Clyde SAR Team
Level E
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

PRIVATE

Date: 13.07.2026
Your Ref: 100124
Our Ref: SART / JM / LM 1405613246
Enquiries to: Lynne McEldowney
Direct Line: 01475 504786

E-mail: lynne.mceldowney@nhs.scot

MMA LEGAL LTD
23 GOODLASS ROAD
BUILDING B
SPEKE LIVERPOOL
L24 9HJ

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: JACQUELINE GOOD **DOB: 14/05/1961**

Thank you for your request for records received 17th June 2026 in which you seek a copy of your client's personal information.

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

ROYAL ALEXANDRA HOSPITAL MEDICAL RECORDS
VALE OF LEVEN HOSPITAL MEDICAL 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 organizations 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 the 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 me.

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

Lynne McEldowney
SAR Team

MANUAL PATIENT RECORDS

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

Including:

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

Affix patient ID label

CHI: 1405613246
RAH029416 14/05/1961
GOOD JACQUELINE F
55 LANGCRAIGS DRIVE
PAISLEY
PA2 8JP

PATIENT ALERTS

DO NOT FILE DOCUMENTS ON TOP OF THIS DIVIDER. DO NOT REMOVE FROM CASE RECORD

Any patient alerts (eg drug/anaesthetic reaction, infection risk, disability awareness etc) must be recorded on this sheet with the date and name of person filling in the sheet. Full details should still be recorded in the patient's notes. A yellow "alert" sticker should be affixed to the front cover of the case sheet at the same time. If the alert no longer applies the entry on this sheet should be crossed-through and the sticker removed.

Drug Reactions / Anaesthetic Reactions / Allergies	*Date*	*Name*

Blood Transfusion Information *Detail special requirements eg irradiated products, pre-medication etc*		

Infection Control *Record infection risk - Blood-Borne Viruses, MSRA, VRE, CJD etc*		
Mental Health - *See reverse of divider for Mental Health Information*		

Other *Record any other relevent information including behavioural issues eg aggression etc*		

Disability Awareness *Please circle any that apply and give details where appropriate*

Blind or partially sighted	*Hard of hearing*	*Other - please give details*
Wheel-chair user	*Communication/learning difficulties*	

Clinical Trial Participation / Cancer Registry *Tick box and give details overleaf*	
Living Will *Tick box if in use*	

MENTAL HEALTH INFORMATION:

NAMED PERSON: .....

ADDRESS OF NAMED PERSON: .....

.....

WELFARE GUARDIAN: .....

ADDRESS OF WELFARE GUARDIAN: .....

.....

ADVANCE STATEMENT	DATE STARTED	DATE REVOKED
1.		
2.		
3.		

1

Surname (Block Letters)	First Name	Unit No.
GOOD	JACQUELINE	029416

Address	Occupation	Date of Birth
55 LANGCRAIGS. DRIVE PAISLEY PA2 8JP 849 6703		14/5/1961

Next of Kin (Name and Address)

Change of Address

Name and Address of own Doctor
J. NISLOP
NORTHCROFT M.C.
PAISLEY
889 3732

Change of Address

Change of own Doctor

Index of Attendances

Every NEW outpatient attendance and EACH in patient must be noted below

Date	Clinic / Ward	Doctor	Diagnosis / Operation		Disch. Date
	PREVIOUS NOTES DESTROYED				
18/08/11	BREAST	ELTAHIR			
2/2/12	Breast	Fel.			
10/4/12	Ortho	Yeomans			

Use red ink for notification of death — All other entries in black

Continued

Date	Clinic / Ward	Doctor	Diagnosis / Operation	Coded	Disch. Date

Use red ink for notification of death — All other entries in black

STY0083D

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

ORTHOPAEDIC DEPARTMENT
Consultant: Mr G Ayana

Clinic Date: 10 April 2012
Date Typed : 12 April 2012
Our Ref: YE/RMcC/029416
CHI: 1405613246

Secretary: Mrs M Williamson
Direct Line: 0141 314-7207
Fax: 0141 314 7275
Email: Margaret.Williamson@rah.scot.scot.nhs.uk

Rhona Fraser
Basic Grade Physiotherapist
Physiotherapist Department
RAH

Dear Ms Fraser

Re: Jacqueline Good, DOB 14.05.1961, 55 Langcraigs Drive, Paisley, PA2 8JP

Diagnosis: Left shoulder supraspinatus calcification – now resolving

Action: Offered steroid injection into subacromial space – declined meantime.

Thank you for your referral. This lady reports a fall downstairs 7 years ago when she experiences left shoulder pain. This settled on the whole post injury, however 2 years later she has had intermittent left shoulder pain extending into her upper arm on and off which has been treated with Diclofenac. However last April she wakened with acute, severe left shoulder pain extending the length of her arm for which she attended accident and emergency and was referred to physiotherapy. This did not resolve her symptoms. On the whole her symptoms have settled. She is now experiencing intermittent pain over the left side of her upper fibres of trapezius, shoulder and length of her arm with occasional parasthesia the length of her arm. Her pain is aggravated by overhead abduction and hand behind back movements. She takes occasional Brufen for the pain and works as a business manager for Schnell.

Clinical examination today shows no evidence of muscle wasting. She has some spasm over her left upper fibres of trapezius. Active left shoulder elevation 160^0, abduction 106^0, internal rotation thumb to L2, external rotation full. Rotator cuff is intact. She has a positive Hawkins Kennedy impingement sign and negative AC joint scarf test.

Clinical Opinion: Left Calcific tendonitis – left shoulder

I have arranged a repeat X-rya of Ms Good's left shoulder today which shows no evidence of calcification. It seems it may have reabsorbed into her system, however on further discussion she continues to have ongoing inflammation of her subacromial

space. It would be perfectly acceptable to inject this. She is not keen on needles or injections therefore wishes to see if it resolves over the next few months. If it doesn't I have advised her to make a return appointment with Mr Ayana to Mr Shankar as I will be on maternity leave.

Yours sincerely

Yvonne Edmiston MCSP
Extended Scope Physiotherapist

c.c. Dr Hislop
Northcroft Medical Centre
Northcroft St
Paisley
PA3 4AD

10/4 ESPYAA 8:55

029416

NHS
Greater Glasgow and Clyde
Physiotherapy Department
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

24/2

Tel: 0141 314 47112
Fax: 01413147112
Date: 14th February 2012

Orthopaedic Department
Royal Alexandra Hospital
Paisley

Dear Sir/Madam

Re: Jacqueline Good, DOB: 14/05/61, 55 Langcraigs Drive, Paisley, PA2 8JP
Tel:0141 884 3820

Jacqueline has been receiving treatment for a supraspinatus calcification following a presentation at A&E for severe shoulder pain where an Xray of her shoulder confirmed this.

She has been receiving high doses of ultrasound therapy to try and disperse the calcification twice weekly from 15/11/11 until 10/01/12. However, despite improvements in her range of motion, her generally high levels of pain have remained unchanged with this line of therapy.

Due to this fact, I was writing to ask if you would consider this lady for review to discuss her options. She remains apprehensive regarding steroid injections but is keen to discuss this if you feel it would be appropriate due to her lack of response to more conservative management

Many Thanks,

Rhona Fraser
Basic Grade Physiotherapist

further
Shoulder esp / GA / to ITN

27 FEB 2011
22 FEB 2011
15 FEB 2011

7yrs ago cell drivers
the pain improved. 2yrs later
pain on left & dizziness.
1year analgesic unable to
move shoulder -> XR calcified.
physio 8/52 better.

- 1/T. pain @ left -> arm ->
length of arm.
one particular length of arm

agg - O/H, abd, hand.

Pmh - Nil.

SH - works [illegible]
manager.

DH - HRT
one tablet
weekly

?t;

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

DEPARTMENT OF SURGERY

Consultant: Mr E M Eltahir

Date: 06 February 2012
Dictated: 02 February 2012
Ref: IS/PB/029416

Sec: Mrs Berrie
Direct ☎: 0141 314 7061
Fax: 0141 314 6834

Dr John Hislop
The Barony Practice
Northcroft Medical Centre
North Croft Street
PAISLEY

Dear Dr Hislop

JACQUELINE GOOD CHI: 1405613246
55 LANGCRAIGS DRIVE, PAISLEY, PA2 8JP

I saw Jacqueline in Mr Eltahir's Clinic today. As you are aware she presents with a two to three week history of a new lump around the left breast nipple. I note her past history of a right breast cyst aspirated in August 2011 and normal imaging. She denies any family history but is currently on HRT treatment.

Today in Clinic she tells me that the lump has now gone and she is unable to palpate it herself.

Examination today was unremarkable.

I have reassured Jacqueline and discharged her from the Clinic. We would be happy to see her again in the future if you feel it is appropriate.

Kind regards

Yours sincerely

MR I SEXTON
ST2 - SURGICAL

Hospital use only	Clinic	Day Date	Time	Hospital No.
	Breast	2/2/12	9.5	0294164

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery
AC Breast Disease Clyde

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

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

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

Hospital location code: C418H

Email address:

Urgency of referral ROUTINE
Date of referral 06-Jan-2012 **Date sent** 06-Jan-2012

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	

Patient's address

55 LANGCRAIGS DRIVE
PAISLEY
PA2 8JP

Contact number(s)

Voice: 01418496703

101003006249W Unique Care Pathway Number: 101003006249W

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD

Contact number(s)

Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. John Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice (87606)		
Practice code	87606		

Practice address

Northcroft Medical Centre
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: lump left breast.

Comment: Cyst aspirated from right breast 4/12 ago now has tender lump left breast and discomfort in right again. On HRT after hysterectomy 18 years ago, remains symptomatic on stopping

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
Endometriosis	-	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
EVOREL 100 patch	12	patch	APPLY TWICE WEEKLY	-	24-Nov-2011	24-Nov-2011
BENDROFLUMETHIAZIDE tabs 2.5mg	56	tablet	TAKE ONE EACH MORNING	-	13-Oct-2011	13-Oct-2011
EVOREL 100 patch	12	patch	APPLY TWICE WEEKLY	-	13-Oct-2011	13-Oct-2011
EVOREL 100 patch	4	patch	APPLY TWICE WEEKLY PLEASE MAK[more]	-	22-Sep-2011	22-Sep-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Lump:	Yes	-
Nipple Discharge:	No	-
Nipple Or Skin Change:	No	-
Lump - Left, Upper Inner Quad (E):	true	-
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	25-Feb-2005
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	05-Dec-2001

Investigations

Description/Question	Result/Comment	Date

HRT: Current -
VERIFICATION: History section complete: true -

Clinical warnings

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

DEPARTMENT OF SURGERY

Consultant: Mr E M Eltahir

Date: 22 August 2011
Dictated: 18 August 2011
Ref: EME/PB/029416

Sec: Mrs Berrie
Direct ☎: 0141 314 7061
Fax: 0141 314 6834

Dr F Reilly
The Barony Practice
orthcroft Medical Centre
North Croft Street
PAISLEY

Dear Dr Reilly

JACQUELINE GOOD CHI: 1405613246
55 LANGCRAIGS DRIVE, PAISLEY, PA2 8JP

Thanks for your letter about Mrs Good who was seen in the Clinic today. She had discovered a right breast lump about three weeks ago and she also had pain at that time. Mrs Good is 50 years old. She is Para 2+0. There is no significant past or family history of breast problem. Mrs Good has been on HRT for eighteen years. She had hysterectomy and bilateral salpingo oophorectomy in May 1993 for endometriosis.

Examination today revealed a large lump at 10 o'clock position of the right breast, which fits clinically with a cyst. Indeed the mammogram has confirmed this is benign and ultrasound of the right breast confirmed this is a large simple cyst, which was aspirated to dryness.

Mrs Good was reassured and we would be happy to see her if she has any recurrence of her cyst. I have asked her to discuss the ssibility of stopping HRT with you.

Kind regards

Yours sincerely

MR E M ELTAHIR
CONSULTANT SURGEON

Hospital use only	Clinic	Day / Date	Time	Hospital No:
	Breast	18/7	10:30	029416

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

AC Breast Disease - RAH (Argyll and Clyde, vR13.0)

REFERRAL TO

General Surgery
AC Breast Disease Clyde

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

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

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

Hospital location code: C418H

Email address: -

Urgency of referral URGENT - SUSPECTED CANCER
Date of referral 25-Jul-2011 **Date sent** 25-Jul-2011

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address

55 LANGCRAIGS DRIVE
PAISLEY
PA2 8JP

Contact number(s)

Voice: 01418496703

1010023070927 Unique Care Pathway Number: 1010023070927

REGISTERED GP DETAILS

Name	Dr JM Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE

Contact number(s)

Voice: 01418893732

REFERRING GP DETAILS

Name	Dr F Reilly		
GMC code	6073003	GP code	99999
Practice name	-		
Practice code	87606		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Breast pain and lump under right areola

Date of onset: 10-Jul-2011

Comment: I would be grateful for your review of the above lady who presents with bilateral painful breasts. On examination she has a large area of hard tissue behind her rigth areola approx 3cm in diameter it is tender to touch there is no associated skin change or nipple discharge.

Thank you for your review

Yours sincerely

Dr Fiona Reilly

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
Endometriosis	-	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
EVOREL 100 patch	24	patch(es)	APPLY TWICE WEEKLY please mak[more]	-	31-May-2011	31-May-2011
BENDROFLUMETHIAZIDE tabs 2.5mg	56	tablet(s)	TAKE ONE EACH MORNING	-	24-Mar-2011	24-Mar-2011
EVOREL 100 patch	24	patch(es)	APPLY TWICE WEEKLY	-	17-Feb-2011	17-Feb-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Lump:	Yes	-
Nipple Discharge:	No	-
Nipple Or Skin Change:	No	-
High Risk Family History:	No	-
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	25-Feb-2005
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	05-Dec-2001

Investigations

Description/Question	Result/Comment	Date
HRT:	Current	-
VERIFICATION: History section complete:	true	-

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

Surname	Christian Names	Unit Number
GOOD	JACQUELINE	029416

Address

Age	Date of birth	Occupation

General Practitioner & Address

OUT - PATIENT SURGICAL R.A.H.

Consultant

Date	
2/2/12.	

STY5371N

Date

Surname	Christian Names	Unit Number
GOOD	JACQUELINE	029416

Address			OUT - PATIENT SURGICAL R.A.H.
Age	**Date of birth** 14/05/1961	**Occupation**	
General Practitioner & Address			**Consultant**

Date	

Date

Initial Breast Clinic Visit

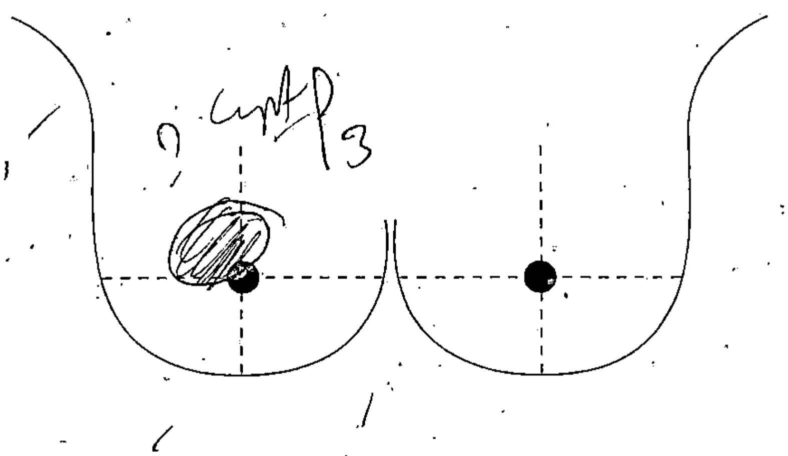
Patient Details

Unit
CHI: 1405613246
RAH029416 14/05/1961
GOOD JACQUELINE F
55 LANGCRAIGS DRIVE
PAISLEY
PA2 8JP
Foren
Surn

Clinic Date 18 / 06 / 2011

Consultant	Grade seen by	Assisted by
☐ Mr McKirdy	☐ Consultant	☐ Consultant
☑ Mr Eltahir	☐ Staff	☐ Staff
☐ Miss Krupa	☐ Spec Reg	☐ Spec Reg
	☐ SHO	☐ SHO
	☐ Other	☐ Other

Breast Side ☐ Left ☑ Right



Tumour Size (mm) ☐☐☐

Duration of Symptoms

Notes

(R) lump + pain
pain = 3/52 ago
lump = 5/7 after the pain
→ hardness

(S/O) + pma 2+0.

(Pt)

Primary Presenting Symtoms

1 Asymptomatic ☐
2 Lump ☐
3 Pain ☐
4 Nipple Discharge ☐
5 Nipple indrawn ☐
6 Abscess ☐
7 Deformity ☐
8 Cancer diagnosed/treated elsewhere ☐
9 Symptoms of Secondary disease ☐
10 Not breast ☐
11 Other ☐

Clinical Findings

☐ 1 No abnormality
☐ 2 Discrete lump
☐ 3 Nodularity
☐ 4 Nipple problem
☐ 5 Abscess
☐ 6 Peau d'Orange
☐ 7 Skin ulceration
☐ 8 Lymph node
☐ 9 Not breast
☐ 10 Other

Menopausal State & HRT

Menstrual Status	HRT
☐ 1 Premenopausal	☑ 1 Current 18 yrs
☐ 2 Perimenopausal	☐ 2 Ever
☐ 3 Postmenopausal	☐ 3 Never
☐ 4 Unknown	

Genetics

Number of relatives with Breast Cancer
1st Degree ☐
2nd Degree ☐

Genetic counselling offered
☐ Yes ☐ No

Referral to Genetic Service made
☐ Yes ☐ No

Hyst + BSO
Trying to stop 5 yrs ago

STY0289

Patient Details

Unit No. ☐☐☐☐☐☐

Forename ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Investigations

Breast Side: ☐ Left ☐ Right

Clinical Exam ☐ Yes ☐ No

- ☐ P1 Normal
- ☐ P2 Benign
- ☐ P3 Uncertain
- ☐ P4 Suspicious
- ☐ P5 Malignant

Clinical FNA ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

Clinical Bx ☐ Yes ☐ No

- ☐ B1 Unsatisfactory / Normal
- ☐ B2 Benign
- ☐ B3 Benign but uncertain malig. Potential
- ☐ B4 Suspicious of malignancy
- ☐ R5 Malignant

Mammogram ☐ Yes ☐ No

- ☐ R1 Normal
- ☐ R2 Benign
- ☐ R3 Probably benign
- ☐ R4 Probably malignant
- ☐ R5 Malignant

US Guided FNA ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

US Guided Bx ☐ Yes ☐ No

- ☐ B1 Unsatisfactory / Normal
- ☐ B2 Benign
- ☐ B3 Benign but uncertain malig. potential
- ☐ B4 Suspicious of malignancy
- ☐ R5 Malignant

Ultrasound ☐ Yes ☐ No

- ☐ R1 Normal
- ☐ R2 Benign
- ☐ R3 Probably benign
- ☐ R4 Probably malignant
- ☐ R5 Malignant

Nipp Disch Cytol. ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

Other Proc. ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

CPC

Date of CPC ☐☐ / ☐☐ / ☐☐☐☐

Mammographic size of lesion ☐☐☐ (mms)

Ultrasound size of lesion ☐☐☐ (mms)

Notes

Diagnosis

- ☐ 1 Normal
- ☐ 2 Benign
- ☐ 3 Suspicious
- ☐ 4 Malignant

Did patient see BC Nurse

- ☐ 1 Seen in clinic / during IP stay
- ☐ 2 Given appointment
- ☐ 3 Declined
- ☐ 4 Not given chance / not applic.

Reconstruction discussed ☐ Yes ☐ No

If yes. Outcome ☐ Immed ☐ Delay ☐ None

Result given to Patient

- ☐ 1 No abnormality detected
- ☐ 2 Benign result
- ☐ 3 Malignant result
- ☐ 4 No result to communicate
- ☐ 5 Already has diagnosis
- ☐ 6 Not told result (available)
- ☐ 7 Suspicious

Outcome of Visit

- ☐ 1 For diagnostic operation
- ☐ 2 For therapeutic operation
- ☐ 3 For non-surgical treatment of Cancer
- ☐ 4 Appointment for results
- ☐ 5 Discharge/referral for non-breast procedure
- ☐ 6 Further appt for breast cancer clinic
- ☐ 7 Further appt for benign breast disease
- ☐ 8 Other
- ☐ 9 Mammo arranged write with result

BREAST CLINIC

DIRECT REPORT - PROVISIONAL

DATE: 18/8/11

NAME: Jacqueline Good.

MAMMOGRAPHY:

Mixed density bpp.

Corresponding to the palpable abnormality is a 45mm R2 lesion likely cyst. left mammo normal.

R2

ULTRASOUND: (Right)

Confirms a large simple cyst

→ aspirated.

U2

PLEASE RETURN FILMS TO X-RAY FOR FORMAL REPORTING

Patient Details

Unit No. ☐☐☐☐☐☐

Forename ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Investigations

Breast Side: ☐ Left ☐ Right

Clinical Exam ☐ Yes ☐ No

- ☐ P1 Normal
- ☐ P2 Benign
- ☐ P3 Uncertain
- ☐ P4 Suspicious
- ☐ P5 Malignant

Clinical FNA ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

Clinical Bx ☐ Yes ☐ No

- ☐ B1 Unsatisfactory / Normal
- ☐ B2 Benign
- ☐ B3 Benign but uncertain malig. Potential
- ☐ B4 Suspicious of malignancy
- ☐ R5 Malignant

Mammogram ☐ Yes ☐ No

- ☐ R1 Normal
- ☐ R2 Benign
- ☐ R3 Probably benign
- ☐ R4 Probably malignant
- ☐ R5 Malignant

US Guided FNA ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

US Guided Bx ☐ Yes ☐ No

- ☐ B1 Unsatisfactory / Normal
- ☐ B2 Benign
- ☐ B3 Benign but uncertain malig. potential
- ☐ B4 Suspicious of malignancy
- ☐ R5 Malignant

Ultrasound ☐ Yes ☐ No

- ☐ R1 Normal
- ☐ R2 Benign
- ☐ R3 Probably benign
- ☐ R4 Probably malignant
- ☐ R5 Malignant

Nipp Disch Cytol. ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

Other Proc. ☐ Yes ☐ No

- ☐ C1 Inadequate / Not useful
- ☐ C2 Normal / Benign
- ☐ C3 Probably benign
- ☐ C4 Probably malignant
- ☐ C5 Malignant

CPC

Date of CPC ☐☐ / ☐☐ / ☐☐☐☐

Mammographic size of lesion ☐☐☐ (mms)

Ultrasound size of lesion ☐☐☐ (mms)

Notes

Diagnosis

☐ 1 Normal ☐ 3 Suspicious
☐ 2 Benign ☐ 4 Malignant

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Reconstruction discussed ☐ Yes ☐ No

If yes. Outcome ☐ Immed ☐ Delay ☐ None

Result given to Patient

- ☐ 1 No abnormality detected
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- ☐ 7 Further appt for benign breast disease
- ☐ 8 Other
- ☐ 9 Mammo arranged write with result

Royal Alexandra Hospital: Clinical Report

Patient: **GOOD, Jacqueline** DOB: **14/05/1961**

Referrer: Dr Elfatih Eltahir
Ref Loc: RAH SOPD
Ref Src: Royal Alexandra Hospital, Corsebar Road, Paisley, PA2 9PN,

HospNo: 029416

CHI No: 1405613246
CRIS No: 420642

Clinical History :

Right breast lump for 3 weeks. On HRT for 18 years. P3. Cyst?

XR Mammogram Both :

Mixed density breast parenchymal pattern. Corresponding to the palpable abnormality in the right breast is 45 mm R2 lesion likely to represent a simple cyst. The left mammogram is normal. Overall appearances are graded R2.

US Breast Rt :

VERIFIED

Reported By: **Dr Sophie Hepple**
2nd Reporter: **Dr Allison McCall**
Verified By: **Dr Sophie Hepple**

E-25965430
Exams: **XR Mammogram Both,US Breast Rt,UMAMRN**

Exam Date: 18/08/11

Royal Alexandra Hospital: Clinical Report

Patient: **GOOD, Jacqueline** DOB: **14/05/1961**

Referrer: Dr Elfatih Eltahir
Ref Loc: RAH SOPD
Ref Src: Royal Alexandra Hospital, Corsebar Road, Paisley, PA2 9PN,

HospNo:

CHI No: 1405613246
CRIS No: 420642

US Guided aspiration breast Rt :

This confirms a large simple cyst which is aspirated to dryness U2.

VERIFIED

Reported By: **Dr Sophie Hepple**
2nd Reporter: **Dr Allison McCall**
Verified By: **Dr Sophie Hepple**

E-25965430
Exams: **XR Mammogram Both,US Breast Rt,UMAMRN**

Exam Date: 18/08/11

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:

ADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐
OPEN EYES	☐
PODIATRY	☐
ORTHOTICS	☐

Royal Alexandra Hospital

Endoscopy

Date: 23/5/18

Named Nurse: Caroline McGrath

Patient liked to be known as: ANNE

- [x] Gastroscopy
- [ ] Colonoscopy
- [ ] Bowel Screening Colon
- [ ] Bi-directional
- [ ] Sigmoidoscopy
- [ ] Ebus
- [ ] Bronchoscopy

1405613246 F
GOOD Jacqueline 14/05/1961
113/2 FALSIDE ROAD
Paisley, Renfrewshire PA2 6JU

Transport arrangements

Contact person: Donna McDermott NOK
Contact Phone Number: 07342645036
Escort return arranged (time):
Escort to be contacted YES (NO)

Overnight supervision:
Overnight stay in Ward:

Pre-procedure check

Procedure Explained Yes No

Consent Form Signed: Yes No

Fasted Since (Am) Pm 06-10

Bowel Prep
- [x] Not applicable
- [ ] Picolax x
- [ ] Klean Prep x
- [ ] Moviprep x
- [ ] Enema at Home
- [ ] Enema on Arrival
  Time given:

Participates in Bowel Screening Programme YES NO

Result
- [ ] Good
- [ ] Poor

Vomited: N/A

Patient requests
- [x] Throat spray
- [ ] IV sedation
- [ ] No sedation
- [ ] Not applicable
- [x] Dentures (YES) NO

Venflon Inserted:
- [ ] Right Hand
- [ ] Left Hand
- [ ] Right Arm
- [ ] Left Arm

Time .....

Inserted by.....

Presenting complaint

Weight loss, feeling of lump in throat. abdo pain - burping.

Medical history

Condition Yes / no	Yes / No	Details
Allergies	NO	
Diabetes / Glaucoma	NO	
Epilepsy	NO	
Hypertension	NO	
Hepatitis B or C	NO	
Asthma / COPD	NO	
Angina / Ischaemic heart disease	NO	
Cardiac / Valvular heart disease	NO	
Heart surgery / pacemaker	NO	
Joint implants	NO	
Relevant illness/ surgery/family history		Hysterectomy, attended ENT for sore throat 02/18
Have you ever been notified that your are at increased risk of CJD / VCJD for public health purposes		

Current medication (list below, ticking those taken today)

HRT
Omeprazole

Admission observations

Blood Pressure	161/106	Pulse	80	SAO2	99%
Respirations		Blood Glucose	n/k	INR	n/k
Return Clinic Appointment (If appropriate)		Admitting Nurse Sign:			

Further Comments:

Endoscopist MUSTAFA Endoscopy Pause YES NO

PROCEDURE DETAILS

Medication	Dose	Time	Route (circle appropriately)
Xylocaine Spray	100mg	15.05	Venflon Bolus (Topical)
Lignocaine gel			Venflon Bolus Topical
Lignocaine solution 2%			Venflon Bolus Topical
Buscopan			Venflon Bolus Topical
Pethidine			Venflon Bolus Topical
			Venflon Bolus Topical
Fentanyl			Venflon Bolus Topical
			Venflon Bolus Topical
Midazolam			Venflon Bolus Topical
			Venflon Bolus Topical
Flumazenil			Venflon Bolus Topical
Naloxone			Venflon Bolus Topical

Procedure & Scope Used	Specimens (Tick appropriately)			
COLONOSCOPY	○ Cold Bx	○ Hot Bx	○ Polypectomy	○ Proctoscopy ○ Banding of Haemorroids
Please affix scantrack label here				
FLEXIBLE SIGMOIDOSCOPY				
Please affix scantrack label here				

Procedure & Scope Used	Specimens (Tick appropriately)			
Gastroscopy	✓ Cold Bx ① Gastric ② Oesophageal	○ Clotest	○ Banding of Varcies x.....	○ Oesophageal Dilitation .....mm
Please affix LOT 788871 DLY_GIF-H260_2242766				
PEG: Change of PEG:	Size:	Make:	Mark to skin:	
Bronchoscopy	○ Biopsy	○ Brush ○ Smear	○ Washing	
Please affix scantrak label here				
EBUS	○ Fine Needle Aspirate:			
Please affix scantrak label here				

Argon Beamer Site(s) :	Injection of Gelofusine/Indigo Carmine & Adrenaline 1 in 10000 Site(s) :			Injection of Inkspot (site)	
Diathermy Pad	Time Applied		Site	Time Removed	Skin (comment)

Supplementary details

(Tick / complete Appropriately)

Comfort Level Scoring		Time	Resps	SAO2	Pulse	O2/	Nasal Cannula	Mask	Sign
2/3	1 None. Resting comfortably								
	2 One or two episodes of mild discomfort, well tolerated	14.55	—	98%	70	—	—	—	LM
	3 More than two episodes of discomfort, adequately tolerated.	15.10	—	100%	124	—	—	—	LM
	4 Significant discomfort experienced several times.								
	5 Extreme discomfort frequently during test.								

NBM 30 mins, Await pathology for CT of Chest/Abdo

Signature : L. McGowan.

Provisional Discharge Time:			Escort contacted:	

Recovery details

Time	Post-procedure: BP:	P:	Resps:	SaO2:	Discomfort Score:	Sign
3-20	124/104	79	16	1eR		R

Discharge Evaluation

	Yes	No	Not Applicable
Alert and orientated	Yes		
Tolerating diet/fluids (if appropriate)			
Cannula/Butterfly removed			
ection site satisfactory			
utpatient appointment indicated on Discharge Appointment Form			
Verbal and written aftercare instructions given	✓		
Clotest result – POSITIVE NEGATIVE			
Unisoft report updated	✓		
REPEAT PROCEDURE			
Patient received discharge letter	✓		
Warfarin discharge letter/Diabetic advice given	✓		
Haemodynamically Stable			
Escort present			

Discomfort Score	1
Discharge Time	3-30pm

Discharged by.....

Consent Form

Patient agreement to endoscopic investigation or treatment

P.1405613246
GOOD F
Jacqueline 14/05/1961
113/2 FALSIDE ROAD
Paisley, Renfrewshire
PA2 6JU

Name of Procedure

Gastroscopy/ Endoscopy/ Oesophago-gastro-duodenoscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography)

Biopsy specimens will be retained.

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

I would like to have: **local anaesthetic throat spray** ☑
or sedation ☐ (Please tick box)

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes:

☐ Yes ☑ No

Consent Signature

Signed _____ **Date** 23/5/18

Name (print in capitals) _____

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signed _____ **Date** _____

Staff Only

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed _____ **Date** 23-5-18

Name (print in capitals) Caroline McGrath

Job Title STAFF Nurse

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

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

Patient Note		Outpatient Note
Date/Time: 14-Nov-2023 11:10	Created By: Clinical Nurse Specialist - Debbie McFaulds	Role: Nurse - GGC
Specialty: Respiratory Medicine	Organisation:	Sensitive

Note:

Pulmonary Rehabilitation
Pt attended for objective assessment
Questionnaires completed
Inhaler technique checked using Ellipta whistle manged well
6MWT
BP 102/60, CAT 28, PHQ8 13, GAD7 6, LINQ 8 Resting O2 94% HR 66Bpm
Walked 260m with x2 rests lasting approx. 1m 33 secs, 1st rest at 1m 41 secs
Lowest O2 94% highest Hr 72Bpm BCS pre 0 post 3
MRC4
Awaiting to start classes at Lagoon wishes to start in January 2024

Patient Note		Outpatient Note
Date/Time: 26-Oct-2023 09:36	Created By: Respiratory Nurse Specialist - Lyndsey Hughes	Role: Nurse - GGC
Specialty: Respiratory Medicine	Organisation:	Sensitive

Note:

Pulmonary Rehabilitation-subjective assessment
Telephone call to discuss referral to our service from GP on the 29th June 2023.
Spoke to patient who has consented to the programme and wishes classes at Lagoon-from January onwards due to work commitment.
Diagnosis of COPD, FEV1 52% in Aug 2022 FEV/FVC ratio 84%. MRC=3.
1 chest infection in last months. No hospital admissions.
On Braltus inhaler, salbutamol MDI.
PMH: smoker-5cpd (previously 10cpd), HTN, depression, hysterectomy.
No flu or pneumococcal vaccines-discussed importance of vaccinations and patient will arrange
Lives at home with partner.
Works part-time in Silverburn shop, long shifts from 8-6, managing but struggles with walking up stairs.
Slower with housework and cooking. Partner does shopping as she is unable to carry bags.
Independent with showering/adl's.
Patient drives-does not feel she requires blue badge.
Declined support & info service advice/benefits-does not feel she requires.
Discussed symptoms-often wheezy. Suggested optimising inhaler-patient has COPD nurse phoning today and has had side effects from some inhalers previously so reluctant to change.
Does not feel any benefit from salbutamol MDI-discussed breathing control.
Sputum-feels she is often coughing and working to try and expectorate with difficulty. Would like to try NACSYS.
Declined smoking cessation-has reduced to 5cpd.
Plan: GP prescription request for NACSYS.
Questionnaires posted out-patient happy to bring with her to appointment.
Admin will sent out 6MWT appointment.

The Deteriorating Patient (ED)
NEWS ≥5 or Clinical Concern

NHS Greater Glasgow and Clyde

booked CWA (4) NEWS 5 (COPD)

Affix Label

CHI: 1405613246

Royal Alexandra Hospital

Total Att: **6**

12 Mth Att: **0**

Title: **MISS**

GOOD **Jacqueline**

DOB: **14/05/1961** Age: **65y** Sex: **Female**

76 WHITEHAUGH AVENUE

Paisley
Renfrewshire
PA1 3SR
07943120865

Next of kin: **CUNNINGHAM, Alan**
Relationship: **Partner**
07525745055

GP: **JM Hislop**
0141 889 3732

Attendance Date: **17/06/2026** Arrival Time: **12:44**

Registration Time: **12:44** Date of Incident: **17/06/2026**

Major Incident Desc:

Reason for Attendance: **worsening chest infection chest pain sob**

Affix Label

Nursing Assessment

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

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **17/06/2026 13:18** Nurse name: **Nurse Louise McAlpine2**

RR		bpm
Oxygen		%
Air or O2		
SpO2		%
HR		bpm
BP	/	mmHg
CRT		
MAP		mmHg
AVPU		
Temp		C
EWS Total		

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"Increased SOB and right sided pleuritic chest. Has gp app on Friday feels unable to wait. " "CHEST PAIN - PLEURITIC " "hx COPD "**

Child Assessi

		NO
Previous atter		
History variat		
Examination j		
Delay in prese		
Fracture/heac		

X-Ray an d)

Recognition

Time: 1325

Name of Doctor Alerted: _____

Nurse in Charge Informe ☑

Fluid Balance Chart St= SR d ☐

Are they prescribed: IV Abx ☐ IV Fluids ☐

Appropriate location: ?bed move needed ☐

Completed by (nurse): M Capire

Potential Diagnosis? _____

(e.g. Sepsis ?source, Hypovolaemia, PE, Dissection etc.)

Response

Time: _____ Complete diagnosis box ☐

Sepsis 6 indicated if ?infection: Yes ☐ No ☐

Blood Cultures ☐ VBG ☐ Fluid Balance ☐

IV Fluids ☐ Oxygen ☐

IV abx ☐ Time Prescribed: _____ Time Given: _____

Discussion with senior EM clinician ☐

Named nurse informed of plan ☐

Completed by (medical): _____ Grade: _____

Escalation Status Documented in Notes

61

A1 3SR

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
17/6/26	CO-CODAMOL 30/500	X2	PO	1320	PGD	MH
17/6/26	PREDNISOLONE	40mg	ORAL	1500		MH
17/6/26	SALBUTAMOL	5mg	neb	1536		AL
17/6/26	IPRATROPIUM	0.5mg	neb	1536		AL
17/6/26	AMOXICILLIN	500mg	ORAL	1500		MH
17/6/26	MORPHINE	5mg	ORAL	1610		MH

1405613246
GOOD F
Jacqueline 14/05/1961
76 WHITEHAUGH AVENUE
Paisley, Renfrewshire
PA1 3SR

CLINICAL NOTES

Date | Seen by (Dr) David Owen | Time seen 14:25

CAG52 17/06/18

65F

PC - (R) chest pain

- Onset yesterday: (R) sided pleuritic chest pain; c̄ SOBOE
- Cough - green phlegm.
- Nil fever
- Nausea; no V/D.
- Nil recent travel.

B/G:
- COPD
- HTN.
- Endometriosis
- Duodenal

Bloods: WCC 9.5, CRP (100), Hb - 110

ECG: NSR

O/E: Unwell + cough+

Clinically apyrexial, NEWS (3) - RR > 20 - sats - 95%

Heart I + II + 0.

CXR: NAD.

Imp: IE COPD.

Plan: (1) VBG/CXR
(2) Nebs / Antibiotics / Steroids

Plan:
(1) Reviewed @ 4:30pm
- Better.
- Cough improved.
DH c̄ consultant
Consultant + working diagnosis

Dr

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By
17/6/26	AMOXICILLIN	500mg	ORAL	TDS		
17/6/26	CO-CODAMOL 30/500	II	ORAL	6 HRLY PRN		

1405613246
GOOD
Jacqueline F
14/05/1961
76 WHITEHAUGH AVENUE
Paisley, Renfrewshire
PA1 3

Temperature Corrected cH(T) results may d
incorrect results flags on printout only,
if results reports out with reference range.
Please disregard result flag and refer to value.

Printed: 17/06/2026 14:41:22

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 17/06/2026 14:41:08
Sample Type: **Venous**
Operator ID: DavidOtieno Owera0

Patient

ID:	1405613246
Last Name:	GOOD
First Name:	JACQUELINE
Gender/Age:	Female, 65 years
Birth Date:	14/05/1961

Cartridge

Lot No.:	260323G
S/N:	00000000501477702
Exp. Date:	08/07/2026

Analyzer

Model:	GEM® *Premier 5000*
Area:	RAHA&E
Name:	RAE
S/N:	16090432

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	39.1	nmol/L	--	--	--	--
pCO_2	6.2	kPa	--	--	--	--
pO_2	6.6	kPa	--	--	--	--
Na^+	↓ 132	mmol/L	--	133	146	--
K^+	4.7	mmol/L	--	3.5	5.3	--
Cl^-	103	mmol/L	--	95	108	--
Ca^{++}	↑ 1.28	mmol/L	--	1.15	1.27	--
Glu	5.2	mmol/L	--	3.5	6.0	--
Lac	1.6	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	116	g/L	--	--	--	--
O_2Hb	↓ 76.3	%	--	95.0	98.0	--
COHb	↑ 1.8	%	--	0.5	1.5	--
MetHb	1.2	%	--	0.5	1.5	--
HHb	↑ 20.7	%	--	0.0	5.0	--
sO_2	↓ 78.7	%	--	95.0	98.0	--
Derived						
BE(B)	3.9	mmol/L	--	--	--	--
$HCO_3^-(c)$	29.2	mmol/L	--	--	--	--
Hct(c)	35	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C

140561
GOOD
Jacquell
76 WHIT
Paisley, R

Patient name
Patient CHI

1405613246
GOOD F
Jacqueline 14/05/1961

PMH, COPD.

(4)

R sided Pain

NHS
Greater Glasgow and Clyde

Emergency Care Nursing Documentation

* NKOA

Initial Investigations

Initial when complete	Required?		Init		Required?		Init
Patient prepared for exam	Y	N		Pain score	Y	N	
NEWS/MEWS/ PEWS chart	Y	N		Peak flow	Y	N	
ID Band	Y	N		MSSU Results:			
12-Lead ECG	Y	N					
Blood samples	Y	N					
Blood Gas	Y	N					
Viral Swab	Y	N		B-HCG	+ve	-ve	

Communication

	Required?	
GGC Red Bag with Patient (nursing home resident)	Y	N
Language or hearing difficulty	Y	N
Interpreter required	Y	N

what arrangements have been made?

Relatives / Carer / Next of Kin present	Y	N

Alan

name, relationship, location, particular concerns

Signature: CRelMSN

PVC

Circle reason: D R I F T

Diagnostic
Resuscitation
Intravenous
Fluids
Transfusion

Insertion
Date:
Time:

Insertion Side: L R

Insertion Site:

Size of PVC:

Inserted by

Signature

Hand Hygiene Yes ☐

Skin Decontamination 2% chlorhexidine in 70% isopropyl alcohol Yes ☐

Sterile transparent semi-permeable dressing affixed Yes ☐

PVC Reason Explained Yes ☐

Risk Assessments and Screening Tools

	Required?		Init		Required?		Init
SEPSIS	Y	N	KW	GMAWS	Y	N	KW
FAST +VE Y N / STOPPS	Y	N		Public Protection Concern (Adult/Child)	Y	N	
ED Falls Risk Assessment	Y	N		Notification of Concern Completed (NOC)	Y	N	
Mental Health Triage Assessment	Y	N		Frailty Assessment Completed	Y	N	
Ligature low room	Y	N		4AT Assessment	Y	N	

Pause for Discharge

GGC Red Bag with Patient (nursing home resident)	Y	N
Relatives / Carer with Patient	Y	N
Name Band Removed	Y	N
Risk Assessment/Screening Tools Completed	Y	N
Discharge Information	Y	N
NEWS Chart completed within 1 hour of discharge	Y	N
Medications/Fluids prescribed as per medication prescription form	Y	N
Notes Complete	Y	N
Belongings	Y	N
Transport arranged	Y	N
Own/Taxi/Relative/SAS (Please circle)	Y	N
PVC Removed Prior to Discharge	Y	N

Signature:

Pause for Transfer

GGC Red Bag with Patient (nursing home resident)	Y	N
Relatives / Carer with Patient	Y	N
Name Band in situ	Y	N
Risk Assessment/Screening Tools Complete	Y	N
Bed Available	Y	N
SBAR complete	Y	N
NEWS Chart completed within 1 hour of transfer	Y	N
Medications/Fluids prescribed as per medication prescription form	Y	N
PVC/CVC Bundle	Y	N
Notes Complete	Y	N
Belongings	Y	N
Escort Required	Y	N

Signature:

Patient name ..

Patient CHI ..

1405613246
GOOD
Jacqueline
F
14/05/1961

NHS
Greater Glasgow and Clyde

Care Rounds Checklist

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

Signed _____ Name Mtarrez Designation SP

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Use the following Codes:
Y = Yes N = No NA = Not Applicable NT = No Thanks S = Sleeping O = Off the ward I - Independent

			Times	14:25									
	1	**THINK DELIRIUM** Is the patient more confused/drowsy than normal? If yes inform registered nurse.		N									
	2	**PAIN: ASSESS AND ADDRESS** Is the patient distressed or in pain?If yes inform registered nurse/ Review analgesia		N									
S	3	**SKIN INSPECTION** Pressure areas checked? R = RED D = Disclosured PU - Pressure Ulcer INT = Intact M = Moisture		N I									
K	4	**KEEP MOVING** Has the patient moved or walked?		Y									
		Bed R =Right side (30°) tilt L =Left side (30°) tilt B =Back Chair W/ST = Assist to walk / stand		B									
		ELIMINATION Does the patient need the toilet?		I									
I	5	I = Independent A - Assistance given IC = Incontinent (urine/ faeces)		I									
N	6	**FOOD FLUIDS AND NUTRITION** Is the patient nil by mouth?		N									
		Drink taken?		Y									
		Food, snack, or supplements taken?		NT									
		Has oral hygiene been carried out as per care plan?		I									
	7	**ENVIRONMENT CHECK** Is the patient's call buzzer to hand? Is the area clutter free clean and safe? Does the patient have everything they require in safe reach? Is the bed in the lowest position?		Y									
	8	**INFORMATION** Is there anything else I can help you with? Inform the patient of the time of return		NT									
	9	**ESCALATION** Is there anything else I can help you with? Inform the patient of the time of return		NA									
			Care provider	CJ									
			Role	SW									

Ask the patient if there is anything they specifically want done today:

Patient name

Patient CHI

1405613246
GOOD F
Jacqueline 14/05/1961
76 WHITEHAUGH AVENUE
Paisley, Renfrewshire
PA1 3SR

Hospital:

Ward:

Points to consider:

- **Use within 8 hrs of admission to care area**
- **Re-assess daily and more frequently if a person's condition changes**

NHS
Greater Glasgow and Clyde

Attach addressograph	Hospital: Ward:	**Points to consider:** • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

Pressure damage	**No RISK** ↓	**At RISK** ↓	**Grade 1 – non blanching skin** **Grade 2,3,4, suspected deep tissue injury (SDTI), ungradable pressure ulcer, Moisture Associate Skin Damage (MASD)** ↓	**Device Related Pressure Damage i.e. nasogastric, catheters, oxygen tubing** ↓
YOU MUST CHECK SKIN at pressure points	Daily skin check	4 hourly positioning Complete SSKINS care plan (below)	2 hourly positioning with skin checks, Complete SSKINS care plan (below)	All devices need a SSKINS care plan (below)

1	PressureDamage	**Does the person have Pressure damage; Grade 1, 2, 3, 4, SDTI, Ungradable?**
2	Mobility	**Does the person require assistance to mobilise or change position?**
3	Continence	**Does the person have moisture issues, or, continence issues with urine and/or faeces?**
4	Nutrition	**Does the person appear malnourished and/or unable to eat or drink?**
5	Skin	**Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities?**
6	Judgement	**In your clinical judgement, is this person at risk of developing pressure damage?**

Date	Location of pressure damage	Grade of ulcer	Date	Location of pressure damage	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

NO to all questions, continue Care Rounds Prescribed as assessed for individual need and re-assess daily. you have answered YES to any of the questions above, please complete the SSKINS care plan below.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Check Skin	Signature
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used: Catheter ☐ Naso gastric ☐ Oxygen mask ☐ Nasal oxygen ☐ Vascular Access Device ☐ Off loading boot ☐ Other:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment: Off loading boot: ☐ Protective product:	• Reposition ____ hourly in bed. • Reposition ____ hourly in chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used: Tilting device ☐ • Knee bend in place ☐ Record reason for no knee bend:	• Does patient have Moisture Associated Skin Damage Yes ☐ • Skin care to be carried out ____hourly. • Specify products required for increased moisture / continence management: Barrier Cream ☐ Pad / Pants ☐	• Optimise nutrition and hydration. • Refer to MUST	• Provide information in a format appropriate to patient / family/ carer needs : • Specify: Leaflet ☐ Verbal ☐ Not provided record reason:	Date discontinued: _____

Patient name :

Patient CHI

1405613246
GOOD F
Jacqueline 14/05/1961
76 WHITEHAUGH AVENUE
Paisley, Renfrewshire
PA1 3SR

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Nursing notes cont.

Date and Time		Name/Signature

Patient name ..

Patient CHI ..

1405613246
GOOD F
Jacqueline 14/05/1961

NHS
Greater Glasgow and Clyde

Use the following Codes:	**Y** = Yes	**N** = No	**NA** = Not Applicable	**NT** = No Thanks
	S = Sleeping		**O** = Off the ward	**I** - Independent

Ongoing Care

	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours	9 Hours	10 Hours	11 Hours	12 Hours
Time									
Nursing notes updated including (NEWS, MEWS,PEWS)									
Food, Fluid, Nutrition (provide details)									
IVI/IVABs									
Routine Medications prescribed and administered									
Falls risk assessment reviewed/checklist									
Skin assessed and supported (PURDRA)									
Pain assessment									
SBAR up to date and completed									
Patient/ relatives updated									
If patient not in cubicle space think about patients dignity requirements eg hearing aids, mobility aids, glasses, interpreter									
STOPPS completed									
PVC/CVC Bundle. Consider is; Dressing intact? PVC patent?									Commence CVC/PVC chart

Patient name

Patient CHI

1405613246 F
GOOD 14/05/1961
Jacqueline

NHS
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Nursing notes

Date and Time		Name/Signature
17/06/26 1425	patient into room, awaits first assesment —	CRELNSN
17/06/26 1500	Pred + amox administered. For nebs. Currently attending xRAY.	Staff Nurse
1536	Nebs administering.	Staff Nurse

NEWS 2 Key	1	2	3

Patient ID: GOOD Jacqueline 1405813246 14/05/1961

	Example	Obs 1	Obs 2
Date 17/6/26	1/11		09 A
Time	11.00	13 19	14 25

A + B Respirations Breaths/min

Range	Score
≥25	3
21-24	2
12-20	0
9-11	1
≤8	3

A + B SpO2 Scale 1 Oxygen saturation (%)

Example: 97 — Obs 1 / Obs 2: 98 / 95

Range	Score
≥96	0
94-95	1
92-93	2
≤91	3

SpO2 Scale 2

Oxygen saturation (%) Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure

Only use scale 2 under direction of qualified clinician

Range	Score
≥97 on O2	3
95-96% on O2	2
93-94% on O2	1
≥93 on air	0
88-92	0
86-87	1
84-85	2
≤83	3

Air or oxygen?

Example: A — Obs 1: A — Obs 2: A

Range	Score
Air (A) or O2 device	0
O2 L/min 2	2

C Blood Pressure mmHg

(Score uses systolic BP only)

Range	Score
≥220	3
201–219	0
181–200	0
161–180	0
141-160	0
121-140	0
111-120	0
101–110	1
91–100	2
81–90	3
71–80	3
61–70	3
51–60	3
≤50	3

C Pulse Beats/min

Range	Score
≥131	3
121-130	2
111-120	2
101-110	1
91-100	1
81-90	0
71-80	0
61-70	0
51-60	0
41-50	1
31-40	3
≤30	3

D

Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.

Obs 1: A — Obs 2: A

Range	Score
A Alert	0
C New Confusion	3
V Verbal	3
P Pressure	3
U Unresponsive	3

Temperature

Range	Score
≥39	2
38.1-39.0	1
37.1-38.0	0
36.1-37.0	0
35.1-36.0	1
≤35.0	3

	Example	Obs 1	Obs 2
NEWS Total	0	5	3
Blood glucose	7.0	NA	/
Pain / function score	0A	7/10	4/10
Time Pt last passed urine	10.20	NK	-
Fluid balance chart indicated Y/N	N	N	N
GCS indicated Y/N	N	N	N
Time NEWS due	23.00		[illegible]
Escalation of care Y/N	N	Y	Y
Initials	AB	[illegible]	[illegible]

Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

Patient ID: GOOD Jacqueline 1405813246 14/05/1961

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation ≥94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A **Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.**

C **Communicate:** Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E **Escalate:** Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

NHSGGC Adult In-Patient National Early Warning Score (NEWS)

NHS Greater Glasgow and Clyde

Affix Patient Label

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%	Sp02 Scale 2 Target 88-92%	Patient on home oxygen Y☐ N☐
Signature:	Signature:	If yes, add details of oxygen therapy
Print Name:	Print Name:	
Dr/ANP initials ONLY:	Dr/ANP initials ONLY:	
Date:	Date:	

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed .....

Medical:.....

Date:.....

Glasgow Coma Scale

Pupil Reaction and Size

s = sluggish
+ = reaction
- = no reaction
c = eyes closed

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

Date:
Time:
Eyes closed by swelling = NT

Endotracheal tube or tracheostomy = NT

Record the pain response

TOTAL /15

Right size:
Right reaction:
Left size:
Left reaction:

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

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

E	Spontaneously	4
	To sound	3
	To pressure	2
	None	1
	Not testable	NT
V	Orientated	5
	Confused	4
	Words	3
	Sounds	2
	None	1
	Not testable	NT
M	Obeys command	6
	Localises pressure	5
	Normal flexion	4
	Abnormal flexion	3
	Extension	2
	None	1
	Not testable	NT
P	Normal power	
U	Mild resistance	
P	Severe resistance	
I	Spastic flexion	
L	Extension	
	No response	
A	Normal power	
R	Mild resistance	
M	Severe resistance	
S	Spastic flexion	
	Extension	
	No response	

Pain Score

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

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

Pain Function Score

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

Patient ID Label

mi• 316554-v5.2 GGC0264

MWA (17)

NHS GGC Hospitals, Emergency Department

NHS

Royal Alexandra Hospital

CHI: 1405613246

Total Att: 5

12 Mth Att: 0

Title: MISS

GOOD

Jacqueline

DOB 14/05/1961

Age: 59y

Sex: Female

113/2 FALSIDE ROAD

Next of kin: MCDERMOTT, Donna
Relationship: Daughter

Paisley
Renfrewshire
PA2 6JU

07943120865

GP: JM Hislop
0141 889 3732

Attendance Date: 22/03/2021 Arrival Time: 18:09

Registration Time: 18:09 Date of Incident: 22/03/2021

Major Incident Desc:

Reason for Attendance: Chest pain

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 22/03/2021 19:19

Nurse name: Nurse Stephanie Brown2

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: "? chest infection, chronic cough, feels wheezy. "

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES

Seen by (Dr) Michael Rocker

Time seen

1405613246
GOOD
Jacqueline
F
14/05/1961

59 ♀ CHEST PAIN

1 WEEK HISTORY OF:

- ↑ SOB
- COUGH - WHITE SPUTUM
- CENTRAL CHEST PAIN
  - ↳ NON RADIATING
  - → NOT EXERTIONAL
  - → WORSE ON PALPATION

NOTE: ALSO STATES SHE HAS EXERTIONAL

(1) ARM PAIN + SOB WITHIN RESOLVES ON REST
↳ SEPERATE TO PRESENTING COMPLAINT

NEWS (0)

OE: LOOKS WELL

HS H II
PULM REG

SAT

CLEAR

ECG - (N) SINUS

CRP (26) TROP <4

INV: (1) CXR I
(2) ANEMIA

PLAN

ORAL ABX

D/C WITH CHEST PAIN CLINIC F/U

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)				Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)		
5. Died	6. Refer to OP Clinic (see below)	7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Patient name
1405613246
GOOD F
Patient CHI Jacqueline 14/05/1961
113/2 FALSIDE ROAD
Paisley, Renfrewshire
PA2 6JU

17

NHS
Greater Glasgow and Clyde

Emergency Care Nursing Documentation

Presenting complaint - and relevant past medical history including allergies

Date and Time		Name/Signature
22/3/21 20:50	? chest infection. *NKDA*	

Nursing notes - on admission

Date and Time		Name/Signature
22/3/21 20:50	Patient in to room and gown prepared for examination. ED doctor in attendance. Awaits bloods and ECG.	

Triage

Patient prepared for exam - clothing bagged			Y	N	
NEWS Chart	Y	N	X-rays	Y	N
ID band	Y	N			
Peak Flow	Y	N	Please specify		
12-lead ECG	Y	N	Urinalysis	Y	N
IV access	Y	N			
Blood samples	Y	N	Positive findings		
Blood Gas	Y	N	B-HCG	Y	N

Communication

GGC Red Bag with Patient (nursing home resident)	Y	N
Language or hearing difficulty	Y	N
Interpreter required	Y	N
what arrangements have been made?		
Relatives / Carer / Next of Kin present	Y	N
granddaughter present.		
name,relationship,location,particular concerns		

Risk Assessments and Screening Tools

SEPSIS	Y	N	GMAWS	Y	N
FAST	Y	N	Adult Support and Protection	Y	N
Swallow Testing	Y	N	Mental Health Triage Assessment	Y	N
Falls Risk (clinical judgeument)	Y	N	Child Protection Concerns	Y	N

Signature:

Patient name 1405613246
GOOD F
Jacqueline 14/05/1961
Patient CHI 113/2 FALSIDE ROAD
Paisley, Renfrewshire
PA2 6JU

NHS
Greater Glasgow and Clyde

Care Rounds Checklist

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

Signed _____ Name KENNEDY Designation SN

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Use the following Codes:
Y = Yes **N** = No **NA** = Not Applicable **NT** = No Thanks **S** = Sleeping **O** = Off the ward **I** - Independent

			Times 2050										
	1	**THINK DELIRIUM** Is the patient more confused/drowsy than normal?If yes inform registered nurse.	N										
	2	**PAIN: ASSESS AND ADDRESS.** Is the patient distressed or in pain?If yes inform registered nurse.	N										
S	3	**SKIN INSPECTION** Pressure areas checked?	I										
		R = RED **D** = Discloured **PU** - Pressure Ulcer **INT** = Intact **M**= Moisture	✓										
K	4	**KEEP MOVING** Has the patient moved or walked?	Y										
		Bed **R** =Right side (30°) tilt **L** =Left side (30°) tilt **B** =Back Chair **W/ST** = Assist to walk / stand	B										
		ELIMINATION. Does the patient need the toilet?	NT										
I	5	**I** = Independent **A** - Assistance given **IC** = Incontinent (urine/faeces)	I										
N	6	**FOOD FLUIDS AND NUTRITIO.** Is the patient nil by mouth?	N										
		Drink taken?	N										
		Food, snack, or supplements taken?	N										
		Has oral hygiene been carried out as per care plan?	NA										
	7	**ENVIRONMENT CHECK** Is the patient's call buzzer to hand? Is the area clutter free clean and safe? Does the patient have everything they require in safe reach? Is the bed in the lowest position?	Y										
	8	**INFORMATION** Is there anything else I can help you with? Inform the patient of the time of return	Y										
	9	**ESCALATION** Is there anything else I can help you with? Inform the patient of the time of return	Y										
		Care provider	KLP										
		Role	SN										

Ask the patient if there is anything they specifically want done today:

Patient nar 1405613246

Patient CH GOOD F
Jacqueline 14/05/1961
113/2 FALSIDE ROAD
Paisley, Renfrewshire
PA2 6JU

Hospital: RAH

Ward: ED

Points to consider:
- **Use within 8 hrs of admission to care area**
- **Re-assess daily and more frequently if a person's condition changes**

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PUDRA

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

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

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

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

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

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical judgement	Active Care Prescribed	Signature
22/03/17	20:50	N	N	N	N	N	N	4 hrly	
/ /	:							___ hrly	
/ /	:							___ hrly	

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

S **Skin Inspection**	S **Surface**	K **Keep Moving**	I **Incontinence/ Moisture**	N **Nutrition**	S **Self Management/ Shared Care**
Check: • Pressure areas ____ hourly • Skin under medical devices ____ hourly • Specify medical devices used	Specify: 1. Mattress 2. Cushion 3. Detail additional pressure redistributing equipment	1. Reposition ____ hourly in bed / chair 2. Overnight patient/carer has agreed to repositioning ____ hourly 3. Specify any manual handling equipment used	1. Skin Care to be carried out ____ hourly 2. Specify products required for increased moisture/ continence management:	1. Optimise nutrition and hydration 2. Refer to MUST	1. Discuss and agree plan with patient/ family/carer YES / NO 2. Prevent Pressure Ulcers" leaflet given to patient/family/ carer YES / NO

Patient name .....

Patient CHI .....

or use sticker

NHS
Greater Glasgow and Clyde

Nursing notes - discharge plannning

Date and Time		Name/Signature

Outcomes and outstanding issues

Date and Time		Name/Signature

Pause for Discharge or Transfer

GGC Red Bag with Patient (nursing home resident)	Y	N
Relatives / Carer with Patient	Y	N
Name Band	Y	N
Nursing Screening Tools Complete	Y	N
Bed Available	Y	N
SBAR complete	Y	N
NEWS Chart NEWS completed within 1 hour of transfer/discharge	Y	N
Prescriptions and fluid charts signed	Y	N
Cannula	Y	N
Notes Complete	Y	N
Analgesia	Y	N
Belongings	Y	N
Transport	Y	N
Signature:		

Contact with relatives

Signature:

Patient name

1405613246

Patient CHI

GOOD
Jacqueline
113/2 FALSIDE ROAD
Paisley, Renfrewshire
PA2 6JU

F
14/05/1961

NHS
Greater Glasgow and Clyde

4AT assessment - for delirium and cognitive impairment

		Circle Score
(1) ALERTNESS This includes patients who may be markedly drowsy (eg. dificult to rouse and/or obviously sleepy during assessment) or agitated/ hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.	Normal (alert, but not agitated, through assessment) Mild sleepiness (<10 secs) after waking, then normal Clearly abnormal	(0) 0 4
(2) AMT4 Age, date of birth, place (name of the hospital/building), current year.	No mistakes 1 mistake 2 or more mistakes/untestable	(0) 1 2
(3) ATTENTION Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.	wAchieves 7 months or more correctly Starts but scores <7 months / refuses to start Untestable (cannot start, unwell, drowsy, inattentive	(0) 1 2
(4) ACUTE CHANGE OR FLUCTUATING COURSE Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs.	No Yes	(0) 4

4 or more possible delirium + /- cognitive impairment
1-3 possible cognitive impairment
0 delirium or severe cognitive impairment unlikey (but delirium still possibe if (4) information incomplete

TOTAL (0)

Frailty Assessment Tool (Healthcare Improvement Scotland)

Step 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?			circle Y or N	
F	**Functional impairment**	(new or worsening) eg difficulty with self care	**Y**	**N**
R	**Resident**	in a care home	**Y**	**N**
A	**Altered mental state**	such as delirium or dementia (**4AT Assessment**)	**Y**	**N**
I	**Immobility/instability**	decline in mobility, difficulty mobilising without help, fall leading to presentation	**Y**	**N**
L	**Living at home with support**	on a daily basis (homecare, one visit or more per day)	**Y**	**N**

If YES to any of the criteria in Step 1 move to Step 2

Step 2 Would this person be better managed by another speciality team at present?	circle Y or N	
Clear need for other specialty input eg exacerbation of known long-term condition such as COPD	**Y**	**N**
Need for HDU/ITU (including non-invasive ventilation)	**Y**	**N**
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit	**Y**	**N**
Head injury with loss of consciousness	**Y**	**N**
Acute abdominal pain/ surgical presentation	**Y**	**N**
Upper GI Bleed	**Y**	**N**
Chest pain with suspected acute coronary syndrome	**Y**	**N**
Trauma with suspected fracture	**Y**	**N**

Are any of the criteria met?
If YES to any criteria in Step 2: Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.
If YES to any criteria in Step 1 and NO to ALL criteria in STEP 2: Prioritise transfer of care to specialist geriatric assessment service.

Patient name

1405613246

GOOD F

Patient CHI Jacqueline 14/05/1961

113/2 FALSIDE ROAD

Paisley, Renfrewshire

PA2 6JU

NHS

Greater Glasgow and Clyde

Nursing notes - ongoing care

Date and Time		Name/Signature

NHSGGC NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

1405613246 14/05/1961
GOOD
Jacqueline

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

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

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

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....

				41-50	1
				31-40	3
				≤30	3

D					
Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.	•	ɔ	ø	A Alert	0
				C New Confusion	3
				V Verbal	3
				P Pressure	3
				U Unresponsive	3

E Temperature					
				≥39	2
				38.1-39.0	1
				37.1-38.0	0
	•	4.1		36.1-37.0	0
			•	35.1-36.0	1
				≤35.0	3

NEWS Total	0	0	1

Blood glucose	7.0		
Pain / function score	OA		
Time Pt last passed urine	10.20		
Fluid balance chart indicated Y/N	N		
GCS indicated Y/N	N		
Time NEWS due	23.00		
Escalation of care Y / N	N		
Initials	AB	[illegible]	

Affix Patient ID

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A	Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.
C	Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.
E	Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

NEWS 2 Key	1	2	3

Date			1/11		
Time			11.00	19 19	20 50
A + B Respirations Breaths/min	≥25	3			
	21-24	2			
	12-20	0	•	•	•
	9-11	1			
	≤8	3			
A + B SpO2 Scale 1 Oxygen saturation (%)	≥96	0	97	97	97
	94-95	1			
	92-93	2			
	≤91	3			
SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure	≥97 on O2	3			
	95-96% on O2	2			
	93-94% on O2	1			
	≥93 on air	0			
	88-92	0			
Only use scale 2 under direction of qualified clinician	86-87	1			
	84-85	2			
	≤83	3			
Air or oxygen?	Air (A) or O2 device*	0	A	A	A
	O2 L/min 2	2			
C Blood Pressure mmHg (Score uses systolic BP only)	≥220	3			
	201-219	0			
	181-200	0			
	161-180	0		162	
	141-160	0			^
	121-140	0	↑		
	111-120	0			
	101-110	1			
	91-100	2			
	81-90	3		88	
	71-80	3			V
	61-70	3	↓		
	51-60	3			
	≤50	3			
C Pulse Beats / min	≥131	3			
	121-130	2			
	111-120	2			
	101-110	1			
	91-100	1			
	81-90	0		86	•
	71-80	0	•		
	61-70	0			
	51-60	0			

1405613246
GOOD
Jacqueline
14/05/1961 F

Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

Glasgow Coma Scale

Date:		11/1		
Time:		11.00		
Eyes closed by swelling = NT	E	o	Spontaneously	4
	Y		To sound	3
	E		To pressure	2
	S		None	1
			Non testable	NT
Endotracheal tube or tracheostomy = NT	V	o	Orientated	5
	E		Confused	4
	R		Words	3
	B		Sounds	2
	A		None	1
	L		Non testable	NT
Always record the best response	M	o	Obeys command	6
	O		Localising pressure	5
	T		Normal flexion	4
	O		Abnormal flexion	3
	R		Extension	2
			None	1
			Non testable	NT
TOTAL		15		
Right size:	P	4		
Right reaction:	U	+		
Left size:	P I	4		
Left reaction:	L	+		
Record right (R) and left (L) separately if there is a difference between the two sides	A	o	Normal power	
	R		Mild weakness	
	M		Severe weakness	
	S		Spastic flexion	
			Extension	
			No response	
Record right (R) and left (L) separately if there is a difference between the two sides	L	o	Normal power	
	E		Mild weakness	
	G		Severe weakness	
	S		Spastic flexion	
			Extension	
			No response	

Pupil Reaction and size

s = sluggish
+ = reaction
- = no reaction
c = eyes closed

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

Pain Score

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

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

Pain Function Score

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

Affix Patient ID

CWA

NHS GGC Hospitals, Emergency Department

5

NHS Greater Glasgow and Clyde

Affix Label

CHI: 1405613246

Royal Alexandra Hospital

Total Att: 4

12 Mth Att: 0

Title: **MISS**

GOOD **Jacqueline**

DOB: **14/05/1961** Age: **57y** Sex: **Female**

113/2 FALSIDE ROAD

Paisley
Renfrewshire
PA2 6JU

Next of kin: **MCDERMOTT, Dawn**
Relationship: **Daughter**

GP: **JM Hislop**
0141 889 3732

Attendance Date: **08/04/2019** Arrival Time: **03:36**

Registration Time: **03:36** Date of Incident: **08/04/2019**

Major Incident Desc:

Reason for Attendance: **biba - chest pains**

Affix Label

Nursing Assessment

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

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **08/04/2019 03:41** Nurse name: **Nurse Angela Diver**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **Sudden onset of chest pain at 2330, taken own ranitidine and dihyrocodine didnt help the pain. Pain got worse at 0200. Phoned NHS24 for advice and the sent an ambulance. No pain in triage.**

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

Jacqueline Good 140561 3246

Date	CLINICAL NOTES
8/4/19	Seen by (Dr) Fiona MacKenzie Time seen 04:30

57 ♀.

P/C: chest pain, started at 23:00
felt like heart burn/indigestion. took ranitidine
was no relief.
comes & goes
feels dull ache just now, radiating upwards
feels pain in back when takes deep
breath in.
no breathlessness
no exertional symptoms. not nauseous.
feel / bending forward.
tingling in both arms / legs - feels well
She panicked
no weakness / speech disturbance.
no recent infection / cough / spit.

PMH: Hypertension

Medication: HCT - recently stopped
Amlodipine
Frusemide - didn't take today
Ranitidine PRN

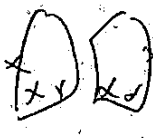
NKDA

FH: NIL

Sx: Smoke - reduced 10 x day
no alcohol
to granddaughter lives at home

O/E: Looks well. pain free NEWS=0

A - ✓
B - RR 16 Sats 97%



Date	CLINICAL NOTES

C - ECG - NSR, no ischaemia. mild pitting oedema to ankles.
pulse 70 bpm BP 140/80.
HS 1+11+0 JVP 3cm

D - (A) VPU BM 6.3.
temp 36°C
no facial asymmetry
normal UL tone, power, sensation.

soft non tender abdomen
mild tenderness palpable uterus

Plan - Bloods incl trop (5 hour)
- CXR
- (F) U+ paired + normal bloods / Xray.

CXR - comparison to 2014, nil acute / changed
- no effusion, consolidation
- globular shaped heart
- possibly tunnelled in horizontal fissure
Chronic
f/2.

0545 Bloods - WCC 8, Hb 125 BALLETS NAD.
Glucose 5-9
Bicarb 24
CRP 9
Tropon 1.
eGFR > 60 Creatinine 68.
⇒ (F) Discharge.

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged		Not arranged		To be arranged			
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address

1405613246 14/05/1961
GOOD
Jacqueline

CHI No.
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

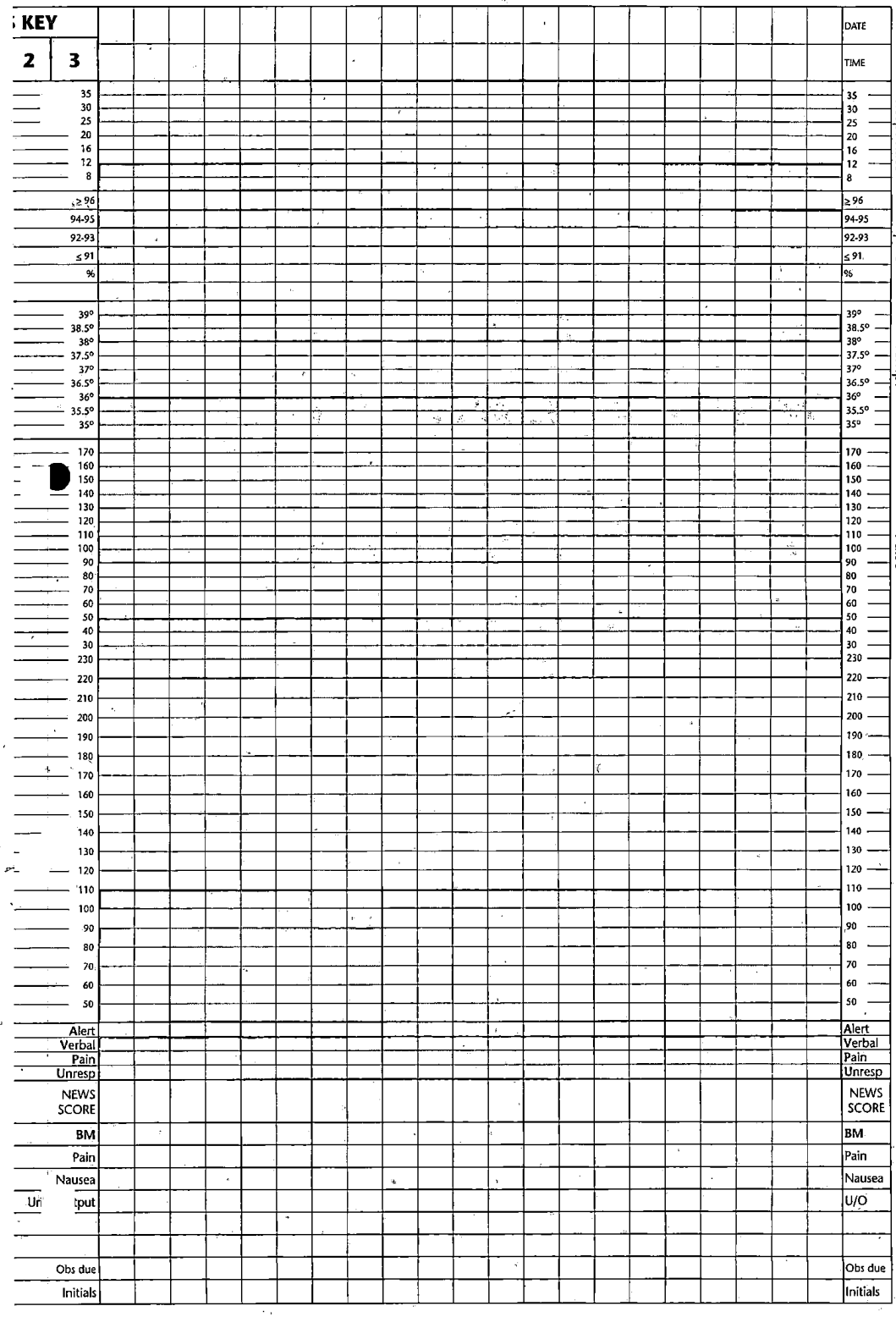
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic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

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

See NEWS Actions Reference Tool for local escalation policy

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

		DATE: 8/4/16																		DATE	NEWS 0	NEWS 1
		TIME: 0541																		TIME		
Resp. Rate Mark: •	35																			35		
	30																			30		
	25																			25		
	20																			20		
	16	2																		16		
	12																			12		
	8																			8		
SpO_2 (Enter Value)	≥ 96	97																		≥ 96		
	94-95																			94-95		
	92-93																			92-93		
	≤ 91																			≤ 91		
Any Sup'l O_2	%																			%		
Room air		A																				
Temp. Mark: ×	39°																			39°		
	38.5°																			38.5°		
	38°																			38°		
	37.5°																			37.5°		
	37°																			37°		
	36.5°																			36.5°		
	36°	X	B																	36°		
	35.5°																			35.5°		
	35°																			35°		
Pulse Mark: •	170																			170		
	160																			160		
	150																			150		
	140																			140		
	130																			130		
	120																			120		
	110																			110		
	100																			100		
	90																			90		
	80																			80		
	70	•	8																	70		
	60																			60		
	50																			50		
	40																			40		
	30																			30		
	230																			230		
Blood Pressure Mark: ◇	220																			220		
	210																			210		
	200																			200		
	190																			190		
	180																			180		
	170																			170		
	160																			160		
	150																			150		
	140	/																		140		
NEWS SCORE using Systolic BP	130		/																	130		
	120																			120		
	110																			110		
	100																			100		
	90	✓	✓																	90		
	80																			80		
	70																			70		
	60																			60		
	50																			50		
Conscious Level Mark: •	Alert	•	L																	Alert		
	Verbal																			Verbal		
	Pain																			Pain		
	Unresp																			Unresp		
Total NEWS (with all obs)		1	0																	NEWS SCORE		
BM		6.3																		BM		
Pain		(95)																		Pain		
Nausea																				Nausea		
Urine output																				U/O		
Obs due																				Obs due		
Initials		M																		Initials		


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

Jacqueline
Good
14556/32416

Glasgow Coma Scale

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

Neurological Observations

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

Pain Score

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

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

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

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

Patient Address Label

1405613246 14/05/1961
GOOD
Jacqueline

Presenting Complaint: PAIN FREE CHEST PAIN

Date and Time: 8/4/19 0400

Named Nurse(s): ESTHER K

Patient preparation (Please tick when completed)	Initials: E.I	Communication (Please tick when completed)	Initials: E.I
Prepare patient for examination and provide blankets if required	☑	Communication Aids (spectacles / hearing aid)	☐
Clothing bagged, labelled and stored under trolley	☑	Relatives present, who? Grand-daughter	☑
Name-band (if required) NKDA	☐	Relatives / NOK informed	☐
		Interpreter required	☐
		Telephone interpretation required	☐

Observations and Investigations (Please tick when completed)		Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☑	IV cannula (if required)	☑
Peak Flow 1. 2. 3.	☐	Blood samples taken	☑
12 Lead ECG	☑	Urinalysis and Specimen if indicated *Results:*	☐
Cardiac Monitoring	☐		
X-rays performed	☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:	☐
Other: please add	☐	Weight:	☐

Screening Tools (Please circle or tick as appropriate)		Initials: E.I	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started	Y / (N) Y / (N)	**Preliminary Pressure Ulcer Risk Assessment** The patient can reposition themselves whilst in the department?	(Y) N
AMT 4 (if >65 years) SCORE ___/4		There is **no** reported skin damaged other than presenting trauma?	(Y) N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*	Y (N)	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*	(Y) N
Mental Health Triage Assessment	Y (N)	**Waterlow Score** *If >10 commence Active Care*	☐
Child Protection considered (in line with policy)	Y (N)	**Active Care** (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*	☐
FAST	Y (N)		
GMAWS	Y (N)	Pressure damage identified on arrival in ED is documented in clinical notes	☐
Has Swallow test been carried out?	Y (N)	Grade 3 or 4 Pressure Ulcers are reported on DATIX	☐

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

mi • 262617 Version 1_0 • GGC0107

Patient Addressograph Label

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

Nursing Notes and Care Plan

Date and Time		Print Name and Signature
8/4/17 0400	Taken to Room 5 prepared for exam	
	ECG obtained	E. [signature]
	[illegible] cannula [illegible]	
	Awaiting for CXR	
	Wears O2 [illegible] painfree	
0500	Awaiting plan + bloods	JMacInnes

Patient Addressograph Label

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

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

(Please circle) ½ hour 1hour 2 hours

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

USE FOLLOWING CODE:

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

Patient label
1405613246 14/05/1961
GOOD
Jacqueline

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

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

Waterlow Pressure Area Risk Assessment

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

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

Patient Information		Date:	08/04/2019
JACQUELINE GOOD		Incident Number:	PA005447746
Age/Gender:	57y Old Female		
Address:	113/2 FALSIDE ROAD PAISLEY,PA2 6JU	Incident Type:	EMG
DOB:	14/05/1961	Incident Location:	113/2 FALSIDE ROAD PAISLEY, PA2 6JU
CHI:	1405613246		
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

CHEST PAIN

Additional Comments

999 CALL TO 57 YOF. PT HAD CHEST PAIN STARTING AT 2330 AND PROGRESSIVELY WORSENED, WORST AT 0200, TINGLING DOWN ARMS, BURNING/SHARP IN CHEST,INTO L SIDE BACK, WORSE ON DEEP BREATH, PAIN FREE ON OUR ARRIVAL. PT STTES COMES IN WAVES. O/E ALL OBS IN NORMAL LIMITS, 12 LEAD SINUS, FAST NEGATIVE, ABLE TO MOBIKISE AND WEIGHTBARE, PT TOOK RANITIDINE AND DIHYDROCODINE NO CHANGE TO PAIN. PT WAITING ECG APPOINTMENT AND HAS HAD BLOODSVRECENTLY FOR UNKNOWN REASON AND IS AWAITING RESULTS. NO COUGHS, NO COLDS AND NOT BEEN UNWELL RECENTLY.

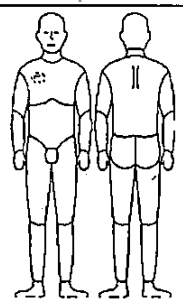
PATIENT ASSESSMENT

AVPU	Alert		<C>	No
A	Clear			
B				

C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	70	140/90	<=2 Secs	Sinus Rhythm
	Rhythm	**Arm**	**Central/Peripheral**	**ECG**
	Reg	Right	Peripheral	3 Lead12 Lead

D	GCS	Eyes	Voice	Motor	PEARL
	15	Spontaneously (4)	Orientated (5)	Obeys Commands (6)	Yes

E



Pain

ID	Body Part	Pain Scale
P1	Chest	0

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
03:10	69	19	126/80	100	<=2s	15	Alert				Sinus Rhythm				E9888265
03:00	70	17	140/90	100	<=2 Secs	15	Alert		35.7	6.3	Sinus Rhythm	3	3		E9888265

NEWS

Time	Clinical Risk	NEWS
03:10		0
03:00	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	1

HISTORY

AMPLE

Allergies	None
Medication	WITH PT

Past Medical History	Hypertension
Last Eaten	>4 Hours Ago

Social History

Lives alone	No	Living With	GRANDAUGHTER
Patients General Appearance	Normal		
Patient Mobility	Fully Mobile		
Patient Communication	No Help Required		
Patient Clinical Risk Factors	Smoker		
Patient Enviromental Risk Factors	None Identified		

MEDICAL

ACS

Symptoms	No Pain
Associated Symptoms	No Associated Symptoms

CLOSE RECORD

Treatment On Scene	Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No	Patient Accompanied By	GRANDAUGHTER

INCIDENT LOG

Time Call Received	02:34	Allocated	02:47	Mobile	02:47
First Resource On Scene		Crew On Scene	02:53	Crew Left Scene	03:27
Crew At Hosp		Receiving Hospital	ROYAL ALEXANDRA PAISLEY	Clear Time	

Crew ID	Crew Grade	Driver
E1013424	Ambulance Technician	YES
E9888265	Paramedic	NO

Jacqueline Good
140561 3246

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 1405613246

Royal Alexandra Hospital

Total Att: 2

12 Mth Att: 1

Title: **MISS**

GOOD **Jacqueline**

DOB: **14/05/1961** Age: **54y** Sex: **Female**

1 BARDRAIN ROAD

Paisley
Renfrewshire
PA2 8LF

Next of kin: **UNKNOWN**
Relationship: **Unknown**

GP: **JM Hislop**
0141 889 3732

Attendance Date: **15/01/2016** Arrival Time: **19:02**

Registration Time: **19:02** Date of Incident: **15/01/2016**

Major Incident Desc:

Reason for Attendance: **swelling to r elbow**

Affix Label

Nursing Assessment

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

Triage Category: **4** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **15/01/2016 19:18** Nurse name: **Nurse Ross MacInnes**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **Presents c/o 5/7 hx non traumatic pain R elbow. Last 2/7 noted swelling over lateral epichondyle & swelling to proximal phalyxn R index with pain to PIPJ. No reduced sensation or power R arm or fingers radial pulse present.**

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES
	Seen by (Dr) Aqsa Fahd Time seen 21:20

54y ♀ P/C painful (R) elbow +

No Hx of trauma / fall.
Previous problem of knees + hips likely
OA.
since sunday (for last 4-5 days)
→ painful left elbow. elbow
tender on outer aspect. more
pain on supination / pronation +
flexion but able to use it.
also c/o pain ē R index finger.
able to use arm without
any limitation of movements.

PMH/
usually healthy

1405613246 14/05/1961
GOOD
Jacqueline

NKDA.
works as a
clinician
ō clinique

O/E
Rt elbow → tender on
lateral epicondyle
Good ROM elbow.
mild swelling lateral to
lateral epicondyle
no distal numbness / loss of
function

Date	CLINICAL NOTES

Rt. shoulder → good ROM all over.

Rt wrist → good ROM.

Rt. index f/t → good ROM @ DIP + PIP.

~~good~~ No loss of power / sensation.

cap refill dorsal < 3sec.

radial pulse present.

Imp –

? Lateral Epicondylitis.

? OA.

Plan –

- Analgesia.
- Advised to see GP if pain persists.

Dr [illegible]

Discharge Codes (Please CIRCLE)				Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)		
5. Died	6. Refer to OP Clinic (see below)	7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Designed by Medical Illustration Services ref 243836

7A

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 1405613246

Royal Alexandra Hospital

Total Att: 1

12 Mth Att: 0

Title: **MISS**

GOOD **Jacqueline**

DOB: **14/05/1961** Age: **53y** Sex: **Female**

55 LANGCRAIGS DRIVE

Paisley
Renfrewshire
PA2 8JP
849 6703

Next of kin: **UNKNOWN**
Relationship: **Unknown**

GP: **JM Hislop**
0141 889 3732

Attendance Date: **21/04/2015** Arrival Time: **09:29**

Registration Time: **09:29** Date of Incident: **21/04/2015**

Major Incident Desc:

Reason for Attendance: **fall - inj to left leg**

Nursing Assessment

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

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **21/04/2015 10:12** Nurse name: **Nurse Stephen Gavin**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

97607

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
21/4/15	PCM	1g	O	1130		

Date	CLINICAL NOTES	
	Seen by (Dr)	Time seen

1120

Fell down and stairs

c. 02⁰⁰

1405613246 14/05/1961
GOOD
Jacqueline

No HI / LOC

No [illegible] / [illegible]

Mildly painful lower back but no

anxiety [illegible]

Painful (L) leg – knee / foot

No effusion of knee & SLR ✓

No [illegible] of knee [illegible]

[illegible]

(L) ankle – slightly swollen laterally

but no [illegible]

Tender distal 1st → 3rd MTs

No [illegible] [illegible] [illegible] [illegible]

Date	CLINICAL NOTES

Bony / early to dem wtd.

Xray: No dec # (R 2nd toe / 1st MTP)

→ Walking boot
Crutches
Mental adm

} 5/52 OS dem

30/4/18

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Designed by Medical Illustration Services ref 243836

Physiotherapy Soft tissue Injury clinic RAH Paisley

Date	Consultant
30/4/15	Exton
Name 1405613246 GOOD Jacqueline 14/05/1961	DOB/CHI
Address 55 Langcraigs, Paisley PA 2 8JP Tel No.	Examination Consultant (Yes)(see dictated notes)/ No Physiotherapist (Yes)/No
Consent ✓	HPC 21/4 Fell downstairs injured (L) knee + foot.

SPINAL	SHOULDER	ELBOW
WRIST	HAND	HIP
KNEE ✓	ANKLE	FOOT ✓

ROM Knee FROM Ankle df 1/4 pf 1/2 in/ev 1/2	ACCESSORY TESTS MCL Gl disc
SPECIAL TESTS NAQ	POWER —
PALPATION Swelling ++ MCL bruising over MTP 1-3 ankle	GAIT Anxious to WB without boot - safe c̄ boot + 1EC Advice on wearing boot
IMPRESSION STI ankle 2c 1st MTP ?# MCL STI knee	

Rx; ADVICE ON; Knee Static, IRQ — Ankle ROM, calf stretches above

PRICE	PAIN RELIEF PRIOR TO Rx	EXERCISES AND PROGRESSION ✓	USE OF HEAT FOR PAIN RELIEF — ice ✓
RETURN TO ADL	RETURN TO WORK	RETURN TO SPORT	GAIT RE EDUCATION ✓ 1EC adjusted ht 100cm
PROPRIOCEPTION ✓ As able	HEEL RAISE/CUSHION ISSUED	WRIST SPLINT ISSUED	WALKING AID ISSUED

OTHER: Progr. ankle ex

OUTCOME
DISCHARGED Y/(N) PHYSIOTHERAPY REFERRAL (Y)/N RAH
(LOCATION)

SIGNATURE Louise A. Wilkie CONSENT ✓

Louise Wilkie Senior 1 Physiotherapist # Clinic/A&E RAH

GOOD, Jacqueline (Miss)
BORN 14-May-1961 (65y) GENDER Female
CHI 1405613246

Request to GP to prescribe medication

Last updated by Lyndsey HUGHES (Lyndsey Hughes) 2.5 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	26-Oct-2023		
Hospital	Royal Alexandra Hospital	Other	—
Specialty / Service	Respiratory Medicine		
Clinic	Yes	Please Specify	Pulmonary Rehabilitation

Clinician Details

Name	Lyndsey Hughes
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	0610070S
Contact Details	Pulmonary Rehabilitation GGH 0141 2113392

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: Mucolytic-to aid secretions

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
NACSYS effervescent tabs	600MG	ONCE DAILY	Addition	dissolve in water

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: Mackie's Pharmacy Glasgow Rd

GOOD, Jacqueline (Miss)

BORN 14-May-1961 (65y) GENDER Female

CHI 1405613246

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

1405613246
GOOD F
Jacqueline 14/05/1961
113/2 FALSIDE ROAD
Paisley, Renfrewshire
PA2 6JU

Date & Time		Signature, Print Name & Designation
1/7/18	HEIGHT 163.5	Julie Nisbet
	WEIGHT 66.9 KG	
	BMI 25.026	
	6 Feb '18 [illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	8-2 [illegible]	
	[illegible]	
	Abs	
	[illegible]	
	[illegible]	
	10 [illegible] 10?	
	HRT – no [illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	HP -ve	
	[illegible]	
	[illegible]	

83949 GCC0072

Date & Time		Signature, Print Name & Designation

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

1405613246
GOOD F
Jacqueline 14/05/1961
113/2 FALSIDE ROAD
Paisley, Renfrewshire
PA2 6JU

Date & Time		Signature, Print Name & Designation
14.5.18	6/2/18 [illegible]	
	8/2 [illegible]	
	[illegible]	
	[illegible]	
		NKDA
	[illegible]	
	[illegible]	
	Fasted [illegible]	[illegible]
	[illegible]	[illegible]
	[illegible]	MRS
	[illegible]	
	[illegible]	[illegible]
		[illegible]
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	[illegible]	
	[illegible]	

83949 GGC0072

Date & Time		Signature, Print Name & Designation

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 17/06/2026

Consultant: Dr Frances Cameron

JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
Paisley
PA3 4AD

Dear JM Hislop

Re: **Good Jacqueline** DOB: **14/05/1961** CHI: **1405613246**
76 WHITEHAUGH AVENUE
Paisley PA1 3SR

Attended on: **17/06/2026 at 12:44 hrs.** Departed on: **17/06/2026 at 16:34 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
worsening chest infection chest pain sob

Nursing Assessment:
Increased SOB and right sided pleuritic chest. Has gp app on Friday feels unable to wait. CHEST PAIN - PLEURITIC hx COPD

Investigations in ED:

1. Coagulation screen	**2. Full Blood Count**	**3. CRP**
4. Urea and Electrolytes	**5. LFT**	**6. XR Chest**

Diagnosis:

Diagnosis	Side	Site
Chronic Obstructive Pulmonary Disease With Acute Lower Resp Infection		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Presented with right sided pleuritic chest pain with SOBOE and productive cough. Bloods-raised CRP and WCC, CXR-NAD. Discharged home with antibiotics and analgesia with strong worsening advice. Has GP appointment this coming Friday for follow up.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
David Owera
Doctor

Copies to:

1. JM Hislop (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 31/03/2021

Consultant: Dr Douglas Maxwell

JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
Paisley
PA3 4AD

Dear JM Hislop

Re: **Good Jacqueline** DOB: **14/05/1961** CHI: **1405613246**
113/2 FALSIDE ROAD
Paisley PA2 6JU

Attended on: **22/03/2021 at 18:09 hrs.** Departed on: **22/03/2021 at 22:04 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
Chest pain

Nursing Assessment:
? chest infection, chronic cough, feels wheezy.

Investigations in ED:

1. Coagulation screen	**2. Troponin I hs**	**3. Full Blood Count**
4. CRP	**5. Urea and Electrolytes**	**6. Bicarbonate**
7. LFT	**8. Glucose**	**9. XR Chest**

Diagnosis:

Diagnosis	Side	Site
Unspecified Acute Lower Respiratory Infection		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

SOB cough and chest pain. Normal troponin and ECG. Elevated inflammatory markers. Normal CXR. Given oral amoxicillin for LRTI and discharged.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Michael Rodger
Doctor

Copies to:

1. JM Hislop (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 08/04/2019

Consultant: Dr Gordon McNaughton

JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
Paisley
PA3 4AD

Dear JM Hislop

Re: **Good Jacqueline** DOB: **14/05/1961** CHI: **1405613246**
113/2 FALSIDE ROAD
Paisley PA2 6JU

Attended on: **08/04/2019 at 03:36 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
biba - chest pains

Nursing Assessment:
Sudden onset of chest pain at 2330, taken own ranitidine and dihyrocodine didnt help the pain. Pain got worse at 0200. Phoned NHS24 for advice and the sent an ambulance. No pain in triage.

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Troponin I hs	**8. XR Chest**	

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Jacqueline attended ED with chest pain. Examination - bilateral crackles in chest. Obs normal. mild pitting oedema ankles. ECG normal. CXR - nil changed from 2014, possibly some fluid in horizontal fissure. Bloods normal including FBC, U&Es, LFTs, CRP, troponin=1 at 5 hours. Her pain is now settled, possible indigestion symptoms. Declined analgesia / antacids. She did not take her furosemide today and has been advised to take this. She will attend GP if pain continues. Kind Regards, Fiona MacKenzie FY2

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Fiona MacKenzie12
Doctor

Copies to:

1. JM Hislop (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 16/01/2016

Consultant: Dr Neil Mukherjee

JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
Paisley
PA3 4AD

Dear JM Hislop

Re: **Good Jacqueline** DOB: **14/05/1961** CHI: **1405613246**
1 BARDRAIN ROAD
Paisley PA2 8LF

Attended on: **15/01/2016 at 19:02 hrs.** Departed on: **15/01/2016 at 21:26 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
swelling to r elbow

Nursing Assessment:
Presents c/o 5/7 hx non traumatic pain R elbow. Last 2/7 noted swelling over lateral epichondyle & swelling to proximal phalyxn R index with pain to PIPJ. No reduced sensation or power R arm or fingers radial pulse present.

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Lateral epicondylitis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

No hx of trauma . tenderness on later epicondyle .also c/o pain in other joints. elbow –>looks like epicondylitis .I ve advised her to attend yourselves if ongoing pain in other joints. currently normal exam of all joints with no loss of function.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Aqsa Fahd
Doctor

Copies to:

1. JM Hislop (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 21/04/2015

Consultant: Dr Iain Young

JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
Paisley
PA3 4AD

Dear JM Hislop

Re: **Good Jacqueline** DOB: **14/05/1961** CHI: **1405613246**
55 LANGCRAIGS DRIVE
Paisley PA2 8JP

Attended on: **21/04/2015 at 09:29 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
fall - inj to left leg

Nursing Assessment:

Investigations in ED:
1. XR Foot Lt

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of foot		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Fell down several stairs overnight, sore lower back L knee and foot Most sore and bruised / swollen distal 1st-3rd MTs, no clear fracture seen Given walking boot / crutches and for review in 9/7 in ED clinic

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alan Exton
Consultant

Copies to:

1. JM Hislop (GP)

School Address:

Clinical letter - GP: Telephone review

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Main Switchboard: 0141-887-9111
Department: Cardiology Day unit
Contact Tel: 01413146943
Enquiries to: Cardiology Nurse Practitioner

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Letter Date: 01/04/2021
Reference: Telephone review
Dictated Date: 31/03/2021
Transcribed Date: 01/04/2021

Dear Dr Hislop,

Jacqueline Good; D.O.B: 14/05/1961; CHI: 1405613246
113/2 FALSIDE ROAD, Paisley, Renfrewshire, PA2 6JU

See letters dated 23/03/2021 and 29/03/2021

I called Miss Good as arranged in view of COVID restrictions.

No complaint of any further chest pain, she completed the course of oral antibiotic a few days ago.

Chest pain unlikely to be of cardiac in origin, more likely respiratory cause.

We are happy to re-review if symptom return.

Discharged back to your care

Your sincerely

Thomas Gaffney

Cardiology Nurse Practitioner

RAH Paisley

Electronically Signed: ,

cc.

Clinical letter - GP: Telephone review

This version supersedes letter dated 23 Mar 2021

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard: 0141-887-9111
Department: Cardiology Day Unit
Contact Tel: 01413146943
Enquiries to: Cardiology Nurse Practitioner
Letter Date: 29/03/2021
Reference: Telephone review
Dictated Date: 23/03/2021
Transcribed Date: 23/03/2021

Dear Dr Hislop,

Jacqueline Good; D.O.B: 14/05/1961; CHI: 1405613246
113/2 FALSIDE ROAD, Paisley, Renfrewshire, PA2 6JU

Telephone review 23/03/2021 in view of COVID 19 restrictions

Patient attended A&E dept. 22/03/2021.

59 yr female smoker

Diagnosis

1. Hypertension

2. Duodenitis

3. Endometriosis

4. Hysterectomy and BSO

Admitted with 1 week history of chest pain radiation to her back, associated shortness of breath and palpitations. Not exertional, has had recent cough with white sputum.

Was Covid 19 tested 19/03/2021 - Negative result.

Also has had exertional left arm pain that resolves with rest over last few weeks. This is separate from her presenting condition.

Negative MI screen in A&E dept.

ECG - Normal sinus rhythm nil acute

Troponin = ≤4

Urea = 2.4 Alk phos = 148 glucose = 7.1 CRP = 26

All other bloods are within normal ranges

Chest x-ray nil focal but awaits formal report. See below

Discharged home with 5 day course of oral antibiotic, for follow up telephone review from cardiology Day Unit (this review)

On discussion today no further chest pain has started her antibiotic, I plan to call her back next week 31/03/2021 for further review if any more exertional symptoms I will arrange out patient exercise test.

If no other problems I will discharge her back to your care.

XR Chest : formal report

Normal cardiomediastinal contour. No significant intrapulmonary abnormality.

Yours sincerely

Thomas Gaffney

Cardiology Nurse Practitioner

RAH Paisley

Electronically Signed: ,

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard:
Department: Gastroenterology
Contact Tel: 0141 314 9776
Enquiries to: karen.bolger@ggc.scot.nhs.uk
Letter Date: 12/06/2018
Reference: ZM/LRM/W2384319
Dictated Date: 07/06/2018
Transcribed Date: 07/06/2018

Dear Dr Hislop,

Jacqueline Good; D.O.B: 14/05/1961; CHI: 1405613246
113/2 FALSIDE ROAD, Paisley, Renfrewshire, PA2 6JU

Jacqueline underwent a direct to test upper GI endoscopy procedure following symptoms of dyspepsia and having lost a significant amount of weight (18kgs in 4 months). OGD was largely reassuring other than mild duodenitis. A subsequent CT of thorax/abdo/pelvis on 27.05.18 was satisfactory with no focal abnormality other than a tiny low density in liver segment 4 which was too small to formally characterise. There was mild atrophy and scarring of right kidney and no other abnormality.

I would be grateful if you could please prescribe high energy supplements in the first instance to help stabilise Jacqueline's weight. A GI follow up has now been organised in the interim. Many thanks.

Yours sincerely,

Dr. Zia Mustafa

Consultant Gastroenterologist

Electronically Signed: Dr Zia Mustafa, Doctor

cc.

Clinical letter - GP: Discharge

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: MSK Physiotherapy
Contact Tel: 0141 314 6124
Enquiries to:

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Letter Date: 16/07/2015
Reference:
Dictated Date: 16/07/2015
Transcribed Date:

Dear Dr Hislop,

Jacqueline Good; D.O.B: 14/05/1961; CHI: 1405613246
55 LANGCRAIGS DRIVE, Paisley, Renfrewshire, PA2 8JP

This patient was referred to Physiotherapy on: 30/04/15

Via: Soft tisue injury clinic
Presenting Condition: Left foot and left knee symptoms

She received treatment(s) from 06/05/15 to 16/06/15

GP Action Required: no

Discharge Outcome:

- Condition was improving, patient was advised to contact us if further help was required and has not.

Additional Physiotherapy Comments:

This patient has now been discharged from our care.

Yours sincerely

Cheryl Gillies

Senior Physiotherapist

Electronically Signed: Physiotherapist Cheryl Gillies, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA
01389 754 121

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard:	
Department:	orthopaedic department
Contact Tel:	0141 314 7107
Enquiries to:	shauna.gemmell@ggc.scot.nhs.uk
Letter Date:	07/01/2025
Reference:	yvonne edmiston/dm
Dictated Date:	07/01/2025
Transcribed Date:	10/03/2025

Dear Dr. JM Hislop,

Jacqueline Good; D.O.B: 14 May 1961; CHI: 1405613246
76 WHITEHAUGH AVENUE, Paisley, Renfrewshire, PA1 3SR

Attendance: Specialty - Orthopaedics ; Clinic - VLYEOR3-ESP Y EDMISTON ORTHO UPPER LIMB CLINIC TUES AM
Date and Time of Appointment - 07/01/2025 10:30

Clinical Comments:
ORTHOPAEDIC CONSULTANT MR SHANKER

This new patient consultation today in my Physiotherapy-Led Orthopaedic Upper Limb Clinic was carried out face to face. The patient gave verbal consent, agreed, understood and was happy with their orthopaedic assessment and management today.

Diagnosis: Degenerative tendinopathy, right elbow. Lateral worse than medial.

Management: Referral to MSK physiotherapy.

Outcome: Discharged from orthopaedic clinic.

Thank you for referring this patient whom I saw today in the Physiotherapy-Led Orthopaedic Upper Limb Clinic. My clinic notes and opinion are as follows:-

History:- This 63yr old lady reports a two year history of right elbow pain. She describes lateral and medial elbow pain. She is unsure of what aggravates this however feels it may be related to her work over the years.

Past medical history includes osteoarthritis affecting the pelvis and spine. Current medication includes Dihydrocodeine, Ramipril and Citalopram. She works in retail as a clinique consultant. She has dropped now down to two days due to her aches and pains. She has no regular hobbies and is right hand dominant.

Clinical Examination:- Today shows some thickening over the lateral epicondyle area. She has full elbow flexion extension with end range pain on flexion and extension. She has full pronation and supination which is pain free. She has pain on active wrist extension with her elbow extended and tenderness over her common flexor and common extensor tendons.

X-ray:- Of her right elbow shows minimal degenerative change with a small electron spur noted.

Opinion:- Overall her symptoms are likely due to degenerative tendinopathy around the lateral and medial aspect of the elbow. The best treatment for this would be referral to MSK physiotherapy to help strengthen the muscle units around the elbow to prevent overload of the tendon. No orthopaedic intervention is required. I have discharged the patient from the orthopaedic clinic and referred her to MSK physiotherapy.

Yours sincerely

Yvonne Edmiston

Advanced Physiotherapy Practitioner

Electronically Signed: Physiotherapist Yvonne Edmiston, Physiotherapist

cc. physiotherapy

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard:	
Department:	Gastroenterology
Contact Tel:	0121 308 2333
Enquiries to:	mltd.medinetgastroenterology-ggc@nhs.net
Letter Date:	01/07/2018
Reference:	MS-DC
Dictated Date:	01/07/2018
Transcribed Date:	03/07/2018

Dear Dr. JM Hislop,

Jacqueline Good; D.O.B: 14 May 1961; CHI: 1405613246
113/2 FALSIDE ROAD, Paisley, Renfrewshire, PA2 6JU

Attendance: Specialty - Gastroenterology; Clinic - RAMSGAI-DR SMITH GASTRO MEDINET CLINIC
Date and Time of Appointment - 01/07/2018 10:10

Clinical Comments:
Waiting List Initiative Clinic

Thank you for referring this lady who was well until the 6th February when she experienced a sore throat. She went on holiday to Benidorm and was violently sick over the week. A course of antiemetics was helpful but she continued to have throat discomfort and dyspepsia. She lost weight over this time, although it is now reasonably stable. An upper GI endoscopy in May showed mild duodenitis with no other abnormality. Biopsies of the oesophagus and stomach were unremarkable. A stool test for H-pylori was negative and she has had normal haematology and biochemistry screen. A ecent CT scan of her thorax/abdo/pelvis was also unremarkable.

At present, Miss Good no longer has dyspepsia but she still has a discomfort as if she cannot swallow in her throat and a salty taste despite Omeprazole which she has recently stopped.

I have explained that this is consistent with globus for which we do not have a structural explanation. I have reassured her that she is basically fit and well and that extensive investigations have shown no significant abnormality.

Plan - no follow-up arranged

Yours sincerely

Dr M Smith

Consultant Gastroenterologist (Medinet)

Electronically Signed: ,

cc. Miss Good

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard: 0141-887-9111
Department: ENT
Contact Tel: 0141 314 6874
Enquiries to: Joanne.Corr@ggc.scot.nhs.uk
Letter Date: 14/05/2018
Reference: PS/DJ
Dictated Date: 14/05/2018
Transcribed Date: 24/05/2018

Dear Dr. JM Hislop,

Jacqueline Good; D.O.B: 14 May 1961; CHI: 1405613246
113/2 FALSIDE ROAD, Paisley, Renfrewshire, PA2 6JU

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - RAAREN2-MR ROBERTSON MON PM
Date and Time of Appointment - 14/05/2018 14:40

Clinical Comments:

Thank you for your letter about this patient who complains of everything tasting like salt and choking sensation. She is also bringing up phlegm and occasionally food and feels like there is a pocket in her throat. Her sense of smell is fine. This started after having a sore throat on 6th February following which she was frequently sick for 4 days which was controlled with anti-sickness pills. She also had a feeling of something in the throat for which she had two courses of antibiotics. She also had Ranitidine but she could not tolerate Peptac. She has lost some weight because she wasn't eating well at the time. She has no drug allergies, she takes HRT, smokes about 15 a day, occasionally takes alcohol and works as a business manager.

Examination of oral cavity showed no coating. She says that over the last week and a half she had noticed some yellowish coating over the tongue which she has scrubbed today. Examination of nose with flexible nasolaryngoscope showed no abnormality in the upper airway especially no evidence of any thrush on the posterior part of the tongue. Both vocal cords were normal and mobile, there was no pooling of saliva and there is no obvious neck swelling.

I have therefore explained that there is no evidence of any pathology in the upper airways. With her history of sickness I explained to her that this may be related to acid reflux or helicobacter infection and I would be grateful if you could test her for this. If she continues to have problems she may require upper GI endoscopy but she was reassured there is no abnormality on today's examination.

Yours sincerely

Mr P Sarode

Associate Specialist in ENT

Electronically Signed: Mr Pramod Sarode, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Pulmonary
Contact Tel:
Enquiries to:

Jacqueline Good
76 WHITEHAUGH AVENUE
Paisley
Renfrewshire
PA1 3SR

Letter Date: 04/09/2023
Reference:
Dictated Date: 04/09/2023
Transcribed Date:

Dear ,

We have written to you previously to invite you to contact us if you would like to participate in the pulmonary rehabilitation programme following a referral from your GP or Consultant.

You have the option of either attending a class based Pulmonary Rehabilitation Programme held within a local hospital or a home based Pulmonary Rehabilitation programme to undertake in your own home with remote supervision from the team.

If you would like to "opt in" to the programme we would ask you to contact us on 0141 211 3392 and leave a message on our voicemail to confirm which option you prefer.

Please leave your Name, CHI or date of birth and preferred option. Please note you will be automatically placed on our waiting list and will receive an appointment once available.

You may be offered an appointed at a hospital other than in your local area. This may be because the specialist is not available or we can offer you an earlier appointment at another site.

Please respond within two weeks of receiving this letter or you will be removed from our waiting list and your GP/Consultant will be informed.

We look forward to hearing from you.

Yours sincerely

Pulmonary Rehabilitation

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111
Pulmonary

Jacqueline Good
76 WHITEHAUGH AVENUE
Paisley
Renfrewshire
PA1 3SR

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 04/09/2023
Reference:
Dictated Date: 04/09/2023
Transcribed Date:

Dear ,

We have written to you previously to invite you to contact us if you would like to participate in the pulmonary rehabilitation programme following a referral from your GP or Consultant.

You have the option of either attending a class based Pulmonary Rehabilitation Programme held within a local hospital or a home based Pulmonary Rehabilitation programme to undertake in your own home with remote supervision from the team.

If you would like to "opt in" to the programme we would ask you to contact us on 0141 211 3392 and leave a message on our voicemail to confirm which option you prefer.

Please leave your Name, CHI or date of birth and preferred option. Please note you will be automatically placed on our waiting list and will receive an appointment once available.

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Please respond within two weeks of receiving this letter or you will be removed from our waiting list and your GP/Consultant will be informed.

We look forward to hearing from you.

Yours sincerely

Pulmonary Rehabilitation

Electronically Signed: ,

cc.

Letter to Patient: Patient

NHS Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Jacqueline Good
76 WHITEHAUGH AVENUE
Paisley
Renfrewshire
PA1 3SR

Main Switchboard:	0141-887-9111
Department:	Pulmonary Rehabilitation
Contact Tel:	0141 211 3392
Enquiries to:	Hazel Cullen
Letter Date:	05/07/2023
Reference:	
Dictated Date:	05/07/2023
Transcribed Date:	

Dear Jaqueline Good ,

You may be aware that you're GP or Consultant has referred and recommended you to be assessed for a Pulmonary Rehabilitation Programme.

Pulmonary Rehabilitation is an 8 week exercise and education programme which has proven to have significant health benefits for patients with chronic lung disease.

You have the option of either attending a class based Pulmonary Rehabilitation Programme held within a local hospital or a home based Pulmonary Rehabilitation programme to undertake in your own home with remote supervision from the team.

We have included an information leaflet with this letter which provides you with more information to help you decide which option you would prefer.

If you would like to "opt in" to the programme we would ask you to contact us on 0141 211 3392 and leave a message on our voicemail to confirm which option you prefer.

Please leave your Name, CHI or date of birth and preferred option. Please note you will be automatically placed on our waiting list and will receive an appointment once available.

You may be offered an appointed at a hospital other than in your local area. This may be because the specialist is not available or we can offer you an earlier appointment at another site.

Please respond within two weeks of receiving this letter.

We look forward to hearing from you.

Yours sincerely

Pulmonary Rehabilitation

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Ophthalmology - 31052024 Patient Clinical Note 1122124
Ophthalmology - 31052024 Patient Clinical Note 1122125

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ophthalmology-Oculoplastic(Eyelid/Lacrimal/Orbit) GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address

Urgency of referral Urgent - Suspected Cancer
Date of referral 05-Jun-2024 **Date sent** 05-Jun-2024

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address
76 WHITEHAUGH AVENUE
PAISLEY
PA1 3SR

Contact number(s)
Voice: 07943 1208 65

1010332479197

Unique Care Pathway Number: 1010332479197

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address
NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD

Contact number(s)
Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. Donna Edwards		
GMC code	7041296	GP code	35769
Practice name	The Barony Practice (87606)		

Practice address
Northcroft Medical Centre
Paisley
PA3 4AD

Practice code	87606

Contact number(s)

Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: PIGMENTED SKIN LESION LOWER EYELID - derm advised refer ophthalmology

Comment: This 63yo lady tells me a new skin lesion appeared on her lower eyelid approx. 3months ago and has been growing quickly since. It has now become very noticeable with people commenting about its changing appearance. There is no itch or bleeding, she has no PMH/FH skin malignancy. O/E there is a pedunculated lesion approx. 5mm long, this has brown uneven pigmentation. I initially thought this was a simple skin tag, but given the pigmentation and reported rapid growth, I would appreciate your specialist opinion/consideration of removal, photo attached.

Yours sincerely,
Dr D Edwards
GP

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
Moderate chronic obstructive pulmonary disease	-	16-Aug-2022	16-Aug-2022
Chronic obstructive pulmonary disease	stage 2- see docman	25-Jul-2022	25-Jul-2022
Essential hypertension	-	21-Dec-2020	21-Dec-2020
Duodenitis	on scope	29-May-2018	29-May-2018
Endometriosis	++	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy + BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	29-May-2024
Ramipril 5mg capsules	56	capsule	1 CAPSULE ONCE A DAY	-	14-Feb-2022	16-Apr-2024
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	18-May-2023	10-May-2024
Fexofenadine 180mg tablets	56	tablet	1 TABLET ONCE A DAY	-	07-Jun-2022	21-Jun-2023
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]	-	14-Feb-2022	20-Sep-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Laxido Orange oral powder sachets sugar free (Galen Ltd)	30	sachet	1/2 SACHET TO FULL SACHET DAILY	-	30-May-2024	30-May-2024
	500	gram		-	30-May-2024	

Dermacool 0.5% cream (Pern Consumer Products Ltd)			APPLY TWICE DAILY			30-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	29-May-2024	29-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	10-May-2024	10-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	17-Apr-2024	17-Apr-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	21-Mar-2024	21-Mar-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	27-Feb-2024	27-Feb-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	01-Feb-2024	01-Feb-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	10-Jan-2024	10-Jan-2024
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	27-Feb-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Jun-2023	110	60
14-Oct-2022	120	70
16-Feb-2021	118	76

Body Measurements

Date Recorded	Height	Weight	BMI
21-Jun-2023	1.57	67.9	27.5
14-Oct-2022	1.57	70	28.3
25-Jul-2022	1.57	92	37.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	21-Jun-2023
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Aug-2022
Ex smoker:	Smoking status on date of event: Ex-smoker.	25-Jul-2022
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	16-Feb-2021
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	06-Feb-2017
Alcohol consumption:	Drinking status on eventdate: Current drinker. NOTES: nil.	21-Jun-2023
Teetotaller:	Drinking status on eventdate: Life teetotaler. NOTES: on occassion.	16-Feb-2021
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Feb-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Mar-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Is patient aware they are being referred under a suspicion of cancer pathway?: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:Yes

Ophthalmology - 31052024 Patient Clinical Note 1122124
Ophthalmology - 31052024 Patient Clinical Note 1122125

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

Dermatology - Lesion
Corsebar Road
Paisley
PA2 9PN

03/06/2024

Dr DE Edwards
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Dear Dr DE Edwards

Patient Name: Jacqueline Good
CHI Number: 1405613246
Referral Date: 03/06/2024

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

(X) Other

Please refer directly to Ophthalmology. We would be unable to operate in this area

Yours sincerely

Dr Kenneth Stewart

User ID Kenneth Stewart

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Dermatology - 31052024_Patient Clinical Note_1122125
Dermatology - 31052024_Patient Clinical Note_1122124

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology - Lesion GGC Lesion	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address

Urgency of referral Urgent - Suspected Cancer
Date of referral 03-Jun-2024 **Date sent** 03-Jun-2024

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address
76 WHITEHAUGH AVENUE
PAISLEY
PA1 3SR
Contact number(s)
Voice: 07943 1208 65

1010332259789
Unique Care Pathway Number: 1010332259789

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address
NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD
Contact number(s)
Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. Donna Edwards		
GMC code	7041296	GP code	35769
Practice name	The Barony Practice (87606)		

Practice address
Northcroft Medical Centre
Paisley
PA3 4AD

Practice code	87606

Contact number(s)

Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Melanoma

Comment: This 63yo lady tells me a new skin lesion appeared on her lower eyelid approx. 3months ago and has been growing quickly since. It has now become very noticeable with people commenting about its changing appearance. There is no itch or bleeding, she has no PMH/FH skin malignancy. O/E there is a pedunculated lesion approx. 5mm long, this has brown uneven pigmentation. I initially thought this was a simple skin tag, but given the pigmentation and reported rapid growth, I would appreciate your specialist opinion.

Yours sincerely,
Dr D Edwards
GP

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
Moderate chronic obstructive pulmonary disease	-	16-Aug-2022	16-Aug-2022
Chronic obstructive pulmonary disease	stage 2- see docman	25-Jul-2022	25-Jul-2022
Essential hypertension	-	21-Dec-2020	21-Dec-2020
Duodenitis	on scope	29-May-2018	29-May-2018
Endometriosis	++	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy + BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	29-May-2024
Ramipril 5mg capsules	56	capsule	1 CAPSULE ONCE A DAY	-	14-Feb-2022	16-Apr-2024
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	18-May-2023	10-May-2024
Fexofenadine 180mg tablets	56	tablet	1 TABLET ONCE A DAY	-	07-Jun-2022	21-Jun-2023
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]	-	14-Feb-2022	20-Sep-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Laxido Orange oral powder sachets sugar free (Galen Ltd)	30	sachet	1/2 SACHET TO FULL SACHET DAILY	-	30-May-2024	30-May-2024
	500	gram	APPLY TWICE DAILY	-	30-May-2024	30-May-2024

Dermacool 0.5% cream (Pern Consumer Products Ltd)						
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	29-May-2024	29-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	10-May-2024	10-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	17-Apr-2024	17-Apr-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	21-Mar-2024	21-Mar-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	27-Feb-2024	27-Feb-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	01-Feb-2024	01-Feb-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	10-Jan-2024	10-Jan-2024
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	27-Feb-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Jun-2023	110	60
14-Oct-2022	120	70
16-Feb-2021	118	76

Body Measurements

Date Recorded	Height	Weight	BMI
21-Jun-2023	1.57	67.9	27.5
14-Oct-2022	1.57	70	28.3
25-Jul-2022	1.57	92	37.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	21-Jun-2023
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Aug-2022
Ex smoker:	Smoking status on date of event: Ex-smoker.	25-Jul-2022
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	16-Feb-2021
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	06-Feb-2017
Alcohol consumption:	Drinking status on eventdate: Current drinker. NOTES: nil.	21-Jun-2023
Teetotaller:	Drinking status on eventdate: Life teetotaler. NOTES: on occassion.	16-Feb-2021
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Feb-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Mar-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Has the patient had a Face to Face consultation to assess the lesion?:Yes

New Lesion?:Yes

Site of Lesion?:R lower eyelid
Size of Lesion (in millimeters)?:2x5mm
Duration?:3 months
Rapid Growth?:Yes
Patient Immunocompromised?:No
History of previous Skin Malignancy:no
Family history - melanoma affecting more than one family member?:No
History of significant skin exposure (including Sunbeds)?:No
Examination findings:pedunculated browm pigmented lesion R lower eyelid
Photograph Available?:Yes - attached to SCI Gateway referral
Is patient aware they are being referred under a suspicion of cancer pathway?: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:Yes

Dermatology - 31052024_Patient Clinical Note_1122125
Dermatology - 31052024_Patient Clinical Note_1122124

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Elbow GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 30-May-2024 **Date sent** 30-May-2024

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address

76 WHITEHAUGH AVENUE
PAISLEY
PA1 3SR

Contact number(s)

Voice: 07943 1208 65

101033201387U Unique Care Pathway Number: 101033201387U

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD

Contact number(s)

Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. Donna Edwards		
GMC code	7041296	GP code	35769
Practice name	The Barony Practice (87606)		
Practice code	87606		

Practice address

Northcroft Medical Centre
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: lateral epicondylitis

Comment: This 63yo RHD skincare specialist presents with 2 years worsening R lateral elbow pain. She has seen physio, tried epicondylar splint and analgesia with no relief. O/E there is a visible swelling at the lateral epicondyle. She has good ROM of the elbow, pain on resisted wrist dorsiflexion. I have arranged XR given duration to exclude any other cause. Given the duration and severity of her symptoms, I would appreciate your specialist input.

Yours sincerely,

Dr D Edwards
GP

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
Moderate chronic obstructive pulmonary disease	-	16-Aug-2022	16-Aug-2022
Chronic obstructive pulmonary disease	stage 2- see docman	25-Jul-2022	25-Jul-2022
Essential hypertension	-	21-Dec-2020	21-Dec-2020
Duodenitis	on scope	29-May-2018	29-May-2018
Endometriosis	++	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy + BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	29-May-2024
Ramipril 5mg capsules	56	capsule	1 CAPSULE ONCE A DAY	-	14-Feb-2022	16-Apr-2024
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	30	capsule	INHALE 1 CAPSULE ONCE A DAY	-	18-May-2023	10-May-2024
Fexofenadine 180mg tablets	56	tablet	1 TABLET ONCE A DAY	-	07-Jun-2022	21-Jun-2023
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]	-	14-Feb-2022	20-Sep-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Laxido Orange oral powder sachets sugar free (Galen Ltd)	30	sachet	1/2 SACHET TO FULL SACHET DAILY	-	30-May-2024	30-May-2024
	500	gram		-	30-May-2024	

Dermacool 0.5% cream (Pern Consumer Products Ltd)			APPLY TWICE DAILY			30-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	29-May-2024	29-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	10-May-2024	10-May-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	17-Apr-2024	17-Apr-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	21-Mar-2024	21-Mar-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	27-Feb-2024	27-Feb-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	01-Feb-2024	01-Feb-2024
Dihydrocodeine 30mg tablets	56	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	10-Jan-2024	10-Jan-2024
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	27-Feb-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Jun-2023	110	60
14-Oct-2022	120	70
16-Feb-2021	118	76

Body Measurements

Date Recorded	Height	Weight	BMI
21-Jun-2023	1.57	67.9	27.5
14-Oct-2022	1.57	70	28.3
25-Jul-2022	1.57	92	37.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	21-Jun-2023
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Aug-2022
Ex smoker:	Smoking status on date of event: Ex-smoker.	25-Jul-2022
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	16-Feb-2021
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	06-Feb-2017
Alcohol consumption:	Drinking status on eventdate: Current drinker. NOTES: nil.	21-Jun-2023
Teetotaller:	Drinking status on eventdate: Life teetotaler. NOTES: on occassion.	16-Feb-2021
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Feb-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Mar-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

ECG
GGC Direct Access ECG

Consultant / receiving practitioner and/or specialty clinic

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Hospital and hospital address
Hospital location code.
C418H
Email address

Urgency of referral Routine
Date of referral 02-Apr-2019 **Date sent** 02-Apr-2019

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	

Patient's address

FLAT 2
113 FALSIDE ROAD
PAISLEY
PA2 6JU

Contact number(s)
Voice: 07943 1208 65

101018388859N Unique Care Pathway Number: 101018388859N

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD

Contact number(s)
Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. Andrew Houston		
GMC code	7495646	GP code	99999
Practice name	The Barony Practice (87606)		
Practice code	87606		

Practice address

Northcroft Medical Centre
Paisley
PA3 4AD

Contact number(s)
Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: As per Indication for Referral

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
Duodenitis	on scope	29-May-2018	29-May-2018
Endometriosis	++	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy + BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Furosemide 20mg tablets	28	tablet	1 TAB DAILY	-	26-Mar-2019	26-Mar-2019
Dihydrocodeine 30mg tablets	28	tablet	1 OR 2 TABS FOR FOR PAIN. MAX 8/DAY	-	26-Mar-2019	26-Mar-2019
Amlodipine 5mg tablets	28	tablet	1 TABLET ONCE A DAY	-	26-Mar-2019	26-Mar-2019
Evorel 100 patches (Janssen-Cilag Ltd)	16	patch	APPLY TWICE WEEKLY	-	13-Feb-2019	13-Feb-2019
Evorel 100 patches (Janssen-Cilag Ltd)	16	patch	APPLY TWICE WEEKLY	-	21-Nov-2018	21-Nov-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
02-Apr-2019	146	94
26-Mar-2019	205	113
06-Feb-2017	168	92

Body Measurements

Date Recorded	Height	Weight	BMI
02-Apr-2019	1.63	70	26.3
18-May-2018	1.63	66	24.8
17-Dec-2015	1.63	65	24.4

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	06-Feb-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	

		19-Dec-2016
Ex smoker:	Smoking status on date of event: Ex-smoker. NOTES: stopped smoking 5 months ago on her.	12-Mar-2014
Cigarette smoker:	Smoking status on date of event: Smoker.	04-Dec-2012
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	20-Jun-2012
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Feb-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Mar-2014

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Primary Reason for ECG::Hypertension? LVH (Echocardiography is not indicated)
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name:	**Jacqueline GOOD (F)**	Address:	**113/2 Falside Road**
Date of birth:	**14/05/1961**		**Paisley**
CHI No:	**1405613246**		**PA2 6JU**
Case note no.:	**1405613246**		

GP:	**HISLOP, JOHN**	Procedure date:	**23rd May 2018 (15:14)**
	The Barony Practice	Priority:	**Open access**
	Northcroft Medical Centre	Status:	**Outpatient/NHS**
	Paisley	Hospital:	**Not specified**
	PA3 4AD	Referring Cons:	**Dr Zia Mustafa (Gastroenterology)**

Consultant/Endoscopist
Dr Zia Mustafa
Nurses: Lorna McGowan
Heather Wade

Instrument
SCANTRACK

Premedication
Xylocaine (Spray) 100 mg

Indications
Dyspepsia and weight loss.
Clinically important comments: Poor appetitie, Altered taste, Lost 15 kgs in 5 months. Nause/Vomiting and food regurgitation intermittently.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.

Site a: Middle oesophagus
Specimens: 1x biopsy.

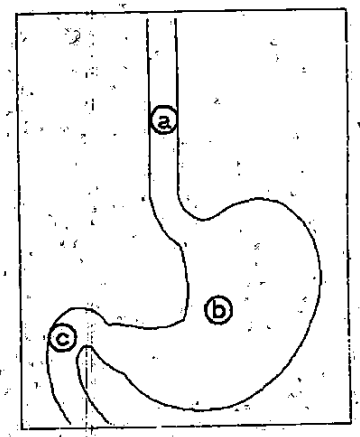
Site b: Middle body
Specimens: 2x biopsy.

Site c: First part
Duodenitis: mild.

Diagnosis
OESOPHAGUS. Normal.
STOMACH. Normal.
DUODENUM. Duodenitis.

Advice/comments
Mild duodenitis and no other abnormlaity. Suggest regular PPI. CT thorax/abdomen and pelvis now organized to investigate significant weight loss. GI clinic review.

Follow up
Awaiting pathology results. Return to the GI physician.



a: Middle oesophagus (photographed)
b: Middle body (photographed)
c: First part (photographed)

New GI clinic Please Urgent

Chase CT CAP 3337157254

Dr Zia Mustafa
Consultant

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name:	**Jacqueline GOOD (F)**	Address:	**113/2 Falside Road**
Date of birth:	**14/05/1961**		**Paisley**
CHI No:	**1405613246**		**PA2 6JU**
Case note no.:	**1405613246**		

GP:	**HISLOP, JOHN**	Procedure date:	**23rd May 2018 (15:14)**
	The Barony Practice	Priority:	**Open access**
	Northcroft Medical Centre	Status:	**Outpatient/NHS**
	Paisley	Hospital:	**Not specified**
	PA3 4AD	Referring Cons:	**Dr Zia Mustafa (Gastroenterology)**

Consultant/Endoscopist
Dr Zia Mustafa
Nurses: Lorna McGowan
Heather Wade

Instrument
SCANTRACK

Premedication
Xylocaine (Spray) 100 mg

Indications
Dyspepsia and weight loss.
Clinically important comments: Poor appetitie, Altered taste, Lost 15 kgs in 5 months. Nause/Vomiting and food regurgitation intermittently.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.

Site a: Middle oesophagus
Specimens: 1x biopsy.

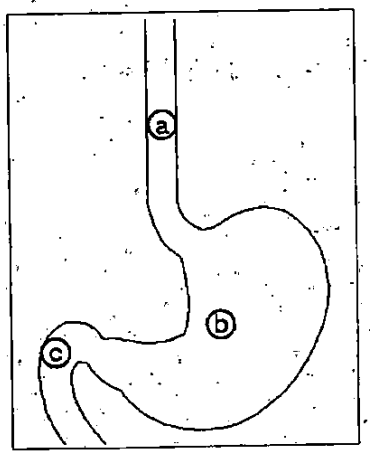
Site b: Middle body
Specimens: 2x biopsy.

Site c: First part
Duodenitis: mild.

Diagnosis
OESOPHAGUS. Normal.
STOMACH. Normal.
DUODENUM. Duodenitis.

Advice/comments
Mild duodenitis and no other abnormlaity. Suggest regular PPI. CT thorax/abdomen and pelvis now organized to investigate significant weight loss. GI clinic review.

Follow up
Awaiting pathology results. Return to the GI physician.



a: Middle oesophagus (photographed)
b: Middle body (photographed)
c: First part (photographed)

New GI clinic please. Urgent

Chase CT CAP B55157254

Dr Zia Mustafa
Consultant

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 21-May-2018 **Date sent** 21-May-2018

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address

FLAT 2
113 FALSIDE ROAD
PAISLEY
PA2 6JU

Contact number(s)

Voice: 07943 1208 65

101016165337G Unique Care Pathway Number: 101016165337G

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD

Contact number(s)

Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. Parminder Raulia		
GMC code	7081041	GP code	99999
Practice name	The Barony Practice (87606)		
Practice code	87606		

Practice address

Northcroft Medical Centre
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Weight Loss and Upper GI symptoms

Comment: Dear Dr

I will appreciate your kind review for Jacqueline who was initially c/o hoarseness and was seen by ENT (normal exam). She is now c/o abdominal pain for last 2 weeks associated with burning, burping and bloating. She has lost about 18 kilos in 4 months. She feels this salt taste in mouth constantly. There is no h/o haematemesis, dysphagia, sickness or PR bleeding/bowel change
On exam: tender epigastrium otherwise soft abdomen.
Given her sx, can she have endoscopy please. I will arrange her bloods and send helicobacter serology

Kind regards
Dr P Raulia
GPSt3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Endometriosis	++	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy + BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	56	capsule	1 CAPSULE ONCE A DAY	-	18-May-2018	18-May-2018
Ranitidine 150mg tablets	56	tablet	1 TABLET TWICE DAILY	-	14-Mar-2018	14-Mar-2018
Peptac liquid aniseed (Teva UK Ltd)	500	ml	10 MLS AFTER MEALS AND AT BEDTIME	-	14-Mar-2018	14-Mar-2018
Amoxicillin 500mg capsules	15	capsule	1 CAP THREE TIMES A DAY	-	20-Feb-2018	20-Feb-2018
Amoxicillin 500mg capsules	15	capsule	1 CAP THREE TIMES A DAY	-	14-Feb-2018	14-Feb-2018
Prochlorperazine 3mg buccal tablets	50	tablet	ONE TABLET EVERY FOUR TO SIX [more]	-	13-Feb-2018	13-Feb-2018
Evorel 100 patches (Janssen-Cilag Ltd)	48	patch	APPLY TWICE WEEKLY	-	25-Jan-2018	25-Jan-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Feb-2017	168	92

19-Dec-2016	158	101
17-Dec-2015	147	91

Body Measurements

Date Recorded	Height	Weight	BMI
18-May-2018	1.63	66	24.8
17-Dec-2015	1.63	65	24.4
12-Mar-2014	1.63	74	27.8

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	06-Feb-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	19-Dec-2016
Ex smoker:	Smoking status on date of event: Ex-smoker. NOTES: stopped smoking 5 months ago on her.	12-Mar-2014
Cigarette smoker:	Smoking status on date of event: Smoker.	04-Dec-2012
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	20-Jun-2012
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Feb-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Mar-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) GGC General Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital and hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 18-Mar-2018 **Date sent** 18-Mar-2018

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	

Patient's address

FLAT 2
113 FALSIDE ROAD
PAISLEY
PA2 6JU

Contact number(s)

Voice: 07943 1208 65

1010156994933

Unique Care Pathway Number: 1010156994933

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE.
PA3 4AD

Contact number(s)

Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. Christopher Johnstone		
GMC code	2596972	GP code	38571
Practice name	The Barony Practice (87606)		
Practice code	87606		

Practice address

Northcroft Medical Centre
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: sore throat, odd taste in mouth

Comment: Dear Dr
This lady has an 8 week h/o intermittent sore throat, she has the sensation of her lump in her throat, but most distessingly she has a constant taste of salt in her mouth. This is so intense it is stopping her eating and she has lost quite a lot of weight in a short time
I am unsure why she continues to be unwell and would value your urgent opinion in view of her weight loss
Thank you
Chris Johnstone

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
Endometriosis	++	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy + BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ranitidine 150mg tablets	56	tablet	1 TABLET TWICE DAILY	-	14-Mar-2018	14-Mar-2018
Peptac liquid aniseed (Teva UK Ltd)	500	ml	10 MLS AFTER MEALS AND AT BEDTIME	-	14-Mar-2018	14-Mar-2018
Amoxicillin 500mg capsules	15	capsule	1 CAP THREE TIMES A DAY	-	20-Feb-2018	20-Feb-2018
Amoxicillin 500mg capsules	15	capsule	1 CAP THREE TIMES A DAY	-	14-Feb-2018	14-Feb-2018
Prochlorperazine 3mg buccal tablets	50	tablet	ONE TABLET EVERY FOUR TO SIX [more]	-	13-Feb-2018	13-Feb-2018
Evorel 100 patches (Janssen-Cilag Ltd)	48	patch	APPLY TWICE WEEKLY	-	25-Jan-2018	25-Jan-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Feb-2017	168	92
19-Dec-2016	158	101
17-Dec-2015	147	91

Body Measurements

Date Recorded	Height	Weight	BMI
17-Dec-2015	1.63	65	24.4
12-Mar-2014	1.63	74	27.8

11-Jan-2007	1.63	68	25.5

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	06-Feb-2017
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	19-Dec-2016
Ex smoker:	Smoking status on date of event: Ex-smoker. NOTES: stopped smoking 5 months ago on her.	12-Mar-2014
Cigarette smoker:	Smoking status on date of event: Smoker.	04-Dec-2012
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	20-Jun-2012
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Feb-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Mar-2014

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery AC Breast Disease Clyde	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral ROUTINE
Date of referral 06-Jan-2012 **Date sent** 06-Jan-2012

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address

55 LANGCRAIGS DRIVE
PAISLEY
PA2 8JP

Contact number(s)
Voice: 01418496703

101003006249W Unique Care Pathway Number: 101003006249W

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD

Contact number(s)
Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. John Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice (87606)		
Practice code	87606		

Practice address

Northcroft Medical Centre
Paisley
PA3 4AD

Contact number(s)
Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: lump left breast

Comment: Cyst aspirated from right breast 4/12 ago now has tender lump left breast and discomfort in right again. On HRT after hysterectomy 18 years ago, remains symptomatic on stopping

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
Endometriosis	-	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
EVOREL 100 patch	12	patch	APPLY TWICE WEEKLY	-	24-Nov-2011	24-Nov-2011
BENDROFLUMETHIAZIDE tabs 2.5mg	56	tablet	TAKE ONE EACH MORNING	-	13-Oct-2011	13-Oct-2011
EVOREL 100 patch	12	patch	APPLY TWICE WEEKLY	-	13-Oct-2011	13-Oct-2011
EVOREL 100 patch	4	patch	APPLY TWICE WEEKLY PLEASE MAK[more]	-	22-Sep-2011	22-Sep-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Lump:	Yes	-
Nipple Discharge:	No	-
Nipple Or Skin Change:	No	-
Lump - Left, Upper Inner Quad (E):	true	-
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:		

	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	25-Feb-2005
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	05-Dec-2001

Investigations

Description/Question	Result/Comment	Date
HRT:	Current	-
VERIFICATION: History section complete:	true	-

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery AC Breast Disease Clyde		**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN		**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral URGENT - SUSPECTED CANCER
Date of referral 25-Jul-2011 **Date sent** 25-Jul-2011

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address

55 LANGCRAIGS DRIVE
PAISLEY
PA2 8JP

Contact number(s)

Voice: 01418496703

1010023070927

Unique Care Pathway Number: 1010023070927

REGISTERED GP DETAILS

Name	Dr JM Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE

Contact number(s)

Voice: 01418893732

REFERRING GP DETAILS

Name	Dr F Reilly		
GMC code	6073003	GP code	99999
Practice name	-		
Practice code	87606		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Breast pain and lump under right areola

Date of onset: 10-Jul-2011

Comment: I would be grateful for your review of the above lady who presents with bilateral painful breasts. On examination she has a large area of hard tissue behind her rigth areola approx 3cm in diameter it is tender to touch there is no associated skin change or nipple discharge.

Thank you for your review

Yours sincerely

Dr Fiona Reilly

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
Endometriosis	-	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
EVOREL 100 patch	24	patch(es)	APPLY TWICE WEEKLY please mak[more]	-	31-May-2011	31-May-2011
BENDROFLUMETHIAZIDE tabs 2.5mg	56	tablet(s)	TAKE ONE EACH MORNING	-	24-Mar-2011	24-Mar-2011
EVOREL 100 patch	24	patch(es)	APPLY TWICE WEEKLY	-	17-Feb-2011	17-Feb-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Lump:	Yes	-
Nipple Discharge:	No	-
Nipple Or Skin Change:	No	-
	No	-

High Risk Family History:		
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	11-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	25-Feb-2005
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	05-Dec-2001

Investigations

Description/Question	Result/Comment	Date
HRT:	Current	-
VERIFICATION: History section complete:	true	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Gastroscopy report

Performed	23-May-2018 15:14	Received	23-May-2018 15:41
Reported	23-May-2018 15:41	Order Number	UNI68986-1405613246
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**Jacqueline GOOD (F)**	Address:	**113/2 Falside Road**
Date of birth:	**14/05/1961**		**Paisley**
NHS No:	**1405613246**		**PA2 6JU**
Case Note No:	**1405613246**		
GP:	**HISLOP, JOHN**	Procedure date:	**23rd May 2018 (15:14)**
	The Barony Practice	**Attachments:**	**Open access**
	Northcroft Medical Centre	Middle body_1	**Outpatient/NHS**
	Paisley	Middle	**Not specified**
	PA3 4AD	oesophagus_1	**Ward - Not specified**
		First part_1	**Dr Zia Mustafa (Gastroent**
		Middle oesophagus_2	
		Middle body_2	
		Priority:	
		Status:	
		Hospital:	
		Ward:	
		Referring Cons:	

Indications
Dyspepsia and weight loss.
Clinically important comments: Poor appetitie, Altered taste, Lost 15 kgs in 5 months. Nause/Vomiting and food regurgitation intermittently.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.

Site a: Middle oesophagus
Specimens: 1x biopsy.
Site b: Middle body
Specimens: 2x biopsy.
Site c: First part
Duodenitis: mild.

Diagnoses
OESOPHAGUS. Normal.
STOMACH. Normal.
DUODENUM. Duodenitis.

Consultant/Endo
Dr Zi
Nurses: Lorna
Heal

Inst
SC

Premec
Xylocaine (Spra

Advice/Comments

Mild duodenitis and no other abnormlaity. Suggest regular PPI. CT thorax/abdomen and pelvis now organized to investigate significant weight loss. GI clinic review.

Follow up

Awaiting pathology results. Return to the GI physician.

Dr Zia Mustafa
Consultant

Produced by Unisoft's GI Reporting Tool Compiled on 23/05/201

Oesophageal biopsy,Gastric Biopsy

Performed	23-May-2018 15:14	Received	24-May-2018 17:50
Reported	11-Jun-2018 09:53	Order Number	D,18.0037722.L
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 23.05.2018
Date received : 24.05.2018 Date reported: 11.06.2018

Reporting Pathologist : Sarah Liptrot PATH
Consultant Pathologist: Sarah Liptrot PATH

CLINICAL HISTORY
Dyspepsia and weight loss.

MACRO
A. Oesophageal biopsy - 1 fragment, 3mm.
B. Gastric biopsy - 2 fragments, larger 4mm.

MICROSCOPY
A. Microscopy shows a superficial fragment of unremarkable oesophageal squamous epithelium.

B. Microscopy shows fragments of mildly inflamed gastric body type mucosa. Helicobacter pylori type organisms are not identified on H&E stained sections. There is no evidence of intestinal metaplasia, dysplasia or malignancy.

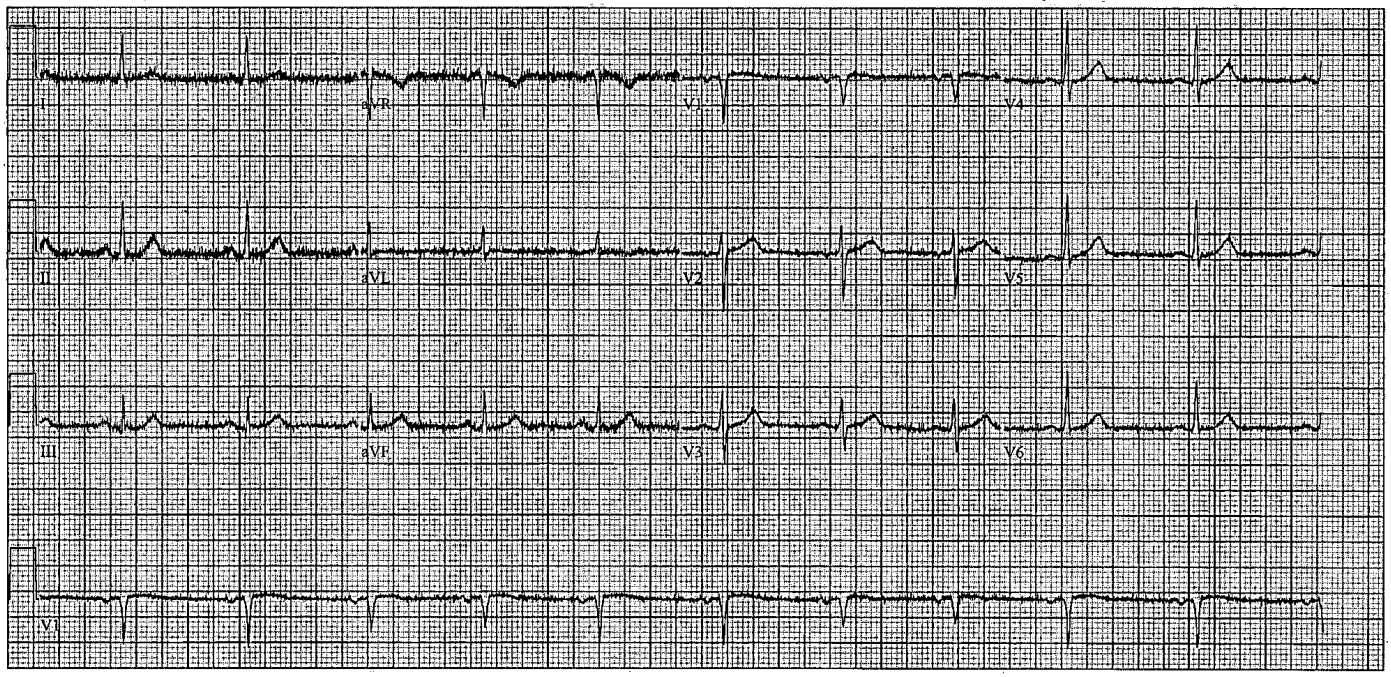
Dr S Liptrot (Consultant)
Reported & Typed: 05/06/18 SR
Authorised: 11/06/18 by S. Liptrot

Good, Jacqueline ID:1405613246 17-JUN-2026 13:42:16 GREATER GLASGOW SITE-RAHAE ROUTINE RECORD

14-MAY-1961 (65 yr)	Vent. rate	65	BPM	Normal sinus rhythm
Female Caucasian	PR interval	148	ms	Normal ECG
	QRS duration	72	ms	
Room:	QT/QTc	374/388	ms	
Loc:800	P-R-T axes	75 49	68	

Technician:
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1806 SID: 2016726 EID:13 EDT: ORDER:

Good, Jacqueline ID:1405613246 01-MAY-2019 13:05:44 GREATER GLASGOW SITE-RAHECT ROUTINE RECORD

14-MAY-1961 (57 yr)
Female Caucasian

Room:GPOP
Loc:883 Option:76

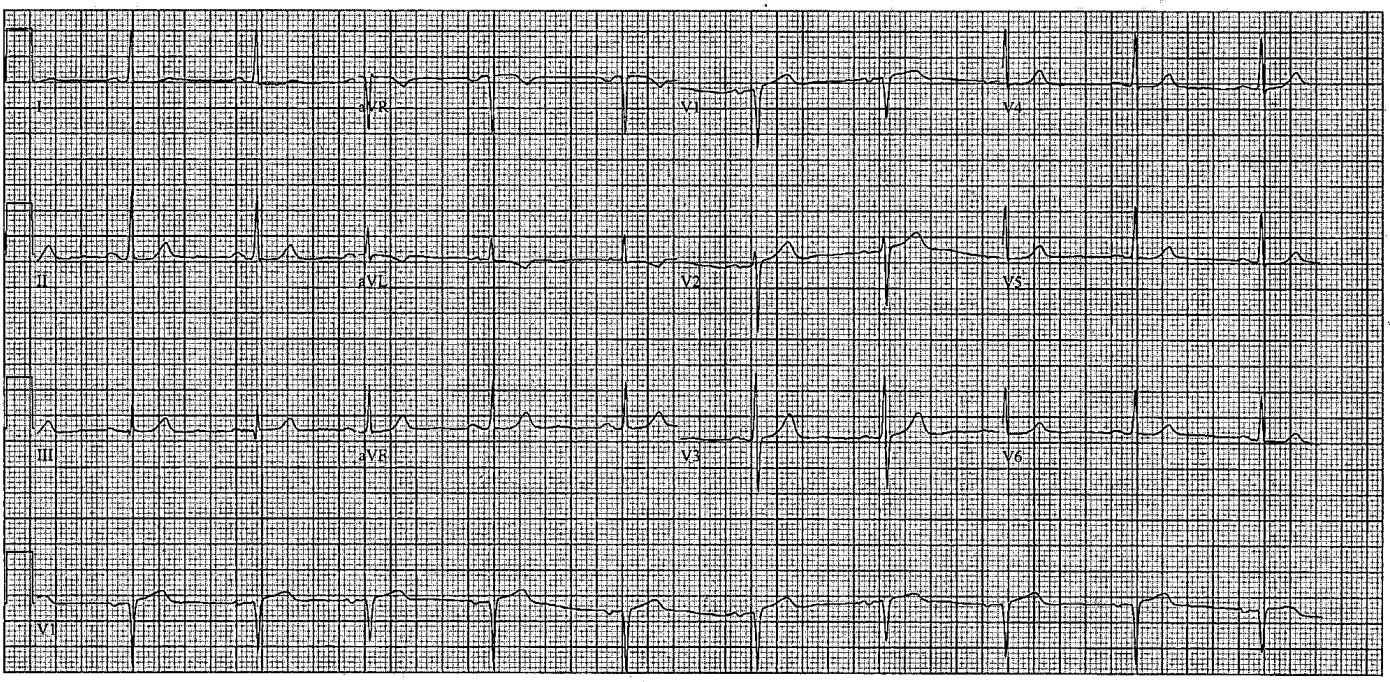
Vent. rate	61	BPM
PR interval	156	ms
QRS duration	80	ms
QT/QTc	386/388	ms
P-R-T axes	51 50	83

Normal sinus rhythm

Technician: 876
Test ind:

Referred by: DR HOUSTON

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.4 12SL 237 CID: 13

SID: 2016726 EID:2804 EDT: 11:21 02-MAY-2019 ORDER:

Good, Jacqueline ID:1405613246 08-APR-2019 04:03:32 GREATER GLASGOW SITE-RAHAE ROUTINE RECORD

14-MAY-1961 (57 yr)
Female Caucasian

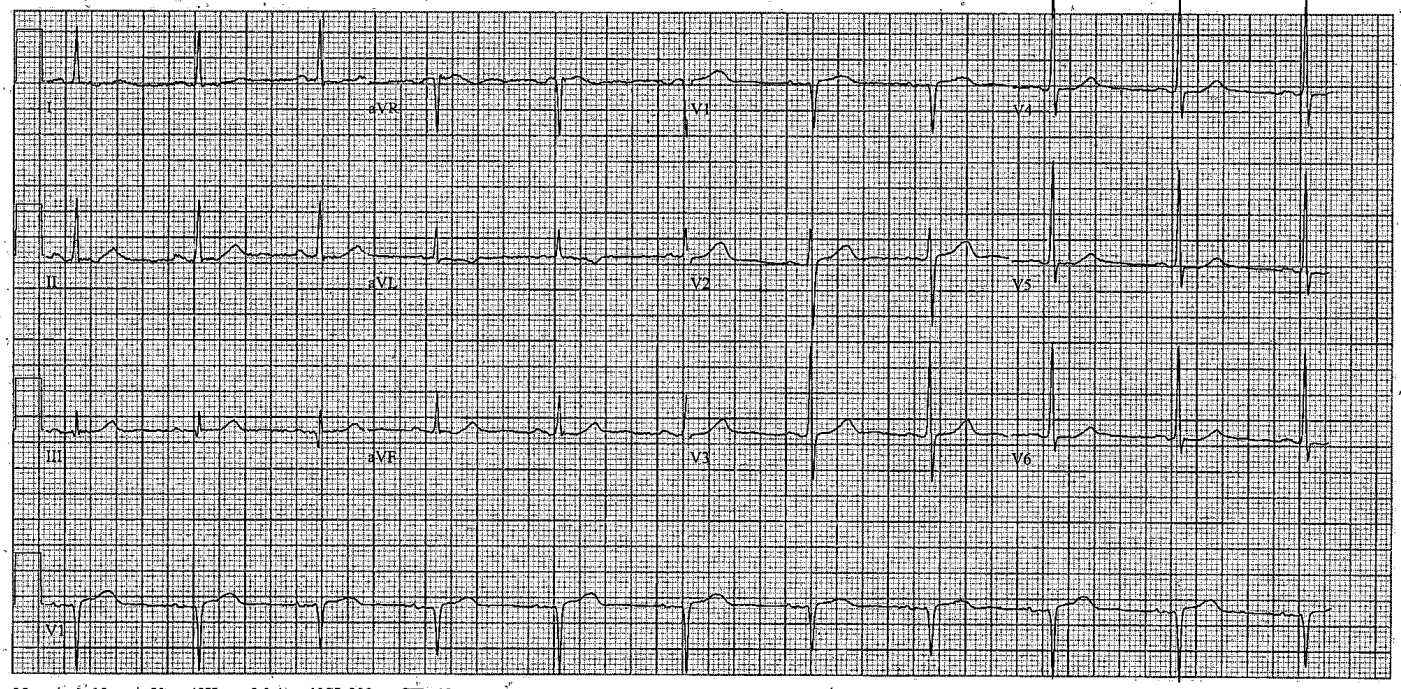
Room:CAS
Loc:800 Option:34

Vent. rate	63	BPM
PR interval	152	ms
QRS duration	82	ms
QT/QTc	420/429	ms
P-R-T axes	37 41	79

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm

Technician: 834
Test ind:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.4 12SL 239 CID: 13

SID: 2016726 EID: EDT: ORDER:

Good, Jacqueline
Female
14.05.1961 (65 Years)
Location: 800

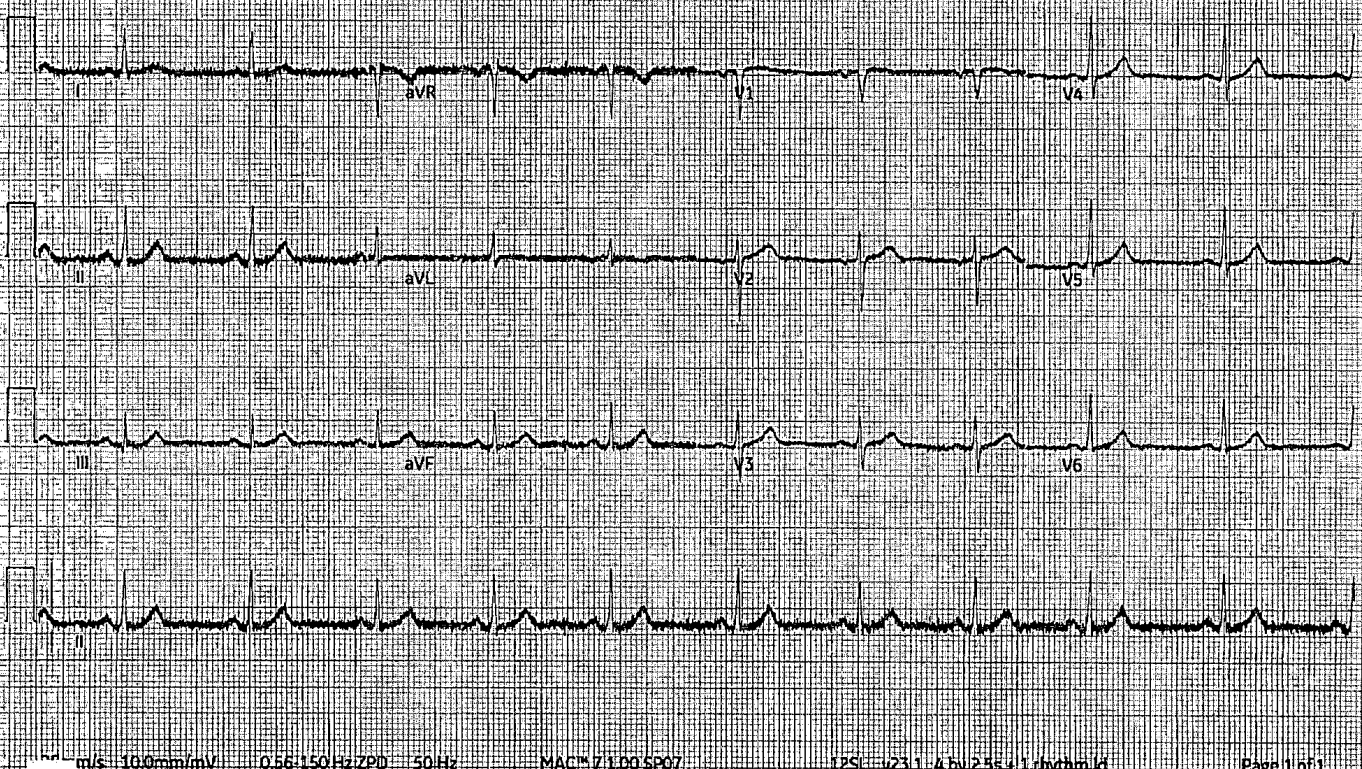
Vent. rate		BPM
PR interval	146	ms
QRS duration	72	ms
QT/QTc Baz	374/388	ms
P-R-T axes	75 49 68	

Patient ID: 1405613246
Normal sinus rhythm
Normal ECG

17.06.2026 13:42:16
RAH ED

Location:
Comments:

Unconfirmed



25 mm/s 10.0mm/mV 0.56-150 Hz ZP0 50 Hz MAC™ 7 1.00 SP07 12SL™ v23.1 4 by 2.5s + 1 rhythm id Page 1 of 1

GOOD, JACQUELINE ID: 1405613246 22-Mar-2021 21:10:0[illegible] RAH

14-May-1961
Female Caucasian

Room: Opt:

Technician:
Test ind:

Vent. rate 76 bpm
PR interval 144 ms
QRS duration 74 ms
QT/QTc 394/443 ms
P-R-T axes 42 41 74

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm

Visit:

Referred by:

Unconfirmed

1405613246
GOOD
Jacqueline F
14/05/1961

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

V

40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010Bsp1 2SL V241 HD

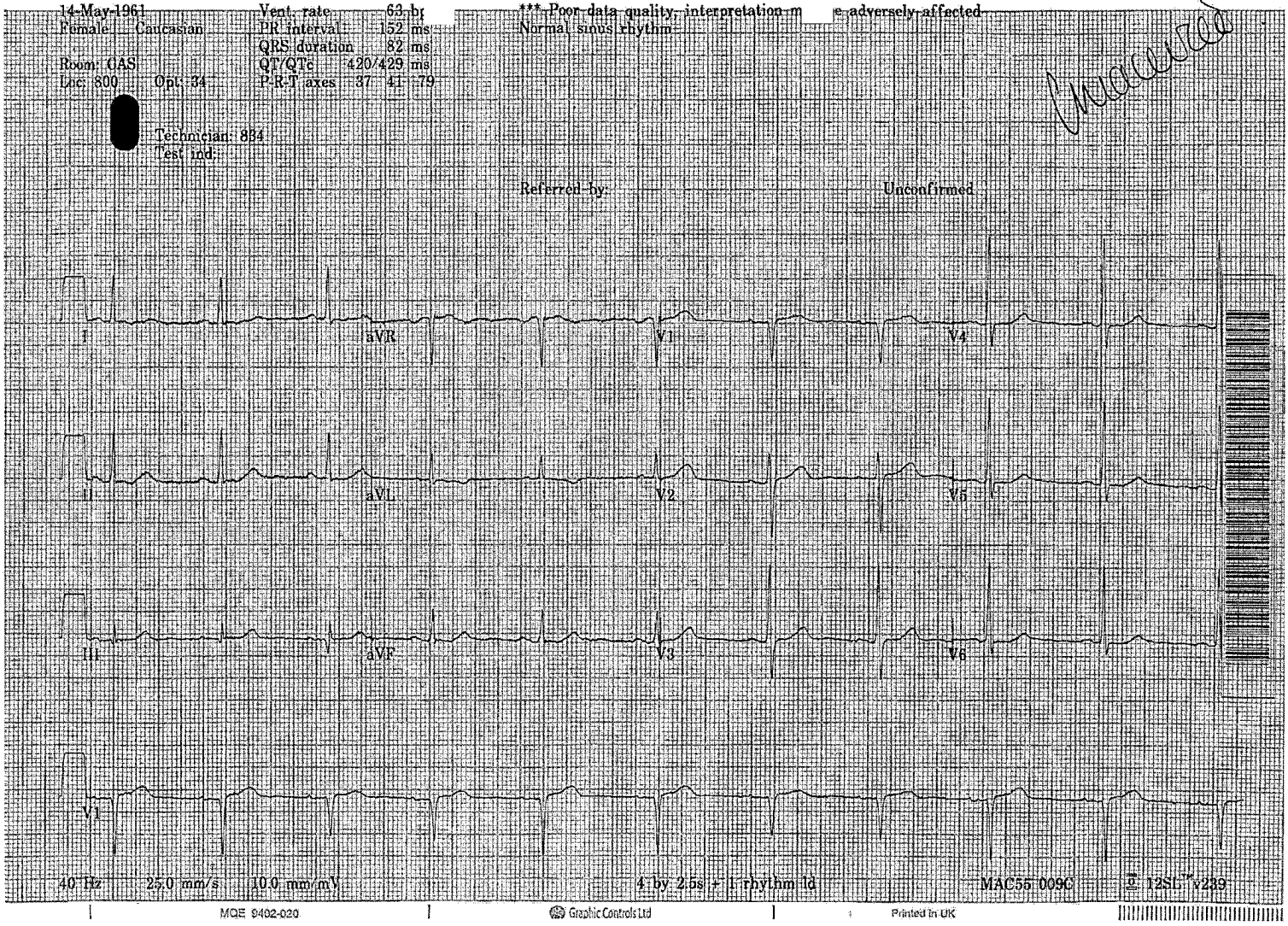
MQE 9402-020 Graphic Controls Ltd Printed in UK

GOOD, JACQUELINE ID: 1405613246 8-Apr-2019 4:03:32 RAH

14-May-1961 Vent. rate 63 bp *** Poor data quality, interpretation m e adversely affected
Female Caucasian PR interval 152 ms Normal sinus rhythm
QRS duration 82 ms
Room: CAS QT/QTc 420/429 ms
Loc: 800 Opt: 34 P-R-T axes 37 41 79

[redacted]
Technician: 884
Test ind:

Referred by: Unconfirmed



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 009C 12SL™ v239

MQE 9402-020 Graphic Controls Ltd Printed in UK

XR Pelvis

Performed	30-May-2024 10:57	Received	23-Jun-2024 18:04
Reported	23-Jun-2024 18:02	Order Number	C418H41002910
Status	Final	Source System	MiSys

XR Pelvis Final
Jacqueline Good
Clinical History: 1. bilateral worsening hip pain keeping her awale at night ?worsening OA 2. years lateral elbow pain now visible swelling been treated as lat epicondylitis but not improving/worsening ?any other pathology ?signs inflam arthropathy

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30/05/2024, 11:19, XR Pelvis
No significant interval change when compared with the previous study dated 5/10/2022. Mild degenerative change is noted at the hips and sacroiliac joints with subchondral sclerosis. Osteophyte formation is present at the lower lumbar spine.

Mark Baul
Reporting Radiographer
Axon Diagnostics
Registration Number: RA41757
clinicalqueries@axondiagnostics.com

30/05/2024, 11:21, XR Elbow Rt
The elbow joint space is preserved, however marginal osteophyte formation is present at the olecranon, consistent with minimal degenerative change. Small olecranon spur is noted.

Mark Baul
Reporting Radiographer
Axon Diagnostics
Registration Number: RA41757
clinicalqueries@axondiagnostics.com

Reported by: AXON Reporting
Verified by: AXON Reporting

XR Elbow Rt

Performed	30-May-2024 10:57	Received	23-Jun-2024 18:04
Reported	23-Jun-2024 17:59	Order Number	C418H41002912
Status	Final	Source System	MiSys

XR Pelvis Final
Jacqueline Good
Clinical History: 1. bilateral worsening hip pain keeping her awale at night ?worsening OA 2. years lateral elbow pain now visible swelling been treated as lat epicondylitis but not improving/worsening ?any other pathology ?signs inflam arthropathy

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Mark Baul
Reporting Radiographer
Axon Diagnostics
Registration Number: RA41757
clinicalqueries@axondiagnostics.com

Reported by: AXON Reporting
Verified by: AXON Reporting

XR Pelvis

Performed	05-Oct-2022 11:57	Received	12-Oct-2022 09:50
Reported	12-Oct-2022 09:48	Order Number	C418H38913241
Status	Final	Source System	MiSys

XR Knee Rt Final
Jacqueline Good
Clinical History :
BILATERAL KNEE AND HIP PAINS ?OA

XR Knee Rt :
There is a tiny superior retropatellar osteophyte however joint spaces remain preserved. Appearances are in keeping with minor patellofemoral degenerative change. No further bone or joint abnormality identified.

XR Knee Lt :
Slightly rotated AP projection provided.
Allowing for this, there is subtle narrowing of the medial femorotibial joint and patellofemoral joint in keeping with early/minor degenerative changes.

XR Pelvis :
Minor joint space narrowing affects both hip joints and there are bilateral marginal acetabular osteophytes. Appearances in keeping with mild degenerative change at both hip joints.
Lumbosacral sclerosis and endplate osteophytes within the included lumbar spine is in keeping with mild lumbosacral degenerative change.

Reported by Sarah Zycinski - Reporting Radiographer

Reported by: Sarah Zycinski
Verified by: Sarah Zycinski

XR Knee Rt

Performed	05-Oct-2022 11:57	Received	12-Oct-2022 09:50
Reported	12-Oct-2022 09:48	Order Number	C418H38913239
Status	Final	Source System	MiSys

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Reported by: Sarah Zycinski
Verified by: Sarah Zycinski

XR Knee Lt

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Reported by Sarah Zycinski - Reporting Radiographer

Reported by: Sarah Zycinski
Verified by: Sarah Zycinski

XR Chest

Performed	22-Mar-2021 21:16	Received	23-Mar-2021 16:55
Reported	23-Mar-2021 16:53	Order Number	C418H37080220
Status	Final	Source System	MiSys

XR Chest Final
Jacqueline Good
Clinical History :

central chest pain and SOB. ?consolidation

XR Chest :
Normal cardiomediastinal contour.
No significant intrapulmonary abnormality.

Reported by: Dr Tricia Yeoh (SpR) and Dr Christina Kotsarini
Verified by: Dr Christina Kotsarini

XR Chest

Performed	14-Jan-2020 14:08	Received	15-Jan-2020 13:26
Reported	15-Jan-2020 13:24	Order Number	C418H35911623
Status	Final	Source System	MiSys

XR Chest Final
Jacqueline Good
Clinical History :

pleuritic CP. no chest wall tenderness ? cause smoker

XR Chest :
Lungs and mediastinum clear.

Reported by: Dr Andrew Christie
Verified by: Dr Andrew Christie

XR Chest

Performed	08-Apr-2019 04:31	Received	08-Apr-2019 14:44
Reported	08-Apr-2019 14:42	Order Number	C418H34958552
Status	Final	Source System	MiSys

XR Chest Final
Jacqueline Good
Clinical History :

chest pain bilateral crackles ? consolidation ? failure

XR Chest :
Normal cardiac, hilar and mediastinal contours. No focal active lung disease.
No change compared to a film from 2014.

Reported by: Dr Trudy Coyle
Verified by: Dr Trudy Coyle

CT Thorax abdomen pelvis with contrast

Performed	27-May-2018 17:08	Received	05-Jun-2018 17:26
Reported	05-Jun-2018 17:24	Order Number	C418H33894173
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Jacqueline Good
Clinical History :

Significant weight loss (15 kgs in 5 months). Nasue vomiting/ food regurgitation. altered taste. OGD and ENT review unremarkable. ? Malignancy

CT Thorax abdomen pelvis with contrast :

Post contrast images (portal venous phase).
There is no previous imaging available for comparison.

There are no enlarged lymph nodes in the thorax. There are no suspicious lung nodules or infiltrates.
There is a tiny low density in liver segment four which is too small to formally characterise.
There are no other focal liver lesions.
There is mild atrophy and scarring of the right kidney. The left kidney, spleen, adrenals and pancreas have unremarkable appearances.

There are no radiopaque gallstones and no dilatation of the biliary tree. There is no abdominal or pelvic lymphadenopathy. Small left para-aortic lymph nodes are seen.
No significant pathology is identified from the unprepared large bowel. There is no free pelvic fluid. There are no destructive bony lesions.

Conclusion:
There is no evidence of malignancy on the current examination.

Reported by: Dr Christina Kotsarini
Verified by: Dr Christina Kotsarini

XR Foot Lt

Performed	21-Apr-2015 11:31	Received	22-Apr-2015 08:18
Reported	22-Apr-2015 08:16	Order Number	C418H30176660
Status	Final	Source System	MiSys

XR Foot Lt Final
Jacqueline Good
Clinical History :
Fall, clinical # of distal 2nd/3rd +/- 1st MTs

XR Foot Lt :
A lucency is seen at the head of the first metatarsal on the medial aspect immediately below the articular surface that is suspicious for a possible avulsion injury. No convincing other bony trauma is demonstrated.

Report by Jonathan McConnell consultant reporting radiographer.

Reported by: Jonathan McConnell
Verified by: Jonathan McConnell

XR Chest

Performed	17-Apr-2014 14:22	Received	24-Apr-2014 15:58
Reported	24-Apr-2014 15:56	Order Number	C418H28987308
Status	Final	Source System	MiSys

XR Chest Final
Jacqueline Good
Clinical History : Breathless on effort. Dry cough.

XR Chest :

The heart and mediastinum are within normal limits. There is no evidence of active pulmonary disease. The bony thorax is normal.

Reported by: Dr Neil Corrigan
Verified by: Dr Neil Corrigan

XR Shoulder Lt

Performed	10-Apr-2012 09:10	Received	10-Apr-2012 11:34
Reported	10-Apr-2012 11:12	Order Number	C418H26794619
Status	Final	Source System	MiSys

XR Shoulder Lt Final
Jacqueline Good
Clinical History :
7-year history of left shoulder impingement, worse recently.

XR Shoulder Lt :
Changes consistent with a degree of impingement. No other significant abnormality.

Reported by: Dr Marie-Louise Davies
Verified by: Dr Marie-Louise Davies

XR Mammogram Both

Performed	18-Aug-2011 11:11	Received	22-Aug-2011 15:10
Reported	22-Aug-2011 14:48	Order Number	C418H26133358
Status	Final	Source System	MiSys

XR Mammogram Both Final
Jacqueline Good
Clinical History :

Right breast lump for 3 weeks. On HRT for 18 years. P3. Cyst?

XR Mammogram Both :

Mixed density breast parenchymal pattern. Corresponding to the palpable abnormality in the right breast is 45 mm R2 lesion likely to represent a simple cyst. The left mammogram is normal. Overall appearances are graded R2.

US Breast Rt :

US Guided aspiration breast Rt :

This confirms a large simple cyst which is aspirated to dryness U2.

Reported by: Dr Sophie Hepple and Dr Allison McCall
Verified by: Dr Sophie Hepple

US Guided aspiration breast Rt

Performed	18-Aug-2011 11:11	Received	22-Aug-2011 15:10
Reported	22-Aug-2011 14:48	Order Number	C418H26133653
Status	Final	Source System	MiSys

XR Mammogram Both Final
Jacqueline Good
Clinical History :

Right breast lump for 3 weeks. On HRT for 18 years. P3. Cyst?

XR Mammogram Both :

Mixed density breast parenchymal pattern. Corresponding to the palpable abnormality in the right breast is 45 mm R2 lesion likely to represent a simple cyst. The left mammogram is normal. Overall appearances are graded R2.

US Breast Rt :

US Guided aspiration breast Rt :

This confirms a large simple cyst which is aspirated to dryness U2.

Reported by: Dr Sophie Hepple and Dr Allison McCall
Verified by: Dr Sophie Hepple

US Breast Rt

Performed	18-Aug-2011 11:11	Received	22-Aug-2011 15:10
Reported	22-Aug-2011 14:48	Order Number	C418H26133652
Status	Final	Source System	MiSys

XR Mammogram Both Final
Jacqueline Good
Clinical History :

Right breast lump for 3 weeks. On HRT for 18 years. P3. Cyst?

XR Mammogram Both :

Mixed density breast parenchymal pattern. Corresponding to the palpable abnormality in the right breast is 45 mm R2 lesion likely to represent a simple cyst. The left mammogram is normal. Overall appearances are graded R2.

US Breast Rt :

US Guided aspiration breast Rt :

This confirms a large simple cyst which is aspirated to dryness U2.

Reported by: Dr Sophie Hepple and Dr Allison McCall
Verified by: Dr Sophie Hepple

XR Shoulder Lt

Performed	24-Apr-2011 10:16	Received	28-Apr-2011 11:17
Reported	28-Apr-2011 10:55	Order Number	C418H25822175
Status	Final	Source System	MiSys

XR Shoulder Lt Final
Jacqueline Good
Clinical History : Pain and stiffness.

XR Shoulder Lt :
The glenohumeral articulation appears intact.
There is, however, calcification at the insertion of the supraspinatus tendon. This is consistent with supraspinatus tendinitis.

Reported by: Dr Douglas McCarter
Verified by: Dr Douglas McCarter