GENDER Female
CHI 1609632184

Gartnavel General Hospital

RHEUMATOLOGY REVIEW: RAPID REPORT

DATE / / 02 April 2024

Dear Dr Gavin, your patient was at the clinic today. Another report will/will not follow

Diagnosis: ~~Medical patient~~ RA seropos.t.n

Name
Margaret McGee
1609632184
16/09/1963
Case Sheet No. **1609632184**

The arthritis was unchanged / better / worse over the last 3 months.
Morning stiffness lasts for ..... Worst affected joints are .....
Pain in the ..... joint(s) disturbs sleep never / sometimes / regularly
New ADL problems .....

Relevant Signs / Extra-articular disease:
- not started MTX because of recurrent chest infection

GENERAL HEALTH
- knees still a bit stiff

TESTS TODAY
Urinalysis:

X-RAYS	FBC
	ESR
	U&E
	LFTs
	CRP

THERAPY

2nd Line History	*From*	*To*	*Reason for stopping*

NON-DRUG THERAPY

I would be grateful if you would carry out monitoring of:
- ☐ U&E Creatinine
- ☐ LFTs
- ☐ FBC
- ☐ Urinalysis (protein+blood)

} at intervals } of .....weeks / before } injections

It is recommended that all patients receiving Disease Modifying Anti-Rheumatic Drug therapy should receive annual flu vaccination, and pneumococcal vaccination on one occasion.

Results requiring particular attention at next visit:

Action to be taken if further deterioration: PHONE 211 3253 / 211 3269

PLAN/COMMENTS

P) hold off starting MTX
~~CEF~~ start HCQ

A further appointment has been arranged in .....

Yours sincerely, S. Tan (SHO/Reg/SPR/Consultant)

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Request to GP to prescribe medication

Last updated by Si Han TAN (Si Han Tan) 2.5 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	15-Nov-2023		
Hospital	Gartnavel General Hospital	Other	—
Specialty / Service	Rheumatology		
Clinic	Yes	Please Specify	—

Clinician Details

Name	Si Han Tan
ClinicianDetailsRole	Consultant
Professional Registration Number	7460922
Contact Details	si.tan@ggc.scot.nhs.uk

Dear Doctor

Your Patient Was —

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Methotrexate	10mg	weekly	Addition	not to take when on abx. monitor bloods as per NPT
Folic Acid	5mg	6 days a week except MTX day	Addition	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
Addition Notes —
Summary

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Gartnavel General Hospital

RHEUMATOLOGY REVIEW: RAPID REPORT

DATE / / 15 November 2023

Dear Dr Gavin, your patient was at the clinic today. Another report will/will not follow

Diagnosis: ~~Medical patient~~ RA

Name
Margaret McGee
1609632184
16/09/1963
Case Sheet No. **1609632184**

The arthritis was unchanged / better / worse over the last 3 months.
Morning stiffness lasts for ..... Worst affected joints are .....
Pain in the ..... joint(s) disturbs sleep never / sometimes / regularly
New ADL problems .....

Relevant Signs / Extra-articular disease:

- no synovitis but does have inflammatory hx

GENERAL HEALTH

- CXR ok
- ongoing joint stiffness

TESTS TODAY
Urinalysis:

X-RAYS	FBC
	ESR
	U&E
	LFTs
	CRP

THERAPY

2nd Line History	*From*	*To*	*Reason for stopping*

NON-DRUG THERAPY

I would be grateful if you would carry out monitoring of:
- ☐ U&E Creatinine
- ☐ LFTs
- ☐ FBC
- ☐ Urinalysis (protein+blood)

} at intervals } of .....weeks / before } injections

Results requiring particular attention at patients visit: It is recommended that all patients receiving Disease Modifying Anti-Rheumatic Drug therapy should receive annual 'flu vaccination, and pneumococcal vaccination on one occasion.

Action to be taken if further deterioration: PHONE 211 3253 / 211 3269

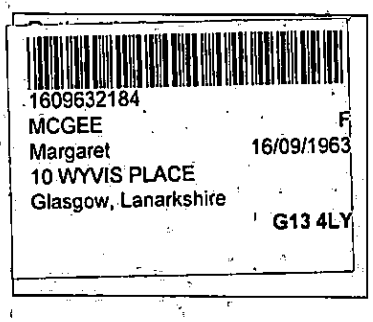
PLAN/COMMENTS

P MTX 10mg
folic acid
early RA &

A further appointment has been arranged in .....

Yours sincerely, S-Fan (SHO/Reg/SPR/Consultant)

NHS
Greater Glasgow and Clyde



The patient attended Rheumatology Clinic at GGH

Hospital on 25/7/13 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
methotrexate	10mg	1/week → 2 weekly	
Enethotrexate	15mg	1/week	
folic acid	5mg	every day except day of methotrexate	

Yours Sincerely

Signature:

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

Please monitor bloods pr post

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

00545 GGC0004

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Request to GP to prescribe medication

Last updated by Anna TAYLOR (Anna Taylor) 3.5 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	25-Aug-2022		
Hospital	Gartnavel General Hospital	Other	—
Specialty / Service	Respiratory Medicine		
Clinic	Yes	Please Specify	—

Clinician Details

Name	Anna Taylor
ClinicianDetailsRole	Doctor
Professional Registration Number	7265227
Contact Details	Anna.Taylor@ggc.scot.nhs.uk / 0141 451 6088 (resp sec.)

Dear Doctor

Your Patient Was Reviewed

Please Prescribe

Urgent / Routine	Routine - prescription available 48 hours following request
indication	unable to use current LABA/LAMA inhaler, poor technique (also previously been unable to use Duaklir).

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Trimbow (87mcg/5mc/9mcg)	2 puffs	Twice daily	Addition	—

Replacements

This medication replaces which should now be stopped	Stop Stiolto inhaler (LABA/LAMA)

Patient advised to collect prescription	Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: Trimbow to be used with spacer

MCGEE, Margaret

BORN 16-Sep-1963 (62y) GENDER Female

CHI 1609632184

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

NHS
Greater Glasgow and Clyde

*NB: Please use this form in conjunction with the **Respiratory** and **Non-Respiratory** Pathway. If patient to be deferred please e-mail Consultant/Secretary/Waiting List Manager and enter patient note on Clinical Portal.*

Name: Margaret McGee.	**Notes:** [1] List of Respiratory Symptoms that may indicate a virus
CHI NO: 1609632184.	Congestion in the nasal sinuses or lungs, Rhinorrhoea (Runny nose)
Date: 24/2/22	Sore throat, Coughing & Sneezing.
Consultant: Mr Hurst	**Admission Area:** GOU SJH **Admission Date:** TBA

COVID-19 Screening Questions	**Yes**	**No**
Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last **14 days?**		✓
Have you tested positive for COVID-19 in the last **90 days?** If Yes – Enter Date: _____		✓
***NB:** Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of **90 days** from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms.*		
Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?		✓
Have you travelled internationally in the last **10 days** to a country that is on the **Government red list?**		✓
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last **10 days?**		✓
Do you have any of the following symptoms; High temperature or fever? New, continuous cough? A loss or alteration to taste or smell?		✓

If the service user answers **'Yes' to any** of the COVID-19 screening questions above, **place on the Respiratory Pathway.**

If service user answers **'No' to all** of the COVID-19 screening questions above, **proceed to general respiratory screening questions below.**

General respiratory screening questions	**Yes**	**No**
Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? ([1] See note above)		✓
Have you had a laboratory test with a confirmed respiratory virus/infection such as Influenza in the last 14 days?		✓

If the service user answers **'Yes' to any of the COVID-19 or the respiratory symptoms questions, place on the Respiratory Pathway.**

Patient Deferred: **Yes** ☐ **No** ☑	Speciality Informed: **Yes** ☐ **No** ☐
I understand and agree that I will isolate until my admission date:	
Patients Signature MMcGee	HCW Signature NScott

NHS
Greater Glasgow and Clyde

1609632184 F
MCGEE
Margaret 16/09/1963
10 WYVIS PLACE
Glasgow, Lanarkshire G13 4LY

The patient attended RESPIRATORY Clinic at GARTNAVEL

Hospital on 18th JANUARY 2022 and I would advise a change to drug therapy from

[illegible] to STOPPED

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
SYMBICORT	2 puffs	2 puffs daily	[illegible]

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

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

00545 GGC0004

NHS
Greater Glasgow and Clyde

Date 14/1/22

1609632184
MCGEE F
Margaret 16/09/1963
10 WYVIS PLACE
Glasgow, Lanarkshire
G13 4LY

Hospital GRI

Clinic ENT

MR HICMI

Covid Checklist

In the Last 14 days have you, or anyone living with you had:

- **High temperature** Y/N
- **New, continuous cough** Y/N
  (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)
- **Loss or change of sense of smell or taste** Y/N

(Most people with coronavirus have at least 1 of these symptoms)

(1) return

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✓ appropriate directorate

1609632184
MCGEE
Margaret F 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4P

Date & Time	54♀ (Thin lean anxious)	Signature, Print Name & Designation
18/7		
	- 30 May 2018: Ⓡ S·I·J	(? outcome known)
	- last Ⓡ SIJ: 07 Feb 2018 by her	- not received in portal yet
	: - only 30% for < 2/12	
	(Up radio - also relieved)	
	30 May r/v:	
	- 5 days had pain relief ⇒ v. good. for 1st week.	
	- 60 - 100% pain relief - that one week.	
	-	
	- after 1st week: back to her baseline.	
⇒	Pattern of pain	
	→ ↑ c walking, ↑ c sitting or journies.	
→	? can she tolerate cool RF : pr not sure (as anxious pr in general)	
	Meds: sciatica : help a bit at night	
	→ Naproxen	

Date & Time		Signature, Print Name & Designation
	Plan :	
	• → Refer to Lam williams for CO01 RF q S·I·J.	
	• → F/U : 3-4/12 after CG01 RF in clinic	
	OK.	

Acute Services Division

All Directorates

Department of

Specialty:Respiratory Medicine

OutPatient Continuation Sheet eForm - Version 0.23

Hospital: Gartnavel General Hosptial

Patient Details		GP Details	
Name:	McGee, Margaret	**Name:**	DUFFY, MALACHY
Address:	365 KELSO STREET YOKER Glasgow Lanarkshire	**Address:**	Drumchapel Health Centre 80/90 Kinfauns Drive Glasgow
Postcode:	G13 4PG	**Telephone:**	
Correspondence Address 1:			
Correspondence Address 2:			
Correspondence Postcode:			
Telephone:			
Patient Contact Number:	07584244118	**Consent:**	Yes
CHI Number:	1609632184	**Sensitivity:**	Sensitive
CRN:	64617380E, 1609632184		
D.O.B:	16/09/1963		
Sex	Female		

Patient Histories

Patient History

Presenting complaint/Diagnosis;	COPD with marked limitation and frequent exacerbations. Ongoing symptoms in similar pattern. Unclear if significant benefit from starting azithromycin but toelrating. Carbocisteine prob helping expectoration. ABx and pred started yesterday, had course of ABx earlier in month. Still 20+cpd. CRT due to see her in a few weeks. Finds Anoro cant rigger cough - see technique and alternative with nurses. Increase aztihro to daily. Gone through inhlare technique - switch to Duaklir. Leave with CRT.			
Medical History:				
Current medication				
Family history				
Social / Domestic history	Smoker:			
	Cigarettes per day:			
	Years of smoking:		Pack Years:	0.00
	Alcohol history:		units per week	
Examination:				
Clinical impression / management plan				

Investigations:					
Procedures:					
ERAS:		Stoma:			
Further information					
Specialty specific information:		Select			
Date:	26/06/2018	Seen by:	Stephen Thomson	Designation:	Consultant
Patient History					
Presenting complaint/Diagnosis;		Nil malignant. FEV1 high, stop Fostair and Braltus and start Anoro. Aztiihro 250mg M/W/F, carbocisteine. CRT (would not manage group rehab). 4/12 my clinic.			
Medical History:					
Current medication					
ily history					
Social / Domestic history		Smoker:			
		Cigarettes per day:			
		Years of smoking:		Pack Years:	0.00
		Alcohol history:		units per week	
Examination:					
Clinical impression / management plan					
Investigations:					
Procedures:					
ERAS:		Stoma:			
Further information					
cialty specific information:		Select			
Date:	23/02/2018	Seen by:	Stephen Thomson	Designation:	Consultant
Patient History					
Presenting complaint/Diagnosis;		Thank you for seeing this 54 year old smoker with known COPD. She had an episode of fresh haemoptysis three weeks ago associated with purulent sputum. Examination revealed no finger clubbing, breath sounds were vesicular with scatted rhonchi. Her sats were 98%. In view of this fresh haemoptysis I wonder if she needs urgent review to exclude a neoplasm and I am grateful to you for seeing her regarding this. PS I have organised a chest X-Ray. Haemoptysis - mixed with green/yellow sputum a month or two ago. Happened twice. Given ABx and steroids. Maybe a bit better after that. Chest worse over last 9 months or so. Recurrent infections - had ABx and pred in September, December, about to finish a further course. Feels little change from courses of treatment. Daughter does shopping, she doesn't go out much, spends most of her time sitting in house in pyjamas. Struggles to get up stairs so now sleeps downstairs and has done for 2 years or so. Sometimes stops walking around the house.			

Medical History:	COPD, arthritis, chronic back pain, depression adn anxiety				
Current medication	Braltus, Fostair 200/6 2 puffs bd, salbutamol prn, omeprazole, naproxen, colecalciferol, solifenacin, citalopram				
Family history					
Social / Domestic history	Smoker:				
	Cigarettes per day:				
	Years of smoking:		Pack Years:	0.00	
	Alcohol history:		units per week		
	20 cpd, was 40. No other exposures.				
Examination:	False nails, no palp Cx LAN, chest clear.				
Clinical impression / management	? all COPD. CT scheduled, see in a fortnight.				
Investigations:	Mild obstruction				
Procedures:					
ERAS:	Stoma:				
Further information					
Specialty specific information:	Select				
Date: 06/02/2018	Seen by:	Stephen Thomson	Designation:	Consultant	

- End of Report -

NHS
Greater Glasgow and Clyde

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

The patient attended RGP Clinic at SSH

Hospital on 26/6/18 and I would advise a change to drug therapy from

AMOXICILLIN to DOXYCYCLINE

or additional therapy of AND INCREASE AZITHROMYCIN TO DAILY

as detailed below. Full letter to follow.

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
AZITHROMYCIN	750mg	OD.	Indef
DOXYCYCLINE	100mg	BD	Indef.

Yours Sincerely

Signature:

Name (print) S THOMSON Grade: CMS Ext. No: 86099

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

00545 GGC0004

Cr (2)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐✓ NURSING ☐

- Mental health issues.
- Needle Phobic
- v. thin.

Please tick ✔ appropriate directorate

1609632184
MCGEE
Margaret F
16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4P

Date & Time	54 ♀	Signature, Print Name & Designation
9/5/18		
	. Nurse RIV: ⇒ . NO relief from inj	
	8 May 2018 . Pt wanting an MRI scan	
	(J. Ashley) to find Dx	
	. Pt not keen to get inv c	
	self & aspects.	
	. 7 Feb 2018: ⇒ (R) SIJ ⇒ no benefit	
	. very thin Pt	
	★ Needle Phobic ★	
	- 1st 3 wks : flare up	saved off a bit
	- got some relief : March / April (upto 30% relief. any	
	. May:	
	↳ back to her baseline.	
	- also received ~~Acc~~ leg radiation. of pain	
	location: → Still (R) SIJ area. (Rx ex D briefly.	
	Plan:	
	- MRI: (no) no radic SIS → lido SIJ. Patches (Pt' wishes) (caring).	
	→	
	- rpt SIJ	
	→ as Pain still Classical (R) SIJ area	
	. c Rpr: answer: - degree & duration of relief	
	- Meds → Nil other - to consider ? Potential for	
	DES to offer. Cool RF (if feel Pt can tolerate that c sedation based on response.	

83949 CGC0072

CHI Number: 1609632184 Patient Name: McGee, Margaret

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Gynaecology

NHS Greater Glasgow and Clyde

Hospital Name	Gartnavel General Hospital

Patient Details		GP Details	
Name	McGee, Margaret	Name	DUFFY, MALACHY
Address	365 KELSO STREET YOKER Glasgow Lanarkshire G13 4PG	Address	Drumchapel Health Centre 80/90 Kinfauns Drive Glasgow
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	64617380E, 1609632184
Telephone		Consent	Yes
Patient Contact Number	07584244118	Sensitivity	Sensitive
CHI Number	1609632184	Consultant Name	hardie
Sex	Female	Requires Transport	No
Date of Birth	16/09/1963	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	Leeann McGee	NOK
Address		
Landline		
Mobile	07552154975	
Relationship	Daughter	

Assessment Details					
Assessor	H Kerr	Grade	6	Date	15/02/2018
Ward	GGH POA				

Surgery / Procedure Attending For
Hysteroscopy

Availability	
Are you available at short notice?	
Period of unavailability	
Reasons for unavailability	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Details	TCI 22/02/18

Anaesthetic History

1. Previous GA

Have you had a General Anaesthetic before?	Yes
Were there any problems?	No

2. Previous LA

Have you had a Local Anaesthetic before?	Yes
Were there any problems?	No

3. Dentition Risk

Do you have any loose teeth, caps or dentures?	Yes
Details	Upper dentures

4. Reduced neck movement

Do you have any neck or jaw stiffness?	No

5. Other Risk

Has anybody in your family had a serious reaction to an anaesthetic?	No

6. Heartburn

Do you suffer from heartburn or indigestion?	No

7. Sickle Cell Disease (risk factor)

Do you have sickle cell disease?	No
Are there risk factors for sickle cell disease?	No

Surgical History

8. Affects suitability for DSU or SDA

Have you ever had surgery?	Yes
Details of relevant surgical history	eye surgery Endometrial biopsy Appendicectomy Hysteroscopy L CTD

CHI Number: 1609632184 Patient Name: McGee, Margaret

Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	No

Cardiovascular

9. Hypertension

Do you have high blood pressure?	No

10. Arrhythmias

Symptoms:	Irregular heartbeat	No	Palpitations	No	Atrial Fibrillation No
How often does it occur?					
Are they associated with exercise?					
Does it cause you to faint?					

11. Angina

Do you suffer from Angina?	No

12. Heart Attack

Have you had a heart attack?	No

13. Heart Murmur

Do you have a heart murmur?	No

14. Blackouts

Do you suffer from blackouts?	No

15. Heart Failure

Have you been diagnosed with heart failure?	No

Respiratory

16. Asthma / Bronchitis / COPD / Emphysema

Do you have asthma, bronchitis, COPD, or emphysema?	Yes
16a. Have you taken oral steroids in the last six months?	No
16b. How often do you get asthma?	Less often than monthly
16c. What level of exertion, if any, causes breathlessness?	Strenuous activity

CHI Number: 1609632184 Patient Name: McGee, Margaret

16d. Have you been admited to hospital with an exacerbation of asthma in the last three months?	No

17. URTI (Upper Respiratory Tract Infection)	
Have you recently had a cold?	Yes
17a. Are you still unwell?	No
Does the patient have pyrexia?	
Temperature (degrees celcius)	

Neurological	
18. Stroke	
Have you had a stroke or TIA?	No

19. Epilepsy	
Do you have epilepsy?	No

20. Neurological Disease	
Do you have any neurological or muscular disease?	No

21. Physical Disability	
Do you have a physical disability?	No

Haemotological	
22. Bleeding Disorder	
Do you suffer from prolonged bleeding or excessive bruising?	No

23. Previous DVT	
Have you had a DVT?	No

24. Anaemia	
Do you suffer from anaemia?	No

Miscellaneous	
25. Kidney Disease	
Do you have renal failure?	No

26. Liver Disease	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Do you have liver disease or suffer from jaundice?	No

27. Diabetes

Do you have diabetes?	No

28. Arthritis

Do you have arthritis?	Yes
28a. Do you have rheumatoid arthritis?	No
28b. Is this associated with reduced neck movement?	No
28c. Do you have restricted movement of your jaw?	No

29. CJD

Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?	No

30. Other

Do you have any serious physical / psychiatric illness or learning difficult not already	Yes
30a. Details	Depression
30b. Do you require a carer?	No

Exercise Tolerance

31. What best describes your level of fitness?	Climbs stairs without stopping

Social History

32 How many units of alcohol each week?	10.00	units/week

33. Smoker

Do you smoke?	Yes
How many each day?	20.00

34. Drug Abuse

Do you currently or have you ever used intravenous or recreational drugs?	No

35. Pregnant

CHI Number: 1609632184 Patient Name: McGee, Margaret

LMP	
Are you pregnant?	
Could you be pregnant?	
Details	

36. Language	
Can the patient speak English?	Yes

Drug History

37. Drugs

List all drugs (including herbal remedies and complimentary medicines)

Omeprazole 20mg OD
Fostair 200 micrograms + 6 micrograms
Braltus 10mcg
Solifenacin 10mg OD
Colecalciferol 800iu
Salbutamol 100mcg
Citalopram Hydrobromide 20mg OD
Naproxen 500mg PRN

Does the patient take any of the following?	
Anticoagulants	No
Clopidogrel	No
Aspirin	No
OCP	No
Digoxin	No
Amiodarone	No
Lithium	No
Diuretics	No
MAOIs	No

38. Herbal Remedies	
Are you taking any herbal remedies or complimentary medicine?	

39. Steroids	
Have you taken regular oral steroids in the last year?	Yes
Date of intake	01/02/2018
Duration of intake	5days

CHI Number: 1609632184 Patient Name: McGee, Margaret

40. Allergies	
Does patient have any allergies?	No

Implants	
41. Pacemaker	
Do you have a pacemaker?	No

42. Prosthesis	
Do you have any implants?	No

43. Coronary stents	
Have you had coronary artery stents inserted?	No

Examination			
44. Age (years)	54		
Weight (kg)	40.7		
Height (m)	1.54	BMI	17

45. Risk of sleep apnoea		
Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?		No
How likely are you to fall asleep or doze in the following situations?		
a) Sitting and reading		
b) Watching TV		
c) Sitting inactive in a public place		
d) As a passenger in a car for an hour without a break		
e) Lying down to rest in the afternoon when circumstances permit		
f) Sitting and talking to someone		
g) Sitting quietly after lunch without alcohol		
h) In a car while stopped for a few minutes in traffic		
Status based on sleep apnoea score		Score

CHI Number: 1609632184 Patient Name: McGee, Margaret

46. Blood Pressure			
Systolic/Diastolic BP	118	/	79

47. Pulse		
Pulse Rate	89	/ min
Rhythm	Regular	

48. Oxygen Saturation	97	%

49. Urine Analysis	
Result	
Details	

50. VTE Risk			
Is patient at risk of VTE?	Yes	Do they require prophylaxis?	No

Day Surgery Criteria			
51. Day Surgery Criteria			
Is the procedure suitable for day surgery?	Yes		
Can transport be arranged?	Yes	Can an escort be arranged?	Yes
Is a carer available for 24 hours?	Yes	Is home access suitable?	Yes
Is there access to a telephone following discharge?	Yes	Is there easy access to a toilet?	Yes
Does the patient live within a one hour care journey?	Yes	Does the patient agree to be a day patient?	Yes

52. Admission Criteria	
Appropriate admission based on nursing assessment:	DSU

AHP USE ONLY: Is OT/Physio assessment required:	An OT/Physio assesssment is not required

53. MRSA Screening	
Does the Patient require a Clinical Risk Assessment? (for patients > 72 hours)	No
Has the patient ever had a previous positive MRSA result?	
Has the patient been admitted from a care home/institutional setting or another hospital?	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Does the patient have a wound/ulcer or invasive device which was present prior to admission?							
Has patient is to be admitted to any of the following:							
Orthopaedics		Vascular		Renal		Critical Care	
MRSA Lab Test Results							
Nose		Perineum		Throat		Other		Patient refused	
Other details							

Investigations Required

Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Ferritin	No	No		No	No	
Folate	No	No		No	No	
B12	No	No		No	No	
HbA1c	No	No		No	No	
Glucose	No	No		No	No	
Group & Save	No	No		No	No	
Cross Matching	No	No		No	No	
Coagulation Screen	No	No		No	No	
Thrombophilia Screen	No	No		No	No	
Sickle Dex Test	No	No		No	No	
Hb Electrophoresis	No	No		No	No	
LFTs	No	No		No	No	
TFT	No	No		No	No	
Lithium level	No	No		No	No	
Digoxin level	No	No		No	No	
Amylase	No	No		No	No	
CRP	No	No		No	No	
Calcium/Bone	No	No		No	No	
ECHO	No	No		No	No	
PEFR	No	No		No	No	
PFT	No	No		No	No	
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
MRSA Screen	No	No		No	No	
Pregnancy Test	No	No		No	No	
Temperature	No	No		No	No	
FBC	Yes	No		No	No	
U&Es	Yes	No		No	No	
ECG	Yes	Yes	15/02/2018	No	No	

Pre-op Assessment Summary

Assessor	H Kerr
Grade	6
Summary	

CHI Number: 1609632184 Patient Name: McGee, Margaret

15/02/18.

54yr old female on the waiting list for Hysteroscopy TCI 220/02/18 attended POA today

Previous GA No problems Mallampati score 2 good neck movement

PMH:
COPD - well controlled with current medication - prone to chest infection - smokes 20CPD.
Depression
Chronic lower back pain - attends pain clinic
Leukoplakia of vocal cords - biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia

Observations stable and as charted

Investigations
ECG
up to date blood results on clinical portal

Fasting instructions given and explained to the pt

No further problems noted while at POA

Referrals and Type of admission - Recommended Admission pathway		
Referral by Nurse to:	Anaesthetist	No
	Surgeon	No
	Haematologist	No
	Cardiologist	No
	GP	No
	Cardiac Technician Pace Reset	No
	Cardiac Technician Pace Check	No
Nurse to arrange the attendance of:	Carer	No
	Interpreter	No
Nurse to:	Inform ward staff regarding the risk of alcohol withdrawl	No
Referral by Anaesthetist to:	Surgeon	No
	Haematologist	No
	Cardiologist	No
	Cardiac Technician	No
	GP	No
Type of admission to be decided by:		
Type of Admission:	DSU	
Admission Deferred:	No	

Advise to take usual anti-reflux medication	No

CHI Number: 1609632184 Patient Name: McGee, Margaret

Dispensed Ranitidine as per PGD directive	No
Refer to smoking cessation clinic	No
Advise not to take "intravenous or recreational drug(s)" during the 24 hours before surgery (related to 33. Drug Abuse).	No
Anticoagulant advice	No
Clopidogrel advice	No
Aspirin advice	No
OCP advice	No
Provide Herbal Medicine Advice	No
Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available, if the patient is taking methadone.	No
Print PEFR Advice Sheet	No
Print ECG Advice Sheet	No

Anaesthetist Assessment	
Anaesthetist	
Grade	
Summary	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Gynaecology

NHS Greater Glasgow and Clyde

Hospital Name	Gartnavel General Hospital

Patient Details		GP Details	
Name	McGee, Margaret	Name	DUFFY, MALACHY
Address	365 KELSO STREET YOKER Glasgow Lanarkshire G13 4PG	Address	Drumchapel Health Centre 80/90 Kinfauns Drive Glasgow
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	64617380E, 1609632184
Telephone		Consent	Yes
Patient Contact Number	07584244118	Sensitivity	Sensitive
CHI Number	1609632184	Consultant Name	hardie
Sex	Female	Requires Transport	No
Date of Birth	16/09/1963	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	Leeann McGee	NOK
Address		
Landline		
Mobile	07552154975	
Relationship	Daughter	

Assessment Details					
Assessor	H Kerr	Grade	6	Date	15/02/2018

Surgery / Procedure Attending For
Hysteroscopy

Short Notice Availability. Yes/No Details	
Available at short notice?	TCI 22/02/18

CHI Number: 1609632184 Patient Name: McGee, Margaret

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	Upper dentures
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	No	
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		eye surgery Endometrial biopsy Appendicectomy Hysteroscopy L CTD
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	No	
Arrhythmias		
Angina	No	
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	Yes	Gets asthma Less often than monthly; Strenuous activity causes asthma;
URTI	Yes	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	
Physical Disability	No	

Haematological	Yes/No	Details/Problems
Bleeding Disorder	No	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Previous DVT	No
Anaemia	No

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	No	
Arthritis	Yes	
CJD Risk	No	

Any serious illness not already mentioned? Yes Depression;

Exercise Tolerance	Yes/No		Yes/No		Yes/No
Climbs stairs without stopping	Yes	Climbs stairs with stopping	No	Cannot climb stairs	No

Social	Yes/No		
Alcohol (units/week)		10	
Smoker	Yes	20 cigs/day	
Ex Smoker			
IV drug abuser	No		Methadone Req:
Pregnant		LMP	Could Be Pregnant:

Drug History

List of all drugs (including herbal remedies and complimentary medicine)

Omeprazole 20mg OD
Fostair 200 micrograms + 6 micrograms
Braltus 10mcg
Solifenacin 10mg OD
Colecalciferol 800iu
Salbutamol 100mcg
Citalopram Hydrobromide 20mg OD
Naproxen 500mg PRN

Patient takes the following drugs

Taking herbal remedies or complimentary medicine

Oral Steroids in past year Yes Date of intake: 01/02/2018; Duration of intake: 5days

Does patient have any allergies? No

Prosthesis/Implants	Yes/No
Pacemaker	No
Implanting/follow up hospital	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/impantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination

Weight (kg)	40.7	**Height (m)**	1.54	**BMI**	17	**Temp**
Pulse (bpm)	89	**Regular**	Regular	**BP**	118/79	
SaO2 (%)	97					

Investigations

The below investigations are required.

15/02/2018

FBC
U&Es
ECG

VTE Risk

Is patient at risk of VTE?	Yes	**Do they require prophylaxis?**	No

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)							No
Has the patient ever had a previous positive MRSA result?							
Has the patient been admitted from a care home/institutional setting or another hospital?							
Does the patient have a wound/ulcer or invasive device which was present prior to admission?							
Has patient is to be admitted to any of the following:							
Orthopaedics	No	**Vascular**	No	**Renal**	No	**Critical Care**	No
MRSA Lab Test Results							
Nose	No	**Perineum**	No	**Throat**	No	**Other**	No	**Patient refused**	No
Other details:							

CHI Number: 1609632184 Patient Name: McGee, Margaret

Admission Criteria

Appropriate admission based on nursing assessment	DSU

AHP USE ONLY: Is OT/Physio assessment required: **An OT/Physio assesssment is not required**

Pre-operative Assessment Summary

Assessor: H Kerr Grade: 6

15/02/18

54yr old female on the waiting list for Hysteroscopy TCI 220/02/18 attended POA today

Previous GA No problems Mallampati score 2 good neck movement

PMH:
COPD - well controlled with current medication - prone to chest infection - smokes 20CPD.
Depression
Chronic lower back pain - attends pain clinic
Leukoplakia of vocal cords - biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia

Observations stable and as charted

Investigations
ECG
up to date blood results on clinical portal

Fasting instructions given and explained to the pt

No further problems noted while at POA

Recommended Admission Pathway

Referral by nurse to:	
Nurse to arrange the attendance of:	
Nurse to:	
Referral by Anaesthetist to:	
Type of admission to be decided by:	
Type of Admission:	DSU
Admission Deferred:	No

Anaesthetic Assessment

Anaesthetist: Grade:

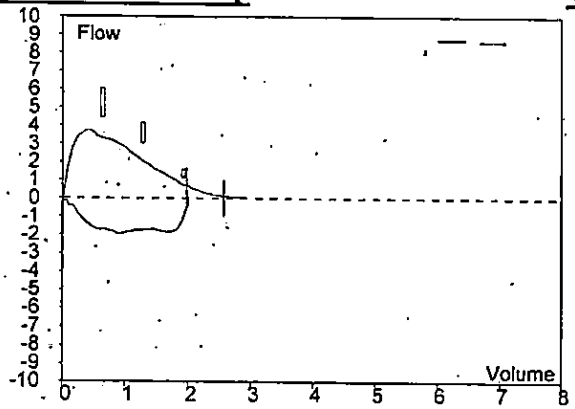
Department of Respiratory Medicine
Gartnaval General Hospital

Last Name:	MCGEE	First Name:	Margaret
Date Of Birth:	16/09/1963	Sex:	F
Height (cm):	155	Weight (Kg):	40
Physician:		Ward:	
Pred value. :	BTS-ERS.DB	Physiologist :	ROBIN
Identity numbe	1609632184	Smoker Y/N :	
Exam date :	06/02/2018	Exam time :	19:29:24
Location:	Body box GGH		

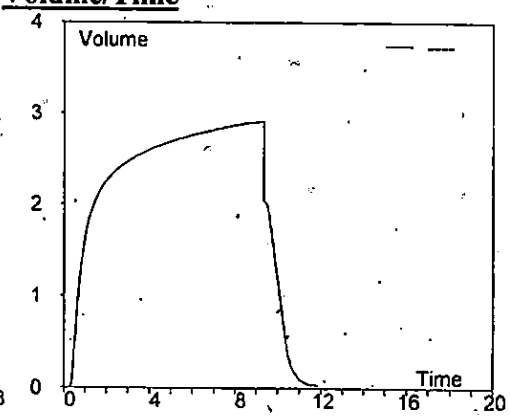
Flow Volume Loop

	Predicted Value	Pre Test	% Predicted	Post Test	% Change
Product					
Time		19:29:25			
Spirometry					
FEV1(L)	2.16	**1.97**	91	----	----
FVC(L)	2.56	**2.92**	114	----	----
FEV1/FVC(%)	79	**68**	86	----	----
PEF(L/S)	5.78	3.72	64	----	----
MEF75(L/S)	5.23	3.24	62	----	----
MEF50(L/S)	3.60	1.61	45	----	----
MEF25(L/S)	1.38	0.39	28	----	----
PIF(L/S)	0.00	1.93	----	----	----
Bronchodilator Dose					

Flow Volume Loop



Volume/Time



Physiologist Comments

Best effort reported. Early termination on all but 2 efforts

REPORT

3/(new)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4P

yee

Date & Time	54 ♀	Signature, Print Name & Designation
	Summary of Past input from Pain Service	Previous DNA: too far to travel.
	1st Pain Clinic contact: April 2014 (M-Sempell)	Previous Pain Clinic input ⊕
	. 10yr H/O LBP OE: No specific ⊕ findings	
	. cocd & Ibuf, Amit, - Rest: Physio/exercise/medicine	
	. Capsaicin L9	
	. Inj => did not think at that time, reluctant for Step 3 opioids	
	then Nurse F/UPS (Aug 2014, June 2015, March 2016, June 2016)	
	-TENS Amit - ⊗ suit	
	- Gabapen : → 3 to BD	
(2015)	- Pain Ed : reluctant (waiting for one)	
	- Acupunct	
	03/2016: 1st Acupunct: (finds travel to SNB +/- diff)	
	6/2016: (last Pain RIV) - L. Mobini.	
	. PMP → thinks cannot (at group) suff panic	
	. One to one Pt Ed agreed upon → for 28/7/16 - PT DNA'D - CNST to follow	

NHS GREATER GLASGOW & CLYDE

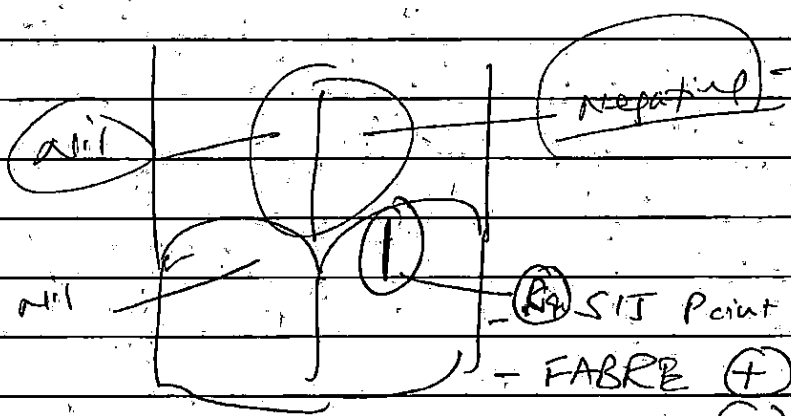
CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Smoker (life long)
COPD-

Please tick ✔ appropriate directorate

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Glasgow, Lanarkshire
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Date & Time	S&P	Signature, Print Name & Designation
	- LBP (as per Hx in previous letters)	
	- >10yrs H/O	
	- lower back area	
	- Start from Rt side → then spreads over lower back.	
	- No leg pains	
-	(LBP) - constant → descrip: deep constant ache	
	- can ease off a bit - @ times	
	- (+) ↑ walking, sitting for long.	
	(-) nothing now. Pain → 7/10	
		2yrs ago
	[redacted] - physio (@ Drumchapel)	
	Meds: - TENS	
	current: - Codeine → unsure → upto 6 a day - Acupuncture	
	- Naproxen 500mg BD - various medications (2014 - 2016)	
	- No help & pain; very mild benefit	
	Pain input:	
	- (@): why → Pt ed sessions 1-1 as was arranged.	
	journey → cannot manage that long a journey.	

Date & Time		Signature, Print Name & Designation
	Mood :	
	– Anxiety & depression . No active input now.	
	⇒ Issues are still ongoing → due to other factors in her life ←	
	– ★ cannot DO GROUP ★ at all	
	– after Christmas → arranged through primary care.	
	Social / Function :	
	– one daughter stays c her . other daughter → helps ↘ outside jobs	
	–	
	– overall function is quite limited. ⓧ go anywhere.	
	– Also SOB @ short distances.	
	OE:	
	– Thin lean lady, small height-, pairable facial features	
	– Points out (RF-) lower back region	
	Mvts: reasonable.	
		
	– No tenderness in midline or paraspinal	
	– (R) SIJ Point tenderness (+/-)	
	– FABRE (+) – for (R) SIJ	
	(–) – for (L) SIJ	
	⇒ Hyperalgesia : moderately (+) (+) in (RF-) SIJ area	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

1609632184
MCGEE F
Margaret 16/09/1963
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G13 4P

Date & Time		Signature, Print Name & Designation
	Plan	
	- Rt S.I.J → then → Pt. Ed component ★	Pt. Ed component ★
	- Pt-Ed - (X) - journey time	
	- others - (X)	
	└ PMP - (X) group	(X)
	└ Pain Psyc - (X)	
	- bf rep - Physio follow later.	

83949 GGC0072

Name

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

PHYS/
SURG

NHS
Greater Glasgow and Clyde

DATE	OUT-PATIENT HISTORY
20/4/16	Undergo OIO
	No change
	Pt will not attend physio
	Reorganise:

Greater Glasgow and Clyde Pain Management Service

NHS Greater Glasgow and Clyde

Acupuncture Screening and Consent Form

	Yes	No	Comments
Are you allergic to metal?		✓	
Are you afraid of needles?	✓		
Do you have a pacemaker?		✓	
Are you pregnant or trying to get pregnant?		✓	
Have you had acupuncture before? If so, did you have any adverse reactions?		✓	
Do you have any clotting disorders?		✓	
Are you diabetic? (insulin / diet controlled)		✓	
Have you ever had epilepsy or seizures		✓	
Are you taking anti-coagulants? (INR range 2-3)		✓	Recent INR result if on Warfarin -
Are you prone to fainting?		✓	

Informed Consent for Acupuncture

The following aspects of the treatment of acupuncture have been explained to me, and I have received an information leaflet.

The procedure of needle insertion into the skin
The possible use of additional stimulation
The possibility of temporary symptoms during and after treatment: fatigue, dizziness, or temporary aggravation of the symptoms being treated.
Bleeding or bruising
Risk of pneumothorax (if thoracic points or GB21 to be used)
Provision of single course of acupuncture – maximum six sessions

I have been given the opportunity to ask questions and I hereby give consent to this treatment. I understand that I can refuse treatment at any time.
I understand that I will inform my acupuncturist if there are any changes to my medical status.

Date: 21/3/16

Patient's name: Margaret McGee **Acupuncturists name:** J Peacock **Designation:** CNS Pn

CHI: 1609632184

Patient's signature: M McGee **Acupuncturists signature:** J Peacock

CHI Number: 1609632184 Patient Name: McGee, Margaret

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Western Infirmary

Patient Details		GP Details	
Name	McGee, Margaret	Name	MORGAN, ANNE
Address	365 KELSO STREET YOKER Glasgow Lanarkshire G13 4PG	Address	Drrumchapel Health Centre 80/90 Kinfauns Drive Glasgow
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	64617380E, 1609632184
Telephone		Consent	Yes
Patient Contact Number	07584244118	Sensitivity	Sensitive
CHI Number	1609632184	Consultant Name	MR HUSSAIN
Sex	Female	Requires Transport	No
Date of Birth	16/09/1963	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	ELIZABETH GILLIES	
Address		
Landline		
Mobile	07462870628	
Relationship	FRIEND	

Assessment Details					
Assessor	Bernadette Gilhooley	Grade	S/N 5	Date	24/11/2015
Ward					

Surgery / Procedure Attending For
(L) CARPEL TUNNEL RELEASE. REMOVAL FOREIGN BODY (L) ARM

Availability	
Are you available at short notice?	Yes
Period of unavailability	
Reasons for unavailability	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Details	

Anaesthetic History	
1. Previous GA	
Have you had a General Anaesthetic before?	Yes
Were there any problems?	No
2. Previous LA	
Have you had a Local Anaesthetic before?	Yes
Were there any problems?	No
3. Dentition Risk	
Do you have any loose teeth, caps or dentures?	Yes
Details	TOP DENTURE
4. Reduced neck movement	
Do you have any neck or jaw stiffness?	No
5. Other Risk	
Has anybody in your family had a serious reaction to an anaesthetic?	No
6. Heartburn	
Do you suffer from heartburn or indigestion?	No
7. Sickle Cell Disease (risk factor)	
Do you have sickle cell disease?	No
Are there risk factors for sickle cell disease?	No

Surgical History	
8. Affects suitability for DSU or SDA	
Have you ever had surgery?	Yes
Details of relevant surgical history	EYE SURGERY, APPENDISECTOMY
Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	No

CHI Number: 1609632184 Patient Name: McGee, Margaret

Cardiovascular	
9. Hypertension	
Do you have high blood pressure?	No

10. Arrhythmias					
Symptoms	Irregular heartbeat	No	Palpitations	No	Atrial Fibrillation	No
How often does it occur?					
Are they assosciated with exercise?					
Does it cause you to faint?					

11. Angina	
Do you suffer from Angina?	No

12. Heart Attack	
Have you had a heart attack?	No

13. Heart Murmur	
Do you have a heart murmur?	No

14. Blackouts	
Do you suffer from blackouts?	No

15. Heart Failure	
Have you been diagnosed with heart failure?	No

Respiratory	
16. Asthma / Bronchitis / COPD / Emphysema	
Do you have asthma, bronchitis, COPD, or emphysema?	Yes
16a. Have you taken oral steroids in the last six months?	
16b. How often do you get asthma?	Monthly
16c. What level of exertion, if any, causes breathlessness?	Strenuous activity
16d. Have you been admited to hospital with an exacerbation of asthma in the last three months?	No

17. URTI (Upper Respiratory Tract Infection)

CHI Number: 1609632184 Patient Name: McGee, Margaret

Have you recently had a cold?	No

Neurological

18. Stroke

Have you had a stroke or TIA?	No

19. Epilepsy

Do you have epilepsy?	No

20. Neurological Disease

Do you have any neurological or muscular disease?	No

21. Physical Disability

Do you have a physical disability?	No

Haemotological

22. Bleeding Disorder

Do you suffer from prolonged bleeding or excessive bruising?	No

23. Previous DVT

Have you had a DVT?	No

24. Anaemia

Do you suffer from anaemia?	No

Miscellaneous

25. Kidney Disease

Do you have renal failure?	No

26. Liver Disease

Do you have liver disease or suffer from jaundice?	No

27. Diabetes

CHI Number: 1609632184 Patient Name: McGee, Margaret

Do you have diabetes?	No

28. Arthritis

Do you have arthritis?	No

29. CJD

Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?	No

30. Other

Do you have any serious physical / psychiatric illness or learning difficult not already mentioned?	No

Exercise Tolerance

31. What best describes your level of fitness?	Climbs stairs without stopping

Social History

32 How many units of alcohol each week?	10.00	units/week

33. Smoker

Do you smoke?	Yes
How many each day?	40.00

34. Drug Abuse

Do you currently or have you ever used intravenous or recreational drugs?	No

35. Pregnant

LMP	
Are you pregnant?	No
Could you be pregnant?	No
Details	

36. Language

Can the patient speak English?	Yes

CHI Number: 1609632184 Patient Name: McGee, Margaret

Drug History	
37. Drugs	
List all drugs (including herbal remedies and complimentary medicines)	
BECLOMETASONE INH, SABUTAMOL INH,TIOTROPIUM INH, CITALAPRAM, GABAPENTIN, NAPROXEN, SOLIFENACIN	

Does the patient take any of the following?	
Anticoagulants	No
Clopidogrel	No
Aspirin	No
OCP	No
Digoxin	No
Amiodarone	No
Lithium	No
Diuretics	No
MAOIs	No

38. Herbal Remedies	
Are you taking any herbal remedies or complimentary medicine?	No

39. Steroids	
Have you taken regular oral steroids in the last year?	Yes
Date of intake	
Duration of intake	

40. Allergies	
Does patient have any allergies?	No

Implants	
41. Pacemaker	
Do you have a pacemaker?	No

42. Prosthesis	
Do you have any implants?	No

CHI Number: 1609632184 Patient Name: McGee, Margaret

43. Coronary stents	
Have you had coronary artery stents inserted?	No

Examination			
44. Age (years)	52		
Weight (kg)	41.8		
Height (m)	1.54	BMI	18

45. Risk of sleep apnoea		
Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?		No
How likely are you to fall asleep or doze in the following situations?		
a) Sitting and reading		
b) Watching TV		
c) Sitting inactive in a public place		
d) As a passenger in a car for an hour without a break		
e) Lying down to rest in the afternoon when circumstances permit		
f) Sitting and talking to someone		
g) Sitting quietly after lunch without alcohol		
h) In a car while stopped for a few minutes in traffic		
Status based on sleep apnoea score		Score

46. Blood Pressure			
Systolic/Diastolic BP	120	/	61

47. Pulse		
Pulse Rate	84	/ min
Rhythm		

48. Oxygen Saturation	98	%

CHI Number: 1609632184 Patient Name: McGee, Margaret

49. Urine Analysis	
Result	
Details	

50. VTE Risk			
Is patient at risk of VTE?	No	Do they require prophylaxis?	No

Day Surgery Criteria			
51. Day Surgery Criteria			
Is the procedure suitable for day surgery?	Yes		
Can transport be arranged?	Yes	Can an escort be arranged?	Yes
Is a carer available for 24 hours?	Yes	Is home access suitable?	Yes
Is there access to a telephone following discharge?	Yes	Is there easy access to a toilet?	Yes
Does the patient live within a one hour care journey?	Yes	Does the patient agree to be a day patient?	Yes

52. Admission Criteria	
Appropriate admission based on nursing assessment	DSU

AHP USE ONLY: Is OT/Physio assessment required:	An OT/Physio assesssment is not required

53. MRSA Screening							
Does the Patient require a Clinical Risk Assessment? (for patients > 23 hours)							Yes
Has the patient ever had a previous positive MRSA result?							No
Has the patient been admitted from a care home/institutional setting or another hospital?							No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?							No
Has patient is to be admitted to any of the following:							
Orthopaedics	Yes	Vascular		Renal		Critical Care	
MRSA Lab Test Results							
Nose	Yes	Perineum	Yes	Throat	Yes	Other	Patient refused
Other details							

Investigations Required					
Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Ferritin	No	No		No	No	
Folate	No	No		No	No	
B12	No	No		No	No	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Investigations Required

Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
HbA1c	No	No		No	No	
Glucose	No	No		No	No	
Group & Save	No	No		No	No	
Cross Matching	No	No		No	No	
Coagulation Screen	No	No		No	No	
Thrombophilia Screen	No	No		No	No	
Sickle Dex Test	No	No		No	No	
Hb Electrophoresis	No	No		No	No	
LFTs	No	No		No	No	
TFT	No	No		No	No	
Lithium level	No	No		No	No	
Digoxin level	No	No		No	No	
Amylase	No	No		No	No	
CRP	No	No		No	No	
Calcium/Bone	No	No		No	No	
ECHO	No	No		No	No	
PEFR	No	No		No	No	
PFT	No	No		No	No	
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
Pregnancy Test	No	No		No	No	
Temperature	No	No		No	No	
FBC	Yes	Yes	24/11/2015	No	No	
U&Es	Yes	Yes	24/11/2015	No	No	
ECG	Yes	Yes	26/11/2015	No	No	
MRSA Screen	Yes	Yes	24/11/2015	No	No	

Pre-op Assessment Summary

Assessor	Bernadette Gilhooley
Grade	S/N 5

Summary

Seen at pre op clinic.
Observations satisfactory.
Information leaflets and fasting instructions provided.
SN B Gilhooley

RECENT CHEST INFECTION 3/52 AGO CXR

HS: 1+11+0
AE: L=R
BS: CONSISTENT WITH COPD PFT TEST CARRIED OUT 2014
ABDO: SNT
ATTENDING DIETITIAN RE WEIGHT LOSS APPROX 1/2 STONE OVER 1 YEAR PERIOD

CHI Number: 1609632184 Patient Name: McGee, Margaret

Referrals and Type of admission - Recommended Admission pathway		
Referral by Nurse to:	Anaesthetist	Yes
	Surgeon	No
	Haematologist	No
	Cardiologist	No
	GP	No
	Cardiac Technician Pace Reset	No
	Cardiac Technician Pace Check	No
Nurse to arrange the attendance of:	Carer	No
	Interpreter	No
Nurse to:	Inform ward staff regarding the risk of alcohol withdrawl	No
Referral by Anaesthetist to:	Surgeon	No
	Haematologist	No
	Cardiologist	No
	Cardiac Technician	No
	GP	No
Type of admission to be decided by:		
Type of Admission:		
Admission Deferred:	No	

Advise to take usual anti-reflux medication	No
Dispensed Ranitidine as per PGD directive	No
Refer to smoking cessation clinic	Yes
Advise not to take "intravenous or recreational drug(s)" during the 24 hours before surgery (related to 33. Drug Abuse)	No
Anticoagulant advice	No
Clopidogrel advice	No
Aspirin advice	No
OCP advice	No
Provide Herbal Medicine Advice	No
Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available, if the patient is taking methadone	No
Print PEFR Advice Sheet	No
Print ECG Advice Sheet	No

CHI Number: 1609632184 Patient Name: McGee, Margaret

Anaesthetist Assessment	
Anaesthetist	
Grade	
Summary	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Western Infirmary

Patient Details		GP Details	
Name	McGee, Margaret	Name	MORGAN, ANNE
Address	365 KELSO STREET YOKER Glasgow Lanarkshire G13 4PG	Address	Drrumchapel Health Centre 80/90 Kinfauns Drive Glasgow
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	64617380E, 1609632184
Telephone		Consent	Yes
Patient Contact Number	07584244118	Sensitivity	Sensitive
CHI Number	1609632184	Consultant Name	MR HUSSAIN
Sex	Female	Requires Transport	No
Date of Birth	16/09/1963	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	ELIZABETH GILLIES	
Address		
Landline		
Mobile	07462870628	
Relationship	FRIEND	

Assessment Details					
Assessor	Bernadette Gilhooley	Grade	S/N 5	Date	24/11/2015

Surgery / Procedure Attending For
(L) CARPEL TUNNEL RELEASE. REMOVAL FOREIGN BODY (L) ARM

Short Notice Availability	Yes/No	Details
Available at short notice?	Yes	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	TOP DENTURE
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	No	
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		EYE SURGERY, APPENDISECTOMY
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	No	
Arrhythmias		
Angina	No	
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	Yes	Gets asthma Monthly; Strenuous activity causes asthma;
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	
Physical Disability	No	

Haematological	Yes/No	Details/Problems
Bleeding Disorder	No	
Previous DVT	No	
Anaemia	No	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	No	
Arthritis	No	
CJD Risk	No	
Any serious illness not already mentioned?	No	

Exercise Tolerance	Yes/No		Yes/No		Yes/No
Climbs stairs without stopping	Yes	Climbs stairs with stopping	No	Cannot climb stairs	No

Social	Yes/No			
Alcohol (units/week)		10		
Smoker	Yes	40 cigs/day		
Ex Smoker				
IV drug abuser	No		Methadone Req:	
Pregnant	No	LMP	Could Be Pregnant:	No

Drug History

List of all drugs (including herbal remedies and complimentary medicine)

BECLOMETASONE INH, SABUTAMOL INH,TIOTROPIUM INH, CITALAPRAM, GABAPENTIN, NAPROXEN, SOLIFENACIN

Patient takes the following drugs

Taking herbal remedies or complimentary medicine	No
Oral Steroids in past year	Yes
Does patient have any allergies?	No

Prosthesis/Implants	Yes/No
Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/impantable defibrillator	
Device manufacturer	

CHI Number: 1609632184 Patient Name: McGee, Margaret

Model No.	
Serial No.	
Further details	

Examination

Weight (kg)	41.8	**Height (m)**	1.54	**BMI**	18	**Temp**	
Pulse (bpm)	84	**Regular**		**BP**	120/61		
SaO2 (%)	98						

Investigations

The below investigations are required.

24/11/2015

FBC
U&Es
ECG
MRSA Screen

VTE Risk

Is patient at risk of VTE?	No	**Do they require prophylaxis?**	No

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)	Yes
Has the patient ever had a previous positive MRSA result?	No
Has the patient been admitted from a care home/institutional setting or another hospital?	No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?	No
Has patient is to be admitted to any of the following:	

Orthopaedics	Yes	**Vascular**	No	**Renal**	No	**Critical Care**	No

MRSA Lab Test Results

Nose	Yes	**Perineum**	Yes	**Throat**	Yes	**Other**	No	**Patient refused**	No

Other details:

Admission Criteria

Appropriate admission based on nursing assessment	DSU

AHP USE ONLY: Is OT/Physio assessment required: An OT/Physio assesssment is not required

CHI Number: 1609632184 Patient Name: McGee, Margaret

Pre-operative Assessment Summary

Assessor: Bernadette Gilhooley Grade: S/N 5

Seen at pre op clinic.
Observations satisfactory.
Information leaflets and fasting instructions provided.
SN B Gilhooley

RECENT CHEST INFECTION 3/52 AGO CXR

HS: 1+11+0
AE: L=R
BS: CONSISTENT WITH COPD PFT TEST CARRIED OUT 2014
ABDO: SNT
ATTENDING DIETITIAN RE WEIGHT LOSS APPROX 1/2 STONE OVER 1 YEAR PERIOD

Recommended Admission Pathway

Referral by nurse to:	Anaesthetist;
Nurse to arrange the attendance of:	
Nurse to:	
Referral by Anaesthetist to:	
Type of admission to be decided by:	
Type of Admission:	
Admission Deferred:	No

Anaesthetic Assessment

Anaesthetist: Grade:

Name



1609632184
MCGEE
Margaret F
365 KELSO STREET 16/09/1963
YOKER
Glasgow, Lanarkshire
G13 4PG

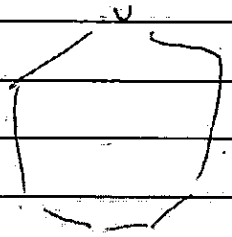
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PHYS/
SURG

NHS
Greater Glasgow and Clyde

DATE	OUT-PATIENT HISTORY
2/3/15	Urology OPD
	PC -
	HB (5) - & Lantus +2
	PC - Sugars back in poor control Was using dry Has had episodes of pressure Has large incontinence & Sugars.
	°Pain °Good
	Tablets started on gabapentin, Sx not sure what (not on GP letter) Rx: 1 tab tds (dose not on GP)
	Prev - CPM Osteoporosis
	PH - Hip Synthesis Salpingectomy.
	Allergies - nil

Pto

DATE	OUTPATIENT HISTORY *(Use other side first)*
	OHS
	And  — nil.
	PV — Uterus anteverted mobile no cervix (but recently vaulted) no mass
	VVU — nil.
	PUL — nil
	Plan
	Plan — Physio Cervix +ve!!

MIS 110762/ CEDAR 00597

SOUTHERN GENERAL HOSPITAL

5

1609632184
MCGEE
Margaret
365 Kelso Street
Glasgow
G13 4PG

F
16/09/1963

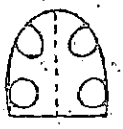
E.N.T. DEPARTMENT

DIAGNOSIS: 1.

2.

WAITING LIST FOR:			
DATE OF ADMISSION			
DATE OF DISCHARGE			

NOSE:



NASO-PHARYNX:

PHARYNX:



MOUTH:

LARYNX:



RIGHT EAR:



LEFT EAR:



	RIGHT	LEFT
WHISPERS		
CONVERSATIONAL VOICE		
LOUD VOICE		
RINNE		
WEBER		
BONE CONDUCTION		
AUDIOMETER TEST		
LABYRINTH TEST		

HISTORY:

9.6.14 GNT

Asst Mch - Lee.

Biopsy - keratosis

PROGRESS NOTES:

Advice

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Ear, Nose & Throat (ENT)

NHS Greater Glasgow and Clyde

Hospital Name	Southern General

Patient Details		GP Details	
Name	McGee, Margaret	Name	ROUSHDY-GEMIE, MAY
Address	365 Kelso Street GLASGOW G13 4PG	Address	Yokermill Medical Centre 6 Yokermill Road Glasgow
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	64617380E, 1609632184
Telephone		Consent	Yes
Patient Contact Number	07522487790	Sensitivity	Sensitive
CHI Number	1609632184	Consultant Name	MISS OOZEER
Sex	Female	Requires Transport	No
Date of Birth	16/09/1963	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	mark allan	
Address	sa	
Landline		
Mobile	07824360836	
Relationship	friend	

Assessor

a paterson Date Assessed: 30/04/2014

POA First Line

Surgery / Procedure: MICROLARYNGOSCOPY/BIOPSY+ UPPER OESOPHAGOSCOPY
Admission - DSU
TCI Date -
Fasting information provided

Availability

Reason -
Details -

Examination

Age: 50	Weight (kg): 40	Height (m): 1.5	BMI: 18
BP: 107/64mmHg	Pulse: 71/ min	Rhythm:	SaO2: 100%

Patient has had an anaesthetic before. There is not a family history of anaesthetic problems.
Patient has had surgery before. eye surgery as child

Patient is currently taking the following medication:

tramadol
salbutamol inh
beclometasone inh
?antidepressant

Patient does not have any allergies

Patient does not suffer from heartburn or indigestion.

Patient does not have any heart conditions.

Patient does not have high blood pressure

Patient does not have diabetes.

Patients best level of fitness is - climbs 1 flight of stairs with stopping.

Patient has breathing problems. Patient has asthma, bronchitis, COPD or emphysema. Patient gets asthma Daily. Walking about 100yds causes breathlessness.

Patient does not have kidney / liver problems

Patient has a serious physical / psychiatric illness or learning difficulty. Details - attends psychiatrist for depression

Patient has not been notified that they are at risk of CJD, vCJD.

Patient smokes 12.00 cigarettes per day. Patient drinks 7.00 units or alcohol per week. Patient has consumed this amount for 2 years.

Patient is not pregnant.

Patient does not have any Implants / Prothesis

Patient does not require MRSA Screening

The following investigations are required:

Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
FBC	Yes	No		No	No	
Glucose	Yes	No		No	No	
U&Es	Yes	No		No	No	
LFTs	Yes	No		No	No	
ECG	Yes	No		No	No	

Referrals and Type of admission - Recommended Admission pathway		
Type of Admission:	DSU	
Admission Deferred:	No	

Further Details:

tcif14/5/14 66a @8am
peak flow 250
fasting instructions given

There is no further information for this patient.

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

HOSPITAL No.
AGE
DEPT.
WARD.

OUT-PATIENT HISTORY

OCTEER
poor OCT ENT Reg.

DEPARTMENT OF OTOLARYNGOLOGY

DATE 7/4/14

50 ♀

HISTORY Referred to Mackay by Dr Colin Church (Resp.) under Resp for Ix of wt loss and rec infections awaiting CT Neck (Colesp.

c/o Hoarseness initially intermittent worse 8/52. 2yrs of intermittent dysphagia to solids eg chicken, wash it down w water or burger stop. Lost weight 1/2 - 1 stone over 7-8/12

PMH Asthma / ?COPD
Intolerance of 200 yds.
FH Mum had throat cancer.

SH smokes 10/day (since aged 16 yrs old)
Alcohol occ.

Right EARS

NOSES AND SINUSES
congested mucosa
caturrh

MOUTH, PHARYNX, TONSILS, NECK

LOT 344079

PEN_FNL-10RBS_A110578

Left

NASOPHARYNX
—

Mobile: 07522487790

LARYNX
mild leukoplakia both ant VCs, mobile
All else

X-RAY EXAMINATIONS
SINUSES
CHEST
OESOPHAGUS
MASTOID
DENTAL
OTHERS

Plan

TREATMENT
1. Processed
2. for MLB / upper oesophagoscopy
3. Await CT N/c.
4. Stop smoking

OSTEER
CMC 6055866

NORTH GLASGOW HOSPITALS

NHS Greater Glasgow and Clyde

DEPARTMENT .....

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

DATE 7/4/14

DIAGNOSIS

Dear Dr,

I saw this patient at my outpatient clinic today. A full report will/will not follow.

1. STERIMAR ISOTONIC Both nostrils QDS 3/12
2. NASONEX 2 puffs OD Both nostrils 3/12

Consultant

N D Osmeen
GMC 6055866
Paediatric Rheumatology
00596

Name

Hospital No.

Number

1609632184
MCGEE
Margaret
365 Kelso Street
Glasgow
G13 4PG

F
16/09/1963

PHYS/
SURG

NHS
Greater Glasgow and Clyde

DATE	OUT-PATIENT HISTORY
7-4-14	

VIRTUAL FRACTURE CLINIC

DATE: 3/1/14

1609632184 F
MCGEE 16/09/1963
Margaret
365 Kelso Street
Glasgow G13 4PG

DIAGNOSIS:

(R) # base 5th MT

TREATMENT PLAN:

Walker Boot
until comfortable
3-4 weeks. Remove
into own shoe

OUTCOME

VIRTUAL DISCHARGE:

FRACTURE CLINIC:	**NEXT AVAILABLE**	☐	**ON CALL CONSULTANT**	☑
NURSE LED CLINIC:	**1 WEEK**	☐	**HAND CLINIC**	☐
NEXT NEW # CLINIC	**2 WEEK**	☐	**OTHER CONSULTANT**	☐
	3 WEEK	☐		
	4 WEEK	☐		

6 weeks.

APPOINTMENT TIME & DATE 6 weeks RANA # Clinic

ATIENT CONTACTED, APPOINTMENT & TIME CONFIRMED YES / NO

APPOINTMENT TIME TO BE CONFIRMED BY LETTER YES / NO

REVIEW AND DISCHARGE LETTER YES / NO **WITH LEAFLET** YES / NO

phoned message
left to call back.
Bhasper / Advice leaflet sent out
Outcome

CHI: 1609632184

Western Infirmary

Total Att: 0
12 Mth Att: 0

Title: **MISS**

MCGEE

Margaret

DOB: **16/09/1963** Age: **50y** Sex: **Female**

365 Kelso Street
Glasgow
G13 4PG
07522487790

Next of kin: **MCGHEE, Carolanne**
Relationship: **Sister**
07923 362 764

GP: **M Roushdy-Gemie**
0141 959 2118

Attendance Date: **02/01/2014** Arrival Time: **10:45**
Registration Time: **10:45** Date of Incident: **02/01/2014**
Major Incident Desc:

Reason for Attendance: **minor injury lower limb**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:
Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **02/01/2014 10:49** Nurse name: **Nurse Andrew Wilson**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

c. foot injury.

x 50 ♀ inversion injury (R) ankle 2/7 ago, increasing difficulty W/B.

1H - Asthma D.H. - Salbutamol NKDA
Smoker - 20

E Dorsum of (R) foot bruised + swollen ++
Knee ✓ tib ✓ fib ✓ calf ✓ achilles ✓ calf ✓ lat mal ✓
med mal ✓
bony tender base 4th + 5th MT.
NV intact distally.

→ x/r (R) foot = comminuted # base 5th MT.

Treat — Moonboot
Crutches
Virtual # clinic

A.W
WILSON
ENP.

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 27/10/2016

Consultant: Dr Scott Hepburn

AH Morgan
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear AH Morgan

Re: **McGee Margaret** DOB: **16/09/1963** CHI: **1609632184**
365 KELSO STREET
Glasgow G13 4PG

Attended on: **27/10/2016 at 17:14 hrs.** Departed on: **27/10/2016 at 20:33 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
back injury

Nursing Assessment:
fell down stairs 5/7 seen GP px NSAID and co-codamol pt feels little improvement

Investigations in ED:
1. Full Blood Count
2. Urea and Electrolytes
3. LFT
4. CRP
5. Glucose
6. Lactate (Glasgow only)
7. XR Chest

Diagnosis:

Diagnosis	Side	Site
Fracture of rib, closed		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Left sided rib fracture meaning patient reluctant to cough. Ongoing cough from cigarette smoking. Recently completed course of Abx and steroids from GP 1/52 ago. CXR: suspected left rib #. Bloods: NAD. Advised to continue with cocodamol and ibuprofen and to attend GP should she require stronger analgesia. Given cyclizine for nausea associated with cocodamol, and omeprazole for stomach protection whilst on ibuprofen since complains of indigestion.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Kirsty Wilson1
Doctor

Copies to:

1. AH Morgan (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 06/07/2016

Consultant: Dr Fraser Denny

AH Morgan
Dr M Duffy & Dr A Morgan
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear AH Morgan

Re: **McGee Margaret** DOB: **16/09/1963** CHI: **1609632184**
365 KELSO STREET
Glasgow G13 4PG

Attended on: **02/07/2016 at 13:42 hrs.** Departed on: **02/07/2016 at 16:17 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
BIBA - ?

Nursing Assessment:
BIBA- ?INTENTIONAL OD: UNKNOWN QUANTITIES OF ?ATARAX AND ?PHENEGRAN, TIME UNKNOWN. CONSUMED ALCOHOL LAST NIGHT. UNABLE TO GAIN Hx FROM PATIENT. DROWSY/ SLURRED SPEECH. SEE PRF.

Investigations in ED:

1. XR Chest	**2. Bone Profile**	**3. CRP**
4. Ethanol	**5. Full Blood Count**	**6. Glucose**
7. LFT	**8. CK**	**9. Paracetamol**
10. Salicylate	**11. Paracetamol**	**12. Salicylate**

Diagnosis:

Diagnosis	Side	Site
Deliberate self poisoning by nonopioid analgesics, antipyretics and antirheumatics		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
mixed overdose plus alcohol. Admitted for observation and further assessment when awake.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
David Ritchie
Consultant

Copies to:
1. AH Morgan (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 25/02/2014

Consultant: Mr William Tullett

M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
Glasgow
G13 4PU

Dear M Roushdy-Gemie

Re: **McGee Margaret** DOB: **16/09/1963** CHI: **1609632184**
365 Kelso Street
Glasgow G13 4PG

Attended on: **25/02/2014 at 09:30 hrs.** Departed on: **25/02/2014 at 10:00 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
MINOR INJURY foot

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Fracture of foot - other tarsal bone(s), closed		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Attended ED for follow up re metatarsal #, previously did not attend her ortho FU. I have asked the ortho team to make her another appointment.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Christopher Leddy
Doctor

Copies to:

1. M Roushdy-Gemie (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 02/01/2014

Consultant: Dr Sile MacGlone

M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
Glasgow
G13 4PU

Dear M Roushdy-Gemie

Re: **McGee Margaret** DOB: **16/09/1963** CHI: **1609632184**
365 Kelso Street
Glasgow G13 4PG

Attended on: **02/01/2014 at 10:45 hrs.** Departed on: **02/01/2014 at 12:01 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
minor injury lower limb

Nursing Assessment:

Investigations in ED:
1. XR Foot Rt

Diagnosis:

Diagnosis	Side	Site
Fracture of foot - metatarsal bone, closed	**Right**	

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Andrew Wilson
Nurse

Copies to:

1. M Roushdy-Gemie (GP)

School Address:

GLASGOW CHRONIC PAIN MANAGEMENT SERVICE

20 AUG 2019

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 DECIDE WHAT MAY BE THE NEXT STEP IN YOUR MANAGEMENT PLAN
- PLEASE COMPLETE THE QUESTIONS OVERLEAF 8 WEEKS AFTER YOUR PROCEDURE, WHICH IS AROUND

21/5/19

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

Patient ID sticker

MARGARET McGEE
365 KELSO ST
GLASGOW
G13 4PG

CHI: 1609632184

Date of Procedure- 8/3/19

Referrer-

Bridgestock	Crockett	Oates	McGinn	
Moffat	Owen	Panickar	(Williams)	DR BASHIR (STOBHILL)
Fellow				

Operator-

Bridgestock	Crockett	Oates	McGinn
Moffat	Owen	Panickar	(Williams)
Ewart	Hay	Fellow	

Procedure-

COOLED RADIOFREQUENCY (R) SIJ

Office use only (Review at OPC) Rebook Procedure Opt in for repeat procedure

5/6 MS, @ SI

20 AUG 2019

Please circle one answer for each question

What percentage 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	Pain does not affect my sleep	
Has your mobility changed?	It's worse now	It's the same	It's better now	Pain does not affect my mobility	
Were you able to reduce your medication?	No, my painkillers have been increased	No, I take the same painkillers	Yes, I reduced the medication a bit	Yes, I reduced the medication a lot	
Has your quality of life changed?	It's worse now	It's the same	It's a bit better now	It's much better now	
Was the procedure beneficial enough to justify having it again?	No		Yes		
Did you experience any side effects?	None	Mild	Moderate	Severe	

Please specify any side effects-

Please add any comments you would find helpful (use a separate sheet if necessary)-

Please send the completed form in the envelope provided to:

Pain Secretaries
Room EWA 2.01B
Second Floor
New Victoria ACH
Grange Road
Glasgow G42 9LF

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. MW Gavin
Drs Gavin & Nimmo
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3057
Enquiries to:
Letter Date: 07/05/2026
Reference: SK/MR
Dictated Date: 05/05/2026
Transcribed Date: 06/05/2026

Dear Dr Gavin,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
0/2, 63 SUTCLIFFE ROAD, Glasgow, Lanarkshire, G13 1AQ

DIAGNOSIS: ?Inflammatory arthritis

MEDICATION: Nil via Rheumatology

PREVIOUS MEDICATION: Hydroxychloroquine (no benefit)

I reviewed Margaret today, face to face, at the Rheumatology Nurse-led clinic. She tells me that her joint pain has worsened since her last review and she also complains today of some muscular sounding pain in her thighs, as well as some "lumps" in her abdomen which are intermittent and more prominent with a twisting action. I have advised her to see her GP regarding this.

She tells me she has recently had some difficulties sleeping and describes no early morning stiffness. Her Global is 10/10 today.

On examination her 2nd MCP on her right hand was tender with some possible slight swelling and her left 2nd and 3rd MCP on her left hand were also tender with some possible slight swelling. There was no evidence of any obvious synovitis today but, given Margaret's report of worsening of symptoms, I think it would be worthwhile to arrange an ultrasound to assess for any sub clinical synovitis. Her knee pain continues but she reports that this is much the same as her previous presentations and does not look to be inflammatory in nature.

I have updated her inflammatory markers today and will arrange for an ultrasound scan of her hands.

ESR 5, CRP <1

Yours sincerely

Siobhan Kerins

Lead Clinical Nurse Specialist

Rheumatology

Electronically Signed: Nurse Siobhan Kerins, Nurse

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3126
Enquiries to: kathleen.cowan@nhs.scot
Letter Date: 15/09/2025
Reference: ST/KC
Dictated Date: 05/09/2025
Transcribed Date: 12/09/2025

Dr. MW Gavin
Drs Gavin & Nimmo
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Gavin ,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

1. ? INFLAMMATORY ARTHRITIS.

Margaret has phoned in to say she has got a chest infection so she couldn't make her Face To Face Appointment today. She asked for an urgent Appointment to be booked in the future but there was none available so I spoke to her over the phone today.

She continues to complain of knee pain. When we last saw her, we never were convinced by any evidence of inflammatory arthritis in those joints and the description of her joint pain is still very much in keeping with the previous. I think though we need to see her Face To Face in order to make sense. I do not have any availability until next year and thus I have booked her in to see my Nurse Colleague in three months time. If there is no effusion, I don't think any immunosuppression would do anything. It is very likely that her joint pain is multi-factorial. There could be some soft tissue wear and tear, sarcopenia and pain sensitisation.

Yours sincerely

Dr Si Han Tan

Consultant Physician & Rheumatologist

Electronically Signed: Dr Si Han Tan, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3057
Enquiries to:

Dr. MW Gavin
Drs Gavin & Nimmo
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 23/05/2025
Reference: SK.ED
Dictated Date: 20/05/2025
Transcribed Date: 21/05/2025

Dear Dr Gavin,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

MAIN DIAGNOSIS: RHEUMATOID ARTHRITIS.

CURRENT MEDICATION: Currently not on any DMARD. All other medication as per ECS.

PREV DMARD: Hydroxychloroquine - did not feel any benefit.

FOLLOW UP: Dr Tan - 3 months

I reviewed Mrs McGee today face to face at the Rheumatology Nurse-led Clinic. We discussed her letter which was written to her by Dr Tan in March, which she could not remember receiving.

She tells me she has some on going groin and knee pain as well as some numbness in her feet and shooting pain in her left knee.

On examination today she was extremely tender at her left knee. There was no evidence of any swelling or synovitis here although. She had some difficulty making fists and had some tenderness across her PIP joints but again no obvious synovitis. She is currently on antibiotics for a chest infection and tells me she has no early morning stiffness but her pain score is 8/10.

She has recently seen the GP at your practice and had been advised to discuss her pain with rheumatology.

I have advised her to contact yourself at the practice for consideration of some neuropathic painkillers.

I have updated her bloods including inflammatory markers and I have not recommended starting any medication due to absence of synovitis today.

DAS28: 3.98

ESR 10, CRP <1

Yours sincerely,

Siobhan Kerins

Lead Rheumatology Nurse Specialist

Electronically Signed: Nurse Siobhan Kerins, Nurse

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3126
Enquiries to: kathleen.cowan@nhs.scot
Letter Date: 18/11/2024
Reference: ST/KC
Dictated Date: 11/11/2024
Transcribed Date: 13/11/2024

Dr. MW Gavin
Drs Gavin & Nimmo
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Gavin ,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

1. RHEUMATOID ARTHRITIS. Currently not on any DMARD.

She has stopped taking her Hydroxychloroquine because she didn't feel any benefit.

Her joints are actually not too bad in fact I couldn't find any swollen joints today. The reason she was attending us today was because she had been having pain in both legs and on further questioning, they actually are more widespread and the pain sounds myelopathic in nature. She told me that when she walks she has a heaviness in her legs and she can feel some pain around her knee joints with pain going down to her feet. She also has some pins and needles at the toes.

On examination, she has got evidence of muscle wasting bilaterally but they are symmetrical in nature. She has got reduced range of movement in hip flexion and knee extension but she has got very brisk reflexes in the knee as well as ankle. I think this is actually neuropathic issues, and I will organise an MRI scan for her. Alternatively, she could have steroid induced myopathy as she has had quite a lot of steroid in recent years for COPD and this recurrent of high dose steroid can quite often cause atrophy of the proximal musculatures and causes massive deconditioning.

There is nothing much we can do about this if that is the case apart from trying to reduce the use of steroid.

We will see what the MRI scan shows.

Yours sincerely

Dr Si Han Tan

Consultant Physician & Rheumatologist

Electronically Signed: Dr Si Han Tan, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3126
Enquiries to: Kathleen.cowan@ggc.scot.nhs.uk
Letter Date: 15/04/2024
Reference: st/dmack
Dictated Date: 05/04/2024
Transcribed Date: 11/04/2024

Dr. MW Gavin
Drs Gavin & Nimmo
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Gavin ,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Seropositive rheumatoid arthritis as well as osteoarthritis.

Margaret never started her methotrexate because of recurrent chest infections and I can see that she indeed has had quite a few course of antibiotics and steroid. She is now known to respiratory, who have diagnosed her with COPD. X-rays are in keeping with COPD and shows no signs of rheumatoid lungs.

She says that her hands and knees can still be a bit stiff and on examination today, there is really not much evidence of swelling or synovitis. However, I do suspect she probably has got some flexor tendinitis, especially in her hands. Her knees show no signs of swelling and I suspect she has OA there.

In view of her lack of significant physical signs, I am happy for her not to start methotrexate and continue withholding it. Meanwhile, since she still has some low level inflammatory disease, I am happy for her to be started on hydroxychloroquine 200mg daily. Theoretically, according to BNF, there is an increased risk of arrhythmia on hydroxychloroquine, but I have never seen it in real life and she is aware that if she does get any chest tightness, palpitations or dizziness, she needs to stop taking her hydroxychloroquine straight away. She is also aware of the very small risk of maculopathy, especially after taking it for 5-10 years.

She picked her hydroxychloroquine from her GP and I have asked the GP to continue withholding the methotrexate.

Yours sincerely

Si Han Tan

Consultant Rheumatologist

Electronically Signed: Dr Si Han Tan, Consultant

cc.

Clinical letter - Others: Referral

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mr Omar Hilmi
Consultant ENT Specialist
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Main Switchboard: 0141 211 3000
Department: Respiratory Medicine
Contact Tel: 0141-451-6088
Enquiries to: Respiratory Secretaries
Letter Date: 02/04/2024
Reference: CC/KM
Dictated Date: 07/03/2024
Transcribed Date: 20/03/2024

Dear Omar,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

You saw Ms McGee two years ago. Panendoscopy at that time was reassuring, with some irritative laryngitis only. She has continued to have a heavy burden of chest and upper airway symptoms.
More recently there has been a lot of fluctuating voice symptoms, and I hoped you might arrange further review to make sure there's nothing evolving?

Many Thanks

Yours sincerely,

Professor Chris Carlin

Consultant Physician in Sleep, Breathing Support & Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc. Drs Gavin & Nimmo,
Drumchapel Health Centre,
80/90 Kinfauns Drive,
Glasgow,
G15 7TS

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr Si Han Tan
Consultant Rheumatologist
Internal Mail

Main Switchboard:	0141 211 3000
Department:	Respiratory Medicine
Contact Tel:	0141-451-6088
Enquiries to:	Respiratory Secretaries
Letter Date:	02/04/2024
Reference:	CC/KM
Dictated Date:	07/03/2024
Transcribed Date:	20/03/2024

Dear Dr Tan,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Ms McGee has COPD, chronic bronchitis with continued fluctuations, and irritated throat symptoms. With the fluctuations in her bronchitis she often gets antibiotics, which interrupted her getting methotrexate started. I think her chest symptoms and general health would be much better if her rheumatoid came under control. I would strongly endorsing getting her started on methotrexate and not interrupting it for fluctuating bronchitis, even if it does need a superimposed short antibiotic course alongside her azithromycin. She has an appointment with you next month.

Yours sincerely,

Professor Chris Carlin

Consultant Physician in Sleep, Breathing Support & Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc. Drs Gavin & Nimmo,
Drumchapel Health Centre,
80/90 Kinfauns Drive,
Glasgow,
G15 7TS

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. MW Gavin
Drs Gavin & Nimmo
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3126
Enquiries to:
Letter Date: 28/07/2023
Reference: TA/EF
Dictated Date: 26/07/2023
Transcribed Date: 26/07/2023

Dear Dr Gavin,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

DIAGNOSIS: Seropositive rheumatoid arthritis

DMARDS: Methotrexate 10mg per week for 2 weeks increasing to 15mg per week thereafter, Folic Acid 5mg every day except day of Methotrexate.

Please monitor bloods per protocol.

INVESTIGATIONS: Chest x-ray

OLLOW UP: Two months with Rheumatology Specialist Nurse & four months with Consultant.

I reviewed this lovely lady in clinic today. Her main issues are:

1. SEROPOSITIVE RHEUMATOID ARTHRITIS: She continues to struggle with pain in small joints of her hands as well as her shoulder and knee. She is CCP and RA positive. Although there were no signs of synovitis, her joint symptoms are inflammatory in nature. Therefore I have opted to start her on Methotrexate. I did give her the option of an IM Kenalog injection but she did not want one. I have requested a chest x-ray and **I would be grateful if her bloods could be monitored per protocol.**

Yours sincerely

Dr Taha Akhtar

Locum Consultant Rheumatologist

Electronically Signed: Dr Taha Akhtar, Consultant

cc.

Clinical letter - GP: Clinic 29 05 23

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3290
Enquiries to: arleen.wylde@ggc.scot.nhs.uk
Letter Date: 02/06/2023
Reference: MI/AW
Dictated Date: 29/05/2023
Transcribed Date: 02/06/2023

Dr. AH Morgan
Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Morgan,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

DIAGNOSIS:

?Inflammatory arthritis (RF positive, weakly ANA positive).

MEDICATIONS: Nil.

I have seen this lady Dr Gupta's new patient clinic today.

She mentioned that she has been having problems with her hands, with numbness in her fingers and she was diagnosed with carpal tunnel syndrome, and been using wrist splints for that with little effect.

More recently she has started having pain in most of her finger joints that is there all the time, with no particular time of worsening and there is no particular morning stiffness as such.

She is also having pain in most of the joints in her feet with some stiffness, and the rest of her joints are fairly normal. She is also having pain in her upper arm muscles and it seems like the pain is radiating from the wrists upwards.

She is complaining of slight dry eyes but there is no other rheumatological features in her history.

She further mentioned that she was diagnosed with **psoriasis previously** but has not had any recurrence of psoriasis for a good few years, and she is not on any regular treatment.

There are no other medical problems, especially inflammatory arthritis, running in her family.

On examination there is no evidence of active synovitis and there is no particular joint which is red, hot or swollen.

The range of movement at her wrists, finger joints and shoulder joints is fairly normal.

As this patient had positive RF and ANA, and having pain in most of her fingers and wrists, I have requested bloods including inflammatory markers and anti CCP, and requested repeat x-rays of both hands.

She will be seen in the early arthritis clinic in three months time with the above results. If she has ongoing pain / positive anti CCP then she may be started on DMARDs, otherwise she can be managed accordingly.

Yours sincerely

Dr Muhammad Iqbal

ST4 in Rheumatology

Electronically Signed: Dr Muhammad Iqbal3, Doctor

cc.

Clinical letter - GP: Update

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Dietetics
Contact Tel: 0141 201 6012
Enquiries to: Andy Docherty
Letter Date: 01/03/2023
Reference: MR/AD
Dictated Date: 15/02/2023
Transcribed Date: 15/02/2023

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Duffy ,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

A review appointment was arranged for the above patient on the 27th January 2023, however they failed to attend.

Margaret has not contacted the Referral Management Centre / us within two weeks to reschedule and has therefore been discharged from the dietetic service.

As Ms McGee has failed to engage with dietetic review, prescriptions for oral nutritional supplements (ONS) will be discontinued. This patient received ONS via the Community Pharmacy Nutrition Support Service and I have contacted the relevant pharmacy to ask that they stop prescribing. The product may have been added to your EMIS / INPS Vision as a 'Drug Issued Outside the Practice'. In the interest of patient safety, please now remove this product from the patient's current listed medication in your practice system.

Please contact us if you would like to discuss this further.

Yours sincerely

Andy Docherty

Community Dietitian

Electronically Signed: ,

cc. Lloyds Pharmacy
63 Kinfauns Drive
Drumchapel
G15 7TG

Clinical letter - GP: Update

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Dietetics
Contact Tel: 0141 201 6012
Enquiries to: Andy Docherty
Letter Date: 17/11/2022
Reference: MR/AD
Dictated Date: 16/11/2022
Transcribed Date: 16/11/2022

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I have recently reviewed this patient.

Height: 1.52m Weight: 41.4kg BMI kg/m2: 17.92

Margaret reports that she has been increasing her oral intake by trying to make sure she is eating her main meals. She has not been fortifying her diet as of yet but was pleased to note mild weight gain. We agreed to trial a short spell of ONS use to try and further stimulate appetite and increase weight further.

We agreed the following goals:

-Continue to implement food first advice

-Ensure to be used out with meals

-ONS recommendation start ENSURE SHAKE OD Strawberry or Banana

ACBS indication for ONS prescribing: DRM

This patient has agreed to receive their ONS via the Community Pharmacy Nutrition Support Service - the product will be supplied directly to the patient by their community pharmacy without the need for a GP prescription. Please do not dispense or issue a prescription for this product. In the interests of patient safety, please add this ONS product to EMIS / INPS Vision as a 'Drug Issued Outside the Practice'.

I have arranged a follow-up appointment and will keep you updated on Ms McGee's progress.

Yours sincerely

Andy Docherty

Community Dietitian

Electronically Signed: ,

cc. Lloyds Pharmacy
63 Kinfauns Drive
Drumchapel
G15 7TG

Clinical letter - GP: Update

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: Dietetics
Contact Tel: 0141 201 6012
Enquiries to: Andy Docherty
Letter Date: 04/09/2022
Reference: MR/AD
Dictated Date: 31/08/2022
Transcribed Date: 31/08/2022

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I have recently reviewed this patient.

Last recorded on the 5th August 2022-

Height: 1.52m Weight: 39kg BMI kg/m2: 16.88

Margaret has again reported that her she has not noticed much changed since her last review. When I asked for more detail Margaret did offer that she has reduced the amount she is smoking. I highlighted that this is a positive change. She also advised the her GP has given her a 1 month supply of Ensure Shake to use.

Margaret has not implemented any of the food first advice discussed and was not able to articulate why. Her GP has also commenced Ensure Shake OD which Margaret has been using as an alternative of her cereal. I have asked to her to finish the supply she has and use it as part of her meals/snacks and not as a replacement. By using ONS in this way her weight may increase. We agreed to consider CP prescription after her next review and if there is a positive effect on her weight.

The aim of dietetic input is to optimise her dietary intake to promote weight gain. Margaret has been weight stable therefore is struggling to make progress with this goal.

We agreed the following goals:

-Implement food fortification and snacking advice

-Use Ensure Shake OD (dose 100ml bd if feeling full)

-Consider CPNSS if ONS have positive effect on weight restoration

I have arranged a follow-up appointment and will keep you updated on Ms McGee's progress.

Yours sincerely

Andy Docherty

Community Dietitian

Electronically Signed: ,

cc.

Clinical letter - GP: Update

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Dietetics
Contact Tel: 0141 201 6012
Enquiries to: Andy Docherty
Letter Date: 26/07/2022
Reference: MR/AD
Dictated Date: 20/07/2022
Transcribed Date: 20/07/2022

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I have recently reviewed this patient.

I reviewed Margaret over the phone today due to ongoing restrictions on face to face clinics. Margaret has not been able to provide an updated weight and has not bee able to implement the advice from our last appointment. Margaret also continues to smoke around 25 cpd, and is often prioritising smoking over eating. I have suggested trying to eat something anytime she feels like smoking which would result in an increase in her intake. Margaret stated she would try this although does not feel confident.

We agreed the following goals:

-Continue to implement food first advice from initial appointment

-Focus on 3 meals and 3 snacks

-Try to have a breakfast each day

-Prioritise snacks over smoking

I have arranged a follow-up appointment and will keep you updated on Ms McGee's progress.

Yours sincerely

Andrew Docherty

Community Dietitian

Electronically Signed: ,

cc.

Clinical letter - GP: Update

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: Dietetics
Contact Tel: 0141 201 6012
Enquiries to: Andy Docherty
Letter Date: 27/04/2022
Reference: MR/AD
Dictated Date: 26/04/2022
Transcribed Date: 26/04/2022

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Thank you for referring this patient for dietary advice.

She was reviewed by telephone as arranged on the 22nd April 2022.

Last recorded on the 11th April 2022-

Height: 1.52m Weight: 39.9kg BMI: 17.27kg/m2

Assessment showed that Margaret is likely meeting her energy requirements and exceeding her protein requirements given she uses high energy high protein foods during her 2 meals per day. Her cooking methods are also a contributing factor as she fries most of her food.

The barrier appears to be the fact she can't sleep through the night. This has been normal for Margaret and is related to her coughing. Margaret tends to smoke when she wakes through the night which I discussed will likely increase her risk of chest infection, dull her appetite and lead to increased long term lung damage.

I have asked her to try and avoid smoking prior to eating and to try to include a breakfast within an hour of waking. I have also suggested that if she wakes in the night she should try and add in extra snacks.

She was given information and advice to promote weight gain and agreed the following goals:

-Aim for 3 meals and 3 snacks daily

-Take 1 pint whole milk daily (enriched with 2-4 tbsp skimmed milk powder)

-Increase snacks such as chocolate biscuits, pancakes, rice pudding, custard, crisps.

-Enrich snacks, meals and drinks i.e. add butter, cream, cheese, syrup, honey, jam to appropriate foods and drinks.

-Try nourishing drinks (recipe ideas leaflet provided).

I have arranged a follow-up appointment and will keep you updated on Ms McGee's progress.

Yours sincerely

Andy Docherty

Community Dietitian

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: MSK Physiotherapy
Contact Tel: 01412113021
Enquiries to: MSK Physiotherapy
Letter Date: 04/08/2021
Reference:
Dictated Date: 04/08/2021
Transcribed Date: 04/08/2021

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dear Doctor,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

This patient did not keep their first appointment with us on 22/7/21 and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

Lesley Currie

Specialist Physiotherapist MSK

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Physiotherapy Dept
Contact Tel: 01389 811803
Enquiries to:

Letter Date: 19/02/2021
Reference:
Dictated Date: 19/02/2021
Transcribed Date: 19/02/2021

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Anne Morgan,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Dear Doctor

Presenting Condition: Patient referred for wrist splint due to carpal tunnel

Comments:

Patient scored _14 __ on Hems questionnaire

Discharge Outcome:

This patient has been supplied with a wrist splint and given appropriate self management advice.

Should they require further physiotherapy they will require to re-refer.

Yours sincerely

Linda McTaggart

Physiotherapy Assisstant

Electronically Signed:

cc.

Clinical letter - GP: Transfer of dietetic care

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 211 3000
Department:	Community Dietetic Service
Contact Tel:	0141 232 9184
Enquiries to:	Laura Gillespie
Letter Date:	31/01/2019
Reference:	LG
Dictated Date:	07/01/2019
Transcribed Date:	31/01/2019

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

Re: Margaret McGee
CHI Number: 1609632184

The above patient was reviewed on 07/01/2019 at Drumchapel Health Centre. Her daughter, Lee Anne and a small child accompanied her.

Progress Update: Margaret eats small amounts through the day and takes 2 Ensure Plus Milkshakes daily. I assess that her weight and nutritional status are supported by the use of these supplements. She is going to be followed up by the community respiratory team at home and I am transferring her dietetic care to them.

I would be grateful if you could continue to prescribe the following product(s):

Product: Ensure Plus Milkshake

Volume / size: 200ml

Flavour(s): various

Daily quantity: 2

Supply Period: 28 days

I recommend this is prescribed as an repeat prescription.

Margaret's dietetic care has now been transferred to the community respiratory team.

Yours sincerely

Laura Gillespie
Community Dietitian

Electronically Signed: ,

cc. Lauren McMillan, Community Respiratory Dietitian, Possilpark Health and Care Centre, 99 Saracen Street, Glasgow, G22 5AP

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 201 1100
Department: ENT
Contact Tel: 0141 451 5998
Enquiries to: Trish.Shanks@ggc.scot.nhs.uk
Letter Date: 28/01/2019
Reference: RC/BMCI
Dictated Date: 20/12/2018
Transcribed Date: 22/01/2019

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

Diagnosis : Normal submandibular gland.
Management : Ultrasound neck for reassurance
Smoking cessation
Follow up : Pending result

I reviewed the above 55 year old female who thought she had noticed a lump in the left side of her neck for the last 4 weeks. It does not change with eating and she feels it is in the left submandibular gland region. She does get occasional discomfort in the throat, but no issues with eating and drinking and no weight loss or any other red flags. She is a very heavy smoker of 30 a day for the last 40 years and takes minimal alcohol. She was reviewed in the past in 2014 and an EUA was performed, which had shown laryngeal hyperkeratosis. She also has COPD. She has trouble with reflux.

On examination her voice was normal. On examining the neck I could only feel a normal and symmetrical to the contralateral submandibular gland. I could not feel any lymphadenopathy. Oral cavity examination and flexible laryngoscopy did not show any significant findings other than a bit of injection of the cords. I suspect her main problem is her smoking and advised her heavily on stopping this to help the general health of her throat. With regards to the submandibular gland, I have arranged an ultrasound scan, more for reassurance than anything else, to check the gland architecture. I plan to write with the results.

Yours sincerely

Robin Crosbie
ST7 in ENT for Mr D Houghton, Consultant ENT Surgeon

Electronically Signed: Dr Robin Crosbie, Doctor

cc.

Clinical letter - GP: Prescription

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Dietetic Service Drumcapeel Health Centre
Contact Tel: 0141 232 9156
Enquiries to: Rachel Green

Letter Date: 03/10/2018
Reference: RG/HS
Dictated Date: 01/10/2018
Transcribed Date: 03/10/2018

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

The above named patient was reviewed at clinic on 1 October 2018.

Initial -Weight: 40.4kg
Current - Weight 39.8kg

Dietary assessment showed despite trying to eat on a regular basis her weight has reduced slightly, she feels her appetite is not picking up.

In view of this I would be grateful if you could prescribe the following product(s):

Product: Ensure Plus Milkshake

Volume / size: 200ml bottle

Flavour(s): vanilla, strawberry, banana, raspberry, fruits of the forest

Daily quantity: 2

Supply Period: 3 months

I recommend this is prescribed as a repeat prescription initially

I plan to review their progress regularly and will inform you of any further changes as appropriate.

Yours sincerely

Rachel Green
Community Dietetics

Electronically Signed: ,

cc.

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr Malini Kalaganigam
Consultant Gynaecologist
Sandyford Services
2/6 Sandyford Place
Glasgow
G3 7NB

Main Switchboard:	
Department:	Gynaecology
Contact Tel:	01412012353
Enquiries to:	Liz.Spencer@ggc.scot.nhs.uk
Letter Date:	26/02/2018
Reference:	CH/LM/ 1609632184
Dictated Date:	22/02/2018
Transcribed Date:	23/02/2018

Dear Dr Kalaganigam,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Many thanks for directly referring this patient for removal of coil, hysteroscopy and endometrial biopsy.

She attended for her procedure today in Day Surgery. The coil was easily removed. At hysteroscopy she had an atrophic endometrial cavity. There was nothing suspicious and no biopsies were obtained.

She has been discharged from further follow-up.

Kind regards.

Yours sincerely

Dr Catriona Hardie

Consultant Gynaecologist

Electronically Signed: Dr Catriona Hardie, Consultant

cc. Dr M Duffy
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Clinical letter - GP: NP/Prescription

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Dietetic Service Drumchapel Health Centre
Contact Tel:	0141 232 9156
Enquiries to:	Rachel Green
Letter Date:	12/03/2018
Reference:	RG/HS
Dictated Date:	20/02/2018
Transcribed Date:	09/03/2018

Dear Dr Duffy,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Thank you for referring this patient for dietary advice.

She attended the clinic with her daughter as arranged on 5 March 2018.

Height: 1.53m Weight: 40.4kg BMI: 17.2kg/m²

Dietary assessment showed inadequate energy and protein intake evidenced by poor appetite/COPD/lack of energy.

She was given information and advice to improve nutritional status and promote weight gain and agreed the following goals:

1. 1 - 2 glasses of full cream milk daily
2. Try small amount of food x 2 daily
3. Trial of 1 x Ensure Plus milk shake daily

In view of this I would be grateful if you could prescribe the following product:

Product: Ensure Plus
Volume/size: 1 x 57g sachet daily
Flavours: Banana, Strawberry and Vanilla

Daily Quantity: 1
Supply Period: 3 months

I have arranged a review appointment at clinic in 3 month's time

Yours sincerely
Rachel Green

Community Dietitian

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: MSK Physiotherapy Department Drumchapel Health Centre
Contact Tel: 0141 211 6147
Enquiries to:

Dr. AH Morgan
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 15/02/2017
Reference:
Dictated Date: 15/02/2017
Transcribed Date:

Dear Dr Morgan,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

GP Action Required: no

Presenting Condition: Persistent low back pain

Physiotherapy Comments:

Onset of symptoms - more than 5 years

Diagnosis - centrally driven pain

Treatment - education, exercises and acupuncture

Further Info - Given leaflet for local pain education class

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Unchanged.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Physiotherapist Name Cheryl Gillies

Physiotherapist Grade Band 6

Electronically Signed: Physiotherapist Cheryl Gillies, Physiotherapist

cc.

Clinical letter - GP: Physiotherapy Discharge

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. AH Morgan
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 201 1100
Department:	Pelvic Floor Function
Contact Tel:	0141 201 2324
Enquiries to:	Maggie Boag-Thomson
Letter Date:	19/09/2016
Reference:	
Dictated Date:	19/09/2016
Transcribed Date:	

Dear Mr. Palmer,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

This patient failed to attend their initial appointment for a Physiotherapy Assessment, (23/08/2016).

As some time has now elapsed without contact from her, she is now discharged from our care.

Yours Sincerely,

Maggie Boag-Thomson,

Specialist Physiotherapist

Electronically Signed: Physiotherapist Margaret Boag Thomson, Physiotherapist

cc. Mr. Palmer, Consultant Urologist, GGH

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mr Neal Millar
Consultant Orthopaedic Surgeon
Western Infirmary

Main Switchboard: 0141 211 3000
Department: Vascular
Contact Tel: 0141 211 6356
Enquiries to: loraine.gillespie@ggc.scot.nhs.uk
Letter Date: 01/05/2015
Reference: DSB/ch
Dictated Date: 29/04/2015
Transcribed Date: 01/05/2015

Dear Neal ,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Thank you for asking me to see this lady who came to my vascular clinic this morning. I now understand that she has suffered a fracture of the right fifth metatarsal which has been very slow to heal and although she is managing to mobilise now she still has fairly significant pain around the site of her fracture. I understand that she has to undergo an MRI in the near future to assess whether she has persistent non-union of her fracture. There has also been some concern as to whether this may be vascular in aetiology.

When I saw her at the clinic today I was able to confirm that the arterial supply to her lower limbs is satisfactory. All her pulses are readily palpable. Perfusion to both feet is satisfactory.

I do not think there is any real suggestion of significant arterial disease and I have therefore discharged her from further follow up.

Kind regards

Yours sincerely

D S Byrne
Consultant Surgeon

Electronically Signed: Mr Dominique Byrne, Consultant

cc. AH Morgan
Drs Duffy morgan & mcgonagle Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory medicine
Contact Tel: 0141 211 3241
Enquiries to: marlo.graham@ggc.scot.nhs.uk
Letter Date: 25/07/2014
Reference: SC/AD
Dictated Date: 25/07/2014
Transcribed Date: 28/07/2014

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Dear Dr. M Roushdy-Gemie,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 Kelso Street, Glasgow, G13 4PG

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCHRE0-RESP DR C CHURCH FRIDAY PM
Date and Time of Appointment - 25/07/2014 14:15

Clinical Comments:

DIAGNOSIS:

COPD - MILD IMPAIRMENT OF FEV1
SMOKER
VOCAL CORD HYPERKERATOSIS

I reviewed this lady back at Dr Church's respiratory clinic today. Overall her symptoms are unchanged with moderate exertional dyspnoea. She did have a flare recently and has subsequently had Tiotropium added to her Fostair and Salbutamol.

She has attended our ENT colleagues who thankfully have not shown any evidence of malignancy from her biopsies.

Unfortunately she is still smoking.

Pulmonary function tests performed a few weeks ago demonstrated an FEV1 of 1.83 litres (81% predicted), an FVC of 2.73 litres (103% predicted) and an FEV1/FVC of 67%. There was no reversibility. Lung volumes were normal and gas transfer was mildly reduced.

Following Dr Church's correspondence her CT images were discussed at our recent x-ray meeting and it was felt that all the appearances were in keeping with emphysema and that there was no specific nodules that required to be followed up.

I explained this to Miss McGee, emphasised that she should try to stop smoking and she is keen on referral to the pulmonary rehabilitation service. I will refer her to this today but otherwise discharge her back to your care. Many thanks.

Yours sincerely

Stephen Crawley

ST5 in Respiratory Medicine

Electronically Signed: Dr Stephen Crawley, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: ENT
Contact Tel: 0141 232 7512
Enquiries to: trish.shanks@ggc.scot.nhs.uk
Letter Date: 17/07/2014
Reference: TV/EJ
Dictated Date: 14/07/2014
Transcribed Date: 15/07/2014

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Dear Dr Roushdy-Gemi,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 Kelso Street, Glasgow, G13 4PG

Diagnosis: Vocal cords leukoplakia
Recent microlaryngoscopy plus biopsy
Pathology - hyperkeratotic with no evidence of malignancy or dysplasia

Outcome: No further appointment
Encouraged to stop smoking

I saw this patient today in the ENT clinic. She had an EUA and microlaryngoscopy of her vocal cords regarding leukoplakia. That came back as hyperkeratosis without any evidence of malignancy or dysplasia. No further appointment is needed. Once again, I strongly advised Mrs McGee to stop smoking. I am discharging her back to your care.

Kind regards

Yours sincerely

Theodoros Valsamakis

ENT Clinical Fellow to David Houghton

Electronically Signed: Dr Theodoros Valsamakis, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100

Department: ENT
Tel: 0141 232 7512
Enquiries to: trish.shanks@ggc.scot.nhs.uk

Letter Date: 18/06/2014
Reference: DH/EJ
Dictated Date: 09/06/2014
Transcribed Date: 11/06/2014

Dear Dr Roushdy-Gemie,

Name:	**McGee Margaret**
CHI:	**1609632184**
DOB:	**16/09/1963**
Address:	**365 Kelso Street**
	Glasgow
	G13 4PG

I reviewed Mrs McGee in the clinic following her recent microlaryngoscopy which showed 2 areas of leukoplakia, 1 on each vocal cord, biopsies of which confirmed keratosis with no evidence of dysplasia or malignancy.

I have recommended that Mrs McGee stop smoking. I do not think any further treatment is required at present in ENT. She feels her voice has improved and she has been discharged from the clinic.

Kind regards

Yours sincerely

David Houghton

Consultant ENT Surgeon

Electronically Signed: Mr David Houghton, Consultant

cc:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000

Department: Respiratory
Tel: 0141 211 3241
Enquiries to: Marlo.Graham@ggc.scot.nhs.uk

Letter Date: 30/04/2014
Reference:
Dictated Date: 23/04/2014
Transcribed Date: 29/04/2014

Dear Dr Roushdy-Gemie,

Name:	**McGee Margaret**
CHI:	**1609632184**
DOB:	**16/09/1963**
Address:	**365 Kelso Street**
	Glasgow
	G13 4PG

DIAGNOSES
1. Probable COPD.
2. Laryngeal inflammation for EUA.

I saw this lady for review. She had her CT this morning so I do not have the formal report for this. However, to my eye there is some intrapulmonary cysts which may indeed be representative of para septal emphysema. However, I need to discuss this a bit further with our radiology colleagues.

Certainly there is no endobronchial lesions that I could see on the CT and she is tolerating the Fostair better than previous inhalers. She is also seeing ENT and I think you have had correspondance from them. She is still awaiting a formal pulmonary function tests. All her blood tests were normal including a RAST testing. I think this is most likely to be COPD and I have explained that to her. She needs to stop smoking and I think she is coming to see you about patches.

Yours sincerely,

COLIN CHURCH

CONSULTANT PHYSICIAN

Electronically Signed: Dr Colin Church, Consultant

cc.

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Dr Church
Consultant Respiratory Phsyician
Gartnavel General Hospital
Great Western Road
Glasgow
G12 0YN

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000

Department: ENT
Tel:
Enquiries to:

Letter Date: 17/04/2014
Reference: NO/EJ
Dictated Date: 07/04/2014
Transcribed Date: 10/04/2014

Dear Dr Church,

Name:	**McGee Margaret**
CHI:	**1609632184**
DOB:	**16/09/1963**
Address:	**365 Kelso Street**
	Glasgow
	G13 4PG

Diagnosis: Bilateral vocal cord leukoplakia

Outcome: For panendoscopy, microlaryngoscopy biopsy
Await CT neck and chest organised by Dr Church
To stop smoking

Thank you for referring this 50 year old lady under investigations by the Respiratory team for weight loss and recurrent chest infections. She is currently awaiting a CT neck and chest. This lady complains of an 8 week history of hoarseness and a 2 year history of intermittent dysphagia to solids, for example chicken, which she needs to wash down with water or makes herself sick to bring it up. She has lost 1/2 - 1 stone over the last 6-8 months. She denies any other red flag ENT symptoms. She smokes 10 cigarettes a day since the age of 15 and drinks occasionally. She suffers from asthma, ?COPD and has an exercise tolerance of about 200 yards. Her mum had treatment for throat cancer.

On clinical examination, she has congested nasal mucosa and catarrh. Flexible laryngoscopy shows mild leukoplakia on both anterior vocal cords. Both are mobile. She has no cervical lymphadenopathy.

I have organised a pre-assessment and a microlaryngoscopy biopsy to be done over the next few weeks.

Yours sincerely

Nashreen Oozeer

Post-CCT ENT Registrar

Electronically Signed: Miss Nashreen Oozeer, Consultant

cc. M Roushdy-Gemie, Yokermill Medical Centre, 6 Yokermill Road, Glasgow,G13 4PU
Dr Colin Church, GGH

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000

Department: Respiratory
Tel: 0141 211 3241
Enquiries to: Marlo.Graham@ggc.scot.nhs.uk

Letter Date: 08/04/2014
Reference:
Dictated Date: 26/03/2014
Transcribed Date: 02/04/2014

Dear Dr Roushdy Gemie,

Name:	**McGee Margaret**
CHI:	**1609632184**
DOB:	**16/09/1963**
Address:	**365 Kelso Street**
	Glasgow
	G13 4PG

DIAGNOSES
1. Probable COPD.
2. Depression.
3. Previous overdose.

CURRENT MEDICATION
Fostair, Spiriva, Ventolin.

I saw this lady today in the clinic. She complains of a number of issues. One is cough with intermittent infection. This seems to happen every 2-3 weeks with green spit, no haemoptysis. She has lost weight and has occasional night sweats she tells me as well. She has been hoarse for between 6 and 7 months and this seems to be intermittent.

She is a current smoker of 35 pack year history. She is single with 2 children. She is not working. She has no cannabis use or intravenous drug abuse. There is no family history of bronchiectasis. She did not have problems as a child with her chest.

On examination there was no clubbing or lymphadenopathy. Her chest was clear. She was thin on examination.

Spirometry today showed an obstructive picture. Her FEV1 was 1.87, (84% predicted), FVC 2.83 (100% predicted), ratio 66.

I think the most likely issue here is one of COPD. I have requested a CT thorax and HRCT to investigate this a bit further to look for bronchiectasis. I have also done some routine bloods today and sent her for a formal pulmonary function test. I have not changed her medication and told her to stop smoking. We will see her back with the results of her investigations. I will also refer her on to ENT to be investigated for the hoarseness.

Yours sincerely,

COLIN CHURCH

CONSULTANT PHYSICIAN

Electronically Signed: Dr Colin Church, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy &Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Respiratory Medicine
Contact Tel: 0141-451-6088
Enquiries to: keira.mclellan@ggc.scot.nhs.uk
Letter Date: 09/03/2023
Reference: AT/KM
Dictated Date: 10/03/2023
Transcribed Date: 10/03/2023

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE8-RESP DR C CARLIN THURSDAY PM WEEKS 2 AND 4
Date and Time of Appointment - 09/03/2023 15:15

Clinical Comments:
Margaret was reviewed by telephone for Dr Carlin's respiratory clinic. As per the letter to her, please can she be referred back to the community dieticians as she had found their input helpful and encouraging. She had missed her last appointment with them in January as she was unable to clarify the time beforehand, and there had been no further follow up. She reports that she had been making progress with their support, and had gained weight, unfortunately her weight has now fallen again.

A referral to the pulmonary rehab team has also been made for her. We will review her again in the summer.

Kind regards,

Dr. Anna Taylor

Clinical Research Fellow in Respiratory Medicine

Electronically Signed: Dr Anna Taylor, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Respiratory Medicine
Contact Tel: 0141-451-6088
Enquiries to: keira.mclellan@ggc.scot.nhs.uk
Letter Date: 25/08/2022
Reference: AT/KM
Dictated Date: 25/08/2022
Transcribed Date: 26/08/2022

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE8-RESP DR C CARLIN THURSDAY PM
Date and Time of Appointment - 25/08/2022 16:15

Clinical Comments:
Diagnosis:

1. Severe COPD - continues to smoke

2. Weight loss - recent CT negative for malignancy, under dietician review

3. Dysphagia - known to ENT, previous panendoscopy

4. Covid-19 infection end of Jul 2022

I spoke to Margaret on the phone as part of Dr Carlin's respiratory clinic. I was sorry to hear she has been troubled by persisting infective symptoms over the last month and is on to her 2nd course of antibiotics. She mentioned that she had contracted covid at the end of July and the infections have occurred since. She also mentioned loosing her voice across the same time period, there was no associated pain in her throat. This may be related to the covid and subsequent chest infections but I encouraged her to seek review with yourselves if this didn't improve. Equally, if she is requiring further antibiotics, sputum culture and chest xray would be warranted. Unfortunately, she has continued to smoke which will not be helping the situation. I understand she has been seeing the dieticians to help with her weight loss, previous CT imaging has not shown any evidence of malignancy.

Margaret had been given a prescription for a Stiolto inhaler following her previous consultation, unfortunately she has been unable to take this as she says it catches the back of her throat and causes her to cough. There may also be some issues with inhaler technique. She is not currently taking any regular inhalers and is using her salbutamol inhaler 6 times a day. She does know how to use a spacer having previously used it for her salbutamol inhaler. Given her increased exacerbation frequency and need for a long acting inhaler, please can she be **prescribed a Trimbow (LABA/ LAMA/ICS) inhaler, 2 puffs BD,** which she can take via the spacer to alleviate these issues. I have suggested she seeks review with the practice nurse if she is still having problems taking this new inhaler.

We will review her again in the new year.

Kind regards,

Dr. Anna Taylor

Clinical Research Fellow in Respiratory Medicine

Electronically Signed: Dr Anna Taylor, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
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G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Respiratory Medicine
Contact Tel: 0141-451-6088
Enquiries to: keira.mclellan@ggc.scot.nhs.uk
Letter Date: 13/01/2022
Reference: MM/KM
Dictated Date: 13/01/2022
Transcribed Date: 14/01/2022

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE8-RESP DR C CARLIN THURSDAY PM
Date and Time of Appointment - 13/01/2022 14:20

Clinical Comments:
Clinical diagnosis:

COPD

-extensive emphysema

-current smoker

Under investigation for dysphagia

I met with Margaret and her sister at our respiratory clinic today. I have informed her of the results of her CT scan from last year, which showed extensive emphysema with no radiological malignancy. I note that she had also been seen at the ENT clinic, where they had not found any upper tract pathology, it seems the plan was for a barium swallow to investigate her swallowing difficulties.

Margaret's respiratory symptoms have improved since last year's history of recurrent infections. I did find out however, that she had only been using the salbutamol inhaler and not the Duaklir inhaler. She cites an 'odd taste' as the reason for not using the latter. I have given her a handwritten note to request Spiolto inhaler as an alternative.

I have stressed the importance of using a long acting inhaler consistently, in addition to smoking cessation as being the most beneficial to her airways disease. We will review her again by telephone closer to the end of the year.

Your sincerely,

Dr Maureen Manthe

Clinical Research Fellow

Respiratory Medicine

Electronically Signed: Dr Maureen Manthe, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	19/11/2021
Reference:	KS/AG
Dictated Date:	19/11/2021
Transcribed Date:	01/12/2021

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Attendance: Specialty - Orthopaedics ; Clinic - SGKSOR9-K.SHEILDS ESP UPPER LIMB FRI AM
Date and Time of Appointment - 19/11/2021 09:00

Clinical Comments:
Diagnosis: Possible right sided carpal tunnel

Outcome: EMG studies

This 58 year old right hand dominant lady was referred to orthopaedics with a suspicion of a right sided carpal tunnel she has previously underwent a left sided carpal tunnel decompression in 2016, with relatively good results. In 2018 she had EMG studies performed demonstrating grade 1 right sided carpal tunnel and things were treated expectantly. She feels overall things have not improved and now continually she is plagued with symptoms including nocturnally awakening. She does not work and does not really adventure out very often. She suffers from COPD.

On examination she has a non-tender neck and a good range of cervical spine motion. She has good movement in her shoulders, elbows and a good range of motion in her wrist. She is slightly tender around both her CMC joints and has no obvious wasting or deformity. She appears to have good power throughout her thumb. She has a positive Phalen's and Tinel's and pin prick sensation did appear altered in her right hand today.

This lady does have some signs of a right sided carpal tunnel and I will arrange EMG studies to be carried out and be in contact once I have the results to hand. In the interim she has an oedema glove and a splint for night time use.

Yours sincerely

Karen Shields

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Karen Shields, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 201 1100
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	29/10/2021
Reference:	KS/KL
Dictated Date:	29/10/2021
Transcribed Date:	03/11/2021

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Attendance: Specialty - Orthopaedics ; Clinic - SGKSOR9-K.SHEILDS ESP UPPER LIMB FRI AM
Date and Time of Appointment - 29/10/2021 09:40

Clinical Comments:
Diagnosis - Possible right sided carpal tunnel symptoms

Outcome - Escalate to face to face

I telephoned Margaret today from my orthopaedic clinic. She was referred back in February of this year with query right sided carpal tunnel. Margaret tells me today that she has had increasing issues with her right hand over the last few years. I note that she was seen in the past by Mr MacDonald.

She had nerve conduction tests performed back in 2018 that showed only a very mild right carpal tunnel and not at the stage where one would contemplate any intervention. She also was seen by the spinal surgeons because she had changes in her neck and I think there was a query whether she had more peripheral entrapment or whether this was coming generally from her neck.

Margaret tells me today that she still is having issues with her right hand especially and therefore I will arrange to bring her up to the clinic in three or four weeks' time so we can assess her face to face and decide on the proper treatment management. Margaret was happy with this and I will see her in the next few weeks.

Yours sincerely

Karen Shields

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Karen Shields, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	ORTHOPAEDICS
Contact Tel:	
Enquiries to:	
Letter Date:	12/09/2019
Reference:	MK/MD
Dictated Date:	12/09/2019
Transcribed Date:	10/10/2019

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

Attendance: Specialty - Orthopaedics ; Clinic - WIPHOR8-ORTHO PHYSIO SPINE KAAN THUR PM
Date and Time of Appointment - 12/09/2019 14:00

Clinical Comments:
This lady was seen today in the Spine Clinic. MRI scan of the cervical spine in December of last year has revealed multilevel degenerative changes with narrowing of the exiting foramina, possibly indenting the nerve roots on multiple levels. There is at no stage myelopathy or cord compression.
Her main complaint is of local neck pain posteriorly and bilaterally on neck movement occasionally with muscle spasms, making movement very difficult. She has no episodes of black outs, blurred vision, dizziness or any other possible signs of cord compression. There is a long history of neck pain, worsening over the last twelve months. She has been diagnosed with bilateral carpal tunnel syndrome and has multiple joints affected by osteoarthritis. She is under the care of the Pain Clinic and is due review. She will start MSK Physiotherapy on the 2nd of October. Her medication has been checked with information available on Clinical Portal.

Objectively her gait is unremarkable, there is a slight hyperlordosis of the cervical spine and hinging of the CT junction. Upper limb neurological examination of bilateral myotome sensation and reflexes is bilaterally unremarkable. Range of movement of cervical spine is reduced by irritation causing local discomfort, flexion is satisfactory and extension is slightly limited again because of local pain. Both shoulders move freely, there is no evidence of cuff pathology. Testing for carpal tunnel reveals bilaterally positive.

From Orthopaedic/Surgical point of view there is nothing to be done about this ladys cervical spine.
I have advised her about this and she seemed happy with the information given. She should work hard with the MSK Physiotherapists to overall increase her movement and general functioning. From an orthopaedic point of view I have discharged her today.

Yours sincerely

Martijn Kaan

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Martijn Kaan, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 211 2000
Department:	Trauma & Orthopaedics
Contact Tel:	0141 201 0755
Enquiries to:	Stephanie.Brown@ggc.scot.nhs.uk
Letter Date:	31/05/2019
Reference:	CH/KH
Dictated Date:	31/05/2019
Transcribed Date:	13/06/2019

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

Attendance: Specialty - Orthopaedics ; Clinic - WIDJMOR9-MR MACDONALD ORTHO FRI AM
Date and Time of Appointment - 31/05/2019 09:20

Clinical Comments:
Diagnosis:

1. Bilateral wrist and hand pain and numbness.

2. Cervical spondylosis.

Outcome: Onward referral to Orthopaedic Spinal Team and Physiotherapy.

I reviewed this 55 year old lady in the clinic today. She attends nearly six months after her last appointment, during which time she has had an MRI of her cervical spine. The results of this show spondylotic changes with indentation of the thecal sac and narrowing of the subarachnoid space and indentation of the exiting nerve roots at the levels C3/4, C4/5 and C5/6.

Margaret continues to complain of pain in both wrists and frequent numbness of both hands throughout the entire hand. She is now also complaining of problems with regards to pain going down from her neck, down her right shoulder and in to the right upper arm, which is likely in keeping with her MRI findings. She also describes a degree of clumsiness and relates this to the numbness in her hands.

As noted previously, the nerve conduction studies showed mild grade I carpal tunnel affecting the right hand.

She feels that the wrist splints that we advised her to wear in the past do help with regards to pain in her hands and she continues to use them as and when required. We have advised her to continue with this. In the meantime, we are going to refer her on to our Orthopaedic Spinal Team for review or indeed, advice with regards to further management of her cervical spondylosis and we have also made an onward referral to the Physiotherapy Department today.

We have not arranged to formally see her back in our clinic, however, we will run with the advice of the Orthopaedic Spinal Team and be in touch with her regarding the outcome of this.

Yours sincerely,

Dr Chris Hamilton

Orthopaedics

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 201 0755
Enquiries to:	Stephanie.Brown@ggc.scot.nhs.uk
Letter Date:	26/11/2018
Reference:	DJM/AF
Dictated Date:	26/11/2018
Transcribed Date:	12/12/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

Attendance: Specialty - Orthopaedics ; Clinic - WIDJMOR1-MR MACDONALD ORTHO MONDAY AM
Date and Time of Appointment - 26/11/2018 09:30

Clinical Comments:
I reviewed this lady in the clinic this morning. She has yet to have an MRI of her cervical spine. I have arranged to see her back in 2 months' time, which should allow for the scan to be done and reported. I have advised her to try using her wrist splints over the next 2 months and see if this eases her symptoms, as she admits she has not really been using them.

Kind regards.

Yours sincerely

Mr Duncan MacDonald

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Duncan MacDonald1, Consultant

cc.

NHS
Greater Glasgow and Clyde

West Glasgow Ambulatory Care Hospital
Direct Access DXA Service

Consultants: Dr Chris Sainsbury
Osteoporosis Nurse Specialists: Sr Margaret French, Sr Deborah Nelson & Sr Leigh Robertson
Enquiries: 0141 201 0105

Ref: LR/LR/1609632184
30-Oct-2018

Dr. Malachy Duffy
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

G15 7TS

Dear Dr. Duffy,

Margaret McGee, DOB: 16-Sep-1963
365 Kelso Street
Glasgow
G13 4PG

Thank you for referring your patient to DADS. DXA scanning & fracture risk assessment were performed on 30-Oct-2018.

Scan Date: 30-Oct-2018

Spine			
L2-L4	BMD: 1.035	TScore: -0.111	ZScore: 0.943
Scan Conclusions:			
Normal BMD			
Left Hip			
Neck of femur	BMD: 0.570	TScore: -2.517	ZScore: -1.463
Total hip	BMD: 0.695	TScore: -2.022	ZScore: -1.350
Scan Conclusions:			
Borderline osteoporosis			

Osteoporosis Risk Factors
Past hx of fragility fracture(s)
History in past 5 years of smoking >= 10 cigarettes/day
Family history of osteoporosis
Previous use of glucocorticoids-dose likely to affect BMD

Falls and Fracture Risk Factors
History of previous fracture (>50yr)
History in past 5 years of smoking >= 10 cigarettes/day
BMD T score < -2.5
Current or previous use of corticosteroids at a dose likely to affect bone metabolism

Fracture History
Right Hand / foot (Aged 50)

Treatment Recommendations
Continue Vitamin D supplement

Lifestyle Recommendations
Advise to stop smoking
Advise regular weight-bearing exercise appropriate to general health

Follow Up:
DXA scanning should be repeated in 5 years. Please re-refer via DADS at that point unless, at that time, you feel follow-up would be inappropriate

Reassuringly bone mineral density has been maintained since our last review in 2014. BMD is 11% above average for age at the spine, however at the hip BMD is 22% below average for age.

Ms McGee requires frequent courses of corticosteroids, however tells me that these are usually 5 day courses of 5mg/day, and that she can have 1 or 2 months without requiring any. At current age potential fracture risk is perceived to be relatively low and does not merit bone protective treatment. Lifestyle advice as above to optimise bone health.

Vertebral fracture assessment performed: TV3 to LV5 visualised – therein no obvious vertebral fractures were seen.

Review in 5 years, or sooner if there is a clinical requirement.

Yours sincerely,

Leigh Robertson

Sr Leigh Robertson
Osteoporosis Nurse Specialist

Dr Chris Sainsbury
Consultant Endocrinologist

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
Main Switchboard: 0141 211 2000
Department: Orthopaedics
Contact Tel: 0141 201 0755
Enquiries to: Stephanie.Brown@ggc.scot.nhs.uk

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 14/09/2018
Reference: DMAC/EY
Dictated Date: 14/09/2018
Transcribed Date: 28/09/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

Attendance: Specialty - Orthopaedics ; Clinic - WIDJMOR9-MR MACDONALD ORTHO FRI AM
Date and Time of Appointment - 14/09/2018 10:00

Clinical Comments:
I reviewed this lady in the clinic today. She has multiple aches and pains including some neck pain and also bilateral hand paresthesia. I will arrange an MRI scan as the nerve conduction studies were inconclusive. I have also taken bloods for rheumatoid screening as she reports morning pain and stiffness in multiple joints which has been going on for some time. I note several years ago her rheumatoid factor was mildly raised. I will see her back in 2 months time.

Yours sincerely

Mr Duncan MacDonald

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Duncan MacDonald1, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 211 2000
Department:	Orthopaedics
Contact Tel:	0141 201 0755
Enquiries to:	Stephanie.Brown@ggc.scot.nhs.uk
Letter Date:	13/07/2018
Reference:	DMAC/EY
Dictated Date:	13/07/2018
Transcribed Date:	18/07/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Orthopaedics ; Clinic - WIDJMOR9-MR MACDONALD ORTHO FRI AM
Date and Time of Appointment - 13/07/2018 09:10

Clinical Comments:
This lady was seen in the clinic. Unfortunately she has not had her nerve conduction studies performed yet. Her CT scans have been performed and these confirm a non-union of proximal pole fracture left scaphoid and there are some degenerative changes in the right wrist without scaphoid fracture. She has very good range of movement and pain may be due to arthritis or carpal tunnel syndrome and I await the nerve conduction studies results. I will see her back in 2 months with the results of these.

Yours sincerely

Mr Duncan MacDonald

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Duncan MacDonald1, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: Respiratory Medicine
Contact Tel: 0141 451 6099
Enquiries to: teresa.kerr@ggc.scot.nhs.uk
Letter Date: 26/06/2018
Reference: ST/TK
Dictated Date: 27/06/2018
Transcribed Date: 05/07/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Respiratory Medicine; Clinic - GGSTRE3-DR THOMSON RESP TUES AM
Date and Time of Appointment - 26/06/2018 11:15

Clinical Comments:
Mrs McGee attended my clinic today for review. She has COPD with marked limitation and frequent exacerbations. She has had ongoing symptoms in a similar pattern.

She is tolerating Azithromycin but is uncertain if she is having significant benefit from it. Carbocisteine is probably helping with expectoration. A further course of antibiotics and Prednisolone were started yesterday following a course of antibiotics earlier this month. She is still smoking at least 20 cigarettes per day.

The community respiratory team are due to see her in the next few weeks. She finds Anoro Ellipta can trigger coughing and after going through inhaler technique with various devices with our nursing staff I would be grateful if Anoro could be switched to Duaklir Genuair 1 puff BD. I have also recommended that she increase her Azithromycin to 250mg daily. Beyond that, I do not think I have anything else to add. She is happy that I have not arranged another review in the clinic, but should she have any issues in the future, I would be happy to see her back

Yours sincerely

Dr Stephen Thomson

Consultant Respiratory Physician

Electronically Signed: Dr Stephen Thomson, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Respiratory Medicine
Contact Tel: 0141 451 6099
Enquiries to: teresa.kerr@ggc.scot.nhs.uk
Letter Date: 23/02/2018
Reference: ST/ED
Dictated Date: 24/02/2018
Transcribed Date: 16/03/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCORE9-RESPIRATORY RESULTS CLINIC
Date and Time of Appointment - 23/02/2018 12:30

Clinical Comments:

This 54 year old smoker with COPD presented with haemoptysis in the context of an infection. It was small volume and has not recurred but she has had a pattern of recurrent infections and is significantly limited in what she is able to do. Thankfully her CT scan has shown no evidence of malignancy and we can therefore focus our treatment on optimising her COPD. Her FEV1 of 1.97 is 91% predicted. There is an obstructive ratio and I do not think she requires to be on inhaled corticosteroid. She should be on dual bronchodilator therapy and therefore I have recommended that she stop Fostair and Braltus and start instead an Anoro Ellipta one inhalation daily. She can struggle to expectorate and I would be grateful if Carbocisteine 750 mg t.d.s. could be added. This could be reduced to twice daily after a month if she is finding it beneficial.

We also discussed the use of long term Azithromycin and I would recommend that she be commenced on Azithromycin 250 mg on Mondays, Wednesdays and Fridays. I gave her a handwritten note to pop into the Practice with these changes.

We have discussed pulmonary rehab but she does not feel she would manage a group setting. I will therefore make a referral to the Community Respiratory Team. I have suggested I see her back in 4 months in the Clinic.

Yours sincerely

Dr Stephen Thomson

Consultant Physician in Respiratory Medicine

Electronically Signed: Dr Stephen Thomson, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 211 3000
Department:	Respiratory
Contact Tel:	0141 451 6099
Enquiries to:	Dr Stephen Thomson's Secretary
Letter Date:	06/02/2018
Reference:	ST/TK
Dictated Date:	06/02/2018
Transcribed Date:	07/02/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Respiratory Medicine; Clinic - GGSTREI-DR THOMSON EXTRA CLINIC
Date and Time of Appointment - 06/02/2018 19:20

Clinical Comments:
Thank you for referring Mrs McGee who attended my clinic this evening. She has COPD and haemoptysis. She coughed up blood mixed with green/yellow sputum on two occasions around a month ago. She received a course of antibiotics and steroids. Things have been a bit better after that and certainly there has been no further haemoptysis. However, overall, she finds her chest has been worse over the last 9 months. She has had recurrent infections and I note had a course of antibiotics and Prednisolone in September and December and at the beginning of this month. She feels little change with the treatment.

She has significant breathlessness. Her daughter does the shopping and she spends most of her time sitting in the house in her pyjamas and usually goes out only for appointments. She struggles to get up the stairs primarily due to her breathlessness and, as a result, has slept downstairs for the last two years or so. She sometimes has to stop walking around the house.

In addition to COPD she has arthritis, chronic back pain, depression and anxiety. Some of the symptoms she describes with respect to her chest are of panic episodes associated with coughing or being breathless.

Medication is as per your referral letter and includes Braltus, Fostair 200/6 2 puffs BD and PRN Salbutamol for her chest. She smokes 20 cigarettes per day having cut this down from 40. She has no other significant exposures.

On examination she was thin. There was no palpable cervical lymphadenopathy. She had false nails on and I couldn't tell if she was clubbed. Her chest was clear. Spirometry showed a mild obstructive deficit with an FEV1 1.97 (91%), FVC 2.92 (114%). A chest x-ray a few days ago appears largely unchanged.

She has a CT scan scheduled and I will see her back with the results of this in a couple of weeks. Hopefully there will be no evidence of malignancy and we can focus treatment on optimising her COPD management.

Yours sincerely

Dr Stephen Thomson

Consultant Respiratory Physician

Electronically Signed: Dr Stephen Thomson, Consultant

cc.

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

25/11/2015

Miss Margaret McGee
365 Kelso Street
Yoker
Glasgow
G13 4PG

Dear Miss McGee,

Re: GGH Hospital No: 1609632184 CHI: 1609632184

Your surgical date has been planned for Friday 8th of January 2015 at 8am. Please report to Ward 2A Orthopaedics, Floor 2 on this date.

As you will be in a theatre area, you will be required to remove your outer clothing and put on a hospital gown. Dressing gowns are provided but you may bring your own if you prefer. All valuables and jewellery, except wedding rings, should be left at home.

We would ask you to arrange for a friend or relative to take you home. It is advised that you travel home in a private car or a taxi, although not essential. ***You will not be able to drive yourself home.***

Please note: As you are having a general anaesthetic, it is important that you have nothing to eat from midnight before your admission (this includes chewing gum). You may sip water only (no other drinks) until 6.00am

Please bring with you any medications, in their original containers, which have been prescribed by your General Practitioner.

It is important that you confirm your attendance for ther appointment by contacting 0141 211 2938 within 72 hours of receipt of this letter. If you fail to confirm, your appointment will be offered to another patient.

Yours sincerely

Sarah Cheney
Medical Secretary to Mr Hussain/Mr Little

Orthopaedic Department
Western Infirmary
Dumbarton Road,
Glasgow
G11 6NT

NHS
Greater Glasgow and Clyde

20/11/2015

Miss Margaret McGee
365 Kelso Street
Yoker
Glasgow
Lanarkshire
G13 4PG

Dear Miss Margaret McGee,

Re: GGH Hospital No: 1609632184 CHI: 1609632184

I am pleased to offer you a date for **Mr Hussain's** Pre-Operative Assessment Clinic at Western Infirmary Hospital. The purpose of this visit is to assess your general medical fitness and to undertake some tests before you are admitted for surgery. This date may be cancelled at short notice to allow for any emergency procedures.

Please attend on **Tuesday 1st of December 2015 at 10am**.

On arrival please report to the Orthopaedic out-patient reception on level 2 which is situated in the Phase 1 building. You will then be directed to the assessment clinic in Area D. You can expect to be in the clinic for approximately 4 hours.

Your surgery has been provisionally planned for 8am on **Monday 21st of December 2015** at Gartnavel general, this date will be confirmed on your attendance at the Pre-Operative Assessment Clinic.

If you are taking Hormone Replacement Therapy or the Oral Contraceptive Pill, could you please contact pre-op on 0141 211 6376.

It is important that you confirm your attendance for these appointments by contacting myself on 0141 211 2938 within 72 hours of receipt of this letter. If you fail to confirm, your appointment will be offered to another patient.
(If your are not able to speak to the secretary please leave a message on the answer machine)

Please ensure that you bring a list of all your current medication.

Yours sincerely,

Sarah Cheney
Secretary to Mr Hussain/Mr Little

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 211 0040
Enquiries to: Karen.mcmonagle@ggc.scot.nhs.uk

Dr. AH Morgan
Dr M Duffy & Dr A Morgan
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 06/07/2015
Reference: RV/AS
Dictated Date: 08/07/2015
Transcribed Date: 15/07/2015

Dear Dr. AH Morgan,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Urology; Clinic - GGMPUR2-UROL MR MA PALMER CONT RET MON PM
Date and Time of Appointment - 06/07/2015 14:30

Follow Up: Clinic Review 3 Months

Clinical Comments:

DIAGNOSIS: Incontinence twice a week, urodynamics normal

This lady did not have any pelvic floor exercises taught to her as she was waiting for urodynamics. There has been no change in her symptoms and her urodynamics showed no evidence of stress leak despite several provocative measures including coughing, sneezing and jumping. She also had a stable bladder filling with normal capacity of 400 mls. The only abnormality was of a slightly obstructed flow, but a normal residual.

I explained that we cannot confirm the diagnosis here, but as she is only incontinent twice a week it's difficult to re-create the scenario. I shall copy this letter again to the pelvic floor physiotherapists as I still think this would be beneficial as stress would be the more likely of the two going by her obstetric history. I've also written a handwritten note and would be grateful if you could change her Tolterodine to Solifenacin 10 mg once daily and see if this is of any benefit.

I have arranged to see her again back at Mr Palmer's clinic in 3 months.

Yours sincerely,

Ross Vint

ST6 in Urology

Electronically Signed: Dr Ross Vint, Doctor

cc. Kate Lough
Senior Physiotherapist
Rehabilitation
Western Infirmary

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 211 0040
Enquiries to: Karen.McMonagle@ggc.scot.nhs.uk
Letter Date: 02/03/2015
Reference: MP/NM
Dictated Date: 02/03/2015
Transcribed Date: 13/03/2015

Dr. AH Morgan
Drs Duffy morgan & mcgonagle
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr. AH Morgan,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Urology; Clinic - GGMPUR2-UROL MR MA PALMER CONT RET MON PM
Date and Time of Appointment - 02/03/2015 15:00

Clinical Comments:

This 51 year old patient was referred by her previous GP regarding quite a long history of urinary incontinence. She has had 8 previous pregnancies and since the most recent one she feels that she has had increasing problems with stress incontinence. She leaks every day with typical stress type symptoms. She has a degree of urge incontinence but this did not seem to be the predominant problem when I spoke to her today. She does not complain of any urethralgia or haematuria. I gather she was started on some medication but she was very vague about what this was although clearly it may have been an antimuscarinic. She is not currently using pads but has been referred to the continence advisors regarding this. She drinks 4 cups of tea per day, the last one being at 6 pm in the evening. She has a past medical history of pulmonary disease which clearly does not help the stress leak and osteoporosis.

On examination today there were no abdominal findings of note. On vaginal examination her urethra was quite well supported despite her multiple previous pregnancies and there was no leak in the supine position. She had voided not long before the examination however. There were no masses to feel. Urinalysis was negative and a post void residual of 0.

Mrs McGee has not had any exposure to pelvic floor physiotherapy so I have referred her to the department at the Western Infirmary. She clearly needs a urodynamic evaluation to try and pin down the underlying cause for the leakage and I have arranged this. I will review her with the results in due course.

Yours sincerely

Michael Palmer

Consultant Urologist

Electronically Signed: Mr Michael Palmer, Consultant

cc.

Acute Services Division

NHS
Greater Glasgow and Clyde

Western Infirmary
Fracture Liaison Service
Consultant: Dr Chris Sainsbury
Osteoporosis Nurse Specialists: Mayrine Fraser & Fiona Cameron
Appointments: 0141-211-2135

Ref: MF/MF/1609632184
25-Feb-2014

Dr. MAY ROUSHDY-GEMIE
YOKERMILL MEDICAL CENTRE
6 YOKERMILL ROAD
GLASGOW
G13 4PU

Mr B Rana
Consultant Orthopaedic Surgeon
Dept of Orthopaedic Surgery
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dear Mr Rana,

Margaret McGee, DOB: 16-Sep-1963
365 Kelso Street
Glasgow
G13 4PG

Your patient underwent DXA scanning with osteoporosis & fracture risk assessment on 25-Feb-2014, following recent presentation to the Western Infirmary with a fracture.

Scan Date: 25-Feb-2014			
Spine			
L2-L4	BMD: 0.963	TScore: -0.763	ZScore: -0.035
Scan Conclusions:			
Normal BMD			
Left Hip			
Neck of femur	BMD: 0.572	TScore: -2.496	ZScore: -1.766
Total hip	BMD: 0.733	TScore: -1.714	ZScore: -1.255
Scan Conclusions:			
Borderline osteoporosis			

Osteoporosis Risk Factors
Past hx of fragility fracture(s)
History in past 5 years of smoking >= 10 cigarettes/day
Family history of osteoporosis

Falls and Fracture Risk Factors
History of previous fracture (>50yr)
History in past 5 years of smoking >= 10 cigarettes/day
BMD T score < -2.5

Fracture History
Right Hand / foot (Aged 50)

Treatment Recommendations
No treatment required

Lifestyle Recommendations
Advise to stop smoking
Weight bearing exercise is recommended

Follow Up:
DXA scanning should be repeated in 5 years. Please re-refer via DADS at that point unless, at that time, you feel follow-up would be inappropriate

Vertebral fracture assessment performed: TV4 to LV4 visualised – therein no vertebral fractures were seen. BMD 25% below average for her age at her femoral neck. Fracture risk at current age & BMD level is insufficient to necessitate treatment. A further DXA is recommended in 5 years time.

Yours sincerely,

Sr Mayrine Fraser
Osteoporosis Specialist Nurse

Dr Chris Sainsbury
Consultant Endocrinologist

Department of Orthopaedic Surgery
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Secretary Tel: 0141 211 6360
Secretary Fax 0141 211 2466

Our Ref: BR/JK
Dictated: 03/01/2014
Typed: 03/01/2014

MR RANA'S NEW FRACTURE CLINIC - 03/01/2014

Dr. Roushdy-Gemie
Dr Dickson And Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Dear Dr Roushdy-Gemie

Miss Margaret McGee ~ Hospital Number: 1609632184
CHI: 1609632184, Add: 365 Kelso Street Glasgow Lanarkshire G13 4PG

This 50 year old sustained an inversion injury to her right foot and has fracture the 5th metatarsal which is in a satisfactory position. The plan is to treat this in a moon boot for 4 weeks, review in my clinic in 6 weeks, x-ray on arrival.

Yours sincerely

Mr B Rana FRCS Orth
Consultant Orthopaedic Surgeon

Outlook

Pt Booking

From Theresa McGinley (NHS Greater Glasgow and Clyde) <Theresa.McGinley@nhs.scot>
Date Tue 13/01/2026 10:34
To Jaie Andrew (NHS Greater Glasgow and Clyde) <Jaie.Andrew@nhs.scot>
Cc Pauline Mathieson (NHS Greater Glasgow and Clyde) <Pauline.Mathieson2@nhs.scot>

Hi
Patient has called to say she cannot attend her Appointment as she is moving house.
CHI NO 1609632184 MARGARET MCGEE.
SR RHEUM EARLY RA.
NURSE SIOBHAN KERINS.
20/01/2026 14.00 @ GARTNAVEL.
Could Patient be rebooked....
Kind Regards

Tried to call patient – no answer
New appt sent
text sent to update address when moved. 13/1/26
JAIE

Theresa McGinley
RMC Clerical Officer
Digital Services
NHS Greater Glasgow & Clyde

QEUH Govan Road
Glasgow G51 4TF
E-Mail: Theresa.McGinley@nhs.scot
Telephone: 0141 452 3504

Digital SERVICES

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100

Date of Completion: 19/05/2014

Email Enquiries to: trish.shanks@gcc.scot.nhs.uk
Contact Tel Details: 01412327512

Dictated: 14/05/2014
Transcribed: 14/05/2014

Dear Dr. M Roushdy-Gemie,

Patient

Name:	McGee Margaret
CHI:	1609632184
DOB:	16/09/1963
Address:	365 Kelso Street
	Glasgow
	G13 4PG

Admission

Admitted:	14/05/2014 07:45
Discharged:	14/05/2014 19:00
Admission Type:	In Patient
Discharge to:	Private Residence - living with relatives or friends
Consultant:	Miss Nashreen Oozeer
Specialty:	Ear, Nose & Throat (ENT)

Reason for Admission: Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Clinical Comments:

Admission:
14/05/14

Discharge:
14/05/14

Procedure:

Panendoscopy, microlaryngoscopy, biopsy of both vocal cords 14/05/14

Your patient is a smoker who present with hoarseness to the ENT department. She was found to have bilateral vocal cord leukoplakia on flexible laryngoscopy.
On panendoscopy there were no other abnormalities visualised. She had a biopsy taken from the right and left mid cord leukoplakia. All being well Mrs McGee will be discharged home today. She will be follow up in 3 - 4 weeks in the outpatients clinic for her pathology results. She has been advised to stop smoking.

Yours sincerely,

Miss Nashreen Oozeer

Locum ENT Consultant

Electronically Signed: Miss Nashreen Oozeer, Consultant

cc.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

MALACHY DUFFYDr M Duffy & Dr A Morgan,Drumchapel Health Centre,80/90 Kinfauns Drive, Glasgow, G15 7TS

Main Switchboard:
Date of Completion: 07-Mar-2022

Dear MALACHY DUFFY,

Name	CHI	DoB	Address
Margaret McGee	**1609632184**	**16-Sep-1963**	**10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY**

Admitted	Type	Discharged	Destination
07-Mar-2022 09:11	DC	07-Mar-2022	

Specialty	Consultant	Ward	Telephone
Ear, Nose & Throat (ENT)	Hilmi	GGH Ward 4A - GS/Urology	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
Panendoscopy 07/03/2022

Last Discharge Review: Beatrice Milligan (Beatrice Milligan - FY1 Aug 21) on 07 Mar 2022 14:12

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Azithromycin 250mg tablets	oral	TAKE ONE DAILY,				Y	
Carbocisteine 375mg capsules	oral	two twice daily after a month					
Colecalciferol 800unit capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	
Mirtazapine 30mg tablets	oral	ONE TO BE TAKEN AT NIGHT,				Y	
Omeprazole 20mg gastro-resistant capsules	oral	ONE TO BE TAKEN EACH DAY,				Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required , Fixed Period 1 Week(s) from 07 Mar 2022	Yes				Added
Salbutamol 100 micrograms/ puff Cfc-free inhaler	inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY,				Y	
Solifenacin 10mg tablets	oral	ONE TO BE TAKEN EACH DAY,				Y	
Tiotropium brom 2.5microg/ Olodaterol 2.5microg/dose soln	inhalation	2 PUFFS DAILY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This 58 year old lady was admitted to GGH on 07/03/2022. Procedure: Panendoscopy Consultant: Mr O Hilmi There were no post-procedure complications and Miss McGee is fit for discharge. Many thanks for your continuing care. Kind regards, Ward 4A GGH
Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Beatrice MILLIGAN

Prescription Review
Checked by: Lynn WILSON (**GSNU - WIG, Nurse, L10 East, General Surgery)
Discharged by: Lynn WILSON (**GSNU - WIG, Nurse, L10 East, General Surgery)

McGee Margaret CHI: 1609632184

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Date of Completion: 11/01/2016

Dr. AH Morgan
Dr M Duffy & Dr A Morgan
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr AH Morgan,

Name	CHI	DoB	Address
Margaret McGee	1609632184	16/09/1963	365 KELSO STREET Glasgow G13 4PG

Admitted	Type	Discharged	Destination
11/01/2016 08:10	In Patient	11/01/2016	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Mr Nasir Hussain	GGH Ward 2A - Orthopaedics	0141 211 3172

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
Magaret McGee attended the GGH on 11/01/15 for left carpal tunnel decompression and removal of foreign body from left forearm.
There were no complications.
She is to be discharged home today with analgesia and follow-up in 10 days time.
Many Thanks
FY1

Treatments: None recorded.

Follow-up arranged: OP followup in 10 days

Planned Outpatient Investigations: none

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Dihydrocodeine Tartrate Tablets	Oral	30	mg	FOUR Times a Day	No duration defined	
Paracetamol Tablets	Oral	0	mg	No Frequency Defined	No duration defined	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Naomi Kelly
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Emma Dougan,

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Main Switchboard:	0141 211 3000
Department:	Respiratory
Contact Tel:	0141 451 6088
Enquiries to:	Respiratory Secretaries
Letter Date:	15/10/2025
Reference:	CC/AS
Dictated Date:	09/10/2025
Transcribed Date:	10/10/2025

Dear Ms McGee,

Diagnosis:

1. COPD
2. Current smoker

Nice to talk to you again at telephone appointment today at my clinic.

I am sorry that your condition continues to present the frustrations, symptoms and restrictions that it does. You are on appropriate background treatment for your COPD. The only interventions that I have that would help would be assisting you further with smoking cessation, and doing pulmonary rehabilitation. You have got plans to try tablets for smoking cessation as they are available to you. You find hospital visits and group sessions challenging and when you attend pulmonary rehab before you didn't think this would be manageable or helpful to you. You felt the same when we talked through it, including the potential benefits today. I am sorry that there isn't anything else that we can do at present.

We don't need to monitor anything regularly through the respiratory clinic, but I can be updated if here were future developments.

Best wishes,

Yours sincerely

Professor Chris Carlin

Consultant Physician

Sleep, Breathing Support & Respiratory Medicine

Electronically Signed: Dr Anna Taylor, Doctor

cc. GP

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Rheumatology
Contact Tel: 0141 211 3126
Enquiries to: kathleen.cowan@nhs.scot
Letter Date: 11/03/2025
Reference: ST/AW
Dictated Date: 05/03/2025
Transcribed Date: 11/03/2025

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Dear Margaret,

Please accept my apologies for the delay in getting this letter to you. I am not quite sure why I did not write a letter to you when the MRI scan was reported in January.

The reassuring thing about your MRI is that it does not actually show any significant damage to the lower part of your spine. There is some wear and tear there but it is not particularly significant. The wear and tear in your neck spine is more significant because of significant osteoarthritis in the spine. This has caused some of the nerves to be impinged on the way out and this may sometimes manifest as heaviness of the arm and having pins and needles in the hands. However, that probably would not quite explain why you have been feeling weak and heavy in your legs. X-ray of your pelvis also did not show any significant evidence of fractures or back arthritis. You do have a degree of mild osteoarthritis of the hips and while that may give you some heaviness, I would not think that that is the only reason.

I suspect the heaviness in the muscles and pain down your legs are probably because of the degenerating muscle strength and quality due to recurrent steroid use. Very regular steroid exposure can deteriorate the quality of the muscles and make them weaker than they should be, and if you have not been well for quite some time, meaning you could not do a lot of exercises like you used to be able to do, this will also affect the quality of the muscles resulting in pain.

Physiotherapy exercises could be helpful and trying to do a bit more exercises and walking on your good days may also help to some extent.

A recent MRI scan did not show any significant damage in the lower spine that requires surgery.

Thank you for your patience and I do apologise for the delay.

Yours sincerely

Dr Si Han Tan

Consultant Rheumatologist

Electronically Signed: Dr Si Han Tan, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Main Switchboard: 0141 211 3000
Department: Respiratory Medicine
Contact Tel: 0141-451-6088
Enquiries to: Respiratory Secretaries
Letter Date: 20/09/2023
Reference: EW/KM
Dictated Date: 07/09/2023
Transcribed Date: 07/09/2023

Dear McGee,

Diagnoses:

1. COPD - smoker 15cpd

Follow-up: 6-month telephone appointment

Thank you so much for speaking to me on the phone today as part of Dr Carlin's respiratory clinic. I was sorry to hear that you have been struggling with recurrent chest infections and are now getting them at least once every month. With these you report being more short of breath, a cough productive of yellow/green sputum and are using your salbutamol inhaler ~6 times per day. You saw your regular GP this morning and have been given a course of steroids. You use your inhalers with a spacer which is good, and we spoke about your azithromycin tablet that should be helping keep infections at bay.

I think the main driver of your chest infections will be your smoking and I discussed this with you today. While I appreciate it is very difficult to cut back, we agreed it is important to keep your lungs as healthy as they can be, especially coming into the winter months, and to let your antibiotics have the best effect. You are due to see the pulmonary rehabilitation team next week; I know your last appointment was cut short due to you having an active chest infection and it sounds like this appointment may be headed for the same. I discussed our digital COPD service and phone app as this may be a good option for you to help manage your COPD at home and have attached more information for this.

We will book you in for another telephone appointment in 6 months' time.

Kind Regards,

Dr Eve Walker

Clinical Fellow in Sleep and Breathing Support Medicine

Respiratory Department

QEUH/GGH

(Enclosed COPD)

Electronically Signed: Dr Eve Walker, Doctor

cc. Dr Gavin
Drs Gavin & Nimmo, Drumchapel Health Centre,
80/90 Kinfauns Drive,
Glasgow,
G15 7TS

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 AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

Letter to Patient: Patient

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Main Switchboard:	0141 211 3000
Department:	Pulmonary Rehabilitation
Contact Tel:	0141 211 3392
Enquiries to:	Hazel Cullen
Letter Date:	16/03/2023
Reference:	
Dictated Date:	16/03/2023
Transcribed Date:	

Dear Margaret McGee,

You may be aware that you're GP or Consultant has referred and recommended you to be assessed for a Pulmonary Rehabilitation Programme.

Pulmonary Rehabilitation is an 8 week exercise and education programme which has proven to have significant health benefits for patients with chronic lung disease.

You have the option of either attending a class based Pulmonary Rehabilitation Programme held within a local hospital or a home based Pulmonary Rehabilitation programme to undertake in your own home with remote supervision from the team.

We have included an information leaflet with this letter which provides you with more information to help you decide which option you would prefer.

If you would like to "opt in" to the programme we would ask you to contact us on 0141 211 3392 and leave a message on our voicemail to confirm which option you prefer.

Please leave your Name, CHI or date of birth and preferred option. Please note you will be automatically placed on our waiting list and will receive an appointment once available.

You may be offered an appointed at a hospital other than in your local area. This may be because the specialist is not available or we can offer you an earlier appointment at another site.

Please respond within two weeks of receiving this letter.

We look forward to hearing from you.

Yours sincerely

Pulmonary Rehabilitation

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Main Switchboard: 0141 211 3000
Department: Respiratory Medicine
Contact Tel: 0141-451-6088
Enquiries to: Respiratory Secretaries
Letter Date: 14/03/2023
Reference: AT/KM
Dictated Date: 10/03/2023
Transcribed Date: 10/03/2023

Dear Ms McGee,

Thank you for talking to me on the phone as part of Dr Carlin's respiratory clinic. I was sorry to hear about the recurrent infections you have been having. You mentioned you had started antibiotics and steroids again a few days ago following review with your GP. The last sputum sample you had given in to your GP surgery was in December. It may be worth dropping in another sample once these antibiotics have finished to make sure there is no residual bacteria that may need further treatment. Unfortunately, continuing to smoke will be increasing the risk of developing infections as well as reducing the effectiveness of the long-term antibiotic you have been taking (azithromycin). I appreciate you have been trying to cut down and understand that the issues not sleeping overnight have made this much harder. It was good to hear that the Trimbow inhaler that was started following your last clinic review has helped and you have been able to use it ok.

We chatted about the pulmonary rehabilitation team and how they can help with breathing control and building up your exercise tolerance, which can help improve the breathing overall. I have put a referral into them for you and they will send out an opt-in letter for you to respond to with your preference for a home exercise programme. I will also ask your GP to refer you back to the community dieticians after you had missed your appointment in January and not received any further follow up - I understand you had found their input helpful and encouraging.

We will review things again with you in the summer.

Kind regards,

Dr. Anna Taylor

Clinical Research Fellow in Respiratory Medicine

Electronically Signed: Dr Anna Taylor, Doctor

cc. Dr M Duffy
Drumchapel Health Centre,
80/90 Kinfauns Drive,
Glasgow,G15 7TS

NHS Greater Glasgow & Clyde
Endoscopy Department
2nd Floor
Victoria Inf ACH
0141 347 8078

NHS SCOTLAND

10 Wyvis Place
Glasgow
G13 4LY

Date: 12/01/2023

CHI number: 1609632184

Dear Margaret McGee

Your Invitation to a ScotCap Test (Scotland's Colon Capsule Endoscopy)

As you know, you have been referred by your doctor to the Gastrointestinal service at NHS Greater Glasgow and Clyde hospital for further tests.

The hospital doctor has reviewed your referral and decided that the most appropriate test for you would be the ScotCap test (colon capsule endoscopy).

We would like to offer you this test instead of a traditional colonoscopy. The ScotCap test is less uncomfortable than a colonoscopy and the test can also be done sooner, rather than waiting for a colonoscopy.

The enclosed leaflet has all the information about the ScotCap test and what you would have to do.

The ScotCap test results may show that you need further tests and treatments. However, your consultant will decide whether you need another test based on your results.

After reading the leaflet, **if you want to go ahead with the ScotCap test then please contact the team within the next 7 days and we can arrange your test**.

If you have any questions about the test please get in touch and we will be happy to help you.

If you decide not to go ahead with a ScotCap test, then please let us know. A traditional colonoscopy may be offered to you, but you might have to wait a much longer time for an appointment. This is due to the pressure the service is under as a result of COVID-19.

You can call our team on this number 0141 347 8078

I look forward to hearing from you.

Yours sincerely

Kate Somerville

Waiting List Co-ordinator

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Main Switchboard:	0141 211 3000
Department:	Respiratory Medicine
Contact Tel:	0141-451-6088
Enquiries to:	Respiratory Secretaries
Letter Date:	30/08/2022
Reference:	AT/KM
Dictated Date:	25/08/2022
Transcribed Date:	26/08/2022

Dear Margaret,

Thank you for talking to me on the phone for your respiratory appointment. I discussed your inhalers with Dr Carlin and he suggested switching you onto an inhaler called **Trimbow**. You take 2 puffs of it twice a day and it can be used with the spacer, which I would recommend that you do to ensure the medication is getting to the right place. I have asked your GP to prescribe this for you and it should be ready to collect in a few days. If you are having any issues with taking it, please make an appointment with the practice nurse to check your inhaler technique.

Kind regards,

Dr. Anna Taylor

Clinical Research Fellow in Respiratory Medicine

Electronically Signed: Dr Anna Taylor, Doctor

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Respiratory Medicine
Contact Tel: 0141-451-6088
Enquiries to: Respiratory Secretaries

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Letter Date: 30/08/2022
Reference: AT/KM
Dictated Date: 25/08/2022
Transcribed Date: 26/08/2022

Dear Margaret,

Thank you for talking to me on the phone for your respiratory appointment. I discussed your inhalers with Dr Carlin and he suggested switching you onto an inhaler called **Trimbow**. You take 2 puffs of it twice a day and it can be used with the spacer, which I would recommend that you do to ensure the medication is getting to the right place. I have asked your GP to prescribe this for you and it should be ready to collect in a few days. If you are having any issues with taking it, please make an appointment with the practice nurse to check your inhaler technique.

Kind regards,

Dr. Anna Taylor

Clinical Research Fellow in Respiratory Medicine

Electronically Signed: Dr Anna Taylor, Doctor

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
Main Switchboard: 0141 211 2000
Department: Orthopaedics
Contact Tel:
Enquiries to:

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Letter Date: 07/04/2022
Reference: KS/HM
Dictated Date: 24/03/2022
Transcribed Date: 06/04/2022

Dear Margaret,

I write to you with the results of the recent nerve conduction tests you had performed on your right and left arms.

These repeat nerve conduction studies do not show that there has been any progression to your right side, in fact, it remains static at a Grade 1, which is very mild. Therefore, currently orthopedically, we would not recommend any treatment for a Grade 1 and conservative measures would be the best.

If things do change, then please feel free to get in contact.

Kind regards.

Yours sincerely

Karen Shields

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Karen Shields, Physiotherapist

cc. Dr M Duffy
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 01414516088
Enquiries to: Respiratory Secretaries
Letter Date: 15/12/2021
Reference: CC/KM
Dictated Date: 27/11/2021
Transcribed Date: 29/11/2021

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Dear Mrs McGee,

Thank you for coming for the CT scan, the report has come back to me this week. The scan shows change to your lungs from your COPD. There weren't any other abnormalities and that is good news.

I would like to see you up in the clinic, and I have asked for you to get an appointment.

With the swallowing and throat symptoms that you have I have asked my colleagues in ENT clinic to look at things again as well.

Best Wishes,

Yours sincerely,

Dr Chris Carlin

Consultant Physician

Sleep, Breathing Support & Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc.

Dr M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow,G15 7TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Margaret McGee
365 KELSO STREET
YOKER
Glasgow
G13 4PG

Main Switchboard:	0141 201 1100
Department:	ENT
Contact Tel:	0141 451 5998
Enquiries to:	Trish.Shanks@ggc.scot.nhs.uk
Letter Date:	06/02/2019
Reference:	RC/BMCI
Dictated Date:	11/01/2019
Transcribed Date:	01/02/2019

Dear Mrs McGhee,

I now have the results of your recent ultrasound scan of the neck. I am pleased to say that this showed normal appearances of your submandibular and parotid glands which is in keeping with what I could feel in clinic. There are no other worrying features.

I hope you find this reassuring and we do not need to see you back in the ENT clinic.

Yours sincerely

Robin Crosbie
ST in ENT for Mr Houghton

Electronically Signed: Dr Robin Crosbie, Doctor

cc. Dr M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

Margaret McGee
365 Kelso Street
Glasgow
G13 4PG

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000

Department: ENT
Tel: 0141 232 7512
Enquiries to: Trish.Shanks@ggc.scot.nhs.uk

Letter Date: 06/06/2014
Reference: NO/SK
Dictated Date: 05/06/2014
Transcribed Date: 06/06/2014

Dear Mrs McGee,

I am happy to report that the biopsies taken from your voice box 2 weeks ago does not show any serious features which is very reassuring. We are due to see you in Mr Houghton's clinic shortly.

I would seriously advise discontinuing cigarette smoking.

Yours sincerely,

Miss Nashreen Oozeer
Locum ENT Consultant

Electronically Signed: Miss Nashreen Oozeer, Consultant

cc. 1. GP (Dr Dickson & Gemie, Yokermill Medical Centre, 6 Yokermill Road, Glasgow,Glasgow,G1 3 4PU)
NOTE
Biopsies from bilateral vocal cord leukoplakia have shown a simple keratosis.

Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and Medical Services Directorate

Western Infirmary
Fracture Liaison Service
Consultant: Dr Chris Sainsbury
Osteoporosis Nurse Specialists: Mayrine Fraser, Lisa Harper & Fiona Cameron
Appointments: 0141-211-2135

Ref: FC/FC/1609632184
06-Jan-2014

Dr. MAY ROUSHDY-GEMIE
YOKERMILL MEDICAL CENTRE
6 YOKERMILL ROAD
GLASGOW
G13 4PU

Dear Dr. ROUSHDY-GEMIE,

Margaret McGee, DOB: 16-Sep-1963
365 Kelso Street
Glasgow
G13 4PG

Your patient recently presented to the Western Infirmary with a new fracture.

The outcome at this stage is as circled below:

(A.) An appointment for full assessment by the FLS with DXA will be arranged.

B. He/she has been sent a letter offering an appointment for full assessment by the FLS.

C. Further assessment including DXA is not indicated – treatment as recommended.

D. He/she declined further assessment &/or treatment.

Osteoporosis Risk Factors
(None)

Falls and Fracture Risk Factors
(None)

Fracture History
Right Hand / foot (Aged 50)

Treatment Recommendations
(None)

Lifestyle Recommendations
(None)

Follow Up:
An appointment for full assessment by the FLS with DXA will be arranged.

Yours sincerely,

Sr Fiona Cameron
Osteoporosis Nurse Specialist

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	—	**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral Routine
Date of referral 06-May-2026 **Date sent** 06-May-2026

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

0-2
63 Sutcliffe Road
GLASGOW
G13 1AQ

Contact number(s)

Voice: 07584244118

1010398626740 | Unique Care Pathway Number: 1010398626740

REGISTERED GP DETAILS

Name	Dr Michael Gavin		
GMC code	7528387	GP code	01813
Practice name	Dr Gavin and Dr Nimmo (18842)		
Practice code	40722		

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. Andrew Nimmo		
GMC code	7406056	GP code	01864
Practice name	Drs Gavin & Nimmo (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: ? hernia.

Comment: Dear colleague,
This lady reports recurring sensation of something popping out in the right upper quadrant multiple times per week for the last year or two. She reports that there is a visible fist sized mass that disappears after a few seconds/minutes. It can be sore and tender to touch at times though she has never had any issues with obstructive symptoms. On examination she is of slim build but I could not palpate an obvious hernia or defect in her abdominal wall in this region. I wondered whether it might be worth imaging her abdominal wall given the strong history of possible hernia albeit in unusual location and with lack of concrete examination findings?
Many thanks

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
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol Cfc-free inhaler 100 micrograms/puff	200	1*200 DOSE	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	19-Aug-2025	20-Apr-2026
Acepiro Effervescent tablets 600 mg	30	30 tablet	ONE TO BE TAKEN EACH DAY	-	14-Aug-2025	

						24-Mar-2026
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	1*120 DOSE	TWO PUFFS TO BE USED TWICE DAILY (PATIENT PREFERS TO TRELEGY)	-	20-Feb-2025	20-Apr-2026
Mirtazapine Tablets 30 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2018	24-Mar-2026
Azithromycin Tablets 250 mg	28	28 TABLET	TAKE ONE DAILY	-	26-Feb-2018	24-Mar-2026
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	24-Mar-2026

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zopiclone Tablets 3.75 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Apr-2026	27-Apr-2026
Stexerol-D3 Tablets 1,000 units	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	20-Apr-2026	20-Apr-2026
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	20-Jan-2026	20-Jan-2026
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	20-Jan-2026	20-Jan-2026
Colecalciferol Capsules 800 units	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	24-Mar-2026

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Aug-2020	123	85
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
17-Dec-2024	-	39	-
06-Nov-2024	-	41.3	-
14-Oct-2024	-	41.7	-
30-Jul-2024	-	41.3	-
08-Mar-2022	-	42	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		30-Jul-2025
Heavy smoker - 20-39 cigs/day :		06-Mar-2023
Heavy smoker - 20-39 cigs/day :	step father died yesterday.not sleeping.has noticed a tender lump in left submandibular area -been present for >3 weeks,increasing in size and tender.no dental problems.increase in coug- TRUNCATED	11-Dec-2018
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015

GPPAQ physcl act ind: 17-Mar-2015
inactive:

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

Clinical letter - Others: Referral

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mr Omar Hilmi
Consultant ENT Specialist
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Main Switchboard:	0141 211 3000
Department:	Respiratory Medicine
Contact Tel:	0141-451-6088
Enquiries to:	Respiratory Secretaries
Letter Date:	02/04/2024
Reference:	CC/KM
Dictated Date:	07/03/2024
Transcribed Date:	20/03/2024

Dear Omar,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

You saw Ms McGee two years ago. Panendoscopy at that time was reassuring, with some irritative laryngitis only. She has continued to have a heavy burden of chest and upper airway symptoms.
More recently there has been a lot of fluctuating voice symptoms, and I hoped you might arrange further review to make sure there's nothing evolving?

Many Thanks

Yours sincerely,

Professor Chris Carlin

Consultant Physician in Sleep, Breathing Support & Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc. Drs Gavin & Nimmo,
Drumchapel Health Centre,
80/90 Kinfauns Drive,
Glasgow,
G15 7TS

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN		**Hospital** and **hospital address** Hospital location code. G516H Email address

Urgency of referral Urgent - Suspected Cancer
Date of referral 22-Dec-2022 **Date sent** 22-Dec-2022

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

10 Wyvis Place
GLASGOW
G13 4LY

Contact number(s)

Voice: 07584244118

1010283073060

Unique Care Pathway Number: 1010283073060

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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	Dr M Duffy & Dr A Morgan (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Altered bowel habit

Comment: I would appreciate your assessment of this 59 year old lady with constipation in the last 6-7 weeks. With marked weight loss and has lost approx. 7ibs in the last few weeks. With reduced appetite. QFIT was raised at 11.

Kind Regards
Dr Erin Sheikh
GP Locum

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
Cough (Moderate)	-	08-Dec-2022	08-Dec-2022
Altered bowel habit	-	08-Dec-2022	08-Dec-2022
Chest infection NOS	-	08-Dec-2022	08-Dec-2022
Tremor symptom	-	08-Dec-2022	08-Dec-2022
Other symptoms in sacro-iliac joint	R SACRO ILIAC INNERVATION ABLATION	27-Mar-2019	27-Mar-2019
Other wrist injuries	r scaphoid non union and L some oa	04-Aug-2018	04-Aug-2018
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	

			24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997
Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	240	240 DOSE	TWO PUFFS TO BE USED TWICE DAILY	-	26-Aug-2022	12-Dec-2022
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2018	12-Dec-2022
Azithromycin Tablets 250 mg	56	56 TABLET	TAKE ONE DAILY	-	26-Feb-2018	12-Dec-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	12-Dec-2022
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	

						12-Dec-2022
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-Mar-2015	12-Dec-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6DAYS	-	14-Dec-2022	14-Dec-2022
Nacsys Effervescent tablets 600 mg	56	56 TABLET	ONE TO BE TAKEN DAILY	-	14-Dec-2022	14-Dec-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	08-Dec-2022	08-Dec-2022
Nystatin Oral suspension 100,000 units/ml	30	30 ML	USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED	-	08-Dec-2022	08-Dec-2022
Prednisolone Soluble tablets 5 mg	80	80 tablet	EIGHT TABLETS FOR FIVE DAYS	-	08-Dec-2022	08-Dec-2022
Senna Tablets 7.5 mg	30	30 TABLET (S)	TAKE TWO TO FOUR TABLETS AT NIGHT	-	08-Dec-2022	08-Dec-2022
Volumatic Spacer device	1	1 device	TO BE USED AS DIRECTED	-	29-Aug-2022	30-Aug-2022
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	16-Aug-2022	16-Aug-2022
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS	-	16-Aug-2022	16-Aug-2022
Ensure Shake Oral Powder Sachets (Strawberry) 57 gram sachet	28	28 SACHET	ONE SACHET TO BE TAKEN DAILY	-	09-Aug-2022	09-Aug-2022
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS	-	03-Aug-2022	03-Aug-2022
Prednisolone E/c tablets 5 mg	40	40 tablet	EIGHT TABLETS ONCE A DAY IN THE MORNING FOR FIVE DAYS	-	03-Aug-2022	03-Aug-2022
Flucloxacillin Capsules 250 mg	40	40 capsule	2 CAPS THREE TIMES A DAY	-	19-Jul-2022	19-Jul-2022
Fucidin Cream 2 %	15	15 GRAM	APPLY THREE TIMES DAILY	-	19-Jul-2022	19-Jul-2022
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	19-Aug-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Aug-2020	123	85

09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
08-Mar-2022	-	42	-
20-Apr-2021	-	47	-
25-Jun-2018	-	39	-
12-Jun-2018	-	40	17.31
08-Dec-2017	-	40	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day :	step father died yesterday.not sleeping.has noticed a tender lump in left submandibular area -been present for >3 weeks,increasing in size and tender.no dental problems.increase in coug- TRUNCATED	11-Dec-2018
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Rheumatology GGC General Referral or Advice	—	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	—	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 09-Aug-2022 **Date sent** 09-Aug-2022

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

10 Wyvis Place
GLASGOW
G13 4LY

Contact number(s)

Voice: 07584244118

1010270869632

Unique Care Pathway Number: 1010270869632

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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	Dr M Duffy & Dr A Morgan (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Joint swelling

Comment: I would appreciate your advice for this patient who was referred by my colleague with joint swelling in both hands, pain and intermittent synovitis and reduced ROM and pain. This is gradually progressive over several years and worse in her R hand in which she is dominant in, her Rheumatoid factor and ANA were raised and in terms of further clinical information I have provided the above. Kind Regards, Dr Erin Sheikh, GP Locum, 7446700

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
Other symptoms in sacro-iliac joint	R SACRO ILIAC INNERVATION ABLATION	27-Mar-2019	27-Mar-2019
Other wrist injuries	r scaphoid non union and L some oa	04-Aug-2018	04-Aug-2018
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth.female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997
Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	

			01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2018	19-Jul-2022
Azithromycin Tablets 250 mg	56	56 TABLET	TAKE ONE DAILY	-	26-Feb-2018	19-Jul-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	19-Jul-2022
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	19-Jul-2022
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	19-Jul-2022
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-Mar-2015	05-Aug-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ensure Shake Oral Powder Sachets (Strawberry) 57 gram sachet	28	28 SACHET	ONE SACHET TO BE TAKEN DAILY	-	09-Aug-2022	09-Aug-2022
Amoxicillin Capsules 500 mg	21	21 capsule		-	03-Aug-2022	

			ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS			03-Aug-2022
Prednisolone E/c tablets 5 mg	40	40 tablet	EIGHT TABLETS ONCE A DAY IN THE MORNING FOR FIVE DAYS	-	03-Aug-2022	03-Aug-2022
Flucloxacillin Capsules 250 mg	40	40 capsule	2 CAPS THREE TIMES A DAY	-	19-Jul-2022	19-Jul-2022
Fucidin Cream 2 %	15	15 GRAM	APPLY THREE TIMES DAILY	-	19-Jul-2022	19-Jul-2022
Ralvo Medicated Plaster 700 mg	10	10 PLASTER	APPLY FOR 12 HOURS THEN REMOVE FOR 12 HOURS AND THEN REAPPKY ANOTHER	-	10-Jun-2022	10-Jun-2022
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	10-Jun-2022	10-Jun-2022
Promethazine Hydrochloride Tablets 25 mg	6	6 tablet	TAKE ONE TABLET 2 HOURS BEFORE BED	-	10-Jun-2022	10-Jun-2022
Cyanocobalamin Tablets 100 micrograms	28	28 tablet	1 DAILY FOR A MONTH - THEN RECHECK BLOODS	-	10-Mar-2022	10-Mar-2022
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS	-	08-Mar-2022	08-Mar-2022
Prednisolone E/c tablets 5 mg	40	40 tablet	EIGHT TABLETS ONCE A DAY IN THE MORNING FOR FIVE DAYS	-	08-Mar-2022	08-Mar-2022
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS	-	08-Mar-2022	08-Mar-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Aug-2020	123	85
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
08-Mar-2022	-	42	-
20-Apr-2021	-	47	-
25-Jun-2018	-	39	-
12-Jun-2018	-	40	17.31
08-Dec-2017	-	40	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day :	step father died yesterday.not sleeping.has noticed a tender lump in left submandibular area -been present for >3 weeks,increasing in size and tender.no dental problems.increase in coug- TRUNCATED	11-Dec-2018
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Stopped drinking alcohol:		

	17-Mar-2015
GPPAQ physcl act ind: inactive:	17-Mar-2015

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

Rheumatology
1053 Great Western Road
Glasgow
G12 0YN

04/08/2022

Dr M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr M Duffy

Patient Name: Margaret McGee
CHI Number: 1609632184
Referral Date: 03/08/2022

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

( ) Other

We have very long waiting list at present.

In order to triage appropriately, please furnish us with clinical findings.

We will then be able to triage accordingly, or give advice back to you.

An ANA of 1/80 is not relevant in this context. A borderline positive RF in absence of joint synovitis, significant EMS and or high inflammatory markers is not relevant.

Yours sincerely

Dr Sandeep Bawa

User ID Sandeep Bawa

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Rheumatology GGC General Referral or Advice	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address

Urgency of referral Routine
Date of referral 03-Aug-2022 **Date sent** 03-Aug-2022

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	

Patient's address

10 Wyvis Place
GLASGOW
G13 4LY

Contact number(s)

Voice: 07584244118

101027038070X | Unique Care Pathway Number: 101027038070X

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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. Aliki Traianou		
GMC code	7265194	GP code	99999
Practice name	Dr M Duffy & Dr A Morgan (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Joint swelling and pain

Comment: Dear colleague

I Would appreciate your review of this 58 year old lady who attended with ongoing pain and selling of hands bilaterally and her knee. SHe feels this is worse in the mornings. Xrays showed no obvious joint abnormality or degenerative change. Her RHF was positive and her ANA weakly positive. ESR/CRP were normal.

Best wishes

Aliki Traianou
GPST3

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
Other symptoms in sacro-iliac joint	R SACRO ILIAC INNERVATION ABLATION	27-Mar-2019	27-Mar-2019
Other wrist injuries	r scaphoid non union and L some oa	04-Aug-2018	04-Aug-2018
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	

			23-Mar-1997
Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2018	19-Jul-2022
Azithromycin Tablets 250 mg	56	56 TABLET	TAKE ONE DAILY	-	26-Feb-2018	19-Jul-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	19-Jul-2022
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	19-Jul-2022
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	19-Jul-2022
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-Mar-2015	19-Jul-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
	21	21 capsule		-	03-Aug-2022	

Amoxicillin Capsules 500 mg			ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS			03-Aug-2022
Prednisolone E/c tablets 5 mg	40	40 tablet	EIGHT TABLETS ONCE A DAY IN THE MORNING FOR FIVE DAYS	-	03-Aug-2022	03-Aug-2022
Flucloxacillin Capsules 250 mg	40	40 capsule	2 CAPS THREE TIMES A DAY	-	19-Jul-2022	19-Jul-2022
Fucidin Cream 2 %	15	15 GRAM	APPLY THREE TIMES DAILY	-	19-Jul-2022	19-Jul-2022
Ralvo Medicated Plaster 700 mg	10	10 PLASTER	APPLY FOR 12 HOURS THEN REMOVE FOR 12 HOURS AND THEN REAPPKY ANOTHER	-	10-Jun-2022	10-Jun-2022
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	10-Jun-2022	10-Jun-2022
Promethazine Hydrochloride Tablets 25 mg	6	6 tablet	TAKE ONE TABLET 2 HOURS BEFORE BED	-	10-Jun-2022	10-Jun-2022
Cyanocobalamin Tablets 100 micrograms	28	28 tablet	1 DAILY FOR A MONTH - THEN RECHECK BLOODS	-	10-Mar-2022	10-Mar-2022
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS	-	08-Mar-2022	08-Mar-2022
Prednisolone E/c tablets 5 mg	40	40 tablet	EIGHT TABLETS ONCE A DAY IN THE MORNING FOR FIVE DAYS	-	08-Mar-2022	08-Mar-2022
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY FOR 7 DAYS	-	08-Mar-2022	08-Mar-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Aug-2020	123	85
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
08-Mar-2022	-	42	-
20-Apr-2021	-	47	-
25-Jun-2018	-	39	-
12-Jun-2018	-	40	17.31
08-Dec-2017	-	40	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day :	step father died yesterday.not sleeping.has noticed a tender lump in left submandibular area -been present for >3 weeks,increasing in size and tender.no dental problems.increase in coug- TRUNCATED	11-Dec-2018
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

McGee Margaret. CHI: 1609632184

Referral letter: Rec 23/12

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr Omar Hilmi
Consultant ENT Specialist
Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Main Switchboard:	0141 211 3000
Department:	Respiratory
Contact Tel:	01414516088
Enquiries to:	keira.mclellan@ggc.scot.nhs.uk
Letter Date:	15/12/2021
Reference:	CC/KM
Dictated Date:	27/11/2021
Transcribed Date:	29/11/2021

Dear Omar,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I wonder if you or a colleague might see Mrs McGee in the ENT clinic. She has severe COPD. I spoke to her recently on telephone appointment. I will be considering her for respiratory support and other advanced therapies for her COPD- I have asked for her to get a face to face appointment in the coming weeks.

There is high dysphagia, with a need for her to modify her eating habit. There can be some throat discomfort with that. These symptoms seem to have been present for some time and don't seem to be progressive but I thought we should re-evaluate.

Updated CT Neck & thorax shows emphysema, but no other abnormality.

She had a EUA in 2014, which showed bilateral leukoplakia.

Many thanks.

Yours sincerely,

Dr Chris Carlin

Consultant Physician

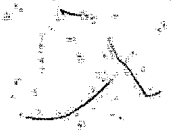
Sleep, Breathing Support & Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc

Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive

Glasgow,G15 7TS



Referral letter: Referral

QE04

03 DEC 2021

NHS
Greater Glasgow and Clyde
West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
Main Switchboard: 0141 211 2000
Department: Orthopaedics
Contact Tel:
Enquiries to:

Neurophysiology Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Letter Date: 01/12/2021
Reference: KS/AG
Dictated Date: 19/11/2021
Transcribed Date: 01/12/2021

Dear Colleague,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I would appreciate your assessment of Margaret who is plagued with symptoms in her right hand and wrist. I suspect she has a right carpal tunnel and I would welcome your assessment to confirm or refute this. I have included my clinic letter for your information.

Kind regards.

Yours sincerely

Karen Shields

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Karen Shields, Physiotherapist

cc. Enc clinic letter 19/11/21

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	19/11/2021
Reference:	KS/AG
Dictated Date:	19/11/2021
Transcribed Date:	01/12/2021

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

Attendance: Specialty - Orthopaedics ; Clinic - SGKSOR9-K.SHEILDS ESP UPPER LIMB FRI AM
Date and Time of Appointment - 19/11/2021 09:00

Clinical Comments:
Diagnosis: Possible right sided carpal tunnel

Outcome: EMG studies

This 58 year old right hand dominant lady was referred to orthopaedics with a suspicion of a right sided carpal tunnel she has previously underwent a left sided carpal tunnel decompression in 2016, with relatively good results. In 2018 she had EMG studies performed demonstrating grade 1 right sided carpal tunnel and things were treated expectantly. She feels overall things have not improved and now continually she is plagued with symptoms including nocturnally awakening. She does not work and does not really adventure out very often. She suffers from COPD.

On examination she has a non-tender neck and a good range of cervical spine motion. She has good movement in her shoulders, elbows and a good range of motion in her wrist. She is slightly tender around both her CMC joints and has no obvious wasting or deformity. She appears to have good power throughout her thumb. She has a positive Phalen's and Tinel's and pin prick sensation did appear altered in her right hand today.

This lady does have some signs of a right sided carpal tunnel and I will arrange EMG studies to be carried out and be in contact once I have the results to hand. In the interim she has an oedema glove and a splint for night time use.

Yours sincerely

Karen Shields

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Karen Shields, Physiotherapist

cc.

Referral letter:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 01414516088
Enquiries to: keira.mclellan@ggc.scot.nhs.uk
Letter Date: 15/12/2021
Reference: CC/KM
Dictated Date: 27/11/2021
Transcribed Date: 29/11/2021

:Dr Omar Hilmi:
Consultant ENT Specialist:
Glasgow Royal Infirmary:
84 Castle Street:
Glasgow G4 0SF:

Dear Omar,,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I wonder if you or a colleague might see Mrs McGee in the ENT clinic. She has severe COPD. I spoke to her recently on telephone appointment. I will be considering her for respiratory support and other advanced therapies for her COPD- I have asked for her to get a face to face appointment in the coming weeks.

There is high dysphagia, with a need for her to modify her eating habit. There can be some throat discomfort with that. These symptoms seem to have been present for some time and don't seem to be progressive but I thought we should re-evaluate.

Updated CT Neck & thorax shows emphysema, but no other abnormality.

She had a EUA in 2014, which showed bilateral leukoplakia.

Many thanks.

Yours sincerely,

Dr Chris Carlin

Consultant Physician

Sleep, Breathing Support & Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc.
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive

Glasgow,G15 7TS

Referral letter: Referral

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
Main Switchboard: 0141 211 2000
Department: Orthopaedics
Contact Tel:
Enquiries to:

Neurophysiology Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Letter Date: 01/12/2021
Reference: KS/AG
Dictated Date: 19/11/2021
Transcribed Date: 01/12/2021

Dear Colleague,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I would appreciate your assessment of Margaret who is plagued with symptoms in her right hand and wrist. I suspect she has a right carpal tunnel and I would welcome your assessment to confirm or refute this. I have included my clinic letter for your information.

Kind regards.

Yours sincerely

Karen Shields

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Karen Shields, Physiotherapist

cc. Enc clinic letter 19/11/21

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Wrist & Hand GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	—	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 11-Feb-2021 **Date sent** 11-Feb-2021

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	

Patient's address

10 Wyvis Place
GLASGOW
G13 4LY

Contact number(s)

Voice: 07584244118

101022624309Q Unique Care Pathway Number: 101022624309Q

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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. Anne Morgan		
GMC code	2943024	GP code	06041
Practice name	Dr M Duffy & Dr A Morgan (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Worsening carpal tunnel syndrome

Comment: I would appreciate a review for this 57 year old lady who has long standing carpal tunnel syndrome with previous surgery on her left wrist for the same. She has worsening symptoms in the last few months (R) hand dominant with sharp shooting pain in a median nerve disturbution, parasthesia which is now impacting her sleep and also her ADLs e.g. washing and dressing. She is very keen to consider surgical options again and in interim I have also referred her for wrist splints (despite these being ineffective)
Kind Regard
Dr Erin Sheikh
GPST3

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
Other symptoms in sacro-iliac joint	R SACRO ILIAC INNERVATION ABLATION	27-Mar-2019	27-Mar-2019
Other wrist injuries	r scaphoid non union and L some oa	04-Aug-2018	04-Aug-2018
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
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Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997

Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duaklir Genuair Dry Powder Inhaler 340 micrograms + 12 micrograms/dose	120	120 DOSE	ONE DOSE TO BE INHALED TWICE A DAY	-	27-Jun-2018	18-Jan-2021
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2018	18-Jan-2021
Azithromycin Tablets 250 mg	56	56 TABLET	TAKE ONE DAILY	-	26-Feb-2018	18-Jan-2021
Carbocisteine Capsules 375 mg	112	112 capsule	TWO TWICE DAILY AFTER A MONTH	-	26-Feb-2018	18-Jan-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	18-Jan-2021
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	18-Jan-2021
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	18-Jan-2021
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-Mar-2015	18-Jan-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Nortriptyline Capsules 10 mg	50	50 capsule	ONE CAPSULE AT NIGHT - DOSE CAN BE UPTITRATED AS NEEDED AFTER 1-2 WEEKS	-	08-Feb-2021	08-Feb-2021
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	20-Nov-2020	20-Nov-2020
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS	-	20-Nov-2020	20-Nov-2020
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TABLET TO BE TAKEN THREE TIMES DAILY FOR 7 DAYS FOR CHEST INFECTION	-	27-Oct-2020	27-Oct-2020
Prednisolone Tablets 5 mg	40	40 TABLET	TAKE EIGHT TABLETS IN THE MORNING FOR 5 DAYS	-	27-Oct-2020	27-Oct-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Aug-2020	123	85
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
25-Jun-2018	-	39	-
12-Jun-2018	-	40	17.31
08-Dec-2017	-	40	-
11-Apr-2017	-	40.5	-
22-Jul-2016	152	41	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day :	step father died yesterday.not sleeping.has noticed a tender lump in left submandibular area -been present for >3 weeks,increasing in size and tender.no dental problems.increase in coug- TRUNCATED	11-Dec-2018
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

Respiratory Medicine GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 07-Jan-2020 **Date sent** 07-Jan-2020

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 Kelso Street
GLASGOW
G13 4PG

Contact number(s)

Voice: 07584244118

1010203707951

Unique Care Pathway Number: 1010203707951

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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 Rebecca Cunningham		
GMC code	7485632	GP code	-
Practice name	-		
Practice code	40722		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: COPD - frequent infective exacerbations

Comment: Dear Respiratory Team,

We'd be grateful if you could review this 56 year old lady previously known to Dr Thomson and discharged in April 2018.

Unfortunately she continues to have frequent infective exacerbations despite azithromycin 250mg od prophylaxis and reported compliance with inhalers (currenlty on duaklir 1puff BD, salbutamol PRN and carbocisteine 750mg BD). She has had 4 exacerbations in the past year requiring antibiotics and steroids. She also continues to be limited by breathlessness.

We'd be grateful for your input re further management

Kind regards

Dr Rebecca Cunningham
GPST1

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
Other symptoms in sacro-iliac joint	R SACRO ILIAC INNERVATION ABLATION	27-Mar-2019	27-Mar-2019
Other wrist injuries	r scaphoid non union and L some oa	04-Aug-2018	04-Aug-2018
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999

Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997
Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duaklir Genuair Dry Powder Inhaler 340 micrograms + 12 micrograms/dose	120	120 DOSE	ONE DOSE TO BE INHALED TWICE A DAY	-	27-Jun-2018	06-Jan-2020
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2018	06-Jan-2020
Ensure Plus Liquid Feed (Vanilla) Milkshake Style	5600	28*200 ML	ONE TO BE TAKEN IN BETWEEN MEALS FOR 3 MONTHS THEN REVIIEW JAN 19	-	12-Mar-2018	06-Jan-2020
Ensure Plus Liquid feed (banana) Milkshake Style	5600	28*200 ML	ONE TO BE TAKEN TWICE DAILY IN BETWEEN MEALS FOR 3 MONTHS THEN REVIEW JAN 19	-	12-Mar-2018	06-Jan-2020
Azithromycin Tablets 250 mg	56	56 TABLET	TAKE ONE DAILY	-	26-Feb-2018	06-Jan-2020

Carbocisteine Capsules 375 mg	112	112 capsule	TWO TWICE DAILY AFTER A MONTH	-	26-Feb-2018	06-Jan-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	29-Oct-2019
Naproxen Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Jul-2015	29-Oct-2019
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	06-Jan-2020
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	29-Oct-2019
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-Mar-2015	29-Oct-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone E/c tablets 5 mg	40	40 tablet	EIGHT TABLETS DAILY FOR 5 DAYS	-	06-Jan-2020	06-Jan-2020
Doxycycline Hyclate Capsules 100 mg	6	6 capsule	TWO TABLETS DAILY ON DAY ONE THEN ONE TABLET DAILY FOR 4 DAYS (5 DAYS TOTAL)	-	06-Jan-2020	06-Jan-2020
Diclofenac Diethylammonium Gel 1.16 %	100	100 gram	Apply 3 times daily	-	06-Jan-2020	06-Jan-2020
Prednisolone E/c tablets 5 mg	40	40 tablet	8 TAB DAILY	-	15-Oct-2019	15-Oct-2019
Doxycycline Hyclate Capsules 100 mg	6	6 capsule	2 TO BE TAKEN FOR FIRST DAY THEN 1 TABLET DAILY FOR 4 DAYS	-	15-Oct-2019	15-Oct-2019
Amitriptyline Hydrochloride Tablets 25 mg	84	84 tablet	TAKE ONE TABLET INCREASING TO THREE TABLETS OVER THREE WEEKS IF REQUIRED	-	17-Jul-2019	21-Aug-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
25-Jun-2018	-	39	-
12-Jun-2018	-	40	17.31
08-Dec-2017	-	40	-
11-Apr-2017	-	40.5	-
22-Jul-2016	152	41	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day :	step father died yesterday.not sleeping.has noticed a tender lump in left submandibular area -been present for >3 weeks,increasing in size and tender.no dental problems.increase in coug- TRUNCATED	11-Dec-2018
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :		17-Mar-2015

COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED

Cigarette smoker:	17-Mar-2015
Stopped drinking alcohol:	17-Mar-2015
GPPAQ physcl act ind: inactive:	17-Mar-2015

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Referral letter:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Spinal Surgeons
Orthopaedic Department
West Glasgow ACH
Dalnair Street
Yorkhill
G3 8SJ

Main Switchboard: 0141 211 2000
Department: Trauma & Orthopaedics
Contact Tel: 0141 201 0755
Enquiries to:

Letter Date: 18/06/2019
Reference: CH/KH
Dictated Date: 31/05/2019
Transcribed Date: 13/06/2019

Dear To whom it may concern,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, G13 4PG

Mr MacDonald would be very grateful for your advice, or indeed outpatient review of this 55 year old lady, who has a background of COPD, asthma and chronic pain problems. She initially attended with bilateral wrist pain and numbness affecting the median nerve distribution. She underwent decompression of her left carpal tunnel back in 2016. Unfortunately, she remains troubled with pain in both wrists and does not feel a great difference in her symptoms post-decompression. She is also complaining of ongoing neck pain and pain affecting her right shoulder, extending down her arm.

She has also had nerve conduction studies, which only show mild grade I carpal tunnel on her right side and no evidence of cubital tunnel syndrome in either arm.

As such, with regards to her symptoms, we arranged a cervical spine MRI, which was undertaken in December last year. This shows spondylotic changes with indentation of the thecal sac, narrowing of the subarachnoid space and indentation of the exiting nerve roots at the levels of C3/4 to C5/6.

We would therefore, be grateful for your advice, or indeed your review of this lady with a view to her ongoing management of the aforementioned problems in her neck. If you require any further information we would be happy to provide you with this.

Yours sincerely,

Dr Chris Hamilton

Orthopaedics

Electronically Signed: ,

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

Ear, Nose & Throat (ENT) GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral Urgent - Suspected Cancer new lump below left jaw
Date of referral 11-Dec-2018 **Date sent** 11-Dec-2018

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 Kelso Street
GLASGOW
G13 4PG

Contact number(s)

Voice: 07584244118

101017603658D Unique Care Pathway Number: 101017603658D

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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. Anne Morgan		
GMC code	2943024	GP code	06041
Practice name	Dr M Duffy & Dr A Morgan (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: lump in submandibualr area on left side.

Comment: This 55 year old noticed a lump below her left jaw about 4 weeks ago.
It is tender to touch and she feels it is increasing in size.
She has not had any dental problems but had a sore throat a f ew weeks ago.
She is a heavy smoker and she thinks her late mother had throat cancer.
On examination there is a tender mass below the left jaw ,about 2 cm in diamenter. it is tender to touch and mobile.
Her mouth and teeth looked normal.
I would be grateful for your opinion regarding further management.

Regards
Dr L Russell(GP locum)

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
Other wrist injuries	r scaphoid non union and L some oa	04-Aug-2018	04-Aug-2018
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997

Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duaklir Genuair Dry Powder Inhaler 340 micrograms + 12 micrograms/dose	120	120 DOSE	ONE DOSE TO BE INHALED TWICE A DAY	-	27-Jun-2018	16-Nov-2018
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2018	16-Nov-2018
Ensure Plus Liquid Feed (Vanilla) Milkshake Style	5600	28*200 ML	ONE TO BE TAKEN IN BETWEEN MEALS FOR 3 MONTHS THEN REVIIEW JAN 19	-	12-Mar-2018	16-Nov-2018
Ensure Plus Liquid feed (banana) Milkshake Style	5600	28*200 ML	ONE TO BE TAKEN TWICE DAILY IN BETWEEN MEALS FOR 3 MONTHS THEN REVIEW JAN 19	-	12-Mar-2018	16-Nov-2018
Azithromycin Tablets 250 mg	56	56 TABLET	TAKE ONE DAILY	-	26-Feb-2018	16-Nov-2018
Carbocisteine Capsules 375 mg	112	112 capsule	TWO TWICE DAILY AFTER A MONTH	-	26-Feb-2018	16-Nov-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	

						16-Nov-2018
Naproxen Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Jul-2015	16-Nov-2018
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	16-Nov-2018
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	16-Nov-2018
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-Mar-2015	16-Nov-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	1 TABLET TO BE TAKEN 3 TIMES DAILY	-	11-Dec-2018	11-Dec-2018
Zopiclone Tablets 7.5 mg	7	7 tablet	1 AT NIGHT	-	11-Dec-2018	11-Dec-2018
Tramadol Hydrochloride Capsules 50 mg	56	56 capsule	ONE TO BE TAKEN FOUR TIMES A DAY PRN	-	25-Sep-2018	25-Sep-2018
Paracetamol Capsules 500 mg	56	56 capsule	ONE TO BE TAKEN FOUR TIMES A DAY	-	25-Sep-2018	25-Sep-2018
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	07-Sep-2018	07-Sep-2018
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	05-Sep-2018	05-Sep-2018
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	05-Sep-2018	05-Sep-2018
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	05-Sep-2018	01-Oct-2018
Tramadol Hydrochloride Capsules 50 mg	56	56 capsule	ONE TO BE TAKEN FOUR TIMES A DAY PRN	-	31-Aug-2018	31-Aug-2018
Paracetamol Capsules 500 mg	56	56 capsule	ONE TO BE TAKEN FOUR TIMES A DAY	-	31-Aug-2018	31-Aug-2018
Hydroxyzine Hydrochloride Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	21-Aug-2018	21-Aug-2018
Promethazine Hydrochloride Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	15-Aug-2018	15-Aug-2018
Ensure Plus Juce Liquid (strawberry)	2200	10*220 ml	1 DAILY	-	12-Mar-2018	01-Oct-2018
Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose.	1	1 dose	ONE DOSE DAILY	-	26-Feb-2018	25-Jul-2018
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Mar-2015	25-Jul-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
25-Jun-2018	-	39	-
12-Jun-2018	-	40	17.31
08-Dec-2017	-	40	-
11-Apr-2017	-	40.5	-
22-Jul-2016	152	41	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy smoker - 20-39 cigs/day :	step father died yesterday.not sleeping.has noticed a tender lump in left submandibular area -been present for >3 weeks,increasing in size and tender.no dental problems.increase in coug- TRUNCATED	11-Dec-2018
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Referral letter: Referral

16 FEB 2018

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Consultant Neurophysiologist
Department of Neurophysiology
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 201 0755
Enquiries to:	
Letter Date:	14/02/2018
Reference:	DJM/AF
Dictated Date:	31/01/2018
Transcribed Date:	06/02/2018

Dear Colleague,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

I would be grateful if you could arrange nerve conduction studies to be done on this lady who has symptoms of bilateral carpal tunnel syndrome. She also appears to have had previous wrist injuries with probable scaphoid fractures and I have investigated this with a CT scan. I will see her back in 4 months with the results of both these tests.

Kind regards.

Yours sincerely

Mr Duncan MacDonald

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Duncan MacDonald, Consultant

cc. Dr M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gynaecology - General GGC Gynae Gen Ref	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral	Routine		
Date of referral	05-Feb-2018	**Date sent**	05-Feb-2018

PATIENT DETAILS

Surname	MCGHEE
Forename(s)	MARGARET
Title	MS
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 KELSO STREET
GLASGOW
G13 4PG

Contact number(s)
-

101015403496N

Unique Care Pathway Number: 101015403496N

REGISTERED GP DETAILS

Name	OLAYINKA		
GMC code	-	GP code	-
Practice name	-		
Practice code	40722		

Practice address

Contact number(s)
-

REFERRING HCP DETAILS

HCP Name	MaliniKalaganigam
HCP code	4301406
HCP Position	-
Organisation name	Sandyford Services
Location code	G030G

Organisation address

2/6 Sandyford Place
Glasgow
G3 7NB

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: REMOVAL OF ius

Comment:

I saw this 54 year old para 6+6 lady at the gynaecology clinic today. She had a hysteroscopy and endometrial biopsy and IUS insertion 7 years ago under a general anaesthetic. She has been amenorrhoeic since then. In the last 3 weeks she has had several episodes of post menopausal bleeding. She is not on HRT. Her cervical smear in 2017 was normal. She has a past medical history of COPD, asthma, depression and is currently on inhalers, Omeprazole, Citalopram and Chelocalciferol She is a very heavy smoker smoking 30 a day.

I carried out a transvaginal scan today which showed a small anteverted uterus. The IUS was insitu. There was some fluid within the endometrial cavity and the endometrium was thickened and calcified. The right ovary was not seen and the left ovary appeared normal. There was no free fluid.

On speculum examination the tissue was very atrophic. I was unable to pass the pipelle sample through the os. The IUS threads were not visible. I gave her the option of having local anaesthetic and dilators but she declined as she thought it would be too painful. I will refer her onto the hospital to see if they would be able to do this under GA in Day Surgery Unit.

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)

No current medications recorded

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

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

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

Respiratory Medicine GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Urgent
Date of referral 01-Feb-2018 **Date sent** 01-Feb-2018

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	

Patient's address

365 Kelso Street
GLASGOW
G13 4PG

Contact number(s)

Voice: 07584244118

101015386132P | Unique Care Pathway Number: 101015386132P

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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. Anne Morgan		
GMC code	2943024	GP code	06041
Practice name	Dr M Duffy & Dr A Morgan (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Haemoptysis, ? neoplasm

Comment: Dear Doctor

Thank you for seeing this 54 year old smoker with known COPD. She had an episode of fresh haemoptysis three weeks ago associated with purulent sputum. Examination revealed no finger clubbing, breath sounds were vesicular with scatted rhonchi. Her sats were 98%. In view of this fresh haemoptysis I wonder if she needs urgent review to exclude a neoplasm and I am grateful to you for seeing her regarding this.

PS I have organised a chest X-Ray.

Yours sincerely
Dr Anne Morgan

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
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997
Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994

Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Braltus Inhalation Powder Capsules With Inhaler 10 micrograms	30	30 capsule	ONE DOSE TO BE INHALED EACH DAY	-	07-Jun-2017	19-Dec-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	19-Dec-2017
Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose	1	1 INHALER	TWO PUFFS TO BE INHALED TWICE DAILY	-	30-Jun-2016	19-Dec-2017
Naproxen Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Jul-2015	19-Dec-2017
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	19-Dec-2017
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	19-Dec-2017
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Mar-2015	19-Dec-2017
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-Mar-2015	19-Dec-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Feb-2018	01-Feb-2018
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	01-Feb-2018	01-Feb-2018
Prednisolone E/c tablets 5 mg	40	40 tablet	8 TAB DAILY	-	01-Feb-2018	01-Feb-2018
Ralvo Medicated Plaster 700 mg	30	30 PLASTER	APPLY FOR 12 HOURS	-	01-Feb-2018	01-Feb-2018
Metronidazole Tablets 400 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	30-Jan-2018	30-Jan-2018
Prednisolone E/c tablets 5 mg	40	40 tablet	8 TABS IN THE MORNING	-	18-Dec-2017	18-Dec-2017
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	18-Dec-2017	18-Dec-2017
Prednisolone E/c tablets 5 mg	30	30 tablet	6 TABLETS DAILY	-	08-Dec-2017	08-Dec-2017
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Dec-2017	08-Dec-2017
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	26-Sep-2017	26-Sep-2017
Prednisolone E/c tablets 5 mg	40	40 tablet	8 TABS IN THE MORNING	-	26-Sep-2017	26-Sep-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
08-Dec-2017	-	40	-
11-Apr-2017	-	40.5	-
22-Jul-2016	152	41	-
31-Jul-2015	153	42	17.94
17-Mar-2015	-	44	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Current smoker:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

Referral letter: Referral

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Consultant Neurophysiologist
Department of Neurophysiology
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 201 0755
Enquiries to:	
Letter Date:	14/02/2018
Reference:	DJM/AF
Dictated Date:	31/01/2018
Transcribed Date:	06/02/2018

Dear Colleague,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

I would be grateful if you could arrange nerve conduction studies to be done on this lady who has symptoms of bilateral carpal tunnel syndrome. She also appears to have had previous wrist injuries with probable scaphoid fractures and I have investigated this with a CT scan. I will see her back in 4 months with the results of both these tests.

Kind regards.

Yours sincerely

Mr Duncan MacDonald

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Duncan MacDonald, Consultant

cc. Dr M Duffy
Dr M Duffy & Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Wrist & Hand GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 11-May-2017 **Date sent** 11-May-2017

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 Kelso Street
GLASGOW
G13 4PG

Contact number(s)

Voice: 07584244118

101013623058T | Unique Care Pathway Number: 101013623058T

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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 A McRitchie		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

Practice address

Drumchapel Health Centre
80-90 Kinfauns Dr
G15 7TS

Contact number(s)

Voice: 0141 211 6126
Facsimile: 0141 211 6128

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: bilateral carpal tunnel syndrome

Comment: Dear Doctor

I would be grateful if you could review this 53 year old who had left carpal tunnel release last year. My understanding was that this was also planned for her right wrist but however this has not yet been organised. Unfortunately she is experiencing bilateral carpal tunnel syndrome symptoms of pain and paraesthesia in median nerve distribution.

I would be very grateful if you could see her for further review.

Many thanks

DR A MCRITCHIE
GP LOCUM

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
Overdose of drug	phergan and alcohol	06-Jul-2016	06-Jul-2016
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	

			23-Mar-1997
Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993
Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Carpal tunnel decompression	left	11-Jan-2016	11-Jan-2016
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose	1	1 INHALER	TWO PUFFS TO BE INHALED TWICE DAILY	-	30-Jun-2016	06-Apr-2017
Naproxen Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Jul-2015	06-Apr-2017
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	06-Apr-2017
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	06-Apr-2017
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Mar-2015	06-Apr-2017
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-Mar-2015	06-Apr-2017
Tiotropium Dry powder capsules for inhalation 18 micrograms	30	30 capsule	ONE DOSE TO BE INHALED EACH DAY	-	09-Mar-2015	06-Apr-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	30	30 capsule	ONE TO BE TAKEN FOUR TIMES A DAY	-	09-May-2017	09-May-2017
Etodolac M/R tablets 600 mg	30	30 TABLET	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	11-Apr-2017
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	11-Apr-2017	11-Apr-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	11-Apr-2017	11-Apr-2017
Ensure Shake Oral Powder Sachets (Vanilla) 57 gram sachet	35	5*7 sachet	ONE SACHET TO BE TAKEN DAILY	-	05-Apr-2017	05-Apr-2017
Prednisolone E/c tablets 5 mg	40	40 tablet	8 TABS IN THE MORNING	-	09-Mar-2017	09-Mar-2017
Co-Codamol 8/500 Tablets	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	09-Mar-2017	09-Mar-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
11-Apr-2017	-	40.5	-
22-Jul-2016	152	41	-
31-Jul-2015	153	42	17.94
17-Mar-2015	-	44	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		02-Nov-2016
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Current smoker:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

Referral letter: Referral

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 211 0040
Enquiries to: Karen.mccann@ggc.scot.nhs.uk

Physiotherapy Dept
Yorkhill Hospital
Govan Road
Glasgow

Letter Date: 10/05/2016
Reference: mp/klg
Dictated Date: 25/04/2016
Transcribed Date: 06/05/2016

Dear Colleague,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

This lady was referred for physiotherapy last year, but did not attend. She complains of stress incontinence, but we have been unable to demonstrate this even on clinical examination or urodynamically. I think that there is every chance that she will improve if she can be persuaded to work on her pelvic floor and so I would be grateful if you would send her a further appointment.

Yours sincerely

Michael Palmer

Consultant Urological Surgeon

Electronically Signed: Mr Michael Palmer, Consultant

cc. Dr Morgan
Dr M Duffy & Dr A Morgan,
Drumchapel Health Centre,
80/90 Kinfauns Drive,
Glasgow,
G15 7TS

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Trauma and Orthopaedic Surgery - 19082015_Result_332684

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Wrist & Hand 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 20-Aug-2015 **Date sent** 24-Aug-2015

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address
365 Kelso Street
GLASGOW
G13 4PG
Contact number(s)
Voice: 07584244118

101009817296A Unique Care Pathway Number: 101009817296A

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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. Anne Morgan		
GMC code	2943024	GP code	06041
Practice name	Dr M Duffy & Dr A Morgan (40722)		
Practice code	40722		

Practice address
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS
Contact number(s)
Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: lump left forearm ? neuroma causing major discomfort

Comment: Dear Doctor

Thank you for seeing this 51 year old lady who has had a painful lump in her left forearm for the last twenty years; the pain however is getting more severe.

Clinical examination revealed a 3 x 4cm well circumscribed tender lump over the left forearm. I did an ultrasound of this which showed it to be a fibroma. I am attaching the report. As it is causing her so much pain I wonder if it needs removed and I am grateful to you for seeing her regarding this.

Yours sincerely

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
Stress incontinence	-	31-Mar-2015	31-Mar-2015
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	biopsy showed hyperkeratosis with no evidence of malignancy or dysplasia	17-Apr-2014	17-Apr-2014
Low back pain	10 yr history - seen at pain clinic	16-Apr-2014	16-Apr-2014
Chronic obstructive pulmonary disease	-	26-Mar-2014	26-Mar-2014
Closed fracture metatarsal (Right)	5th	02-Jan-2014	02-Jan-2014
H/O: depression	-	01-Feb-2013	01-Feb-2013
Insomnia NOS	-	10-May-2012	10-May-2012
Asthma	-	14-Dec-2009	14-Dec-2009
Spontaneous vaginal delivery	livebirth. female. MROP	07-Feb-2007	07-Feb-2007
Family member removed from protection register	-	24-Jan-2003	24-Jan-2003
Miscarriage	ERPOC	18-Jul-2002	18-Jul-2002
Family member on protection register	3 children	26-Feb-2002	26-Feb-2002
Miscarriage	ERPOC	31-Oct-2001	31-Oct-2001
Spontaneous vaginal delivery	livebirth. male	24-Mar-1999	24-Mar-1999
Neonatal death	28 days	03-Feb-1998	03-Feb-1998
Spontaneous vaginal delivery	livebirth female - neonatal death. MROP	05-Jan-1998	05-Jan-1998
Overdose of drug	aspirin, paracetamol, nitrazepam, 1/2 bottle vodka	23-Mar-1997	23-Mar-1997
Overdose of drug	24x voltarol + 1/2 bottle vodka	23-Aug-1994	23-Aug-1994
Spontaneous vaginal delivery	livebirth. female	01-Jan-1993	01-Jan-1993

Overdose of drug	40x clomipramine + 1/2 bottle vodka	05-Jul-1992	05-Jul-1992
Spontaneous vaginal delivery	livebirth. female	12-Aug-1991	12-Aug-1991
Spontaneous vaginal delivery	livebirth. female. MROP. readmitted with PPH	08-Sep-1988	08-Sep-1988
Forceps delivery	livebirth. male	01-Apr-1986	01-Apr-1986
Overdose of drug	30x septrin, 2x painkillers and 1/2 bottle vodka	02-Feb-1985	02-Feb-1985
Overdose of drug	phenobarbitone	13-Jul-1981	13-Jul-1981
Overdose of drug	unknown tablets	14-Aug-1979	14-Aug-1979
Overdose of drug	16-20x 30mg phenobarbitone and 2x septrin	11-Aug-1979	11-Aug-1979
Guttate psoriasis	-	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
DEXA - Dual energy X-ray photon absorptiometry	borderline osteoporosis	25-Feb-2014	25-Feb-2014
Introduction of Mirena coil	at ARI	23-May-2011	23-May-2011
Hysteroscopy NEC	atrophic endometrial cavity	23-May-2011	23-May-2011
Endometrial biopsy	insufficient sample for dx purposes	23-May-2011	23-May-2011
Appendicectomy NEC	-	04-Feb-1995	04-Feb-1995
Suction termination of pregnancy	-	03-Nov-1987	03-Nov-1987
Operations for squint	left	02-Dec-1986	02-Dec-1986
Operations for squint	right	06-Sep-1967	06-Sep-1967

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Jul-2015	15-Jul-2015
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	13-Jul-2015
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	10-Jul-2015
Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2	2 INHALER	2 Puffs bd	-	09-Jul-2015	09-Jul-2015
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Mar-2015	09-Jul-2015
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	09-Mar-2015	09-Jul-2015
Tiotropium Dry powder capsules for inhalation 18 micrograms	30	30 capsule	ONE DOSE TO BE INHALED EACH DAY	-	09-Mar-2015	09-Jul-2015
Gabapentin Capsules 300 mg	168	168 capsule	TWO TO BE TAKEN THREE TIMES A DAY	-	09-Mar-2015	09-Jul-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
	28	28 capsule	ONE TO BE TAKEN AT NIGHT	-	19-Aug-2015	19-Aug-2015

Trazodone Hydrochloride Capsules 100 mg						
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	31-Jul-2015	31-Jul-2015
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	31-Jul-2015	31-Jul-2015
Trazodone Hydrochloride Capsules 50 mg	28	28 capsule	ONE TO BE TAKEN AT NIGHT	-	31-Jul-2015	31-Jul-2015
Ensure Plus Juce Liquid (Mixed Flavours)	12320	12320 ML	220ML TO BE TAKEN ONCE OR TWICE DAILY	-	31-Jul-2015	31-Jul-2015
Zopiclone Tablets 3.75 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	16-Jul-2015	16-Jul-2015
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-Jul-2015	13-Jul-2015
Diazepam Tablets 2 mg	20	20 tablet	1 TAB 8 HOURLY AS REQUIRED	-	15-Jul-2015	15-Jul-2015
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	15-Jul-2015	15-Jul-2015
Vitamins Capsules	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	01-Jul-2015	01-Jul-2015
Prednisolone E/c tablets 5 mg	40	40 tablet	8 TABS INTHE MORNING	-	25-Jun-2015	25-Jun-2015
Amoxicillin Capsules 500 mg	21	21 capsule	1 TABLET TO BE TAKEN 3 TIMES DAILY	-	25-Jun-2015	25-Jun-2015
Zopiclone Tablets 3.75 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	25-Jun-2015	25-Jun-2015
Ibuprofen Gel 5 %	30	30 gram	Apply 3 times daily	-	25-Jun-2015	25-Jun-2015
Prednisolone Tablets 5 mg	42	42 tablet	SIX TO BE TAKEN IN THE MORNING	-	02-Jun-2015	02-Jun-2015
Promethazine Hydrochloride Tablets 10 mg	28	28 tablet	ONE OR TWO IN THE EVENING	-	02-Jun-2015	02-Jun-2015
Tolterodine Tartrate M/R capsules 4 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	12-May-2015	09-Jul-2015
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	2 DAILY DAY ONE THE ONCE DAILY	-	15-Apr-2015	15-Apr-2015
Prednisolone E/c tablets 5 mg	84	84 tablet	8 DAILY FOR 7 DAYS THEN 7 FOR 1 DAY THEN 6 THEN 5 THEN 4 ETC	-	15-Apr-2015	15-Apr-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	24-Mar-2015	24-Mar-2015
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	17-Mar-2015	17-Mar-2015
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	09-Mar-2015	17-Mar-2015
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	09-Mar-2015	09-Mar-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
31-Jul-2015	153	42	17.94
17-Mar-2015	-	44	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker 20 Cigarettes/day :	COPD review - coughing ++, steroids not helped. Using reliever up to 6 times a day. sats 96% (room air). Has appt for Dr Morgan for review this morning. Also requiring more antidepressant- TRUNCATED	17-Mar-2015
Cigarette smoker:		17-Mar-2015
Current smoker:		17-Mar-2015
Cigarette consumption 20 :		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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:Yes

Social circumstances
Ethnic Origin: (White) British

Trauma and Orthopaedic Surgery - 19082015 Result 332684

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments
Vascular Surgery - 26022015 Clinical Letter 310275

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Vascular Surgery 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 19-Mar-2015 **Date sent** 19-Mar-2015

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 Kelso Street
GLASGOW
G13 4PG

Contact number(s)

Voice: 07522457790

1010089196383

Unique Care Pathway Number: 1010089196383

REGISTERED GP DETAILS

Name	Dr Malachy Duffy		
GMC code	2948847	GP code	02062
Practice name	Dr Duffy & Morgan (18842)		
Practice code	40722		

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. Anne Morgan		
GMC code	2943024	GP code	06041
Practice name	Drs Duffy, Morgan & Mcgonagle (40722)		
Practice code	40722		

Practice address

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

Contact number(s)

Voice: 0141 2116120

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: see attached letter

Comment: Dear Doctor

Thank you for seeing this 51 year old lady who has been attending orthopaedics with a non union fracture of her fifth metatarsal. Mr Millar(Ortho) wondered if she had any vascular deficit as he could not feel any peripheral pulses and wanted a vascular opinion. He feels this might be the cause for her non union.

Clinically I could feel a right dorsales pedis pulse. I am attaching Mr Millar's letter and I am grateful to you for seeing her re further management.

Yours sincerely

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
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	09-Mar-2015	09-Mar-2015
Tiotropium Dry powder capsules for inhalation 18 micrograms	30	30 capsule	ONE DOSE TO BE INHALED EACH DAY	-	09-Mar-2015	09-Mar-2015
Gabapentin Capsules 300 mg	168	168 capsule	TWO TO BE TAKEN THREE TIMES A DAY	-	09-Mar-2015	09-Mar-2015

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	-	17-Mar-2015	17-Mar-2015
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	09-Mar-2015	17-Mar-2015
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	09-Mar-2015	09-Mar-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Mar-2015	141	77

Body Measurements

Date Recorded	Height	Weight	BMI
17-Mar-2015	-	44	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Thinking about stop smoking:		17-Mar-2015
Cigarette smoker:		17-Mar-2015
Current smoker:		17-Mar-2015
Stopped drinking alcohol:		17-Mar-2015
GPPAQ physcl act ind: inactive:		17-Mar-2015

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:Yes

Social circumstances
Ethnic Origin: (White) British

Vascular Surgery - 26022015_Clinical Letter_310275

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

Referral letter: opc

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: UROLOGY DEPARTMENT
Contact Tel: 0141 211 0040
Enquiries to: karen.mcmonagle@ggc.scot.nhs.uk
Letter Date: 05/03/2015
Reference: MAP/KRM
Dictated Date: 02/03/2015
Transcribed Date: 03/03/2015

Sister Aileen Murray
Urology Nurse Specialist
Southern General Hospital
Glasgow

Dear Aileen,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

I would be grateful if this patient could be listed for cystometrogram and urethral pressure profile. She gives a five year history of fairly typical stress incontinence with some minor urgency.

Yours sincerely

MICHAEL PALMER
CONSULTANT UROLOGIST

Electronically Signed: Mr Michael Palmer, 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

Urology 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 03-Feb-2015 **Date sent** 03-Feb-2015

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 Kelso St
Glasgow
G13 4PG

Contact number(s)

Voice: 07522487790

101008648506A Unique Care Pathway Number: 101008648506A

REGISTERED GP DETAILS

Name	Dr G Dickson		
GMC code	2555162	GP code	00051
Practice name	Yokermill Medical Centre		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118
Facsimile: 0141 959 9851

REFERRING GP DETAILS

Name	Dr. May Roushdy-Gemie		
GMC code	2960159	GP code	08788
Practice name	Dr Dickson & Gemie (40390)		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118

Facsimile: 0141 959 9851

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: mixed incontinence

Comment: Thank you for seeing this para 8 who presents with 2yr h/o urge and stress incontinence. No h/o UTI or prolapse. Examination nad/urinalysis negative. I have referred on to community continence team and would be most grateful for you assessment and further investigation, yours sicnerely

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
Chronic obstructive pulmonary disease	-	25-Jul-2014	25-Jul-2014
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	bilateral vocal chord leukoplakia--biopsies normal/HYPERKERATOSIS----ADVISED TO STOP SMOKING	14-May-2014	14-May-2014
Osteoporosis	Borderline	25-Feb-2014	25-Feb-2014
C/O - low back pain	?10yr h/o intermittent-no resp physio--ADVISED BIOMECHANICAL at pain clinic-to avoid step3 opiods	27-Nov-2013	27-Nov-2013
Menopause	-	25-Nov-2013	25-Nov-2013
H/O: depression	?chronic--stressful life events--SIGNIFICANT SOCIAL STRESSES--UNABLE TO COMMIT/ENGAGE WITH CBT-DISCHARGED-	01-Feb-2013	01-Feb-2013
[D]Flushing	-	23-Aug-2012	23-Aug-2012
Cannot sleep - insomnia	-	28-Sep-2010	28-Sep-2010
Asthma	-	14-Dec-2009	14-Dec-2009
Overdose of drug	-	23-Mar-1997	23-Mar-1997
Overdose of drug	diclofenac	24-Aug-1994	24-Aug-1994
Overdose of drug	clomipamine,gastric lavage	05-Jul-1992	05-Jul-1992
Overdose of drug	-	06-Feb-1985	06-Feb-1985
Overdose of drug	phenobarbitone	04-Aug-1981	04-Aug-1981
Overdose of drug	unknown drug	15-Aug-1979	15-Aug-1979
Overdose of drug	phenobarbitone	13-Aug-1979	13-Aug-1979
Psoriasis and similar disorders	guttate	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Prov of written info about bowel cancer screening programme	-	20-Jan-2014	20-Jan-2014
Spirometry	normal	14-May-2013	14-May-2013
Introduction of Mirena coil	-	15-Aug-2011	15-Aug-2011
Endometrial biopsy	-	23-May-2011	23-May-2011
Hysteroscopy NEC	-	23-May-2011	23-May-2011
Contraception	-	22-Apr-2010	22-Apr-2010

Post bronchodilator spirometry	23-Nov-2009	23-Nov-2009

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Symbicort Turbohaler 400/12 micrograms/inhalation	1	1 inhaler	ONE PUFF TO BE INHALED TWICE A DAY	-	21-Jan-2015	21-Jan-2015
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	-	21-Feb-2013	19-Jan-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin Capsules 100 mg	84	84 capsule	1 CAP TDS	-	03-Feb-2015	03-Feb-2015
Tolterodine Tartrate M/R capsules 4 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	28-Jan-2015	28-Jan-2015
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Jan-2015	28-Jan-2015
Citalopram Hydrobromide Tablets 20 mg	7	7 tablet	ONE TO BE TAKEN EACH DAY	-	20-Jan-2015	20-Jan-2015
Tiotropium Dry powder for inhalation + inhaler 18 micrograms	1	1 pack	ONE DOSE TO BE INHALED EACH DAY	-	19-Jan-2015	19-Jan-2015
Carbocisteine Capsules 375 mg	120	120 capsule	TWO TO BE TAKEN THREE TIMES A DAY THEN TWICE DAILY AS CONDITION IMPROVES	-	27-Nov-2014	27-Nov-2014
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	27-Nov-2014	27-Nov-2014
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	29-Oct-2014	29-Oct-2014
Tiotropium Dry powder for inhalation + inhaler 18 micrograms	1	1 pack	ONE DOSE TO BE INHALED EACH DAY	-	14-Oct-2014	14-Oct-2014
Doxycycline Hyclate Capsules 100 mg	14	14 capsule	1 BD	-	26-Aug-2014	26-Aug-2014
Tiotropium Dry powder for inhalation + inhaler 18 micrograms	1	1 pack	ONE DOSE TO BE INHALED EACH DAY	-	17-Jul-2014	26-Aug-2014
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	1	1*1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	11-Oct-2013	19-Jan-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
11-Dec-2013	120	70
07-Sep-2012	105	70

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2013	154	40.2	16.95
24-Jul-2013	154	41	17.29
26-Nov-2012	-	42	-
19-Nov-2012	-	39.8	-
07-Sep-2012	154	42.2	17.79

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		19-Jan-2015
Cigarette smoker 20 Cigarettes/day : .		11-Nov-2014
Trying to give up smoking:		11-Dec-2013
Cigarette smoker, 12 Cigarettes/day:		11-Dec-2013
Thinking about stopping smoking:		07-Oct-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Fluoxetine Hydrochloride	not tolerated-no details ?prev gp	29-Nov-2013
Adverse reaction to Mirtazapine	c/o tension++	29-Nov-2013

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

Social circumstances

Ethnic Origin: (White) Scottish

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

Trauma & Orthopaedic - Ankle & Foot 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 05-Dec-2014 **Date sent** 05-Dec-2014

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	

Patient's address

365 Kelso St
Glasgow
G13 4PG

Contact number(s)

Voice: 07522487790

101008353870F

Unique Care Pathway Number: 101008353870F

REGISTERED GP DETAILS

Name	Dr G Dickson		
GMC code	2555162	GP code	00051
Practice name	Yokermill Medical Centre		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118
Facsimile: 0141 959 9851

REFERRING GP DETAILS

Name	Dr. Garry Dickson		
GMC code	2555162	GP code	00051
Practice name	Dr Dickson & Gemie (40390)		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Foot pain

Comment: The above patient of mine fractured her right foot earlier this year and was in a plaster cast for some time. She continues to have pain and swelling of the foot and she was told that if this persisted she was to return to see you and therefore I would be grateful if you could see her for further advice regarding her recovery from this injury. Thank you for your help.

Yours Sincerely

Dr G Dickson

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
Carpal tunnel syndrome	wrist splints	20-Jun-2014	20-Jun-2014
Leukoplakia of vocal cords	bilateral vocal chord leukoplakia--biopsies normal/HYPERKERATOSIS----ADVISED TO STOP SMOKING	14-May-2014	14-May-2014
Osteoporosis	Borderline	25-Feb-2014	25-Feb-2014
C/O - low back pain	?10yr h/o intermittent-no resp physio--ADVISED BIOMECHANICAL at pain clinic-to avoid step3 opiods	27-Nov-2013	27-Nov-2013
Menopause	-	25-Nov-2013	25-Nov-2013
H/O: depression	?chronic--stressful life events--SIGNIFICANT SOCIAL STRESSES--UNABLE TO COMMIT/ENGAGE WITH CBT-DISCHARGED-	01-Feb-2013	01-Feb-2013
[D]Flushing	-	23-Aug-2012	23-Aug-2012
Cannot sleep - insomnia	-	28-Sep-2010	28-Sep-2010
Asthma	-	14-Dec-2009	14-Dec-2009
Overdose of drug	-	23-Mar-1997	23-Mar-1997
Overdose of drug	diclofenac	24-Aug-1994	24-Aug-1994
Overdose of drug	clomipamine,gastric lavage	05-Jul-1992	05-Jul-1992
Overdose of drug	-	06-Feb-1985	06-Feb-1985
Overdose of drug	phenobarbitone	04-Aug-1981	04-Aug-1981
Overdose of drug	unknown drug	15-Aug-1979	15-Aug-1979
Overdose of drug	phenobarbitone	13-Aug-1979	13-Aug-1979
Psoriasis and similar disorders	guttate	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Prov of written info about bowel cancer screening programme	-	20-Jan-2014	20-Jan-2014
Spirometry	normal	14-May-2013	14-May-2013
Introduction of Mirena coil	-	15-Aug-2011	15-Aug-2011
Hysteroscopy NEC	-	23-May-2011	23-May-2011

Endometrial biopsy	-	23-May-2011	23-May-2011
Contraception	-	22-Apr-2010	22-Apr-2010
Post bronchodilator spirometry	-	23-Nov-2009	23-Nov-2009

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	1	1*1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	11-Oct-2013	14-Oct-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	-	21-Feb-2013	14-Oct-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Carbocisteine Capsules 375 mg	120	120 capsule	TWO TO BE TAKEN THREE TIMES A DAY THEN TWICE DAILY AS CONDITION IMPROVES	-	27-Nov-2014	27-Nov-2014
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	27-Nov-2014	27-Nov-2014
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	29-Oct-2014	29-Oct-2014
Tiotropium Dry powder for inhalation + inhaler 18 micrograms	1	1 pack	ONE DOSE TO BE INHALED EACH DAY	-	14-Oct-2014	14-Oct-2014
Doxycycline Hyclate Capsules 100 mg	14	14 capsule	1 BD	-	26-Aug-2014	26-Aug-2014
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	29-Jul-2014	29-Jul-2014
Tiotropium Dry powder for inhalation + inhaler 18 micrograms	1	1 pack	ONE DOSE TO BE INHALED EACH DAY	-	17-Jul-2014	26-Aug-2014
Piroxicam Gel 0.5 %	60	60 GRAM	Rub into the affected site three to four times daily	-	17-Jul-2014	17-Jul-2014
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	20-Jun-2014	20-Jun-2014
Cetirizine Hydrochloride Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	20-Jun-2014	20-Jun-2014

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Cigarette smoker 20 Cigarettes/day : .	11-Nov-2014
Trying to give up smoking:	11-Dec-2013
Cigarette smoker, 12 Cigarettes/day:	11-Dec-2013
Thinking about stopping smoking:	07-Oct-2013
Cigarette smoker, 10 Cigarettes/day:	05-Sep-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Fluoxetine Hydrochloride	not tolerated-no details ?prev gp	29-Nov-2013
Adverse reaction to Mirtazapine	c/o tension++	29-Nov-2013

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

Social circumstances

Ethnic Origin: (White) Scottish

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

REFERRAL FORM FOR PULMONARY REHABILITATION

RECEIVED 30 JUL 2014

Please complete all sections of this form and send to
Pulmonary Rehabilitation Team, Gartnavel General Hospital, Great Western Road, Glasgow G12 0YN
Telephone Number 0141 211 3392
Please use SCI Gateway refer if available

Name:	1609632184 MCGEE Margaret	F 16/09/1963	Dr. M Roushdy-Gemie Dr Dickson & Gemie Yokermill Medical Centre 6 Yokermill Road Glasgow G13 4PU
Address:	365 Kelso Street Glasgow		
Post Code:	G13 4PG		
Telephone:	/ /		
Hospital Consultant:	CHURCH		
Hospital:	GGH		
Hospital No.:			

Inclusion Criteria - ALL

- ☑ Diagnosis of COPD
- ☑ MRC grade 3 or greater
- ☑ On optimum drug therapy
- ☐ Motivated to participate

Exclusion Criteria – Any One

- ☐ Successful Completion of pulmonary rehabilitation programme within the past 2 years (Refer for return to vitality classes)
- ☐ Psychiatric, cognitive or locomotor problems that would prevent participation in exercise or in a group setting
- ☐ Decompensated heart failure

Has the patient completed pulmonary rehabilitation before? Y ☐ N ☑ If "YES" when? ___/___/___
[If less than 2 years patient will be seen for review assessment and referred to vitality class if appropriate]

Date of most recent COPD exacerbation Early July 14 Was the patient admitted to hospital? Y ☐ N ☐

Spirometry Date: 9/6/14 FEV1 (post bronchodilator) 86 % predicted

MRC dysnoea scale (must be 3 or greater) **circle as appropriate**
Grade 1: Not troubled by breathlessness except on strenuous exercise
Grade 2: Short of breath when hurrying or walking up a slight hill
Grade 3: Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace
Grade 4: Stops for a breath after walking about 100m or after a few minutes on level ground
Grade 5: Too breathless to leave the house or breathlessness when dressing or undressing

Patient's medication – please ensure treatment is optimal before referral – see NHSGGC guideline

Oral	Inhaled	Nebulised
	Fostair 200/6 Tiotropium Salbutamol	

Oxygen Therapy - Ambulatory Y ☐ N ☑ Flow Rate ____ l/min LTOT Y ☐ N ☐ Flow Rate ____ l/min

Chest diagnosis: COPD

Past medical history:

Transport required Y N **Why?**

Referrer's name: [signature] Date: 25/7/14

Designation STS Phone number 5343

[signature]

July 2013

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Audiology 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 04-Jun-2014 **Date sent** 05-Jun-2014

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 Kelso St
Glasgow
G13 4PG

Contact number(s)

Voice: 07522487790

101007336233S

Unique Care Pathway Number: 101007336233S

REGISTERED GP DETAILS

Name	Dr G Dickson		
GMC code	2555162	GP code	00051
Practice name	Yokermill Medical Centre		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118
Facsimile: 0141 959 9851

REFERRING GP DETAILS

Name	Dr. May Roushdy-Gemie		
GMC code	2960159	GP code	08788
Practice name	Dr Dickson & Gemie (40390)		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Hearing loss

Comment: Thank you for seeing this 50 year old who presents with one year history of bilateral deafness. There is no significant family history. Examination is unremarkable.

We would be grateful if she could have her hearing tested to determine if she does indeed have any significant hearing loss.

Many thanks

Yours sincerely

Dr May Roushdy-Gemie

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
Osteoporosis	Borderline	25-Feb-2014	25-Feb-2014
C/O - low back pain	?10yr h/o intermittent-no resp physio--ADVISED BIOMECHANICAL at pain clinic-to avoid step3 opiods	27-Nov-2013	27-Nov-2013
Menopause	-	25-Nov-2013	25-Nov-2013
H/O: depression	?chronic--stressful life events	01-Feb-2013	01-Feb-2013
[D]Flushing	-	23-Aug-2012	23-Aug-2012
Cannot sleep - insomnia	-	28-Sep-2010	28-Sep-2010
Asthma	-	14-Dec-2009	14-Dec-2009
Overdose of drug	-	23-Mar-1997	23-Mar-1997
Overdose of drug	diclofenac	24-Aug-1994	24-Aug-1994
Overdose of drug	clomipamine,gastric lavage	05-Jul-1992	05-Jul-1992
Overdose of drug	-	06-Feb-1985	06-Feb-1985
Overdose of drug	phenobarbitone	04-Aug-1981	04-Aug-1981
Overdose of drug	unknown drug	15-Aug-1979	15-Aug-1979
Overdose of drug	phenobarbitone	13-Aug-1979	13-Aug-1979
Psoriasis and similar disorders	guttate	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Prov of written info about bowel cancer screening programme	-	20-Jan-2014	20-Jan-2014
Spirometry	normal	14-May-2013	14-May-2013
Introduction of Mirena coil	-	15-Aug-2011	15-Aug-2011
Endometrial biopsy	-	23-May-2011	23-May-2011
Hysteroscopy NEC	-	23-May-2011	23-May-2011

Contraception	-	22-Apr-2010	22-Apr-2010
Post bronchodilator spirometry	-	23-Nov-2009	23-Nov-2009

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Cfc-free inhaler 100 micrograms 6 micrograms/dose	1	1*1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	11-Oct-2013	26-Feb-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	-	21-Feb-2013	26-Feb-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING	-	14-May-2014	14-May-2014
Varenicline Tablets 1 mg 500 micrograms (Starter Pack)	25	25 tablet	AS DIR	-	14-May-2014	14-May-2014
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	14-May-2014	14-May-2014
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	14-May-2014	14-May-2014
Amitriptyline Hydrochloride Tablets 25 mg	56	56 TABLET	2 TAB NOCTE	-	14-May-2014	14-May-2014
Paracetamol Soluble tablets 500 mg	60	60 tablet	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	14-May-2014	14-May-2014
Capsaicin Cream 0.025 %	45	45 gram	Apply 3 times daily	-	17-Apr-2014	17-Apr-2014
Sterimar Isotonic Nasal Spray 31.8 %	1	1 ml	1 PUFF QDS FOR 6 WKS	-	08-Apr-2014	08-Apr-2014
Mometasone Furoate Nasal spray 50 micrograms/dose	1	1 spray	TWO SPRAYS TO BE USED IN EACH NOSTRIL ONCE EACH DAY	-	08-Apr-2014	08-Apr-2014
Clarithromycin Tablets 500 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	03-Apr-2014	03-Apr-2014
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Mar-2014	20-Mar-2014
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Mar-2014	20-Mar-2014
Promethazine Hydrochloride Tablets 25 mg	7	7 tablet	ONE TO BE TAKEN AT NIGHT	-	14-Feb-2014	14-Feb-2014
Erythromycin E/c tablets 250 mg	20	20 TABLET	ONE TAB QDS	-	14-Feb-2014	14-Feb-2014
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Jan-2014	20-Jan-2014
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Jan-2014	20-Jan-2014
Transvasin Heat Rub (Cream)	80	80 gram	APPLY THREE TIMES A DAY	-	31-Dec-2013	

						31-Dec-2013
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING	-	27-Nov-2013	31-Dec-2013
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	24-Jul-2013	20-Jan-2014

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		11-Dec-2013
Cigarette smoker, 12 Cigarettes/day:		11-Dec-2013
Thinking about stopping smoking:		07-Oct-2013
Cigarette smoker, 10 Cigarettes/day:		05-Sep-2013
Cigarette smoker 20 Cigarettes/day:		24-Apr-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Fluoxetine Hydrochloride	not tolerated-no details ?prev gp	29-Nov-2013
Adverse reaction to Mirtazapine	c/o tension	29-Nov-2013

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

Social circumstances

Ethnic Origin: (White) Scottish

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

Referral letter:

NHS
Greater Glasgow and Clyde

Ms Fiona McGregor
Consultant ENT Surgeon
GGH

Garthavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000

Department: Respiratory
Tel: 0141 211 3241
Enquiries to: Marlo.Graham@ggc.scot.nhs.uk

Letter Date: 01/04/2014
Reference:
Dictated Date: 26/03/2014
Transcribed Date: 27/03/2014

Dear Ms McGregor,

Name:	**McGee Margaret**
CHI:	**1609632184**
DOB:	**16/09/1963**
Address:	**365 Kelso Street**
	Glasgow
	G13 4PG

I would be grateful if you could see this lady. She is a smoker who has been investigated for weight loss and recurrent infections. She has been hoarse for between 6 and 7 months and is losing some weight. We are investigating a CT thorax of chest and neck and I would be grateful if you could give us your advice on whether there is something locally in the vocal cords causing a problem.

Yours sincerely,

COLIN CHURCH

CONSULTANT PHYSICIAN

Electronically Signed: Dr Colin Church, Consultant

cc. Dr Roushdy Gemie

6 Yokermill Road
Glasgow G13.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Respiratory Medicine :-
14112013 Referral 100838

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine 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 04-Feb-2014 **Date sent** 04-Feb-2014

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address
365 Kelso St,
Glasgow
G13 4PG
Contact number(s)
Voice: 07522487790

101006672517B Unique Care Pathway Number: 101006672517B

REGISTERED GP DETAILS

Name	Dr G Dickson		
GMC code	2555162	GP code	00051
Practice name	Yokermill Medical Centre		
Practice code	40390		

Practice address
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU
Contact number(s)
Voice: 0141 959 2118
Facsimile: 0141 959 9851

REFERRING GP DETAILS

Name	Dr. May Roushdy-Gemie		
GMC code	2960159	GP code	08788
Practice name	Dr Dickson & Gemie (40390)		
Practice code	40390		

Practice address
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU
Contact number(s)
Voice: 0141 959 2118

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: recurrent chest infections

Comment: Please find enclosed copy of patients previous referral. She failed to attend an appointment with Dr Johnson on 21/01/2014. Patient assures me she will attend if a further appointment could be sent out to her. I would be grateful if this could be arranged

Many thanks.

Yours sincerely

Dr May Roushdy Gemie

Enc

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
C/O - low back pain	?10yr h/o intermittent-no resp physio--refer pain clinic	27-Nov-2013	27-Nov-2013
Menopause	-	25-Nov-2013	25-Nov-2013
H/O: depression	?chronic--stressful life events	01-Feb-2013	01-Feb-2013
[D]Flushing	-	23-Aug-2012	23-Aug-2012
Cannot sleep - insomnia	-	28-Sep-2010	28-Sep-2010
Asthma	-	14-Dec-2009	14-Dec-2009
Overdose of drug	-	23-Mar-1997	23-Mar-1997
Overdose of drug	diclofenac	24-Aug-1994	24-Aug-1994
Overdose of drug	clomipamine,gastric lavage	05-Jul-1992	05-Jul-1992
Overdose of drug	-	06-Feb-1985	06-Feb-1985
Overdose of drug	phenobarbitone	04-Aug-1981	04-Aug-1981
Overdose of drug	unknown drug	15-Aug-1979	15-Aug-1979
Overdose of drug	phenobarbitone	13-Aug-1979	13-Aug-1979
Psoriasis and similar disorders	guttate	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Prov of written info about bowel cancer screening programme	-	20-Jan-2014	20-Jan-2014
Spirometry	normal	14-May-2013	14-May-2013
Introduction of Mirena coil	-	15-Aug-2011	15-Aug-2011
Endometrial biopsy	-	23-May-2011	23-May-2011
Hysteroscopy NEC	-	23-May-2011	23-May-2011
Contraception	-	22-Apr-2010	22-Apr-2010
Post bronchodilator spirometry	-	23-Nov-2009	23-Nov-2009

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Cfc-free inhaler 100 micrograms 6 micrograms/dose	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	11-Oct-2013	11-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	-	21-Feb-2013	22-Jul-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Jan-2014	20-Jan-2014
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Jan-2014	20-Jan-2014
Transvasin Heat Rub (Cream)	80	80 gram	APPLY THREE TIMES A DAY	-	31-Dec-2013	31-Dec-2013
Tiotropium Dry powder for inhalation inhaler 18 micrograms	1	1 pack	ONE DOSE TO BE INHALED EACH DAY	-	11-Dec-2013	11-Dec-2013
Elleste Duet Conti Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	11-Dec-2013	11-Dec-2013
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING	-	27-Nov-2013	31-Dec-2013
Carbocisteine Capsules 375 mg	120	120 capsule	TWO TO BE TAKEN THREE TIMES A DAY THEN TWICE DAILY AS CONDITION IMPROVES	-	30-Oct-2013	30-Oct-2013
Erythromycin E/c tablets 250 mg	20	20 TABLET	ONE TAB QDS	-	30-Oct-2013	30-Oct-2013
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	25-Oct-2013	25-Oct-2013
Prednisolone Tablets 5 mg	18	18 tablet	6 TAB MANE FOR 3 DAYS	-	25-Oct-2013	25-Oct-2013
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Oct-2013	25-Oct-2013
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Oct-2013	25-Oct-2013
Peak Flow Meter (Standard Range) Meter	1	1 device	TO BE USED AS DIRECTED	-	07-Oct-2013	07-Oct-2013
Prednisolone Tablets 5 mg	18	18 tablet	6 TAB MANE 3 DAYS AS DIR	-	05-Sep-2013	05-Sep-2013
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	24-Jul-2013	20-Jan-2014

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		11-Dec-2013
Cigarette smoker, 12 Cigarettes/day:		11-Dec-2013
Thinking about stopping smoking:		07-Oct-2013
Cigarette smoker, 10 Cigarettes/day:		05-Sep-2013
Cigarette smoker 20 Cigarettes/day:		24-Apr-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Fluoxetine Hydrochloride	not tolerated-no details ?prev gp	29-Nov-2013
Adverse reaction to Mirtazapine	c/o tension	29-Nov-2013

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:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Respiratory Medicine - 14112013 Referral 100838

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

Respiratory Medicine 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 13-Nov-2013 **Date sent** 14-Nov-2013

PATIENT DETAILS

Surname	McGee
Forename(s)	Margaret
Title	Miss
Sex	Female
Date of birth	16-Sep-1963
CHI no.	1609632184
Area of Residence	-

Patient's address

365 Kelso St
Glasgow
G13 4PG

Contact number(s)

Voice: 07522487790

1010062669943 Unique Care Pathway Number: 1010062669943

REGISTERED GP DETAILS

Name	Dr G Dickson		
GMC code	2555162	GP code	00051
Practice name	Yokermill Medical Centre		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118
Facsimile: 0141 959 9851

REFERRING GP DETAILS

Name	Dr. May Roushdy-Gemie		
GMC code	2960159	GP code	08788
Practice name	Dr Dickson & Gemie (40390)		
Practice code	40390		

Practice address

Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Contact number(s)

Voice: 0141 959 2118

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: recurrent chest infections

Comment: Thank you for seeing this 50 year old asthmatic smoker who has recently joined our practice since moving from Aberdeen. Since joining, she has had recurrent chest infections and unfortunately seems unable to reduce her smoking. She does have significant mental health problems. Spirometry was normal in May 2013, normal chest x-ray in February 2013, and sputum in May 2013, did grow strept pneumonia but has been negative in September and November. At a recent asthma review with our practice nurse, she exhibited poor inhaler technique and peak flow was 140. Unfortunately she remains symptomatic between exacerbations and had poor compliance with Seretide. She does use a reliever with a spacer. We have switched her from Seretide to Fostair and I have started a trial of Carbocisteine. I am concerned she may have some underlying bronchiectasis to account for her frequent infections exacerbations. We would be most grateful for your opinion regarding further investigations.

Many thanks.

Yours sincerely

Dr May Roushdy Gemie

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
H/O: depression	?chronic--stressful life events	01-Feb-2013	01-Feb-2013
[D]Flushing	-	23-Aug-2012	23-Aug-2012
Cannot sleep - insomnia	-	28-Sep-2010	28-Sep-2010
Asthma	-	14-Dec-2009	14-Dec-2009
Overdose of drug	-	23-Mar-1997	23-Mar-1997
Overdose of drug	diclofenac	24-Aug-1994	24-Aug-1994
Overdose of drug	clomipamine,gastric lavage	05-Jul-1992	05-Jul-1992
Overdose of drug	-	06-Feb-1985	06-Feb-1985
Overdose of drug	phenobarbitone	04-Aug-1981	04-Aug-1981
Overdose of drug	unknown drug	15-Aug-1979	15-Aug-1979
Overdose of drug	phenobarbitone	13-Aug-1979	13-Aug-1979
Psoriasis and similar disorders	guttate	22-Nov-1967	22-Nov-1967

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	normal	14-May-2013	14-May-2013
Introduction of Mirena coil	-	15-Aug-2011	15-Aug-2011
Endometrial biopsy	-	23-May-2011	23-May-2011
Hysteroscopy NEC	-	23-May-2011	23-May-2011
Contraception	-	22-Apr-2010	22-Apr-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fostair Cfc-free inhaler 100 micrograms 6 micrograms/dose	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	11-Oct-2013	11-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.	-	21-Feb-2013	22-Jul-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Carbocisteine Capsules 375 mg	120	120 capsule	TWO TO BE TAKEN THREE TIMES A DAY THEN TWICE DAILY AS CONDITION IMPROVES	-	30-Oct-2013	30-Oct-2013
Erythromycin E/c tablets 250 mg	20	20 TABLET	ONE TAB QDS	-	30-Oct-2013	30-Oct-2013
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	25-Oct-2013	25-Oct-2013
Prednisolone Tablets 5 mg	18	18 tablet	6 TAB MANE FOR 3 DAYS	-	25-Oct-2013	25-Oct-2013
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Oct-2013	25-Oct-2013
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Oct-2013	25-Oct-2013
Peak Flow Meter (Standard Range) Meter	1	1 device	TO BE USED AS DIRECTED	-	07-Oct-2013	07-Oct-2013
Prednisolone Tablets 5 mg	18	18 tablet	6 TAB MANE 3 DAYS AS DIR	-	05-Sep-2013	05-Sep-2013
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	15-Aug-2013	15-Aug-2013
Citalopram Hydrobromide Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	15-Aug-2013	15-Aug-2013
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	24-Jul-2013	24-Jul-2013
Co-Codamol 8/500 Tablets	100	100 TABLET	ONE TAB QDS	-	24-Jul-2013	24-Jul-2013
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Jul-2013	01-Jul-2013
Ibuprofen Tablets 400 mg	100	100 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	01-Jul-2013	01-Jul-2013
Paracetamol Tablets 500 mg	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	01-Jul-2013	01-Jul-2013
Ibuprofen Tablets 400 mg	24	24 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	14-Jun-2013	14-Jun-2013
Citalopram Hydrobromide Tablets 20 mg	56	56 tablet	ONE TO BE TAKEN EACH DAY	-	31-May-2013	31-May-2013
Clarithromycin Tablets 500 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	31-May-2013	31-May-2013
Doxycycline Hyclate Capsules 100 mg	8	8 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	17-May-2013	14-Jun-2013
Seretide 500 Accuhaler Dry powder for inhalation	1	1 inhaler	ONE DOSES TO BE INHALED TWICE A DAY	-	28-Mar-2013	22-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
Thinking about stopping smoking:		07-Oct-2013
Cigarette smoker, 10 Cigarettes/day:		05-Sep-2013
Cigarette smoker 20 Cigarettes/day:		24-Apr-2013
Trying to give up smoking:		21-Feb-2013
Cigarette smoker, 10 Cigarettes/day:		21-Feb-2013

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

Social circumstances

Ethnic Origin: (White) Scottish

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

(13¹⁰ - 105/52, 86, 98%, R.16.)

Anaesthetic Record

NHS Greater Glasgow and Clyde

Name 1609632184 MCGEE F
Hospi Margaret 16/09/1963
10 WYVIS PLACE
CHI n Glasgow, Lanarkshire
G13 4LY
DoB

Pre-op

Procedure(s) Panendoscopy

Anaesthetist(s) Lewis | Wilkinson

Surgeon(s) Hulme

Elective ☑ Urgent ☐ Immediate ☐

C ☑ SAS ☐ ST ☐ CT ☐ PA ☐

Date 7/3/2022 58 ♀

Discussed with supervising consultant _____

SUMMARY

GA ☑ FM vent OK ☑
Spinal ☐ LMA OK ☐
Epidural ☐ Laryngoscopy gd ——
Sedation ☐
Other LA

ASA 1 2 (3) 4 5
Comment

Anaesthetist Sign / Print

ASSESSMENT

Airway / Dentition
Dentures Top MP III
Bottom plate neck ok

RS
COPD - Smoker 20/day
↳ 5 Seconds + Abx Jan '21
≥ 4 METS

CVS
Denies

GI / Renal / CNS / Other
Denies reflux.

Previous anaesthesia / Family history
Prev GAs - No issues

Assessor
Sign / Print / Date

Ht 1.52
Wt 39.9 kg
BMI

Fluid @ 0540
Food @ 1800 6/3/22

BP 114/74 Sp_2 97% Air
ECG

Hb	Na
WCC	K
Plts	U
XMatch	Cr
Clotting	Gluc

Allergies / Reactions
NKDA

Current therapy
Inhalers.

OK with NSAIDs ☐

Risks discussed
GA - Pain | Pneum | Sore throat | Dental damage | Teeth | mouth injury
LRTI
No questions - Agreed to proceed

Anaesthetic Record | Anaesthetic Record | Anaesthetic Record | Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 20G (L) Hand

A line

CVP

Airway/Ventilation

FM ✓ Pre-ox ☑ Jet ventilation

LMA Cricoid P ☐

ETT SV ☐

Grade IPPV ☐

Regional Anaesthesia

PROPOFOL TCI (ng/ml)	5	--11						
REMI TCI (ng/ml)	6	--11						
LOCAL ANAL (mg)	25							
REX (mg)		3.3						
ONDANSETRON (mg)	4							
SUGGAMADEX (mg)		200						
METARAMINOL (0.5mg)		✓						
Time	12:30	80	13:35					

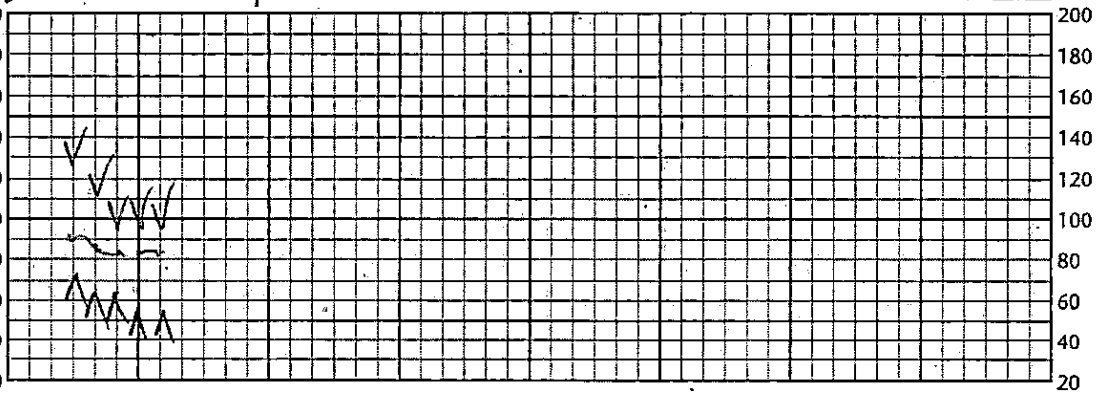
Position Supine

ECG SpO_2 ☑

NIBP

Fluid warmer ☑

Patient warmer ☐



IV Fluids		11 --						
Events		A) B)						
FiO_2 N_2O ☐		1.0	1.0					
SpO_2		100	100					
$ETCO_2$		4.6	4.5					
ETAA								

Eye care ☑

Pressure point care ☐

Events

Ⓐ GA

Ⓑ KTT.

Ⓒ

Ⓓ

Ⓔ

Ⓕ

Ⓖ

Ⓗ

IV fluids

① CSL500 ✓

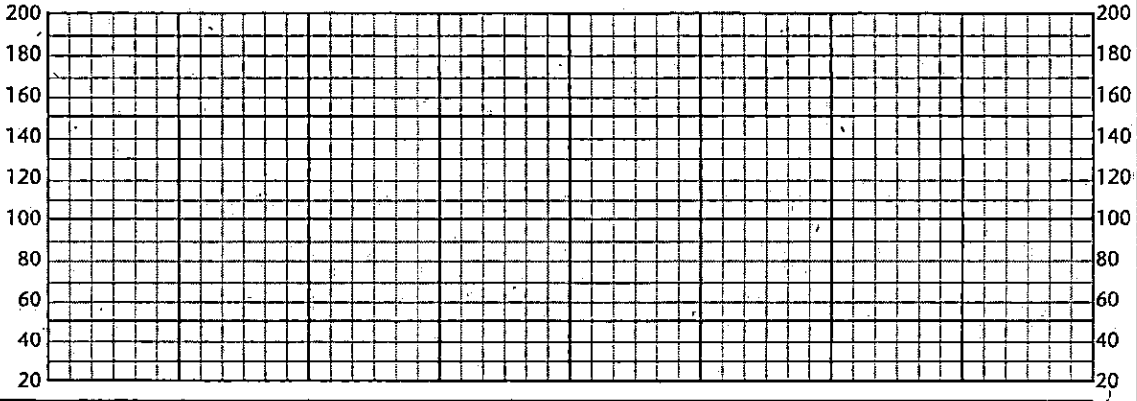
② ③ ④ ⑤ ⑥ ⑦ ⑧

⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

NHS
Greater Glasgow and Clyde

Na 1609632184
Ho MCGEE F
Margaret 16/09/1963
10 WYVIS PLACE
Cl Glasgow, Lanarkshire
G13 4LY
Dc

Time								



IV Fluids								
Events								
FiO_2 N_2O☐								
SpO_2								
$ETCO_2$								
ETAA								

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

4 L/min in recovery

To keep SaO_2 > 94 %

Monitoring/Investigations

Fluids

- E+D - 2hrs @ 150
- Analgesia as prescribed
- Routine obs
- Aim MAP >60mmHg

Anaesthetic Notes

Anaesthetic Record

NHS Greater Glasgow and Clyde

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4P

Pre-op

Procedure(s) Hysteroscopy

Anaesthetist(s) Anurag Singh
Catriona Hoskin

Surgeon(s)

Elective ☐
Urgent ☐
Immediate ☐

C	SAS	ST	CT	PA
☐	☐	☐	☐	☐
	☐	☐	☐	

Date 22/2/18

Discussed with supervising consultant _____

SUMMARY

GA ☐
Spinal ☐
Epidural ☐
Sedation ☐
Other LA

FM vent OK ☐
LMA OK ☐
Laryngoscopy gd ____

ASA 1 2 (3) 4 5
Comment

Anaesthetist
Sign / Print _____

ASSESSMENT

Airway / Dentition

MP4F
rtn

RS

As/Hx.
COPD
40cigs/day

CVS

GI / Renal / CNS / Other

→ Baclofen
→ Co

Previous anaesthesia / Family history

All - ok

Assessor
Sign / Print / Date _____

Ht
Wt kg
BMI

BP ___ / ___
ECG

Hb	Na
WCC	K
Plts	U
XMatch	Cr
Clotting	Gluc

Allergies / Reactions

NKDA

Current therapy

No Pain Meds Only

OK with NSAIDs ☐

Risks discussed

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Equipment check performed ☐

Vascular access

Cannula 20G DLH

A line

CVP

Airway/Ventilation

FM — Pre-ox ☐

LMA 3-0 — Cricoid P ☐

ETT — SV ☐

Grade — IPPV ☐

Regional Anaesthesia

Propofol	200mg							
Remifentanil	100mg							
Time	10							

Position

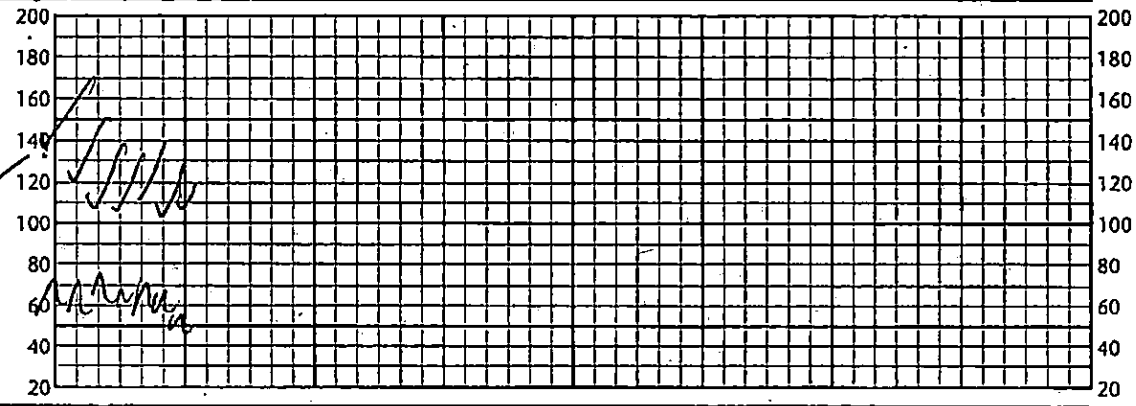
L Hip

ECG SpO_2 ☐

NIBP

Fluid warmer ☐

Patient warmer ☐



IV Fluids (1)

Events

FiO_2 N_2O ☐	1-63							
SpO_2	98 98							
$ETCO_2$	4.3							
ETAA	2.4							

Eye care ☐

Pressure point care ☐

Events

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ

IV fluids

① Hartmanns ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

NHS
Greater Glasgow and Clyde

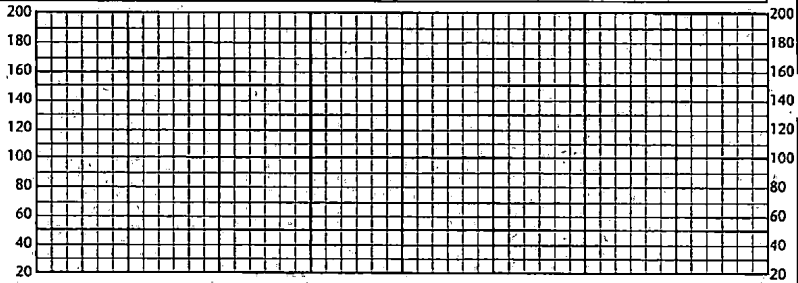
Name

Hospital no.

CHI no.

DoB / Age

Time								



IV Fluids								
Events								
FiO_2 N_2O ☐								
SpO_2								
$ETCO_2$								
ETAA								

Anaesthetic Record

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

4 L/min in recovery

To keep SaO_2 > 95 %

Fluids

Monitoring/Investigations

Anaesthetic Notes

Anaesthetic Record

NHS Greater Glasgow and Clyde

1609632184
MCGEE
Margaret F
365 KELSO STREET 16/09/1963
YOKER
Glasgow, Lanarkshire
G13 4PG

Date 11 / 1 / 16

Pre-op

Procedure(s) caudal + femoral FB Lavage

Anaesthetist(s) Watson / Thomas

Surgeon(s) Hussain

Elective ☑ Urgent ☐ Immediate ☐

C	SAS	ST	CT	PA
☑	☐	☑	☐	☐
☐	☐	☐	☐	

Discussed with supervising consultant _____

SUMMARY

GA ☑ Spinal ☐ Epidural ☐ Sedation ☐ Other LA

FM vent OK ☑ LMA OK ☐ Laryngoscopy gd ___

ASA 1 (2) 3 4 5

Comment

Anaesthetist Sign / Print _____

ASSESSMENT

Airway / Dentition Top dentures

RS Smoker ~40/day COPD

CVS

GI / Renal / CNS / Other

Previous anaesthesia / Family history

Rev GA ok

Assessor Sign / Print / Date _____

Ht 1.54

Wt 42 kg

BMI 18

BP ___ / ___

ECG

Hb	Na
WCC	K
Plts	U
XMatch	Cr
Clotting	Gluc

Allergies / Reactions

NKDA

Current therapy

Salbutamol
Beclamethasone
Tiotropium
Citalopram
Gabapentin
Naproxen
Solifenacin

OK with NSAIDs ☐

Risks discussed

CA - sore throat, nausea

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 20ga hand

A line

CVP

Airway/Ventilation

FM		Pre-ox	☑
LMA 3		Cricoid P	☐
ETT		SV	☑
Grade		IPPV	☐

Regional Anaesthesia

LA infiltrated by surgeon.

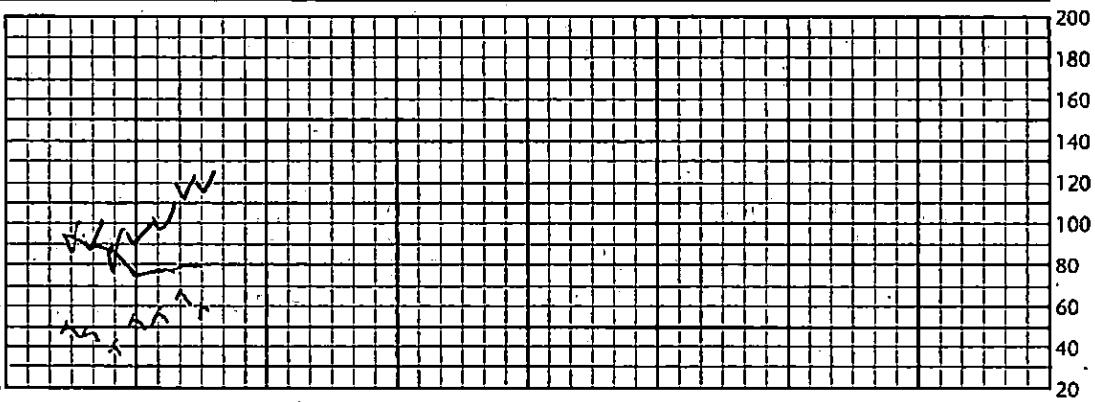
Midazolam	2								
Alfentanil	1000								
Propofol	150								
Metaraminol (0.5mg)	↓								
Time	11.00	12.00							

Position

ECG SpO_2 ☑
NIBP

Fluid warmer ☐

Patient warmer ☐



IV Fluids (1)

Events

FiO_2 N_2O ☐	0.6	0.5							
SpO_2	99	99							
$ETCO_2$	3.5	5.0							
ETAA	2.5	2.0							

Eye care ☑

Pressure point care ☑

Events

Ⓐ
Ⓑ
Ⓒ
Ⓓ
Ⓔ
Ⓕ
Ⓖ
Ⓗ

IV fluids

① CJ2508
②
③
④
⑤
⑥
⑦
⑧

⑨
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⑫
⑬
⑭
⑮
⑯

NHS
Greater Glasgow and Clyde

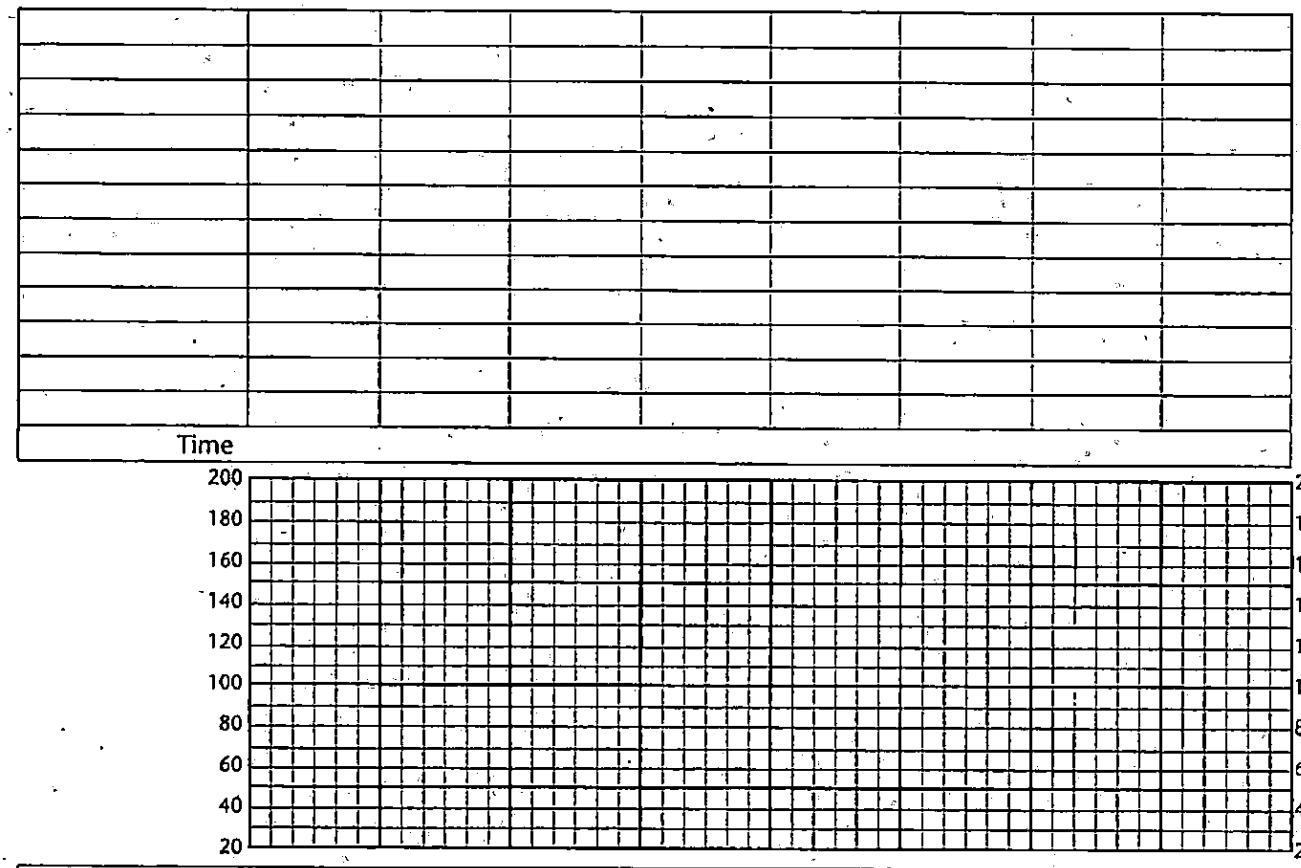
Name

Hospital no.

CHI no.

DoB / Age

Anaesthetic Record



IV Fluids	
Events	
FiO_2 N_2O☐	
SpO_2	
$ETCO_2$	
ETAA	

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

____ L/min in recovery

To keep SaO_2 > 93 %

Fluids

E+D as above
Fentanyl recovery protocol.

Monitoring/Investigations

Anaesthetic Notes

South Glasgow Hospitals

ANAESTHETIC RECORD

NHS Greater Glasgow and Clyde

Date: / /

Pre-op instructions:

Fast for: AM Lunchtime PM List

Patient de

1609632184

Name: MCGEE F

Unit N°:. Margaret 16/09/1963

Address: 365 Kelso Street Glasgow G13 4PG

DOB

Assessor: SINGH. 14/5.

Ward:

Proposed operation:

ML + diagn. + panendoscopy.

Pre-op assessment

Previous G.A.'s: eye surgery; last - 3yrs. - Ø prob.

CVS: HR 70/- BP 105/65.

Resp: Sats = 100%. PEFR = 250mls. COPD.

Other (specify):

pain lower back.

Fasted: S - 2145 L - 0430.

Reflux: Ø.

Drugs:

07⁰⁰ Salbutamol inhaler

07⁰⁰ Beclamethasone inhaler

Tramadol

anti-depressant - ? what.

N.S.A.I.D's X

Allergies:

Ø.

BMI: 150. (16)

Weight (kg): 40

Airway: neck/ mo/ MP, TM=5/. JP↓

Dentition: top set, for gaps.

Investigations

Na+:	Hb:	Others (specify): PFT. FEV1/FVC = 66%.
K+:	WCC:	
C1-:	Plts:	
HCO3-:	ECG:	
Urea:	CXR:	
Creat:	Glucose	

Urgency		A.S.A.
Elective	☑	1
Scheduled	☐	(2)
Urgent	☐	3
Emergency	☐	4
		5

Material risks explained ☐

Comments / Warnings

Anaesthesia

Date: 14.05.14

Machine check: ☑ Circuit check ☐

Cannula: 20 G, L/R (Hand) Arm Foot

Cannula: G, L/R Hand Arm Foot

Arterial site: | CVP site:

Patient position:

ECG ☐	NIBP ☐	S_pO_2 ☐
E_TCO_2 ☐	FiO_2 ☐	E_TAA ☐
ALL ABOVE ☑		
TOF ☐	CVP ☐	IABP ☐
Blood warmer ☐	Patient warmer ☐	
Anti DVT ☐	U/O ☐	Temp ☐

Fluids warmed.

① Hartmans.

Pre O_2 ☑

Cricoid ☐

Airway - Oral / Nasal

ETT size: 5 | LMA size:

(Oral) / Nasal | Type: MLT

(Cuffed) / Uncuffed | Pack: In / Out

30

Ventilation - Spontaneous / (Controlled)

(Circle)	(Air) / N_2O
Bain	(SEVO)
T-piece	ISO
ADE	DES

BMV - Grade 2 - easy.

Laryngoscopy Grade: 1 (2) 3 4

Mac 3 - BURP.

Time | 1000.

ALFENT.	1mg
PROPOFOL	120+30
ROC	20.
FENT.	25 25
ONDANS	4
SpO_2	100 ← 100
FiO_2	50
$ETCO_2$	4.6
E_TAA MAC	.9
Fluids	①
Temperature	

180 160 140 120 100 80 60 40 20

CVP

Blood loss

Urine output

Regional Anaesthesia / Other Procedures / Comments

Operation Details **Theatre:** 6 INS.

Operation as proposed on page 1 ☑ Reversal given: Yes ☑ No ☐

Anaesthetist(s): SINGH.	Surgeon(s): OOZEER.
Named Consultant:	Discussed with Consultant: Yes ☐ No ☐

Post Operative Care

A. Oxygen 4 L/min **OR** **% for** **hours** **OR SpO_2** 96 % **on air.**

B. Routine observations / postoperative care as per local protocol.

C. Appropriate DVT prophylaxis precribed: Yes ☐ N/A ☐

D. Anti-emetic given: Yes ☑ No ☐ Drug given: Ondansetron 4mg

E. Analgesia:

I.V. Morphine as per Recovery Algorithm - Sign		
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:

OR

I.V. Fentanyl as per Recovery Algorithm - Sign		
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:

F. Post Operative fluids

Fluid (additive)	Volume	Rate	Sign	Start	Lot No.	Initials
	Nil fluids					

Post operative notes / Comments

Post Operative Care

Time	0955	1000	1005	1010	1015	1020
SpO_2	99	99	100	100	100	100
O_2 L/min	4L	4L	4L	4L	4L	4L
Resp Rate	18	16	16	16	16	16
Airway	oral	oral	oral	oral	oral	oral
Temperature	36°C (tympanic)	—	—	—	—	—
CVP	—	—	—	—	—	—
Wound site	✓	✓	✓	✓	✓	✓
Affected limb pulse: +ve/-ve	—	—	—	—	—	—
Circulation Satisfactory:S Poor: P	—	—	—	—	—	—
Sensation +ve/-ve	—	—	—	—	—	—
Movement +ve/-ve	—	—	—	—	—	—
Sedation/Pain score	0/0	0/0	0/0	0/0	0/0	0/0
Nausea score	0	0	0	0	0	0

Time	Fluid in	Urine	Drain 1	Drain 2	Blood results / Drug given

Additional nursing comments

See care plan

Waterlow Score [ ] **Intervention required:**

Discharge criteria met:	Discharged to:	Recovery Nurse name:	Ward Nurse name:
Yes ☐ NO ☐	Ward:	.....	.....
Comments:	HDU ☐ ITU ☐	Signature:	Signature: .....

VIC 638 Cat. No. 0163149 VI MEDICAL ILLUSTRATION • ANAES • 1985 / 6.05

Acute Services Division
GG&C Day Surgery/23 hour Care Plan

Admission Checklist

NHS Greater Glasgow and Clyde

A 1609632184
N MCGEE
Margaret F
10 WYVIS PLACE 16/09/1963
Glasgow, Lanarkshire
G13 4LY

Hospital:	GGH
Consultant: Hilmi	Date: 7/3/22

Proposed Operation:-

Patient Questionnaire Completed?	Yes ☐	No ☐
Pre-Op Assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name: Liz (friend collecting)	Telephone Number: 07462870628	
Confirm "Next of Kin" on pre-assessment Yes Name: Leeanne McGhee	Telephone No: 07552154975	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
Carer required to stay with patient?	Yes ☐	No ☐
Date of LMP?	Date.....	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑ N/A
Pregnancy test results	+VE	-VE N/A
Group and save results checked Date done.....	Yes ☐	No (N/A)
Anti D required	Yes ☐	No ☐ N/A
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....	Yes ☐ Yes ☐ Result.....	No ☑ No ☑
Is the patient diabetic If "Yes" BM on admission results.....	Yes ☐ NIDD ☐ DD ☐	No ☑
Urinalysis done Results.....	Yes ☐	No (N/A)
CJD single question asked Answer to CJD single question	Yes ☑ NO ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified (No, I have not been notified)	Comment if required
Has the patient been nursed outwith Scotland in the last 12 months?	Yes ☐	No ☑
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- ..... Tissue Viability contacted Yes N/A	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.	feels nervous, Does not like needles	
Fit Form required	Yes ☐	No ☑

Baseline Observations

	Time 9:14	Time.....
SPO2	96%	
BP	119/69	
HR	93	
Temp	35.8	
Staff Initials	JM	

Weight: 39.9kg Height: 1.52m

Resp:

Any relevant medical history or other information

COPD

Please print & sign name when checklist completed

Name : Lisa Mathieson
Time : 09:58

Acute Services Division
GG&C Day Surgery/23 hour Care Plan
Admission Checklist

-ve covid. Find Isolated
no allergies
no metal

1609632184
MCGEE F
Margaret 16/09/1963
10 WYVIS PLACE
Glasgow, Lanarkshire
G13 4LY

Patient mode of transport to theatre Trolley ☐ Walking ☐ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
X-Rays and Scans	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
Prescription Chart	Yes ☐ No ☐ Herma	Yes ☐ No ☑	Yes ☐ No ☐
Alert sticker		Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☐ No ☑	Yes ☑ No ☐	Yes ☐ No ☐
Checked against theatre list	Yes ☐ No ☑	Yes ☑ No ☐	Yes ☑ No ☐
Patient/Incapacity/Consent(Circle) Procedure and site for Surgery	Yes ☐ No ☑	Yes ☑ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☑	Yes ☑ No ☐	Yes ☑ No ☐
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
If Yes, please specify			
Fasted from - specify time (24hr clock	Food: 6pm last night Fluid: 6 am 2 cup black tea	Checked: ✓	Checked: 0540 - 1800 Black tea
Blood Glucose Score N/A	Time: Score: WR	Time: Score N A	Time: Score N/A
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☑	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state location and type			
External prosthesis e.g. hair extensions, hair pieces.	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If left in situ, state location on patient	eyelash extensions		
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
False Nails	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
State Location:	Crown on bottom, Dentures on top		
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☑ N/A ☐ Not removed yet	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☐ No. ☑ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Admission Checklist

1609632184
A MCGEE
M Margaret F
10 WYVIS PLACE 16/09/1963
C Glasgow, Lanarkshire
I G13 4LY

Preoperative Checklist *continued*			
Pre-operative checks	**Admission Check**	**Reception Check N/A**	**Anaesthetic Check**
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐
CJD question asked Answer to CJD question		Please see page 1 Checked ☑	Please see page 1 Checked ☑
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD ' r public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☑
..IRSA screen results (if applicable)	Positive ☐ Results Pending ☐	Negative ☐ N/A ☑	Comments if required:
Inhalers / Sprays with patient State Type	Yes ☑ No ☐ N/A ☐	Type: Ventolin	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☐ N/A ☑	Type:	
Paper Pants in situ	Yes ☐ No ☑ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked ☐	See P1 Checked ☐
Is there any chance you are pregnant?		See P1 Checked ☐ N/A	See P1 Checked ☐
Pregnancy test carried out Pregnancy test result		See P1 Checked ☐	See P1 Checked ☐ N/A
ampon Removed Comments:	Yes ☐ No ☐ N/A ☐	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☑	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☑	Yes ☐ N/A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☑	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐
Please print and sign name once the checklist is complete	Admission: Eilidh Smith Time: 9:50	Reception: N/A ☐ Time: 1100	Anaesthetic Assistant: Time 1130

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Addressograph Label
Name :
CHI :
DOB :

SURGICAL BRIEF

Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse: SEE	BP: ANAESTHETIC CHART	Temp:	SpO2:	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☐	Or patient has been grouped and saved: Yes ☐ No ☐		
Venous Access					
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☑					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic ☑	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Airway	JET VENTILATION				
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s) — This section NOT applicable ☐

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM score								

Safe use of SpO2 probe to prevent injury — This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☑ No ☐ N/A ☐				Initial Position	LEFT INDEX FINGER	
Time Rotated							
Probe Position							

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: BOTH EYES TAPED

Maintenance of Normothermia — This section NOT applicable ☐

Actions taken to maintain the patient's Temperature	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☐	No ☑ N/A ☐
		Warm Fluids	Yes ☑	No ☐ N/A ☐
		Warming Mat	Yes ☐	No ☑ N/A ☐
		Thermal Hat	Yes ☐	No ☑ N/A ☐
		IV fluid warmer	Yes ☐	No ☑ N/A ☐
		Other - specify BLANKETS	Yes ☑	No ☐ N/A ☐
Patients Temperature documented by Anaesthetist		Yes	No	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

Record of Anaesthetic Pump Infusion Device Numbers					This section NOT applicable ☐

Comments/Events

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Theatre

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Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☐ No ☑	Pat Slide ☐	Hover Mattress ☐	Sliding sheet ☐	Other specify: ☐	Roll Board ☐

Pre - op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: 0 1 2 3	PU Grade: N/A 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☑	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☐	Hydraulic leg supports	☐	Heel gel Pads	☐	At side ☑	At side ☑
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☐
Lithotomy	☐	Other	☐					Shoulder Roll	☐	Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☑	J Board ☑
										Pressure Care:	Pressure Care:
										Gel / Foam Pads ☑	Gel / Foam Pads ☑

Position 2 — This section NOT applicable ☐

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☐	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☐	Hydraulic leg supports	☐	Heel gel Pads	☐	At side ☐	At side ☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☐
Lithotomy	☐	Other	☐							Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☐	J Board ☐
										Pressure Care:	Pressure Care:
										Gel / Foam Pads	Gel / Foam Pads

Electrosurgery — This section NOT applicable ☐

Monopolar Yes ☐ N/A ☐	Bipolar Yes ☐ N/A ☒

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

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Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐					
Padding under tourniquet	Yes ☐ No ☐ N/A ☐					
Cover over tourniquet	Yes ☐ No ☐ N/A ☐					
Post op skin check(s) satisfactory	Yes ☐ No ☐	If 'No' state reason and action:				
Site	**Time inflated**	**Pressure**	**Time deflated**	**Time re-inflated**	**Pressure**	**Time deflated**

Digit Tourniquets — This section NOT applicable ☐

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % Other ☐ Specify:.....%
Site	**Clipped**	**Preparation solution used**	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % Other ☐ Specify:.....%

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site	Drug	Quantity
Site	Drug	Quantity

Drains — This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1				
2				

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Urinary Catheter — Inserted prior to admission — This section NOT applicable ☐

Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

PANENDOSCOPY

Blood Tags — This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: : Yes ☐ No ☐ N/A ☐

Post - op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Action taken if required

Notes / Comments / Events — This section NOT applicable ☐

Traceability Stickers

S14070–001 6302888
Oesophagoscopy 30cms

T–00874–006 6295649
Karl Storz 0 Deg Hopkins Rod

T–01481–005 6287836
Oesophagoscope 30cm

s5032–001 6310306
laryngoscopy Holder

s5032–001 6310306
laryngoscopy Holder

T–01481–003 6296265
Oesophagoscope 30cm

Complies with Article 12 MDD 93/4 7/ECC

s2283–010 6311339
Laser/Direct Laryngoscopy Set

s2283–010 631133
Laser/Direct Laryngoscopy Set

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

Affix Addressograph Label

Name :

CHI :

DOB :

Post-Op Instructions e.g. sutures, physio follow up appointments

Verbal Handover from Theatre to Recovery

Verbal Handover given by: **To:**

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's Name	Anaesthetic Type	Drains	
Theatre	Airway Type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic Infiltration	Skin Inpsection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues **(Skin inspection score post-operative see page 9)**

N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ☐

"Margaret"

NBM UNTIL 1500

Acute Services Division

GG&C Day Surgery/23 hour Care Plan – COPD – inhalers

Immediate Post-operative Recovery – Smoker

No – Eat & Drink UNTIL 1500

– DKOA.

– Laparoscopy + GA.

– Reflux.

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Post-operative Observations

Time	13 10	15	30	45	14 00	15													
210																			
200																			
190																			
180																			
170																			
160																			
150																			
140																			
130																			
120																			
110		^																	
100	^		^	96 ^															
90																			
80	o	o																	
70			(	(															
60	✓	✓	✓	✓															
50				56															
40																			
30																			
Airway type	/	/	1	1															
O_2 Therapy	5	5	RA	2L															
SpO_2	98	98	96%	98%															
Resp. Rate	16	16	16	16															
~~CVP~~ IV1	✓	✓																	
Temp.	36.5°C		–																
Pain Score	0	0	0	0															
P.O.N.V.	0	0	0	0															
Sedation Score	0	0	0	0															
BM Score																			
HemoCue Score																			
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Wound Score																			
Wound Score																			
Wound Score																			
PV Staining																			
Circulation +ve/-ve																			
Sensation +ve/-ve																			
Movement +ve/-ve																			
Pedal Pulse – Left																			
Pedal Pulse – Right																			
Drain 1																			
Drain 2																			
Drain 3																			
Drain 4																			
IV			✓	✓															
Staff initials			CS	CS															

Affix Addressograph Label

Name :

CHI :

DOB :

Time							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
1 Score							
rlemoCue Score							
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Observation

Drug Administration	
IV Fluids in Recovery	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

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2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal Handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's Name	Anaesthetic Type	Drains	Skin inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post-Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain management	Intra-operative events		

Pre-Mobilisation Patient Checks

Time		Comments
BP		
HR		
Sp02		
Wound Site 1		
Wound Site 2		
Diet & Fluids tolerated		
Operated Limb N/A ☐ Colour Sensation Movement		
Signature:		

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

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Discharge Criteria	Yes	N/A	Comments
Able to dress, sit and walk unaided	✓		
Stable NEWs	✓		BP / HR Sp02 %
Sedation Score (alert & orientated)	✓		
Pain controlled (mild <3)	✓		
Post-op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided urine post-op	✓		
vice given if not voided urine post-op	✓		
wound site(s) checked & satifactory 1. 2.		✓	
CSM of operated limb checked & satifactory		✓	
IV Cannula removed	✓		
ID Bracelet/ECG electrodes removed	✓		
Anti-D given		✓	
Post-Op discharge letter (IDL)	✓		
Follow up appointment arranged		✓	By Post ☐ Given ☐
Practice/District Nurse referral		✓	
Post-Op Instructions given		✓	
Discharge medication	✓		
sponsible adult escort	✓		
Responsible adult supervision overnight	✓		
Any skin issues prior to discharge reported		✓	
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.		✓	
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient.		✓	
Patient met discharge criteria at 17[illegible] hrs		By: LW/SOL	
Patient left DSU at: 1745		Destination:	
Discharged into the care of: Friend		Relationship:	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Risk Assessment

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Additional NHSGGC Documentation To be completed on Admission	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Assessment Chart for Wound Management					
Moving and Handling Assessment					
Falls Risk Assessment	✓				
Bedrail Risk Assessment					

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
07.03.22 13.20	Took over patients care, handover given by CN Bolton, observations as charted. IV fluids running, cannula patent. 5L O2 delivered via facemask Patient comfortable and settled at present	CSloan CSLOAN RN
07.03.22 1334	2L O2 delivered via nasal cannulae as SpO2 98% on room air	CSLOAN RN CSloan

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Notes

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Date and Time	Notes	Print Name, Signature and Designation
07.03.22 1343	Phoned theatre C to ask if anaesthetist was happy for the patient to RTW with BP 96/56, anaesthetist gave go ahead for patient to leave the recovery room	CSloan CSLOAN SN
7/3/22 1415	From Recovery	
	IVI 1ns.1h.	
	O_2 2 l.hrs	
	Nil by mouth until 3pm	
	clear 2 W.L.	
7/3/22 1720	Diet & fluids taken	
	Reviewed by Mr Hulme, fit for discharge home. No follow up.	
	Passing Urine	
	Obsentations as charted, News I due to BP	DMcSneery DMCS SN
	Mobile independently	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Notes

Affix Addressograph Label

Name :

CHI :

DOB :

Date and Time	Notes	Print Name, Signature and Designation

NHS Intraoperative Accountable Items Count Record

Date 07/09/22

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WARD

HOSPITAL GGH

THEATRE 6

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) - Signature & Print name
PRE - OP SWAB COUNT	P Lyon	WHITE
PRE - OP INSTRUMENT COUNT	P Lyon	WHITE
FINAL COUNT	P Lyon	L DEAS
FINAL INSTRUMENT COUNT	P Lyon	L DEAS
FINAL DISPATCH COUNT	P Lyon	L DEAS

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1- SIGNATURE: P Lyon

SCRUB PRACTITIONER 2 - SIGNATURE :
To be signed by replacement scrub practitioner if applicable N/A ☐

OPERATION :

PANENDOSCOPY

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time
			Circulating Practitioner (2) Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll		
Swabs (10x10)	5	Tapes		ANT FG	1	
Abdominal packs		Sloops/Slings				
Sutt		Bulldogs				
Blades		Shods				
V needles		Ports				
Syringes		Tibbs Cannula				
Discard-a-pad		Staple Gun Inserts				
Diathermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN		
Reels		Pen & Ruler		Throat pack OUT		
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL WHICH COUNT DISCREPANCY OCCURRED

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect .....

Ensure Datix is Completed ☐
Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

1609632184
MCGEE
Margaret F
10 WYVIS PLACE 16/09/1963
Glasgow, Lanarkshire
G13 4LY

Pre-Operative Patient Questionnaire

For the attention of patients receiving a general anesthetic or sedation

Have you arranged a carer for 24hrs at home	Yes ☑ No ☐
Do you have a cough, cold or nose trouble?	Yes ☐ No ☑
What time did you last have something to eat?	18:00
What time did you last have something to drink?	05:30
Do you require a sick line or self certificate?	Yes ☐ No ☑
Do you have any known skin problems e.g. pressure ulcers or sores?	Yes ☐ No ☑

Patient Agreement

I understand that following day surgery I must:

- Have a carer for the next 24 hrs
- Have a method of transport home and escort .

I understand that following day surgery **I must NOT:**

- Drive a vehicle or ride a bicycle for 24 hrs
- Drink any alcohol for 24 hrs
- Be alone in charge of a baby or child for 24 hrs
- Operate machinery, use a cooker or kettle for 24 hrs
- Climb a ladder or work at heights for 24 hrs
- Sign any important documents for 24 hrs

I certify that I understand and will comply with these restrictions?

Patient signature: ..... Date: 7/3/22

Registered practitioner signature ..... Date: 7/3/22

Comments

COVID-19 SCREENING QUESTIONS

Admission Practitioner

Print Name..... Sign..... Date 7/3/22

1609632184
MCGEE F
Margaret 16/09/1963
10 WYVIS PLACE
Glasgow, Lanarkshire
G13 4LY

When did you have your most recent COVID-19 test? Date 4/3/22 Time 10:30 Does this fall within 72 hrs of admission? Yes ☒ No ☐ Have you self-isolated since test Yes ☒ No ☐ neg Temp 35.8

These screening questions should be asked of every person attending hospital for any reason including those accompanying patients. First ask the COVID-19 screening questions – if NO to all then ask the Respiratory screening questions. If YES to any then place the patient on the respiratory pathway.

COVID-19 Screening Questions	Yes	No
Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 14 days? NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection.		✓
Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?		✓
Have you travelled internationally in the last 10 days to a country that is on the Government red list?		✓
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?		✓
Do you have any of the following symptoms; •High temperature or fever? •New, continuous cough? •A loss or alteration to taste or smell?		✓

Respiratory Screening Questions	Yes	No
Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? (See note 1)		✓
Have you been had a laboratory test with a confirmed respiratory virus/infection such as Influenza in the last 14 days? (See note 2)		✓

Note 1

List of respiratory symptoms below may indicate a respiratory virus;

- ☐ Rhinorrhoea (Runny nose)
- ☒ Congestion in the nasal sinuses or lungs
- ☐ Sore throat
- ☐ Sneezing
- ☐ Coughing

The following can also be symptoms of a respiratory virus/infection but may also be related to a non-respiratory cause therefore caution should be applied in allocation of these patients to the respiratory pathway in the absence of any symptoms noted above.

- ☐ Breathlessness
- ☐ Wheezing or chest tightness
- ☐ Myalgia (Muscle aches)
- ☐ Fatigue (Tiredness)
- ☐ Dyspnoea (Shortness of breath)

Note 2

If the service user advises of having had a test positive pathogen in the last 14 days, they should be placed according to the infective period for that specific pathogen and an assessment of any ongoing infectivity. Refer to A-Z of pathogens for details of individual pathogens.

Operation note:

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard:	0141 211 3000
Department:	ENT
Contact Tel:	
Enquiries to:	
Letter Date:	14/03/2022
Reference:	CY/AMN
Dictated Date:	07/03/2022
Transcribed Date:	10/03/2022

Operation date: 07.03.22
Surgeon: Ms C Yiannakis
Assistant: Mr Omar Hilmi
Anaesthetist: Dr Lewis and Dr Wilkinson
Procedure: Panendoscopy

Gartnavel General Hospital
Department: ENT

INDICATION:

Foreign body sensation in throat with barium swallow indicating a possible post-cricoid web.

FINDINGS:

Very mild laryngitis.

Healthy appearance of the oral cavity, tongue base, tonsils, pharynx and larynx.

Normal appearance of the upper oesophagus.

PROCEDURE:

Surgical and anaesthetic checklist.

Tubeless field with jet ventilation.

Patient positioned supine with pillow under shoulders.

The larynx was initially visualised with a short rigid oesophagoscope and Hopkin's rod.

This was used to visualise up to 16cm in the upper oesophagus with easy passage of scope

Good views of the larynx, supraglottis, subglottis and glottis were achieved.

Healthy appearance throughout apart from mild laryngitis.

Tongue base was soft to palpation and there was no obvious cervical lymphadenopathy.

POST-OP:

1. Routine observations.

2. Nil by mouth for 1 hour and then light diet.

3. Home later if well.

4. No follow up.

Yours sincerely

Ms C Yiannakis

SpR in ENT

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 8.3.19

ADDRESSOGRAPH
1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow
G13 4PG

WARD

HOSP - A.C.H. JIC D.S.U.

THEATRE - 4

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT		NO SCRUB REQUIRED L. WILLIAMS
PRE - OP INSTRUMENT COUNT CORRECT	NO SCRUB NURSE	A. Gordon
FINAL SWAB COUNT CORRECT		M. HERRYSON
FINAL INSTRUMENT COUNT CORRECT		A. ACAR
FINAL SWAB DISPATCH COUNT CORRECT		K. BAILEY

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct

~~SCRUB NURSE 1~~ - SIGNATURE - CIRCULATING NURSE

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION
(COOLED) RADIO-FREQUENCY RIGHT SACRO-ILIAC JOINT

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ITEMS REMAINING IN SITU (Type & Number)
Swabs (2x2)		Tapes				
Swabs (10x10)		Sloops/Slings				
Abdominal packs		Bulldogs				
Sutures		Shods				
Blades		Tibbs Cannula				
IV needles		Ports				
Syringes		Staple Gun Inserts				
Discard-a-pad		Spears				
Diathermy pencil		Throat packs - Anae				
Diathermy tips		Throat packs - Scrub				
Scratch pad		Retrieval Bag (Bert)				
Reels		Digital Tourniquets				
Patties						
Pledgelets						

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 22/2/17

ADDRESSOGRAPH

NAME 1609632184 F
MCGEE
Margaret
DOB 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

HOSP/
WARD
HOSP- New Victory
THEATRE- TH.1.

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	Miller	Doherty PD
PRE - OP INSTRUMENT COUNT CORRECT	Miller	Doherty PD
FINAL SWAB COUNT CORRECT	Miller	Doherty PD
FINAL INSTRUMENT COUNT CORRECT	Miller	Doherty PD
FINAL SWAB DISPATCH COUNT CORRECT	Miller	Doherty PD

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE
SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION: Removal of Mirena hysteroscopy, no specimen

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)		Tapes				ITEMS REMAINING IN SITU (Type & Number)	
Swabs (10x10)	5	Sloops/Slings					
Abdominal packs		Bulldogs					
Sutures		Shods					
Blades		Tibbs Cannula					
IV needles		Ports					
Syringes		Staple Gun Inserts					
Discard-a-pad		Spears					
Diathermy pencil		Throat packs - Anae					
Diathermy tips		Throat packs - Scrub					
Scratch pad		Retrieval Bag (Bert)					
Reels		Digital Tourniquets					
Patties							
Pledgelets							

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

Operation note: HYSTEROSCOPY

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department:
Contact Tel:
Enquiries to:

Letter Date: 22/02/2018
Reference:
Dictated Date: 22/02/2018
Transcribed Date: 22/02/2018

22.02.18
CATRIONA HARDIE (CONS)
HYSTEROSCOPY

New Victoria Hospital
Department:

FINDINGS
Normal vulva vagina cervix
Mirena threads seen
Coil removed intact
Uterine cavity atrophic and normal
No curettings
PROCEDURE
Cleaned draped
Cx dilated to 4mm
Hysteroscopy/hydrodilatation
Poor light quality therefore a second hysteroscopy requested and used
No curettings
POST OP
No FU

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 11/1/16

ADDR	1609632184
NAME	MCGEE, Margaret, F
DOB	16/09/1963
	365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG
HOSP/CHI no.	
WARD	2a
HOSP -	GGH
THEATRE -	F

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	PLyon	CMcLean
PRE - OP INSTRUMENT COUNT CORRECT	PLyon	CMcLean
FINAL SWAB COUNT CORRECT	PLyon	CMcLean
FINAL INSTRUMENT COUNT CORRECT	PLyon	CMcLean
FINAL SWAB DISPATCH COUNT CORRECT	PLyon	CMcLean

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct

SCRUB NURSE 1- SIGNATURE - P Lyon

SCRUB NURSE 2 SIGNATURE -

To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION Left Carpal Tunnel Decompression + Removal of foreign body from left forearm.

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)		Tapes				ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	10	Sloops/Slings				
Abdominal packs		Bulldogs				Tourniquet left arm 220 mins. Up - 11.32 Down 11.50
Sutures	1	Shods				
Blades	2	Tibbs Cannula				
IV needles	1	Ports				
S[illegible]s	2	Staple Gun Inserts				
D[illegible]l-a-pad	1	Spears				
Diathermy pencil		Throat packs - Anae				
Diathermy tips		Throat packs - Scrub				
Scratch pad		Retrieval Bag (Bert)				
Reels		Digital Tourniquets				
Patties		Pen	1			
Pledgelets						

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

Admission Checklist

Hospital: GGH	Consultant: Mr Hussain	Date: 3.11.16.
Proposed Operation:-		
Patient Questionnaire Completed?	Yes ☐	No ☑
Pre-Op assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name: John Chitford (Cousin)		Telephone Number:
Confirm "Next of Kin" on pre-assessment (Yes) Name: Elizabeth Gillies		Telephone No: 07462870628
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
Carer required to stay with patient?	Yes ☐	No ☑
Date of LMP?	Date..... 7 years ago	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑
Pregnancy test results	+VE	-VE N/A
Group and save results checked Date done.....	Yes ☐	No (N/A)
Anti D required	Yes ☐	No ☑
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....	Yes ☐ Yes ☐ Result.....	No ☑ No ☑
Is the patient diabetic If "Yes" BM on admission results.....	Yes ☐ NIDD ☐ DD ☐	No ☑
Urinalysis done Results.....	Yes ☐	No (N/A)
CJD single question asked: Yes Answer to CJD single question: no	Yes ☑ DD ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified No, I have not been notified	Comment if required
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted Yes N/A	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.		
Fit Form required	Yes ☐	No ☑

Baseline Observations

	Time....0930	Time.....
SPO2	96% AIR	
BP	105/65	
HR	80	
Temp	36.9	
Staff Initials	ED	

Please print & sign name when checklist completed	Name: EDOKAN / EDO Time: 0930

221983

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Affi. 1609632184
Nar MCGEE F
CHI Margaret 16/09/1963
DOI 365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

Patient mode of transport to theatre Trolley ☑ Walking ☐ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Case Notes/Scanner Folder	Yes ☐ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
X-Rays and Scans – Hardcopy	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Alert sticker	[redacted]	Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Checked against theatre list			
Check with:	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Patient/ Incapacity/Consent(Circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure and site for Surgery		Yes ☑ No ☐	
Correct site marked	Yes ☑ No ☐		Yes ☑ No ☐
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
If Yes, please specify			
Fasted from - specify time (24hr clock 10/1/16	Food: 1700 Fluid: SIP 0600	Checked: ✓	Checked: 10/1
Blood Glucose Score N/A	Time: Score:	Time: Score N/A	Time: Score N/A
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☑	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
If 'Yes' state location and type		Merino Coil	coil
External prosthesis e.g. hair extensions, hair pieces.	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☑ No ☐ N/A ☐
If left in situ, state location on patient			
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐
Comments			
False Nails	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☐
State Location: upper dentures			
Dentures Removed If "Yes' state where stored: upper	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐ upper dentures	Yes ☑ No ☐ N/A ☐
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

Preoperative Checklist *continued*			
Pre-operative checks	**Admission Check**	**Reception Check N/A**	**Anaesthetic Check**
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐
CJD question asked yes Answer to CJD question no		Please see page 1 Checked ☑	Please see page 1 Checked ☑
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☑	Please see page 1 Checked ☑
MRSA screen results (if applicable)	Positive ☐ Results Pending ☐	Negative ☑ N/A ☐	Comments if required:
Inhalers / Sprays with patient State Type	Yes ☑ No ☐ N/A ☐	Type: Ventolin inhaler	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☑ N/A ☐	Type:	
Paper Pants in situ	Yes ☑ No ☐ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period	7 years ago	See P1 Checked ☑	See P1 Checked ☑
Is there any chance you are pregnant?	no	See P1 Checked ☑	See P1 Checked ☑
Pregnancy test carried out Pregnancy test result	n/a	See P1 Checked ☑	See P1 Checked ☑
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☑	See Admission Check Checked ☑	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☑	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☑	Yes ☐ N?A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2/Accessories	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☑ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information	asthma / COPD – recent chest infection		
Please print and sign name once the checklist is complete	Admission: Edge RN Time: 0930	Reception: AKUA OPONG Time: 1050	Anaesthetic Assistant: R Mullucen Time 11.10

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Anaesthetics

Affix Addressograph Label
Name :
CHI :
DOB :

Surgical Brief

Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse: 86	BP: 90/50	Temp: 37.2	SpO2: 97	Resps: 16
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☑	Or patient has been grouped and saved: Yes ☐ No ☑		
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☑					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic LMA #3	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s)

This section NOT applicable ☐

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring

This section NOT applicable ☑

Time								
BM score								

Safe use of SpO2 probe to prevent injury

This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☑ No ☐ N/A ☐	Initial Position Right index finger

Time Rotated							
Probe Position							

Prevention of Eye Injury

This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: both eyes taped.

Maintenance of Norm-thermia

This section NOT applicable

Actions taken to maintain the patient's Temperature	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other - specify blanket	Yes ☑ No ☐ N/A ☐

Patients Temperature documented by Anaesthetist (Yes) No

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

A 1609632184
N MCGEE F
Margaret 16/09/1963
C 365 KELSO STREET
YOKER
D Glasgow, Lanarkshire
G13 4PG

Record of Anaesthetic Pump Infusion Device Numbers					This section NOT applicable ☐

Comments/Events

Acute Services Division
Surgery & Anaesthetics

1609632184
MCGEE
Aff Margaret F
365 KELSO STREET 16/09/1963
N'YOKER
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GG&C Day Surgery/23 hour Care Plan

Theatre

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☑	Hover Mattress ☐	Sliding sheet ☐	Other specify: ☐	Roll Board ☐

Pre-op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: (0) 1 2 3	PU Grade: (N/A) 1 2 3 4

Area of concern identified – (include area of body)	Actions Taken

Position 1

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☑	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☑	Hydraulic leg supports	☐	Heel gel Pads	☐	At side ☑	At side ☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☑
Lithotomy	☐	Other	☐							Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☑	J Board ☐
										Pressure Care:	Pressure Care:
										Gel / Foam Pads ☐	Gel / Foam Pads ☐

Position 2 — This section NOT applicable ☐

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☐	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☐	Hydraulic leg supports	☐	Heel gel Pads	☐	At side ☐	At side ☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☐
Lithotomy	☐	Other	☐							Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☐	J Board ☐
										Pressure Care:	Pressure Care:
										Gel / Foam Pads	Gel / Foam Pads

Electrosurgery — This section NOT applicable ☐

Monopolar	Yes ☐	N/A ☐	Bipolar Yes ☑ N/A ☐

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

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Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☑ No ☐ N/A ☐					
Padding under tourniquet	Yes ☑ No ☐ N/A ☐					
Cover over tourniquet	Yes ☑ No ☐ N/A ☐					
Post op skin check(s) satisfactory	Yes ☑ No ☐	If 'No' state reason and action:				
Site	**Time inflated**	**Pressure**	**Time deflated**	**Time re-inflated**	**Pressure**	**Time deflated**
left arm	11.32	220mmHg				

Digit Tourniquets — This section NOT applicable ☒

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
Left hand	Yes ☐ No ☐ N/A ☑	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☑ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%
Site	**Clipped**	**Preparation solution used**	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%

cal Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site : Left hand/arm	Drug levobupivacaine 5mg	Quantity 14mls.
Site	Drug	Quantity

Drains — This section NOT applicable ☒

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1	Left hand	4/0 Dermalon	Inadine blue	
2			Serasorb wound crepe	

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Urinary Catheter **Inserted prior to admission** **This section NOT applicable** ☐

Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

Left Carpal Tunnel Decompression + Removal of foreign body from Left Forearm.

Blood Tags **This section NOT applicable** ☐

Blood Tags checked and dispatched appropriately: : Yes ☐ No ☐ N/A ☐

Post-op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Action taken if required

Notes / Comments / Events **This section NOT applicable** ☐

Traceability Stickers

T-00198-004 4056694
GGC Ortho Medium Tray

T-00208-009 4058110
GGC Ortho Hand Extras Tray

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GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

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Post-Op Instructions e.g. sutures, physio, follow up appointments

NAD.
21/1/16.

Verbal Handover from Theatre to Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin inspection score post-operative see page 9)

N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ☐

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GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Post-operative Observations

Time	12 00	12 05	12 10	12 15	12 30	12 45	13 00
210							
200							
190							
180							
170							
160							
150							
140			137				
130				127	123		
120	108	109					
110							
100							
90							
80							
70							
60							
50							
40							
30							
ECG	SR	SR	SR	SR	SR	SR	
Airway type	4	4	4	1	1	1	
O_2 Therapy	6L	6L	6L	6L	6L	0	
SpO_2	99	99	99	99	99	97	
Resp. Rate	12	12	12	14	16	16	
CVP							
Temp.			35.8		36.8		
Pain Score	–	–	–	–	3/10		
P.O.N.V.	–	–	–	–	0		
Sedation Score	3	3	3	1	1		
BM Score							
HemoCue Score							
Hourly Urine Vol. / Total Urine Vol.							
Wound Score (L7)	0	0	0	0	0	0	
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve	tve	tve	tve	tve	tve	tve	
Sensation +ve/-ve	–	–	–	tve	tve	tve	
Movement +ve/-ve	–	–	–	tve	tve	tve	
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

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Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol.							
Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Acute Services Division
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Affix Addressograph Label
Name :
CHI :
DOB :

GG&C Day Surgery/23 hour Care Plan
Discharge Recovery

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre-Mobilisation Patient Checks

Time		Comments
BP		
HR		
SpO2		
Wound Site 1		
Wound Site 2		
Diet & Fluids tolerated		
Operated limb N/A ☐ Colour Sensation Movement		

Signature:

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature

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Discharge Criteria

Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit & walk unaided	✓		
Stable Vital Signs	✓		BP 106/54 HR 70 SpO2 96% Air
Sedation Score (alert & orientated)	✓		
Pain Controlled (mild <3 to 0)	✓		
Post - op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided Urine post-op	✓		
Advice given if not voided urine post-op	✓		
Wound site(s) checked & satisfactory 1. Hand left 2.	✓		Crepe, dg + contact
CSM of operated limb checked & satisfactory	✓		
IV Cannula removed	✓		
ID bracelet/ECG electrodes removed	✓		
Anti-D given		✓	
Appliances given	✓		dressings
Post –Op discharge letter	✓		
Follow up appointment arranged	✓		By post ☐ ✓ Given ☐ 1 week in Book
Practice/ District Nurse referral		✓	Sutures out ASC · appt
Post- Op Instructions given	✓		
Discharge medication	✓		
Responsible adult escort	✓		
Responsible adult supervision overnight	✓		
Any skin issues prior to discharge reported	✓		
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient	✓		
Patient met discharge criteria at ..1730.. hrs			By..EDay..
Patient left DSU at..1815			Destination..EDay..S/N..
Discharged into the care of ..friend			Relationship.....

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

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11/1/16 0930 Admitted to ward 2a for surgery. MEWS 1 BP 105/65 orientated to ward area. EDO /EDougan S/N

11/1/16 13.15 Returned to ward NEWS 1S 0 reduced movement and sensation due to LA Inj R Hand

11/1/16 1330 post op note ^ Bulky dressing 48 hours wound review in 10 days same requested in book. Patient alert and oriented arm currently elevated EDoug /EDoug S/N

11/1/16 1410 diet and fluids tolerated EDoug/EDoug S/N

11/1/16 16.35 passed urine drinking fluids and consumed food. Venflow taken out. Assisted to dress due to bandage on arm. Uneventful NEWS score 1 for blood pressure EDougan S/N

1745 11/1/16 MEWS 1. - blood pressure same on admission diet and fluids tolerated. Urine passed. Venflon removed. GSM intact. IDL given and explained discharge drugs given and explained Await escort home. EDoug / EDoug S/N

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Notes

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Notes

Mr Hussain

Consultant Orthopaedic Surgeon

WGH

11/01/2016

Left Carpal Tunnel Decompression, Left Removal of Foreign Body from Forearm

Name: Miss Margaret McGee		**Ward:**	GGH - 2a
365 Kelso Street Yoker Glasgow Lanarksh G13 4PG		**Surgeon:**	Graeme Hopper
Hospital No:	1609632184 **D.O.B.:** 16/09/1963	**Assistant:**	
Indication:	Carpal Tunnel Syndrome (Left)	**Anaesthetist:**	Malcolm Watson

Carpal Tunnel Decompression (Left)

Preparation

Procedure :	Primary
Clinically :	No muscle wasting
Tourniquet :	250 mm Hg, After elevation
Magnification :	None

Incision and Approach

Incision :	Hockey stick, Longitudinal and Radial border ring finger
Local anaesthetic :	Procedure done under local
Local used :	10 ml of 2% Lidocaine (No adrenaline) + 10 ml of 0.5% Marcain (No adrenaline) - both wounds infiltrated

Intra operative procedure

Retinaculum :	Visualised from above and released completely protecting median nerve
Median nerve :	Narrowed and compressed

Closure

Surgical time :	5 minutes
Wound closure :	Single wound Interrupted 4-0 Nylon
Tourniquet time :	15 minutes overall

Post-operative instructions

Rehabilitation

1° immobilisation :	Bulky dressing only 48 hours
Rehabilitation :	Standard for this procedure
Discharge :	Once mobile and safe today
Review :	1 week in nurse led clinic

Removal of Foreign Body from Forearm (Left)

Preparation

Procedure :	Primary foreign body removal primary closure wound dressing
Location of FB :	Forearm
Position :	Supine
Limb :	On an arm board
Tourniquet :	Pneumatic tourniquet at 250 mm Hg elevation of the limb
Skin prep :	Aqueous Chlorhexidine

Incision

Skin incision(s) :	Point of maximum induration

Findings
Soft tissues : Healthy and Clean
Foreign body : Piece of glass

Procedure
Adverse event : None

Closure
Wound closure : Single portal Interrupted Nylon Remove : 10 days at review
Blood loss : Minimal
Surgical time : 15 minutes
Tourniquet time : 15 minutes

Post operative instructions
VTE Risk : Low
VTE prophylaxis : Intra-op: None Post-op: Adequate hydration and Early mobilisation
Wound review : Wound review at follow up in 10 days

Rehabilitation
1°immobilisation (Elbow) : Bulky dressing only

Follow-up - 21st January NLC for ROS and wound review, bulky bandage to remain until then.

Addenda:

Procedure	Code Type	Code
Carpal tunnel syndrome	ICD 10	G56.0
Carpal tunnel release	OPCS	A65.1
Surgical removal of foreign body from organ NOC	OPCS	Y29.1
Median nerve	OPCS	Z09.2
Left sided operation	OPCS	Z94.3

cc:

Dr M Duffy And Dr A Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

SOUTHERN GENERAL HOSPITAL

OPERATION REPORT

1609632184
MCGEE F
Margaret 16/09/1963
365 Kelso Street
Glasgow
G13 4PG

DATE: 14.5.14

SURGEONS: OOREER (Locum ENT Consultant)

OPERATION PERFORMED

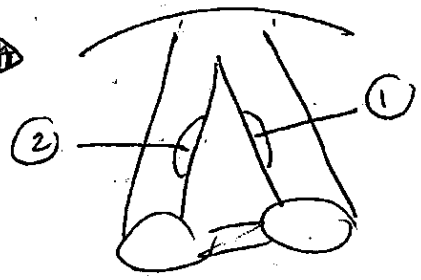
PANENDOSCOPY
MICROLARYNGOSCOPY / BIOPSY.

FINDINGS & PROCEDURE

Indication smoker, hoarseness
Bilateral leukoplakia on FOL.

Procedure GA, ML Tube

Rigid oesophagoscopy to 25 cm NAD.
Bilateral VC leukoplakia mid cords →
Pilling's microlaryngoscopic suspension
BOR VCs biopsied specimen ① (R) VC
② (L) VC.



All other subsites examined NAD
Palpation of BOT / Tonsils / Neck NAD
oxymetazoline spray

Post op: ① Routine diet
② can eat/drink in 20 mins
③ (H) later
④ F/U 4/52 for pathology
⑤ To stop smoking

TISSUE SENT FOR PATHALOGICAL EXAMINATION

Signature Mr Ooreer

GMC 6055866.

0367654-SGI

Intestinal Polyp,Intestinal Polyp,

Performed	21-Sep-2023 10:18	Received	21-Sep-2023 11:54
Reported	03-Oct-2023 13:32	Order Number	D;23.0067124.B
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 21.09.2023
Date received : 21.09.2023 Date reported: 03.10.2023

Reporting Pathologist : Katy Teo PATH
Consultant Pathologist: Katy Teo PATH

COLONIC POLYPS

CLINICAL HISTORY:
Constipation and abdominal discomfort and QFIT=11. Clinical diagnoses - colonic polyps.

MACRO:
A. Transverse colonic polyp
Multiple fragments, the largest 7 mm.

B. Proximal sigmoid polyp
Three pieces of tissue, the largest 12 mm.

C. Distal sigmoid polyp
A 5 mm piece of tissue.

MICROSCOPY:
Microscopy of the transverse colonic polyp (A) shows a tubulovillous adenoma with low and focal high grade dysplasia. There is no invasive malignancy. Adequacy of excision of excision cannot be assessed.

The proximal sigmoid polyp (B) shows a small tubular adenoma with low grade dysplasia. There is no high grade dysplasia or invasive malignancy. Excision appears complete.

Microscopy of the distal sigmoid polyp (C) shows a strip of colonic mucosa with some features compatible with a hyperplastic polyp.

Dr K Teo (ST5)
Reported and typed 29.9.23 mh
Authorised: 03/10/23 by Dr Katy Teo

Reported via digital pathology (validated but currently out of scope for UKAS)

Laryngeal Biopsy,Laryngeal Biopsy

Performed	14-May-2014 00:00	Received	14-May-2014 18:14
Reported	29-May-2014 10:34	Order Number	D,14.0035655.C
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 14.05.2014
Date received : 14.05.2014 Date reported: 29.05.2014

Reporting Pathologist : Jill Forbes PATH
Consultant Pathologist: Douglas McLellan

BILATERAL VOCAL CORD BIOPSY

CLINICAL HISTORY:
Smoker. Leukoplakia vocal cord.

MACRO:
A: Biopsy mid right vocal cord
Pale mucosa 2.2x1x1mm.

B: Biopsy mid left vocal cord
A white strip 3x0.5x0.4mm.

MICROSCOPY (Composite report):
Sections of A and B show an essentially similar appearance, consisting of squamous mucosa with mildly hyperkeratotic epithelium. The lamina propria shows myxoid change, diffusely on the right (A) and focally on the left (B). There is mild basal atypia, but no evidence of dysplasia or malignancy. The features are essentially of simple keratosis.

Dr J Forbes (ST4)
Dr D McLellan (Consultant)
Dictated 28/5/14 Typed 29/5/14 lm

Electronically authorised by Douglas McLellan.

New Victoria Hospital

NHS Greater Glasgow and Clyde

Day Surgery Unit

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Once only prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Time of administration	Prescriber's signature (full)	Administered by	Time given
	TED STOCKINGS	1 PAIR					
08/03/19	AMBISOME GEL	6pied	—	1330			1330

As required prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Max 24hr dose	Prescriber's signature (full)	Administered by	Time given
	CO-CODAMOL 30/500	2	PO	PAIN	6 HOURS				
	DIHYDROCODEINE	30 mg	PO	PAIN	6 HOURS				
	TRAMADOL	50 mg	PO	PAIN	6 HOURS				
	CYCLIZINE	50 mg	IV	NAUSEA	8 HOURS				
	ONDANSETRON	4 mg	IV	NAUSEA	6 HOURS				

IV Morphine as per Recovery Algorithm - Sign		
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:

OR

IV Fentanyl as per Recovery Algorithm - Sign C-W 8/3/19

40µm bolus –Time: 1515	Sign:	Witness:
40µm bolus –Time: 1525	Sign:	Witness:
40µm bolus –Time: 1533	Sign:	Witness:
40µm bolus –Time: 1539	Sign:	Witness:
40µm bolus –Time: 1555	Sign:	Witness:

Discharge prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Number of days supply	Prescriber's signature (full)	Issued by
	~~CO-CODAMOL 30/500~~	~~2~~	~~PO~~	~~PAIN~~	~~6 HOURS~~			
08/03/19	IBUPROFEN	400 mg	PO	PAIN	8 HOURS	HOME PACK		

Allergies / medicine sensitivities

1.
2.

Once only prescriptions

New Victoria Hospital — NHS Greater Glasgow and Clyde

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MCGEE, Margaret — F — 16/09/1963
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YOKER
Glasgow, Lanarkshire
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Date	Medicine (BLOCK CAPITALS)	Dose	Route	Time of administration	Prescriber's signature (full)	Administered by	Time given
	TED STOCKINGS	1 PAIR					

As required prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Max 24hr dose	Prescriber's signature (full)	Administered by	Time given
	~~CO-CODAMOL 30/500~~	2	PO	PAIN	6 HOURS				
	DIHYDROCODEINE	30 mg	PO	PAIN	6 HOURS				
	TRAMADOL	50 mg	PO	PAIN	6 HOURS				
22/2/18	PARACETAMOL	500mg	PO	PAIN	6 hourly				
22/2/18	DIHYDROCODEINE	30mg	PO	PAIN	6 hourly				
	CYCLIZINE	50 mg	IV	NAUSEA	8 HOURS				
	ONDANSETRON	4 mg	IV	NAUSEA	6 HOURS				

IV Morphine as per Recovery Algorithm - Sign				IV Fentanyl as per Recovery Algorithm - Sign		
2mg bolus –Time:	Sign:	Witness:	OR	40µm bolus –Time: 1157	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:		40µm bolus –Time: 1204	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:		40µm bolus –Time: 1209	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:		40µm bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:		40µm bolus –Time:	Sign:	Witness:

Discharge prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Number of days supply	Prescriber's signature (full)	Issued by
	~~CO-CODAMOL 30/500~~	2	PO	PAIN	6 HOURS			
	IBUPROFEN	400 mg	PO	PAIN	8 HOURS			
22/2/18	PARACETAMOL	500mg	PO	PAIN	6 hourly	1 week		

Allergies / medicine sensitivities

1.
2.

MI • 292807

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital Number:	Height:
DOB:	Weight:
Date of Admission: __/__/__	Surface area:
Consultant Name:	Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

DATE →

MONTH →

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT?
RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

B DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

C DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

| | | |

Oral and Other Drugs: Regular Prescription

DATE / MONTH

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: Amoxicillin

DOSE: 500mg | ROUTE: O | DATE: 2/7 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Started 30/6

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

J

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: Capsaicin 0.025% cream

DOSE: 1 app | ROUTE: TOP | DATE: 2/7 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

K

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: Fostair 200-6

DOSE: 2 puffs | ROUTE: INH | DATE: 2/7 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

L

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: Tiotropium 18mcg

DOSE: 1 puff | ROUTE: INH | DATE: 2/7 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

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

Oral and Other Drugs: Regular Prescription

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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 Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

HH DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

JJ DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

KK DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:
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.

All Routes: As Required Prescriptions

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION							
☐	☐	☐	LL	DRUG: Salbutamol			STOPPED DATE:	INITIALS:
			DOSE: 1-2puff	ROUTE: INH	INDICATION: SOB			
			PRESCRIBER (PRINT & SIGN): K		MAX.FREQ.: PRN	DATE: 2/7		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION							
☐	☐	☐	MM	DRUG			STOPPED DATE:	INITIALS:
			DOSE	ROUTE	INDICATION			
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION							
☐	☐	☐	NN	DRUG			STOPPED DATE:	INITIALS:
			DOSE	ROUTE	INDICATION			
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION							
☐	☐	☐	PP	DRUG			STOPPED DATE:	INITIALS:
			DOSE	ROUTE	INDICATION			
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

| | | | | | | |

BEFORE ADMISSION							Patient's Own Medicine
☐	RR	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.
BEFORE ADMISSION							
☐	SS	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.
BEFORE ADMISSION							
☐	TT	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.
BEFORE ADMISSION							
☐	VV	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.

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

Name 1609632184 16/09/1963 MCGEE Margaret

CHI No

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other 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.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
___/___/___ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital N

1609532184
MCGEE
Margaret
F
16/09/1963

DOB:

Date of /
Consult

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

DATE →

MONTH →

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT?
RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

A DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

B DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

C DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

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.

Oral and Other Drugs: Regular Prescription

DATE → 11
MONTH → 1

Patient's Own Medicine

H DRUG: PARACETAMOL

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE: 1 g | ROUTE: O | DATE: 11/1/16 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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 Prescription

DATE
MONTH

Patient's Own Medicine

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

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.

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Patient's Own Medicine

| | | |

All Routes: As Required Prescriptions

Patient's Own Medicine

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other 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.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg	Gram = g
Millilitre = ml	Millimoles = mmol

Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	1609632184 MCGEE Margaret F 10 WYVIS PLACE 16/09/1963 Glasgow, Lanarkshire G13 4LY
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Extraction +/- Implant

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Teeth — Implant
Gums — Bone grafts
Sinus
Pain

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	
Date	7/10/22

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.
- Who will be performing my procedure on the day
- 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.
- That examination for the purpose of teaching will not be undertaken without my consent.

have been told about additional procedures which may become necessary during treatment.
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,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☑	☐
hat surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☑	☐

Patient / parent agreement to treatment

Signature X [signature]	Date 11/3/22
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / family name

Patient's first name

Date of birth

CHI number

1609632184
MCGEE
Margaret
365 KELSO STREET
YOKER
Glasgow
G13 4PG
F
16/09/1963

Gender Male ☐ Female ☐

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Cooled radiofrequency denervation of sacroiliac joint

Side: RIGHT

Procedure number for this side: 1

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

- [ ] RARE: permanent nerve damage leading to impaired sensation or power in legs, bladder dysfunction
- [ ] RARE: serious allergic reaction to drugs
- [ ] RARE: neuritis
- [ ] RARE: serious infection or bleeding
- [ ] COMMON: temporary worsening of pain, lack of long-lasting improvement in pain, local bruising, temporary leg weakness
- [ ] GENERAL: unknown effect of repeated denervation procedures

OR

- [ ] PATIENT DECLINED DETAILED DISCUSSION OF RISKS

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) Dr Lars Williams (Consultant in Pain Medicine)

Date 08/03/09

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.
- Who will be performing my procedure on the day
- 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.
- That examination for the purpose of teaching will not be undertaken without my consent.

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,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature X M McGee	Date 08/03/19
Name (print) M. M°GEE	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

4/

sedation

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patie 1609632184 ıe	
Patie MCGEE Margaret 365 KELSO STREET YOKER Glasgow, Lanarkshire G13 4P F 16/09/1963	
Date	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Right Sacroiliac joint injection

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

- Burning up
- failure
- Partial failure
- Ile in pain
- infection
- Haematoma

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	BAS HP.
Date	30/5/18

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.
- Who will be performing my procedure on the day
- 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.
- That examination for the purpose of teaching will not be undertaken without my consent.

have been told about additional procedures which may become necessary during treatment.
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,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
hat surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature x mme	Date 30.5.18
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

1609632184
MCGEE
Margaret
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG
F
16/09/1963

tice

name

Date of birth	Gender	Male ☐	Female ☑
CHI number			
Special requirements (e.g. other language / communication method)			

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Removal of Mirena.
Hysteroscopy
Endometrial biopsy

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding
Infection
Uterine perforation.

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	[signature]
Name / Designation (print)	[illegible]
Date	22.2.18.

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.
- Who will be performing my procedure on the day
- 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.
- That examination for the purpose of teaching will not be undertaken without my consent.

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,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature X. mmcgee	Date 22.2.18.
Name (print) MARGARET McGEE.	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

(1st inj) OPC: 6/12/17.

Patient Agreement to Investigation or Treatment

Consent Form

(Airneg sedation) (needle-phobic)

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / family name

Patient's 1609632184 MCGEE Margaret F 16/09/1963

Date of I

Gender Male ☐ Female ☐

CHI num

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Right sided sacroiliac joint injection

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

- failure
- Partial failure
- Pee in pain
- Bruising
- Infection
- Haematoma
- Nerve Damage.

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) RAITHER

Date 07/2/18

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.
- Who will be performing my procedure on the day
- 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.
- That examination for the purpose of teaching will not be undertaken without my consent.

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,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature [signature]	Date 7/2/18
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature [signature]	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

1609632184
MCGEE F
Margaret 16/09/1963
365 KELSO STREET
YOKER
Glasgow, Lanarkshire
G13 4PG

Hospital / clinic / GP prac	
Patient's surname / family	
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Excision of lesion (L) Belt area
+ (L) Belt CTD

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

N-V injury, infection, (false treatment)
Scar pain

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	N Davies
Date	24/11/15

00526

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.
- Who will be performing my procedure on the day
- 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.
- That examination for the purpose of teaching will not be undertaken without my consent.

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,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature X MMcG	Date 24/11/15
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

McGee, Margaret ID:1609632184 24-FEB-2022 10:47:44 GREATER GLASGOW SITE-GRCLPO ROUTINE RECORD

16-SEP-1963 (58 yr)
Female

Room:
Loc:281

Vent. rate	78	BPM
PR interval	164	ms
QRS duration	76	ms
QT/QTc	354/403	ms
P-R-T axes	80 81	65

Normal sinus rhythm
Normal ECG

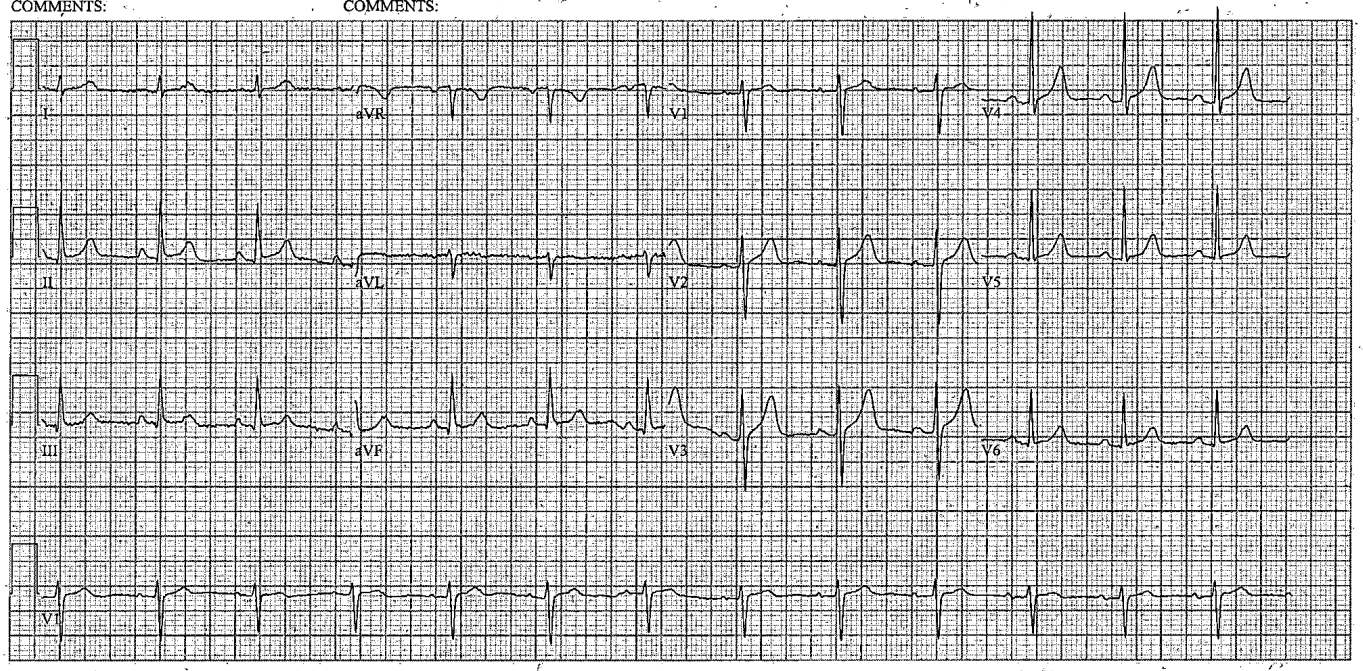
Technician: 242
Test ind:

Referred by: PRE OP

Unconfirmed

COMMENTS:

COMMENTS:



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 136

SID: 4037650 EID: EDT: ORDER:

McGee, Margaret ID:1609632184 15-FEB-2018 14:57:27 GREATER GLASGOW SITE-GGGYCL ROUTINE RECORD

16-SEP-1963 (54 yr)
Female

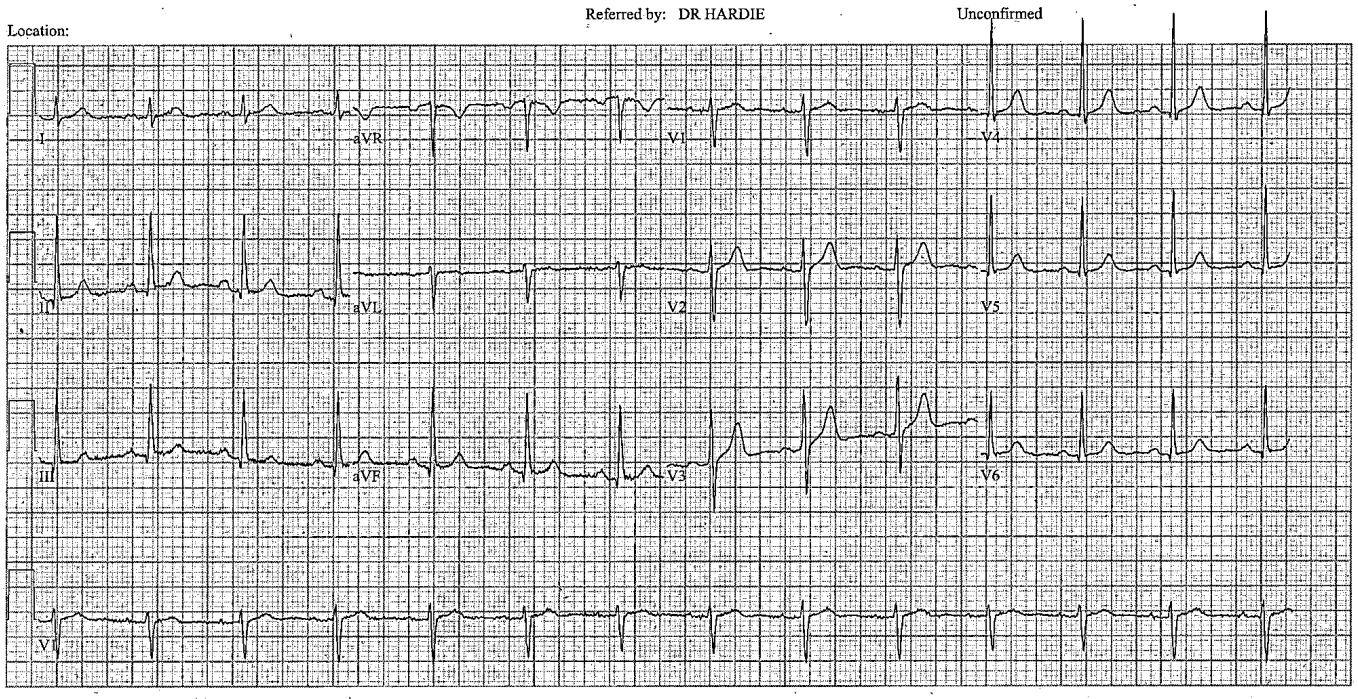
Room:
Loc:158

Vent. rate	81	BPM	Normal sinus rhythm
PR interval	164	ms	Normal ECG
QRS duration	80	ms	
QT/QTc	332/385	ms	
P-R-T axes	72 82	63	

Technician:WIG 724
Test ind:

Referred by: DR HARDIE Unconfirmed

Location:



25mm/s 10mm/mV 150Hz 9.0.4 12SL 237 CID: 81 SID: 4037650 EID: EDT: ORDER:

MCGEE, Margaret ID:1609632184 02-JUL-2016 15:08:18 GREATER GLASGOW SITE- ROUTINE RECORD

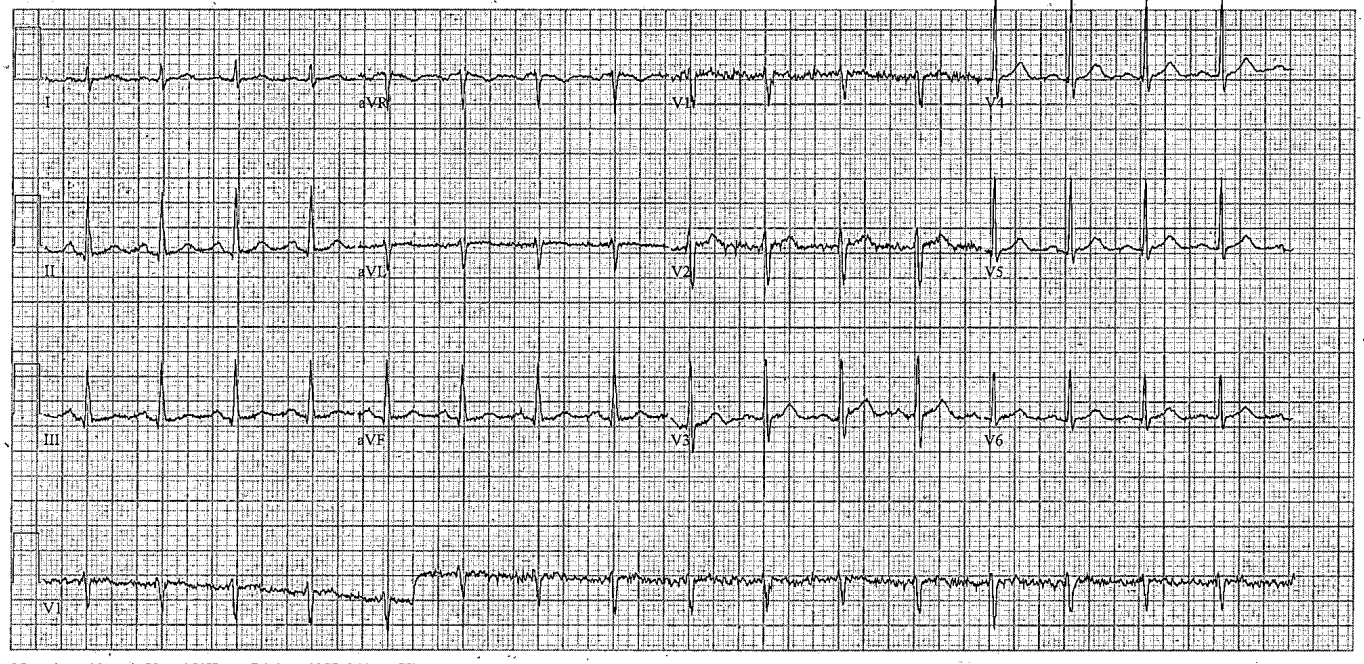
52 yr	Vent. rate	99	BPM	Normal sinus rhythm
Female	PR interval	154	ms	Normal ECG
	QRS duration	72	ms	
Room:	QT/QTc	336/431	ms	
	P-R-T axes	63 83	60	

Technician:
Test ind:

Referred by:

UNCONFIRMED ECG REPORT Sys Admin 3

COMMENTS:



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 CID: 55

SID: 4037650 EID:21003 EDT: 14:50 05-JUL-2016 ORDER:

MCGEE, Margaret ID:1609632184 02-JUL-2016 15:08:18 GREATER GLASGOW SITE- ROUTINE RECORD

52 yr
Female

Room:

Vent. rate	99	BPM
PR interval	154	ms
QRS duration	72	ms
QT/QTc	336/431	ms
P-R-T axes	63 83	60

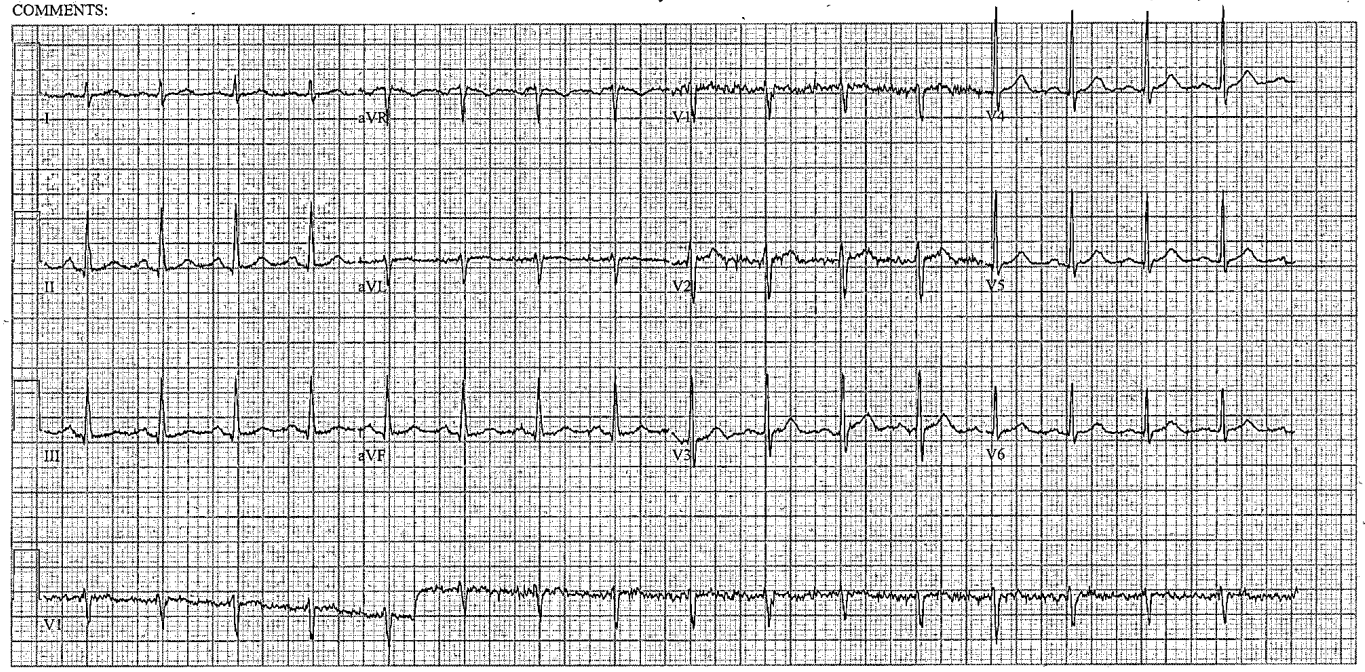
Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by:

UNCONFIRMED ECG REPORT Sys Admin 3

COMMENTS:



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 CID: 55

SID: 4037650 EID:21003 EDT: 14:50 05-JUL-2016 ORDER:

MCGEE, Margaret ID:1609632184 24-NOV-2015 09:40:25 GREATER GLASGOW SITE-WIOROP ROUTINE RECORD

16-SEP-1963 (52 yr)
Female

Room:
Loc:737

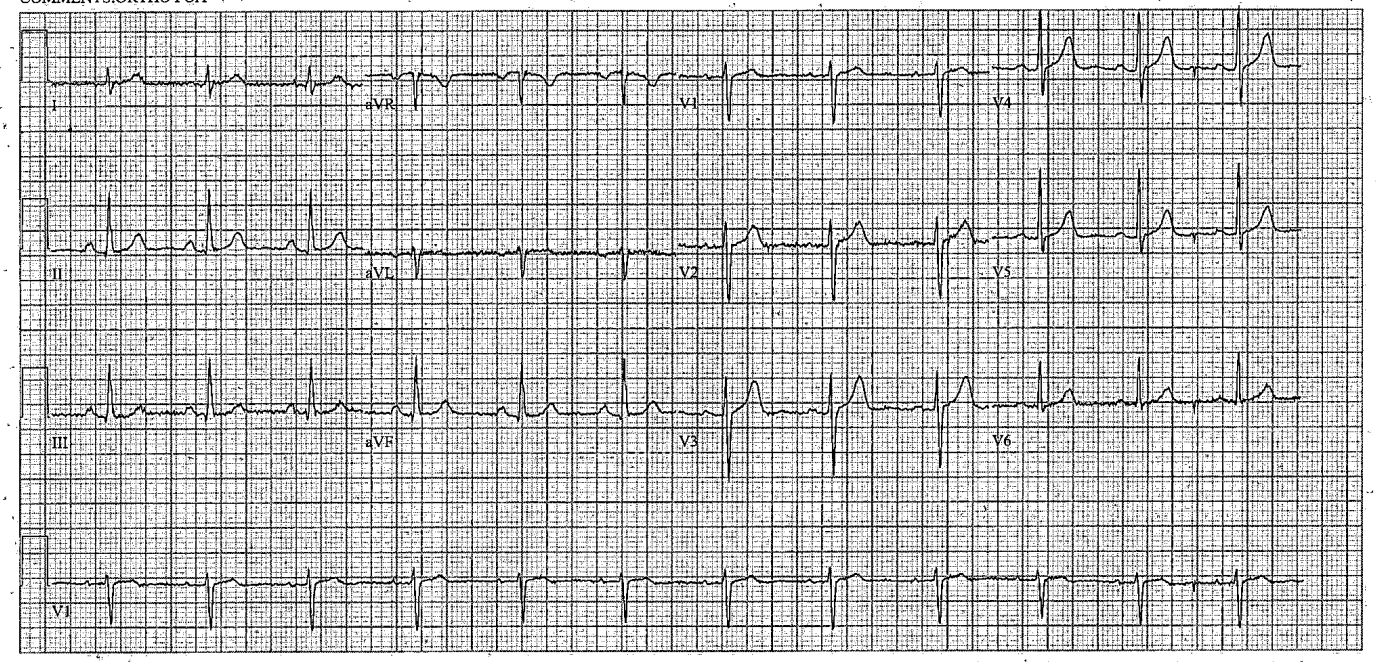
Vent. rate	73	BPM
PR interval	158	ms
QRS duration	78	ms
QT/QTc	352/387	ms
P-R-T axes	79 84	62

Normal sinus rhythm
Normal ECG

Technician: 715
Test ind:

Referred by: HUSSAIN UNCONFIRMED ECG REPORT Sys Admin 19

COMMENTS:ORTHO POA



25mm/s 10mm/mV 150Hz 7.1.1. 12SL 237 CID: 33

SID: 4037650 EID:21019 EDT: 14:27 16-DEC-2015 ORDER:

MCGEE, MGT ID: 1609632184 2-Jul-2016 15:08:18 SOUTH GLASGOW UNIVERSITY HOSPITAL

Vent. rate	99 bpm
PR interval	154 ms
QRS duration	72 ms
QT/QTc	336/431 ms
P-R-T axes	63 83 60

Normal sinus rhythm
[redacted]rmal ECG

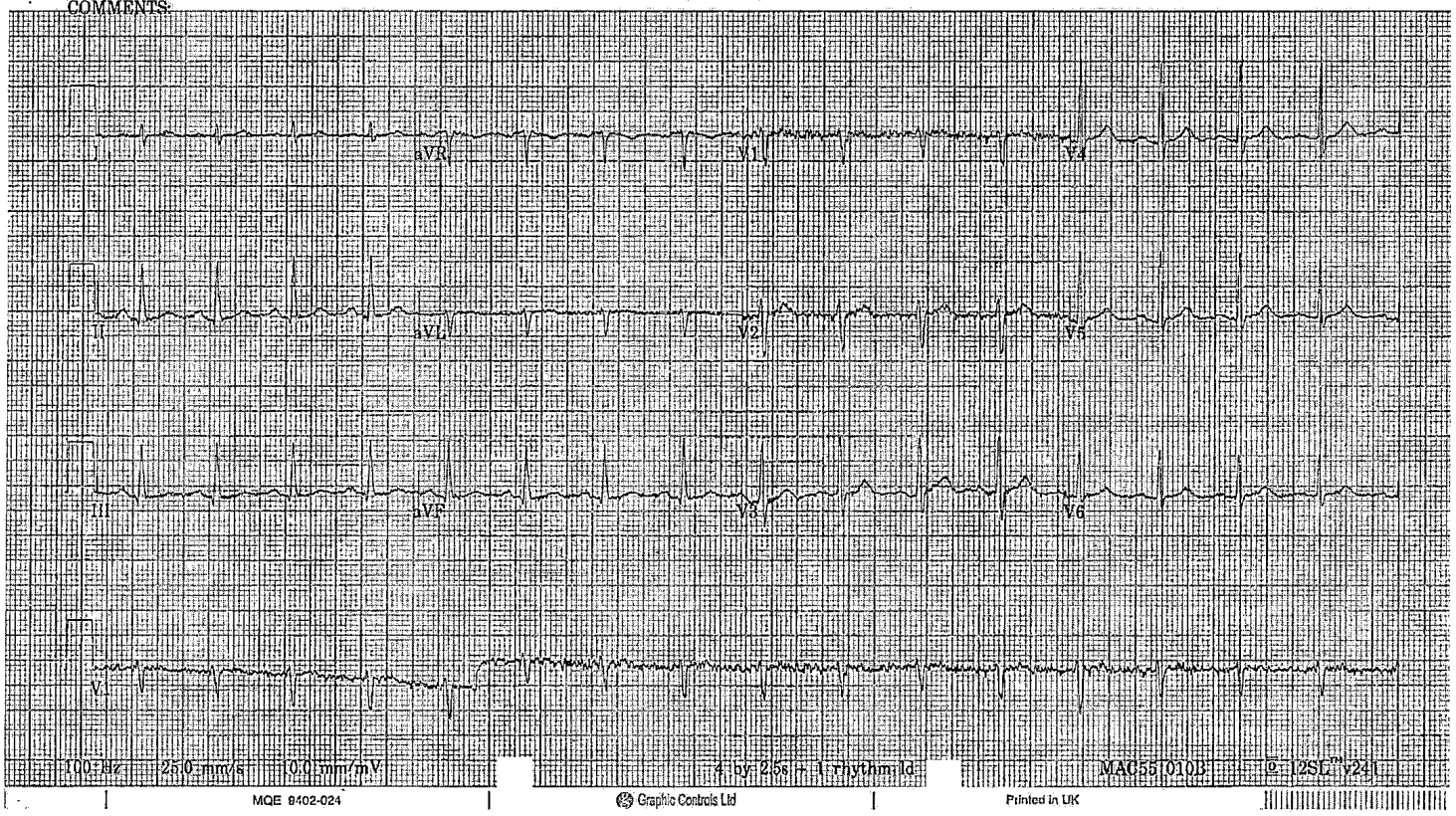
[redacted]

Technician:
Test ind:

Referred by:

Unconfirmed

COMMENTS:



MQE 9402-024 Graphic Controls Ltd Printed in UK

DEPARTMENT OF CLINICAL NEUROPHYSIOLOGY

THE QUEEN ELIZABETH UNIVERSITY HOSPITAL GLASGOW
1345 GOVAN ROAD
GLASGOW G51 4TF

Consultant Clinical Neurophysiologists:

Dr Cameron Mann	0141-201 1954	fax 0141-201-2734
Dr Arup Mallik	0141-201 2480	
Dr Veronica Leach	0141-201 2462	
Dr Shona Livingstone	0141-201 2462	
Dr Aisyah Yaacob	0141-201 2480	

EMG REPORT

Patient:	Margaret McGee
Patient ID	1609632184
Date of Birth:	16/09/1963
Address:	10 WYVIS PLACE, Glasgow Lanarkshire, G13 4LY
Referred by:	Ms Karen Shields, Advanced Physiotherapy Practitioner (Orthopaedics)
Hospital:	Queen Elizabeth University Hospital
Ward or OP:	OP

Comment

This 58 year old right handed lady had been suffering pain in the right palm shooting up the arms but this eased about two months ago. She still suffers phases of nocturnal numbness in the fingers (3-4 nights per week) but this too has eased in the last week. Occasional numbness affects the left hand, I note the previous carpal tunnel decompression. Repeat nerve conduction studies do not show there has been any progression in the very mild right carpal tunnel changes across the wrist (grade 1) when compared to the previous studies in 2018. Standard sensory testing is normal, it is only on the shorter segment palm to wrist studies that a delay is seen. In passing we should note some marginal slowing in the right ulnar nerve across the elbow on motor studies but in the absence of cogent sensory symptoms, these should be ignored.

I have outlined my findings.

Yours sincerely

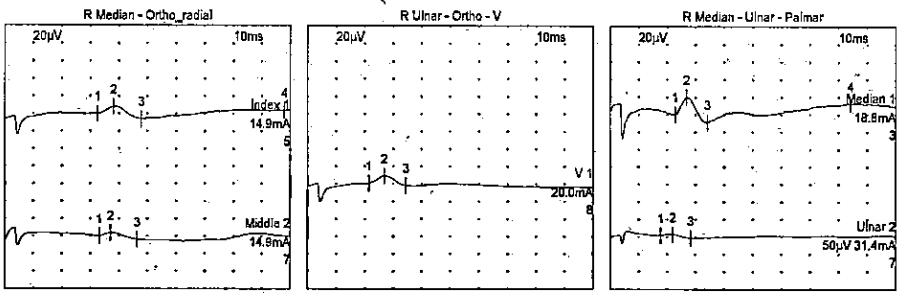
Electronically verified

Dr W L Merton FRCP
Locum Consultant Clinical Neurophysiologist 2586054

WM/LC – 14/03/2022

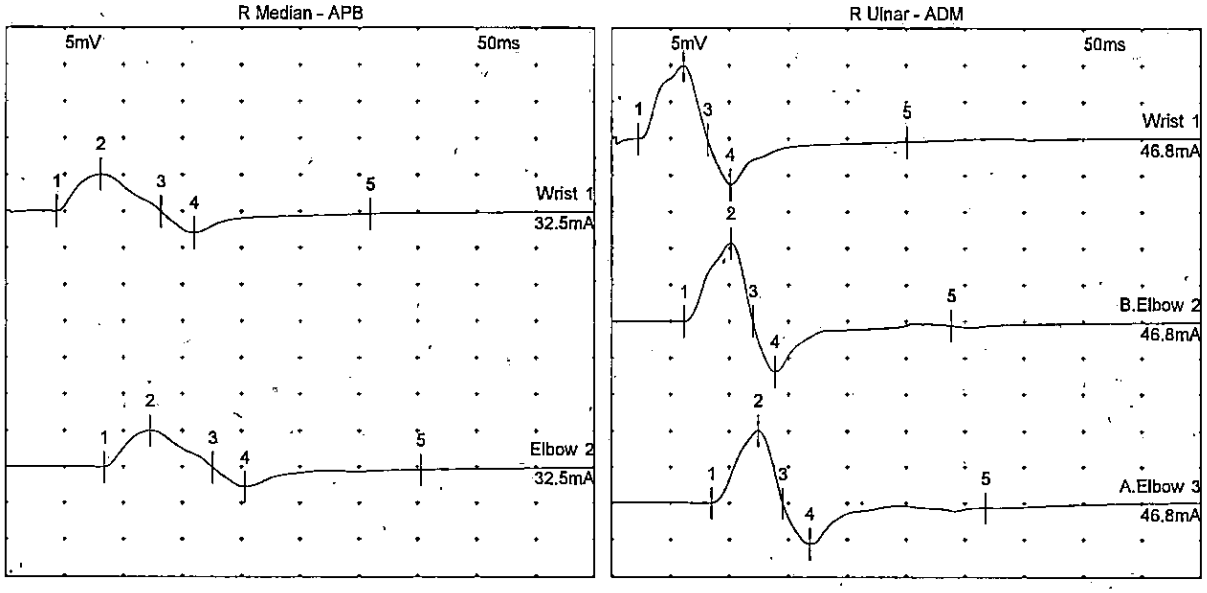
Sensory NCS

Nerve / Sites	Lat. 2 ms	Lat. ms	Amp.1-2 µV	Amp.2-3 µV	Dur. ms	Area µVms	Vel. Pk m/s
R Median - Ortho_radial							
Index	3.81	3.25	7.7	13.8	1.54	7.6	32.3
Middle	3.71	3.31	4.0	7.8	1.33	3.6	31.6
R Ulnar - Ortho - V							
V	2.69	2.15	8.1	10.9	1.31	6.2	36.1
R Median - Ulnar - Palmar							
Median	2.69	2.29	19.7	28.9	1.13	12.2	29.8
Ulnar	2.21	1.77	3.2	11.5	1.06	3.5	36.2



Motor NCS

Nerve / Sites	Lat. ms	Amp.1-2 mV	Dur. ms	Area mVms	Amp.1-2 %	Dur. %	Area %	Dist. cm	Vel. m/s
R Median - APB									
Wrist	4.31	5.1	8.88	25.7	100	100	100	8	
Elbow	8.33	5.1	9.23	26.5	99.7	104	103	21	52.2
R Ulnar - ADM									
Wrist	2.27	10.0	5.90	34.1	100	100	100	8	
B.Elbow	6.17	10.7	5.83	34.6	107	98.9	102	21.3	54.7
A.Elbow	8.48	10.1	6.04	32.9	101	102	96.7	10	43.2



DEPARTMENT OF CLINICAL NEUROPHYSIOLOGY

THE QUEEN ELIZABETH UNIVERSITY HOSPITAL GLASGOW
1345 GOVAN ROAD
GLASGOW G51 4TF

Consultant Clinical Neurophysiologists:

Dr Cameron Mann	0141-201 1954	fax 0141-201-2734
Dr Arup Mallik	0141-201 2480	
Dr Veronica Leach	0141-201 2462	
Dr Shona Livingstone	0141-201 2462	
Dr Aisyah Yaacob	0141-201 2480	
Dr Naseeb Akhtar	0141-201 1954	

EMG REPORT

Patient:	Margaret McGee
Patient ID	1609632184
Date of Birth:	16/09/1963
Address:	365 KELSO STREET, YOKER Glasgow, Lanarkshire G13 4PG
Referred by:	Mr D MacDonald, Consultant Orthopaedic Surgeon
Hospital:	West Glasgow ACH
Ward or OP:	op

CC:

Reason for referral

Nerve conduction studies for this lady who has symptoms of bilateral carpal tunnel syndrome. She appears to have had previous wrist injuries with probable scaphoid fractures. CT scan done to investigate this.

History and Examination

This patient reported having carpal tunnel decompression done on the left side in 2016. She has had tingling and numbness in the left hand, mainly index, middle and ring fingers, which did get better after decompression surgery for a while but for the last few months she thinks her symptoms similar to symptoms prior to decompression have returned. She also has similar symptoms on the right side. She can wake up with numb/tingly hands at night. She also has some pain in the wrists, especially on the radial side. She suffers neck discomfort and lower back pain.

On examination, muscle bulk and strength appear reasonable in bilateral hands. I could see a scar over the volar aspect of left wrist, which probably is from her CTS decompression.

Nerve Conduction Studies and Report

Bilateral median, superficial radial, ulnar SNAPs are within normal limits for peak latencies and SNAP amplitudes. Thumb median to superficial radial carpal tunnel sensory

comparative studies are positive on the right and negative on the left. 4th digit ulnar to 4th digit median carpal tunnel sensory comparative studies are positive on both sides.

Right median motor responses are normal for distal latency, CMAP amplitudes and conduction velocity. Left median motor responses, although normal for distal latency and conduction velocity across the forearm, are somewhat smaller in amplitudes compared with the right side, although within normal limits from distal stimulation.
Right and left ulnar motor responses are normal with no focal conduction block or slowing seen across the elbow. Right and left ulnar distal motor responses over FDI are within normal limits with no significant side to side difference seen. Right and left ulnar F waves are normal and symmetric.

Needle EMG was not carried out as the patient was apprehensive of the test and decided not to have needle EMG tests carried out, which is reasonable as needle EMG tests are not very sensitive in diagnosis of cervical radicular pathology.

Opinion
There is evidence of very mild (grade 1) carpal tunnel syndrome on the right side with both carpal tunnel sensory comparative studies being positive on the right.

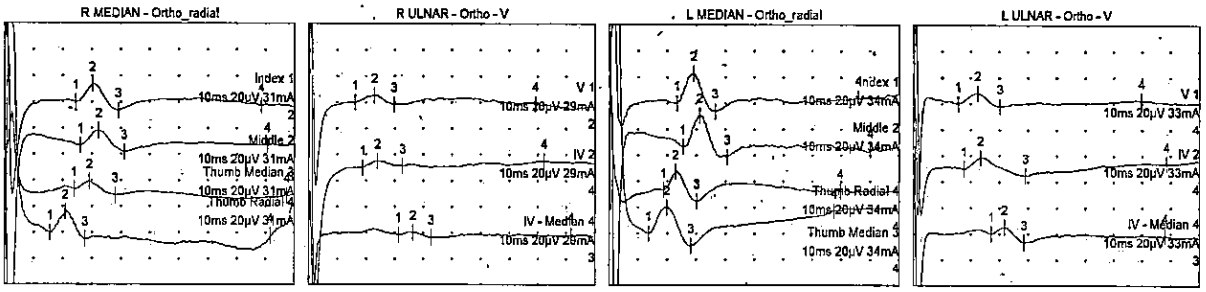
On the left side, she described having CTS decompression in 2016. Only one of the two carpal tunnel sensory comparative studies are positive on the left. This could be due to residual abnormalities after previous carpal tunnel syndrome. It is difficult to be sure if there is recurrence as I do not have previous nerve conduction studies to compare with. The findings are subtle and you may have to make a clinical judgement here. She may have additional cervical radicular pathology contributing to her symptoms and you may wish to rule this possibility out with appropriate imaging. I did not carry out needle EMG tests for the reasons described above.

Dr Naseeb Akhtar
Consultant Clinical Neurophysiologist
Electronically verified
NA/SL – typed 31/07/2018

Sensory NCS

Nerve / Sites	Lat. 2. ms	Lat. ms	Amp.1-2 µV	Amp.2-3 µV	Dur. ms	Area µVms
R MEDIAN - Ortho_radial						
Index	3.02	2.45	13.7	20.1	1.46	10.7
Middle	3.23	2.60	11.7	16.6	1.51	10.2
Thumb Median	2.92	2.40	6.0	10.5	1.41	4.7
Thumb Radial	2.08	1.56	16.3	21.1	1.20	10.6
L MEDIAN - Ortho_radial						
Index	2.92	2.34	22.9	28.9	1.30	15.4
Middle	3.13	2.55	24.4	32.2	1.51	16.3
Thumb Median	2.29	1.88	14.1	22.5	1.15	9.3
Thumb Radial	1.98	1.35	20.1	29.5	1.46	18.0
R ULNAR - Ortho - V						
V	2.29	1.61	5.4	7.2	1.35	4.5

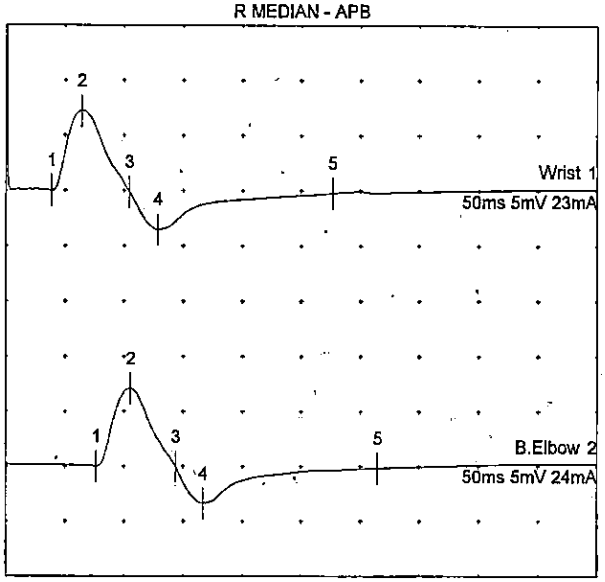
Nerve / Sites	Lat. 2 ms	Lat. ms	Amp.1-2 µV	Amp.2-3 µV	Dur. ms	Area µVms
IV	2.40	1.88	5.2	4.1	1.41	3.4
IV - Median	3.65	3.13	1.8	3.5	1.15	1.7
L ULNAR - Ortho - V						
V	2.24	1.56	8.1	10.4	1.46	6.5
IV	2.34	1.77	8.6	13.9	2.14	9.4
IV - Median	3.18	2.71	5.2	11.7	1.15	4.5



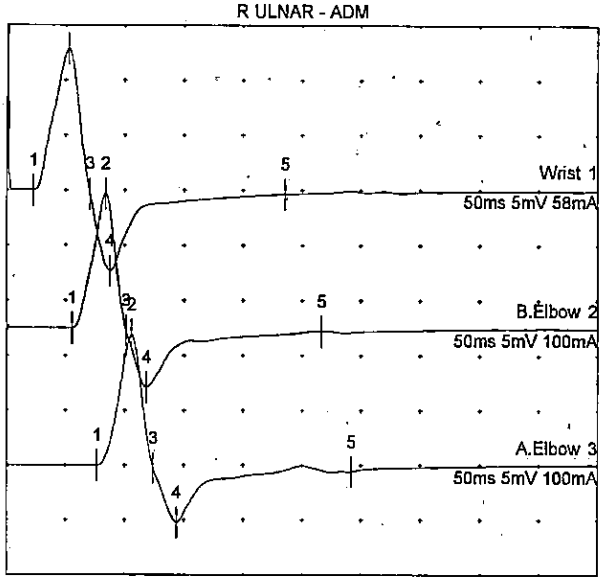
Motor NCS

Nerve / Sites	Lat. ms	Amp.1-2 mV	Dur. ms	Area mVms	Amp.1-2 %	Dur. %	Area %	Dist. cm	Vel. m/s
L MEDIAN - APB									
Wrist	3.33	4.5	6.67	18.3	100	100	100	8	
Elbow	7.55	3.8	6.82	16.4	85.1	102	89.6	22	52.1
R MEDIAN - APB									
Wrist	3.85	7.3	6.61	25.7	100	100	100	8	
B.Elbow	7.66	7.1	6.72	25.3	97.9	102	98.3	23	60.5
R ULNAR - ADM									
Wrist	2.24	12.9	4.84	31.6	100	100	100	8	
B.Elbow	5.57	12.2	4.53	26.1	94.6	93.5	82.7	19	57.0
A.Elbow	7.66	11.9	4.74	25.9	92.4	97.8	82	12	57.6
L ULNAR - ADM									
Wrist	2.19	12.3	5.16	28.9	100	100	100	8	
B.Elbow	4.74	12.9	5.00	27.3	105	97	94.5	13	50.9
A.Elbow	6.93	12.6	5.05	26.5	103	98	91.8	11	50.3
L ULNAR - FDI									
Wrist	2.81	8.2	4.64	20.9	100	100	100		
R ULNAR - FDI									
Wrist	2.86	11.5	4.06	26.0	100	100	100		

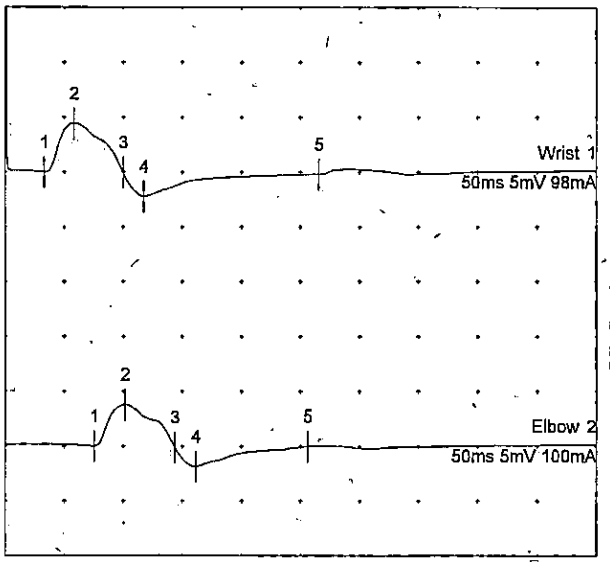
R MEDIAN - APB



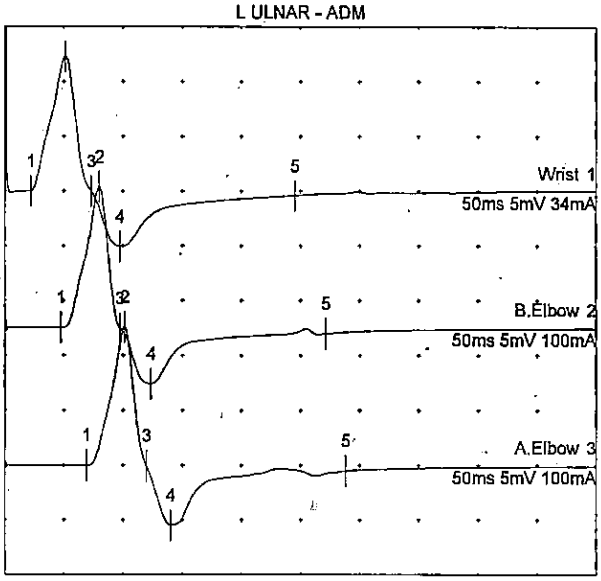
R ULNAR - ADM



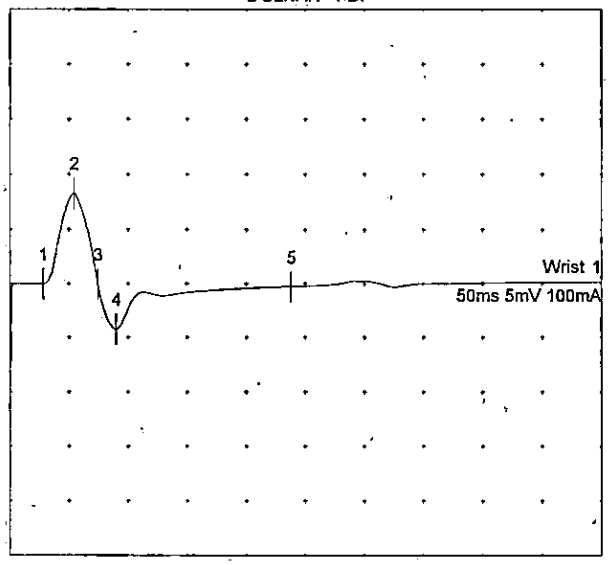
L MEDIAN - APB



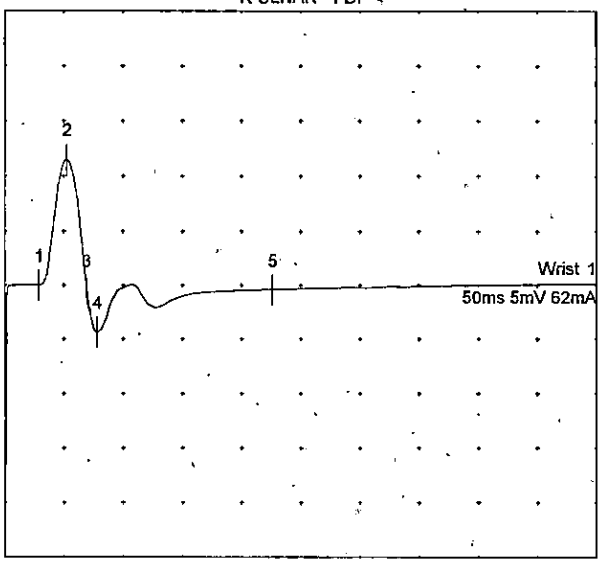
L ULNAR - ADM



L ULNAR - FDI

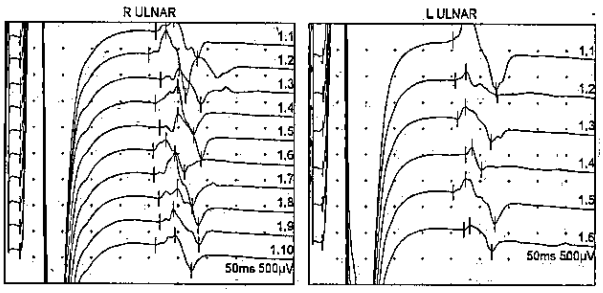


R ULNAR - FDI



F Wave

Nerve	Min F Lat ms	Max F Lat ms	Rng F Lat ms	% F %	F Ratio
R ULNAR	24.90	26.93	2.03	100	4
L ULNAR	25.21	27.50	2.29	100	4.55



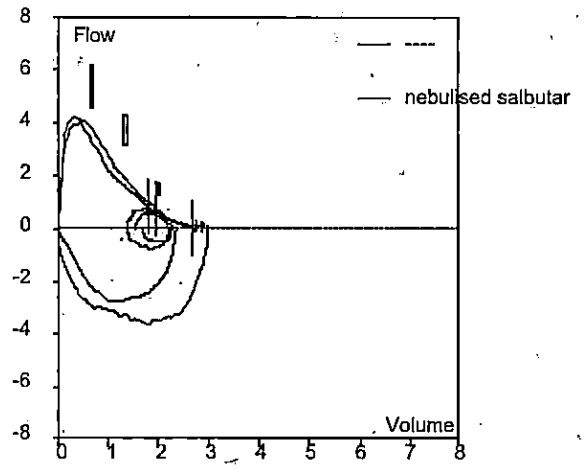
Department of Respiratory Medicine .
Gartnavel General Hospital

	Patient Name:	**Margaret MCGEE**			
CHI Number:	1609632184	Age:	50	Physician/Surgeon:	Dr Church
Date of Birth:	16/09/1963	Sex:	F	Ward:	GGH OP
Predicted Set:	BTS-ERS	Height (cm):	155	Test Date:	09/06/2014
Smoker :	35 years 20/day	Weight (kg):	41.4	Physiologist:	ELIZABETH
Location:	GGH Spiro Air	BMI:	17.2		

Pulmonary Function Tests

Spirometry	Lower	Pred	Upper	Meas	SR	%Pred.	Post nebulised salbutamol	% Pred	% Change
FEV1(L)	1.63	2.25	2.88	1.83	-1.13	81	1.94	86	6
FVC(L)	1.95	2.66	3.36	2.73	0.17	103	2.89	109	6
FEV1/FVC(%)	69	79	90	67	-1.94	84	67	84	0
FEV1/VC(%)	69	79	90	61	-2.87		—		—
MEF50(L/S)	1.88	3.69	5.50	1.47	-2.02	40	1.59	43	8
PEF(L/S)	4.41	5.89	7	3.93	-2.18	67	4.18	71	6
Texp(Sec)				9.39			10.90		
Static Lung Volumes - Helium Dilution									
He-IC(L)		1.72		2.10		122			
He-VC(L)	1.93	2.62	3.31	3.00	0.90	114			
He-TLC(L)	3.45	4.44	5.43	5.20	1.27	117			
He-FRC(L)	1.70	2.52	3.35	3.10	1.16	123			
He-ERV(L)		0.91		0.90		99			
He- RV(L)	1.04	1.62	2.19	2.20	1.67	136			
RV/TLC(%)	27	36	46	42		117			
CO Transfer Factor		Hb: 13.50							
Tlco (Hb)(SI)	5.54	7.47	9	4.70	-2.36	64			
Va(L)	—	4.44	—	4.19	—	94			
Kco (Hb)(SI)	—	1.68	—	1.12	—	69			
Vol Insp ((L)	2.15	2.62	3.10	2.68	0.20	103			

Flow Volume Loop



Physiologist Comments

[Hb] presumed normal.

REPORT

Airflow obstruction present with no significant change to nebulised Salbutamol.Normal Static lung volumes.
CO transfer factor mildly reduced with normal Va

Reported by: Liz Speake
Verified by: C.Canavan

Department of

Specialty: Respiratory Medicine

NHS Greater Glasgow and Clyde

Respiratory Clinic Measurements v1.0

Patient Details		GP Details	
Name:	Margaret McGee	**Name:**	ROUSHDY-GEMIE, MAY
Address:	365 Kelso Street GLASGOW	**Address:**	Yokermill Medical Centre 6 Yokermill Road Glasgow
Postcode:	G13 4PG	**Telephone:**	
Correspondence Address 1:			
Correspondence Address 2:		**Hospital:**	Gartnavel General Hospital
Correspondence Postcode:			
Telephone:			
Patient Contact Number:			
CHI Number:	1609632184		
CRN:	64617380E, 1609632184	**Consent:**	Yes
D.O.B:	16/09/1963	**Sensitivity:**	Sensitive
Sex:	Female	**Form Date:**	N/A

Date	Height (m)	Weight (kg)	FEV1 (L)		FVC (L)		FEV1/FVC (%)	eNO (ppb)	SpO2 (%)	Comments	Completed by
			Abs	% Pred	Abs	% Pred					
Predicted value			2.23		2.63		80				Robin Tourish
26/03/2014	1.54	41.7	1.87	84	2.83	108	66		100	Unable to match best FVC	Robin Tourish

There is no further information for this patient

XR Chest

Performed	03-Jul-2025 10:19	Received	29-Jul-2025 06:50
Reported	29-Jul-2025 06:48	Order Number	G504H42415125
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

Smoker, COPD, ongoing cough ?lesion

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. Longstanding right apical pleural thickening and scarring noted. No significant change in appearance allowing for technical differences compared to 02/02/2024. The lungs appear emphysematous.

Reported by: Dr Sean Kelly and None
Verified by: Dr Sean Kelly

XR Pelvis

Performed	28-Jan-2025 09:58	Received	04-Mar-2025 12:33
Reported	04-Mar-2025 12:31	Order Number	G504H41803343
Status	Final	Source System	MiSys

XR Pelvis Final
Margaret McGee
SEE REPORT FOR CLINICAL INFORMATION

XR Pelvis

Clinical Information: persistent hip and thigh pain. RA. had lots of steroid over time. ?any signs of AVN - (Information via Order Comms)

No evidence of fracture or bony destructive lesion. The sacroiliac joints and the pubic symphysis are normal. No convincing features of avascular necrosis.. Mild osteoarthrosis in both hip joints.

Dr. Nikolaos Antoniou, GMC: 7465677 (signed date, 2025-03-04, 12:31)
Consultant Radiologist
Teleconsult www.teleconsult.net
Email: servicedesk.uk@teleconsult.net
01908 086289

Reported by: TELECONSULT
Verified by: TELECONSULT

MRI Spine whole

Performed	02-Dec-2024 16:18	Received	08-Jan-2025 10:05
Reported	08-Jan-2025 10:03	Order Number	G504H41565242
Status	Final	Source System	MiSys

MRI Spine whole Final
Margaret McGee
Clinical History : known degenerative in cervical spine but lumbar spine never imaged. described myelopathic symptoms causing leg heaviness and pain around knees when mobilising. when rest, power comes back. hyperreflexia in knees and ankles with 2 beats clonus. ?any myelopathy ?any cauda equina

Reported as part of the Scottish National Radiology Reporting Service

MRI Spine whole :

Noncontrast protocol of whole spine, compared to previous MRI C spine from 2018.

Mid cervical disc and posterior element degeneration has not progressed significantly.
The combination of broad-based disc/uncovertebral osteophytic bars and posterior osteophytes/ligamentous buckling narrowing the spinal canal and indenting the cord at C3/C4 and C4/C5 has not progressed. Whilst the cord shape is altered, no significant compression or definite intramedullary cord signal change.
As before, the changes are prominent onto the lateral aspects and causing moderate to marked bilateral foraminal narrowing at these levels with moderate bilateral foraminal narrowing at C5/C6.

Normal bony thoracic spine with a widely capacious bony canal.
Cord down to conus is surrounded by CSF without compressing lesions or intramedullary signal change.
No significant disc degeneration, foraminal narrowing or focal nerve root compression.

Normal bony lumbar spine with developmentally widely capacious bony canal. No cauda equina compression.
Minor disc degeneration with osteophytic bars and posterior degeneration are minimally narrowing the inferior aspects of the exiting foramina. The exiting and descending nerve roots are free from
compression.

Conclusion:
Cervical degeneration causing spinal canal narrowing has not progressed.
Minor lumbar degenerative foraminal narrowing without nerve root impingement.
Otherwise normal spinal appearances.

Reported by
Dr Ravi Jampana
Consultant Neuro Radiologist
GMC- 4752868
NHS GGC
Email: snrrs@gjnh.scot.nhs.uk

Verified on 05/01/2025

Reported by: Auto Reporting
Verified by: Auto Reporting

CT Thorax and abdomen with contrast

Performed	12-Oct-2024 13:12	Received	25-Oct-2024 10:20
Reported	25-Oct-2024 10:18	Order Number	G504H41452420
Status	Final	Source System	MiSys

CT Thorax and abdomen with contrast Final
Margaret McGee
Clinical History :

Has the patient had a recent chest X-ray? : Yes
Unexplained and persistent (more than six weeks) CTRL click to select all that apply : Change in cough or new cough,Dyspnoea,Weight loss
Persistent Haemoptysis in smokers/ex-smokers over 40 years of age? : No
New or not previously documented finger clubbing? : No
Persistent or recurring chest infection? : Yes
Is the patient a Smoker/Ex Smoker? : Yes
Persistent cough and shortness of breath with weight loss. Recent CXR shows some thickening in right apex and suggests further characterisation with CT.

CT Thorax and abdomen with contrast :
Comparison made with previous imaging dating back to his CT of 23/04/14.

Mild to moderate emphysematous changes are demonstrated throughout the lungs. Longstanding cysts and bullae within the right apex with minor pleural thickening unaltered. No new intrapulmonary mass lesion or size significant intrapulmonary nodule. No significant supraclavicular, intrathoracic or axillary lymphadenopathy.
Mild coronary artery calcification, indicating the presence of coronary artery disease. If the patient has associated symptoms recommend management as per chest pain guidelines (e.g. NICE CG95, SIGN 151). If the patient is asymptomatic consider reviewing modifiable cardiovascular risk factors and managing as per guidelines for primary prevention (e.g. NICE CG 181). No significant abnormalities demonstrated in the upper abdomen. No focal destructive lesion on bone windows.

Summary: No hard radiological evidence of underlying malignancy.

Reported by: Dr Ross MacDuff
Verified by: Dr Ross MacDuff

XR Knee Lt

Performed	20-Sep-2024 13:17	Received	04-Oct-2024 08:33
Reported	04-Oct-2024 08:31	Order Number	G504H41405310
Status	Final	Source System	MiSys

XR Knee Lt Final
Margaret McGee
Clinical History :

seropositive RA. not on treatment. pain in left knee. tender on palpation. ?OA changes. smoker with ongoing cough and weight loss ? malignancy

seropositive RA. not on treatment. pain in left knee. tender on palpation. ?OA changes. smoker with ongoing cough and weight loss ? malignancy

XR Knee Lt :
There is no sign of significant osteoarthritic change.
There is no obvious bone destruction.

XR Chest :
The heart is not enlarged.
The lungs are clear of active disease. The lungs appear emphysematous.
Compared to 02/02/2024 there is progressive increased density projected over the right apex. It is unclear whether or not this is composite from rib plus scarring or alternatively an intrapulmonary nodule.
There is no obvious bone destruction.
Given the history specialist referral for further assessment and CT advised.

Reported by: Dr Sean Kelly and None
Verified by: Dr Sean Kelly

XR Chest

Performed	20-Sep-2024 13:17	Received	04-Oct-2024 08:33
Reported	04-Oct-2024 08:31	Order Number	G504H41405311
Status	Final	Source System	MiSys

XR Knee Lt Final
Margaret McGee
Clinical History :

seropositive RA. not on treatment. pain in left knee. tender on palpation. ?OA changes. smoker with ongoing cough and weight loss ? malignancy

seropositive RA. not on treatment. pain in left knee. tender on palpation. ?OA changes. smoker with ongoing cough and weight loss ? malignancy

XR Knee Lt :
There is no sign of significant osteoarthritic change.
There is no obvious bone destruction.

XR Chest :
The heart is not enlarged.
The lungs are clear of active disease. The lungs appear emphysematous.
Compared to 02/02/2024 there is progressive increased density projected over the right apex.
It is unclear whether or not this is composite from rib plus scarring or alternatively an intrapulmonary nodule.
There is no obvious bone destruction.
Given the history specialist referral for further assessment and CT advised.

Reported by: Dr Sean Kelly and None
Verified by: Dr Sean Kelly

XR Chest

Performed	02-Feb-2024 10:59	Received	04-Feb-2024 14:25
Reported	04-Feb-2024 14:23	Order Number	G504H40576698
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

Persistent productive cough despite 4 courses of ABx. No clear focus of infection in chest. Continues to smoke.

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant focal lung lesion identified. The lungs appear relatively emphysematous and there are coarse lung markings in keeping with the smoking history.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Chest

Performed	25-Jul-2023 16:40	Received	10-Aug-2023 07:51
Reported	10-Aug-2023 07:49	Order Number	G504H39912760
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

RA, premethotrexate screening

XR Chest :
Normal cardiac and mediastinal contours. Lungs are large volume with some flattening of hemidiaphragms. Appearances are suggestive of hyperinflation which may be due to emphysema if the patient is a smoker. No focal active pulmonary pathology identified however.

Reported by: Dr John Sheridan
Verified by: Dr John Sheridan

XR Hand Both

Performed	29-May-2023 16:16	Received	31-May-2023 16:07
Reported	31-May-2023 14:14	Order Number	G504H39716244
Status	Final	Source System	MiSys

XR Hand Both Final
Margaret McGee
Clinical History :

?inflammatory arthritis

AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT
XR Hand Both :
Comparison made with previous images dated 20 June 2022.

No erosions.
Old, malunited fracture of the left scaphoid. Calcification noted at the medial aspect of the left trapezium of unknown clinical significance. Cystic appearance of the right scaphoid, consistent with intraosseous ganglion or subchondral cysts. Mild osteoarthritic changes of both STT and first CMC joints. Appearances are unchanged since previous.

ADDENDUM START by Katrina Kettlewell (Reporting Radiog) 31-May-2023 16:05
Apologies, VR error: calcification noted at the radial aspect of the left trapezium.

Addendum by: Katrina Kettlewell (Reporting Radiog)
Reported by: Katrina Kettlewell (Reporting Radiog)
Verified by: Katrina Kettlewell (Reporting Radiog)

XR Chest

Performed	29-Mar-2023 10:27	Received	30-Mar-2023 12:12
Reported	30-Mar-2023 12:10	Order Number	G504H39510335
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

smoker perisistant coughing copd

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant focal lung lesion identified. The lungs appear relatively emphysematous and hyperexpanded in keeping with the smoking history

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Chest

Performed	15-Sep-2022 12:31	Received	03-Oct-2022 10:34
Reported	03-Oct-2022 10:32	Order Number	G504H38849604
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :
smoking productive cough

Name of Procedure and Technique: Xray Chest PA view

Findings:

Heart and mediastinal contours are normal.
Lung fields are clear with no focal lesion , collapse or consolidation .No pleural effusion.
Comparisons have been made with the previous exam of 11/2/2020, stable appearances.
As COPD is a clinical diagnosis,please correlate clinically and with inflammatory markers for exacerbation.

Reporting Consultant:
Dr M.D. Natarajan.
Consultant Radiologist
GMC: 6132900
Medica Reporting Ltd

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Reported by: Dr Madhu Dutta Natarajan (MEDICA)
Verified by: Dr Madhu Dutta Natarajan (MEDICA)

XR Wrist Rt

Performed	20-Jun-2022 18:47	Received	09-Jul-2022 19:11
Reported	09-Jul-2022 16:18	Order Number	G504H38527826
Status	Final	Source System	MiSys

XR Wrist Rt Final
Margaret McGee

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

(Information via Order Comms)

Reported by: External Radiologist**Verified by:** External Radiologist

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Rt

Clinical Details: ? Osteoarthritis

Findings:

No significant bony or joint abnormality seen
No significant degenerative changes.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:18

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Lt

Clinical Details: Pain

Findings:

No significant degenerative changes.
No acute bony injury.
Bony fragment seen adjacent to the trapezium and possible fragmented scaphoid bone suggestive of previous injury.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:04

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Rt

Clinical Details: Pain

Findings:

No significant degenerative changes .
No acute bony injury.
Scaphoid appears deformed. Any history of previous injury ?

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:07

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Lt

Clinical Details: Pain

Findings:

Please refer to report of left hand

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:06

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Cervical spine

Clinical Details: ? Osteoarthritis

Findings:

There is loss of the normal cervical lordosis
Vertebral body heights are preserved.
Minor spondylitic changes are seen at the C3-C5 level with small posterior osteophytosis.
Disc spaces appear normal.
Rudimentary bilateral cervical ribs at C7.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:23

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

XR Wrist Lt

Performed	20-Jun-2022 18:47	Received	09-Jul-2022 19:11
Reported	09-Jul-2022 19:06	Order Number	G504H38527829
Status	Final	Source System	MiSys

XR Wrist Rt Final
Margaret McGee

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

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(Information via Order Comms)

Reported by: External Radiologist**Verified by:** External Radiologist

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Rt

Clinical Details: ? Osteoarthritis

Findings:

No significant bony or joint abnormality seen
No significant degenerative changes.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:18

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Lt

Clinical Details: Pain

Findings:

No significant degenerative changes.
No acute bony injury.
Bony fragment seen adjacent to the trapezium and possible fragmented scaphoid bone suggestive of previous injury.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:04

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Rt

Clinical Details: Pain

Findings:

No significant degenerative changes .
No acute bony injury.
Scaphoid appears deformed. Any history of previous injury ?

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:07

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Lt

Clinical Details: Pain

Findings:

Please refer to report of left hand

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:06

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Cervical spine

Clinical Details: ? Osteoarthritis

Findings:

There is loss of the normal cervical lordosis
Vertebral body heights are preserved.
Minor spondylitic changes are seen at the C3-C5 level with small posterior osteophytosis.
Disc spaces appear normal.
Rudimentary bilateral cervical ribs at C7.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:23

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

XR Hand Rt

Performed	20-Jun-2022 18:47	Received	09-Jul-2022 19:11
Reported	09-Jul-2022 19:07	Order Number	G504H38527828
Status	Final	Source System	MiSys

XR Wrist Rt Final
Margaret McGee

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

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(Information via Order Comms)

Reported by: External Radiologist**Verified by:** External Radiologist

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Rt

Clinical Details: ? Osteoarthritis

Findings:

No significant bony or joint abnormality seen
No significant degenerative changes.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:18

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Lt

Clinical Details: Pain

Findings:

No significant degenerative changes.
No acute bony injury.
Bony fragment seen adjacent to the trapezium and possible fragmented scaphoid bone suggestive of previous injury.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:04

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Rt

Clinical Details: Pain

Findings:

No significant degenerative changes .
No acute bony injury.
Scaphoid appears deformed. Any history of previous injury ?

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:07

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Lt

Clinical Details: Pain

Findings:

Please refer to report of left hand

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:06

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Cervical spine

Clinical Details: ? Osteoarthritis

Findings:

There is loss of the normal cervical lordosis
Vertebral body heights are preserved.
Minor spondylitic changes are seen at the C3-C5 level with small posterior osteophytosis.
Disc spaces appear normal.
Rudimentary bilateral cervical ribs at C7.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:23

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

XR Hand Lt

Performed	20-Jun-2022 18:47	Received	09-Jul-2022 19:11
Reported	09-Jul-2022 19:04	Order Number	G504H38527827
Status	Final	Source System	MiSys

XR Wrist Rt Final
Margaret McGee

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

(Information via Order Comms)

Reported by: External Radiologist**Verified by:** External Radiologist

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Rt

Clinical Details: ? Osteoarthritis

Findings:

No significant bony or joint abnormality seen
No significant degenerative changes.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:18

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Lt

Clinical Details: Pain

Findings:

No significant degenerative changes.
No acute bony injury.
Bony fragment seen adjacent to the trapezium and possible fragmented scaphoid bone suggestive of previous injury.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:04

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Rt

Clinical Details: Pain

Findings:

No significant degenerative changes .
No acute bony injury.
Scaphoid appears deformed. Any history of previous injury ?

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:07

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Lt

Clinical Details: Pain

Findings:

Please refer to report of left hand

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:06

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Cervical spine

Clinical Details: ? Osteoarthritis

Findings:

There is loss of the normal cervical lordosis
Vertebral body heights are preserved.
Minor spondylitic changes are seen at the C3-C5 level with small posterior osteophytosis.
Disc spaces appear normal.
Rudimentary bilateral cervical ribs at C7.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:23

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

XR Cervical spine

Performed	20-Jun-2022 18:47	Received	09-Jul-2022 19:11
Reported	09-Jul-2022 16:23	Order Number	G504H38527830
Status	Final	Source System	MiSys

XR Wrist Rt Final
Margaret McGee

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

(Information via Order Comms)Ongoing pain and swelling of hands and also neck pain ? OA ? patholgical cause known osteoprosis

(Information via Order Comms)

Reported by: External Radiologist**Verified by:** External Radiologist

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Rt

Clinical Details: ? Osteoarthritis

Findings:

No significant bony or joint abnormality seen
No significant degenerative changes.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:18

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Lt

Clinical Details: Pain

Findings:

No significant degenerative changes.
No acute bony injury.
Bony fragment seen adjacent to the trapezium and possible fragmented scaphoid bone suggestive of previous injury.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:04

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Hand Rt

Clinical Details: Pain

Findings:

No significant degenerative changes .
No acute bony injury.
Scaphoid appears deformed. Any history of previous injury ?

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:07

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Wrist Lt

Clinical Details: Pain

Findings:

Please refer to report of left hand

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 19:06

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

Examination Dated: 20/06/2022 18:47

Title & Technique: XR Cervical spine

Clinical Details: ? Osteoarthritis

Findings:

There is loss of the normal cervical lordosis
Vertebral body heights are preserved.
Minor spondylitic changes are seen at the C3-C5 level with small posterior osteophytosis.
Disc spaces appear normal.
Rudimentary bilateral cervical ribs at C7.

4Ways Reporting Radiologist: Dr Wjahid Butt - GMC 6038598 on 09/07/2022 16:23

Reported by: Dr Wjahid Butt**Verified by:** Dr Wjahid Butt

CT Neck thorax and abdomen with contrast

Performed	21-Oct-2021 16:04	Received	25-Oct-2021 13:40
Reported	25-Oct-2021 13:38	Order Number	G504H37728657
Status	Final	Source System	MiSys

CT Neck thorax and abdomen with contrast Final
Margaret McGee
Clinical History :

USC smoker, sev COPD, cough, high dysphagia, wt loss

CT Neck thorax and abdomen with contrast :
No lung mass or consolidation. Upper zone bulla in keeping with paraseptal emphysema. No mediastinal, hilar or axillary lymphadenopathy. No obvious endobronchial lesions. No oesophageal mass or extrinsic compression.
Upper abdomen unremarkable.
No gross bone lesions.

Conclusion: No overt malignancy identified. Cause for dysphagia not demonstrated.

Reported by: Dr Ian McCrea
Verified by: Dr Ian McCrea

XR Pelvis

Performed	06-May-2021 14:10	Received	11-May-2021 07:16
Reported	11-May-2021 07:14	Order Number	G504H37169431
Status	Final	Source System	MiSys

XR Pelvis Final
Margaret McGee
Clinical History :

Hx of osteoporosis - low BMI - pain in L hip on going with no trauma - XR left hip and pelvis ? OA changes

XR Pelvis :
No change in appearance of hips compared with 18/01/2019. Hips look essentially normal. There is some degenerate change in the lower lumbar spine.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

XR Chest

Performed	11-Feb-2020 11:40	Received	13-Feb-2020 13:54
Reported	13-Feb-2020 13:52	Order Number	G504H36012625
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

heavy smoker ongoing cough ? cardio resp status

cough 8 weeks. Known COPD. SMoker

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant change in appearance allowing for technical differences compared to 14/03/2018. The appearances of right apical pleural thickening and scarring.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

MRI Head

Performed	04-Nov-2019 08:35	Received	12-Dec-2019 15:43
Reported	12-Dec-2019 15:41	Order Number	G405H35592101
Status	Final	Source System	MiSys

MRI Head Final
Margaret McGee
Clinical History :
Previous CT head on 23/05/2019 questioned intracranial idiopathic hypertension. The patient reports intermittent headaches and blurred vision. Previous report suggested MRI head.

MRI Head :
Standard sequences including DWI and SWI. Interpreted with reference to CT head dated 23/05/2019.

No restricted diffusion to indicate acute infarction. No haemorrhage or microhaemorrhages. No space-occupying lesion.

Normal sella turcica. Normal vascular flow voids with no significant venous sinus stenoses. No tonsillar ectopia. Normal orbits with no evidence of papilloedema.

Unchanged ventricular system. Several non-specific small scattered T2/FLAIR periventricular and subcortical hyperintensities in keeping with early small vessel disease.

Small volume fluid in the left sphenoid sinus and left mastoid air cells. Right sphenoid and bilateral maxillary sinus mucosal thickening. Appearances likely represent degree of sinusitis.

Summary: No intracranial abnormality. No MR features to indicate idiopathic intracranial hypertension. Likely sinusitis.

Reported by: Dr Louise Hartley
Verified by: Dr Louise Hartley

CT Head

Performed	23-May-2019 09:54	Received	02-Jul-2019 13:17
Reported	02-Jul-2019 13:15	Order Number	G588C34976939
Status	Final	Source System	MiSys

CT Head Final
Margaret McGee
CT Head :
This examination has been reported from the non allocated list.

Within the limitations of this CT scan there is no significant focal abnormality within the brain.

The lateral and third ventricles are narrow small in size given the patients age. Are there any clinical features of intracranial idiopathic hypertension (IIH)?.I would recommend an MRI brain scan for further assessment, if clinically indicated.

Reported by: Dr Celestine Santosh
Verified by: Dr Celestine Santosh

XR Pelvis

Performed	18-Jan-2019 15:33	Received	31-Jan-2019 09:49
Reported	31-Jan-2019 09:47	Order Number	G504H34683331
Status	Final	Source System	MiSys

XR Pelvis Final
Margaret McGee
Left pain

Normal SI joint.
Both hips unremarkable with good maintenance of joint space at both..

Reported by: Dr Grant Baxter
Verified by: Dr Grant Baxter

US Neck

Performed	08-Jan-2019 14:31	Received	08-Jan-2019 16:57
Reported	08-Jan-2019 16:55	Order Number	G306H34596727
Status	Final	Source System	MiSys

US Neck Final
Margaret McGee
Clinical History :

GP/Pt feel left SMG abnormal, I think it feels similar to other side and benign, US to check please, thanks

US Neck :
Normal appearance of the submandibular and parotid glands.

No cervical lymphadenopathy.

Normal thyroid.

Reported by: Dr Clare Fenlon
Verified by: Dr Clare Fenlon

MRI Spine cervical

Performed	02-Dec-2018 08:11	Received	17-Dec-2018 07:17
Reported	17-Dec-2018 07:15	Order Number	G516H34271608
Status	Final	Source System	MiSys

MRI Spine cervical Final
Margaret McGee
Clinical History :

neck pain. bilateral hand paraesthesia ? cervical spondylosis

Sagittal T1, T2, STIR images. Axial T2* images

Findings:
Imaging of the upper spine to T4 vertebra.
The vertebrae have normal height. There is dehydration of the discs with height loss at the C3-4 to C5-6 levels.

C3-4 level: Mild disc bulge and hypertrophic changes at the uncovertebral joints, mainly on the right. There is indentation of the thecal sac with narrowing of the subarachnoid space and lateral foraminal stenosis, minor on the left and moderate on the right, with subsequent indentation of the exiting C4 nerve roots.

C4-5 level: Circumferential disc bulge, combined with hypertrophic changes at the uncovertebral joints and thickening/buckling of the flavum ligaments. There is indentation of the thecal sac with circumferential narrowing of the subarachnoid space but no discrete cord depression. Also, moderate lateral foraminal stenosis is noted with subsequent indentation of the exiting C5 nerve roots.

C5-6 level: Unremarkable disc bulge combined with hypertrophic changes at the uncovertebral and facet joints and buckling of the flavum ligaments. There is indentation of the thecal sac and mild to moderate lateral foraminal stenosis, with subsequent indentation of the exiting C6 nerve roots.

C6-7 level: Mild hypertrophic changes at the left facet joint.

Normal craniocervical junction.

The spinal cord returns normal T2 signal.

Impression:
Spondylotic changes with indentation of the thecal sac, narrowing of the subarachnoid space and indentation of the exiting nerve roots, at C3-4 to C5-6 levels, as described above in detail.

Reported by: Dr Konstantinos Natsiopoulos (Locum)
Verified by: Dr Konstantinos Natsiopoulos (Locum)

Bone Densitometry DXA

Performed	30-Oct-2018 15:19	Received	30-Oct-2018 15:26
Reported	30-Oct-2018 15:24	Order Number	G516H34295013
Status	Final	Source System	MiSys

Bone Densitometry DXA Final
Margaret McGee
Auto reported

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Knee Both

Performed	06-Sep-2018 10:06	Received	05-Oct-2018 16:46
Reported	05-Oct-2018 16:42	Order Number	G504H34242515
Status	Final	Source System	MiSys

XR Knee Both Final
Margaret McGee
Pain

At both knees patellofemoral joints are unremarkable with good maintenance of joint space.

Reported by: Dr Grant Baxter
Verified by: Dr Grant Baxter

CT Wrist Rt

Performed	26-Mar-2018 09:11	Received	01-Apr-2018 14:47
Reported	01-Apr-2018 14:45	Order Number	G516H33512517
Status	Final	Source System	MiSys

CT Wrist Rt Final
Margaret McGee
Clinical History : bilateral wrist pain. likely scaphoid fractures. CT to assess please

CT Wrist Rt : Unenhanced scan. Correlation made with plain radiographs dating back to 21/05/2015.

No convincing evidence of a scaphoid fracture. There are several large subchondral cysts within the scaphoid and several small osteophytes. The scapholunate interval appears within normal limits. There is further degenerate change involving several of the intercarpal articulations with subchondral cyst formation.

No further significant abnormality identified.

CT Wrist Lt : Unenhanced scan. Correlation made with plain radiographs dating back to 21/05/2015.

As demonstrated on the radiograph from 2015, there is an old, ununited fracture through the proximal pole of the scaphoid with slight radial displacement. There is established secondary osteoarthritis with subchondral cyst formation involving both fracture fragments. The scapholunate interval is within normal limits.

Further, widespread degenerate change involving the intercarpal and radio-carpal articulations. No further significant abnormality identified.

3D reconstruction on PACS.

Reported by: Dr Candice Galea
Verified by: Dr Candice Galea

CT Wrist Lt

Performed	26-Mar-2018 09:11	Received	01-Apr-2018 14:47
Reported	01-Apr-2018 14:45	Order Number	G405H33693825
Status	Final	Source System	MiSys

CT Wrist Rt Final
Margaret McGee
Clinical History : bilateral wrist pain. likely scaphoid fractures. CT to assess please

CT Wrist Rt : Unenhanced scan. Correlation made with plain radiographs dating back to 21/05/2015.

No convincing evidence of a scaphoid fracture. There are several large subchondral cysts within the scaphoid and several small osteophytes. The scapholunate interval appears within normal limits. There is further degenerate change involving several of the intercarpal articulations with subchondral cyst formation.

No further significant abnormality identified.

CT Wrist Lt : Unenhanced scan. Correlation made with plain radiographs dating back to 21/05/2015.

As demonstrated on the radiograph from 2015, there is an old, ununited fracture through the proximal pole of the scaphoid with slight radial displacement. There is established secondary osteoarthritis with subchondral cyst formation involving both fracture fragments. The scapholunate interval is within normal limits.

Further, widespread degenerate change involving the intercarpal and radio-carpal articulations. No further significant abnormality identified.

3D reconstruction on PACS.

Reported by: Dr Candice Galea
Verified by: Dr Candice Galea

XR Chest

Performed	14-Mar-2018 10:52	Received	22-Mar-2018 09:19
Reported	22-Mar-2018 09:17	Order Number	G504H33654208
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :
Pain after fall. Upper left ribs. Fracture ?

XR Chest :
Normal cardiac and mediastinal contours. Unchanged right apical scarring/emphysema. The lungs are otherwise clear. The visualised portion of the bony thorax appears intact.

Reported by: Dr John Sheridan
Verified by: Dr John Sheridan

CT Thorax and abdomen with contrast

Performed	09-Feb-2018 13:36	Received	09-Feb-2018 17:48
Reported	09-Feb-2018 17:46	Order Number	G504H33522561
Status	Final	Source System	MiSys

CT Thorax and abdomen with contrast Final
Margaret McGee
Clinical History :

tracked smoker, haemoptysis: further evaluatin please

CT Thorax and abdomen with contrast :
Acquisition post intravenous contrast. Comparison is made with the previous CT of 23/04/2014. No major findings within the lower neck or the axillae. No major cardiac findings . No significant intrathoracic lymphadenopathy. Emphysematous changes as previously. No new focal lung lesion. Several tiny static intrapulmonary ditzels bilaterally. No intrapulmonary mass and no obstructive endobronchial pathology. There is minor bronchial wall thickening with mucous plugging within the anterior segment of the right upper lobe but there is no bronchiectasis. No other major findings within the thorax. No hepatic or adrenal masses normal gallbladder, spleen, pancreas and kidneys. No significant adenopathy within the upper abdomen. No focal abnormality within the visualised gastrointestinal tract. No destructive skeletal pathology. There are degenerative changes within the lower thoracic spine.

Summary: No clear cause for haemoptysis. No evidence of intrathoracic malignancy.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

XR Knee Rt

Performed	02-Feb-2018 12:03	Received	19-Feb-2018 06:58
Reported	19-Feb-2018 06:56	Order Number	G504H33521576
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant change in appearance allowing for technical differences in comparison to 27/10/1960. Haemoptysis persists then specialist referral should be considered.

XR Knee Rt :
No significant bone or joint abnormality identified.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Chest

Performed	02-Feb-2018 12:03	Received	19-Feb-2018 06:58
Reported	19-Feb-2018 06:56	Order Number	G504H33521575
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant change in appearance allowing for technical differences in comparison to 27/10/1960. Haemoptysis persists then specialist referral should be considered.

XR Knee Rt :
No significant bone or joint abnormality identified.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Chest

Performed	27-Oct-2016 19:11	Received	28-Oct-2016 18:50
Reported	28-Oct-2016 18:48	Order Number	G405H31987924
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

?LRTI. Background COPD

XR Chest :
Unremarkable cardiac and mediastinal contours. Lungs are clear with no lobar collapse/consolidation.

Reported by: Dr Adil Mahmoud (SpR)
Verified by: Dr Adil Mahmoud (SpR)

XR Chest

Performed	09-Aug-2016 11:47	Received	23-Aug-2016 10:16
Reported	23-Aug-2016 10:14	Order Number	G504H31720561
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :
Heavy smoker. Persistent cough.

Normal cardiac size. No focal intrapulmonary abnormality identified. Normal hilar contours.

Reported by: Dr Annemarie Sinclair
Verified by: Dr Annemarie Sinclair

XR Chest

Performed	02-Jul-2016 15:27	Received	08-Jul-2016 10:19
Reported	08-Jul-2016 10:17	Order Number	G405H31603984
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :

OD Cough scattered wheeze . Known asthmatic

XR Chest :
The heart is not enlarged. No focal active lung lesions seen.

Reported by: Dr John Morrison
Verified by: Dr John Morrison

XR Chest

Performed	29-Oct-2015 09:55	Received	12-Nov-2015 18:42
Reported	12-Nov-2015 18:40	Order Number	G516H30788571
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee

Examination: X-ray chest

Clinical Information: As per request card

Findings: Normal cardiac and mediastinal contours. The lungs are clear. The bony thorax is intact.

Report Date: 12th November 2015
Dr Ishmael Chasi
Consultant Radiologist
GMC Ref: 5198376
Medica Reporting Limited

Reported by: Dr Ishmael Chasi
Verified by: Dr Ishmael Chasi

US Forearm Lt

Performed	07-Jul-2015 13:58	Received	07-Jul-2015 14:10
Reported	07-Jul-2015 14:08	Order Number	G405H30260174
Status	Final	Source System	MiSys

US Forearm Lt Final
Margaret McGee
Clinical History :
? Cyst.

US Forearm Lt :
There is a 2X5 mm fibroma noted at the medial aspect of proximal forearm. It is uniform, hypoechoic which has well defined margins and shows no vascularity on doppler. It is confined to the subcutaneous compartment with no evidence of penetration through the deep fascia or into deeper tissues.

Reported by: Sayed Rizwi (Locum Sonographer)
Verified by: Sayed Rizwi (Locum Sonographer)

XR Hand Rt

Performed	21-May-2015 13:23	Received	29-May-2015 15:07
Reported	29-May-2015 15:05	Order Number	G405H30278383
Status	Final	Source System	MiSys

XR Hand Rt Final
Margaret McGee
Clinical History :
Family history of rheumatoid arthritis. Painful swollen MCP PIP? Erosion

XR Hand Rt :
No significant bone or joint abnormality demonstrated. No articular erosions identified.

XR Hand Lt :
No significant bone or joint abnormality demonstrated. No articular erosions identified. Incidentally, there is impression of a bony fragment adjacent the scaphoid which may represent an old injury at this site.

Reported by: Dr Ian McCrea
Verified by: Dr Ian McCrea

XR Hand Lt

Performed	21-May-2015 13:23	Received	29-May-2015 15:07
Reported	29-May-2015 15:05	Order Number	G405H30278384
Status	Final	Source System	MiSys

XR Hand Rt Final
Margaret McGee
Clinical History :
Family history of rheumatoid arthritis. Painful swollen MCP PIP? Erosion

XR Hand Rt :
No significant bone or joint abnormality demonstrated. No articular erosions identified.

XR Hand Lt :
No significant bone or joint abnormality demonstrated. No articular erosions identified. Incidentally, there is impression of a bony fragment adjacent the scaphoid which may represent an old injury at this site.

Reported by: Dr Ian McCrea
Verified by: Dr Ian McCrea

MRI Foot Rt

Performed	16-May-2015 10:20	Received	05-Jun-2015 18:45
Reported	05-Jun-2015 18:43	Order Number	G516H29961217
Status	Final	Source System	MiSys

MRI Foot Rt Final
Margaret McGee
Clinical History :

Pain right 5th MT, previous fracture...? non union right 5th MT

MRI Foot Rt :
There is evidence of osteonecrosis and flattening of the second metatarsal head consistent with a Freiberg's infraction. No other significant abnormality, in particular the fifth metatarsal is unremarkable with no evidence of injury. Peroneus brevis is also normal

Reported by: Dr Glen McKenzie
Verified by: Dr Glen McKenzie

CT Neck and thorax

Performed	23-Apr-2014 12:48	Received	23-Apr-2014 16:43
Reported	23-Apr-2014 16:43	Order Number	G504H28923678
Status	Final	Source System	MiSys

CT Chest high resolution Final

Margaret McGee

Clinical History : Cough. Smoker. Breathless. Recurrent infections. Weight loss. ? bronchiectasis.

CT Chest high resolution : CT Neck and thorax :

An IV contrast enhanced acquisition was obtained of the thorax and upper abdomen. A high resolution study of the lungs was also obtained.

There is mild to moderate paraseptal and centrilobular emphysema. In addition, there is bronchial wall thickening in the lower lobes. The appearances are consistent with chronic obstructive pulmonary disease. There is, however, no evidence of bronchial dilatation to suggest bronchiectasis. No other significant pulmonary abnormalities are demonstrated. There is no evidence of a pulmonary mass lesion or significant mediastinal lymphadenopathy. The central air ways appear within normal limits.

Reported by: Dr Michael Sproule
Verified by: Dr Michael Sproule

CT Chest high resolution

Performed	23-Apr-2014 12:48	Received	23-Apr-2014 16:43
Reported	23-Apr-2014 16:41	Order Number	G504H28923677
Status	Final	Source System	MiSys

CT Chest high resolution Final
Margaret McGee
Clinical History : Cough. Smoker. Breathless. Recurrent infections. Weight loss. ? bronchiectasis.

CT Chest high resolution : CT Neck and thorax :

An IV contrast enhanced acquisition was obtained of the thorax and upper abdomen. A high resolution study of the lungs was also obtained.

There is mild to moderate paraseptal and centrilobular emphysema. In addition, there is bronchial wall thickening in the lower lobes. The appearances are consistent with chronic obstructive pulmonary disease. There is, however, no evidence of bronchial dilatation to suggest bronchiectasis. No other significant pulmonary abnormalities are demonstrated. There is no evidence of a pulmonary mass lesion or significant mediastinal lymphadenopathy. The central air ways appear within normal limits.

Reported by: Dr Michael Sproule
Verified by: Dr Michael Sproule

XR Chest

Performed	02-Apr-2014 10:48	Received	08-Apr-2014 17:48
Reported	08-Apr-2014 17:46	Order Number	G504H28937812
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History :
Cough and wheeze.

XR Chest :
Comparison made with prior radiograph 22/02/2013.
No significant interval radiographic changes demonstrated. The lungs and pleural spaces are clear. Cardiac and mediastinal contours are unremarkable.

Reported by: Dr Euan Stubbs
Verified by: Dr Euan Stubbs

XR Foot Rt

Performed	02-Jan-2014 11:34	Received	03-Jan-2014 09:36
Reported	03-Jan-2014 09:34	Order Number	G516H28650150
Status	Final	Source System	MiSys

XR Foot Rt Final
Margaret McGee
Clinical History :
Bony tenderness fourth and fifth metatarsals. Fracture?

XR Foot Rt :
There is a comminuted fracture at the base of the right fifth metatarsal bone.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Reported by: Dr Emel Sari (SpR)
Verified by: Dr Emel Sari (SpR)

XR Chest

Performed	22-Feb-2013 11:00	Received	05-Mar-2013 09:45
Reported	05-Mar-2013 09:23	Order Number	G516H27716955
Status	Final	Source System	MiSys

XR Chest Final
Margaret McGee
Clinical History: Chronic asthma. Smoker. Awaiting spirometry. COPD in addition? Cough and wheeze treated with antibiotics/steroids. On examination chest - scattered expiratory wheeze. Impression - exacerbation of asthma.

Chest:
There are no previous chest radiographs for comparison.
The heart and mediastinal contours are normal.
The lungs are clear.

Reported by: Dr Iain Andrews
Verified by: Dr Iain Andrews

Name:	Margaret McGee
Chi Number:	1609632184
Date of Birth:	16/09/1963
Date:	18/06/2015
Referred by	Mr Palmer
Investigator:	Marlene Smeaton
Nurse present:	Lisa Cochrane.
Procedure:	urodynamics

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This patient's main complaint today was of leakage. When questioned more about this patient was very vague.
There has been no changes to medical history since last consultation with urology consultant.
Patient verbally consulted prior to test commencing.
Urinary analysis negative for infection.

Urodynamics Report

Normal freeflow = 201ml.
Normal sensation. Normal capacity. (302ml instilled , 400ml scanned after fill.)
Normal detrusor function during fill. (A lot of rectal contractions towards end of fill .)
IUCP: Performed twice with values of 118cmH20 and 103cmH20.
Urethral Relaxation negative. (Range 120cmH_20 - 70cmH_20.)
No Urodynamics Stress Incontinence- numerous provocative manoeuvres ; coughing, jumping and valsalva -no leakage.
Normal detrusor function during provocative manoeuvres.
Final void - Mildly obstructed pressure flow voiding 351ml.
Residual scanned at end = 27ml.

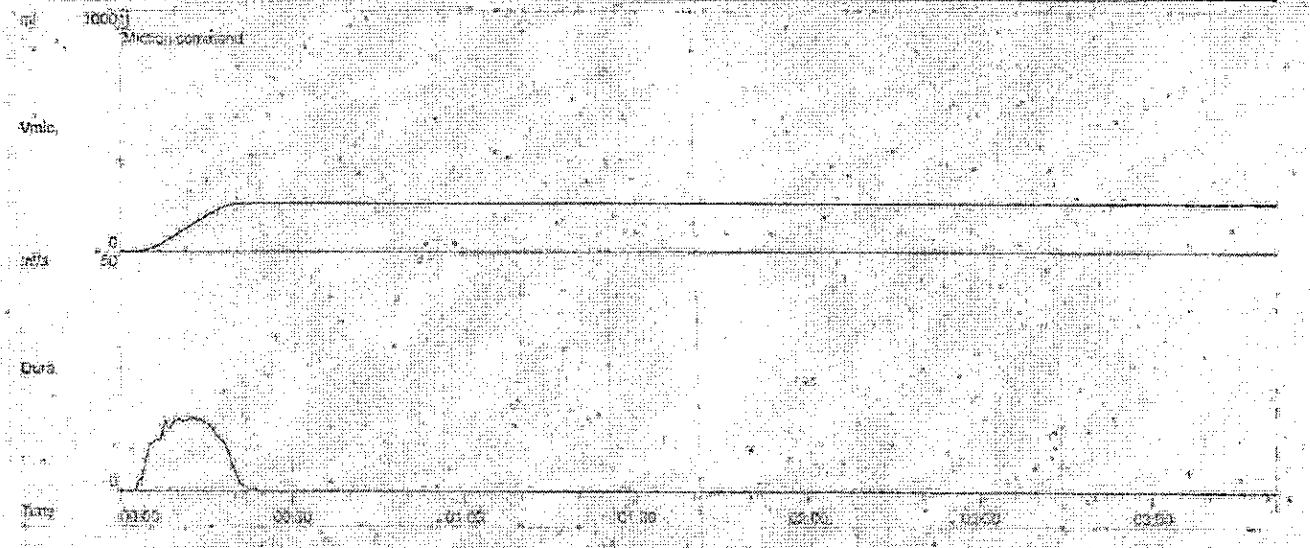
All catheters removed tips intact and fluid advice given.

Reported By. Marlene Smeaton (Specialist Clin TEch)

Uroflow report

McGee, Margaret

Gender:	Female	Investigation nr:	01
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1509632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer



Uroflow results

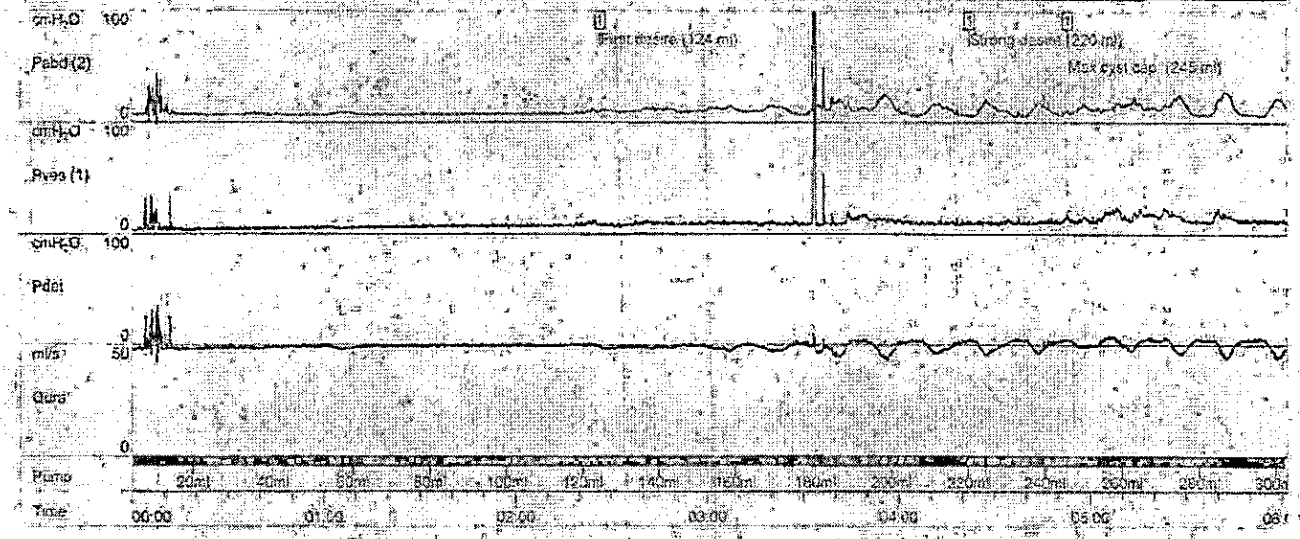
Peak flowrate	16	ml/s
Time to peak flow	10	s
Voided volume	201	ml
Flow time	19	s
Voiding time	19	s
Average flowrate	10	ml/s

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Cystometry report

McGee, Margaret

Gender:	Female	Investigation nr:	03
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer



Cystometry results

Infused volume	302 ml
Volume lost through leakage	0 ml
Bladder filling	302 ml
Maximal bladder capacity	302 ml

Sensation results

Sensation	Bladder filling	Vesical pressure	Detrusor pressure
First desire	124 ml	7 cmH2O	-3 cmH2O
Strong desire	220 ml	10 cmH2O	4 cmH2O
Max cyst cap	245 ml	15 cmH2O	4 cmH2O

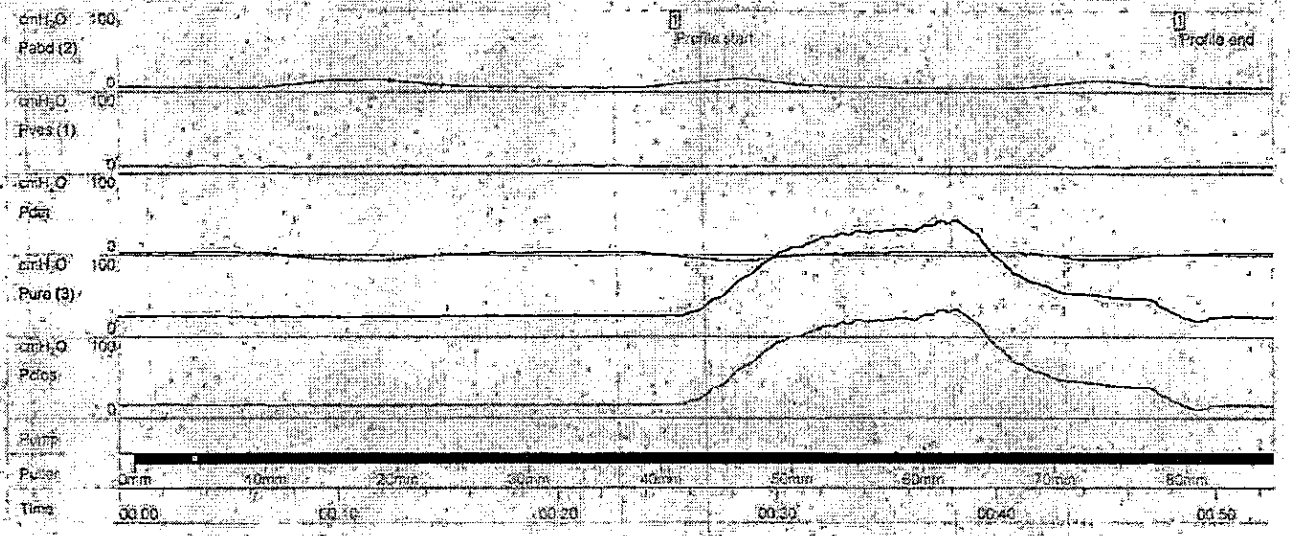
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Urethral pressure profile report

McGee, Margaret

Gender:	Female	Investigation nr:	04
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer

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Profile results

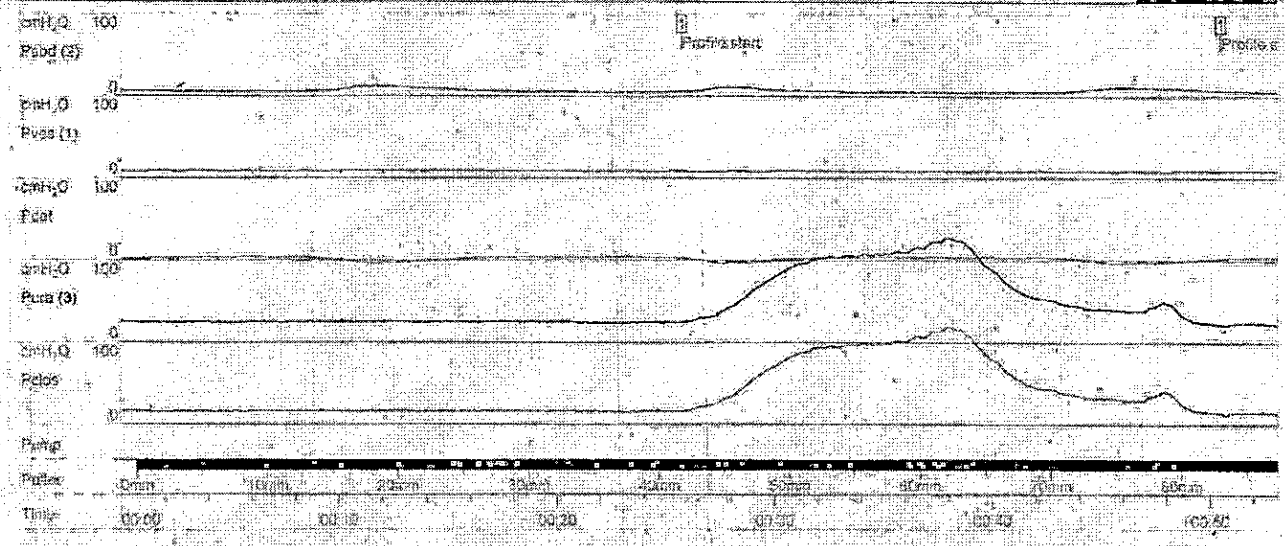
Rest profile	1	
Resting bladder pressure	26	cmH_2O
Max. urethral closure pressure	118	cmH_2O
Maximal urethral pressure	144	cmH_2O
Functional urethral length	30	mm

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Urethral pressure profile report

McGee, Margaret

Gender:	Female	Investigation nr:	05
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/08/2015	Referred by:	Mr Palmer



Profile results

Rest profile

Resting bladder pressure	26	cmH_2O
Max. urethral closure pressure	103	cmH_2O
Maximal urethral pressure	126	cmH_2O
Functional urethral length	40	mm

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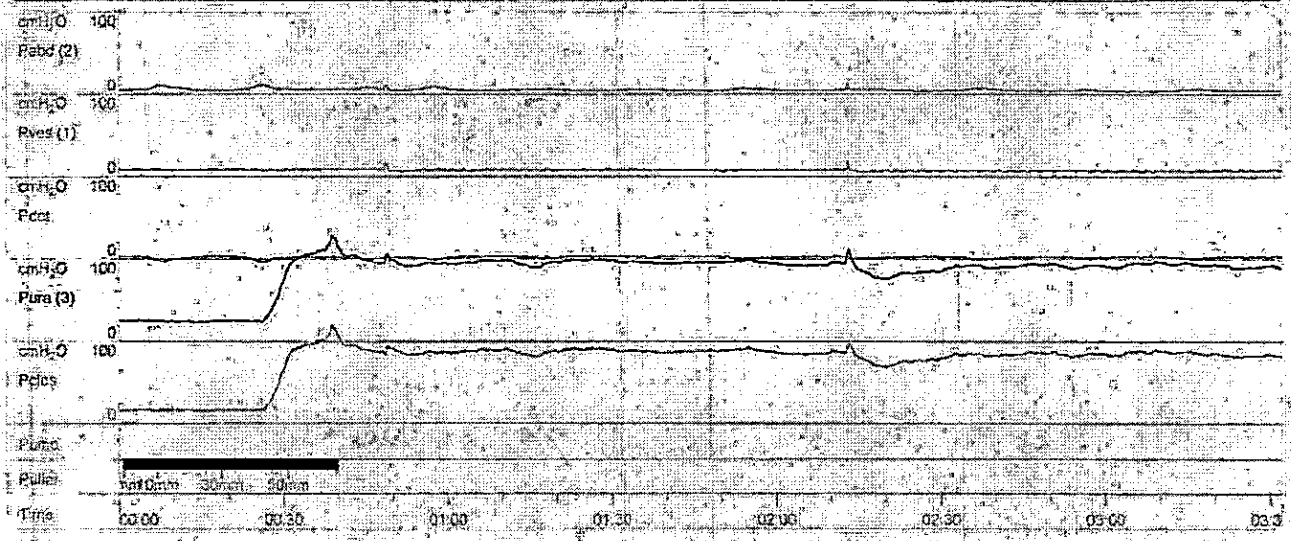
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Urethral pressure profile report

McGee, Margaret

Gender:	Female	Investigation nr:	06
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer



No profiles found!

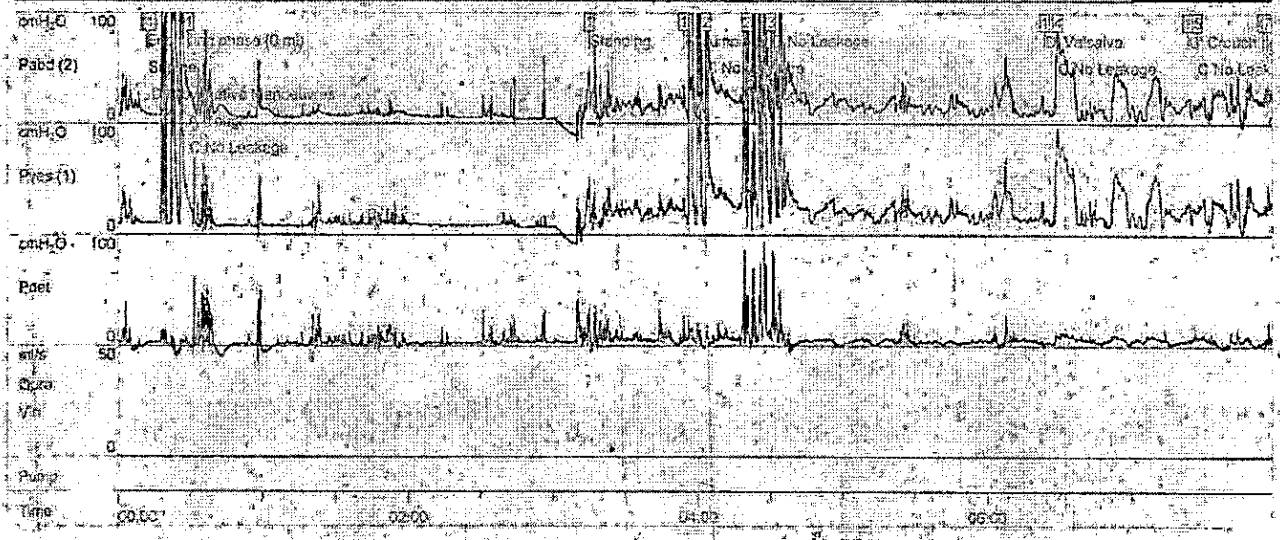
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Pressure-flow study report

McGee, Margaret

Gender:	Female	Investigation nr:	07
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer

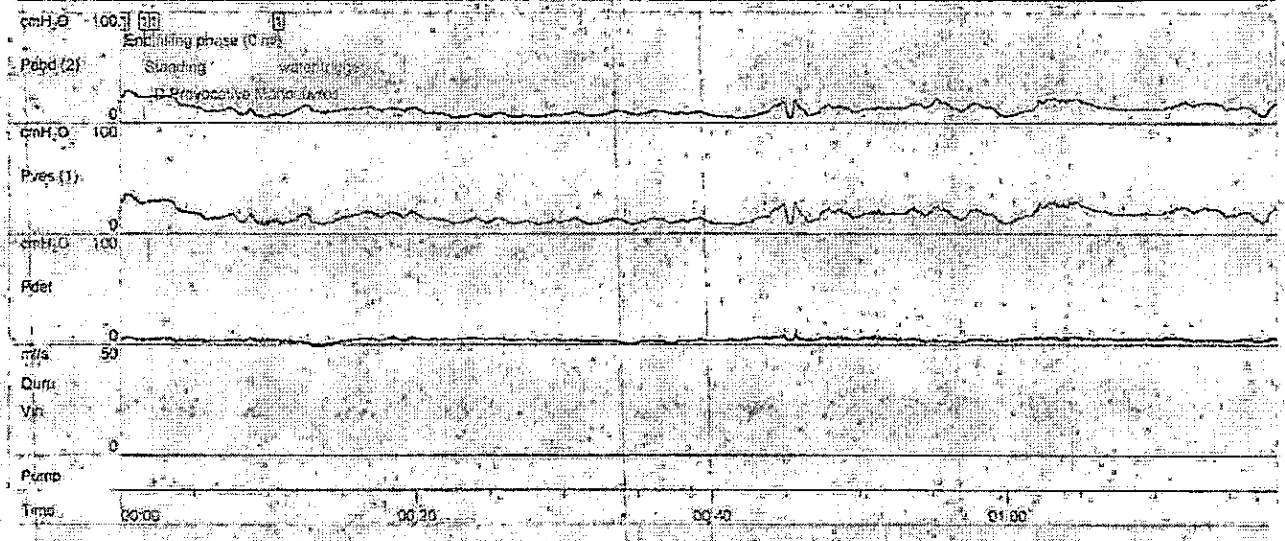
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Pressure-flow study report

Gender:	Female	Investigation nr:	08
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer

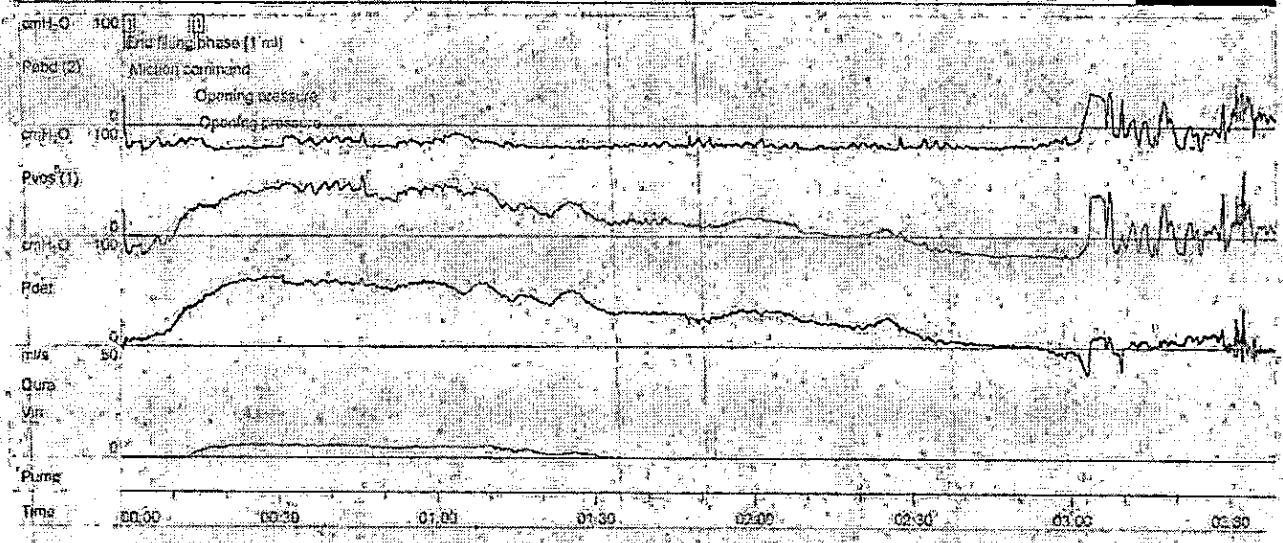


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Pressure-flow study report

McGee, Margaret

Gender:	Female	Investigation nr:	09
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer



Voided = 351ml

Res = 27ml

Mildly Obstructed

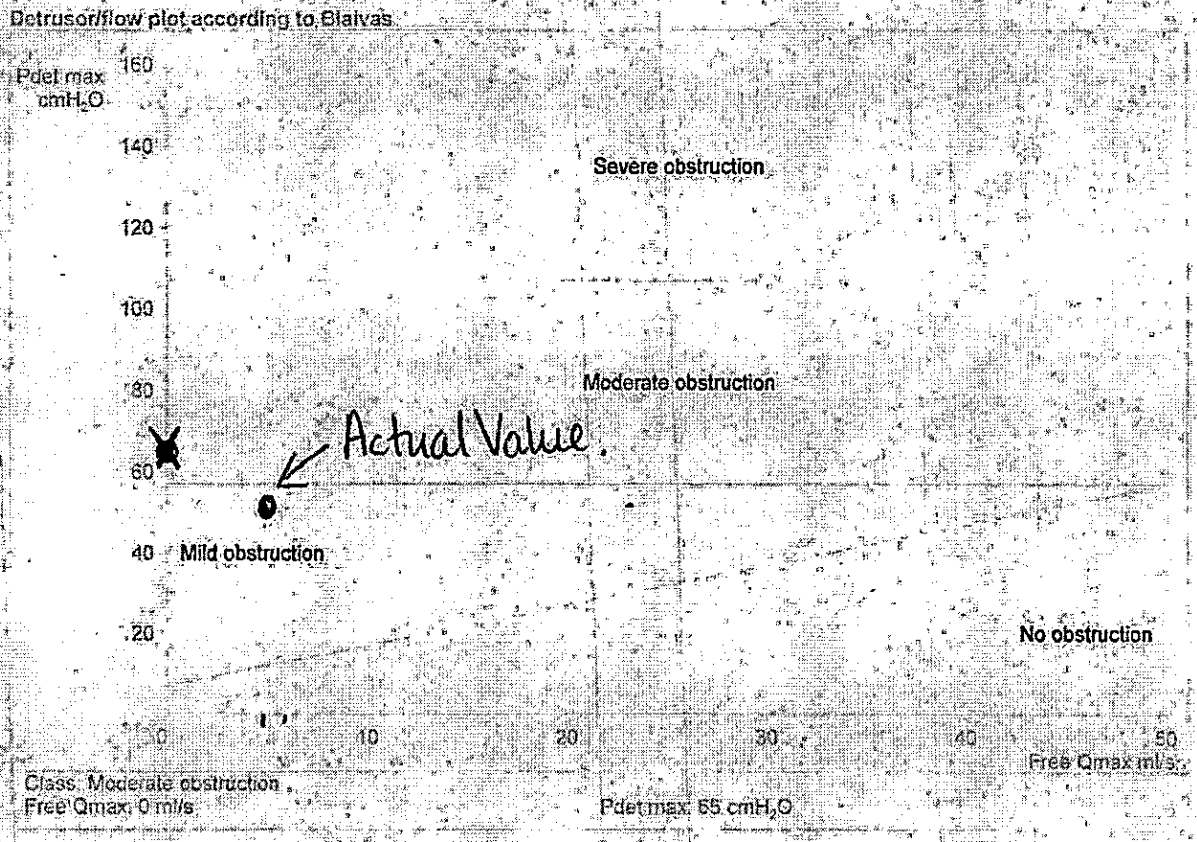
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Detrusor/flow plot according to Blaivas

McGee, Margaret

Gender:	Female	Investigation nr:	09
Date of birth:	16/09/1963	Hospital:	Southern General Hospital
Patient number:	1609632184	Investigator:	Marlene Smeaton
Investigation date:	18/06/2015	Referred by:	Mr Palmer

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Mildly Obstructed

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