Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

MMA LEGAL
43-59 PRINCES STREET
STOCKPORT
SK1 1RY

Date: 21ST May 2026
Your Ref: 100036
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: MARGARET MCGHEE **D.O.B: 16/09/1963**

Thank you for your request received 29TH April 2026 in which you seek a copy of your client's personal information.

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

GLASGOW ROYAL INFIRMARY & STOBHILL HOSPITAL RECORDS

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

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

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

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

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

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

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

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

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

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

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

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

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

Including:

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

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 242 9788
Enquiries to: Ann McNaughton
Letter Date: 04/06/2025
Reference: OH\RM
Dictated Date: 15/04/2025
Transcribed Date: 02/06/2025

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

I saw Ms McGee in the ENT Clinic today, as you are aware she had a panendoscopy for what turned out to be chronic laryngitis a couple of years ago but is still getting symptoms with intermittent sore throat and intermittent hoarseness on a background of her respiratory problems and you were concerned there may be something further developing within the larynx. She has continued to smoke.

Examination today shows no obvious abnormality of the mouth or the neck. Fibreoptic laryngoscopy shows some mild chronic laryngitis but no signs of anything of specific concern. I have advised her that these symptoms are likely to continue while she continues smoking and also to maintain good oral hydration. I have discharged her back to your care.

Yours sincerely,

Mr O Hilmi

Consultant Otolaryngologist

Electronically Signed: Mr Omar Hilmi, Consultant

cc. Dr Chris Carlin
Consultant Respiratory Physician
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 242 9788
Enquiries to: ann.mcnaughton@ggc.scot.nhs.uk
Letter Date: 11/03/2022
Reference: OH/AMN
Dictated Date: 24/02/2022
Transcribed Date: 10/03/2022

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 saw Ms McGee in the ENT clinic today. As I have explained to her, her barium swallow has shown a little bit of tightness associated with the cricopharyngeus muscle and also possibly some slight webbing in the hypopharyngeal region. We are not seeing any sign of any specific concern but I have recommended to her that we bring her in for a panendoscopy just to evaluate this area. It may be that simply the action of doing this improves her symptoms. I have explained the risks of the procedure, that it is done as a day case under general anaesthetic, the risk of damage to the teeth, gums, lips and perforation and having taken this all on board she is happy to proceed. She has been pre-assessed today.

Yours sincerely

Mr O Hilmi

Consultant Otolaryngologist

Electronically Signed: Mr Omar Hilmi, Consultant

cc.

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 242 9788
Enquiries to: Ann McNaughton
Letter Date: 17/02/2022
Reference: OH/MS
Dictated Date: 11/01/2022
Transcribed Date: 11/02/2022

Dr Chris Carlin
Consultant Physician
Department of Respiratory Medicine
Admin Block, Level 2
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dear Dr Carlin,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
10 WYVIS PLACE, Glasgow, Lanarkshire, G13 4LY

I saw Ms McGee in the ENT Clinic today. She is under Respiratory Medicine because of severe COPD and she has been becoming increasingly aware of her swallowing with coughing and choking on solid food-stuffs. She is not losing any weight and she is not aware of any neck masses. She is not describing any true dysphagia or hoarseness, but she does have a history of leukoplakia which was biopsied in the past.

Examination today showed no obvious abnormality of the mouth or neck on fibre optic laryngoscopy. This is reassuring.

She is already on a proton pump inhibitor and I have advised her concerning good oral hydration, although her mucous membranes appeared healthy today. I have suggested getting a barium swallow just to exclude an oesophageal abnormality and requested this today. I will do a telephone consultation with her once the result of this is available.

Yours sincerely,

Mr Omar Hilmi

Consultant Otolaryngologist

Electronically Signed: Mr Omar Hilmi, 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

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 242 9788
Enquiries to: ann.mcnaughton@ggc.scot.nhs.uk
Letter Date: 11/02/2022
Reference: OH/AMN
Dictated Date: 08/02/2022
Transcribed Date: 10/02/2022

Margaret McGee
10 WYVIS PLACE
Glasgow
Lanarkshire
G13 4LY

Dear Ms McGee ,

As discussed on the phone today, your recent barium swallow has shown a couple of areas in the back of your throat in your oesophagus that maybe causing a slight hold-up in the symptoms that you are getting. I think in this situation I would like to have a look at the area under general anaesthetic so I am going to send you an appointment to come and see me to discuss this further and we will organise a date for that thereafter.

Yours sincerely

Mr O Hilmi

Consultant Otolaryngologist

Electronically Signed: Mr Omar Hilmi, Consultant

cc. Dr Duffy
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

Anaesthetics - Pain Clinic GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 14-Jan-2016 **Date sent** 14-Jan-2016

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

1010106433315 | Unique Care Pathway Number: 1010106433315

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

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: Low Back Pain

Comment: Dear Sister Saba, Pain Clinic

Margaret has experienced low back pain for many years and has been on different treatment approaches. You kindly saw her last year and offered acupuncture which she was unable to follow up at that stage. Due to worsening symptoms, I have commenced her on a trial of a lidocaine patch and have asked her to come to see the Specialist Pain Pharmacist at the surgery for a review of her pain medication. Margaret is keen to be reconsidered for acupuncture and I would be grateful if you would see her about this and any other approaches you think would be of help. She is also asking for consideration of an x-ray. I understand the current norm is not to routinely get these done however should you think it would be helpful, I would be happy to refer her for one. Thank you for your help.

Yours sincerely
Dr Jean Hannah

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
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
Naproxen Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	15-Jul-2015	16-Dec-2015
Colecalciferol Capsules 800 units	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jul-2015	16-Dec-2015
Solifenacin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Jul-2015	16-Dec-2015
Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2	2 INHALER	2 Puffs bd	-	09-Jul-2015	16-Dec-2015
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Mar-2015	16-Dec-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	16-Dec-2015
Tiotropium Dry powder capsules for inhalation 18 micrograms	30	30 capsule	ONE DOSE TO BE INHALED EACH DAY	-	09-Mar-2015	16-Dec-2015

Gabapentin Capsules 300 mg	336	336 CAPSULE	TWO TO BE TAKEN THREE TIMES A DAY	-	09-Mar-2015	16-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Lidocaine Medicated Plaster 5 %	7	7 patch	1 PATCH FOR 12 HOURS FOLLOWED BY 12 HOUR PATCH FREE PERIOD	-	12-Jan-2016	12-Jan-2016
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	12-Jan-2016	12-Jan-2016
Prednisolone E/c tablets 5 mg	60	60 tablet	6 TABS OD 10 DAYS	-	26-Nov-2015	26-Nov-2015
Prednisolone Tablets 5 mg	60	60 tablet	6 TO BE TAKEN IN THE MORNING	-	25-Nov-2015	31-Jul-2015
Pregabalin Capsules 75 mg	56	56 capsule	1 TWICE A DAY	-	25-Nov-2015	25-Nov-2015
Prednisolone Tablets 5 mg	60	60 TABLETS	6 TABS OD	-	25-Nov-2015	25-Nov-2015
Prednisolone E/c tablets 5 mg	40	40 tablet	8 tabs daily	-	28-Oct-2015	28-Oct-2015
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	28-Oct-2015	28-Oct-2015
Hydroxyzine Hydrochloride Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	28-Oct-2015	28-Oct-2015
Doxycycline Hyclate Capsules 50 mg	16	16 capsule	TAKE 4 TABLETS ON FIRST DAY THEN 2 DAILY FOR 6 DAYS	-	11-Sep-2015	11-Sep-2015
Prednisolone E/c tablets 5 mg	52	52 tablet	8 TABLETS DAILY FOR 5 DAYS THEN 4 TABLETS DAILY FOR 3 DAYS	-	11-Sep-2015	11-Sep-2015
Zopiclone Tablets 3.75 mg	14	14 tablet	1 Tab At night	-	11-Sep-2015	11-Sep-2015
Trazodone Hydrochloride Capsules 100 mg	28	28 capsule	ONE TO BE TAKEN AT NIGHT	-	19-Aug-2015	19-Aug-2015
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

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:No

Social circumstances

Ethnic Origin: (White) British

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

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

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Pre Op Assessment Form

Last updated by Nicola SCULLION (Nicola Scullion) 4 years ago (v. 3) Show History

Do Not Overwrite – This form is specific to this service and procedure only.

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	

Emergency Contact Details

Name	LEEANNE MCGHEE
Address	1/1 9 IANSMITH COURT, CLYDEBANK
Landline	—
Mobile	07552154975
Relationship	Daughter

Assessment

Assessment Nurse	NICOLA SCULLION	Grade	5
Consultant	MR O HILMI	Assessment Date	24-Feb-2022

Hospital	Glasgow Royal Infirmary
Specialty	Ear, Nose & Throat (ENT)
Is the patient over 65 years?	No

Admission

Procedure	PANENDOSCOPY

Availability

Are you available at short notice?	Yes

Period of unavailability

Unavailable from	—
To	—
Reasons for unavailability	—
Further details	AWARE REQUIRES POA COVID TEST AND TO SELF ISOLATE AFTER UNTIL ADMISSION

Admission Date	—	Admission Time	—
Hospital	Queen Margaret Hospital	Ward	SDAU
Patient Information Leaflet	Yes		

MCGEE, Margaret
BORN 16 Sep 1963 (62y) GENDER Female
CHI 1609632184

Information Please click here for the POA Guidelines

Anaesthetic

Previous GA	Yes	Previous GA Details	SQUINT REPAIR X2 LEFT EYE - AGED 21 YEARS OLD APPENDICECTOMY - APPROX 25-30 YEARS AGO REMOVAL PLACENTA ? SPINAL OR GA - SEVERAL LAST 15 YEARS AGO NO ISSUES WITH PREVIOUS GA'S
Dentition Risk	Yes	Dentition Risk Details	FULL UPPER DENTURE PLATE AND PARTIAL LOWER DENTURE PLATE.
Reduced Neck Movement	No		
Family History	No		
Other Risk	No		
Heartburn	Yes	Heartburn Details	WELL CONTROLLED WITH MEDICATION
Sickle Cell Disease	No	Are there risk factors for sickle cell disease?	No

Information Please click here for the POA Guidelines

Surgical

Affects Suitability For DSU Or SDA	No	Please Specify	—
Any Serious Surgical Or Anaesthetic Complication	No		

Information Please click here for the POA Guidelines

Cardiovascular

Hypertension No

Arrhythmias No

Palpitations / Blackouts No

Angina

Angina No

Heart Attack? No

Murmur No

Heart Failure No

Information Please click here for the POA Guidelines

Respiratory

Do you have Asthma? No

Do you have COPD\Emphysema?	Yes	COPD\Emphysema Details	WELL CONTROLLED WITH INHALERS TAKEN AS PRESCRIBED.
Have You Taken Oral Steroids In The Last Six Months?	Yes	Oral Steroids Details	CHEST INFECTION APPROX 3 WEEKS TREATED WITH ORAL STEROIDS AND ORAL ABI'S FOR 1 WEEK - FULLY RESOLVED AT PRESENT.
Frequency Of Flareups?	Once A Year	Frequency of Flareups Details	—
Grade Of Breathlessness?	Walking Uphill, More Than 200m, Or More Than One Flight Of Stairs	Grade of Breathlessness Details	CAN MANAGE APPROX 2 FLIGHTS THEN NEEDS TO PAUSE DUE TO SOB AND USE INHALER, NO ISSUES ON THE FLAT
URTI	Yes	URTI Details	CHEST INFECTION APPROX 3/52 - TX WITH ORAL ABI'S + ORAL STEROIDS FOR 1 WEEK APPEARS FULLY RESOLVED AT PRESENT.

Information Please click here for the POA Guidelines

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Neurological

Stroke	No
Epilepsy	No
Neurological Disease	No
Physical Disability	No

Haematological

Bleeding Disorder	No
Previous DVT	No
Anaemia	No
Blood Products - If you ever need a blood transfusion or other blood products, would you refuse to receive them ?	No

Information Please click here for the POA Guidelines

Others

Kidney Disease	No
Liver Disease /Jaundice	No
Diabetes	No
Rheumatoid Arthritis	No
Has The Patient Ever Been Notified That They Are At Risk Of CJD or vCJD For Public Health Purposes	No
Any Serious Illness Not Already Mentioned?	Yes
Any Serious Illness Not Already Mentioned Details	OA - LEFT HIP - NO PHYSIO PAIN RELIEF AS REQUIRED

Information Please click here for the POA Guidelines

Exercise Tolerance

Level of fitness	Climb stairs without stopping	Additional information	—

Information Please click here for the POA Guidelines

Social

Alcohol

Alcohol > 30U	No
Units / Wk	5
Duration	2 years

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Smoking

Smokes	Yes
Cigs/Day	20
Ex Smoker	—

Drugs

IV or Recreational Drug Abuser	No
Ex User	No
Methadone Req	No
Self-Admin	No

Pregnancy

Pregnant	No
LMP	N/A

Information Please click here for the POA Guidelines

Drug History: Full Generic Name & Dose

SEE MEDICATION HSITORY IN MEDICATION/IDL TAB ON CLINICAL PORTAL 24/02/22

Allergies

Allergies	No

Information Please click here for the POA Guidelines

Prosthesis/Implants

Pacemaker	No
Prosthesis/Others	No

Information Please click here for the POA Guidelines

Examination

Weight not taken	No

BMI

Date Taken	24-Feb-2022
Height	1.52 m Actual
Weight	39.9 kg Actual
BMI	17.27 Calculated
Comments	—

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Ranitidine 150MG X 2 tabs Dispensed As Per PGD 2018/1621	No

Vital Signs

Pulse	85 bpm
Temperature	—
Systolic BP	114 mmHg
Diastolic BP	74 mmHg
Resp rate	—
SaO2	97 %
Comments	—

Risk Of Sleep Apnoea

Do You Suffer From Daytime Sleepiness, Restless Sleep Or Witnessed Breath Holding During Sleep?	No

Information Please click here for the POA Investigation Guidelines

Investigations & Date Ordered

FBC	Yes	FBC Date	24-Feb-2022
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—
Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	No	Cross Match Date	—
Group & Save	No	Group & Save Date	—
Coag Screen	No	Coag Screen Date	—
U&Es	Yes	U&Es Date	24-Feb-2022
LFTs	No	LFTs Date	—
TFT	No	TFT Date	—
Bone	No	Bone Date	—
ECG	Yes	ECG Date	24-Feb-2022
MRSA Screen	Yes	MRSA Screen Date	24-Feb-2022
Echo	No	Echo Date	—
Other	—		

MRSA Screening Clinical Risk Assessment (CRA)

A: Does the Patient require A Clinical Risk Assessment (For Patients > 23 Hours)

Yes

1. Has The Patient Ever Had A Previous Positive MRSA Result?

MCGEE, Margaret

No

BORN 16-Sep-1963 (62y) GENDER Female

2. Has The Patient Been Admitted From A Care Home/Institutional Setting Or Another Hospital?

CHI 1609632184

No

3. Does The Patient have A Wound/Ulcer Or Invasive Device Which Was Present Prior To Admission

No

If 'Yes' to any question or if the patient is within (or admitted to) a High Impact Speciality* complete section B ['Not known' = 'No']

Orthopaedics

—

B: MRSA Test?

No Yes MRSALabOther Other (s) THROAT

Date 24-Feb-2022 Ward POA Patient Refused —

DVT Risk Factors

VTE Risk

Is The Patient At Risk Of DVT?	Yes
Do They Require Prophylaxsis?	Yes
Comments	—

Day Surgery / Admission Criteria

Is this procedure suitable for day surgery? Yes

Essential criteria for day surgery admission

Q 1

On discharge you will require an escort home as you cannot travel alone even in a taxi. You can't drive, operate machinery or ride a bike for 24 hours following an anaesthetic. Do you have a responsible adult who can escort you home from the hospital the day of your surgery?

Yes

Q 2

Can that person, or another responsible adult, be with you for the remainder of the 24 hours **following your anaesthetic**?

Yes

Q 3

Do you have immediate access to a telephone?

Yes

Q 4

MCGEE, Margaret
BORN 16-Sep-1963 (62y) GENDER Female
CHI 1609632184

Do you have suitable access to toilet facilities?
Yes

Q 5

If you live more than 90 minutes drive away, could you stay with a responsible adult who would be with you for 24 hours following anaesthetic within 90 minutes drive? (this could include a hotel, B&B etc)

Yes

Q 6

If the answer to number 5 is no then do you live within 90 minutes of another hospital? (POA Nurse to check if hospital has suitable provisions)

—

Admission Criteria

Appropriate admission based on nursing assessment	SDU
Additional information	—

Advice and Actions

Q 1

Advise to take usual anti-reflux medication — Yes

Q 2

Dispensed Ranitidine as per PGD directive — No

Q 3

Refer to smoking cessation clinic — No

Q 4

Advise not to take "intravenous or recreational drug (s)" during the 24 hours before surgery (related to Social – Drugs). — No

Q 5

Anticoagulant advice — No

Q 6

Clopidogrel advice	No

MCGEE, Margaret

BORN 16-Sep-1963 (62y) GENDER Female

Aspirin 600/32184

Q 7	
	No
Q 8	
OCP advice	No
Q 9	
Provide Herbal Medicine Advice	No
Q 10	
Arrange for dialysis the day before surgery	No
Q 11	
Ensure facilities for dispensing methadone are available, if the patient is taking methadone	No
Q 12	
Fasting Information Discussed	Yes
Q 13	
Dentition Risk Discussed	No

Pre-operative Assessment Summary

Assessor NICOLA SCULLION Grade 5

A 58 YEAR OLD FEMALE LISTED FOR PANENDOSCOPY AS A SDA GGH UNDER CARE OF MR HILMI TCI TBA.

HEARTBURN - AWARE TO TAKE OWN OMEPRAZOLE MORNING OF SURGERY

COPD - WELL CONTROLLED WITH INHALERS TAKEN AS PRESCRIBED. CAN MANAGE APPROX 2 FLIGHTS THEN NEEDS TO PAUSE DUE TO SOB AND USE INHALER, NO ISSUES ON THE FLAT. AWARE TO BRING INHALERS IN ON ADMISSION

CHEST INFECTION APPROX 3/52 - TX WITH ORAL ABI'S + ORAL STEROIDS FOR 1 WEEK APPEARS FULLY RESOLVED AT PRESENT.

CHOKING - BARIUN SWALLO - TWO OESOPHAGEAL WEBS NOTED - REASON FOR PROCEDURE.

ECG - NSR

AWARE REQUIRES POA COVID TEST AND TO SELF ISOLATE AFTER UNTIL ADMISSION

Anaesthetic Assessment

Anaesthetist — Grade —

—

Recommended Admission Pathway

Review By

Anaesthetist

MCGEE, Margaret

BORN 16-Sep-1963 (62y) GENDER Female

Other	No		
CHI 1609632184	No		
DSU/23hr Criteria Met	Yes	SDA Criteria Met	Yes

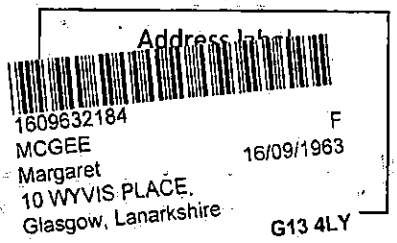
Referrals

Smoking Cessation	No
Other	No

Print

NHS
Greater Glasgow and Clyde

Date 24.2.22



PRE OP

Hospital GRI

Clinic ENT

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)

HICM

NHS
Greater Glasgow and Clyde

Date

Hospital GRI

Clinic ENT

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)

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)

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

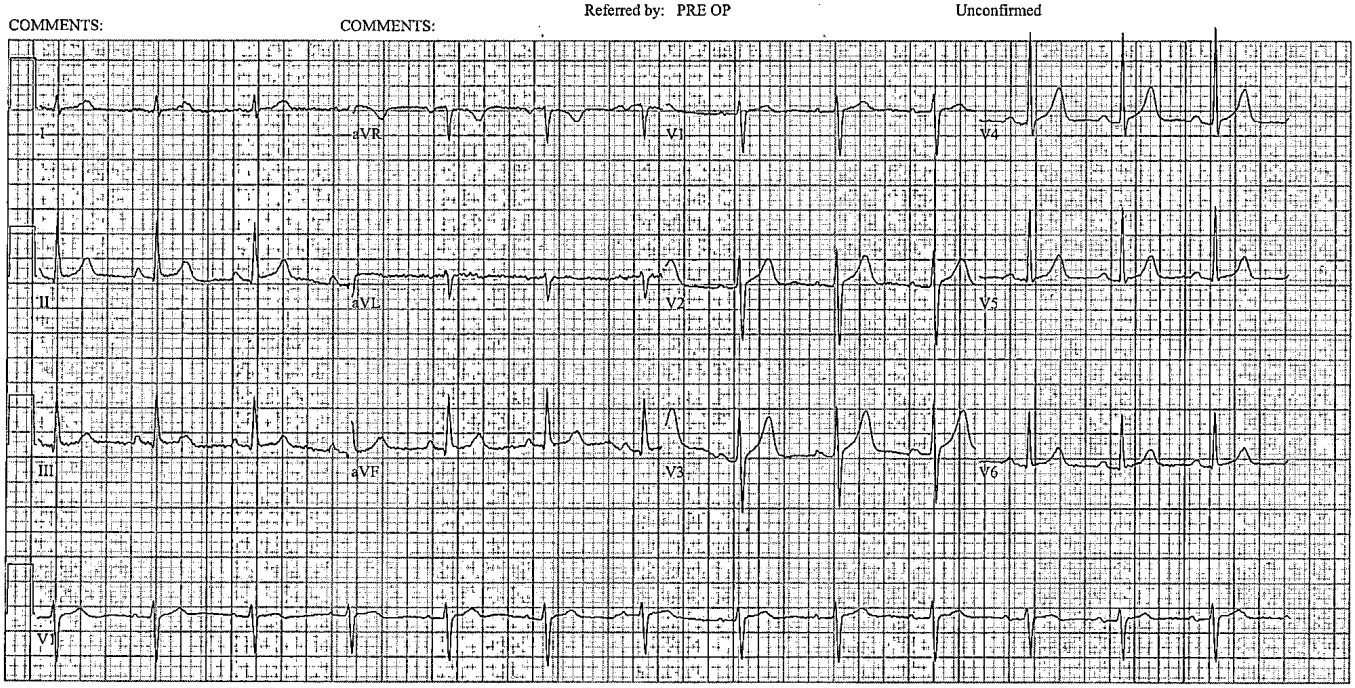
Technician: 242
Test ind:

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:

X-ray in box
Seal Ass WL

McCallum and Logue Dental Practice
10 Dunkenny Square
Drumchapel
Glasgow
G15 8NB
25/09/2015
9449090

Peter Walker
Stobhill Hospital
133 Balornock Rd
Glasgow
G21 3UW

Margaret McGee
365 Kelso Street
Yoker
Glasgow
G13 4PG
16/9/63
1609632184

Dear Mr Walker,

I would be grateful if you could arrange for Margaret to have her dental treatment carried out under I.V.sedation.
Margaret has asthma and chronic obstructive pulmonary disease. Medications taken are: Beclometasone and Formoterol inhalers, 20mg Citalopram, Colecalciferol capsules (200 units), 300mg Gabapentin, 500mg Naproxen, Salbutamol inhaler, Solifenacin tablets (10mg), Tiotropium 18 µgrams powder for inhalation.
Margaret needs root planning and scaling: I have carried out simple scaling however this could not be completed without local anaesthetic and the patient is too anxious to allow injection.
There is cervical caries in 46 and, I suspect, distal caries in 43. There may be further cavities below the calculus deposit. I enclose bitewings.

Thank you

Yours sincerely
N McCallum
Nuala McCallum (Dentist)

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Anaesthetics - 10052012_Clinical Letter_70435
Anaesthetics - 25112013_Clinical Letter_101652

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Anaesthetics - Pain Clinic GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral ROUTINE
Date of referral 03-Dec-2013 **Date sent** 04-Dec-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

101006372905B Unique Care Pathway Number: 101006372905B

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 address
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Practice code	40390

Contact number(s)
Voice: 0141 959 2118

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: mechanical low back pain

Comment: Thank you for seeing this 50 year old who has been troubled with a ten year history of mechanical low back pain which has not responded to physiotherapy. I enclose a copy of the report from physiotherapist which has advised pain clinic referral. She joined our Practice last year after moving from Aberdeen and has had significant social problems related to stressful life events and her children are now in care in Aberdeen. She tells me she used to work as a domestic and fears this may be a significant factor in her chronic pain but she has been unable to work for many years due to a combination of stress, depression, and poorly controlled asthma. I am awaiting a respiratory opinion as she has had frequent exacerbations and I am concerned regarding the possible underlying bronchiectasis.

As regards to her back pain, she attains more relief from Co-Codamol or Ibuprofen and I started her on amitriptyline to tritate up to 50 mg. She has been on Citalopram with no significant benefit in her mood since being increased to 30 mg. I feel her significant social problems will hamper any improvement in her mental health however, we will await a response to her counselling by the primary care mental health team. I enclose psychiatric letter. She was already on amitriptyline 50 mg when she joined the practice in September 2012 and has been switched to Mirtazepine in January 2013. However, she was intolerant of this. She was prescribed hypnotics by her previous GP but these have not been given by our practice. We would be most grateful for your opinion regarding further management of her chronic pain.

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
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
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING	-	27-Nov-2013	27-Nov-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
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
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

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

Anaesthetics - 10052012_Clinical Letter_70435

Anaesthetics - 25112013_Clinical Letter_101652

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

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

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

Admission Checklist

Hospital: STOBHILL ACH.	**Consultant:** Mr. Usman.	**Date:** 30/5/18.
Proposed Operation:- (R) sacroiliac joint injection		
Patient Questionnaire Completed?	Yes ☐	No ☑
Pre-Op assessment Completed?	Yes ☐	No ☑
Escort Details (responsible Adult)Name: Carlene McGee.	Telephone Number: AT FRONT DESK 07913690627 4.	
Confirm "Next of Kin" on pre-assessment Yes Name: ✗	Telephone No: AS ABOVE.	
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? N/A -	Date.....	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed N/A.	Yes ☐	No ☐
Pregnancy test results N/A.	+VE	-VE
Group and save results checked Date done..... N/A	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.	Nothing of note.	
Fit Form required	Yes ☐	No ☑

Baseline Observations
~~Ester~~ Micrazipine -

	Time: 1205	Time.....
SP02	97%	
BP	113/68.	
HR	84.	
Temp	36.9.	
Staff Initials	SR.	

Please print & sign name when checklist completed	Name: STHOMSON (STN) Time: 1200

Acute Services Division
Surgery & Anaesthetics

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

Affi 1609632184
Na MCGEE F
CH Margaret 16/09/1963
365 KELSO STREET
DC 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		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 ☑	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked			
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: 2100 Fluid: 830.	Checked:	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	tape in 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	Acrylic finger nails to be left patent		
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:	front top		
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐ JDP
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

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: Salbutamol.	
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	COPD. asthma. Previous CVA s.		
Please print and sign name once the checklist is complete	Admission: STHOMSON (ST/N) Time: 1210.	Reception: N/A ☐ Time:	Anaesthetic Assistant: VIRUE Time

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
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Surgical Brief

Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time 1359	Pulse: 77	BP: 120/56	Temp:	SpO2: 97	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: chlorhexidine
REGIONAL BLOCK	Yes N/A	Specify Prep: SACROILIAC JOINT
OTHER SPECIFY	Yes N/A	Specify Prep: INFERIOR RIGHT 1/100

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: blankets	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

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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

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Safe Positioning — This section NOT applicable ☐

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

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 ☐

Patient away

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:

Acute Services Division
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GG&C Day Surgery/23 hour Care Plan

Theatre

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	Right side Lower Back			
2				

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

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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

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 ☐

Midazolam 3mg IV

Traceability Stickers

Acute Services Division
Surgery & Anaesthetics

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GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

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

Verbal Handover from Theatre to Recovery

Verbal handover given by: SW V[illegible] To: SW M. Cunningham

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	
lergies	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
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GG&C Day Surgery/23 hour Care Plan

~~Immediate~~ Post-operative Recovery

Post-operative Observations

Time	1355	1400	1415	1422														
210																		
200																		
190																		
180																		
170																		
160																		
150																		
140																		
130																		
120	116	HR																
110	^	^	^															
100				^														
90																		
80	v		v															
70		v																
60	70	69		v														
50																		
40																		
30																		
Airway type	H mask	1	1	1														
O_2 Therapy	2L	2L	1L	NP														
SpO_2	98	96	99	96														
Resp. Rate			11	11														
CVP			80	76														
Temp.			/															
Pain Score			/															
P.O.N.V. HR	91	90	80															
Sedation Score	1	1	1															
BM Score			/															
HemoCue Score																		
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Wound Score				NAD	NAD													
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																		
cannula.	A																	
Staff initials	DR	DR																

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			

DEPARTMENT OF RESPIRATORY MEDICINE
GLASGOW ROYAL INFIRMARY/STOBHILL ACH
GREATER GLASGOW AND CLYDE NHS

MCGEE Margaret GP Referral Dr Gemie U.No. 123142/06
365 Kelso Street CHI. 1609632184 D.o.b. 16.09.1963
Glasgow G13 4PG Female Date 13.05.2013

PREVIOUS RESULTS - None

	Pre BD	%Pred	Post BD	Normal Range
LUNG VOLUMES-L BTPS				
VC	2.94	115.0		(1.85 - 3.26)
FRC				(1.63 - 3.27)
RV				(-)
TLC				(-)
RV/TLC	%			(-)
SPIROMETRY				
FVC	2.94		2.90	
FEV1	2.08	96	2.10	(1.54 - 2.78)
FEV1/FVC%	70	87	72	(69 - 90)

There is no airflow obstruction on dynamic testing
Results do not support a diagnosis of COPD but can not
exclude asthma or some forms of interstitial lung disease.
? 97%, MRC Grade 3:
Carter

Barium swallow

Performed	04-Feb-2022 11:47	Received	04-Feb-2022 14:24
Reported	04-Feb-2022 14:22	Order Number	G107H38026429
Status	Final	Source System	MiSys

Barium swallow Final
Margaret McGee
Clinical History :.

increasing awareness of swallow and need to cut solids up nil on exam mouth, nekc fol ? oesophageal abnormality Hx Reflux on ppi

Barium swallow :
Standard barium swallow.

Two small anterior oesophageal webs in close proximity to each other at the level of C5-C6. Mildly prominent cricopharyngeus at C5/6. No pharyngeal pouch. Peristalsis within normal limits. Reflux noted.

Reported by: Dr Amy Wang (SpR) and Dr Jonathan Platt
Verified by: Dr Jonathan Platt

ELECTRONIC PATIENT RECORDS

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

Including:

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

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Pain Management Clinic
Contact Tel: 0141 355 1491-4
Enquiries to: www.paindata.org
Letter Date: 16/01/2020
Reference: MS/MB/1609632184
Dictated Date: 24/12/2019
Transcribed Date: 15/01/2020

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

I reviewed this 56 year old lady who we have been seeing at the Pain Clinic since 2014 for her now 15 year history of low back, right sided pain.

She's had numerous drug therapies during the intervening five years and is now on Lidocaine plaster and Naproxen with Omeprazole cover. From her portal kardex it looks like she is also on Amitriptyline 75mgs and Imipramine 10-30mgs at night but she is not so sure. She also takes Mirtazepine 30mgs for her depression.

We covered her previous pain therapies and confirmed that she has not responded to Gabapentin, Pregabalin, TENS, acupuncture, Capsaicin. She has not been able to engage in psychology self coping strategies partly because she finds travelling to Stobhill a practical problem but also she really is not interested in pursuing that line of therapy.

She's had local anaesthetic and steroid injections on two occasions to her right SI joint in February and May 2018. As she got short term benefit she was referred to Dr Williams who performed cooled RF on her right SI joint in March 2019. The patient reported that this only helped for a very short while, so we both agreed that injection therapy is not indicated.

The only suggestion I can make is to perhaps rotate her Naproxen over to Celecoxib 100mgs in the morning to see whether this is any more effective. If it's as good then it might be the best one to stay on longer term (at lowest effective dose) as it has less GI risk side-effects.

Also her Amitriptyline could be taken up to 100mgs and her Imipramine discontinued. Otherwise I have no further suggestions to make. As long as she does not want, or cannot come to us for training in self coping strategies then we have nothing further to offer her.

She is accepting of discharge. I would be grateful if you could contact her when the prescription is ready.

Yours sincerely

Dr Michael Serpell

Consultant in Anaesthesia & Pain Management

Electronically Signed: Dr Michael Serpell, Consultant

cc.

Clinical letter - GP:

This version supersedes letter dated 30 Aug 2018

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

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

Main Switchboard:	
Department:	
Contact Tel:	0141 355 1491/2/4
Enquiries to:	www.paindata.org
Letter Date:	30/08/2018
Reference:	
Dictated Date:	18/07/2018
Transcribed Date:	08/08/2018

Dear Dr Duffy ,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

THIS IS A DUPLICATE OF THE OP CLINIC LETTER
I reviewed Margaret as a routine follow up following the second repeat right sacroiliac joint injection that we performed on 30th May 2018. She reports very good pain relief but this only lasted for one week from the injection. She reports 60-100% pain relief, however her pain has now come back to base line. The pain is more of a problem on the right side buttock region with walking and prolonged sitting. From the first injection she had less than two months relief, but her leg radiation also improved.

She continues to use a Lidocaine patch which does help her at night time along with Naproxen.

I discussed future management options with her and the possibility of radiofrequency to her right sacroiliac joint. I explained the procedure in detail and told her that it would be a lengthy procedure.

She is an anxious lady, however she managed to tolerate the previous two injections relatively well despite her needle phobia, with the help of Midazolam. She wants to go down the route of a cold radiofrequency procedure. I have explained the details of this procedure, however given her overall anxious state, she may require a bit more reassurance and explanation when she gets an appointment.

I have copied in my colleague Dr Lars Williams at the New Victoria ACH which acts as a referral for cold radiofrequency of right sided sacroiliac joint for this lady.

Yours sincerely

Dr Usman Bashir

Consultant in Anaesthesia & Pain Management

Electronically Signed: ,

cc.

Clinical letter - GP: GP LETTER

NHS
Greater Glasgow and Clyde

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

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

Main Switchboard:	
Department:	PAIN MANAGEMENT
Contact Tel:	0141 355 1494
Enquiries to:	CHRISTINA HAYS
Letter Date:	25/06/2018
Reference:	UB/AMMCS
Dictated Date:	30/05/2018
Transcribed Date:	01/06/2018

Dear Dr Duffy,,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Procedure:

Right sided sacro iliac joint injection.

I saw Margaret in the Day Surgery Unit today as we agreed to repeat the procedure one more time for her as she had only partial relief from the previous injection. The purpose of doing this repeat injection is to see the duration of relief and how she tolerates the procedure to assess whether she could tolerate cold radio frequency or not. She managed to tolerate the Venflon quite well despite being needle phobic.

The procedure was performed under x-ray after obtaining consent with iv access for sedation. The painful areas again corresponded to right sided sacro iliac joint under x-ray. It was injected with local anaesthetic and steroid. She required 3 mg midazolam sedation to tolerate the procedure.

She has been given a response form and we will see once we get response form back whether she is suitable for cold radio frequency referral or not .

Yours sincerely

Electronically Signed: Dr Usman Bashir, Consultant

cc.

Clinical letter - GP: GP LETTER

NHS
Greater Glasgow and Clyde

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

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

Main Switchboard:	
Department:	PAIN MANAGEMENT
Contact Tel:	0141 3551494
Enquiries to:	Liz Johnston
Letter Date:	22/02/2018
Reference:	UB/NMCM
Dictated Date:	07/02/2018
Transcribed Date:	08/02/2018

Dear Dr Duffy ,

Margaret McGee; D.O.B: 16/09/1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Procedure:

Right sided sacroiliac joint injection.

Margaret attended the Day Surgery Unit to have the above mentioned procedure performed. She was quite anxious and scared at the time of the consent and asked if she could get a general anaesthetic for this. I told her maximum we can offer is sedation. She was scared due to her needle phobia . She finally agreed to go ahead with the procedure with sedation. Consent was obtained, the procedure was performed under X-ray guidance and full monitoring. We managed to get IV access without much problem from her.
We used a short spinal needle for her as her landmarks were very superficial (patient is very thin). The painful area corresponded with the right sacroiliac joint only under X-ray.
Facet areas were not tender or painful. The right sacroiliac joint was injected with local anaesthetic and steroid. Surprisingly she tolerated the procedure without requiring any sedation as it was only one injection .
I have arranged to see her in the pain clinic in due course to decide further management plan according to the response from these injections.

Yours sincerely

Electronically Signed: Dr Usman Bashir, Consultant

cc:

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: PAIN MANAGEMENT
Contact Tel: 0141 355 1494
Enquiries to: www.paindata.org

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Letter Date: 06/08/2014
Reference: SS/FG/1609632184
Dictated Date: 12/08/2014
Transcribed Date: 02/09/2014

Dear Dr. M Roushdy-Gemie,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 Kelso Street, Glasgow, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STSSPR6-NURSE SABA PAIN ACH WED PM
Date and Time of Appointment - 06/08/2014 15:00

Clinical Comments:

Margaret attended the Pain Clinic today for ongoing review. Since her last appointment she tells me that she has had a trial of Amitriptyline which, unfortunately, she describes as an unsuccessful trial, it made her feel particularly dizzy and she did not want to continue on this and she has discontinued this drug. She continues to apply capsaicin cream to her low back. Margaret was reluctant to consider another drug trial at this particular point in time. I have today, instead, issued her with a TENS machine and given her some instructions for use.

She has not yet received an acupuncture trial and again, we discussed this as an option. At this point in time I have agreed to review her at my outreach clinic at which point we will discuss the benefit the TENS machine has been and perhaps arrange for acupuncture. I have also mentioned to her today that we have the option of adding in Gabapentin if she wants to consider a further drug trial.

I will therefore write to you in due course following her next appointment.

Yours sincerely

Sister S Saba
Clinical Nurse Specialist

Electronically Signed: Nurse Sioban Saba N52863, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. M Roushdy-Gemie
Dr Dickson & Gemie
Yokermill Medical Centre
6 Yokermill Road
Glasgow
G13 4PU

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Main Switchboard: 0141 201 3000
Email Inquiries to: www.paindata.org
Contact Tel Details: 0141 355 1492

Dictated Date: 16/04/2014
By: Dr M. Serpell
Transcribed Date: 07/05/2014
By: Elizabeth Johnston

Dear Dr. M Roushdy-Gemie,

Patient

Name:	McGee Margaret
CHI:	1609632184
DOB:	16 Sep 1963
Address:	365 Kelso Street Glasgow G13 4PG

Attendance

Attended:	16/04/2014 14:30
New/Return:	G N PAIN RELIEF
Referral Source:	General Practitioner
Consultant:	Dr Michael Serpell
Specialty:	Pain Relief
Clinic:	STMSPR6-DR SERPELL PAIN RELIEF ACH WED PM

Clinical Comments:

Thank you for referring this fifty year old lady with a ten year history of low back pain. She is currently on Co-codamol x 8/day and Ibuprofen. You state in your letter she has recently been commenced on Amitriptyline 50mg/day. She is a poor historian and unfortunately did not complete our Questionnaire Form.

Previous treatments include physiotherapy input with exercise and massage, and instruction on take home exercise. She has had what sounds like a TENS machine applied at the Physio session but not one to take home. She has not received acupuncture. She previously tried Deep Heat creams and also tried a patch (?opioid patch) which she got from a friend who got this from the USA.

Though her pain has been present for the past ten years it has worsened over the past year. I note in your letter the history of depression and anxiety, and domestic abuse, and the fact she has arrived recently from Aberdeen. She currently lives at home with her two children, aged five and fifteen, and her sister lives nearby and helps her with bath time for the children and other domestic chores.

On examination, the patient is very thin. She has very limited range of motion of her back, in terms of forward flexion limited to 15°. She has pain in the midline lumbosacral level which radiates out towards the iliac crests. She has some inappropriate sensitivity to touching of her back in several areas including upper lumbar and lower sacral areas. On repeat examination and distraction I am able to examine all the relevant muscles and bones of the back and there is no focal tenderness or pathology to indicate injection therapy to any area of her back. Lower limb examination is unremarkable. She has good hip and knee range of motion. She fractured some bones in her right foot in the New Year; these are still markedly tender but seem to be healing well.

Impression

1. Ten year-history of biomechanical low back pain.

2. Previous issues with depression and domestic and social upheaval. Children previously living in care but now living with her.

Management Plan

1. I have given her a hand written note asking you to kindly prescribe topical Capsaicin cream 0.025% applied tid for a six week trial period. If beneficial this can be continued.

2. I would encourage increasing the dose of Amitriptyline gradually towards 100mg nocte if required / tolerated.

3. I will appoint her for a nurse review and application of a TENS machine.

4. Other options include considering Patient Education Classes (I didn't think she is ready for these on today's review) with a view towards the Glasgow Pain Management Programme.

I don't think injection therapy will play a role here. I am reluctant to try Step 3 opioids with this kind of patient, particularly in view of the previous overdoses. There may be some option of adding one of the Gabapentinoids at some point once the above parameters have been optimised.

Yours sincerely

Dr M. Serpell

Consultant in Anaesthesia & Pain Management

Electronically Signed: Dr Michael Serpell, Consultant

cc.

Clinic Letter

This version supersedes letter dated 30 Aug 2018

NHS
Greater Glasgow and Clyde

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

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

Main Switchboard:	
Department:	Pain Management Clinic
Contact Tel:	0141 355 1491-4
Enquiries to:	www.paindata.org
Letter Date:	18/07/2018
Reference:	UB/EM/1609632184
Dictated Date:	18/07/2018
Transcribed Date:	08/08/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STUBPR6-DR BASHIR PAIN WEDS PM
Date and Time of Appointment - 18/07/2018 15:15

Clinical Comments:
I reviewed Margaret as a routine follow up following the second repeat right sacroiliac joint injection that we performed on 30th May 2018. She reports very good pain relief but this only lasted for one week from the injection. She reports 60-100% pain relief, however her pain has now come back to base line. The pain is more of a problem on the right side buttock region with walking and prolonged sitting. From the first injection she had less than two months relief, but her leg radiation also improved.

She continues to use a Lidocaine patch which does help her at night time along with Naproxen.

I discussed future management options with her, and the possibility of radiofrequency to her right sacroiliac joint. I explained the procedure in detail and told her that it would be a lengthy procedure. She is an anxious lady, however she managed to tolerate the previous two injections relative well despite her needle phobia, with the help of Midazolam. She wants to go down the route of a cold radiofrequency procedure. I have explained the details of this procedure, however given her overall anxious state, she may require a bit more reassurance and explanation when she gets an appointment.

I have copied in my colleague Dr Lars Williams at the New Victoria ACH to who acts as a referral for cold radiofrequency of right sided sacroiliac joint for this lady.

There is a possibility that she may not tolerate the procedure. If that is the case, then you could write back to us for a further follow up for her. She managed to tolerate the previous injections quite well.

We will arrange to see her back in three to four months time after the cold RF procedure if she manages to tolerate it.

Yours sincerely

Dr Usman Bashir

Consultant in Anaesthetics and Pain Management

Electronically Signed: ,

cc. Dr Lars Williams
Consultant in Anaesthetics and Pain Management
New Victoria ACH
Grange Road
Glasgow
G42

Clinic Letter

NHS
Greater Glasgow and Clyde

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

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

Main Switchboard:	
Department:	Pain Management Clinic
Contact Tel:	0141 355 1491/2/4
Enquiries to:	www.paindata.org
Letter Date:	23/05/2018
Reference:	UB/CH/1609632184
Dictated Date:	23/05/2018
Transcribed Date:	05/06/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STUBPR5-DR BASHIR PAIN WEDS AM
Date and Time of Appointment - 23/05/2018 11:30

Clinical Comments:
I followed up Margaret as a routine follow up review in the Outpatient Clinic today. She had right sided sacroiliac joint injection performed back on 07/02/2018. She reports that the first 3 weeks she ended up in a flare up of pain .Folllowing that for at least 2 months she had about 30% pain relief only. In her own words, her pain eased off a bit for a couple of months and then come back to her baseline back in the month of May.

During the relief period her radiation to the leg was also relieved.

I re-examined her very briefly again and the painful area was classically in the right sacroiliac joint area only. There is no pain in the left sacroiliac area and no other radicular leg pain symptoms.

Further Management Plan

She was asking me about arranging an MRI scan for her. I informed her that in her case, there does not seem to be any indication to do an MRI scan as pain seems to be coming from musculoskeletal region rather than from her nerves.

We chatted about further management options and agreed that currently we will repeat one further right-sided sacroiliac joint injection. The rationale for repeating the injection is to assess the degree of

relief she gets from this injection and to consider her for potential of referral for cooled RF if suitable. Overall procedure tolerance can be further assessed when she comes for repeat injection. She requests to get sedation because of needle phobia. She managed the last procedure fine.

She continues to use 5% Lidocaine patch with good effect.

There are not many other management options left for her as she has exhausted all other options when she attended the Pain Service previously and all the medication options have already been exhausted. She is not keen to re-engage in the MDT parts of our service at the moment.

Yours sincerely

Dr U Bashir

Consultant in Anaesthesia & Pain Management

Electronically Signed: Dr Usman Bashir, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

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

Main Switchboard:	
Department:	Pain Management Clinic
Contact Tel:	0141 355 1491-4
Enquiries to:	www.paindata.og
Letter Date:	08/05/2018
Reference:	JA/EM/1609632184
Dictated Date:	08/05/2018
Transcribed Date:	16/05/2018

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STJAPR3-NURSE ASHRAF PAIN TUESDAY AM
Date and Time of Appointment - 08/05/2018 10:30

Clinical Comments:
Margaret attended today for her nurse pain management review at Stobhill hospital. She recently had a right sacroiliac injection on the 7th February 2018 with Dr Bashir. She reports her pain continues to fluctuate particularly when she is active and she reports no increase in her activity since these injections. There has also been no improvement to her sleep or her overall quality of life reported.

There are no changes to the nature of her low back pain and she denies any red flag symptoms today.

She gets only two to three hours of sleep per night due to both pain and her anxiety/depression. She tells me continues on Citalopram 20mg once daily and that she has occasional suicidal ideation when her mood is very low. She has no plans for suicide and tells me her daughter would be a barrier to this.

She tells me she attended her GP recently for poor memory and I note her MMSE score was 18 and she has since been referred to Psychiatry for cognitive impairment. She is awaiting a new appointment with them at the Arndale Centre, as she missed her initial appointment.

She tells me she is awaiting CT scan results from the Neurophysiology regarding her Carpal Tunnel syndrome, and she has follow up with them in June.

Margaret uses Ralvo plasters applied to her lower back which are beneficial with no side effects. She continues on Naproxen 500mg BD which she finds beneficial, however this can cause nausea due to her difficulties swallowing tablets.

She denies any recreational drug or alcohol use and she smokes 20-30 cigarettes daily.

I asked Margaret today what she is hoping for from our service, as she is still not keen for any supported self management. She tells me she is keen for an MRI scan on her back as she would like a definitive diagnosis. I have advised her to discuss this with Dr Bashir at her upcoming appointment on 23rd May 2018. I have explained to her that MRI scans do not always indicate a cause of back pain or change our management of her pain.

I have made no further nurse follow up at this time.

Yours sincerely

Sister Jennifer Ashraf

Clinical Nurse Specialist

Electronically Signed: Nurse Jennifer Ashraf, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

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

Main Switchboard:	
Department:	Pain Management Clinic
Contact Tel:	0141 355 1491/2/4
Enquiries to:	www.paindata.org
Letter Date:	06/12/2017
Reference:	UB/CH/1609632184
Dictated Date:	06/12/2017
Transcribed Date:	15/12/2017

Dear Dr. M Duffy,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STUBPR5-DR BASHIR PAIN WEDS AM
Date and Time of Appointment - 06/12/2017 10:30

Clinical Comments:
Problems:

1. Low back pain

2. Previous input from Pain Clinic (April 2014 – June 2016)

3. Lifelong smoker and COPD

4. Known mental health issues

I saw this lady who arrived alone in the Pain Clinic today. Her pain history is more or less the same as mentioned in the previous letters from April 2014 and subsequent ones. In summary she reports pain confined to the lower back for more than 10 years. It always starts from the right side of her lower back and spreads all the way to her lower back. There is no leg pain. It feels like a constant deep ache which is aggravated by walking and sitting for too long. According to her there is nothing which relieves the pain now.

Medications & Summary of Past Inputs

Currently she is taking Codeine and Naproxen. She was unsure how much Codeine she is taking but on probing a bit more she says that she can take up to 6 tablets a day. It is not helping her pain however it gives a very mild benefit.

Over the course of a number of years she had input from Pain Clinic and various management plans which included physiotherapy at Drumchapel, TENS machine, acupuncture and a lot of medication changes. The list tried before includes Co-Codamol, Ibuprofen, Amitriptyline, Capsaicin cream, Gabapentin and Pregabalin.

In her past pain service inputs , a lot of emphasis was aimed at trying to engage her with self management strategies. Due to her mental health issues she could not attend a group session therefore 1:1 education sessions were arranged for her last year. However she still says that due to the travel time it takes she cannot attend those 1:1 sessions.

Psychosocial & Function

She continues to suffer from anxiety and depression. Currently she is not having any active input from Mental Health Team however she said that after Christmas there are appointments arranged through Primary Care. Issues are still ongoing due to the factors other than pain in her life. Due to her mental health issues she absolutely cannot attend the group sessions at all in her own words.

She lives at home with one of her daughters and her other daughter often comes to help. The life overall is limited to her home and she does not go out much. Another limiting factor is shortness of breath. She feels that the shortness of breath is due to her COPD.

Examination

She is a thin lean lady , short height with quite palpable bony landmarks. She points out the area of pain to be corresponding to right-sided sacroiliac region. Movements of the back were of a reasonable range. On palpation the only tender area was right-sided sacroiliac joint which was quite palpable due to her being so skinny. There is no tenderness in the midline of the lower back and no facet area or no left sacroiliac joint tenderness. There was mild to moderate hyperalgesia in the right sacroiliac region.

FABER's test reproduced the pain in the right sacroiliac joint region. FABER test was negative on the left sacroiliac joint region.

Discussion & Management Plan

I had an open discussion with Margaret since she has been to the Pain Clinic before to see her overall expectations. We chatted that she has already tried a huge number of medications. Due to her mental health issues she cannot engage with group sessions. Due to her travel difficulties she is refusing to attend 1:1 patient education sessions. Due to the above mentioned factors, a lot of multidisciplinary aspects of our service are not going to be applicable for her. I am also reluctant to escalate to strong opioids in her.

I am booking her for a trial of right-sided sacroiliac joint injections as one of the last options for her and will review her a few months after the injection to see the response. If needed in future we can arrange further top up with physiotherapy. I have given her a booklet for a guide to self management of persistent pain today as she cannot engage with any other MDT services from our end as explained above.

Yours sincerely

Dr U Bashir

Consultant in Anaesthesia & Pain Management

Electronically Signed: Dr Usman Bashir, Consultant

cc.

Clinic Letter

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

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

Main Switchboard:	
Department:	Pain Management
Contact Tel:	0141 355 1491
Enquiries to:	www.paindata.org
Letter Date:	14/06/2016
Reference:	LN/LM/1609632184
Dictated Date:	14/06/2016
Transcribed Date:	28/06/2016

Dear Dr. AH Morgan,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STLNPR3-NURSE NOTINI TUES AM CLINIC
Date and Time of Appointment - 14/06/2016 09:00

Clinical Comments:
I contacted Margaret today 14/6/16 for a Nurse telephone review with the Pain Management Services. Pain is described at her low back and side of hips. She tells me that her sleep is disturbed due to pain and that it can take her up to a couple of hours to return to sleep when woken. Margaret tells me that she has ongoing depression which is not only due to her pain. She continues to have panic attacks constantly. She does state that she has felt suicidal at times but that her family would be a barrier to this. She does continue with counselling at the Community Mental Health Team at Drumchapel Health Centre for the bereavement of her Father. She is finding this helpful.

When discussing activities, Margaret tells me that she mainly stays at home sitting about in her pyjamas. She does care for children aged 9 and 17.

Pain Medications

Co-codamol 8/500 2 tablets qid, helps a little, causes nausea and feelings of being spaced out.

Naproxen 500mg bd, helps a little with no side effects.

Margaret told me that she does take Paracetamol at times on top of her Co-codamol. I have cautioned her on the risk of over-dosing of Paracetamol which could lead to liver failure and damage. Previously, she has tried Gabapentin and Pregabalin which was no help to her pain. Also, Lidocaine

plasters, Capsaicin cream and TENS have been no help to her pain either. I was pleased to hear that she has managed to access acupuncture from yourself but Margaret tells me that there is a long waiting list for this treatment. I did discuss that the medications are a very small part of ongoing pain management and that a lot of chronic pain management is self management of pain which she appears to understand. I did discuss briefly a referral onwards to our Pain Management Programme but she does not feel that she would be able to attend this as it is a group session and she suffers from panic attacks when in groups. I have therefore agreed to one on one patient education with Margaret to help her with self management of her chronic pain needs on 28/7/16. She does tell me that she finds it difficult to attend Stobhill Hospital as she is in increased pain with travelling on the bus. I have advised her that our pain management services are only based at Stobhill, Inverclyde and the New Victoria Hospitals to which she understood.

Recommendations

I have advised her not to take Paracetamol on top of Co-codamol. No other changes to her medications at this time. She will attend for 1-1 patient education with myself on 28/7/16.

Yours sincerely

Sister Louise Notini

Clinical Nurse Specialist

Electronically Signed: Nurse Sioban Saba N52863, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

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

Main Switchboard:	
Department:	Pain Management
Contact Tel:	0141 355 1490-4
Enquiries to:	www.paindata.org
Letter Date:	21/03/2016
Reference:	SS/EM/1609632184
Dictated Date:	05/06/2015
Transcribed Date:	12/06/2015

Dear Dr. AH Morgan,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STJPPR2-PAIN ACH NURSE J PEACOCK MONDAY PM
Date and Time of Appointment - 21/03/2016 16:45

Clinical Comments:
Margaret attended the Pain Management Clinic today for the first of 4 acupuncture treatment sessions. Needles were inserted to the low back using traditional Chinese acupuncture points.

Margaret found the travel to Stobhill to be difficult. Unfortunately we are unable to offer acupuncture other than at the Stobhill site. I have advised Margaret to discuss with the GP as to whether or not acupuncture could be accessed locally.

Yours Sincerely

Sister J Peacock

Advanced Nurse Specialist

Electronically Signed: Nurse Jacqueline Peacock, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
Pain Management
0141 355 1490-4
www.paindata.org

Dr. AH Morgan
Drs Duffy morgan & mcgonagle
Drrumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 03/06/2015
Reference: SS/EM/1609632184
Dictated Date: 05/06/2015
Transcribed Date: 12/06/2015

Dear Dr. AH Morgan,

Margaret McGee; D.O.B: 16 Sep 1963; CHI: 1609632184
365 KELSO STREET, YOKER, Glasgow, Lanarkshire, G13 4PG

Attendance: Specialty - Pain Relief; Clinic - STSSPR5-PAIN ACH NURSE S SABA WEDNESDAY AM
Date and Time of Appointment - 03/06/2015 11:30

Clinical Comments:
I met with Margaret McGee today for ongoing review. Unfortunately, this lady has not been seen in the service since August 2014, she had cancelled a number of appointments due to ongoing social stress that she was experiencing. She continues to report a longstanding history of low back pain. Margaret is currently managing this on Gabapentin 600mg tid, however is very keen that she has further investigations with regards to her back pain. I have explained that she may have a borderline diagnosis of Osteoporosis, she has agreed to come to the surgery to discuss this with you, as she is keen for onward referral to Orthopaedics.

In terms of managing her overall pain relief today, we did discuss the importance of engaging in self management and pain education sessions. Margaret is very reluctant to do this. She feels that she continues to look for a cure for her pain. I advised her at present, given that she has been on Gabapentin 600mg tid with minimal relief, that we may wish to consider a rotation to Pregabalin. I have urged her to make an appointment at the surgery to discuss this option with you. She may also wish to optimise her analgesia by adding in Co-Codamol 30/500 approximately eight tablets per day.

I have also offered Margaret the opportunity to come to Stobhill hospital for a trial of acupuncture within the Pain Service. She did tell me today she finds travelling to Stobhill extremely challenging, and she is unsure as to whether she will attend this appointment. She has been given a routine review with myself and four acupuncture trial sessions, and urged to cancel these appointments, should she not wish to attend.

In the meantime she has the details of opting into the Pain Education Sessions, and I have encouraged her to have a think about this, and perhaps call us should she wish to consider

attending.In the meantime she will make an appointment at the surgery to come and discuss all these points with you.

Yours sincerely

Sister Siobhan Saba

Clinical Nursing Specialist

Electronically Signed: Nurse Sioban Saba N52863, Nurse

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Anaesthetics - Pain Clinic GGC Chronic Pain	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 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

101013623174X

Unique Care Pathway Number: 101013623174X

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 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: chronic lower back pain

Comment: Dear Doctor

I would be grateful if you could offer a further review of this lady with chronic lower back pain who has previously been seen at the pain clinic. She was referred recently but unfortunately the patient did not attend her appointment as she thought that it was too far to travel. However she is quite keen on being offered a further appointment if possible. She has tried multiple medications including Pregabalin and Gabapentin as well as previously trying acupuncture, capsicum cream and lidocaine patches.

Unfortunately she is still not getting much benefit from any of these and I would be very grateful if you could review her further to see if there is anything else we can add to her management of her back pain.

Many thanks

Yours sincerely

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
	30	30 capsule		-	09-Mar-2015	

Tiotropium Dry powder capsules for inhalation 18 micrograms	ONE DOSE TO BE INHALED EACH DAY		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

Primary reason for referral:Medication Review
Gabapentin (previous pain medication trial):Yes
Pregabalin (previous pain medication trial):Yes
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**

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

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D 365 KELSO STREET 16/09/1963
YOKER
Glasgow, Lanarkshire
G13 4P

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	1510	Comments
BP	105/59	
HR	75	
SpO2	97	
Wound Site 1	DRY	
Wound Site 2	\	
Diet & Fluids tolerated	TEA + ROLL	
Operated limb N/A ☑		
Colour		
Sensation		
Movement		

Signature:

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

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Discharge Criteria

	Yes	N/A	Comments
Able to dress, sit & walk unaided	✓		
Stable Vital Signs	✓		BP 105/59 HR 75 SpO2 % 97
Sedation Score (alert & orientated)	✓		
Pain Controlled (mild <3 to 0)	✓		
Post - op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		TEA + ~~BISCUIT~~ ROLL.
Voided Urine post-op	✓		
:e given if not voided urine post-op		✓	
Wound site(s) checked & satisfactory 1: 2.	✓		
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 ☐ PATIENT HAD OWN MAP & KNEW TIME
Practice/ District Nurse referral		✓	
Post- Op Instructions given	✓		
Discharge medication		✓	
...onsible 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 15.20 hrs · By... STHOMSON (ST/N), KW (SN)

Patient left DSU at... 15.25 Destination... HOME

Discharged into the care of ..... Relationship... SISTER

GG&C Day Surgery/23 hour Care Plan

Notes

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30/5/18.
1535 Post-op information given verbally & written. Pain questionairre explained to patient. No issues. Patient alert & orientated. Aware of contact number for advice & assistance. Discharged into care of Sister. (STHOMSON ST/N)
K. [illegible]
SN.

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

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GG&C Day Surgery/23 hour Care Plan

Notes

2

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ✓
NURSING

- mental health issues.
- Needle Phobic
- v. thin.

Please tick ✔ appropriate directorate

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Date & Time	54 ♀	Signature, Print Name & Designation
23/5/18		
	. Nurse R/V: ⇒ • No relief from inj	
	8 May 2018 (C.J. Ashraf) • Pt wanting an MRI scan to find DX	
	• Pt not keen to get inv c̄ self & aspects.	
	• 7 Feb 2018: ⇒ (R) SIJ ⇒ no benefit	
	- very thin Pt	
	* Needle Phobic *	
	- 1 & 3 wks : flare up	
	- got some relief : March / April : 30% relief. only (upto) (eased off a bit)	
	- May : back to her baseline.	
	- also relieved ⇒ leg radiation of pain	
	location: ⇒ Still (R) SIJ area. (Re-ex (R)) briefly.	
	Plan:	
	- MRI: (no) no radic SIS (Pt asked)	→ lido SI. Parasp (arising)
		→
	- rpt SIJ	
	→ as pain still classical (R) SIJ area	
	. c̄ rpt: assess: - degree & duration of relief	
	- Meds ⇒ Nil other DCs to offer.	- to consider ? potential for Cool RF (if feel Pt. can tolerate that c̄ sedation) based on response.

83949 GGC0072

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

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Admission Checklist

Hospital : Stobhill	Consultant : Mr Bashir	Date : 7/2/18
Proposed Operation:-		
Patient Questionnaire Completed?	Yes ☐	No ☐
Pre-Op assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name: Fiona McGee	Telephone Number: 07552154975	
Confirm "Next of Kin" on pre-assessment Yes Name: Fiona McGee, Telephone No:		
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.....	N/A
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑
Pregnancy test results	+VE	-VE N/S
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.	NEEDLE PHOBIC	
Fit Form required	Yes ☐	No ☑

Baseline Observations COPD
ASTHMA
NEEDLE PHOBIA.

	Time 12:30	Time.....
SPO2	96	
BP	117/72	
HR	76	
Temp	37.4	
Staff Initials	CD	

Please print & sign name when checklist completed

Name : Gemma Donald
Time : 12.45

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Surgery & Anaesthetics

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

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

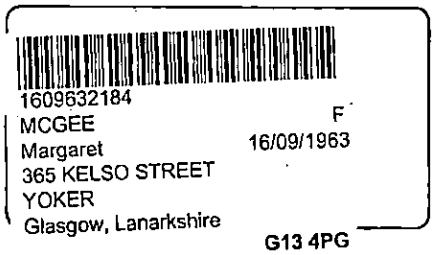
Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

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 ☐ N/A
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
If Yes, please specify			NKDA
Fasted from - specify time (24hr clock	Food: 1C·00 Fluid: 20·00	Checked:	Checked: Tea + Mea Food-1600 6/2/17 Fluid-0800
Blood Glucose Score N/A	Time: Score:	Time: Score	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	TAPE IN HAIR EXTENSION). TAPE 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.	BAG		IN BAG
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 Acrylic			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
State Location:	FALSE TEETH		
Dentures Removed If 'Yes' state where stored:	Yes ☑ No ☑ N/A ☐ CASE AT POT.	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐ INSITU TOP - SECURE
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



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: N/A	
Paper Pants in situ	Yes ☐ No ☐ N/A ☑		N/A
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required VOIDED
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..... N/A 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	COPD ASTHMA		
Please print and sign name once the checklist is complete	Admission: G. Donald. Time: 13 GD	Reception: N/A ☐ Time:	Anaesthetic Assistant: Time 15[illegible]

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GG&C Day Surgery/23 hour Care Plan

Anaesthetics

L.A Pt AWAKE

Surgical Brief					
Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time 7/2/18	Pulse: 96%	BP: 134/70	Temp: —	SpO2: 83bpm	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

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

Comments/Events
15^{30} - HR = 84bpm Sats - 97% BP - 111/67

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GG&C Day Surgery/23 hour Care Plan

Theatre

LA PT AWAKE

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
VISIBLE SKIN APPEARS INTACT	NIL

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	☐	*HEAD *PELVIS						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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GG&C Day Surgery/23 hour Care Plan

Theatre

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	
LOWER BACK	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	LOWER BACK		OPSITE SPRAY	—
2				

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GG&C Day Surgery/23 hour Care Plan

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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

RIGHT SIDED SACRO-ILIAC JOINT INJECTION

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

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Immediate Post-op Recovery

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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 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

Recovery

Post-operative Observations

Time	1115 1130	1135																	
210																			
200																			
190																			
180																			
170																			
160																			
150																			
140																			
130																			
120																			
110	96	101																	
100	^	^																	
90	^																		
80																			
70	V	V																	
60	65	68																	
50																			
40																			
30																			
HR	71																		
Airway type																			
O_2 Therapy																			
SpO_2																			
Resp. Rate	97																		
CVP																			
Temp.																			
Pain Score	0																		
P.O.N.V.	0																		
Sedation Score	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																			
Staff initials																			

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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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		
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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GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Discharge Criteria

	Yes	N/A	Comments
Able to dress, sit & walk unaided	✓		
Stable Vital Signs 16:15.	✓		BP 92/63 HR 88 SpO2 95%
Sedation Score (alert & orientated)		✓	
Pain Controlled (mild <3 to 0)	✓		
Post - op Nausea & vomiting satisfactory		✓	
Tolerating Food & Fluids	✓		Tea + Roll.
ɔided Urine post-op		✓	
Advice given if not voided urine post-op			
Wound site(s) checked & satisfactory 1. Dry 2.			
CSM of operated limb checked & satisfactory	✓		
IV Cannula removed	✓		@16:20.
ID bracelet/ECG electrodes removed	✓		
Anti-D given		✓	
Appliances given		✓	
Post –Op discharge letter	✓		
Follow up appointment arranged	✓		By post ☐ Given ☐ Complete Questionnaire Fretwell
Practice/ District Nurse referral		✓	
Post- Op Instructions given	✓		
Discharge medication		✓	
Responsible adult escort	✓		Daughter
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 16:20 hrs By.....

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

Discharged into the care of .....16:25..... Relationship.....Daughter

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

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15-50

RETURNED FROM TN

UNCOMPLAINING

OF THIRD FLUIDS & DIVA

4/2/18 - Nursing C 16.20

Uneventful Recovery.

Venflon removed.

Complete Questionnaire & return.

GG&C Day Surgery/23 hour Care Plan

Notes

GG&C Day Surgery/23 hour Care Plan

Notes

(1) return

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

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Date & Time	54♀ (Thin lean anxious)	Signature, Print Name & Designation
18/7		
	- 30 May 2018: Ⓡ S·I·J	(? outcome known)
	- later Ⓡ SIJ: 07 Feb 2018 (by her)	- not received in postal yet
	- only 30% for <2/12	
	(Ue radia - 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 & joumies.	
→	? can She Tolerate cost RF : Pr not sure (as anxious Pt in general)	
	Meds: → Sciatica : help a bit at night	
	→ Naproxen	

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Date & Time		Signature, Print Name & Designation
	Plan :	
	• → Refer to Lam Williams for C001 RF q S.I.J.	
	• → F/U : 3-4/12 after C001 RF in OK. Clinic	

Kr
(2)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ✓
NURSING

- mental health issues.
- needle phobic
- v. thin.

Please tick ✔ appropriate directorate

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Date & Time	54 ♀	Signature, Print Name & Designation
23/5/18		
	. Nurse R/V: ⇒ ∘ No relief from inj	
	8 May 2018 ∘ Pt wanting an MRI scan	
	(J. Ashraf) to find DX	
	∘ Pt not keen to get inv c̄	
	self & aspects.	
	· 7 Feb 2018: ⇒ (R) SIJ ⇒ no benefit	
	- very thin Pt	
	★ Needle phobic ★	
	- 1st 3 wks : flare up	
	- got some relief : March / April ~30% relief. any (wore off a bit)	
	. May:	
	↳ back to her baseline.	
	- also relieved → ~~Ace~~ leg radiation of pain	
	loctation: → Still (R) SIJ area. (knee x (R)) briefly.	
	Plan:	
	- MRI: (110), no radic SIS → lido 5%. Patches (caring)	
	(Pt wired) →	
	- rpt. SIJ	
	→ as pain still clanical (R) SIJ area	
	. c̄ rpt: assess: - degree & duration of relief	
	- Meds → Nil other - to consider ? Potential for	
	DES to offer. Cool RF (if feel Pt can tolerate that c̄ sedation)	

based on response.

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Acute Services Division

Surgery and Anaesthetics Directorate

Department of Chronic Pain

Specialty: Pain Management

NHS Greater Glasgow and Clyde

Chronic Pain B Release 1.0

Hospital Name: Stobhill Hospital

Patient Details		GP Details	
Name:	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:			
ephone:		**Consent:**	Yes
CHI Number:	1609632184	**Sensitivity:**	Sensitive
CRN:	64617380E, 1609632184	**Consultant Name:**	
D.O.B:	16/09/1963	**Form Date:**	06/08/2014
Sex:	Female		

Ongoing Treatment Record

Date	06/08/2014	**Seen By**	Sioban Saba
Notes	Seen today for review and noted very little relief with drug trial Amitrip now discontinued as felt dizzy. Capsaicin Cream still using. Describes ongoing back and neck pain. Reluctant for any further trials at present. Tens given today and instructions for use. Plan ; Rt rt appt ?acup trial.		
Action	Nurse-led medication review		
Date	03/06/2015	**Seen By**	Sioban Saba
Notes	Seen today, reports ongoing low back pain. Not attended since Aug 14 due to having t make various cancelling because if changing social circumstances. Currently managing pain with medication: GBP 600MGS TID(reports little effect) Keen for further investigations re back and advised to D/W GP. Not keen to engage in self management PLAN; Rotate GBP TP PGB Commence Co codamol 30/500mgs 8 tabs Book acup trial		
Action			
Date	21/03/2016	**Seen By**	Jacqueline Peacock
Notes	Acupuncture - 1st session Tender on examination of low back. Anticipation of pain prior to needles being inserted. Treatment - GV 3, 4, BM 23-27. Repeat in 1 week Difficulty in attending Stobhill for treatment. Advised to speak to GP to find out if acupuncture can be accessed locally.		
Action			
Date	20/05/2016	**Seen By**	Jacqueline Peacock
Notes	Telephone - finds difficulty travelling to Stobhill. Has managed to access acupuncture locally via physiotherapy. remaining acupuncture appointment cancelled. For telephone review with Sr Notini on 14/6 instead of OP review.		

Action			
Date	14/06/2016	Seen By	Louise Notini - telephone review
Notes	Pain - Low back and side of hips Sleep - Disturbed due to pain, able to return to sleep but this can take her a couple of hours Mood - Ongoing depression which is not only due to pain. Continues to have panic attacks constantly. States that she has felt suicidal at times but family would be a barrier to this. Continues with counselling with CMHT at Drumchapel Health Centre for bereavement of her father. Found this helpful. Activity - Mainly stays at home sitting about. Cares for her children aged 9 and 17. Pain Medications Co-Codamol 8/500 2 tablets QID - helps a little, nausea and spaced out Naproxen 500mg BD - helps a little, no side effects Discussion - No help from Gabapentin and previously tried Pregabalin which was not help to pain either. Has managed to access acupuncture from GP but there is a long wait list for this treatment. Taking paracetamol at times on top of co-codamol. Cautioned on risks of overdosing with paracetamol. Previously Lidocaine 5% Versatis Plasters only helped pain a little. No help with use of TENS. Discussed Pain Management Programme but she does not feel that she would be able to attend as this is a group session as she suffers from panic attacks. Agreed to 1:1 Patient Education on 28/07/2016. Margaret states that she finds it difficult to attend Stobhill hospital as she is in increased pain with travelling on the bus. I have explained that Pain Management Services are based in Stobhill, Inverclyde and New Victoria Hospitals only which she understood. Plan Not to take Paracetamol with Co-Codamol No changes to medications 1:1 Patient Education 28/07/2016		
Action	Pain education 1:1		
Date	22/12/2016	Seen By	Louise Notini
Notes	Had booked 1:1 patient education but DNA. Patient previously cancelled this also		
Action	Discharge		
Date	08/05/2018	Seen By	Jennifer Ashraf
Notes	® SIJ injection on 07/02/18. Reports pain continues to fluctuate particularly when active. No increase in activity since injections. No improvements to sleep or overall quality of life. No changes to nature of low back pain. No red flag symptoms. 2-3 hours sleep/night due to pain and anxiety and depression. Reports on-going depression on Citalopram 20mg OD. Occasional suicidal ideation when mood very low. No plans at present. Daughter would be a barrier to this. Attended GP for poor memory - MMSE score 18 and has been referred to psychiatry for cognitive impairment. Awaiting new appointment with Arndale psychiatry service as she missed initial appointment. Awaiting CT scan results from neurophysiology re: carpal tunnel - she tells me she has follow up with them in June. Pain medications: Ralvo plaster applied to low back - beneficial with no side effects. Naproxen 500mg BD - beneficial. Can cause nausea although reports this is due to difficulty swallowing tablets. Denies recreational drug use or alcohol use. Smokes 20-30 cigarettes/day. Hoping for an MRI scan on back as would like a definitive diagnosis. I have advised her to discuss this with Dr Bashir at her appointment on 23/05/18. Explained that MRI scans would not always indicate the cause of back pain or change the management plan. Not keen for supported self-management at present due to anxiety and difficulty attending hospital appointments. No further nurse follow up made at this time.		
Action	Discharge		

Diagnosis			
Date	06/08/2014	Qualifier	
Diagnosis			
Action			

Other diagnoses / comments

Procedures			
Date	06/08/2014	Qualifier	
Procedure			
Action			

Other procedures / comments

1. Pain History

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

2. Patient assessment of pain

Meaning of pain, hopes and expectations, fears.

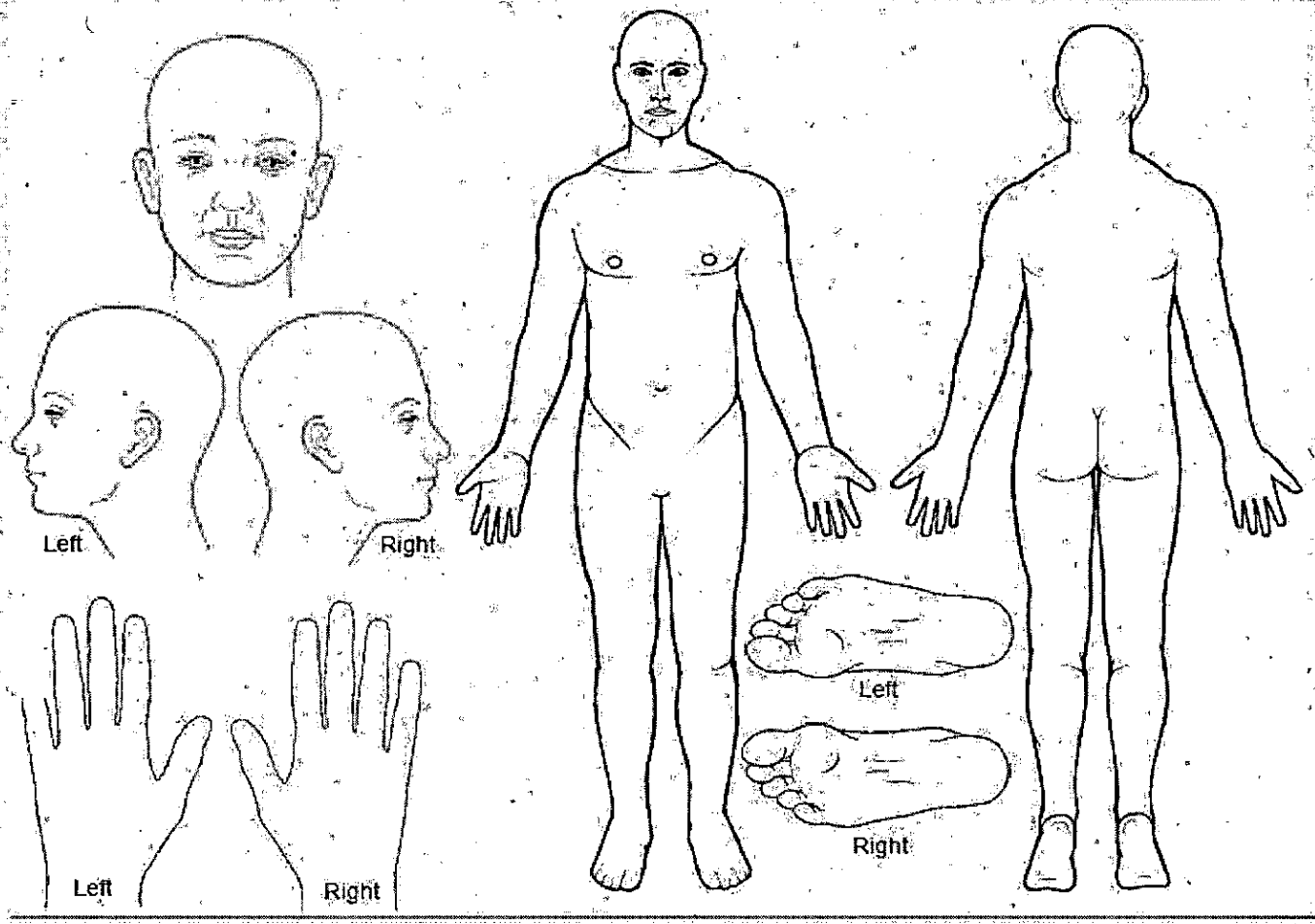
3. Past Medical History

Medical History

4. Social History

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

5. Physical Examination



5a. Physical Examination Comments

6. Initial treatment plan

3/(new)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

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Date & Time	54 ♀	Signature, Print Name & Designation
	Summary of Past input from Pain Centre	Previous DNA: too far to travel.
	1st Pain Clinic contact: April 2014 (M-Serpell)	Previous Pain Clinic input ⊕
	. 10yr H/O LBP OE: No specific ⊖ findings	
	. cocd a Bhut, AMT, - Part: Physio, exercise, medicine	
	. Capsaicin Lg.	
	. hij => did not think at that time, reluctant for Step-3 opioids.	
	then Nurse F/Ups (Aug 2014, June 2015, March 2016, June 2016)	
	-TENS AMT - ⊗ suit.	
	- Gabapen. → Δ to Pub.	
	(2015) - Pain Ed : reluctant (looking for cure)	
	- Acupunct	
	03/2016: 1st Acupunct (finds travel to Stb +/- diffic)	
	. 6/2016: (last Pain RIV) - L. Notini.	
	. PMP → Pt thinks cannot (as group) - suff panic	
	. one to one Pt Ed agreed upon → for 28/7/16 - PE DNA'd - CNA'd from	

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NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Smoker (life long)
COPD

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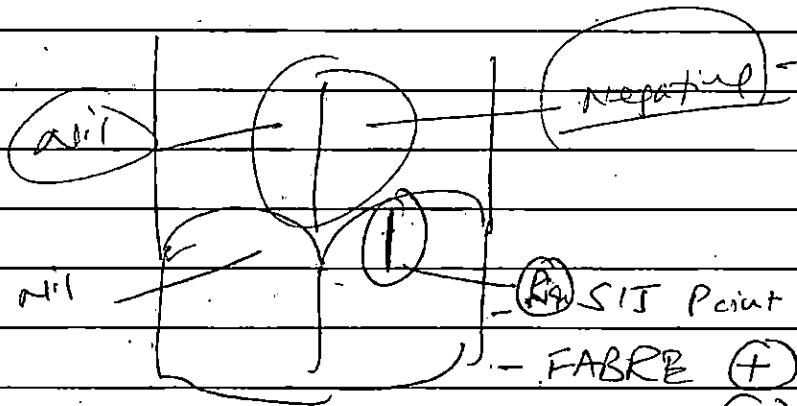
Date & Time	S4P	Signature, Print Name & Designation
	- LBP (as per Hx in previous letters)	
	- >10 yrs H/O	
	- lower back area	
	- Start from Rt side → then spreads rest of lower back.	
	- No leg pains	
-	(LBP) - constant → describe: deep constant ache	
	- can ease off a bit - @ times	
	- (+) ↑ walking, sitting for long.	
	(−) nothing now. Pain → 7/10	
	Meds: - physio (@ Drumchapel) 2yrs ago	
	current: - Codeine → consume upto 6 a day - TENS	
	- Naproxen 500mg BD - Acupuncture	
	- various medications (2014 – 2016)	
	- No help ↓ pain, very mild benefit	
	-	
	Pain input:	
	- (Q): 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 suicidal ideation.	
	⇒ Issues are still arising → 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 with ADLs	
	–	
	– overall function is quite limited. ⊗ go out much.	
	– Also SOB @ short distances.	
	OE	
	– Thin lean lady, small height-, pale face and manners	
	– Points out (RF) lower back inflammation	
	Mvts: reasonable..	
		– No tenderness in midline or paraspinal
		– SIJ Point Tenderness (+/+)
		– FABRE (+) – for (R) SIJ
		(–) – for (L) SIJ
	⇒ Hyperalgesia : moderately (+)(+) in (RF) SIJ area	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

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Date & Time		Signature, Print Name & Designation
	Plan	
	- Rt S IJ → then — File in Notes so that ✱ Pt. Ed component ✱	
	- Pt Ed - (X) - journey time	
	- others - (X)	
	└ PMP — (X) group — (X)	
	└ Pain Psyc - (X)	
	- If req - Physio follow up later.	

83949 GGC0072

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:** Peacock **Designation:** CNS

CHI: 1609632184

Patient's signature: MMcGee **Acupuncturists signature:** Jacqueline Peacock

NHS
Greater Glasgow and Clyde

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

The patient attended PAIN Clinic at STOBHILL

Hospital on 16/4/14 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
PLEASE PRESCRIBE (1) CARBAMAZ	0.025g	TID	for 6/52 to LOW BACK & POST NECK
(2) CONTINUE TO A AMITRIPTYLINE			TOWARDS 100mg

Yours Sincerely

Signature:

Name (print) Dr GOPAL Grade: CONS Ext. No: 335490

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

00545

CT Thorax abdomen pelvis with contrast

Performed	06-May-2022 13:44	Received	11-Jun-2022 13:25
Reported	11-Jun-2022 13:22	Order Number	G207H38216373
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Margaret McGee
THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
Suspicion of cancer but with no obvious localising features? : Yes
Do any signs, symptoms or investigations (including CXR and FBC) suggest malignancy in a specific system or alternative diagnosis? : No
Heavy smoker, recurrent LRTIs, and poorly controlled COPD, marked weight loss, at times dysphagia and altered bowel habit ?Diseeminated malignancy ?Lung cancer with mets

(Information via Order Comms)

–

CT Thorax abdomen pelvis with contrast
Comparison is made with the prior CT of 21/10/2021 and I note the interval barium swallow of 04/02/2022 .
No new findings relation to the chest and mediastinum and once again emphysematous damage noted. There is coronary artery calcification present correlation and mitigation risk factors.
The solid upper abdominal organs are also unaltered from before with no obvious abnormality seen.
No gross abnormality seen of the unprepared large bowel stomach but CT is insensitive for endoluminal findings and if required consider colonoscopy/endoscopy.
Multilevel degenerative change noted. No destructive bony lesions seen.

–

Reported by
Dr Subramanian Viswanathan
GMC 5199756
Consultant Radiologist
NHS GGC
Email-subra.viswanathan@ggc.scot.nhs.uk

Reported by: External Radiologist and External Radiologist
Verified by: External Radiologist

Fluoro guided Inj sacroiliac joint Rt

Performed	30-May-2018 13:25	Received	30-May-2018 16:36
Reported	30-May-2018 16:36	Order Number	G207H33915567
Status	Final	Source System	MiSys

Fluoro guided Inj sacroiliac joint Rt Final

Margaret McGee

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

Reported by: Auto Reporting
Verified by: Auto Reporting

Fluoro guided Inj sacroiliac joint Rt

Performed	07-Feb-2018 14:27	Received	07-Feb-2018 16:19
Reported	07-Feb-2018 16:19	Order Number	G207H33538649
Status	Final	Source System	MiSys

Fluoro guided Inj sacroiliac joint Rt Final

Margaret McGee

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

Reported by: Auto Reporting
Verified by: Auto Reporting