

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



MMA Legal Limited
Stok
Princes Street
Stockport
SK1 1RY

Date: 28th April 2026
Your Ref:
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

**Re: Subject Access Request under the General Data Protection
Regulation**

Patient: DEBORAH SULLIVAN

D.O.B: 07.12.1972

Thank you for your request received 10th April 2026 in which you seek a copy of your client's personal information.

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

**NEW VICTORIA INFIRMARY
GARTNAVEL GENERAL HOSPITAL
WEST AMBULATORY CARE HOSPITAL
QUEEN ELIZABETH UNIVERSITY HOSPITAL**

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

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

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

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

- Emails

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team



MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☒

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☒

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐

LABS

SOUTH/VIC MANUAL
CASE RECORD.

25950

13

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

2

USE RED INK FOR NOTIFICATION OF DEATH - ALL OTHER ENTRIES IN BLACK

[illegible]

USE RED INK FOR NOTIFICATION OF DEATH - ALL OTHER ENTRIES IN BLACK

4A



SULLIVAN

Deborah

Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire

07/12/197

Easterhouse

Glasgow, Lanarkshire

G34 9J

EYE SHEET

[illegible]

4A

[illegible]

Name



0712726128

SULLIVAN

Deborah

FLAT 0-1

8 BOYNDIE ST

Glasgow, Lanarkshire

PH

SU...

Hospital No.

CHI Number

Age

07/12/1972

Sex

G34 9JE Dept.

Ward

Greater Glasgow
and Clyde

DATE

OUT-PATIENT HISTORY

9/11/18*DNA, Leave spec. - letter to GP Mrs. N. S. 20/1/18*
M. S. 20/1/18

CENTRE FOR INTEGRATIVE CARE



0712726128

SULLIVAN

Deborah

0/1 8 Boyndie Street

Glasgow

F

07/12/1972

G34 9JE

NHS

Greater Glasgow
and Clyde

INTEGRATIVE CARE RECOMMENDATION

Please take this to your GP

We recommend that the above patient be supplied with

ONCORHYNUS TSHANYTSCHA
(SALMON) 300 PILLS

TAKE ONE PILL DAILY FOR
ONE WEEK AND THEN REDUCE
TO ONE PILL TWICE A WEEK

PLEASE SUPPLY:- 7g BOTTLE (SEE
PHARMACY SHEET)

PRACTITIONER DETAILS

NAME	Dr. S. Sullivan
SIGNATURE	<i>[Signature]</i>
GMC/GNC NUMBER	4296986
DATE	7/8/18

61779

CENTRE FOR INTEGRATIVE CARE

0712726128

SULLIVAN

F

Deborah

07/12/1972

FLAT 1-1

34 Pendeen Pl

Glasgow, Lanarkshire

G33 4UG

NHS
Greater Glasgow
and Clyde**INTEGRATIVE CARE RECOMMENDATION**

Please take this to your GP

We recommend that the above patient be supplied with

ONCORHYNUS TSHAWYTSCHA
(SALMON) 30c PILLSTAKE ONE PILL DAILY FOR 3
WEEKS AND THEN REDUCE TO ONE
PILL 3 TIMES A WEEKPLEASE SUPPLY :- 7g BOTTLE (FREEMANS
PHARMACY)
OR 4g BOTTLE No 6 PILLS
(HELIOS PHARMACY)

PRACTITIONER DETAILS	
NAME	DR S CAULFIELD
SIGNATURE	<i>[Signature]</i>
GMC/GNC NUMBER	4896986
DATE	8/6/18

59366

Name

Hospital No.

CHI Number

Age



0712726128

SULLIVAN

Deborah

P FLAT 1-1

S 34 Pendeen PI

Glasgow, Lanarkshire

F Sex

07/12/1972

Dept.

Ward

G33 4UG

NHS
Greater Glasgow
and Clyde

DATE

OUT-PATIENT HISTORY

8/6/18

11.10

GP practice doesn't present
lost many at end of February. → only age 66,
very sudden, not expected.

Couldn't attend Day Service as a result.
Still in temporary accommodation → own flat.
Had to put on hold, working in Psychology
about PTSD. Still due to grief. Still
sees Psychologist. Last seen 2 weeks ago.

Mood very low. Sees Psychiatrist on 16/6/18.
Gt pain still as bad. Breasts still very
low. Mastectomy has a cyst in ovary →
has to come out, pre-op. → to get ovary
removed. Gets pain from it. Still menstruating.
It fits up and down. Not sleeping well, lots
fatigue during day, can't sleep at night
dreams, flashbacks.

Leave Day Service as present

Contacted with remedy. R/U 4/12
→ try Onc-t (Salman) 302. (Maudsley 100)
pills, one pill daily for 14 subphases
3 weeks, and then 1 to 1 pill 2x a
week. Breasts flying

" trees

" lakes

Gt pain, constriction around wrists, lower limbs

Murphy Cartney
Debbie



0712726128

SULLIVAN

Deborah

6 Muirhead Court

Baillieston

Glasgow, Lanarkshire

07/12/1972

G69 7EP

Age: 45yrs

Sex: F

Marital

Date: 5/1/18

Status:

Date of Birth:

Tel. No.

Occupation:

Home:

Complaint:

Rhomyalgia and chronic abdominal pain.
Went over this time to the
from Feb 17 → came off DFC, Febrile and
then came off.

History of Present Illness:

Has chronic tablet & pancreas flares
Gallstones removed by 21
→ severe damaged pancreas → 2 flares - yrs <
years.

On Duloxetine 120mg a day.
Pregiblen 300mg 1d

In Sept. 2017 ended up in Rethel Hospital →
Pain in body 10yrs → DR Rho at Rheum - 6yrs
ago

Affects hands and wrists, both knees, ankles.
Huge joints tender & swollen. No walking aids.
Awake, prone, prone to falling → since off opiates
not falling as much

As if knees are a nice → crushing pain.
Pain in her hands, stiffness, drops things, crushing
round wrists → something external.

In neck and shoulders pushing down sensation.
Also bad fatigue. Migraines affects whole head.

Previous Illness

Allergic to Penicillin

Menstrual History:

Pregnancy: 1 pregnancy. No problems. Menstrual cycle is regular & cycle: PMS and heavy periods

Family History:

Father: no contact past 2 yrs. Became estranged. Difficult relationship.
Mother: sees all the time Age 66, gets on great. 2 other → older and younger, gets on good with.

Social & Personal:

Lives alone in temporary accommodation. One daughter: Courtney Age 18. Single. Has a cat (Tiger) - NOT working. Struggle financially. Can be a worry. Smokes 15 cigs a day. No alcohol. No cannabis.

Mother suffered from domestic violence from Dad → lived in hospital. Parents divorced → she was Age 21. School was good - enjoyed - went to College → CIS Age 17. Lost insurance → did insurance exam through company → there for 13 yrs until sexual assault happened - loved work, worked up to a class woman. Sexual assault → stranger. Never prosecuted, never told.

Homeopathic Symptoms



0712726128

SULLIVAN

Deborah

6 Muirhead Court

Baillieston

Glasgow, Lanarkshire

F

07/12/1972

G69 7EP

Generals

Time

Cold

Head

Sleep:

Dreams

Stomach

Aversions: Rich & Jones

Desires: Sweet things, cream, chocs.

Thirst:

Particulars

Vertigo

Urinary

Head

Genitalia

Eye

Larynx

E.N.T.

Respiration

Face

Cough

Mouth

Sputum

Teeth

Chest

Tongue

Back

Stomach

Extremities

Abdomen

Perspiration Risperidone

Rectum

Skin Bedchambers over cycle. When nervous, rub on leg like eczema.

Stool

Mentals - Stairs, fell down so many times. Don't like being by herself going into taxis.

→ more coming down stairs, okay in escalators, going home → dizziness feeling, expects to fall.

Flying dreams since Age 14; dreams of Courtney being a baby/stroller.

Going across a zoned reservation, trees underneath, not sure if tree going to hit me. Courtney, Dad's dog flying along side. Comforting dream, don't trust trees, feels in control even fly. Wakes up.

Recurring attack nightmares.

When reading I would like to take up again, enjoys swimming. I self harmed herself when down leg. → a bit self conscious about not being doing.

Catholic, more into Buddhism. NOT like Christianity. Likes hearing people stories. Loves cat.

General Condition

Appearance:

Oedema: Glands:

Extremities:

Cardiovascular System

Rate: Rhythm: Quality:

B.P.:

Heart:

Pulses:

Respiratory System

Nasopharynx:

Lungs:

Alimentary System

Tongue: Teeth:

Abdomen:

Liver: Hernial Orifices:

Spleen:

Kidneys:

Rectal:

Central Nervous System

Mental State:

Movements:

Reflexes:

Co-ordination & Sensory:

Cranial Nerves:

Pupils:

Fundi:

Name



0712726128

SULLIVAN

Deborah

6 Muirhead Court

Baillieston

Glasgow, Lanarkshire

F
07/12/1972

G69 7EP

Hospital No.

CHI Number

Age

Sex

Dept.

Ward

NHS
Greater Glasgow
and Clyde

DATE

OUT-PATIENT HISTORY

5/1/18

Extreme headache, sensitivity to lights and
feeling nauseous - throwing.

can be sick, even if vomits.

Black line Nov/1 left bag.

Hard to get over to sleep. Has been on sleeping pills
for years -> some attack. Is in place 7 hrs ago.
Has nightmares, sometimes then can disturb sleep.
Tends to get max of 3 hrs sleep a night.

On Temazepam 10mg at night. Has to go for naps
at times.

Paroxysmal pain -> like being pulled in a hot poker
through the back.

In late summer -> hearing voices, seeing things
attached -> felt couldn't go on -> took off
of medication felt a huge burden on family, Carole
-> transferred & looked for 2 1/2 yrs. Got home
25/10/17. Started on Amisepazine - helping
still having wee episodes.

Has a C/N once a week -> visits house. OT also
goes out to her.

Working in a Psych Unit at Buchanan House ->
every 2 1/2. Going to be discussing the attack
next week. Has tried GMDR in past -> too
traumatic.

DATE

OUTPATIENT HISTORY

(Use other side first)

5/1/18

Mood has been a lot better.
Moved into temporary accommodation at present.
Courtney still at family.

Dysphagia Clinic 22/1/18.

Dental Hospital → burning tongue syndrome,
ulcerations in mouth → for biopsies.

Feet not very good at present. No specific
exercises.

Does relaxation as part of grounding practices
Inner Space → meditation Centre.

Jan De Vries 20yrs ago → acupuncture helped
to diminish pain.

Homeopathy 20yrs ago here → helped fibres at
ankle pain. Was an inpatient at the time.

Nyroxen 800mg 4x

Paracetamol 1g QID

Recently, started on Ramipril / Simvastatin
for high BP → reduced

5/1/18.

→ Refer, Day Service. 3 days in one week.

No dietary requirements. Leave SR work.

Interested in homeopathy → contact to research

A/U 3/12. Of prescribe? (Kantakadam)

Try Thuja occidentalis 30c tablets, DR Schumacher.

one tablet twice weekly (Tg). engaged 3

→ dreams flying

letter done.

fear of falling

pain gripping grasping knees.

CENTRE FOR INTEGRATIVE CARE



0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire

G69 7EP

INTEGRATIVE CARE RECOMMENDATION

Please take this to your GP

We recommend that the above patient be supplied with

THUJA OCCIDENTALIS
30c TABLETS
TAKE ONE TABLET TWICE
A WEEK
PLEASE SUPPLY :- 7g BOTTLE
//

PRACTITIONER DETAILS	
NAME	DR S. CAULFIELD
SIGNATURE	<i>[Signature]</i>
GMC/GNC NUMBER	4696986
DATE	5/1/18

57590

Emergency Attendance Letter



Emergency Department

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:
Fax:
Email:

Date Completed: 30/12/2023

Consultant: GGC ED Virtual Consultant

E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear E Sheppard

Re: **Sullivan Deborah**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

DOB: 07/12/1972

CHI: 0712726128

Attended on: 30/12/2023 at 11:00 hrs.

Departed on: 30/12/2023 at 11:27 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 6

Presenting complaint

Virtual ED from NHS 24 BACK PAIN - 1 HOUR

Nursing Assessment:

low back injury

Investigations in ED:

None

Diagnosis:

Diagnosis	Side	Site
Counselling, Unspecified		

Procedures: None

Immunisations: None

Dispensed Medication: Any medication dispensed or changed is recorded in this letter in the free text below

Clinician Notes:

Patient presented for virtual consultation. Consultation performed via telephone, after patient consent obtained. Unable to connect via video. Presenting complaint: back injury. History Presenting Complaint: Patient is a 51 y/o female presenting today with back injury after leaning over to turn on a lamp this morning felt something happen in her back. Taken paracetamol and diazepam this morning. Pain is 8 /10, moving and walking makes it worse, rest, and analgesia makes it better, constant sore pain radiates down left leg. Endorses pain down leg and loss of sensation, numbness, and tingling intermittently down left leg, having to hold onto things to walk. Denies saddle paraesthesia, changes in bowel/bladder, generalized weakness. Past Medical History: Fibromyalgia, diabetes, chronic pancreatitis, secondary, gallstones, GERD, constipation, PTSD. Drug History: Ikervis, evorel, hylo, forte, dulaglutide, dermol, hylo, empagliflozin, mirtazapine, aripiprazole, diazepam, evolve, metformin, creon, esomeprazole, lactulose. Allergies: duloxetine, penicillin, codeine. Social History: Lives in private residence alone, disabled. Other Relevant Information: IMP: Patient sounds alert and responsive. Able to touch toes, slow ADLs, but states she is able to complete them. Patient has no swelling, bruising, redness, obvious deformity, or open wounds to back. Normal temperature. Patient has no crunching or bony tenderness with palpation, but has tenderness upon palpation to middle just above her bottom, more on the left hand side of her spine. Patient has full ROM and able to ambulate. Diagnosis: muscle strain, sciatica. Plan: ADV: Advised patient to utilise analgesia and ice/heat therapy as needed for pain. Warning precautions given. Patient verbalised understanding of instructions and is agreeable to plan of care.

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Lisa Herring
Nurse

Copies to:

1. E Sheppard (GP)

School Address:



Na 0712726128
SULLIVAN
Deborah
07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE
PH
SUKG

hospital No.
CHI Number
Age
Sex
Dept.
Ward

NHS
Greater Glasgow
and Clyde

07713718392

tel. Cons.

DATE	14/2/22	OUT-PATIENT HISTORY
	Review	tel. Cons. Sept '21
	PTSD Hx	Complex trauma
		Was invited to Holistic Day Service
	anxiety, low mood	
	Fibromy.	or intermitt. abdo. pains.
		prob. menopause
		Started HRT.
		Calc Carb 1000 od
		Tab 6x od prn sweets
		left message on mobile as unable to reach pt.
		Phoned me back. On ward Glasgow Royal Inf.
		at present.
		Admitted Friday.
		'I feel I've been battered about.'
		Had positive Covid test at time of admission.
		Flare up of pancreas also — feel so sick & it.
		On morphine, anti-sickness pills.
		Feels very sleepy. I encourage her to rest & get well. She'd like another appt.
		Has been taking Remediss — has plenty.

J.M. MARDON

lost
V
house of
X
gine

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
p Glasgow, Lanarkshire
S G34 9JE

Hospital No.
CHI Number
Age
Sex
Dept.
Ward

4/12
Phase Review

NHS
Greater Glasgow
and Clyde

0713718392

↑ Calc Carb

LM2 o.d.

Jaharandi box
o.d.

DATE

22/9/21

OUT-PATIENT HISTORY

MYHOP2

? Alopecia?

Review tel. Cons. May 121.

PTSD. Complex trauma,
anxiety, low mood, fibromyalgia
Intermittent abdo pain

SES
ice packs
father
knees

Diabetiz. Sweating.
↑ Calc Carb LM, 'Biolabs' f60 a session
3 min cold water

Not using
painkillers

any more as affecting immersion
has barely helped fibromyalgia
thinks remedy pain o mood.
'Not too bad'. Helps pain.

Taking Calc
Carb - still taking
it.

I've been up & down -
been quite bad c fibromyalgia.

It's a
great
difficulty to
get out
of house
sometimes.

Been in hospital for tests
to exclude tumours causing
sweating.

Last blood tests showed

? Menopausal -
has just started HRT.

Optician
queried

After I eat or drink something
or tea or coffee →

? Sjögren's Syndrome.

Start sweating profusely.

Was at opticians yesterday - v. dry eyes
& felt zero confidence.

J.M. MARDON

CENTRE FOR INTEGRATIVE CARE



0712726128
SULLIVAN
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire

F
07/12/1972

G34 9JE



INTEGRATIVE CARE RECOMMENDATION

Please take this to your GP

We recommend that the above patient be supplied with

Tx
JABORANDI 6x tablets
take one daily as
required for sweats.
/ (7g)

PRACTITIONER DETAILS	
NAME	J.M. MARDON
SIGNATURE	<i>[Signature]</i>
GMC/GNC NUMBER	3204986
DATE	22/9/21

00471



CENTRE FOR INTEGRATIVE CARE



0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE



INTEGRATIVE CARE RECOMMENDATION

Please take this to your GP

We recommend that the above patient be supplied with

Tx
CALCAREA CARBONICUM
LM₂ sucrose pillules,
take one daily (7/11)

PRACTITIONER DETAILS	
NAME	J.M. HARDON
SIGNATURE	<i>[Signature]</i>
GMC/GNC NUMBER	3204986
DATE	22/9/21

00470

Name: 
0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse

Age: Sex: Marital: Date:
Status:
Date of Birth: Tel. No.

Address Glasgow, Lanarkshire
G34 9JE

Occupation: Home:
MMPOP telephone Counsellor

Complaint:

deborahsullivan72@
icloud.com
Dr Rosemary McCaffrey
Counsellor

History of Present Illness:

Ref by CMHT
Anchora Resource Centre

Been
sent to
a
deep freeze
£600
assessment
at
Annie's and
Cross
(£30)
disjoint
helped
fibromyalgia
or
Mood.
Circulation
Put in
a v. low
temp for
3 minutes.
on a
facebook
page.

PTSD / Complex trauma
had psychol. or medical for
this
antidepressant or antipsychotic
Phase 2 techniques
to help with flashbacks
nightmares
Also anxiety & low mood.
fibromyalgia or
Intermittent abdo
pain
on multiple medications
Inability to go out walk & family
has increased isolation
during 'lockdown'
affecting mood.
Resistance to practices
meditation.
Would prefer alternative approaches
to pain.
(has been ref to E pain team)

Previous Illness

Not partic prone to
Colds or flu



0712726128
SULLIVAN
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE
F
07/12/1972

Takes Cider Vinegar

& Turmeric

Capsules

Diabetic

put on H2store

in lockdown

every day

4 hrs

Menstrual History:

Mum & Dad, diabetic (estranged)
was 3 yrs ago v. sudden
age 60 (6 Sept 2013)

Family History:

Lives on own

Daughters

Lives near by

keeps well.

At Uni

Podrogo

Diabetes

Social & Personal:

Has a video call to Pain Clinic on 21/6/21.

Has seen Dr. Colin Rae,

Pain Clinic previously.

I'm a bit sceptical about taking more medication

Pres. was on fentanyl patches

Dihydrocodeine

& Tramadol

pres.

Current Tx: Pregabalin

Duloxetine (for nerve)

Ends to help

Losec (omeprazole)

a mood

Digoxin 5mg

Telmazepram at night

Paracetamol.

Diabetic

medicall

being changed.

4 3 yrs ago

Tx tablets

& diabetic

list.

Homeopathic Symptoms



0712726128
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Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Generals

Mostly feel cold
Time

Cold

Head

Sleep:

Keep waking up to Dreams

Position

Stomach

Aversions:

Desires:

Thirst:

Particulars

Vertigo

Head

Eye

E.N.T.

Face

Mouth

Teeth

Tongue

Stomach

Abdomen

Rectum

Stool

Urinary

Genitalia

Larynx

Respiration

Cough

Sputum

Chest

Back

Extremities

Perspiration

Skin

Mentals

Lockdown v. difficult.

Daughter does shopping.

Interest in Meditation.

Not done a Mindfulness

Has an I-Phone

does Calm-App.

When I drift away, I hear voices & brings back trauma.

Flashbacks &
Delayed gastric bad dreams.
Empty stomach. Lx has sleep at night on a good night.
Nocturnal are hardest, comes dark.

Not done hypnosis.
Lactulose
Has to take
Confidence & mobilising
13 low
Waiter
FATHER of
has knee.
(L)

Was seeing a psychologist, but wasn't a good time and I ended in hospital 3 with for mental health 3 yrs ago.



General Condition

Appearance:

Oedema: Glands:

Extremities:

Cardiovascular System

Rate: Rhythm: Quality:

B.P.:

Heart:

Pulses:

Respiratory System

Nasopharynx:

Lungs:

Alimentary System

Tongue: Teeth:

Abdomen:

Liver: Hernial Orifices:

Spleen:

Kidneys:

Rectal:

Central Nervous System

Mental State:

Movements:

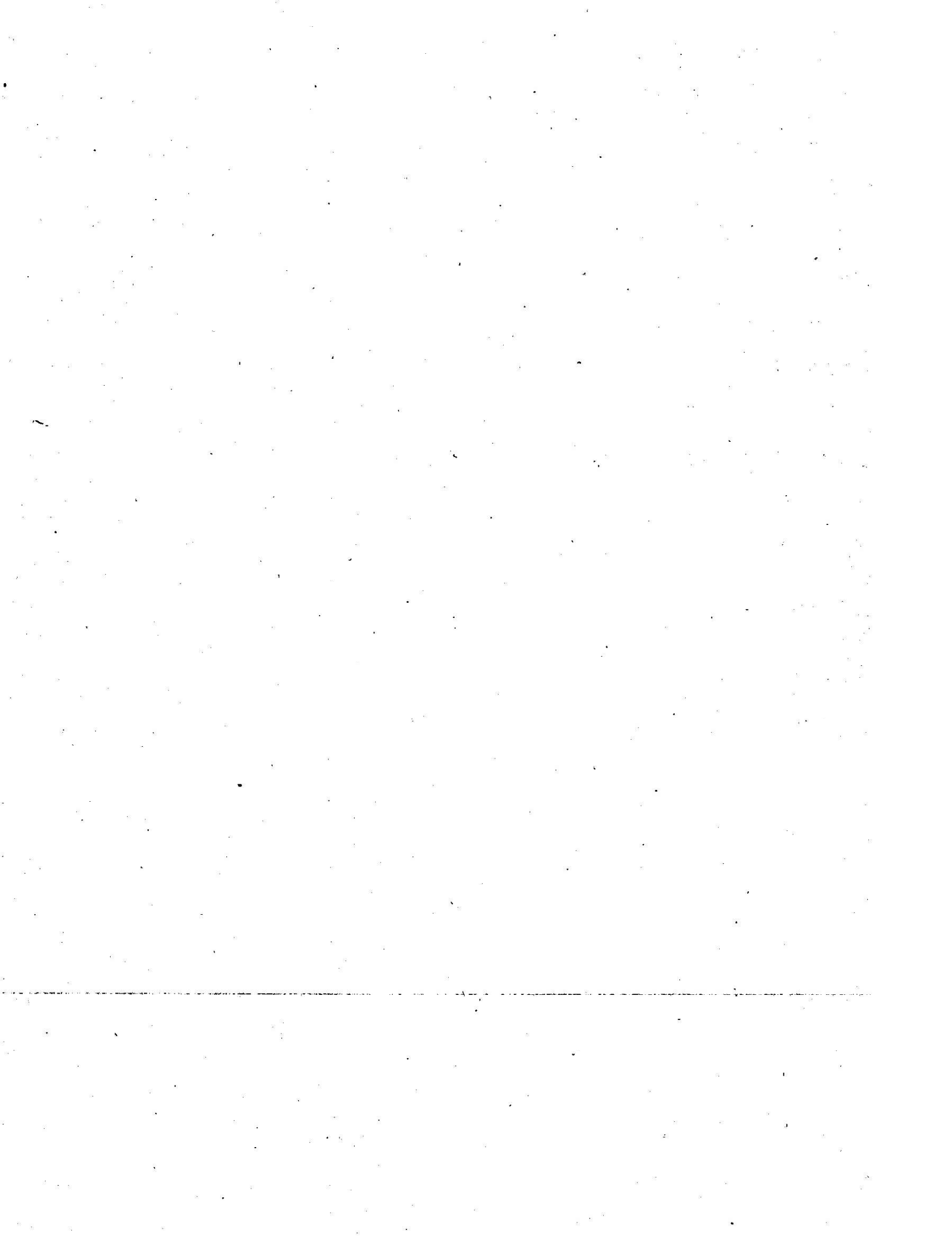
Reflexes:

Co-ordination & Sensory:

Cranial Nerves:

Pupils:

Fundi:



Periods stopped since her first
Cord vaccine

Name



0712726128

SULLIVAN

Deborah

Flat 0-1, 8 Boyndie Street

Easterhouse

Glasgow, Lanarkshire

07/12/1972

F

G34 9JE

PHYS/
SURG

NHS

Greater Glasgow
and Clyde

Has more coil
than quite heavy

Suzanne B
Embassy

Embassy
Pain for head

back
Sides (Embassy)

26/5/21

DATE

OUT-PATIENT HISTORY

A bit nervous about groups

Talked about this

Would like

makes me
not want to
fat

Did a lot of Mindful Colouring in

Lost interest in

That a present

Great niece

6 yrs old

Pet Cat, Louis

my best

buddy

I'm v. close to my family

2 sisters (older & younger)

Daughter

has a horse

Love to see

I'm estranged from my fa. 70 yrs

him or groom
him

Profuse

Sweating
x 2 yrs

(as are sisters) &

it pings on her mind

Open to try a homeopathic

Remedy

May Carb

Mood is

back forth at
present

May wake & flashbacks or pain in
knee

CENTRE FOR INTEGRATIVE CARE



0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire.

G34 9JE



INTEGRATIVE CARE RECOMMENDATION

Please take this to your GP

We recommend that the above patient be supplied with

1
CALCEA CARBONICUM,
LM1 sucrose pillules,
take one daily.
(7g
bottle)

PRACTITIONER DETAILS	
NAME	J. M. MARDON
SIGNATURE	
GMC/GNC NUMBER	3284986
DATE	26/5/21

04897

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☒

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☒

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☒

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐

LABS

☐

Admission Checklist

Hospital: New Vic
Consultant: Mr Johnston Date: 11/02/18

Proposed Operation:- Cystoscopy

Patient Questionnaire Completed? Yes ☒ No ☐
Pre-Op Assessment Completed? Yes ☒ No ☐

Escort Details (responsible Adult) Name: Patner Robert Telephone Number: 07597389238

Confirm "Next of Kin" on pre-assessment Yes Name: Telephone No:

Interpreter Required? (If "YES" confirmation of booking) Yes ☐ No ☒
Duration of booking (if known).....

Carer required to stay with patient? Yes ☐ No ☒

Date of LMP? Date: N/A

Are you, or could you be pregnant?
If "Yes" pregnancy test must be performed Yes ☐ No ☒

Pregnancy test results +VE negative @ 0840

Group and save results checked Yes ☐ No ☒
Date done.....

Anti D required Yes ☐ No ☒

Is the patient on Anti-Coag therapy?
If "Yes" state type..... Yes ☐ No ☒

Are INR results available within last 24hrs?
If "No" INR taken datetime..... Yes ☐ No ☐

Is the patient diabetic If "Yes"
BM on admission results..... 8.7 mmol/L @ 0845 Yes ☒ No ☐

Urinalysis done Results..... trace blood, H+ glucose Yes ☒ No ☐

CJD single question asked Yes ☒ NO ☐ Comment if required
If at risk theatre notified

Answer to CJD single question At Increased Risk ☐ By.....
Not at increased Risk ☒ To.....

If CJD question has not been asked then ask the question "Have you ever
been notified that you are at an increased risk of CJD or vCJD for public
health purposes?" Yes, I have been notified Comment if required
No, I have not been notified

Has the patient been nursed outwith Scotland in the last 12 months? Yes ☐ No ☒

Alert Sticker (if required) Yes ☐ N/A ☒

Does the patient have any pressure area issues? If 'Yes':
Area..... Yes ☐ No ☒

Issue+/-
Tissue Viability contacted Yes ☐ N/A

Other Information- Document any other relevant information e.g. needle
phobia, request for female practitioner 'Getting to know you' information.

Fit Form required Yes ☐ No ☒

Baseline Observations		Time: <u>0825</u>	Time:
SP02	<u>96%</u>		
BP	<u>121/68</u>		
HR	<u>83 HR</u>		
Temp	<u>36.4°C</u>		
Staff Initials	<u>MT</u>		

Weight: Height:
Resp:

Any relevant medical history or other information
Amoxicillin, semaglutide, Aspirazole, Mefenamic acid, Celecoxib, Venlafaxine, Aripiprazole, Gabapentin, Escitalopram, Amitriptyline, Ondansetron

Please print & sign name when checklist completed Name: MT
Time: 0820

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

Affix Aa



0712726128

Name: SULLIVAN

F

CHI: Deborah
Flat 0-1, 8 Boyndie Street

07/12/1972

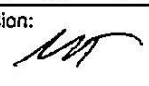
DOB: Easterhouse
Glasgow, Lanarkshire

G34 9JE

Patient mode of transport to theatre Trolley ☐ Walking ☒ Chair ☐			
Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med			
Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Case Notes/Scanner Folder	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Addressograph Labels	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
X-Rays and Scans	Yes ☐ No ☒ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
Prescription Chart	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Alert sticker		Please see page 1 Checked ☐	Please see page 1 Checked ☒
Consent / Incapacity (circle) Signed & Dated	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Checked against theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Patient/Incapacity/Consent(Circle)	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Procedure and site for Surgery	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
Correct site marked	Yes ☐ No ☒	Yes ☐ No ☐	Yes ☐ No ☒
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☒	Yes ☐ No ☐	Yes ☐ No ☒
Allergies/Sensitivities and Reactions	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☒ No ☐
If Yes, please specify	Penicillin - rash		
Fasted from - specify time (24hr clock)	Food: 2200 Fluid: 5/5	Checked:	Checked: 22.00
Blood Glucose Score N/A	Time: 0845 Score: 8.7	Time: Score	Time: 8.45 Score: 8.7
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☒ N/A ☐
If 'Yes' state location and type			
External prosthesis e.g. hair extensions, hair pieces.	Yes ☐ No ☐ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
If left in situ, state location on patient			
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☐ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☐ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☐ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
Comments			
False Nails	Yes ☐ No ☐ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☐ No ☐ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
State Location:			
Dentures Removed	Yes ☐ No ☐ N/A ☒	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒
If "Yes" state where stored:			
Spectacles contact lenses removed (circle) If 'Yes' state where stored:	Yes ☐ No ☒ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☒ N/A ☐

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

Affix Add: 
Name: 0712726128
SULLIVAN
CHI: Deborah
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Preoperative Checklist <i>continued</i>			
Pre-operative checks	Admission Check	Reception Check N/A	Anaesthetic Check
Hearing aid(s) Hearing aid(s) removed	R ☐ L ☐ N/A ☒	R ☐ L ☐ N/A ☐	R ☐ L ☐ N/A ☒
If removed state where stored:	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐
CJD question asked		Please see page 1	Please see page 1
Answer to CJD question		Checked ☐	Checked ☒
If CJD question has not been asked then ask the question "Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☒
MRSA screen results (if applicable)	Positive ☐ Negative ☐ Comments if required: Results Pending ☐ N/A ☒		
Inhalers / Sprays with patient State Type	Yes ☐ No ☐ N/A ☒	Type:	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☐ N/A ☒	Type:	
Paper Pants in situ	Yes ☒ No ☐ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☒ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked ☐	See P1 Checked ☒
Is there any chance you are pregnant?		See P1 Checked ☐	See P1 Checked ☒
Pregnancy test carried out		See P1 Checked ☐	See P1 Checked ☒
Pregnancy test result			
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☒	See Admission Check Checked ☐	See Admission Check Checked ☒
Local anaesthetic cream applied	Yes ☐ N/A ☒	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied.....
Pre-Medication Given	Yes ☐ N/A ☒	Yes ☐ N/A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2	Bed ☐ Trolley ☒ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐
Please print and sign name once the checklist is complete	Admission:  Time: 0820	Reception: N/A ☐ Time:	Anaesthetic Assistant: Shona Stewart Time 8.55

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

Affix Ac



0712726128

Name: SULLIVAN

CHI: Deborah

DOB: Flat 0-1, 8 Boyndie Street

Easterhouse

Glasgow, Lanarkshire

07/12/1972

G34 9JE

SURGICAL BRIEF					
Surgical Brief carried out:		Yes ☐	No ☐	If 'No' please specify	
Baseline Observations Date & Time	Pulse: 73	BP: 120/77	Temp: 36.2	SpO2: 100	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☒		Available: Yes ☐ No ☐		Or patient has been grouped and saved: Yes ☐ No ☐
Venous Access	20g left wrist				
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☒					
Anaesthetic Type - Please Tick all that apply					
General Anaesthetic ☒	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Airway	iGel size 4				
Local Anaesthetic	Site:	Drug:		mls:	
Sedation	Drug:			mls:	
Skin Prep used for Anaesthetic Monitoring/Block(s)			This section NOT applicable ☒		
SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:			
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify Prep:			
OTHER SPECIFY	Yes ☐ N/A ☐	Specify Prep:			
Blood Glucose Monitoring			This section NOT applicable ☒		
Time					
BM score					
Safe use of SpO2 probe to prevent injury			This section NOT applicable ☐		
SpO2 Probe rotated hourly		Yes ☐ No ☐ N/A ☒	Initial Position left index finger		
Time Rotated					
Probe Position					
Prevention of Eye Injury			This section NOT applicable ☐		
Eyes protected from injury during procedure:		Yes ☒ No ☐	Specify: mepore tape		
Maintenance of Norm-thermia			This section NOT applicable		
Actions taken to maintain the patient's Temperature	Yes ☒	Warm air blanket device - specify:	Yes ☐	No ☒	N/A ☐
	No ☐	Warm Fluids	Yes ☐	No ☒	N/A ☐
		Warming Mat	Yes ☐	No ☒	N/A ☐
		Thermal Hat	Yes ☐	No ☒	N/A ☐
		IV fluid warmer	Yes ☐	No ☒	N/A ☐
		Other - specify blankets	Yes ☒	No ☐	N/A ☐
Patients Temperature documented by Anaesthetist		(Yes)	No		

GG&C Day Surgery/23 hour Care Plan

Affix Address:



0712726128

Name : SULLIVAN

Deborah

CHI : Deborah 0
Flat 0-1, 8 Boyndie Street
Easterhouse

DOB : Easterhouse

Glasgow, Lanarkshire

07/12/1972

G34.9JE

This section NOT applicable ☒

Comments/Events

Affix Address

0712726128

Name: SULLIVAN

Deborah

07/12/1972

CHI: Flat 0-1, 8 Boyndie Street

DOB: Easterhouse
Glasgow, Lanarkshire

G34 9J

Safe Positioning		This section NOT applicable ☒	
Moving aids used to move patient:	Yes ☒ No ☐	Pat Slide ☒ Hover Mattress ☐	Sliding sheet ☒ Other specify: ☐
Pre-op Pressure Area Care			
Pre-operative skin issues (please circle)	Excoriation Level: 0 1 2 3	PU Grade: N/A 1 2 3 4	
Area of concern identified (include area of body)		Actions Taken	
Position 1			
Time: 09 ¹⁰	Positioning Devices	Pressure Relieving	Arm Position
Supine ☐ Prone ☐ Left Lateral ☐ Right Lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Trendelenburg ☐ Deckchair ☐ Reverse Trendelenburg ☐ Lower Limb Traction ☐ Lithotomy ☒ Other ☐	Head ring ☐ Lateral supports ☐ Pillows ☒ Hydraulic leg supports ☒ Straps ☐ Limb Traction ☐ Wedge ☐ Side Supports ☐ Sandbag ☐ Bolster ☐	Gel Pads ☐ Heel gel ☐ Pads ☐ Full gel mattress ☐ Gel Wedge ☐ Pillows ☐ Shoulder Roll ☐	R Arm Position At side ☒ On boards ☐ Across chest ☐ Hand Table ☐ Hand Traction ☐ Secured with: Straps ☐ J Board ☒ Pressure Care: Gel / Foam Pads ☒
Position 2			
This section NOT applicable ☒			
Time:	Positioning Devices	Pressure Relieving	Arm Position
Supine ☐ Prone ☐ Left Lateral ☐ Right Lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Trendelenburg ☐ Deckchair ☐ Reverse Trendelenburg ☐ Lower Limb Traction ☐ Lithotomy ☐ Other ☐	Head ring ☐ Lateral supports ☐ Pillows ☐ Hydraulic leg supports ☐ Straps ☐ Limb Traction ☐ Wedge ☐ Side Supports ☐ Sandbag ☐ Bolster ☐	Gel Pads ☐ Heel gel ☐ Pads ☐ Full gel mattress ☐ Gel Wedge ☐ Pillows ☐	R Arm Position At side ☐ On boards ☐ Across chest ☐ Hand Table ☐ Hand Traction ☐ Secured with: Straps ☐ J Board ☐ Pressure Care: Gel / Foam Pads ☐
Electrosurgery			
This section NOT applicable ☒			
Monopolar Yes ☐ N/A ☐	Bipolar Yes ☐ N/A ☐		
Site(s) of Monopolar electrode			
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:	
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:	
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:	

Affix Address

Name :

CHI :

DOB :

0712726128

SULLIVAN

Deborah

Flat 0-1, 8 Boyndie Street

Easterhouse

Glasgow, Lanarkshire

07/12/1972

G34 9JE

TourniquetsThis section NOT applicable ☒

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

Digit TourniquetsThis section NOT applicable ☒

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

Skin PreparationThis section NOT applicable ☐

Site	Clipped	Preparation solution used	
Perineum	Yes ☐	Aqueous iodine based solution	Chlorhexidine solution ☐
	No ☒	Alcohol iodine based solution	Chlorhexidine acetate Solution ☒
	N/A ☐	Aqueous iodine and sodium chloride 50/50	 0.015 % ☐
		Other Specify:.....%	☐
Site	Clipped	Preparation solution used	
	Yes ☐	Aqueous iodine based solution	Chlorhexidine solution ☐
	No ☐	Alcohol iodine based solution	Chlorhexidine acetate Solution ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50	 % ☐
		Other Specify:.....%	☐

Local Anaesthetic Infiltration to WoundThis section NOT applicable ☒

Site	Drug	Quantity
Site	Drug	Quantity

DrainsThis section NOT applicable ☒

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

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

Wound Closure used: Yes ☐ No ☐ N/A ☐		Wound Dressings: Yes ☐ No ☐ N/A ☐	
Site	Wound closure	Dressings	Packing
1			
2			

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

Affix At: 0712726128
Name: SULLIVAN F
CHI: Deborah 07/12/1972
DOB: Easterhouse
Glasgow, Lanarkshire
G34 9JE

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

Operation / Procedure Performed

Rigid cystoscopy

Blood Tags This section NOT applicable ☒

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

Post-op Pressure Area Care

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

Action taken if required

Notes / Comments / Events This section NOT applicable ☐

Traceability Stickers

CYSTOSCOPE SET (VICACAD)
Central Decontamination Unit
28/01/2025 57598
Production id: 557634
ID: 50554784300025827

Southern General TUR Pack M&Nlycke Health Care

7 332958 668586

2025-01-15
REF 87313423-02
LOT 2413878
0011

Affix Ad

0712726128

Name: SULLIVAN

CHI: Deborah

DOB: Flat 0-1, 8 Boyndie Street

Easterhouse

Glasgow, Lanarkshire

07/12/1972

G34 9J

Post-Op Instructions e.g. sutures, physio follow up appointments*-no follow up***Verbal Handover from Theatre to Recovery**

Verbal Handover given by:

Wardell

To:

*C. Madden***Handover should include the following:**

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

Pressure Area Issues

N/A ☐

(Skin inspection score post-operative see page 9)

Area of Concern identified (include area of body)

Actions Taken

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

Immediate Post-operative Recovery

Affix Add

Name :

CHI :

DOB :



0712726128

SULLIVAN

Deborah

Flat 0-1, 8 Boyndie Street

Easterhouse

Glasgow, Lanarkshire

07/12/1972

G34 9JE

Post-operative Observations

Time	09:30	09:35	09:40	09:45	09:50	09:55
210						
200						
190						
180						
170						
160						
150						
140						
130						
120						
110						
100						
90						
80						
70						
60						
50						
40						
30						
Airway type	5	1	1	1	1	1
O ₂ Therapy	12L	6L	6L	6L	4L	4L
SpO ₂	99	95	94	95	98	96
Resp. Rate	14	14	12	11	11	11
CVP	NA					
Temp.		36.2				
Pain Score	0	0	0	0	mild	mod
P.O.N.V.	0	0	0	0	0	0
Sedation Score	3	1	0-1	0	0	0
BM Score			9.8			
HemoCue Score	NA					
Hourly Urine Vol.	/	/	/	/	/	/
Total Urine Vol.	/	/	/	/	/	/
Wound Score	1					
Wound Score	1					
Wound Score	1					
PV Staining			0			
Circulation +ve/-ve						
Sensation +ve/-ve						
Movement +ve/-ve						
Pedal Pulse - Left						
Pedal Pulse - Right						
Drain 1						
Drain 2						
Drain 3						
Drain 4						
Staff initials	CM	CM	CM	CM	CM	CM

0712726128

G34 9JE

[illegible]

Airway Type	Flow (L/min)	Pressure (cm H ₂ O)	Resistance (cm H ₂ O/L/min)
Trachea	15	15	1.0
Primary bronchi	10	10	1.0
Tertiary bronchi	5	5	1.0
Small bronchi	2	2	1.0
Terminal bronchioles	1	1	1.0
Respiratory bronchioles	0.5	0.5	1.0
Alveoli	0.2	0.2	1.0

- ### Post Operative Nausea and Vomiting Assessment

- Sedation Score**

- Wound Score

- Pain Score

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

Routine recovery. BM 9-8 mmad
Sats 93% on air.
oc 4C sats 97%
complaining of chronic pancreatic
pain. Given co codamol. ~~Conscious~~ sats
Tolerating oral fluids. ~~Unstable~~

IV Fluids in Recovery

Discharge Recovery

Affix At  0712726128
Name SULLIVAN F
CHI : Deborah 07/12/1972
DOB : Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JF

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal Handover given by:

To:

Handover should include the following:

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

Pre-Mobilisation Patient Checks

Time	1050	1115	Comments
BP	89/60	97/57	
HR	68	90 HR	
SpO2	98	96%	
Wound Site 1	—		
Wound Site 2			
Diet & Fluids tolerated	✓		
Operated Limb N/A ☐			
Colour			
Sensation			
Movement			
Signature:		mg	

Events / Comments

This section NOT applicable. ☐

Events / Comments	Time	Signature

Discharge Criteria

Affix Adc: 0712726128

Name: SULLIVAN

Deborah

F 07/12/1972

CHI: Flat 0-1, 8 Boyndie Street

Easterhouse

DOB: Glasgow, Lanarkshire

G34 9JE

Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit and walk unaided	✓		
Stable NEWS	✓		BP 93/60 HR 91 SpO2 96%
Sedation Score (alert & orientated)	✓		anaesthetist happy for patient to be discharged
Pain controlled (mild <3)	✓		
Post-op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided urine post-op	✓		
Advice given if not voided urine post-op		✓	
wound site(s) checked & satisfactory		✓	
1.		✓	
2.		✓	
CSM of operated limb checked & satisfactory	✓		
IV Cannula removed	✓		
ID Bracelet/ECG electrodes removed		✓	
Anti-D given		✓	
Post-Op discharge letter (IDL)	✓		
Follow up appointment arranged		✓	By Post ☐ Given ☐
Practice/District Nurse referral		✓	
Post-Op Instructions given	✓		
Discharge medication	✓	✓	
Responsible adult escort	✓		
Responsible adult supervision overnight	✓		
Any skin issues prior to discharge reported	✓		
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient.		✓	
Patient met discharge criteria at 1200 hrs			By:
Patient left DSU at: 1220			Destination: Home
Discharged into the care of: Robert			Relationship: Partner

Risk Assessment



Affix Ad: 0712726128

Name: SULLIVAN

Deborah

07/12/1972

CHI: Flat 0-1, 8 Boyndie Street

Easterhouse

DOB: Glasgow, Lanarkshire

G34 9JE

Additional NHSGGC Documentation To be completed on Admission	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Assessment Chart for Wound Management					
Moving and Handling Assessment					
Falls Risk Assessment	✓				
Bedrail Risk Assessment					
Clinical Notes					
Date and Time	Notes				Print Name, Signature and Designation

Affix Address



Name : 0712726128
SULLIVAN F
CHI : Deborah 07/12/1972
DOB : Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire

'G34 9JE

Affix Address:

Name :

0712726128
SULLIVAN

CHI :

Deborah 07
Flat 0-1, 8 Boyndie Street
East

07/12/1972

DOB:

Easterhouse
Glasgow, Lanarkshire

G34 9JE

Pre-Operative Patient Questionnaire

For the attention of patients receiving a general anesthetic or sedation

Have you arranged a carer for 24hrs at home	<i>Robert Palmer</i>	Yes ☐ No ☒
Do you have a cough, cold or nose trouble?		Yes ☐ No ☒
What time did you last have something to eat?		<i>1200</i>
What time did you last have something to drink?		<i>8pm</i>
Do you require a sick line or self certificate?		Yes ☐ No ☒
Do you have any known skin problems e.g. pressure ulcers or sores?		Yes ☐ No ☒

Patient Agreement

I understand that following day surgery I must:

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

I understand that following day surgery I must NOT:

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

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

✓ Patient signature: *D E Sullivan* Date: *11/12/25*

Registered practitioner signature: *[Signature]* Date: *11/12/25*

Comments

--

Acute Services Division



Greater Glasgow
and Clyde

Dear Doctor,



0712726128

Name.

SULLIVAN

F

Deborah

07/12/1972

Flat 0-1, 8 Boyndie Street

Address

Easterhouse

Glasgow, Lanarkshire

G34 9JE

The above named patient attended the Day Surgery Unit at the New Victoria Hospital

on

11/2/25

The procedure carried out was rigid cystoscopy

The patient was discharged home following this.

This was carried out under:

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

Drug name

Dose

Route

Frequency

Duration

Yours sincerely,

P.P. M. Johnston

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

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

Patient Note		Outpatient Note
Date/Time: 09-May-2024 09:05 Specialty: Ophthalmology Note: VA IOP	Created By: ST5 - Gordon Brown Organisation:	Role: Doctor - GGC Sensitive

Patient Note		Outpatient Note
Date/Time: 13-Dec-2023 17:05 Specialty: Ophthalmology Note: VA Icare	Created By: Consultant Ophthalmologist, Stobhill ACH, SGH, Victoria ACH - Maria Gregory Organisation: Queen Elizabeth University Hospital	Role: Doctor - GGC Sensitive

Patient Note		Outpatient Note
Date/Time: 18-Jul-2023 18:13 Specialty: Ophthalmology Note: VA IOP	Created By: ST5 Ophthalmology - Shamyla Qureshi Organisation:	Role: Doctor - GGC Sensitive

Patient Note		Outpatient Note
Date/Time: 27-Jan-2022 17:59 Specialty: Ophthalmology Note:	Created By: Consultant Ophthalmologist, Stobhill ACH, SGH, Victoria ACH - Maria Gregory Organisation: Queen Elizabeth University Hospital	Role: Doctor - GGC Sensitive

VA

Emergency Attendance Letter



Emergency Department

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 07/05/2023

Consultant: GGC ED Virtual Consultant

E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear E Sheppard

Re: **Sullivan Deborah**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

DOB: **07/12/1972**

CHI: **0712726128**

Attended on: **07/05/2023 at 13:30 hrs.**
Discharge Type: **01c - Discharge with referral**

Departed on: **07/05/2023 at 13:39 hrs.**
Destination: **Admission to ED/MIU following a
Virtual Consultation**

Previous ED Attendance in last 12 months: **3**

Presenting complaint
VIRTUAL FROM NHS 24 - KNEE PAIN 1 DAY

Nursing Assessment:
left knee injury

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Counselling, Unspecified		

Procedures: None

Immunisations: None

Dispensed Medication: Any medication dispensed or changed is recorded in this letter in the free text below

Clinician Notes:

Patient presented for virtual consultation. Consultation performed via video, after patient consent obtained. Presenting complaint: Left knee injury 1/7 .History Presenting Complaint: Patient is a 50 y/o female presenting today with left knee injury after falling down 2 steps in hallway while taking rubbish out. Had to sit for a wee while, but was able to get back up. Now has clicking noise with movement and lump to knee. Now she is using a crutch and feels like knee is going to give way. Patient states knee is red and hot, it is painful to weight bear. Took paracetamol, voltarl gel, and pain patch. Pain is 8/10, moving or bending makes it worse, rest, ice, and analgesia makes it better, constant stabbing pain does not radiate. Denies loss of sensation, numbness and tingling.

Past Medical History: Fibromyalgia, GERD, low back pain, chronic pancreatitis, gastroparesis, type 2 diabetic, high cholesterol, HTN .Drug History: Ramipril, simvastatin, pregabalin, venlafaxine, sucralfate, ilube, paracetamol .Allergies: duloxetine, anhydrol, opiates, codeine, penicillin .Social History: Lives in private residence alone, disabled. .Other Relevant Information: IMP: Patient looks alert and responsive. NAD noted. Patient has swelling to left knee. Patient has no bruising, open wounds, redness, or obvious deformity to left knee. Patient has bony tenderness and crunching feeling upon palpation to left patella Patient has reduced ROM with straight leg raise and flexion, unable to bear weight as knee feels like it is going to give way Diagnosis: soft tissue injury vs. fracture. .Plan: ADV: Advised patient to utilise analgesia and ice therapy as needed for pain. Advised patient to go to STO MIU on 07/05/23 at 1500. Warning precautions given. Patient verbalised understanding of instructions and is agreeable to plan of care.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Lisa Herring
Consultant

Copies to:

1. E Sheppard (GP)

School Address:

Clinical letter - Others:



Centre for Integrative Care
1053 Great Western Road

Glasgow

G12 0YN

0141 211 1600

Homeopathy

0141 211 1688

CIC.admin@ggc.scot.nhs.uk

07/07/2021

JM/PL

26/05/2021

01/07/2021

Dr Rosemary McCaffrey
Consultant Psychiatrist
Community Mental Health Team
Auchinlea Health Centre

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

Dear Dr McCaffrey,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Thank you for referring Deborah and your helpful letter explaining her difficulties with post traumatic stress disorder, complex trauma and the different therapies and treatments that have been used for this. She also has anxiety and low mood, fibromyalgia and intermittent abdominal pain.

I took an integrative care approach. Deborah explained that she is not particularly prone to colds or flu and takes turmeric capsules daily. She is diabetic, diagnosed 3 years ago and treated by oral hypoglycemics and diet and her medication has recently been changed. She put on one and a half stones during lockdown. She said her mother had died 3 years ago suddenly with sepsis at the age of 66 and is estranged from her father.

Both parents are diabetic. Her daughter lives near her and keeps well. She is due to have a video call with the pain clinic next month. She was previously on fentanyl patches, dihydrocodeine and tramadol and currently takes pregabalin, duloxetine, omeprazole, diazepam 5mg and temazepam at night and paracetamol. She generally tends to feel cold. She can wake with flashbacks and bad dreams and a good night will enable 4 hours sleep. She said she has delayed gastric emptying. She had had a fall in April and has a crutch but feels her leg goes away from her and is waiting for an MRI scan of her left knee.

She says her confidence for mobilising is low at present. She has seen a psychologist in the past regarding the trauma about 3 years ago but said it ended being too stressful for her mental health and she had 3 months in hospital. She does have an interest in meditation and has not followed a course for it. She has an iPhone and uses a calm app.

However when she drifts away as she describes it she hears voices and this can bring back trauma. She has a marina coil fitted and previously her periods were quite heavy. I asked how she felt about taking part in an on line group and she was open to trying this although she said she felt it a bit nervous. She had been doing mindful colouring and that is something that she can do with her great niece who is 6 but she has lost interest in that at the moment. She has a cat who gives her comfort. She is very close to elder and younger sister.

She has had profuse sweating for that past 2 years also. She feels her mood is back and forth currently. I have suggested the homeopathic remedy calcarea carbonicum LM1

one pill daily. She also explained she had attended some private sessions of short 3 min immersion in very cold temperatures which she felt had helped with her fibromyalgia pain and mood.

I have offered a review for a few months time.

Kind Regards,

Dr Jacqueline Mardon

Associate Specialist

Centre for Integrative Care

Electronically Signed: Dr Jacqueline Mardon, Consultant

cc. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

**Queen Elizabeth University
Hospital
1345 Govan Road
Govan
Glasgow
GGC
G51 4TF
Tel: 01412011100**

Dr Emma Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

28 Aug 2025

Dear Dr Sheppard,

**Re: Deborah Sullivan, Flat 0-1, 8 Boyndie Street , Easterhouse,
Glasgow, G34 9JE**

DOB: 7 Dec 1972, CHI: 0712726128, CHI: 0712726128

History:

Keratoconjunctivitis sicca Blepharitis Deborah advises that the Ilube prescription and possibly ikervis has been stopped. She advises these were replaced with Hycosan. Looking at ECS the last prescriptions were issues in April and May 2025 She found the Ilube and ikervis very helpful and would like to restart this.

Diagnosis:

23 May 2023	Principal: BILATERAL Keratoconjunctivitis sicca
23 May 2023	BILATERAL Blepharitis

Visual Acuity:

Visual Acuity	Right Eye	Left Eye
Unaided	6/12	6/9
Pinhole	6/9	6/7.5

Intraocular Pressure:

15 mmHg on the right, and 18 mmHg on the left (recorded on 28 Aug 2025)

Examination:

diffuse staining on cornea and conjunctiva with very unstable tear film

Left upper lid: external hordeolum with mild lid swelling

Clinical Management:

PATIENT SHOULD BE ON FOLLOWING COMBINATION OF TREATMENT:

- 1. Ikervis daily to BE** (this is topical cyclosporin and there is no equivalent adequate replacement)
- 2. ilube tds to BE** (this is a mucolytic and topical lubricants alone are not an adequate replacement)
- 3. Evolve Revive 6 x daily to BE** - this is a combination of 0.2% sodium hyaluronate + carbomer in liquid form and therefore is superior to hycosan extra (0.2% Sodium Hyaluronate alone)
- 4. Hylonight nocte BE**

I suspect there may have been some misunderstanding on the patient's part and quite possibly the correct prescriptions are ongoing however I have asked her to check with GP to ensure correct prescriptions are ongoing as her eyes are very dry

for LEft upper lid: oc chlormaphenicol tds x 1 week + hot spoon bathing recommended

Follow-up:

Face 2 Face - 6 months with Consultant

Sincerely,

Maria Elena Gregory

Signed on 28 Aug 2025, 10:38

Dr Maria Elena Gregory

**To: GP : Dr Emma Sheppard, Lochend Surgery, Easterhouse Health
Centre, 9 Auchinlea Road, Glasgow, G34 9HQ**

Clinic LetterGreater Glasgow
and ClydeQueen Elizabeth University Hospital
1345 Govan Road

Glasgow

G51 4TF

0141 201 1100

Dr. E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel: 0141 451 6066
Enquiries to: stephanie.wright@ggc.scot.nhs.uk
Letter Date: 09/05/2024
Reference: SW
Dictated: 09/05/2024
Date:
Transcribed: 29/05/2024
Date:

Dear Dr. E Sheppard,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Ophthalmology; Clinic - SUMGREY7-DR GREGORY EYE THUR AM
Date and Time of Appointment - 09/05/2024 10:40

Clinical Comments:**DIAGNOSIS:**

Keratoconjunctivitis sicca

Blepharitis

Patient feels much better since starting Ikervis. She advises that the Ilube prescription has stopped being given out. She found the Ilube very helpful and would like to restart this.

On examination there is some inferior staining on the cornea, tear film is a bit greasy but much more stable compared to previous and there is mild conjunctival staining. Overall, the appearances seem to have improved.

TREATMENT ADVISED:

Continue Ikervis daily

Continue Evolve Revive QID

Oc Hylo Night nocte

Restart Ilube 3 x-daily

Follow up in 6 months time.

Yours sincerely

DR M GREGORY

Consultant Ophthalmologist

Electronically Signed: Dr Maria Gregory , Consultant

cc.

Letter to Patient: Holistic Day Service

Centre for Integrative Care
1053 Great Western Road
Glasgow
G12 0YN

Deborah Sullivan
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 211 1600
Centre for Integrative Care
0141 211 1688
0141 211 1688
01/12/2021
01/12/2021
01/12/2021

Dear Deborah,

NHS Centre for Integrative Care Holistic Day Service

I am writing to you to invite you take part in the **Holistic Day Service** at the NHS Centre for Integrative Care.

This course is a 3 day course that runs every week on Monday, Wednesday and Friday. You would be expected to attend all 3 days in one week.

We are now able to invite you to attend this course on a face-to-face basis in the Centre for Integrative Care for a maximum of 8 participants following appropriate infection control and social distancing measures. Bookings are available from Monday 13 December 2021.

If you would prefer to attend the course virtually, we can offer you an **ONLINE COURSE** on the week starting Monday 21 February 2022.

If you would like to attend the Holistic Day service please contact us on 0141 211 1688, 211 1685 or 211 3537 to make a booking.

Please could you contact us at your earliest opportunity to make a booking, and by **Friday 18 December 2021** at the latest. If you no longer wish to attend the Holistic Day Service we would appreciate you letting us know.

We look forward to hearing from you.

Yours sincerely

Secretarial Team

NHS Centre for Integrative Care

Electronically Signed: ,

cc.

Letter to Patient:



Centre for Integrative Care
1053 Great Western Road

Glasgow

G12 0YN

0141 211 1600

integrative care

0141-211-1688

0141-211-1688

29/04/2021

Deborah Sullivan
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

29/04/2021

29/04/2021

Dear Deborah,

NHS Centre for Integrative Care

As you know, you have been referred to our Service and are waiting for an appointment to attend. Due to the current Covid-19 service restrictions we are offering a telephone or video consultation. If you prefer to be seen face-to-face please state this when you reply.

If you wish to be considered we would be grateful if you could contact 0141 211 1688 between the hours of 10.30am and 12.30pm or between 1.30pm and 3.30pm Monday to Friday to inform us of your preference.

We would be grateful if you could please contact us by the 16th May 2021 to arrange a suitable date for your consultation.

Please note when we contact you by telephone this will be from an 0800 number.

Yours sincerely

Secretarial Team

Electronically Signed: ,

cc.

Letter to Patient:



Centre for Integrative Care
1053 Great Western Road
Glasgow

Deborah Sullivan
FLAT 1-1
34 PEENDEEN PL
Glasgow
Lanarkshire
G33 4UG

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

G12 0YN
0141 211 1600
Integrative Care
0141 211 1688
06/04/2018
YC
06/04/2018
06/04/2018

Dear Deborah,

NHS Centre for Integrative Care Holistic Day Service

We wrote to you recently asking for you to contact us to let us know whether you wish to be offered dates to attend our new Holistic Day Service Programme.

We note that to date you have not made contact. If you do not contact us by 16/4/2018 on either 0141 211 1688 or email cic.admin@ggc.scot.nhs.uk, we will assume you do not wish to attend our Holistic Day Service Programme and your name will be removed from our Day Service List.

Yours sincerely

Yvonne Carlin

Secretary

Electronically Signed: ,

cc.

Letter to Patient: Holistic Day Service 1st Letter



Centre for Integrative Care
1053 Great Western Road
Glasgow

Deborah Sullivan
FLAT 1-1
34 PEENDEEN PL
Glasgow
Lanarkshire
G33 4UG

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

0141 211 1600

Integrative Care
0141 211 1688

CIC.Admin@ggc.scot.nhs.uk
23/03/2018

23/03/2018

23/03/2018

Dear Deborah ,

NHS Centre for Integrative Care Holistic Day Service

As you know, you are waiting for dates to attend our Holistic Day Service Programme. The Holistic Day Service is a 3 day programme running over 3 days on a Monday, Wednesday and Friday, 9.45am to 4pm.

We would be grateful if you could please contact us by **02/04/2018** to arrange dates for your attendance. You can either contact us by telephone on 0141 211 1688 or email CIC.Admin@ggc.scot.nhs.uk.

Yours sincerely

Amy Banks

Team Secretary

Electronically Signed: ,

cc.

SULLIVAN, DEBORAH

Sex: Female

DoB: 07-Dec-1972

CHI: 0712726128

FLAT 0-1
8 BOYNDIE ST
GLASGOW
G34 9JE

Heath Board of Residence: Greater Glasgow
and Clyde

Emergency Neurosurgery Advice Service

To:

Xin Yin Choo
Trauma and Orthopaedic Surgery
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

From:

Ahmed Ayodeji Olufowobi (Senior Clinical Fellow
GMC: 7984036)
Neurosurgery
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Voice: 88957

Responsible Consultant: Michael James Canty**Sent:** 16-Jan-2024 05:42:30**Subject:** RE: Cauda Equina Syndrome

Not for immediate transfer, call us if change in status.

Recommended management:

Thanks for the referral
advise to admit locally and scan at earliest opportunity

From: Choo Xin Yin

Sent: 2024-01-16 00:22:44

To: Queen Elizabeth University Hospital

Subject: Cauda Equina Syndrome

Dear doctor,

please can we discuss this patient ?for MRI for ?CES

51F, BG: Fibromyalgia, anxiety/depression, chronic pancreatitis

2/52 hx of lower back pain after heavy housework and had done a twisting motion in bed to turn off light - felt twinge in lower back. Lower back pain since then and radiates down lower back to left leg, sharp sciatica description, associated with reduced sensation left leg.

past 24hours reports change in perianal and peri vagina area, L>R.

one episode of urinary incontinence today 6pm - insensate

no changes in bowel habits - opened bowels today.

oe

tone normal

power 5/5 bilaterally

SLR +ve left

sensation reduced in S1 area

reflex normal b/l, down going plantar

PR - normal anal tone, reduced perianal sensation L>R

post void 70mls

given new urinary incontinence, perianal and peri vaginal sensation change ?ces

Neurological Observations:

Vital Signs:

Intubated: -
Collar Applied: -
O2 Sats (%): -
Respiratory Rate (breaths pm): -
Heart Rate (beats pm): -
Blood Pressure (mmHg): -
Blood Glucose (mmol/L): -

GCS (Glasgow Coma Scale): **Muscle Power**
Eyes: **Right Upper Limb:**
Motor: **Left Upper Limb:**
Verbal: **Right Lower Limb:**
 Left Lower Limb:

Investigations

Scans:
Scan Findings: -

Medical History

DNACPR in place:
Known Conditions:
Other Relevant Conditions: -

Known Medication:
Anti Platelets: *No*
Anti Coagulants: *No*
Other medication:
Allergies: -

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
--	--	--------------------

Additional Support Needs: No known ASN requirements	
--	--

REFERRAL TO	
Ophthalmology - Cornea / Ocular Surface GGC General (optom use only)	Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	Hospital and hospital address Hospital location code: G516H Email address: -
Urgency of referral Date of referral	Routine 21-Sep-2021 Date sent 21-Sep-2021

PATIENT DETAILS	Patient's address
Surname: SULLIVAN	FLAT 0-1
Forename(s): DEBORAH	8 BOYNDIE ST
Title: Mrs	GLASGOW
Sex: Female	G34 9JE
Date of birth: 07-Dec-1972	Contact number(s):
CHI no.: 0712726128	Voice: 07713718392
Area of Residence: -	** Patient does consent to send past medical history and drug history via SCI Gateway to the Hospital indicated **
Reference: -	

1010244106501	Unique Care Pathway Number: 1010244106501
-----------------	---

REFERRING HCP DETAILS	Organisation address
HCP Name: GraemeCunningham	SPECSAVERS GLASGOW FORT
HCP code: 121043	UNIT 18
HCP Position: -	BLOCK B
Organisation name: The Fort Glasgow Specsavers Ltd (47656)	GLASGOW FORT RETAIL PARK, GLASGOW
Location code: -	G34 9DL
	Contact number(s):
	Voice: 0141 771 0871

OPTOMETRY INFORMATION

Diagnosis: -	Treatment Instigated: -	Treatment: -
Right	Ocular Examination - External/Internal	
Please find comments below under Administrative information.		Please find comments below under Administrative information.

--	--

Applanation
Tonometry

R

L

RAPD

-

Fields

Attached

Time

Applanation

-

Vision	Sph	Cyl	Axis	Prism	VA	PH VA	Add	NVA	Test Date
R	--	--	--	----	--	--	--	--	21-Sep-2021
L	--	--	--	----	--	--	--	--	
								Images Attached	-

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Optometrist Direct Referral

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

Patient History and Details: px has been attending practice regularly with sore irritated eyes since June. She has been using the lubricants every 2 hours and ointment before bed.

both corneas show significant large areas of punctate staining mainly inferiorly

tear break up time is 1-2 seconds

Px also complains of a dry mouth

px advised to use lubricants every hour

Hylo forte during the and xialin night lubricant ointment before bed

i have asked the gp to check for sjogrens

re VA 5/7.5 LE 6/9

please review in clinic

If Yes, Location: (Not Known)

Patient will accept any site: Yes

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

Patient consent: Yes

Signature of referring doctor (or other professional) Date

* Would like to try on-line *
 HOLISTIC DAY SERVICES

Holistic Day Service Referral Form
NHS Centre For Integrative Care



 0712726128 SULLIVAN F Deborah 07/12/1972 Flat 0-1, 8 Boyndie Street Easterhouse Glasgow, Lanarkshire G34 9JE	Tel: 07713718392	G Dr. Al McGinley Lochend Surgery Easterhouse Health Centre 9 Auchinlea Road Glasgow G34 9HQ
	Email: deborahsullivan72 @icloud.com	

Referrer: J.M. MARDON Date Referred: 26/5/21
Diagnoses: PTSD / Complex Trauma. Under care of Psychiatrist. Experiences flashbacks / nightmares & uses Phase I techniques for these. Fibromyalgia or intermittent pain.
Emotional Needs (PTSD, Panic Attacks, Anxiety, Suicide Risk, Phobias) Affected by Trauma of Lochend Requires trauma sensitive approach
Dietary Requirements (Gluten-Free, Vegan, Dairy-Free, Nut Allergy) Psychiatrist finds her to have resistance She is interested in holistic approach
Mobility (Wheelchair, Walking Sticks, Assistance To Toilet) Recent walk affected Left Knee - waiting April 21 for MRI Scan
Dependency Score 1. Totally Independent. ☐ 2. Assistance One Nurse. ☐ 3. Assistance Two Nurses. ☐ Takes cides / mags / tamsin Put on 1 1/2 stone weight in Lochend
Gastrointestinal Issues (IBS, IBD, Stoma)
Complementary Therapy / Has not been assessed for this Yes ☐ No ☐
Free Days In One Week (Mon/Wed/Fri) Yes ☐ No ☐ Or Three Days Over Three Weeks Yes ☐ No ☐

Further Comments: Has a very close & supportive family (Sisters & daughters) Has an In Phone. Has tried Calm App but would like help with relaxation / meditation techniques

Holistic Day Service Referral Form

NHS Centre For Integrative Care



P: 0712726128 SULLIVAN F Deborah 07/12/1972 6 Muirhead Court Baillieston Glasgow, Lanarkshire G69 7EP	Tel: 07713718392 Email:	Dr. G MacAllister Mcglone Practice Baillieston Health Centre 20 Muirside Road baillieston Glasgow G69 7AD
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Referrer <i>Ms Aulfield</i>	Date Referred <i>5/1/18</i>
Diagnoses <i>Fibromyalgia, Chronic Pancreatitis, Post traumatic stress disorder with Anxiety and Depression</i>	
Emotional Needs (PTSD; Panic Attacks; Anxiety; Suicide Risk; Phobias) <i>PTSD due to sexual assault 17yrs ago</i>	
Dietary Requirements (Gluten-Free; Vegan; Dairy-Free; Nut Allergy) <i>None</i>	
Mobility (Wheelchair; Walking Sticks; Assistance To Toilet) <i>Walks unaided</i>	
Dependency Score 1. Totally Independent. ☒ 2. Assistance One Nurse. ☐ 3. Assistance Two Nurses. ☐	
Gastrointestinal Issues (IBS; IBD; Stoma) <i>Prono to Constipation</i>	
Complementary Therapy Yes ☐ No ☒ <i>Working with Psychology</i>	
Three Days In One Week (Mon/Wed /Fri) Yes ☐ No ☒ Or Three Days Over Three Weeks Yes ☐ No ☐	
Further Comments <i>No</i>	

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments Homeopathy - 15022017 Hospital Clinic Letter 935236
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Additional Support Needs: No known ASN requirements

REFERRAL TO	
Homeopathy GGC General Referral	☐ Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	☐ Hospital and hospital address Hospital location code. G516H Email address -
Urgency of referral Routine Date of referral 11-Jul-2017 Date sent 11-Jul-2017	

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Sullivan</td></tr> <tr><td>Forename(s)</td><td>Deborah</td></tr> <tr><td>Title</td><td>Ms</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>07-Dec-1972</td></tr> <tr><td>CHI no.</td><td>0712726128</td></tr> <tr><td>Area of Residence</td><td>-</td></tr> </table>	Surname	Sullivan	Forename(s)	Deborah	Title	Ms	Sex	Female	Date of birth	07-Dec-1972	CHI no.	0712726128	Area of Residence	-	<table border="1"> <tr><td>6 Muirhead Court BAILLIESTON GLASGOW G69 7EP</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 07713718392</td></tr> </table>	6 Muirhead Court BAILLIESTON GLASGOW G69 7EP	Contact number(s)	Voice: 07713718392
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101014038584L	Unique Care Pathway Number: 101014038584L
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REGISTERED GP DETAILS	Practice address																			
<table border="1"> <tr><td>Name</td><td colspan="3">Dr Graeme MacAllister</td></tr> <tr><td>GMC code</td><td>6148111</td><td>GP code</td><td>08290</td></tr> <tr><td>Practice name</td><td colspan="3">Baillieston Health Centre (18889)</td></tr> <tr><td>Practice code</td><td colspan="3">46216</td></tr> </table>	Name	Dr Graeme MacAllister			GMC code	6148111	GP code	08290	Practice name	Baillieston Health Centre (18889)			Practice code	46216			<table border="1"> <tr><td>20 Muirside Road Baillieston Glasgow G69 7AD</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141-531-8050 Facsimile: 0141-531-8067</td></tr> </table>	20 Muirside Road Baillieston Glasgow G69 7AD	Contact number(s)	Voice: 0141-531-8050 Facsimile: 0141-531-8067
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Contact number(s)																			

Voice: 0141 531 8050

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Fibromyalgia

Comment: Ms Sullivan is a 44 year old with chronic abdominal pain following pancreatitis but her main issue is significant symptoms from fibromyalgia. Following assessment from the Pain Team back in February, we have been amending her Tramadol, increased her Duloxetine and reduced her Fentanyl. I have attached the last letter from the Pain Team for your information.

Ms Sullivan asked me if it would be possible to refer to yourselves for an assessment. She is quite keen to see if there are any alternative approaches to help her manage her fibromyalgia.

I would be very grateful for your assessment.

Many thanks.

Yours sincerely

DR GRAEME MACALLISTER

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fibromyalgia		01-Jun-2012	01-Jun-2012
Chronic pancreatitis		09-Mar-2009	09-Mar-2009
Anxiety with depression		12-Oct-2006	12-Oct-2006
Hiatus hernia NOS	moderately large	05-Nov-2004	05-Nov-2004
Dislocation or subluxation of shoulder	Left shoulder	17-Mar-2004	17-Mar-2004
Overdose of drug	Kapake and Tramadol with Diazepam	30-Aug-2002	30-Aug-2002
[D]Abdominal pain	Vomiting	27-Aug-2002	27-Aug-2002
Chronic pancreatitis		02-Jul-2002	02-Jul-2002
Constipation		02-Jul-2002	02-Jul-2002
Chronic pancreatitis		01-Oct-2001	01-Oct-2001
Sexual assault		01-Jul-2001	01-Jul-2001
[X]Rape		01-Jul-2001	01-Jul-2001
Anxiety states	Chronic	01-Jul-2001	01-Jul-2001
Reflux oesophagitis		23-Apr-1999	23-Apr-1999
Diaphragmatic hernia		23-Apr-1999	23-Apr-1999
[D]Abdominal pain	Recurrent	27-Mar-1999	27-Mar-1999
Acute cholecystitis		23-Apr-1996	23-Apr-1996
Cholelithiasis		23-Apr-1996	23-Apr-1996
Urinary tract infection, site not specified		01-Jun-1995	01-Jun-1995
[D]Nausea and vomiting		01-Feb-1995	01-Feb-1995

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Polypharmacy medication review	Polypharmacy LES	27-Apr-2015	27-Apr-2015
Laparotomy	and open fundoplication	14-Oct-2009	14-Oct-2009
Laparotomy	and open revision of fundoplication	06-Oct-2009	06-Oct-2009

Nissen fundoplication using abdominal approach.	26-Oct-2004	26-Oct-2004
[SO]Sphincter of Oddi Dysfunction	14-Nov-1996	14-Nov-1996
Endoscopic retrograde cholangiopancreatography	10-Oct-1996	10-Oct-1996
Excision of gall bladder	23-Apr-1996	23-Apr-1996

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ramipril Capsules 2.5 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	02-Mar-2017	23-Jun-2017
Pregabalin Capsules 300 mg	56	56 capsule	ONE CAPSULE TWICE DAILY.(START THIS DOSE IN 7 DAYS)	-	26-Oct-2016	23-Jun-2017
Transvasin Heat Rub (Cream)	80	80 gram	APPLY TID	-	22-Aug-2016	05-Apr-2017
Zopiclone Tablets 3.75 mg	56	56 tablet	ONE OR TWO TO BE TAKEN AT NIGHT	-	20-Jul-2016	23-Jun-2017
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 Cap Twice daily	-	24-Nov-2015	03-Jul-2017
Tolterodine Tartrate Tablets 2 mg	112	112 TABLET	ONE TO BE TAKEN TWICE A DAY	-	24-Jun-2015	15-Feb-2017
Cyclizine Tablets 50 mg	100	100 tablet	1 Tab PRN MAX TDS	-	19-Jan-2015	26-Jun-2017
Quinine Sulfate Tablets 200 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	30-Oct-2012	08-May-2017
Senna Tablets 7.5 mg	112	112 TABLET	TAKE TWO TABLETS AT NIGHT	-	16-Aug-2012	08-May-2017
Esomeprazole Gastro-resistant Tablets 40 mg	112	112 TABLET	1 Tab Twice daily	-	29-Dec-2011	13-Mar-2017
Tramadol Hydrochloride Capsules 50 mg	224	224 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	22-Dec-2011	27-Jun-2017
Diazepam Tablets 5 mg	56	56 TABLET	1 Tab Daily	-	22-Dec-2011	19-Jun-2017
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	29-Mar-2011	23-Jun-2017
Paracetamol Capsules 500 mg	224	224 CAPS	2 Caps qds	-	18-Nov-2010	23-Jun-2017

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	03-Jul-2017	03-Jul-2017
Movelat Gel	125	1*125 gram	APPLY THINLY THREE TIMES A DAY	-	27-Jun-2017	27-Jun-2017
Oralbalance Gel	50	50 gram	APPLY THINLY TWICE A DAY	-	23-Jun-2017	23-Jun-2017
Capsaicin Cream 0.025 %	45	45 gram	APPLY TWICE A DAY	-	19-Jun-2017	19-Jun-2017
Naproxen Tablets 250 mg	56	56 tablet	ONE OR TWO TO BE TAKEN TWICE A DAY	-	13-Jun-2017	26-Jun-2017
Fentanyl Transdermal patches 25 micrograms/hour	2	2 patch	apply 1 patch every 72 hours	-	18-May-2017	18-May-2017



Fentanyl Transdermal patches 50 micrograms/hour	4	4 PATCH	apply 1 patch every 72 hours	09-May-2017	18-May-2017
Fentanyl Transdermal patches 50 micrograms/hour	2	2 patch	Apply every 72 hours	03-May-2017	03-May-2017
Fentanyl Transdermal patches 25 micrograms/hour	2	2 patch	Apply every 72 hours	03-May-2017	03-May-2017
Morphine-Sulfate-Oral solution 10 mg/5 ml	100	100 ML	2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.	03-May-2017	30-May-2017
Oralbalance Gel	50	50 gram	APPLY THINLY TWICE A DAY	14-Mar-2017	14-Mar-2017
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	02-Feb-2017	02-Feb-2017
Fentanyl Transdermal patches 75 micrograms/hour	10	10 PATCH	apply 1 patch every 72 hours	24-Nov-2015	06-Apr-2017

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
02-Mar-2017	121	84
02-Feb-2017	158	100
14-Jan-2016	108	68
08-Mar-2013	118	78
26-Jun-2012	110	80

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker, 0 per day:		08-Oct-2016
Ex smoker:		16-Oct-2015
Current smoker:		14-Aug-2013
Current smoker:		19-Jan-2012
Current smoker:	Smokefree Pharmacy Service	07-Apr-2011

Clinical warnings**Allergies**

<u>Description</u>	<u>Date recorded</u>
Adverse reaction to penicillins	16-Feb-2009

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:Yes

Social circumstances

Ethnic Origin: (White) British

Homeopathy - 15022017 Hospital Clinic
Letter 935236

Signature of referring doctor (or other professional) Date

Anaesthetic Record

(3)



Name Deborah Sullivan
 Hospital no.
 CHI no. 0712726128
 DoB / Age 52

Pre-op
 Procedure(s) Cystoscopy
 Anaesthetist(s) R. fa.
 Surgeon(s) Johnston

Elective ☒
 Urgent ☐
 Immediate ☐

☐ C ☐ SAS ☐ ST ☐ CT ☐ PA
☐ ☐ ☐ ☐ ☐

Date 11/2/2025

Discussed with supervising consultant _____

SUMMARY

GA ☒ FM vent OK ☐
 Spinal ☐ LMA OK 1st 4 ☐
 Epidural ☐ Laryngoscopy gd _____
 Sedation ☐
 Other LA

ASA 1 2 3 4 5
 Comment

Anaesthetist
 Sign / Print R. fa.

ASSESSMENT

Airway / Dentition

Ht 1.77
 Wt 92 kg
 BMI 29

RS

Vapes
Ex-smoker stopped 7 years ago

BP 1

ECG NSR, LVH, anterior infarct?

CVS HTN

Hb 148 Na } (N)
 WCC 8.8 K
 Plts 383 U
 XMatch Cr
 Clotting Gluc

Allergies / Reactions

Penicillin → rash

Hb A1c 66

GI / Renal / CNS / Other

Fibromyalgia
Fatty Liver
Type II diabetes
Haematuria
Chronic Pancreatitis
PTSD
Previous alcohol + + +
Previous anaesthesia / Family history
OGD & biopsy 2023
Bronchoscopy 2019
Laparotomy 2009
Fundoplication 2004
cholecystectomy 1996

Current therapy

Insulin
Aripiprazole Metformin
Diazepam Mirtazapine
Empagliflozin Pregabalin
Esomeprazole Procyclidine
Humulin Ramipril
Simvastatin
Sucralfate
Venlafaxine

OK with NSAIDs ☐

Risks discussed ☒

Assessor

Sign / Print / Date No Issues with GA



Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Regional Anaesthesia

Cannula 22g (L) wrist

CVP

FM

Pre-ox

LMA

Cricoid P

-577-

~~SV~~

Grade

IPPV

Fentanyl	75 mcg
Propofol	200 mg
Ondansetron	4
Rocuronium	20 mg
Sugammadex	400 mg
Ephedrine	9+9+9+3
Time	9

Position

ECG SpO₂

NIBP

Fluid

- warmer

Patient

warmer

[illegible]

Eye care

Pressure

point care

Events

Ⓐ

Ⓑ

©

ⓓ

Ⓔ

④

©

IV fluids

① R/L 500-!

②

③

④

⑤

⑥

⑦

⑧

⑨

10

11

12

13

14

15

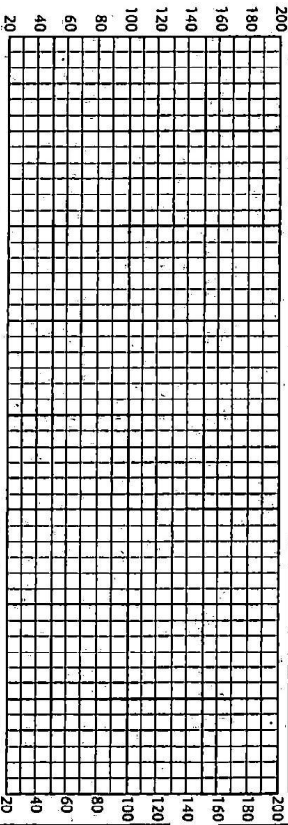
16

Name _____

Hospital no.

CHI no.

DOB / Age

[illegible][illegible]

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

4 L/min in recovery

To keep $\text{SaO}_2 > \underline{93}$ %

Fluids

can eat & drink
- Hartmann's 500 ml 4 hourly

Monitoring/Investigations

Routine

Anaesthetic Notes

Intraoperative Accountable Items Count Record

Date 11/2/25

AD: 0712726128 SULLIVAN F Deborah 07/12/1972 DO: Flat 0-1, 8 Boyndie Street Easterhouse Glasgow, Lanarkshire HO: G34 9J	COUNTS PRE - OP SWAB COUNT PRE - OP INSTRUMENT COUNT FINAL SWAB COUNT FINAL INSTRUMENT COUNT FINAL DISPATCH COUNT	Scrub/Registered Practitioner Print Name Jlavelle Jlavelle Jlavelle Jlavelle Jlavelle	Circulating Practitioner - Signature & Print name F Dixon F Dixon F Dixon F Dixon F Dixon F Dixon F Dixon F Dixon F Dixon F Dixon
WARD: DOU HOSPITAL: VIC ACH THEATRE: T2	SCRUB PRACTITIONER VERIFICATION I have reviewed this count and can verify my count is correct SCRUB PRACTITIONER 1 (Sign) - Jlavelle SCRUB PRACTITIONER 2 (Sign) - N/A ☒		

OPERATION: Rigid cystoscopy

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☒

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time	
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time	
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time	
			Circulating Practitioner (2) Signature/Print Name and Time	

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

Swabs (2x2)		Pledglets		Caesarean Roll		ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	10	Tapes		Rubber Bung	1	
Abdominal packs		Sloops/Slings				
Sutures		Bulldogs				
Blades		Shods				
IV needles		Ports				
Syringes		Tibbs Cannula				
Discard-a-pad		Staple Gun Inserts				
Diathermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN	☐	
Reels		Pen & Ruler		Throat pack OUT	☐	
Patties		Bi-Polar		Total Number	☐	

DISCREPANCY IN COUNT - THIS SECTION N/A ☒

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature If count still incorrect

Datix Is Completed ☐

Datix Incident Number

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Operation note: Operation NoteGreater Glasgow
and ClydeNew Victoria Hospital
Grange Road
Glasgow

G42 9LF

0141 201 6000

Urology

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

11/02/2025

Reference:

Dictated Date:

11/02/2025

Transcribed Date:

11/02/2025

11/2/25

Mr. S. Jolie, Mr. A. Johnston (Supervised:
unscrubbed)

Mr. Rifai

Rigid Cystoscopy

New Victoria Hospital
Department: Urology

Indication: 4x episodes of frank haematuria with negative urine cultures.

Findings: Non-keratinizing squamous metaplasia near base of bladder with horse-shoe appearing
UO's and bulky appearing Uterus indentation on bladder.

Prep: WHO checklist, Modified Lloyd's Position, Cleaned and draped

Procedure:Cystoscopy with 12 degree telescope: Normal Urethra, Bladder as described above. Bladder
emptied.**Post OP:**

1. No Further follow up

2. Home today

3. If further episodes of Haematuria, can follow up with the Gynaecology

Operation note: Operation Note



New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Main Switchboard:

0141 201 6000

Department:

Urology

Contact Tel:

Enquiries to:

Letter Date:

11/02/2025

Reference:

Dictated Date:

11/02/2025

Transcribed Date:

11/02/2025

11/2/25

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Once only prescriptions

New Victoria Hospital



Date	Medicine (BLOCK CAPITALS)	Dose	Route	Time of administration	Prescriber's signature (full)	Administered by	Time given
	PARACETAMOL						

Day

0712726128
SULLIVAN
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
07/12/1972
F
G34 9JE

As required prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Max 24hr dose	Prescriber's signature (full)	Administered by	Time given
11/2/25	CO-CODAMOL 30/500	2	PO	PAIN	6 HOURS		RIFA	CMadden	0950
	DIHYDROCODEINE	30 mg	PO	PAIN	6 HOURS				
	TRAMADOL	50 mg	PO	PAIN	6 HOURS				
11/2	CYCLIZINE	50 mg	IV	NAUSEA	8 HOURS		RIFA		
11/2	ONDANSETRON	4 mg	IV	NAUSEA	6 HOURS		RIFA		

1st Stage Recovery IV Morphine Algorithm

Sign:		
2mg bolus -Time:	Sign:	Witness:
2mg bolus -Time:	Sign:	Witness:
2mg bolus -Time:	Sign:	Witness:
2mg bolus -Time:	Sign:	Witness:
2mg bolus -Time:	Sign:	Witness:

OR

1st Stage Recovery IV Fentanyl Algorithm

Sign:	Sign: RIFA		
20µm bolus -Time:	40µm bolus -Time:	Sign:	Witness:
20µm bolus -Time:	40µm bolus -Time:	Sign:	Witness:
20µm bolus -Time:	40µm bolus -Time:	Sign:	Witness:
20µm bolus -Time:	40µm bolus -Time:	Sign:	Witness:
20µm bolus -Time:	40µm bolus -Time:	Sign:	Witness:

Discharge prescriptions

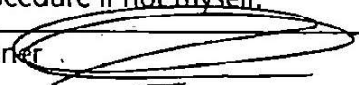
Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Number of days supply	Prescriber's signature (full)	Issued by

Allergies / medicine sensitivities

1.

Patient Agreement to Investigation or Treatment Consent Form

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	 0712726128
Patient's surname / family name	SULLIVAN F Deborah 07/12/1972 Flat 0-1, 8 Boyndie Street Easterhouse Glasgow, Lanarkshire G34 9JE
Patient's first name	
Date of birth	Gender Male ☐ Female ☒
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner (to be filled in by practitioner with appropriate knowledge of proposed procedure)
Describe proposed operation, investigation or other treatment. Where appropriate specify site or side (write in full). <i>Cystoscopy +/- proceed</i>
Specific risks / complications Please detail any specific risk/complications related to the procedure that were discussed. <i>Pain, Bleeding, Dysuria, Hematuria, Infection, Perforation, UTI, VRE, Stroke, MS, Anaphylaxis, Major Surgery, Cateterization</i>
I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.
Signature of practitioner 
Name / Designation (print) <i>SHARON J. LEE</i>
Date <i>11/2/25</i>

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below any procedures which I do NOT wish to be carried out without further discussion.

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.


0712726128
SULLIVAN
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
07/12/1972
G34 9JE

Additionally you have to agree or disagree to the following

to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.

Agree Disagree

☐	☐
--------------------------	--------------------------

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

☐	☐
--------------------------	--------------------------

Patient / parent agreement to treatment

Signature *x D e Sullivan*

Date *11/2/26*

Name (print) *x DEBORAH E SULLIVAN*

Patient refusal for blood products

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

Signature

Date

Signature of practitioner

Date

Last Name:	Sullivan	First Name:	Deborah
C' sd neAtgg9	/ 6.01.0861	Fdnedq9	all 'kd
Gdli gs9	062 bl	V dli gs9	86-5 jf
kdnddb' dnn9	/ 601615017	AL l9	22
@ d9	36 Xd' q	Q' bd9	B' t'b' rh m
Nodd' mqp	V' sr J	Rl nj hmf odqc' x9	2/
V' qp9	NOC V F @G	Pt ls' X.M9	Xdr
Ogxrlb h n9	Lr PthmL	Visit date	/ 2 / 0 - 1 /

Pulmonary Function Tests

		Pred	Pred LL	Meas	Pred UL	% Pred	SR
SPIROMETRY							
FVC	L	2.44	1.73	3.43	3.15	017	1-2/
FEV1	L	2.15	1.32	2.63	2.57	011	0-7/
FEV1 % FVC	%	71	58	71	80	0/2	1-23
FEV1 % VC MAX	%	71	58	71	80	0/2	1-23
MFEF 75/25	L/s	2.37	1.48	3.06	3.77	01/	1-70
FEF 50 % FIF 50	%			0/0			
PEF	L/s	6.1/	4.40	8.15	7.37	021	1-41
PIF	L/s			6.3/			

		Pred	Pred LL	Meas	Pred UL	% Pred	SR
STATIC LUNG VOLUME - HELIUM FRC							
FRC-He	L	1.81	1.0/	1.1/	2.63	58	0-7/
TLC	L	4.52	3.53	5.00	5.50	0/8	1-70
VC_max	L	2.54	1.85	3.2/	3.23	007	0-42
IC	L	1.50	1.50	3.78	1.50	046	
ERV	L	0.73	0.73	1.1/	0.73	08	
RV	L	0.77	0.20	0.71	1.35	86	1-07
RV%TLC	%	23.83	14.24	18.65	33.42	74	1-78

		Pred	Pred LL	Meas	Pred UL	% Pred	SR
CO TRANSFER FACTOR							
VA SB	L	4.37	4.37	4.54	4.37	0/2	
DLCO SB mmol/(min*kPa)		8.00	6.08	5.84	00/2	65	0-74
KCO SB mmol/(min*kPa*L)		0.51	0.06	0.12	1.15	65	0-33
VIN SB	L	2.54	1.85	3.03	3.23	002	0-04
ib	g(Hb)/dL			01-1/			

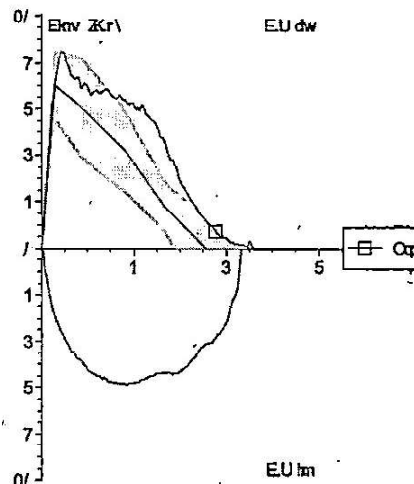
omment

O' sdnsdwodqanbdc udx r l 'kg' dl nosxlr 'ssgd udx dnc nef 'r sq mrdqdr dnf
'qpk wdc l 'mndt uq(-

Interpretation

Cxm l lb k nf unk l dr 'qd mnd 'k
Rs sb k nf unk l dr 'qd mnd 'k
BN f 'r sq mrdqdr bndq l qdct bdc 'bnqpbdc enqZal ne01-1f.cK(- Jbn lr qdct bdc-

Qdonqdc ax J-V 'sr / 1. / 0.1 / -
Tmudqdc-



*Ogxrlb h m / 2 / 0 - 1 / 1.0091(

CT Head

Performed	15-Mar-2022 21:05	Received	16-Mar-2022 09:31
Reported	16-Mar-2022 09:29	Order Number	G405H38240632
Status	Final	Source System	MiSys

CT Head

Final

Deborah Sullivan

Clinical History :

Sudden onset posterior headache, photophobia, neck pain though no true meningism. FH meningioma but no FH aneurysms. ?SAH/ICH

CT Head :

Comparison made with previous imaging dated 31/07/2017.

No acute intracranial haemorrhage or extra-axial collection; in particular no evidence of subarachnoid haemorrhage although this cannot be completely excluded.

No established or acute territorial infarction. No CT evidence of significant small vessel disease. CSF spaces outline normally, but involutional change is more marked than would be expected for woman of 49.

Nasal mucosal thickening is more pronounced than on previous imaging.

Mastoid/sphenoid/ethmoid sinuses are clear. Orbits are clear.

No skull fracture. Hyperostosis of the frontal bone.

Conclusion: No acute intracranial finding. Please note CT cannot completely exclude subarachnoid haemorrhage.

This is a provisional registrar report uploaded as a stickynote onto PACS at 21.45. This will be superseded by a verified report following Consultant review.

Consultant Review 0920: Agree with above. Frontal bone appearances are unchanged.

Reported by: Dr Dominique McGinlay (SpR) and Dr Siobhan Mathieson

Verified by: Dr Siobhan Mathieson

Examination

Patient Name	Ms Deborah Sullivan	CHI	0712726128
Date of Birth	7 Dec 1972 (53)	CHI	0712726128
Consultant		Service	General Ophthalmology
Event Date	23 May 2023	Printed	28 Apr 2026
Patient's address	Flat 0-1, 8 Boyndie Street Easterhouse Glasgow GGC G34 9JE		

History see full assessment on WOSCOTT sheet (clinical Portal).

severe KCS, Sjogren negative

Visual Acuity 6/9 Unaided 6/9 Unaided
Snellen Metre

Intraocular Pressure 20mm Hg 13:58 I-care 21mm Hg 13:58 Goldmann

Eye Diagnoses 23 May 2023 Bilateral Keratoconjunctivitis sicca 23 May 2023 Bilateral Keratoconjunctivitis
23 May 2023 Bilateral Blepharitis sicca
23 May 2023 Bilateral Blepharitis

Clinical Management Add Ikervis daily BE
Cont g evolve revive qid, hylonight nocte, ilube tds BE
review 2 months (QEUH Thurs am clinic)

Examination created by Gemma Ramsay on 23 May 2023 at 13:58

Examination last modified by Maria Elena Gregory on 23 May 2023 at 14:44

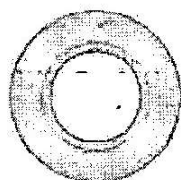
Examination

Patient Name	Ms Deborah Sullivan	CHI	0712726128
Date of Birth	7 Dec 1972 (53)	CHI	0712726128
Consultant		Service	General Ophthalmology
Event Date	9 May 2024	Printed	28 Apr. 2026
Patient's address	Flat 0-1, 8 Boyndie Street Easterhouse Glasgow GGC G34 9JE		

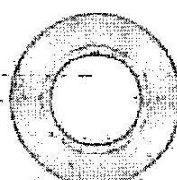
History Keratoconjunctivitis sicca and blepharitis
feels much better since started on ikervis
GP stopped issuing ilube - patient found this helpful and would like to restart

Visual Acuity 6/9 Unaided 6/7.5 Unaided
Snellen Metre

Anterior Segment



Medium pupil (diameter: 6mm)
Comments:
cornea some inferior punctate
staining
mild conjunctival staining
greasy tear film - but stable



Medium pupil (diameter: 6mm)
Comments:
cornea some inferior punctate
staining
mild conjunctival staining
greasy tear film - but stable

Intraocular Pressure 21mm Hg 11:00 I-care 18mm Hg 11:00 I-care

Eye Diagnoses 23 May 2023 Bilateral Keratoconjunctivitis sicca
23 May 2023 Bilateral Blepharitis
23 May 2023 Bilateral Keratoconjunctivitis sicca
23 May 2023 Bilateral Blepharitis

**Clinical
Management**

continue
ikervis od
g evolve revive qid
oc hylonight nocte
restart ilube tds

follow up 6/12

Examination created by Anita Sharma on 9 May 2024 at 10:59

Examination last modified by Maria Elena Gregory on 9 May 2024 at 12:45

Examination

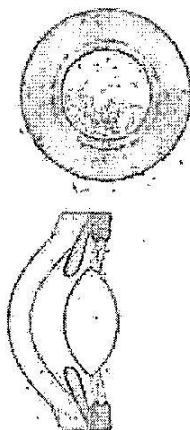
Patient Name	Ms Deborah Sullivan	CHI	0712726128
Date of Birth	7 Dec 1972 (53)	CHI	0712726128
Consultant		Service	General Ophthalmology
Event Date	28 Aug 2025	Printed	28 Apr 2026
Patient's address	Flat 0-1, 8 Boyndie Street Easterhouse Glasgow GGC G34 9JE		

History Keratoconjunctivitis sicca
Blepharitis
Deborah advises that the Ilube prescription and possibly ikervis has been stopped. She advises these were replaced with Hycosan. Looking at ECS the last prescriptions were issues in April and May 2025

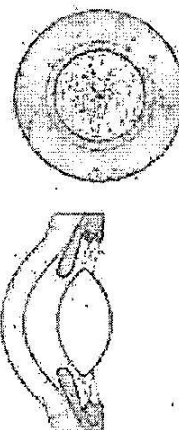
She found the Ilube and ikervis very helpful and would like to restart this.

Visual Acuity	6/12 Unaided, 6/9 Pinhole	6/9 Unaided, 6/7.5 Pinhole
Snellen Metre		

Anterior Segment



Medium pupil (diameter: 6mm)
Superficial punctate epithelial erosions
Comments:
punctate staining on cornea and conjunctiva
TF very unstable



Medium pupil (diameter: 6mm)
Superficial punctate epithelial erosions

Intraocular Pressure	15mm Hg	🕒 09:43	I-care	18mm Hg	🕒 09:43	I-care
-----------------------------	---------	---------	--------	---------	---------	--------

Eye Diagnoses

23 May 2023 Bilateral Keratoconjunctivitis sicca
23 May 2023 Bilateral Blepharitis

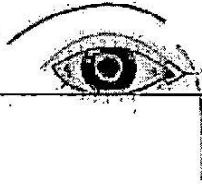
23 May 2023 Bilateral Keratoconjunctivitis
sicca
23 May 2023 Bilateral Blepharitis

Follow-up

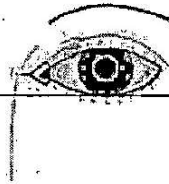
Face 2 Face [6 months with Consultant]

Lids Surgical

No abnormality



Left upper lid external
hordeolum with mild lid
swelling

**Clinical
Management**

PATIENT SHOULD BE ON FOLLOWING COMBINATION OF TREATMENT:

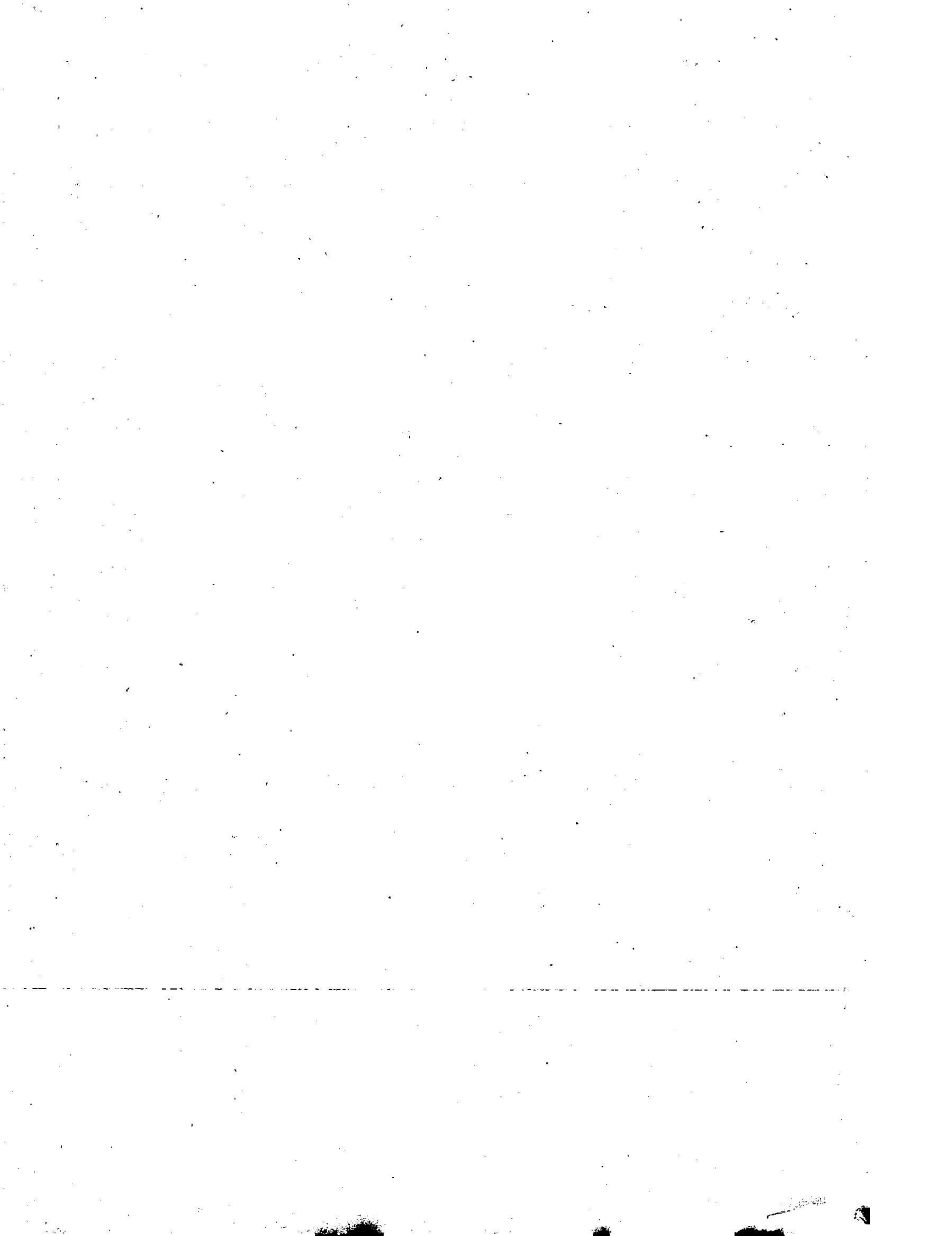
1. Ikervis daily to BE (this is topical cyclosporin and there is no equivalent adequate replacement)
2. ilube tds to BE (this is a mucolytic and topical lubricants alone are not an adequate replacement)
3. Evolve Revive 6 x daily to BE - this is a combination of 0.2% sodium hyaluronate + carbomer in liquid form and therefore is superior to hycosan extra (0.2% Sodium Hyaluronate alone)
4. Hylonight nocte.

I suspect there may have been some misunderstanding on the patient's part and quite possibly the correct prescriptions are ongoing however I have asked her to check with GP to ensure correct prescriptions are ongoing as her eyes are very dry

for Left upper lid: oc chlormaphenicol tds x 1 week + hot spoon bathing recommended

Examination created by Lauren Denton on 28 Aug 2025 at 09:43

Examination last modified by Maria Elena Gregory on 28 Aug 2025 at 10:37



Queen Elizabeth University
Hospital
1345 Govan Road
Govan
Glasgow
GGC
G51 4TF
Tel: 01412011100

Dr Emma Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

28 Aug 2025

Dear Dr Sheppard,

**Re: Deborah Sullivan, Flat 0-1, 8 Boyndie Street , Easterhouse,
Glasgow, G34 9JE**

DOB: 7 Dec 1972, CHI: 0712726128, CHI: 0712726128

History:

Keratoconjunctivitis sicca Blepharitis Deborah advises that the Ilube prescription and possibly ikervis has been stopped. She advises these were replaced with Hycosan. Looking at ECS the last prescriptions were issues in April and May 2025 She found the Ilube and ikervis very helpful and would like to restart this.

Diagnosis:

23 May 2023	Principal: BILATERAL Keratoconjunctivitis sicca
23 May 2023	BILATERAL Blepharitis

Visual Acuity:

Visual Acuity	Right Eye	Left Eye
Unaided	6/12	6/9
Pinhole	6/9	6/7.5

Intraocular Pressure:

15 mmHg on the right, and 18 mmHg on the left (recorded on 28 Aug 2025)

Examination:

diffuse staining on cornea and conjunctiva with very unstable tear film

Left upper lid: external hordeolum with mild lid swelling

Clinical Management:

PATIENT SHOULD BE ON FOLLOWING COMBINATION OF TREATMENT:

1. **Ikervis daily to BE** (this is topical cyclosporin and there is no equivalent adequate replacement)
2. **ilube tds to BE** (this is a mucolytic and topical lubricants alone are not an adequate replacement)
3. **Evolve Revive 6 x daily to BE** - this is a combination of 0.2% sodium hyaluronate + carbomer in liquid form and therefore is superior to hycosan extra (0.2% Sodium Hyaluronate alone)
4. **Hylonight nocte BE**

I suspect there may have been some misunderstanding on the patient's part and quite possibly the correct prescriptions are ongoing however I have asked her to check with GP to ensure correct prescriptions are ongoing as her eyes are very dry

for Left upper lid: oc chlormaphenicol tds x 1 week + hot spoon bathing recommended

Follow-up:

Face 2 Face - 6 months with Consultant

Sincerely,

Maria Elena Gregory

Signed on 28 Aug 2025, 10:38

Dr Maria Elena Gregory

**To: GP : Dr Emma Sheppard, Lochend Surgery, Easterhouse Health
Centre, 9 Auchinlea Road, Glasgow, G34 9HQ**

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



Private

MMA Legal Limited
Stok
43 – 59 Princes Street
Stockport
SK1 1RY

Date: 8th May 2026
Your Ref: 100016
Our Ref: SAR / ACCESS / CF
Enquiries to: Caroline
Direct Line: 0141 201 3380
Email: Caroline.Forsyth@ggc.scot.nhs.uk

Dear Sir / Madam

**Re: Subject Access Request under the General Data Protection
Regulation**

Patient: Deborah Sullivan D.O.B: 07/12/1972

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

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

**GLASGOW ROYAL INFIRMARY RECORDS / STOBHILL ACH RECORDS
PRINCESS ROYAL MATERNITY RECORDS / DENTAL HOSPITAL RECORDS**

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☒

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☒

WEST MARC

☐

LABS

☐

Letter to Patient: OPT IN

Deborah Sullivan
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow
Lanarkshire
G34 9JE

Main Switchboard:
Department:

Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:



Greater Glasgow
and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

0141 201 3000
Pain Management
Physiotherapy
0141 355 1493
pain.ahp@nhs.scot
03/07/2025

03/07/2025
03/07/2025

Dear Ms Sullivan,

Pain Management Physiotherapy Invite Letter

You were recently referred to the GGC Physiotherapy Pain Management Service.

We would like to offer you a time to speak with one of our pain management physiotherapists. This is a time to discuss your hopes and plan your physiotherapy input. You can choose to make this by video or phone, in person can be arranged if required.

When you have booked your appointment you will be sent an email or letter to confirm the date, time and location. If you book a video appointment, a link to your booked appointment will be sent by email.

Further appointments may be a combination of video, telephone and in person. This will depend on your needs and choices. You can discuss this with your physiotherapist.

To arrange a suitable date please telephone or email us on:

Tel: 0141 355 1493/0141 355 1492

Email: pain.ahp@nhs.scot

**You can use our telephone interpreting service to call us or any other NHSGGC service.
Please see the attached leaflet for instructions on how to do this.**

Contact us Monday - Friday 08:30 - 15:30, saying "Pain Management Physiotherapy", and then your CHI number which is at the top of this letter. We will also ask if you have a contact telephone number and email address, so please have this ready when calling to book your appointment.

We would encourage you to access our website where you will find further information about the science of pain and managing activity. This will help you prepare for your first Pain Management Physiotherapy appointment.



Please visit our website for more information or scan the QR code
www.nhs.gov.uk/chronicpain

The information on this website is only available in English. If you require information on a specific topic, please contact us and we will supply this in the language of your choice.

If we do not hear from you within 2 weeks of the date on this letter we will assume that you no longer need an appointment. Your name will then be removed from the waiting list.

Yours sincerely

GGC Pain Management Physiotherapy Department

Electronically Signed:

cc.

Clinical letter - GP: GP

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

Dr. E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

Pain Management
0141-355-1491 (4)

www.nhsggc.org.uk/chronicpain

21/05/2025

PG/JM/0712726128

02/05/2025

13/05/2025

Dear Dr E Sheppard,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Deborah attended the Pain Management Service for a Face to Face consultation prior to attending the consultation, she had attended the Early Information Sessions, and completed the concerns checklist.

Through completion of the check list Deborah identified that she continues to use her TENS machine, that helps and understands she has limited options for medications. She feels her mobility has been affected and struggles to cope with flare ups. She is aware of her link between stress and pain with her history of PTSD. Poor sleep and flash backs.

Background:

Deborah has reported that she has an over 10yr history of pain, she has widespread pain related to Fibromyalgia affecting her back, hips, and she has plantar fasciitis. She is complaining of bilateral hip pain and had wondered if this was related to her Fibromyalgia or separate problem. The pain is constant on the bilateral/lateral aspects of her hips, if she lies on her left side it makes it worse and wakes her up through the night with it. She uses an elbow crutch walking for longer distances. Her back pain can be sensitive when clothes touch it. Pain is aggravated with walking and eased with a TENS, ice or attending Cyro labs. Through 24hrs she is worse in the evenings.

Impact of pain:

Sleep - She finds that she is up to the toilet through the night regularly and PTSD affects her sleep as well as pain.

Function:

She reports that she is an early riser getting up at 05.30 or 06.00 has breakfast, a shower and sometimes she will get back into her pyjamas and go back to bed. She will read a book to try to distract. She will try to do things around the house and she makes sure she goes to see her dad once a week. Her sister and her daughter visit regularly and she has a cat who is very important to her. She tends to get in and out of her bed throughout the day but does not go to sleep.

Mood:

She reports that she has known history of mental health problems. She has PTSD, she has previously had significant input through different teams including psychiatry who she remains under review with. She knows Crisis Team numbers if required. She reports her mental state as currently stable and quite good presently.

Deborah lives on her own she lives in a flat two steps up into the close. Her flat is fully adapted.

Medication:

Deborah is on an extensive amount of medication that has been regularly reviewed and continues to be reviewed by her GP and Psychiatry. For pain she currently has Pregabalin 200mg in the morning and 300mg at night.

Other medications are:

Venlafaxine, Diazepam, Mirtazapine, Esomeprazole, Aripiprazole, Rybelsus, Lactulose, Simvastatin, Ramipril, Procyclidine, Metformin, Empagliflozin.

Previous Medications:

Duloxetine she reports that she found her foot pains better but was changed to Venlafaxine to see if it helped her mood better. She intends to discuss this further with her GP. She found Codeine based medications had slowed gastric emptying and anti-inflammatories caused reflux.

Past Medical History:

Headache back pain, Obesity, PTSD, Delayed gastric emptying, Type 2 diabetes, Chronic pancreatitis
Hypertension, Depression,, Sexual assault.

Deborah describes her general health as being not bad she is trying to loose weight with healthy eating, she vapes, no alcohol, no illicit drugs past or present.

Examination:

A full examination was not carried out at the assessment however it was noted that Deborah walked in with good cadence, no walking aid at the time, sit to stand was independent with good speed.

Patient Expectations:

Deborah had wondered if there were any holistic options that maybe useful in managing her pain.

Discussion:

Discussion was had with Deborah about self management options. She explained that she would like to do more walking, she would like to have more strength in her legs to be confident to do more. She is also keen to try swimming with support from her Dad who has been encouraging this which she feels would be useful to do.

Impression:

Deborah has a long history of chronic pain/fibromyalgia and mental health problems. She has previously attended the Pain Service and attempted groups but not comfortable with men in Groups therefore prefers not to attend any group sessions. She has had previous input from Clinical Nurse Specialist, she is keen to be more active therefore may benefit from support from Pain Management Physiotherapy.

Problem List:

Fibromyalgia / Widespread pain.

Management Plan:

The following was agreed with Deborah and Consultant to be confirmed.

1. Pain Management Physiotherapy. It was agreed to refer Deborah to Pain Management Physiotherapy as she would like to be more active.

Deborah will be followed up through Pain Management Physiotherapy.

Yours sincerely

Pamela Gavin -

Advanced Practitioner Physiotherapist

Independent Prescriber

HCPC No. PH 52335

Electronically Signed: Physiotherapist Pam Gavin, Physiotherapist

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments Anaesthetics - 02032021 Referral 431290
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Anaesthetics - Pain Clinic GGC Chronic Pain	Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	Hospital and hospital address Hospital location code. G207H Email address
Urgency of referral Date of referral	Routine 09-Sep-2024 Date sent 09-Sep-2024

PATIENT DETAILS	Patient's address
Surname: Sullivan Forename(s): Deborah Title: Miss Sex: Female Date of birth: 07-Dec-1972 CHI no.: 0712726128 Area of Residence:	0-1 8 Boyndie Street EASTERHOUSE Glasgow G34 9JE Contact number(s): Voice: 07713718392

101034143480V	Unique Care Pathway Number: 101034143480V
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REGISTERED GP DETAILS	Practice address
Name: Dr Emma Sheppard GMC code: 3665273 GP code: 07111 Practice name: Easterhouse Health Centre (13448) Practice code: 46471	9 Auchinlea Road Easterhouse Glasgow G34 9HQ Contact number(s): Voice: 0141 531 8150 E-mail: ggc.gp46471clinical@nhs.scot

REFERRING GP DETAILS	Practice address
Name: Dr. Emma Sheppard GMC code: 3665273 GP code: 07111	Easterhouse Health Centre 9 Auchinlea Road Glasgow

Practice name	Lochend Surgery (46471)	G34 9HQ	
Practice code	46471		Contact number(s)
		Voice: 0141 531 8150	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: reref see attached re distressing pain and significant side effects

Comment: Dear Pain Team, see previous referral, Deborah tried contacting to opt in recently but said she has had no response so I write. Since then we really have conclusively established that delayed stomach emptying post op fundoplication and exacerbated by opiate is the reason for extreme upper GI presentations, resulting in 999 admissions. I would therefore be reluctant to Rx tricyclics. Also conclusively established that side effect of medication is likely cause of sweating, extensive investigations exclude eg endocrine cause, sweating improved a little off gliclazide and more off duloxetine although not clear if the nacys prescribed for this has helped. Despite concern re polypharmacy, this has increased, Any non pharm measures for managing pain would be greatly appreciated. We delayed rereferral as Deborah had a difficult bereavement earlier this year but her mood is a little more steady with help of CMHT, still very focussed on pharmaceutical solutions but well supported by family and now able to eg enjoy a holiday away so some scope for reflection, grateful for your help

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Headache	-	03-Apr-2024	03-Apr-2024
Low back pain	-	15-Jan-2024	15-Jan-2024
Constipation	-	03-Jul-2023	03-Jul-2023
Knee sprain	Left	07-May-2023	07-May-2023
Ventricular hypertrophy	-	29-Nov-2022	29-Nov-2022
Obesity	-	24-Oct-2022	24-Oct-2022
[X]Post - traumatic stress disorder	-	23-Mar-2022	23-Mar-2022
Headache	??? RAISED icp	15-Mar-2022	15-Mar-2022
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	?? 2022 seems insulin production sustained. more likely type 2	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019

[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Chronic depression	-	04-Jun-2009	04-Jun-2009
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000
Past procedures (High and medium priority - all)			
<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Polypharmacy medication review	-	12-Apr-2024	12-Apr-2024
Helicobacter pylori test positive	-	12-May-2023	12-May-2023
Avulsion of nail	(right)	07-Mar-2023	07-Mar-2023
Endoscopy carried out	-	23-Feb-2023	23-Feb-2023
ECG normal	QTC around 150 feb march 2022	11-Aug-2022	11-Aug-2022
CT scan brain - normal	-	16-Mar-2022	16-Mar-2022
Diagnostic lumbar puncture	normal	16-Mar-2022	16-Mar-2022
Urine 5-OH indole acetic acid		01-Jul-2020	01-Jul-2020

	carcinoid excluded as cause of sweats 2022		
Introduction of Mirena coil	-	28-Oct-2016	28-Oct-2016
Laparotomy	-	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	-	12-Oct-2004	12-Oct-2004
Cholecystectomy	-	07-Dec-1996	07-Dec-1996
Cholecystectomy NEC	-	12-Apr-1996	12-Apr-1996

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
FH: Ischaemic heart dis. <60 (Mother)	ied age 50 of " heart attack" and now very stressed that sis has "spots on her heart". D will try to get info re sis condition so we can risk assess for her. more reason for me to say t- TRUNCATED	28-Aug-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Humulin I Kwipen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	10	10 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	03-Sep-2024	05-Sep-2024
Sucralfate Tablets 1 gram	120	120 tablet	TWO TABLETS TWICE A DAY	-	27-Aug-2024	27-Aug-2024
Pregabalin Capsules 300 mg	28	28 CAPSULE	ONE AT NIGHT	-	18-Jul-2024	03-Sep-2024
Contour Plus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	01-Mar-2024	02-Sep-2024
Apollo Twist Lancets 0.36 mm/28 gauge	200	200 LANCET	TO BE USED AS DIRECTED	-	01-Mar-2024	02-Sep-2024
Ikervis Eye Drops Emulsion 0.1 %, 0.3 ml unit dose	30	1*30 unit dose	USE ONE DROP ONCE DAILY TO BOTH EYES	-	07-Jun-2023	02-Sep-2024
Evorel Transdermal patches 100 micrograms/24 hrs	8	1*8. PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY-MIRENA COIL IN SEP/2022	-	20-Feb-2023	02-Sep-2024
Saliveze Spray 50 ml	1	1 SPRAY	FOUR SPRAYS TO BE USED FOUR TIMES A DAY	-	05-Dec-2022	02-Sep-2024
Hylo-Forte Eye drops (preservative-free) 0.2 %	10	1*10 ML	USE WHEN REQUIRED AS DIRECTED	-	05-Dec-2022	02-Sep-2024
Venlafaxine Tablets 75 mg	56	56 TABLET	ONE TWICE A DAY	-	03-Nov-2022	06-Sep-2024
Diazepam Tablets 2 mg	160	160 TABLET	ONE OR TWO UP TO THREE TIMES A DAY IF NEEDED AIMING TO MINIMISE	-	28-Oct-2022	02-Sep-2024
Nacsys Effervescent tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN ONCE A DAY	-	28-Sep-2022	02-Sep-2024
	20	20 ML		-	13-Jul-2022	

Evolve Revive Eye Drops, Preservative Free 0.2 %			SIX TIMES PER DAY INSTEAD OF BLINK INTENSIVE			02-Sep-2024
Orajel 10 % Mouth Gel	5.3	1*5.3 GRAM	FREQUENTLY	-	24-Nov-2021	02-Sep-2024
Ralvo Medicated Plaster 700 mg	28	28 PATCH	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	08-Jul-2024
Dermol 200 Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	02-Sep-2024
Hylo Night Eye ointment (preservative-free)	15	3*5 GRAM	TO BE USED AS REQUIRED FOR DRY EYES	-	09-Sep-2021	02-Sep-2024
Empagliflozin Tablets 10 mg	28	28 TABLET	ONE A DAY	-	26-May-2021	02-Sep-2024
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	02-Sep-2024
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	02-Sep-2024
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	02-Sep-2024
Ondansetron Hydrochloride Tablets 4 mg	28	28 TABLET	ONE TABLET THREE TIMES PER DAY WHEN REQUIRED FOR NAUSEA AIMING TO GRADUALLY REDUCE	-	13-Dec-2019	02-Sep-2024
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	02-Sep-2024
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	02-Sep-2024
Procydline Hydrochloride Tablets 5 mg	14	14 TABLET	HALF A TABLET DAILY	-	30-Apr-2019	02-Sep-2024
Peptac Liquid (aniseed)	1000	1000 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	02-Sep-2024
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	02-Sep-2024
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	02-Sep-2024
Simvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	02-Sep-2024
Ramipril Capsules 2.5 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	02-Sep-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
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Glucorx Carepoint Needles for insulin pens 4 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	30-Aug-2024	05- Sep- 2024
Sharpsafe Container 4 litre, Yellow	1	1 device	AS DIRECTED	-	30-Aug-2024	05- Sep- 2024
Celecoxib Capsules 100 mg	56	56 CAPSULE	ONE TO BE TAKEN TWICE A DAY	-	27-Aug-2024	27- Aug- 2024
Ralvo Medicated Plaster 700 mg	10	10 PATCH	APPLY ONCE A DAY REMOVE AFTER 12 HOURS. REDUCING QUANTITY WITH VIEW TO STOP AS PER HEALTHBOARD REQUEST	-	01-Aug-2024	01- Aug- 2024
Venlafaxine Tablets 75 mg	21	21 tablet	ONE IN THE EVENING	-	01-Aug-2024	01- Aug- 2024
Rizatriptan Benzoate Tablets 10 mg	2	2 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLLOVED BY ONE TABLET TWO HOURS LATER IF REQUIRED SEE GP IF NEEDING MORE THAN ONCE A WEEK	-	29-Jul-2024	29- Aug- 2024
Rybelsus Tablets 7 mg	30	30 tablet	1 Tab Daily	-	25-Jul-2024	25-Jul- 2024
Venlafaxine Tablets 37.5 mg	28	28 tablet	TAKE ONE DAILY IN THE MORNING (37.5MG MORNING 75MG EVENING)	-	19-Jul-2024	03- Sep- 2024
Pregabalin Capsules 100 mg	7	7 capsule	ONE CAP IN MORNING - TOTAL MORNING DOSE 300MG	-	18-Jul-2024	18-Jul- 2024
Co-Dydramol 10/500 Tablets	56	56 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	-	18-Jul-2024	26- Aug- 2024
Rybelsus Tablets 7 mg	30	30 tablet	ONE TABLET DAILY ON EMPTY STOMACH WITH UP TO 120ML WATER. WAIT 30MINS BEFOR TAKING FOOD OR OTHER MEDICINES	-	25-Jun-2024	25-Jun- 2024
Sucralfate Tablets 1 gram	120	120 TABLET	TWO TO BE TAKEN TWICE A DAY (TRIAL FOR 12 WEEKS PLEASE STOP AROUND 25 5 23)	-	28-May-2024	28- May- 2024
Creon Micro Gastro-resistant Granules	20	20 gram	2.5 SPOONFULS WITH MEALS THREE TIMES A DAY UNTIL CAPSULTES ARE AVAILABLE AGAIN	-	17-May-2024	18-Jun- 2024
Co-Dydramol 10/500 Tablets	56	56 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	-	10-May-2024	10- May- 2024
Rybelsus Tablets 7 mg	60	2*30 tablet	ONE TABLET DAILY ON EMPTY STOMACH WITH UP TO 120ML WATER. WAIT 30MINS BEFOR TAKING FOOD OR OTHER MEDICINES	-	18-Apr-2024	18-Apr- 2024
Creon Micro Gastro-resistant Granules	20	1*20 GRAM	100-200MG THREE TIMES DAILY WITH MEALS. DO NOT CRUSH OR CHEW GRANULES.	-	18-Apr-2024	18-Apr- 2024
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	16-Apr-2024	16-Apr- 2024
Rizatriptan Benzoate Tablets 10 mg	6	6 tablet	ONE TABLET AT ONSET OF HEADACHE FOLLOVED BY ONE TABLET TWO HOURS LATER IF REQUIRED	-	04-Apr-2024	04-Apr- 2024
	60	60 gram		-	04-Apr-2024	

Miconazole Nitrate Cream 2 %			APPLY TWICE DAILY AND CONTINUE FOR 10 DAYS AFTER LESIONS HAVE HEALED		08-May-2024
Co-Dydramol 10/500 Tablets	56	56 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	27-Mar-2024	27-Mar-2024
Miconazole Nitrate Cream 2 %	30	30 GRAM	APPLY TWICE DAILY AND CONTINUE FOR 10 DAYS AFTER LESIONS HAVE HEALED	18-Mar-2024	27-Mar-2024
Pregabalin Capsules 100 mg	56	56 CAPSULE	TWO IN THE MORNING	09-Mar-2023	08-Jul-2024
Pregabalin Capsules 300 mg	28	28 CAPSULE	ONE AT NIGHT	03-Nov-2022	08-Jul-2024

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
18-Jul-2024	117	85
19-Oct-2022	118	88
22-Jul-2022	187	104
01-Jul-2022	175	89
27-Jun-2022	122	97

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
18-Jul-2024	-	93.4	30.5
04-Apr-2024	-	-	31.2
04-Apr-2024	-	95.6	-
19-Oct-2022	-	97	31.67
01-Jul-2022	175	95.6	31.22

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		19-Oct-2022
Ex smoker:		18-Mar-2022
Never smoked tobacco:		12-Oct-2021
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Alcohol consumption, 0 units/week:		19-Oct-2022
Alcohol consumption, 0 units/week:		01-Jul-2022
Alcohol consumption, 0 units/week:		07-Jun-2022
Teetotaler:		07-Jun-2022
Alcohol consumption, 0 units/week:		24-Nov-2021
30 min/day mod phy act greater than =5 wk:		22-Jun-2023
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to Duloxetine	sweats resolved off this, other cause of sweats excluded	28-Oct-2022
Adverse reaction to Anhydrol Forte	18-Jun-2021	
	probably exacerbated gastroparesis	17-Jun-2020

[X] Adverse reaction
to opiates or related
narcotics NOS

[X] Adverse reaction
to opiates or related
narcotics NOS

even low dose opiates very likely
to painfully exacerbate delay
stomach emptying resulting in
admission

17-Mar-
2020

H/O: penicillin allergy 30-Dec-1899

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Primary reason for referral: Management of patient's distress

Second reason for referral: Medication Review

Third reason for referral: Activity Management

Dihydrocodeine (previous pain medication trial): Yes

OK to send correspondence to home address?: Yes

Patient will accept any site: Yes

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

Referred By: Referring GP

Electronic Attachment Present: Yes

Social circumstances

Ethnic Origin: White Scottish

Anaesthetics - 02032021 Referral 431290

Signature of referring doctor (or other professional) Date

Diabetes
133 Balornock Road
Glasgow
G21 3UW

08/03/2024

Dr E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr E Sheppard

Patient Name: Deborah Sullivan
CHI Number: 0712726128
Referral Date: 07/03/2024

Thank you for your letter. The community DSN team (e.g. Lauren and other cDSNs) have discussed this lady with me several times over the years.

Thankfully in January we were advised we could start using oral semaglutide in new patients or can switch to it, if the subcut GLP1RA they are on is not unavailable. As with subcut semaglutide it is not advised in the presence of proliferative retinopathy - but I can see from SCI diabetes that her retinopathy screening from last year was normal and that is suffice.

Therefore if the Dulaglutide is not available please do consider switching to oral semaglutide.

Daily Tablet – oral semaglutide (Rybelsus)

- 3mg daily for 4 weeks then up to 7mg daily and review with a 3 month HbA1c. Can titrate up to 14mg daily if required.
- As per BNF:
 - Manufacturer advises tablets should be taken whole on an empty stomach, with a sip of water (up to half a glass, equivalent to 120 mL). [This is really important]
 - Patients should wait at least 30 minutes after a dose before eating, drinking, or taking other oral medicines—intake with food or large volumes of water decreases the absorption of semaglutide.

If you want to discuss her further we could do so at the community MDT on Wed lunchtime. Please just let me know.

Yours sincerely

Dr Deborah Morrison

User ID Deborah Morrison

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Diabetes GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	Hospital and hospital address Hospital location code. G207H Email address
Urgency of referral Date of referral	Routine 07-Mar-2024 Date sent 07-Mar-2024

PATIENT DETAILS	Patient's address
Surname: Sullivan Forename(s): Deborah Title: Miss Sex: Female Date of birth: 07-Dec-1972 CHI no.: 0712726128 Area of Residence:	0-1 8 Boyndie Street EASTERHOUSE Glasgow G34 9JE Contact number(s): Voice: 07713718392

1010323939192	Unique Care Pathway Number: 1010323939192
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REGISTERED GP DETAILS	Practice address
Name: Dr Emma Sheppard GMC code: 3665273 GP code: 07111 Practice name: Easterhouse Health Centre (13448) Practice code: 46471	9 Auchinlea Road Easterhouse Glasgow G34 9HQ Contact number(s): Voice: 0141 531 8150 E-mail: ggc.gp46471clinical@nhs.scot

REFERRING GP DETAILS	Practice address
Name: Dr. Emma Sheppard GMC code: 3665273 GP code: 07111	Easterhouse Health Centre 9 Auchinlea Road Glasgow

Practice name	Lochend Surgery (46471)	G34 9HQ	
Practice code	46471		Contact number(s)
		Voice: 0141 531 8150	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: pancreatic diabetes and significant polypharmacy multimorbidity

Comment: Dear Diabetes team, I write for advice re HbA1C stubbornly around 63 frailty score 3. I was surprised to hear from DEborah when discussing we cant get hold of trulicity 3mg that she understands she is still under review with yourselves. We have no correspondence that I can see since nov 22 Sharon Mackin discharge. D says she is still under as nurse called Lauren and plans to speak to her. I explained that we getting advice as D has at least an element of seek secondary care support for consideration of off licence use of GLP1 oral instead of incr Trulicity to 3mg which we cant get. D understands that DSN considering insulin, I would be grateful if it could be considered that weight gain and delayed stomach emptying have been particular problem for D. Blue light ambulances and prolonged admissions for severe abdo pain have stopped since opiates reduced and gliclazide stopped around 2022. Weight has dropped a wee bit from 97 to 93kg in that timescale. My heart therefore sinks at the thought of insulin but I appreciate that may be best for pancreatic DM, but could off licence oral GLP1 work too? Ideally we will continue to reduce the obesogenic polypharmacy but CMHT understandably reluctant to do anything fast due to multiple bereavements adding to fallout from previous trauma Dr E Sheppard

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Low back pain	-	15-Jan-2024	15-Jan-2024
Constipation	-	03-Jul-2023	03-Jul-2023
Knee sprain	Left	07-May-2023	07-May-2023
Ventricular hypertrophy	-	29-Nov-2022	29-Nov-2022
Obesity	-	24-Oct-2022	24-Oct-2022
[X]Post - traumatic stress disorder	-	23-Mar-2022	23-Mar-2022
Headache	??? RAISED icp	15-Mar-2022	15-Mar-2022
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	?? 2022 seems insulin production sustained. more likely type 2	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019

[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Bereavement	-	27-Feb-2018	27-Feb-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Chronic depression	-	04-Jun-2009	04-Jun-2009
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000
Past procedures (High and medium priority - all)			
<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Uses monitored dosage system	-	12-Jul-2023	12-Jul-2023
Helicobacter pylori test positive	-	12-May-2023	12-May-2023
Avulsion of nail	(right)	07-Mar-2023	07-Mar-2023
Endoscopy carried out	-	23-Feb-2023	23-Feb-2023
ECG normal	QTC around 150 feb march 2022	11-Aug-2022	11-Aug-2022
CT scan brain - normal	-	16-Mar-2022	16-Mar-2022

Diagnostic lumbar puncture	normal	16-Mar-2022	16-Mar-2022
Urine 5-OH indole acetic acid	carcinoid excluded as cause of sweats 2022	01-Jul-2020	01-Jul-2020
Introduction of Mirena coil	-	28-Oct-2016	28-Oct-2016
Laparotomy	-	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	-	12-Oct-2004	12-Oct-2004
Cholecystectomy	-	07-Dec-1996	07-Dec-1996

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ikervis Eye Drops Emulsion 0.1 %, 0.3 ml unit dose	30	1*30 unit dose	USE ONE DROP ONCE DAILY TO BOTH EYES	-	07-Jun-2023	12-Feb-2024
Pregabalin Capsules 100 mg	56	56 CAPSULE	TWO IN THE MORNING	-	09-Mar-2023	12-Feb-2024
Evorel Transdermal patches 100 micrograms/24 hrs	8	1*8 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY-MIRENA COIL IN SEP/2022	-	20-Feb-2023	12-Feb-2024
Saliveze Spray 50 ml	1	1 SPRAY	FOUR SPRAYS TO BE USED FOUR TIMES A DAY	-	05-Dec-2022	16-Feb-2024
Hylo-Forte Eye drops (preservative-free) 0.2 %	10	1*10 ML	USE WHEN REQUIRED AS DIRECTED	-	05-Dec-2022	12-Feb-2024
Dulaglutide Solution for injection 1.5 mg/0.5 ml pre-filled device	4	4 pre-filled disposable injection	ONCE A WEEK	-	08-Nov-2022	12-Feb-2024
Venlafaxine Tablets 75 mg	56	56 TABLET	1 Tab Twice daily	-	03-Nov-2022	29-Feb-2024
Pregabalin Capsules 300 mg	28	28 CAPSULE	ONE AT NIGHT	-	03-Nov-2022	12-Feb-2024
Diazepam Tablets 2 mg	168	168 TABLET	ONE OR TWO UP TO THREE TIMES A DAY IF NEEDED CONTACT A DR IF SYMPTOMS ARE WORSE	-	28-Oct-2022	12-Feb-2024
Nacsys Effervescent tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN ONCE A DAY	-	28-Sep-2022	29-Feb-2024
Evolve Revive Eye Drops, Preservative Free 0.2 %	20	20 ML	SIX TIMES PER DAY INSTEAD OF BLINK INTENSIVE	-	13-Jul-2022	12-Feb-2024
Orajel 10 % Mouth Gel	5.3	1*5.3 GRAM	FREQUENTLY	-	24-Nov-2021	29-Jan-2024
Ralvo Medicated Plaster 700 mg	28	28 PATCH	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	12-Feb-2024
Dermol 200 Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	12-Feb-2024
Hylo Night Eye ointment (preservative-free)	15	3*5 GRAM	TO BE USED AS REQUIRED FOR DRY EYES	-	09-Sep-2021	12-Feb-2024
	28	28 TABLET	ONE A DAY	-	26-May-2021	

Empagliflozin Tablets 10 mg						12-Feb-2024
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	12-Feb-2024
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	12-Feb-2024
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	12-Feb-2024
Ondansetron Hydrochloride Tablets 4 mg	32	32 TABLET(S)	ONE TABLET THREE TIMES PER DAY WHEN REQUIRED FOR NAUSEA AIMING TO GRADUALLY REDUCE	-	13-Dec-2019	12-Feb-2024
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	12-Feb-2024
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	12-Feb-2024
Procydline Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	12-Feb-2024
Peptac Liquid (aniseed)	1000	1000 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	29-Jan-2024
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	12-Feb-2024
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	12-Feb-2024
Simvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	29-Feb-2024
Ramipril Capsules 2.5 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	29-Feb-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Contour Plus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	01-Mar-2024	01-Mar-2024
Apollo Twist Lancets 0.36 mm/28 gauge	200	200 LANCET	TO BE USED AS DIRECTED	-	01-Mar-2024	01-Mar-2024
Naproxen Tablets 250 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY IF NEEDED WITH FOOD	-	06-Feb-2024	06-Feb-2024
Co-Dydramol 10/500 Tablets	56	56 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY	-	06-Feb-2024	06-Feb-2024
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	1-2 TABLETS UP TO FOUR TIMES DAILY	-	01-Feb-2024	01-Feb-2024
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	23-Jan-2024	23-Jan-2024
Dihydrocodeine Tablets 30 mg	28	28 TABLET		-	23-Jan-2024	23-Jan-2024

Naproxen Tablets 250 mg	28	28 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	23-Jan-2024	23-Jan-2024
Glycerol (Adult) Suppositories 4 gram	10	10 suppository	ONE TO BE TAKEN TWICE A DAY	-	08-Jan-2024	08-Jan-2024
Co-Codamol 30/500 Tablets	32	32 tablet	ONE TO BE INSERTED TWICE A DAY	-	03-Jan-2024	03-Jan-2024
Naproxen Tablets 250 mg	14	14 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	03-Jan-2024	03-Jan-2024
Ibuprofen Gel 5 %	50	50 GRAM(S)	ONE TO BE TAKEN TWICE A DAY	-	03-Jan-2024	03-Jan-2024
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	30-Oct-2023	30-Oct-2023
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	28-Sep-2023	28-Sep-2023
Glucorx Nexus Test strips	50	50 STRIP	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	20-Jan-2020	12-Feb-2024
			TO BE USED AS DIRECTED	-		

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
19-Oct-2022	118	88
22-Jul-2022	187	104
01-Jul-2022	175	89
27-Jun-2022	122	97
07-Jun-2022	138	96

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
19-Oct-2022	-	97	31.67
01-Jul-2022	175	95.6	31.22
18-Nov-2021	-	101.3	33.1
12-Oct-2021	-	100	32.65
10-Aug-2021	-	97	31.67

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		19-Oct-2022
Ex smoker:		18-Mar-2022
Never smoked tobacco:		12-Oct-2021
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Alcohol consumption, 0 units/week:		19-Oct-2022
Alcohol consumption, 0 units/week:		01-Jul-2022
Alcohol consumption, 0 units/week:		07-Jun-2022
Teetotaler:		07-Jun-2022
Alcohol consumption, 0 units/week:		24-Nov-2021
30 min/day mod phy act greater than =5 wk:		22-Jun-2023
GPPAQ physci act ind: inactive:		26-Mar-2019

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to Duloxetine	sweats resolved off this, other cause of sweats excluded	28-Oct-2022
Adverse reaction to Anhydrol Forte	18-Jun-2021	
[X] Adverse reaction to opiates or related narcotics NOS	probably exacerbated gastroparesis	17-Jun-2020
[X] Adverse reaction to opiates or related narcotics NOS	codeine may have contributed to delayed gastric emptying	17-Mar-2020
H/O: penicillin allergy	30-Dec-1899	

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) Date

Clinic Letter



Greater Glasgow
and Clyde

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

Dr. E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel: 0141 355 1782
Enquiries to: bernadette.mclaughlin2@ggc.scot.nhs.uk
Letter Date: 23/05/2023
Reference:
Dictated 23/05/2023
Date:
Transcribed 31/05/2023
Date:

Dear Dr. E Sheppard,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Ophthalmology; Clinic - STEGEY4-EYE ACH DR GREGORY TEACH AND
TREAT TUESDAY PM

Date and Time of Appointment - 23/05/2023 14:00

Clinical Comments:

Presenting complaint:

1. Dry eye review six months. No further improvement to symptom since November.
2. Using ILube 3 x daily, Evolve Revive 6 x daily, Hylo Night at night time.

Diagnosis:

1. Dry eye significant conjunctival staining.
2. Sjogren's screen .
3. Previous treatments Blink Intensive, Dropadex with good effect.

Visual acuity: Right 6/9 -3 with pinhole 6/9 Left 6/9

IOPs: Right 20mmHg Left 21mmHg

Investigations: Minimal improvement since November.

Treatment:

1. Ikervis both eyes once daily.
2. Continue with I Lube 3 x daily, Evolve Revive 6 x daily
3. Hylonight.

Follow up: three months QUEH general clinic.

WoScott Optometrist Ailsa Henderson

Seen under the supervision of Dr M E Gregory Consultant Ophthalmologist

Yours sincerely

Dr M E Gregory

Consultant Ophthalmologist

Electronically Signed: Dr Maria Gregory , Consultant

cc.

Clinical letter - GP: GP letter

Dr. E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

NHS
Greater Glasgow
and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
Orthopaedics
0141-201-3718

22/05/2023
AS/CWW
18/05/2023
19/05/2023

Dear Dr Sheppard ,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Diagnosis: Soft tissue injury left knee

This lady had a fall on the 7th of May 2023, when she missed her footing in her house. She fell to the ground and hit her left patella. There was concern on the x-ray that she might have an intra-articular loose body or fracture.

On examination there is no swelling of the knee or bruising. She is not tender around the lateral or medial femoral condyles. She can maintain a good straight leg raise and can flex to over 100°.

X-rays show a small flake fracture on the lateral view, without any joint defect. There is also an old fibular fracture.

I have reassured her that best treatment is mobilisation and expectation. She has been discharged.

Yours sincerely,

Mr Andrew Shaw

Consultant Orthopaedic Surgeon

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Mr Andrew Shaw, Consultant

cc.

Sullivan Deborah

CHI: 0712726128

Emergency Attendance Letter



Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 07/05/2023

Consultant: Dr Neil Dignon

E Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear E Sheppard

Re: **Sullivan Deborah**
"Flat 0-1, 8 Boyndie Street"
Glasgow G34 9JE

DOB: 07/12/1972

CHI: 0712726128

Attended on: **07/05/2023 at 15:03 hrs.**

Departed on: **at hrs.**

Discharge Type: **01c - Discharge with referral**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **3**

Presenting complaint:

ETA 07/05/23 at 1500 Left knee injury, bony tenderness to patella, crunching feeling, using crutch to mobilise

Nursing Assessment:

Investigations in ED:

1. XR Knee Lt

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Other and Unspecified Parts of Knee		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Linda Haime
Nurse

Copies to:

1. E Sheppard (GP)

School Address:

Clinic Letter



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

Dr. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: ellen.alexander@ggc.scot.nhs.uk
Letter Date: 24/11/2022
Reference: SM/EA
Dictated: 24/11/2022
Date:
Transcribed: 29/11/2022
Date:

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Endocrinology; Clinic - STSMED8-DR S MACKIN ENDO THURSDAY PM
WEEKS 3 4 AND 5

Date and Time of Appointment - 24/11/2022 14:15

Follow Up: Discharged

Clinical Comments:

I had a telephone consultation with Deborah today to follow-up on her sweats. She has had some of her medications changed under the guidance of her psychiatrist. Specifically she has stopped the Duloxetine and commenced Venlafaxine and feels that this has improved her sweats. She has had a CT chest/abdo/pelvis and there is no evidence of anything concerning about neuro-endocrine tumours. I am going to arrange to update her gut hormones to ensure that they are static and expecting that they are, then I am planning to discharge her from the Endocrine clinic. I think her sweats are due polypharmacy and I am glad that she had noticed some improvement with small changes made.

Yours sincerely

Dr Sharon Mackin

Consultant Endocrinologist

Electronically Signed: Dr Sharon Mackin , Consultant

cc.

Clinic Letter



Greater Glasgow
and Clyde

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

Dr. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Ophthalmology
0141 355 1850
alice.breslin@ggc.scot.nhs.uk
22/11/2022
22/11/2022
28/11/2022

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Ophthalmology; Clinic - STEGEY4-EYE ACH DR GREGORY TEACH AND
TREAT TUESDAY PM

Date and Time of Appointment - 22/11/2022 15:30

Clinical Comments:

Presenting Complaint: Review of KCS (dry eyes). Currently using Ilube 3 times a day, Evolve 6 times a day and Hylo Forte as required

Diagnosis: Severe dry eyes

Visual acuity: Not recorded

Treatment: Continue with Evolve Revie 6 times a day, Ilube 3 times a day and Hylo Forte as required

Follow-up: Review in clinic 6 months

WOSCOTT Optometrist Kamran Ahmed

Under the supervision of Dr M Gregory Consultant Ophthalmologist

Yours sincerely

Dr Maria E Gregory

Consultant Ophthalmologist

Electronically Signed: Dr Maria Gregory , Consultant

cc.

Clinical letter - Others:



Dr Anderson
Consultant Psychiatrist
Stobhill Hospital
G21 3UW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
Endocrinology
0141 451 5360
Ellen Alexander
19/07/2022
SM/CH
30/06/2022
01/07/2022

Dear Dr Anderson,

Deborah Sullivan; D.O.B: 07/12/1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

I am writing with regards to Deborah Sullivan who I believe is well known to you. She has PTSD and complex trauma. She has significant polypharmacy as a result of this and other health issues. She suffers from sweats that she finds quite debilitating. She had some abnormal gut hormones and so I took her case to the neuro-endocrine MDT with a view to seeing if any further concerns about any neuro-endocrine tumours was raised. We think that it is likely the polypharmacy and she will be having follow up biochemistry and a CT chest/abdo/pelvis for reassurance. I wondered what your thoughts were in terms of some of the medication that could be associated with sweats, for example Duloxetine. Clearly I do not want to de-stabilise her mental health, but wondered if there was any thoughts about switching these medications to something that is less associated with sweating. Deborah understands that it is a balance of risk and benefit and it may not be appropriate at all. She would rather maintain her mental health. I will see her back for one more review but anticipate that she will be discharged after that.

Yours sincerely,

Dr Sharon Mackin

Consultant in Diabetes & Endocrinology

Electronically Signed: Dr Sharon Mackin , Consultant

cc.

Clinic Letter

Dr. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
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Date:
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Date:

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

Ophthalmology
0141 355 1850
alice.breslin@ggc.scot.nhs.uk
06/07/2022
06/07/2022
07/07/2022

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Ophthalmology; Clinic - STEGEY5-EYE ACH DR E GREGORY TEACH AND
TREAT WEDNESDAY AM

Date and Time of Appointment - 06/07/2022 09:30

Clinical Comments:

Presenting Complaint: 3 month review. Patient felt some improvement to symptoms. Stopped
using Ilube as ran out

Diagnosis: Extensive SPK with mucin bilaterally

Visual acuity: Right 6/9 pinhole NI Left 6/12 pinhole 6/9

Intra ocular pressures: Right 19mmHg Left 20mmHg

Treatment:

1. Restart Ilube 3 times a day both eyes
 2. Switch blink intensive to Evolve Revive 6 times a day both eyes
- Follow-up: Review in clinic 3-4 months

WOSCOTT Optometrist Fraser Ness

Under the supervision of Dr Maria Gregory Consultant Ophthalmologist

Yours sincerely

Dr Maria E Gregory

Consultant Ophthalmologist

Electronically Signed: Dr Maria Gregory , Consultant

cc. Graeme Cunningham
Specsavers Opticians
Unit 18 block B
The Fort Retail Park
Glasgow
G34 9BL

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Endocrinology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	Hospital and hospital address Hospital location code. G207H Email address
Urgency of referral Date of referral	Routine 01-Jul-2022 Date sent 01-Jul-2022

PATIENT DETAILS	Patient's address
Surname: Sullivan	0-1 8 Boyndie Street EASTERHOUSE Glasgow G34 9JE
Forename(s): Deborah	Contact number(s)
Title: Miss	Voice: 07713718392
Sex: Female	
Date of birth: 07-Dec-1972	
CHI no.: 0712726128	
Area of Residence:	

101026767223I	Unique Care Pathway Number: 101026767223I
-----------------	---

REGISTERED GP DETAILS	Practice address
Name: Dr Anne McGinley	9 Auchinlea Road Easterhouse Glasgow G34 9HQ
GMC code: 3341180 GP code: 07307	Contact number(s)
Practice name: Easterhouse Health Centre (13448)	Voice: 0141 531 8150 Facsimile: 0141 531 8158 E-mail: GG-UHB.gp46471clinical@nhs.net
Practice code: 46471	

REFERRING GP DETAILS	Practice address
Name: Dr. Emma Sheppard	Easterhouse Health Centre 9 Auchinlea Road

GMC code	3665273	GP code	07111	Glasgow
Practice name	Lochend Surgery (46471)			G34 9HQ
Practice code	46471			Contact number(s)
				Voice: 0141 531 8150
				Facsimile: 0141 531 8158

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: type 2 DM +/- pancreatic DM

Comment: Dear DSN, can you support Deborah to use GLP1 as recommended ? She tells us she has been requested dulaglutide 0.75mg s/c by stophill 30 6 22 gratefully Dr E Sheppard

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
[X]Post - traumatic stress disorder	-	23-Mar-2022	23-Mar-2022
Headache	??? RAISED ICP	15-Mar-2022	15-Mar-2022
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	?? 2022 seems insulin production sustained. more likely type 2	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated; bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017

Herpes zoster	-	20-Jan-2017	20-Jan-2017
Chronic depression	-	17-Sep-2014	17-Sep-2014
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Chronic depression	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
CT scan brain - normal	-	16-Mar-2022	16-Mar-2022
Diagnostic lumbar puncture	normal	16-Mar-2022	16-Mar-2022
Urine 5-OH indole acetic acid	-	01-Jul-2020	01-Jul-2020
Uses dispensed monitored dosage system	-	09-Apr-2020	09-Apr-2020
Introduction of Mirena coil	-	28-Oct-2016	28-Oct-2016
Laparotomy	-	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	-	12-Oct-2004	12-Oct-2004
Cholecystectomy	-	07-Dec-1996	07-Dec-1996

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Pioglitazone Hydrochloride Tablets 15 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	01-Jun-2022	01-Jul-2022
Oralbalance Gel	50	50 gram	APPLY DAILY	-	02-Dec-2021	01-Jul-2022
Orajel 10 % Mouth Gel	10.6	10.6 gram	FREQUENTLY	-	24-Nov-2021	01-Jul-2022
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	01-Jul-2022
Dermol 200 Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	01-Jul-2022
	30	30 GRAM		-	09-Sep-2021	

Hylo Night Eye ointment (preservative-free)			TO BE USED AS REQUIRED FOR DRY EYES			01-Jul-2022
Blink Intensive Tears Eye drops 0.2 %	30	30 ML	TO BE USED AS DIRECTED IN THE AFFECTED EYE(S)	-	09-Sep-2021	01-Jul-2022
Empagliflozin Tablets 10 mg	28	28 TABLET	ONE A DAY	-	26-May-2021	01-Jul-2022
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	01-Jul-2022
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	01-Jul-2022
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	01-Jul-2022
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	01-Jul-2022
Ondansetron Hydrochloride Tablets 4 mg	84	84 tablet	ONE THREE TIMES PER DAY WHEN REQUIRED	-	13-Dec-2019	01-Jul-2022
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	01-Jul-2022
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	01-Jul-2022
Procydiline Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	01-Jul-2022
Peptac Liquid (anised)	1000	1000 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	01-Jul-2022
Diazepam Tablets 5 mg	28	28 TABLET	ONE A DAY	-	20-Dec-2018	01-Jul-2022
Temazepam Tablets 10 mg	28	28 TABLET	ONE A DAY	-	03-Apr-2018	01-Jul-2022
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	01-Jul-2022
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	01-Jul-2022
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	01-Jul-2022
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	1 CAPSULE MORNING AND NIGHT	-	27-Feb-2018	01-Jul-2022
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY, PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	01-Jul-2022
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	01-Jul-2022
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	01-Jul-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE NO ONDANSETRON NOR SIMVASTATIN ON THAT DAY	-	07-Jun-2022	07-Jun-2022
	1	1 CAPSULE		-	05-May-2022	

Fluconazole Capsules 150 mg			ONE TO BE TAKEN AS A SINGLE DOSE		05-May-2022
Diazepam Tablets 2 mg	14	14 tablet	1 Tab Twice daily FOR 7 DAYS ONLY	22-Mar-2022	22-Mar-2022
Dropdex Eye drops 0.1 %, 0.4 ml unit dose	20	20 unit dose	APPLY 4 TIMES DAILY TO BOTH EYES FOR 2 WEEKS. THEN 3 X DAILY FOR 2 WEEKS. THEN ONCE DAILY FOR 2 WEEKS. THEN STOP	09-Feb-2022	04-Apr-2022
Diazepam Tablets 2 mg	14	14 tablet	1 Tab Twice daily FOR 7 DAYS	24-Jan-2022	24-Jan-2022
Ibuprofen Tablets 400 mg	42	42 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	24-Jan-2022	24-Jan-2022
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	24-Jan-2022	24-Jan-2022
Gliclazide M/R tablets 30 mg	28	28 tablet	1 Tab Daily	06-Jan-2022	11-Feb-2022
Evorel Transdermal patches 75 micrograms/24 hrs	8	8 PATCH	ONE PATCH TO BE APPLIED TWICE WEEKLY PLEASE STOP IF MIRENA NEEDS REMOVED REPEAT BP BEFORE NEXT	12-Oct-2021	31-May-2022

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
01-Jul-2022	124	89
27-Jun-2022	122	97
07-Jun-2022	138	96
18-Nov-2021	112	94
12-Oct-2021	112	94

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
01-Jul-2022	-	95.6	-
18-Nov-2021	-	101.3	33.1
12-Oct-2021	-	100	32.65
10-Aug-2021	-	97	31.67
13-Aug-2020	-	-	31

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		18-Mar-2022
Never smoked tobacco:		12-Oct-2021
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Ex smoker (Stopped 2019):		26-Feb-2020
Alcohol consumption, 0 units/week:		07-Jun-2022
Teetotaler:		07-Jun-2022
Alcohol consumption, 0 units/week:		24-Nov-2021
Alcohol consumption, 0 units/week:		10-Aug-2021
Alcohol consumption, 0 units/week:		10-Aug-2021
GPPAQ physcl act ind: inactive:		26-Mar-2019

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to Anhydrol Forte	18-Jun-2021	
[X] Adverse reaction to opiates or related narcotics NOS	probably exacerbated gastroparesis	17-Jun-2020
[X] Adverse reaction to opiates or related narcotics NOS	codeine may have contributed to delayed gastric emptying.	17-Mar-2020
H/O: penicillin allergy	30-Dec-1899	

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

 Signature of referring doctor (or other professional) Date

Clinic LetterGreater Glasgow
and ClydeStobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000Dr. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQMain
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:Endocrine
0141 451 5360
ellen.alexander@ggc.scot.nhs.uk
30/06/2022
SM/CH
30/06/2022
04/07/2022

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street, Easterhouse, Glasgow, Lanarkshire, G34 9JEAttendance: Specialty - Endocrinology; Clinic - STGECEN8-GENERIC ENDO CONS THURS PM
Date and Time of Appointment - 30/06/2022 13:45**Follow Up:** To be arranged**Clinical Comments:**

I saw Deborah back at the endocrine clinic. You had referred her with sweats. The sweats mainly effect her upper half including face, are exacerbated by eating and tend to occur during the day. There are no night sweats. She suffers from obesity and has significant polypharmacy in the context of post traumatic stress disorder. She is under the psychiatry service. I think the sweats are probably as a result of her polypharmacy. Tests had been done last year when she was admitted with abdominal pain and they showed abnormal gut hormones and she had numerous CTs including a CT chest/abdo/pelvis and a scan to look for a neuroendocrine tumour and this was negative. We repeated her gut hormones and her urinary 5HIAA. Her urinary 5HIAA is mildly elevated. Her gut hormones done down in London show a normal chromogranin A and B, whereas in the GRI local analysis the chromogranin A is elevated at 700. Reassuringly it has come down from 1000. Her gastrin was elevated above the threshold and this was the case despite being off PPI for two weeks. Her VIP was also mildly elevated previously. Reassuringly her gut hormones have not got any worse and some of them have shown some signs of improvement. I took her case to the neuroendocrine MDT because they had previously been involved in advising the surgical team. We are all reassured that this is likely to be polypharmacy related rather than any neuroendocrine tumour. They have suggested that we do a further CT chest/abdo/pelvis one year after the last one and that we perform further biochemistry six months after the last test. This will be due in the Autumn. In the meantime I explained to Deborah that I think it is probably her medication that is causing her sweats. She is on some medications that are known to be associated with sweats including Duloxetine. However, I do not want to make her mental health unstable. I wonder if between you and psychiatry if you can consider whether there would be the possibility of changing this. I have explained to Deborah that

there is a balance between medication that keeps her mental health stable and not disrupting that for the sake of treating these symptoms. Venlafaxine may be an alternative that could be tried if it was from a sweat perspective, but I am not entirely sure if that is appropriate psychiatrically. I am going to arrange to see Deborah back with a plan to follow up on these tests and I would be grateful if you could review her polypharmacy to see if anything can be rationalised in the community. She seems like quite a complex pharmacological case.

Yours sincerely,

Dr Sharon Mackin

Consultant in Diabetes & Endocrinology

Please note - we are happy for her to commence GLP-1 for her diabetes

Electronically Signed: Dr Sharon Mackin , Consultant

cc.

Clinic Letter

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

Dr. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Endocrine
0141 451 5360
ellen.alexander@ggc.scot.nhs.uk
24/02/2022
SM/LW
24/02/2022
28/02/2022

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Endocrinology; Clinic - STSMED8-DR S MACKIN ENDO THURSDAY PM
WEEKS 3 4 AND 5

Date and Time of Appointment - 24/02/2022 14:00

Follow Up: To be arranged 3 months f2f

Clinical Comments:

I had a telephone consultation with Deborah today to follow up on her abnormal gut hormones and symptoms. She spoke to one of my colleagues a few months back. Essentially, she was referred to ourselves having presented with sweats and was found to have a high urinary 5HIAA. This level was just slightly above normal. She then went on to have gut hormone profile due to the presence of abdominal pain. This was done under the Surgeons but advice was given from Neuroendocrine Oncology Team. Gut hormones done in September 2020 showed a slightly elevated VIP at almost twice the limit of normal, a gastrin that was off the scale high and otherwise normal chromogranin A and chromogranin B. She also had a local chromogranin A done around about a similar time period and this was elevated at 1200. It was advised by the Neuroendocrine Team at that point to get some cross sectional imaging and she has had a CT of chest, abdomen and pelvis and Tektrotyd scan. She has also had an MRI of pancreas done in September of 2021. There has been no octreotide avid net found. The CT was fairly unremarkable apart from a left adnexal cyst and she also had an unremarkable MRI of pancreas.

Deborah continues to complain of sweats that normally occur after she has eaten. It is not associated with any particular food and happens every other day. She is unsure if she flushes red at the time. She feels cold when the sweats come on. She denied any respiratory symptoms and specifically denies wheeze. There are secretory bowel symptoms. She tends towards constipation. She has been referred recently to the Surgical Team for ongoing upper abdominal pain. This is

unrelated to sweats or food. It occurs intermittently again every other day. She tells me that she has gained 3 stone in weight over the past 4 years unintentionally. I note that she has a diagnosis of Type 2 diabetes and there is a plan to get her on a GLP1 in that regard. I am going to arrange in the first instance for her to have repeat gut hormones done alongside a urinary 5HIAA and an overnight Dexamethasone suppression test with ACTH measurement. It would be ideal if I could hold off the GLP1 until I get these results as that itself may increase up the gut hormones. It is somewhat reassuring that we have not found anything on imaging but given that she has ongoing symptoms and some of the levels were incredibly high I think it would be reasonable to repeat and see where we are headed. She is on a PPI amongst a whole load of other medications. This can increase up the chromogranin A and gastrin levels. She is happy to trial a period off of the PPI in the run up to having her gut hormone tested but if we do not manage this due to increasing symptoms, I am happy that she goes back on it prior to having that test done.

I am going to arrange to see her back routinely once I get the results of these tests.

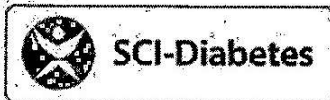
Yours sincerely

Dr Sharon Mackin

Consultant Physician

Electronically Signed: Dr Sharon Mackin , Consultant

cc.



Stobhill Hospital Diabetes Clinic
Stobhill ACH
Diabetes Centre, Clinic D
133 Balornock Road
G21 3UW
t: 0141 355 1076
f: 0141 355 1754
<http://www.nhsggc.org.uk/>



NHS Greater Glasgow and
Clyde

Dr Deborah Morrison

Date of Clinic: 09-Feb-2022
Date Printed: 15-Feb-2022
Our Ref: DM/LW
Enquiries to: Louise Wilson
Ext: 3551077
E-mail: louise.wilson4@ggc.scot.nhs.uk

DR WILSON & DR MCGINLEY
LOCHEND SURGERY
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW
G34 9HQ

Dear Doctor:

Name/Address: DEBORAH SULLIVAN, FLAT 0-1, 8 BOYNDIE ST, GLASGOW, G34 9JE

Patient ID/CHI: 0712726128

DOB: 07-Dec-1972

Date of Stobhill Hospital Diabetes Clinic Appointment: 09-Feb-2022

Please find a clinic summary sheet attached.

Summary:

This 49 year old female was discussed at a virtual community diabetes MDT on 9.2.22. Diabetes staff present :Dr Andrea Llano, Prof G McKay, Dr Debbie Morrison, cDSN Sharon Sinclair, Barbara Ann McKee, Clare Patton, Angela Russell.

This patient was brought to the cMDT by Dr E Shepherd and team from Lochend Surgery

SUMMARY

HbA1c: 22-Dec-2021 62 mmol/mol
Weight: 18-Nov-2021 101.3 kg - BMI 32
BP: 12-Oct-2021 112 /94 mmHg
Smoking Status: 12-Oct-2021 Never smoked
Last Retinal Screening Date: 07-Oct-2020
Creatinine: 18-Aug-2021 55 µmol/L eGFR >60

Issues:

- * On metformin, empag and glic 30mg m/r. BMI 32.
- * See recent comprehensive letter from Dr Iona Galloway in endo clinic re the sweats.
- * GLP-1 RA would be preferred over gliclazide. Patient has pancreatic history but note recently normal appearance on imaging, and by way of reasonable diabetes control without insulin demonstrates reasonable insulin production.
- * Complex PMH including of GI upset.

PLAN

1. cDSN to discuss GLP with patient. Taking account of risks and benefits then agreement that overall worth trying GLP with patient. Suggest 0.75mg dulaglutide dose initially.

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,
Garnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: John Brown CBE

NHS Greater Glasgow and Clyde

Patient: SULLIVAN,

DEBORAH

Stobhill Hospital Diabetes Clinic

Patient ID/CHI: 0712726128

Stobhill ACH, Diabetes Centre, Clinic D, G21 3UW

Next review: cDSN

Yours sincerely

Dr Deborah Morrison
GPwSI Diabetes

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: John Brown CBE

PATIENT NAME: DEBORAH SULLIVAN

DOB: 07-Dec-1972

PATIENT ADDRESS: FLAT 0-1
8 BOYNDIE ST
GLASGOW
G34 9JE

Patient ID/CHI: 0712726128
CONTACT DATE: 09-Feb-2022

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

GENERAL					
Measure	Value	Date	Measure	Value	Date
HbA1c *	62 mmol/mol	22-Dec-2021	Diabetes Type *	Type 2 Diabetes Mellitus	12-Mar-2019
Weight *	101.3 kg	18-Nov-2021	Duration of Diabetes *	2 Years 11 Months	
BMI *	32 kg/m2	18-Nov-2021	Problems with Hypoglycaemia Awareness		
BP *	112 / 94	12-Oct-2021	Gold Score *		

BIOCHEMISTRY					
Measure	Value	Date	Measure	Value	Date
Creatinine *	46 µmol/L	14-Feb-2022	Cholesterol *	4.2 mmol/L	13-Aug-2021
Alb/Creat Ratio *	3.4 mg/mmol	26-Feb-2020	HDL Cholesterol *	1.2 mmol/L	13-Aug-2021
eGFR *	>60 ml/min	14-Feb-2022	Triglycerides *	3.1 mmol/L	13-Aug-2021
T4/Free T4 *	9.5 pmol/L	18-Nov-2021	TSH *	1.47 mU/L	18-Nov-2021
ALP(Alkaline Phosphatase) *	89	14-Feb-2022	AST *	50	14-Feb-2022
ALT *	79	14-Feb-2022	Bilirubin *	5	14-Feb-2022

Last Successful Eye Screening		
Screening Date: 07-Oct-2020	Screening Outcome: Rescreening in 12 months (Fundus Photography)	
DRS Results	Right	Left
Retinopathy:	No Retinopathy	No Retinopathy

FEET		
Foot Risk Category *	Low Risk	10-Aug-2021

MEDICAL HISTORY (HEALTH ISSUES)
Please check free text letter content above.

PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION			
Medication	Dose/Frequency	Quantity/Preparation	Date
Gliclazide	1 Tab Daily	28 tablet M/R tablets 30 mg	11-Feb-2022

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: John Brown CBE

Metformin Hydrochloride	2 TWICE A DAY	112 tablet Tablets 500 mg	11-Feb-2022
Empagliflozin	ONE A DAY	28 TABLET Tablets 10 mg	06-Jan-2022

UNCHANGED CURRENT MEDICATION

Medication	Dose	Change Date
DIAMICRON MR 30mg m/r tablets	Breakfast: 60 mg	13-Aug-2020
Metformin	Breakfast: 1000 mg Evening Meal: 1000 mg	28-Nov-2019

RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION

Please check free text letter content above.

ADVICE GIVEN

Please check free text letter content above.

Diabetes Education Record:

Headquarters:

NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH.

Chairperson: John Brown CBE

Clinic Letter



Greater Glasgow
and Clyde

Stobhill Hospital
133 Balornock Road
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G21 3UW
0141 201 3000

Dr. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
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G34 9HQ

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Department:
Contact Tel:
Enquiries to: bernadette.mclaughlin2@ggc.scot.nhs.uk
Letter Date: 01/02/2022
Reference:
Dictated 01/02/2022
Date:
Transcribed 07/02/2022
Date:

0141 355 1782

01/02/2022

01/02/2022

07/02/2022

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Ophthalmology; Clinic - STEGEYI-EYE ACH DR GREGORY EXTRA CLINIC
Date and Time of Appointment - 01/02/2022 10:30

Clinical Comments:

Diagnosis: Severe keratoconjunctivitis sicca. Investigated by GP for Sjogren's which is negative

Thank you for referring Deborah who has severe dry eyes. She has severe punctate staining on the cornea and also mucin plaques.

Treatment advised as follows:

1. Continue Hyloforte prn.
2. Start g I Lube 4 x daily both eyes longterm. Patient was advised that this may be nippy but to tolerate it if possible as it is quite effective in severe dry eye - however if she finds it difficult to tolerate then she can stop using it.
3. g Dropadex 4 x daily for two weeks both eyes., 3 x daily for two weeks, 2 x daily for two weeks and once daily for two weeks then stop.
4. Continue Hylonight nocte.

Review: Three months.

Yours sincerely

Dr M E Gregory

Consultant Ophthalmologist

Electronically Signed: Dr Maria Gregory , Consultant

cc. Graham Cunningham
Specsavers
The Fort
Unit 18 Block B
Glasgow
G34 9BL

Diabetes
133 Balornock Road
Glasgow
G21 3UW

01/02/2022

Dr Emma Sheppard
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Emma Sheppard

Patient Name: Deborah Sullivan
CHI Number: 0712726128
Referral Date: 01/02/2022

Thank you for your referral. I have added this patient to the diabetes MDT for discussion on the 9th of February. If it would be helpful to you for yourself or someone from your practice who knows the patient to join they would be most welcome. Please email me if you would like the teams link. We could discuss this patient at a time that suited you between 1.30-2.15pm. Either way we will write to let you know the outcome of this discussion and appoint to clinic from the MDT if that is required.

Yours sincerely

Dr Deborah Morrison

User ID Deborah Morrison

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Diabetes GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	Hospital and hospital address Hospital location code: G207H Email address:
Urgency of referral Date of referral	Routine 31-Jan-2022 Date sent 31-Jan-2022

PATIENT DETAILS	Patient's address
Surname: Sullivan Forename(s): Deborah Title: Miss Sex: Female Date of birth: 07-Dec-1972 CHI no.: 0712726128 Area of Residence:	0-1 8 Boyndie Street EASTERHOUSE Glasgow G34 9JE Contact number(s): Voice: 07713718392

1010254409991	Unique Care Pathway Number: 1010254409991
-----------------	---

REGISTERED GP DETAILS	Practice address
Name: Dr Anne McGinley GMC code: 3341180 GP code: 07307 Practice name: Easterhouse Health Centre (13448) Practice code: 46471	9 Auchinlea Road Easterhouse Glasgow G34 9HQ Contact number(s): Voice: 0141 531 8150 Facsimile: 0141 531 8158 E-mail: GG-UHB.gp46471clinical@nhs.net

REFERRING GP DETAILS	Practice address
Name: Dr. Emma Sheppard	Easterhouse Health Centre 9 Auchinlea Road

GMC code	3665273	GP code	07111	Glasgow G34 9HQ
Practice name	Lochend Surgery (46471)			Contact number(s)
Practice code	46471			Voice: 0141 531 8150 Facsimile: 0141 531 8158

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: secondary diabetes, sweats, wt gain, polypharmacy, multimorbidity

Comment: Dear DM team, thanks to your colleague in generic endocrinology for seeing Deborah re ? cushings. Please can she be seen in diabetes clinic again now that a surgical reason for sweats has been excluded. It seems rather to relate to polypharmacy. Likely aripiprazole contributory but we have reduced that as much as I feel we can for now given current stressors, she is back on diazepam short term due to distress. Please can the potential side effects of eg glimepiride and other endocrine meds be considered, Given sweats and weight gain would prefer to stop Your gratefully Dr ESheppard

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Dry eyes	-	09-Sep-2021	09-Sep-2021
[D]Hyperhidrosis	-	07-Jun-2021	07-Jun-2021
Onychia of toe	surgery not possible due to pandemic restrictions/high BMS	27-Aug-2020	27-Aug-2020
Sinus tachycardia	-	11-Aug-2020	11-Aug-2020
Delayed gastric emptying	not felt to be due to diabetic gastroparesis see DM letter Aug 2020	17-Jul-2019	17-Jul-2019
Secondary pancreatic diabetes mellitus without complication	coded as type 2 to allow for recall	01-Apr-2019	01-Apr-2019
Wet senile macular degeneration	treated, bilateral	20-Mar-2019	20-Mar-2019
Type 2 diabetes mellitus	-	12-Mar-2019	12-Mar-2019
H/O: psychological trauma	-	05-Mar-2019	05-Mar-2019
Acute gastritis	-	03-Feb-2019	03-Feb-2019
[D]Abdominal pain	admitted, diagnosis constipation	12-Oct-2018	12-Oct-2018
Ovarian cyst NOS	not seen on scan sept 2018	17-May-2018	17-May-2018
PID	-	06-May-2018	06-May-2018
Chronic pancreatitis	-	05-Apr-2018	05-Apr-2018
Essential hypertension	-	04-Apr-2018	04-Apr-2018
Overdose of drug	-	15-Feb-2018	15-Feb-2018
Cause of overdose - deliberate	-	01-Sep-2017	01-Sep-2017
Migraine	-	20-Jul-2017	20-Jul-2017
Hallucinations	-	14-Jun-2017	14-Jun-2017
Herpes zoster	-	20-Jan-2017	

Chronic depression	-	17-Sep-2014	20-Jan-2017
Fibromyalgia	-	20-Nov-2011	20-Nov-2011
Chronic depression	-	04-Jun-2009	04-Jun-2009
Gastro-oesophageal reflux	-	04-Jun-2009	04-Jun-2009
Acute pancreatitis	-	07-Feb-2008	07-Feb-2008
Chronic pancreatitis	-	05-Feb-2008	05-Feb-2008
Fracture of one or more tarsal and metatarsal bones (Right)	-	20-Jun-2007	20-Jun-2007
Chronic pancreatitis	-	13-Jan-2006	13-Jan-2006
Acute gastritis	-	24-Jul-2005	24-Jul-2005
Hiatus hernia	-	05-Nov-2004	05-Nov-2004
Overdose of drug	-	30-Aug-2002	30-Aug-2002
Sexual assault	-	05-May-2001	05-May-2001
[X]Post - traumatic stress disorder	-	01-Jan-2001	01-Jan-2001
Anxiety with depression	-	27-Oct-2000	27-Oct-2000

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Advice about foot care	06-Jan-2022	06-Jan-2022
Urine 5-OH indole acetic acid	01-Jul-2020	01-Jul-2020
Uses dispensed monitored dosage system	09-Apr-2020	09-Apr-2020
Introduction of Mirëna coil	28-Oct-2016	28-Oct-2016
Laparotomy	20-Oct-2009	20-Oct-2009
Laparoscopic Nissen fundoplication using abdominal approach	12-Oct-2004	12-Oct-2004
Cholecystectomy	07-Dec-1996	07-Dec-1996

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Gliclazide M/R tablets 30 mg	28	28 tablet	1 Tab Daily	-	06-Jan-2022	10-Jan-2022
Oralbalance Gel	50	50 gram	APPLY DAILY	-	02-Dec-2021	03-Dec-2021
Orajel 10 % Mouth Gel	10.6	10.6 gram	FREQUENTLY	-	24-Nov-2021	10-Jan-2022
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY AS DIRECTED REMOVE AFTER 12 HOURS	-	19-Oct-2021	10-Jan-2022
Evorel Transdermal patches 75 micrograms/24 hrs	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY PLEASE STOP IF MIRENA NEEDS REMOVED	-	12-Oct-2021	10-Jan-2022
Dermol 200 Shower Emollient	200	200 ML	TO BE USED AS DIRECTED	-	23-Sep-2021	14-Dec-2021

Hylo Night Eye ointment (preservative-free)	30	30 GRAM	TO BE USED AS REQUIRED FOR DRY EYES	-	09-Sep-2021	14-Dec-2021
Blink Intensive Tears Eye drops 0.2 %	30	30 ML	TO BE USED AS DIRECTED IN THE AFFECTED EYE(S)	-	09-Sep-2021	14-Dec-2021
Empagliflozin Tablets 10 mg	28	28 TABLET	ONE A DAY	-	26-May-2021	06-Jan-2022
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Aug-2020	10-Jan-2022
Aripiprazole Tablets 15 mg	28	28 tablet	1 Tab Daily ALONG WITH 10MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	10-Jan-2022
Aripiprazole Tablets 10 mg	28	28 tablet	1 Tab Daily ALONG WITH 15MG TAB. TOTAL DOSE 25MG. WEEKLY DISPENSE	-	05-Feb-2020	10-Jan-2022
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	20-Jan-2020	10-Jan-2022
Ondansetron Hydrochloride Tablets 4 mg	84	84 tablet	ONE THREE TIMES PER DAY WHEN REQUIRED	-	13-Dec-2019	10-Jan-2022
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	2 TWICE A DAY	-	04-Dec-2019	10-Jan-2022
Creon 10000 Capsules	84	84 CAPSULE	ONE WITH MEALS THREE TIMES A DAY	-	24-Jun-2019	10-Jan-2022
Procydiline Hydrochloride Tablets 5 mg	28	28 TABLET	ONE A DAY	-	30-Apr-2019	10-Jan-2022
Peptac Liquid (aniseed)	1000	1000 ML	5ML FOUR TIMES DAILY	-	20-Mar-2019	10-Jan-2022
Diazepam Tablets 5 mg	28	28 TABLET	ONE A DAY	-	20-Dec-2018	10-Jan-2022
Temazepam Tablets 10 mg	28	28 TABLET	ONE A DAY	-	03-Apr-2018	10-Jan-2022
Laxido Orange Oral Powder Sachets Sugar Free	28	28 SACHET	ONE SACHET AS REQUIRED	-	27-Feb-2018	10-Jan-2022
Lactulose Solution 3.1-3.7 g/5 ml	1000	1000 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	27-Feb-2018	10-Jan-2022
Esomeprazole Gastro-resistant Capsules 40 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	27-Feb-2018	10-Jan-2022
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	1 CAPSULE MORNING AND NIGHT	-	27-Feb-2018	10-Jan-2022
Pregabalin Capsules 300 mg	56	56 CAPSULE	ONE CAPSULE TWICE DAILY. PLEASE DISPENSE 14 (FOURTEEN) WEEKLY	-	27-Feb-2018	10-Jan-2022
Simvastatin Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-Feb-2018	10-Jan-2022
Ramipril Capsules 2.5 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Feb-2018	10-Jan-2022

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Diazepam Tablets 2 mg	14	14 tablet	1 Tab Twice daily FOR 7 DAYS	-	24-Jan-2022	24-Jan-2022
Ibuprofen Tablets 400 mg	42	42 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN	-	24-Jan-2022	24-Jan-2022

			REQUIRED WITH OR AFTER FOOD			
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	24-Jan-2022	24-Jan- 2022
Seal-Tight Wound Care Protector Adult foot/ankle, CV27105	1	1 device	APPLY AS DIRECTED	-	11-Jan-2022	11-Jan- 2022
Cimetidine Tablets 400 mg	60	60 tablet	ONE THREE TIMES A DAY INSTEAD OF RANITIDINE	-	05-Jan-2022	05-Jan- 2022
Trimethoprim Tablets 200 mg	10	10 tablet	ONE TO BE TAKEN TWICE A DAY	-	10-Dec-2021	10- Dec- 2021
Cimetidine Tablets 400 mg	60	60 tablet	ONE THREE TIMES A DAY INSTEAD OF RANITIDINE	-	18-Nov-2021	24- Nov- 2021
Miralax Micro- Enema Enema	2	2 enema	ONE A DAY IF NEEDED	-	26-Oct-2021	26-Oct- 2021
Evorel Transdermal patches 100 micrograms/24 hrs	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY	-	21-Oct-2021	24- Nov- 2021
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	13-Oct-2021	13-Oct- 2021
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	-	13-Oct-2021	13-Oct- 2021
Gliclazide M/R tablets 60 mg	28	28 TABLET	ONCE A DAY	-	12-Oct-2021	14- Dec- 2021
Anhydrol Forte Solution 20 %	120	120 ml	APPLY ONCE DAILY AND WASH-OFF THE FOLLOWING MORNING	-	06-Oct-2021	06-Oct- 2021
Diazepam Tablets 2 mg	14	14 tablet	1 Tab Twice daily FOR 7 DAYS	-	06-Oct-2021	06-Oct- 2021
Ibuprofen Tablets 400 mg	48	48 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	05-Oct-2021	05-Oct- 2021
Ralvo Medicated Plaster 700 mg	14	14 PATCH	APPLY ONCE A DAY REMOVE AFTER 12 HOURS	-	05-Oct-2021	05-Oct- 2021
Clotrimazole Pessary 500 mg	1	1 PESSARY	ONE TO BE INSERTED AT NIGHT	-	23-Sep-2021	23- Sep- 2021
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	23-Sep-2021	23- Sep- 2021
Hydrocortisone Cream 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY FOR 2 DAYS	-	23-Sep-2021	23- Sep- 2021
Cimetidine Tablets 400 mg	60	60 tablet	ONE THREE TIMES A DAY INSTEAD OF RANITIDINE	-	09-Sep-2021	10- Sep- 2021
Evorel Sequi Transdermal patches	8	8 patch	ONE PATCH TO BE APPLIED TWICE WEEKLY FOR 2 WEEKS	-	09-Sep-2021	10- Sep- 2021
Clotrimazole Cream 1 %	50	50 gram	APPLY TWO TO THREE TIMES DAILY	-	09-Sep-2021	10- Sep- 2021
Ranitidine Tablets 300 mg	60	60 TABLET	1 Tab Twice daily	-	30-Aug-2021	30- Aug- 2021
	500	500 ML		-	30-Aug-2021	

Peptac Liquid (peppermint)			20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME		10-Sep-2021
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONCE A DAY REMOVE AFTER 12 HOURS	26-Aug-2021	26-Aug-2021
Scheriproct Ointment	30	30 GRAM	APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS	26-Aug-2021	26-Aug-2021
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS	26-Aug-2021	26-Aug-2021
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1 pack	APPLY CREAM TWO TO THREE TIMES DAILY AND INSERT PESSARY AT NIGHT AS A SINGLE DOSE	16-Aug-2021	26-Aug-2021
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	16-Aug-2021	16-Aug-2021
Gliclazide M/R tablets 30 mg	28	28 tablet	1 TABLET DAILY	13-Oct-2020	04-Oct-2021
Rizatriptan Benzoate Tablets 10 mg	4	4 TABLET	ONE TABLET AT ONSET OF HEADACHE FOLLOWED BY ONE TABLET TWO HOURS LATER IF REQUIRED	03-Apr-2018	02-Nov-2021
Paracetamol Tablets 500 mg	112	112 TABLET	2 TABLETS 4 TIMES A DAY IF NEEDED	27-Feb-2018	18-Aug-2021

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
12-Oct-2021	112	94
23-Aug-2021	134	89
13-Aug-2021	120	102
10-Aug-2021	118	82
28-Nov-2019	126	81

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
18-Nov-2021	1.78	101.3	32
12-Oct-2021	-	100	32.65
10-Aug-2021	-	97	31.67
13-Aug-2020	-	-	31
26-Feb-2020	-	-	33.1

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		12-Oct-2021
Ex smoker:		10-Aug-2021
Ex smoker:		26-May-2021
Ex smoker (Stopped 2019):		26-Feb-2020
Refusal to give smoking status:		25-Feb-2019
Alcohol consumption, 0 units/week:		24-Nov-2021

Alcohol consumption, 0 units/week:	10-Aug-2021
Alcohol consumption, 0 units/week:	10-Aug-2021
Teetotaler:	26-Mar-2019
Teetotaler:	22-Feb-2018
GPPAQ physci act Ind: inactive:	26-Mar-2019

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to Anhydrol Forte	18-Jun-2021	
[X] Adverse reaction to opiates or related narcotics NOS	probably exacerbated gastroparesis	17-Jun-2020
[X] Adverse reaction to opiates or related narcotics NOS	codeine may have contributed to delayed gastric emptying	17-Mar-2020
H/O: penicillin allergy	30-Dec-1899	

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) Date

Clinic Letter

Dr. AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
G34 9HQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:



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

Endocrinology
0141 451 5367
Enis Johnston
18/11/2021
IG/CH
18/11/2021
24/11/2021

Dear Dr. AL McGinley,

Deborah Sullivan; D.O.B: 07 Dec 1972; CHI: 0712726128
Flat 0-1, 8 Boyndie Street , Easterhouse, Glasgow, Lanarkshire, G34 9JE

Attendance: Specialty - Endocrinology; Clinic - STGECEN8-GENERIC ENDO CONS THURS PM
Date and Time of Appointment - 18/11/2021 15:00

Follow Up: 24/02/2022 14:00 Endocrinology Dr Sharon Mackin

Clinical Comments:

Diagnosis:

1. Sweating and tachycardia
2. Elevated 5HIAA, gastrin and VIP - likely secondary to medication
3. Chronic pancreatitis
4. Diabetes mellitus
5. PTSD
6. Depression
7. GORD
8. Fibromyalgia

Many thanks for your referral of this 48 year old lady who I reviewed face to face today. She has a long history of multiple health conditions and is on many different medications. She was referred

to the cardiology service with ongoing tachycardia and as part of screening for this she had urinary 5HIAA performed. These were both marginally elevated. She also appears to have had a gut hormone screen performed in addition to a chromogranin A, both of which showed elevations in a chromogranin A, gastrin and VIP. She informs me that she was on a PPI and multiple other medications that would interfere with 5HIAA measurements and gut hormone profile.

On questioning today she feels that she has been having sweats for at least five years. She says they predominantly occur when she is eating. She has chronic pain and this has not changed recently. She last had a menstrual period in June 2021. I note she is now on evorel patch. She denies any weight gain and she has had no features of myopathy or easy bruising. Her weight today was 101.3kg and her height was 1.78m. She had central obesity but no evidence of striae or bruising.

As part of her investigations prior to the clinic she has already had an MRI pancreas and an octreotide scan performed. Both of these showed no evidence of neuroendocrine tumour. I note that she has recently had normal TFTs. For completeness I have updated her TFTs and I have sent an IGF1 although I think the suspicion of her having acromegaly is extremely low. I do not think that she has clinically significant cortisol excess and in view of her polypharmacy I have not performed an overnight Dexamethasone suppression test currently. I think time is what we require here to reassess her in six months time to see whether she has developed any new features that would be suggestive of cortisol excess. I suspect her sweats are gustatory in nature and most likely related to her diabetes. Polypharmacy may also contribute to many of her symptoms. She is agreeable to this and I will write to her if there is any abnormalities in the test that we performed. We will see her back in the endocrine clinic in six months time to assess for any changes in her symptoms.

Yours sincerely,

Dr Iona Galloway

ST7 in Diabetes & Endocrinology

Electronically Signed: Dr Iona Galloway, Doctor

cc.

Emergency Attendance Letter



Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 15/04/2021

Consultant: Dr Neil Dignon

AL McGinley
Lochend Surgery
Easterhouse Health Centre
9 Auchinlea Road
Glasgow
Glasgow
G34 9HQ

Dear AL McGinley

Re: **Sullivan Deborah**
"Flat 0-1, 8 Boyndie Street "
Glasgow G34 9JE

DOB: **07/12/1972**

CHI: **0712726128**

Attended on: **15/04/2021 at 17:21 hrs.**

Departed on: **at hrs.**

Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**

Previous ED Attendance in last 12 months: **4**

Presenting complaint
inj to both knees

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Other and Unspecified Parts of Knee		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Sharon Walker
Nurse

Copies to:

1. AL McGinley (GP)

School Address: