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 (VOL 1)	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
OUTPATIENTS CLINIC - STOBHILL

Mr J S Smith's Out Patient Clinic

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

Secretary: Mrs Eileen Mitchell
Direct Line: 0141 201 3785

NHS
Greater Glasgow and Clyde

Clinic 29/11/2007
Typed 06/12/2007
Our Ref PM/EM

Dr Charles Langan
Baillieston Health Centre
20 Muirside Road, Baillieston, Glasgow
G69 7AD

Dear Dr Langan

Deborah Sullivan ~ 07/12/1972 ~ CHI: 0712726128 ~ CRN: 10638479K
1 Camp Road, Baillieston, Glasgow, G69 6QR

Mrs Sullivan failed to attend Mr Smith's clinic today. We will send her one further appointment.

Yours sincerely

0141 771 6310

Mr Prasenjit Modak
Specialist Registrar

Copy to:

very sick ozon

Linda/Hazel
Surgical Clinic Co-ordinators
Medical Records

→ 35♀
→ open Nissen fundoplication Nov '2005 (H/H + reflux)

→ abdo pain after eating : epigastrium → back. 6/12
++ bloating + flatus.

8/52 N+V ++ post eating c̄ bile ↓anorexia/wt loss
°haematemesis.
abdo bloated.
cholecystectomy : gallstones ^
? pancreatitis : no evidence.
Chronic pain service → not attended in several years.

→ tramadol
pethidine

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

First Issued: 30/08/2007 12:04
Printed: 30/08/2007 12:04

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

Admitted: 19/06/2007 **Discharged:** 20/06/2007
Discharged to: Home
Ward: 7a
Consultant: Mr A McMAHON, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr ALAN MACKINNON
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
G69 7AD

PATIENT

DEBORAH SULLIVAN
1 CAMP ROAD
BAILLIESTON
GLASGOW
G69 6QR

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Right hypochondrial pain, 19/06/2007	R101		
2. Fracture of foot, Right, 20/06/2007			

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Cilest	Tab	Oral	ONE	X						Indefinite	Patients Own
Gabapentin	Cap	Oral	300mg	X		X		X		Indefinite	Patients Own
Omeprazole	Tab	Oral	40mg	X						Indefinite	Patients Own
Paracetamol	Tab	Oral	1g						4-6hrly for pain	Indefinite	32X500MG
Tramadol	Capsule	Oral	100mg						PRN	Indefinite	30
Sevredol	Tablet	Oral	10mg						PRN	3 days	CD PX

Pharmacy Comments

Also on buprenorphine patches as per DH. Sevredol added to usual regimen for pain from fracture (see handwritten prescription).

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Dear doctor,
Background: Gallstone pancreatitis, cholcystectomy, chronic abdominal pain, nissen fundoplication.

This 34 year old lady who is well known to Mr Smith's team, was admitted to Stobhill hospital with RUQ pain and nausea. Her observations and routine blood tests were normal. She had an abdominal ultrasound scan performed which showed some hyperechoic streaks adjacent to the portal venous system (we are unsure exactly what this represents) but no other abnormalities. There were no stones seen.
Mrs Sullivan's pain improved and her bloods and obsservations remained normal.

Unfortunately before she was due to go home Mrs Sullivan fell in the corridor and injured her right foot. X-rays were performed and showed undisplaced fractures of the bases of the 2nd and 3rd metatarsals. This was discussed with the orthopaedic surgeons at the GRI and a bellow knee back slab cast was applied. Mrs Sullican was given her x-rays and an appointment was made for the fracture clinic at GRI for 2 days later.
She was discharged home with appropriate analgesia and given advise regarding her fractures.
We believe that Mrs Sullivan has follow-up with Mr Smith's team and she should attend this.

Yours sincerely,

NHS Greater Glasgow

Patient: DEBORAH SULLIVAN D.O.B: 07/12/1972 Hosp. No: 10638479K
Admitted: 19/06/2007 Discharged: 20/06/2007 Printed: 30/08/2007 12:04

GENERAL COMMENTS (continued)

CC Mr Smith

FINAL COMMENT DICTATED 29.08.07 JD/EM

Mrs Sullivan had an OGD performed on 2nd August 2007. At the oesohpagus the fundal wrap was intact. The squamo-columnar junction was at 38 cm. The stomach was normal. The duodenum was normal to the second part. One biopsy was taken from the stomach for CLO test which was negative.

We will see her for review in the clinic in 3 months.

Yours sincerely

Dr Justin Donaldson
FTSTA1

Signed: _____ Designation: _____

STOBHILL HOSPITAL - ENDOSCOPY SUITE

004

SUPPLEMENTARY REPORT OF CLO TEST

NAME: 10638479K F
SULLIVAN
DEBORAH

DOB: 07/12/1972

ADDRESS: 1 CAMP ROAD
BAILLIESTON
GLASGOW G69 6QR
CHI-0712726128

GP DETAILS: Dr. A MACKINNON
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON

NAME:

ADDRESS: G69 7AD

UNIT NO:

DATE OF ENDOSCOPY: 2/8/07

ENDOSCOPIST: Mr. Smith (Miss Sharp)

THIS PATIENT'S CLO TEST WAS AFTER 24 HOURS

(CASE SHEET COPY) NEGATIVE

North Glasgow Division

Greater Glasgow Health Board

Procedure Venue: STOB Room 2

Gastroscopy Report

Date: 02/08/2007 Start: 13:54:31 End: 13:54:31

ID: 10638479K 0712726128
Name: DEBORAH SULLIVAN

Date of birth: 07/12/1972
Address: 1 CAMP ROAD
BAILLIESTON GLASGOW G69 6QR

Classification:

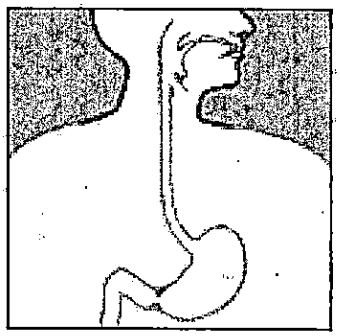
General practitioner: Alan MACKINNON

Referring doctor:

Endoscopist
Catherine Sharp STOB SPR

Instrument
STOB Red

Nurses
STOB Staff Nurse Lynne Bell
Janice Cassidy STOB Aux
Elaine Martin STOB Staff Nurse



Indications
Dyspepsia
Abdominal pain

Medications Used
Midazolam 6mg

Report Findings
The patient tolerated the procedure well, and there were no complications.

OESOPHAGUS
Fundal wrap intact. The squamo-columnar mucosal junction (z - line) was at 38cms.

STOMACH
The stomach was normal.

DUODENUM
The duodenum was normal to the second part.

The only post operative instruction was nil specific.

Preliminary Diagnosis
No diagnosis made.

Procedures
Vial 1: biopsy x 1 from Stomach for CLO test

Disposition
Review in surgical clinic in 3 months.

General Comments
Of note there was the appearance of suture material in the upper stomach presumably from the previous fundoplication.For revirew in clinic with results.

Signature: _____

Catherine Sharp STOB SPR

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

PATIENT COPY

First Issued: 24/06/2007 11:43
Printed: 24/06/2007 11:43

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

Admitted: 19/06/2007 **Discharged:** 20/06/2007
Discharged to: Home
Ward: 7a
Consultant: Mr A McMAHON, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr ALAN MACKINNON
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
G69 7AD

PATIENT

DEBORAH SULLIVAN
1 CAMP ROAD
BAILLIESTON
GLASGOW
G69 6QR

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Right hypochondrial pain, 19/06/2007	R101		
2. Fracture of foot, Right, 20/06/2007			

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Paracetamol	Tab	Oral	1g						4-6hrly for pain	Indefinite	32X500MG
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Sevredol	Tablet	Oral	10mg						PRN	3 days	CD PX
Cilest	Tab	Oral	ONE	X						Indefinite	Patients Own
Gabapentin	Cap	Oral	300mg	X		X		X		Indefinite	Patients Own
Omeprazole	Tab	Oral	40mg	X						Indefinite	Patients Own

Pharmacy Comments

Also on buprenorphine patches as per DH. Sevredol added to usual regimen for pain from fracture (see handwritten prescription).

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

Dear doctor,
Background: Gallstone pancreatitis, cholcystectomy, chronic abdominal pain, nissen fundoplication.

This 34 year old lady who is well known to Mr Smith's team, was admitted to Stobhill hospital with RUQ pain and nausea. Her observations and routine blood tests were normal. She had an abdominal ultrasound scan performed which showed some hyperechoic streaks adjacent to the portal venous system (we are unsure exactly what this represents) but no other abnormalities. There were no stones seen.
Mrs Sullivan's pain improved and her bloods and obsservations remained normal.

Unfortunately before she was due to go home Mrs Sullivan fell in the corridor and injured her right foot. X-rays were performed and showed undisplaced fractures of the bases of the 2nd and 3rd metatarsals. This was discussed with the orthopaedic surgeons at the GRI and a bellow knee back slab cast was applied. Mrs Sullican was given her x-rays and an appointment was made for the fracture clinic at GRI for 2 days later.
She was discharged home with appropriate analgesia and given advise regarding her fractures.
We believe that Mrs Sullivan has follow-up with Mr Smith's team and she should attend this.

NHS Greater Glasgow

Patient: DEBORAH SULLIVAN D.O.B: 07/12/1972 Hosp. No: 10638479K
Admitted: 19/06/2007 Discharged: 20/06/2007 Printed: 24/06/2007 11:43

GENERAL COMMENTS (continued)

Yours sincerely,

CC Mr Smith

Signed: Designation:

Contact: Paul Stephen Pager Number:

IMMEDIATE DISCHARGE LETTER

Care Notes

~~GP~~ COPY

First Issued: 24/06/2007 11:43
Printed: 24/06/2007 11:43

NHS Greater Glasgow

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

Admitted: 19/06/2007 **Discharged:** 20/06/2007
Discharged to: Home
Ward: 7a
Consultant: Mr A McMAHON, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr ALAN MACKINNON
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
G69 7AD

PATIENT

DEBORAH SULLIVAN
1 CAMP ROAD
BAILLIESTON
GLASGOW
G69 6QR

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Cilest	Tab	Oral	ONE	X						Indefinite	Patients Own
Gabapentin	Cap	Oral	300mg	X		X		X		Indefinite	Patients Own
Omeprazole	Tab	Oral	40mg	X						Indefinite	Patients Own

Pharmacy Comments

Also on buprenorphine patches as per DH. Sevredol added to usual regimen for pain from fracture (see handwritten prescription).

FOLLOW UP ARRANGEMENTS

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No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

Dear doctor,
Background: Gallstone pancreatitis, cholcystectomy, chronic abdominal pain, nissen fundoplication.

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She was discharged home with appropriate analgesia and given advise regarding her fractures.
We believe that Mrs Sullivan has follow-up with Mr Smith's team and she should attend this.

NHS Greater Glasgow

Patient: DEBORAH SULLIVAN D.O.B: 07/12/1972 Hosp. No: 10638479K

Admitted: 19/06/2007 Discharged: 20/06/2007 Printed: 24/06/2007 11:43

GENERAL COMMENTS (continued)

Yours sincerely,

CC Mr Smith

Signed: C Holton Designation: S/N

Contact: Paul Stephen Pager Number:

Acute Services Division

Surgery and Anaesthetic Directorate

Department of General Surgery
OUTPATIENTS CLINIC - STOBHILL

Mr J S Smith's Out Patient Clinic

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

Secretary: Mrs Eileen Mitchell
Direct Line: 0141 201 3785

NHS
Greater Glasgow and Clyde

Clinic 14/06/2007
Typed 15/06/2007
Our Ref CS/EM

Dr Alan MacKinnon
Baillieston Health Centre
20 Muirside Road
G69 7AD

Dear Dr MacKinnon

Deborah Sullivan ~ 07/12/1972 ~ CHI: 0712726128 ~ CRN: 10638479K
1 Camp Road, Baillieston, Glasgow, G69 6QR

Thank you for your letter regarding this lady who had a history of chronic abdominal pain. I note her past history of cholecystectomy back in 1996 at which time she also had an episode of pancreatitis. She has had chronic abdominal pain ever since for which she has had multiple investigations with no evidence of chronic pancreatitis. I also note she had a Nissen's fundoplication a few years ago. She was last seen here in 2006 by the Chronic Pain Team who suggested that she be weaned from her opiates and started on Amitryptyline and Gabapentin. She tells me, however, that since then her pain has gone completely and she was not requiring any analgesia whatsoever until approximately eight weeks ago and she is now back on her Oramorph, Tramadol and Buprenorphine patches. She tells me that she is getting cramping upper abdominal pain through to her back which occurs mainly after eating. She is also suffering from some reflux symptoms for which Omeprazole helps slightly. Her weight is steady and her bowels are erratic which is normal for her as she has an irritable bowel.

Abdominal examination today showed her to be mildly tender in her upper abdomen.

I am going to arrange for her to have an upper GI endoscopy and also an ultrasound scan to make sure she does not have any common bile duct stones. I have checked her bloods today for her LFTs. I think, however, this is just a recurrence of her chronic abdominal pain and I suspect we will find these tests to be negative and a referral back to the Chronic Pain Service might be warranted. We will let you know the outcome of these investigations in due course.

Yours sincerely

Miss C Sharp
Specialist Registrar

Hospital use only	Clinic	Day Date	Time	Hospital No.
		14.6.07	10:16	1063847AK

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

JOHN SMITH (Consultant)
General Surgery C1
G General Referral

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

Stobhill Hospital

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

Hospital location code.
G207H

Email address
-

Urgency of referral **Urgent**

PATIENT DETAILS

Surname	Sullivan
Forename(s)	Deborah
Title	Ms
Sex	Female
Date of birth	07-Dec-1972
CHI no.	0712726128

Patient's address

1 Camp Road
GARROWHILL
GLASGOW
G69 6QR

Contact number(s)
-

SEEN BY GP DETAILS

Name	Dr JJ Langan		
GMC code	1351886	GP code	G05193
Practice name	Baillieston Health Centre		
Practice code	46216		

Practice address

20 Muirside Road
Baillieston
Glasgow
G69 7AD

Contact number(s)

Voice: 0141-531-8050
Facsimile: 0141-531-8067

REFERRING PRACTITIONER DETAILS

Name	Dr. Elaine Pollock		
GMC code	2846952	GP code	08800
Practice name	BAILLIESTON HEALTH CENTRE (46216)		
Practice code	46216		

Practice address

20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW

DATE RECEIVED 06 JUN 2007

Contact number(s)

Voice: 01415318050
Facsimile: 0141-531-8067

urgent

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Abdominal pain

Comment: This lady previously attended yourself with problems with pancreatitis. She seems to have been lost to follow up for some time now but once again is having increasing problems with abdominal pain for which she has been using a combination of Morphine and Pethidine.

I am unhappy to continue prescribing such potent analgesics without her having further input and I would therefore be very grateful for your help with her further management.

Kind regards.

Yours sincerely

ELAINE E POLLOCK

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		09-May-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted
Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
GEMS- HOME VISIT	27-Feb-2007	-	-	-
Anxiety with depression	12-Oct-2006	-	-	-
GEMS - SEEN AT CENTRE	08-Apr-2006	-	-	-
GEMS - SEEN AT CENTRE	22-Oct-2005	-	-	-
GEMS - SEEN AT CENTRE	14-Aug-2005	-	-	-
GEMS- HOME VISIT	06-Aug-2005	-	-	-
GEMS- HOME VISIT	14-Jul-2005	-	-	-
Hiatus hernia NOS	05-Nov-2004	-	moderately large	-
Dislocation or subluxation of shoulder	17-Mar-2004	-	Left shoulder	-
Overdose of drug	30-Aug-2002	-	Kapake and Tramadol with Diazepam	-
[D]Abdominal pain	27-Aug-2002	-	Vomiting	-
Constipation	02-Jul-2002	-	-	-
Chronic pancreatitis	02-Jul-2002	-	-	-
Chronic pancreatitis	01-Oct-2001	-	-	-
Anxiety states	01-Jul-2001	Chronic	-	-
[X]Rape	01-Jul-2001	-	-	-
Sexual assault	01-Jul-2001	-	-	-
Reflux oesophagitis	23-Apr-1999	-	-	-
Diaphragmatic hernia	23-Apr-1999	-	-	-
[D]Abdominal pain	27-Mar-1999	Recurrent	-	-
Acute cholecystitis	23-Apr-1996	-	-	-
Cholelithiasis	23-Apr-1996	-	-	-
Urinary tract infection, site not specified	01-Jun-1995	-	-	-

[D]Nausea and vomiting	01-Feb-1995	-	-

Past procedures (High and medium priority - all)

Description	Laterality	Modifier	Date performed
Endoscopy / administration	-	-	05-Nov-2004
Nissen fundoplication using abdominal approach	-	-	26-Oct-2004
[SO]Sphincter of Oddi	Dysfuntion	-	14-Nov-1996
Endoscopic retrograde cholangiopancreatography	Major papilla was located in the second part of the duodenum	-	10-Oct-1996
Excision of gall bladder	-	-	23-Apr-1996
Other operations on appendix	-	-	16-Mar-1996

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Morphine Sulphate	04.07.02.0	Sf Oral Unit Dose Vial 5ml 10MG/5ML	5 ml	AS DIR FOR BREAKTHROU	05-Jan-2006	-
Tramadol Hydrochloride	04.07.02.0	CAPS 50MG	1 or 2 Caps	4 times daily	18-Jan-2005	-
Omeprazole	01.03.05.0	TABS 40MG	1 Cap	In the morning	08-Dec-2004	-
Metoclopramide Hydrochloride	04.06.00.0	TABS 10MG	1 Tab	As directed	09-Sep-2005	-
Buprenorphine	04.07.02.0	52.5 Micrograms/Hour PATCH	Apply	APPLY EVERY 3 DAY	05-Jan-2006	-
Paracetamol	04.07.01.0	TABS 500MG	2 Tabs	every 4 to 6 hours	13-Jul-2005	-
movicol	00.00.00.0	Sachets	1 sachet	Twice daily	13-Jul-2005	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Cilest	07.03.01.0	TABS	1 Tab	As directed	30-May-2007	-
Fluoxetine	04.03.03.0	CAPS 20MG	2 Caps	In the morning	04-May-2007	-
Scheriproct	01.07.02.0	SUPPS	1 to be inserted	Daily	04-May-2007	-
Scheriproct	01.07.02.0	OINT	Apply	Twice daily	04-May-2007	-
Fluoxetine	04.03.03.0	CAPS 20MG	2 Caps	In the morning	21-Mar-2007	-

Clinical warnings Smoking status Alcohol consumption

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted

Administrative information

Referred By:Seen by GP

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

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

CHRONIC PAIN SERVICE

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167
Email: carolelivingston@NorthGlasgow.Scot.NHS.uk

CPR/CL/10638479K

Clinic: 15th March 2006
Typed: 20th March 2006

Dr K Russell
56 Abercrombie Crescent
Bargeddie
BAILLIESTON
G69 7SP

Dear Dr Russell

Deborah Sullivan dob 7 12 72 [6128]
1 Brodie Gardens Baillieston G69 6BQ

Deborah failed to attend for her appointment at the Pain Management Clinic today. No further appointment will be sent at this stage but if you would like her to be seen, please contact me.

Yours sincerely

C P Rae
Consultant in Anaesthesia and Pain Management

Consultant Anaesthetists: Dr W J MacRae, Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr M Dunbar.
Physiotherapists: Mr G MacGregor, Mr C Farish. Secretary: Ms C Livingston.

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167
Email: carolelivingston@NorthGlasgow.Scot.NHS.uk

CHRONIC PAIN SERVICE

CPR/CL/10638479K

Clinic: 16th November 2005
Typed: 17th November 2005

Dr K Russell
56 Abercrombie Crescent
Bargeddie
BAILLIESTON
G69 7SP

Dear Dr Russell

Deborah Sullivan dob 7 12 72 (6128)
1 Brodie Gardens Baillieston G69 6BQ

I was pleased to meet Deborah again today in the Pain Management Clinic. I had initially seen her when she was an inpatient here at Stobhill Hospital with abdominal pain. As you are aware, she had a cholecystectomy in 1996 and before that, had had upper abdominal pain for three years. Interestingly, the nature and site of her pain have not really altered since her cholecystectomy. She describes the pain as stabbing and is present every day. There is a background ache with severe exacerbations particularly after eating meals. The pain is also bad at night. She has problems with nausea with the pain and previously had problems with vomiting. Her visual analogue pain score varies between 7 and 10/10.

We had a long chat about the impact her chronic pain has had on her life. At present, her medications are Losec 40mg daily, Tramadol 100mg qid, Transtec patch 52.5µg, Oramorph 10mg up to four times daily, Prozac 40mg daily and Metoclopramide. In the past, she has had trials of Voltarol which did not help. In addition, she has had trials of Pethidine, Dihydrocodeine and Sevredol. She has also attended the Homeopathic Hospital.

On examination, Deborah was tender to light palpation over her epigastrium. There was no superficial tenderness or allodynia.

I had a long chat today with Deborah about chronic pain, visceral pain and the theory of sensitisation of the sensory nervous system in response to chronic pain. I would suggest the following measures in the first instance:

1. Recommence Amitriptyline in a dose of 10mg at night.
2. Commence Gabapentin starting with 300mg a day for one week, increasing 300mg bd for one week and then 300mg tid. This should be continued until review at the Pain Clinic.

I also discussed Deborah trying to be maintained on only one opioid. To this end, I would suggest gradual wind down in her Tramadol dose and with a potential increase of the Transtec patch to the

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

CHRONIC PAIN SERVICE

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Fax: 0141 201 4167
Email: carolelivingston@NorthGlasgow.Scot.NHS.uk

70μg strength. This would provide some rationalisation of her analgesia. I will review her in due course.

Yours sincerely

C P Rae
Consultant in Anaesthesia and Pain Management

14/9/05

North Glasgow University Hospitals
Division

NHS
Greater
Glasgow

7/7/05

Dear Dr Rae,

Re : Debarah Sullivan
7/12/72
1063879K.
1 BRODIE GARDENS
BAILLIESTON

Soon appt
29/7/05
Clbe

This 32 year old lady was admitted under the care of Mr Smith on 24/6/05. She is well known to him with previous cholecystectomy and prolonged pain post-op.

On this occasion Abdominal USS was normal and OGD showed gastritis, biopsy result awaited. CLO test was positive and she has received a course of eradication therapy.

Pain control has continued to be troublesome and she has received regular review by the pain team and yourself on one occasion.

She is today being discharged home with Transtec patches 52.5 mcg / 72hrs and oramorph 10mg for breakthrough.

POSITIVE ABOUT DISABLED PEOPLE

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

First Issued: 23/08/2005 10:45
Printed: 23/08/2005 10:45

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

Admitted: 14/08/2005 **Discharged:**
Discharged to: Home
Ward: 7a
Consultant: Mr JS SMITH, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr KENNETH RUSSELL
56 ABERCROMBIE CRESCENT
BARGEDDIE
BAILLIESTON
G69 7SP

PATIENT

DEBORAH SULLIVAN
1 BRODIE GARDENS
BAILLIESTON
GLASGOW
G69 6BQ

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. epigastric pain radiating to back, 13/08/2005	Uncoded		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

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

GENERAL COMMENTS

The patient was admitted on 14/8/05 with epigastric pain radiating to the back and vomiting bile.
She has a PMH of pancreatitis, cholecystectomy, fundoplication in 2004
Bowel transit studies have been arranged for week beginning 22/8/05 and patient provided with details
Gastric emptying studies will be done as an out patient appointment
No discharge medication has been prescribed

Final comments:

Deborah was admitted with a further acute exacerbation of epigastric pain though her bloods at this point were all normal. Her pain eventually settled and we have arranged bowel transit studies and will see her in the Out-patient clinic with the results of this.

Yours sincerely

DR LESLEY BROWN
SHO 3

Signed: _____ **Designation:** _____

North Glasgow University Hospitals Division

SWIStaff - 19/7
-TS DISCHARGED

Department of Pathology
Pathology Report

Enquires: 0141 211 2473

Lab No.:P,05.0010819

Name:SULLIVAN DEBORAH DOB/Age:07.12.72
Post code:G69 6BN

Hosp.No(orPath.Comp.Ref.ZP): 10638479K

Consultant:CHONG Location:STOBHILL ENDOSCOPY

GASTRIC BIOPSY

Clinical History

Hx of epigastric pain. ?H. pylori on PPI.

Gross

Five pieces of tissue, the largest 3x2x2mm.

Microscopy

Sections show antral and body type gastric mucosa with minimal chronic inflammation. There is no active gastritis and H. pylori could not be identified. There is no evidence of intestinal metaplasia, dysplasia or malignancy.

EM

W Al Qsous
I Brown

Date collected 27.06.05
Date received 27.06.05
Date reported 05.07.05

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

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

GP COPY

First Issued: 15/08/2005 16:12
Printed: 15/08/2005 16:13

Admitted: 14/08/2005 **Discharged:**
Discharged to: Home
Ward: 7a
Consultant: Mr JS SMITH, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr KENNETH RUSSELL
56 ABERCROMBIE CRESCENT
BARGEDDIE
BAILLIESTON
G69 7SP

PATIENT

DEBORAH SULLIVAN
1 BRODIE GARDENS
BAILLIESTON
GLASGOW
G69 6BQ

DIAGNOSES **ICD10** **PROCEDURES** **OPCS4**

1. epigastric pain radiating to back, 13/08/2005 — Uncoded

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic **Consultant** **Date**

No arrangements made

Outpatient Investigations **Date**

No arrangements made

Community Care

No arrangements made

GENERAL COMMENTS

Final discharge letter to follow

The patient was admitted on 14/8/05 with epigastric pain radiating to the back and vomiting bile.
She has a PMH of pancreatitis, cholecystectomy, fundoplication in 2004
Bowel transit studies have been arranged for week beginning 22/8/05 and patient provided with details
Gastric emptying studies will be done as an out patient appointment
No discharge medication has been prescribed

Case - sheet copy.

Signed: C. Sheerer **Designation:** S/N.

Contact: Durga Ghosh **Pager Number:**

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

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

First Issued: 22/07/2005 12:28
Printed: 22/07/2005 12:28

Admitted: 24/06/2005 **Discharged:** 07/07/2005
Discharged to: Home
Ward: 6
Consultant: Mr JS SMITH, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr KENNETH RUSSELL
56 ABERCROMBIE CRESCENT
BARGEDDIE
BAILLIESTON
G69 7SP

PATIENT

DEBORAH SULLIVAN
1 BRODIE GARDENS
BAILLIESTON
GLASGOW
G69 6BQ

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. epigastric pain, 24/06/2005	Uncoded	1. abdominal USS, N/A, 25/06/2005 2. OGD and biopsy, N/A, 30/06/2005	Uncoded

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Diazepam	Tab	Oral	10mg					X		Indefinite	Patients Own
Paracetamol	Tab	Oral	1g						4-6hrly for pain	Indefinite	32
Omeprazole	Tab	Oral	40mg	X						Indefinite	14*20mg
Movicol	Sachet	Oral	1 sachet	X				X		indefinate	20
Gastrobid continuous	Tablet	Oral	15mg	X				X		indefinate	14
Cyclizine	Tab	Oral	50mg						prn for nauea	Indefinite	21

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

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

GENERAL COMMENTS

Admitted on 24/7/05 with 12 hour history of epigastric pain and vomiting.

WCC and CRP raised on admission. Abdominal ultrasound scan normal. OGD showed gastritis only, biopsy results awaited. CLO test positive. Now completed course of eradication therapy. Bloods normalised. Pain control has been a problem and Deborah has received regular review by the pain team. She is now maintained on transtec patches and prn oramorph.

Discharged home on 7/7/05. Referral for out-patient pain team review has been made. Many thanks.

FINAL COIMMENTS

NIL

MR T SIDDIQUI
SHO3 TO MR MSITH

Signed: _____ **Designation:** _____

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

GP COPY

First Issued: 07/07/2005 14:11
Printed: 07/07/2005 14:11

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

Admitted: 24/06/2005 **Discharged:** 07/07/2005
Discharged to: Home
Ward: 6
Consultant: Mr JS SMITH, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr KENNETH RUSSELL
56 ABERCROMBIE CRESCENT
BARGEDDIE
BAILLIESTON
G69 7SP

PATIENT

DEBORAH SULLIVAN
1 BRODIE GARDENS
BAILLIESTON
GLASGOW
G69 6BQ

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. epigastric pain, 24/06/2005	Uncoded	1. abdominal USS, N/A, 25/06/2005 2. OGD and biopsy, N/A, 30/06/2005	Uncoded

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Diazepam	Tab	Oral	10mg					X		Indefinite	Patients Own
Paracetamol	Tab	Oral	1g						4-6hrly for pain	Indefinite	32
Omeprazole	Tab	Oral	40mg	X						Indefinite	14*20mg
Movicol	Sachet	Oral	1 sachet	X				X		indefinate	20
Gastrobid continuous	Tablet	Oral	15mg	X				X		indefinate	14
Cyclizine	Tab	Oral	50mg						prn for nauea	Indefinite	21

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

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

GENERAL COMMENTS

Final discharge letter to follow
Admitted on 24/7/05 with 12 hour history of epigastric pain and vomiting.

WCC and CRP raised on admission. Abdominal ultrasound scan normal. OGD showed gastritis only, biopsy results awaited. CLO test positive. Now completed course of eradication therapy. Bloods normalised. Pain control has been a problem and Deborah has received regular review by the pain team. She is now maintained on transtec patches and prn oramorph.

Discharged home on 7/7/05. Referral for out-patient pain team review has been made. Many thanks.

Signed: _____ **Designation:** _____

Contact: Dr Katie Browne **Pager Number:**

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	10638479K
AGE: 07 12 72	WARD: DSU / 7A	

DATE OF OPERATION 27 06 05

SURGEON'S NOTES SISTER F BECK

OPERATION PERFORMED SURGEON

PROCEDURE UPPER GI ENDOSCOPY

REFERRED BY: MR CHONG

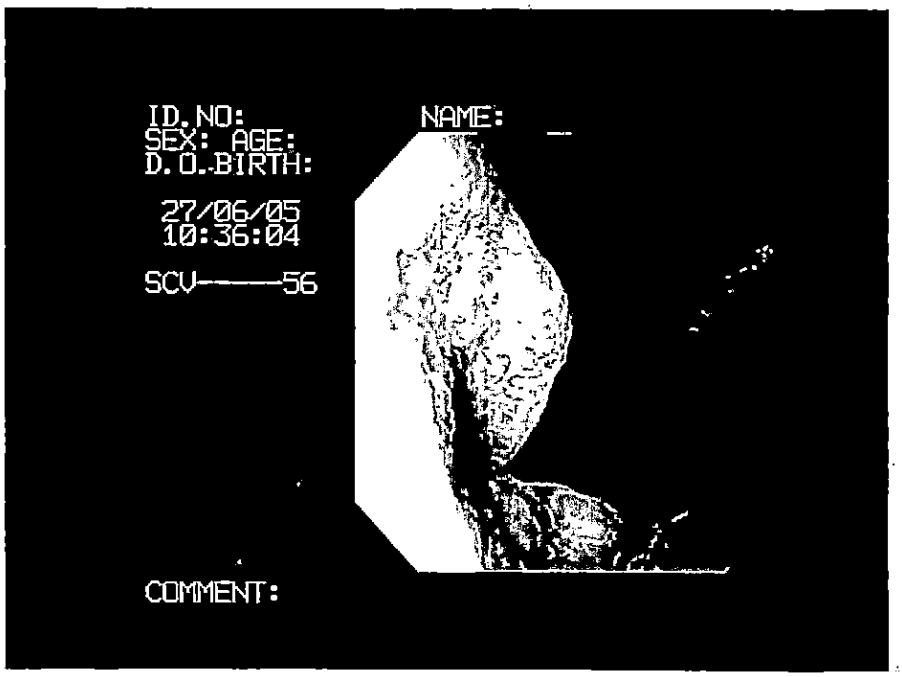
INDICATION Epigastric pain and vomiting

FINDINGS With the patient under sedation the oesophagus was intubated. Z line encountered at 40cm.

Stomach was entered this was normal, other than some diffuse redness and mild gastropathy. Photograph and biopsies obtained.

Pylorus traversed D1 and D2 examined, these were normal. On retroflection of the scope the fundoplication wrap could be seen.

If helicobacter positive for eradication therapy.



SPECIAL INSTRUCTIONS

FB.MH/DICTATED & TYPED:

DATE 27/6/05 SIGNATURE

00590

SULLIVAN DEBORAH 10638479K
AGE: 07 12 72 WARD: DSU / 7A

DATE OF OPERATION 27 06 05

SISTER F BECK

PROCEDURE UPPER GI ENDOSCOPY

REFERRED BY: MR CHONG

INDICATION Epigastric pain and vomiting

FINDINGS With the patient under sedation the oesophagus was intubated. Z line encountered at 40cm.

Stomach was entered this was normal, other than some diffuse redness and mild gastropathy. Photograph and biopsies obtained.

Pylorus traversed D1 and D2 examined, these were normal. On retroflection of the scope the fundoplication wrap could be seen.

If helicobacter positive for eradication therapy.

FB.MH/DICTATED & TYPED: 27 06 05

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW

SURGICAL SERVICES
Mr J S Smith Mr D T Hansell
Mr A J McMahon Mr M Moschos
Mr K Robertson Mr D Chong

Secretary: Mrs Eileen Mitchell
Direct Line: 0141 201 3785

NSK/EM/10638479K

Dictated: 24.03.05
Typed: 31.03.05

Dr M McGlone
Ballieston Health Centre
20 Muirside Road
Baillieston
Glasgow
G69 7AD

Dear Dr McGlone

DEBORAH SULLIVAN DOB 07.12.72 [6128]
8 RHINDMUIR COURT BAILLIESTON G69 6BN

I reviewed this lady at Mr Smith's Out Patient Clinic today. She says she is having occasional severe spasmodic upper epigastric pain which is particularly troublesome. She also experiences occasional dysphagia. There is no history of vomiting, haematemesis or melaena. There is no history of altered bowel habit.

As you are aware she underwent cholecystectomy in 1996 and Nissen's fundoplication in October 2004.

Clinical examination revealed a soft abdomen. She was tender in the epigastric region. She had a hypertrophic upper midline scar. There was no evidence of an incisional hernia.

I will arrange for her to have an upper GI endoscopy and ultrasound scan of her abdomen to rule out any pancreatic cause or gastritis. We will review her with the results of these investigations in due course.

Yours sincerely

Dr Nagan Suresh Kumar
Senior House Officer III

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW

SURGICAL SERVICES
Mr J S Smith Mr D T Hansell
Mr A J McMahon Mr M Moschos
Mr K Robertson Mr D Chong

Secretary: Mrs Eileen Mitchell
Direct Line: 0141 201 3785

SD/EM/10638479K

Dictated: 23.12.04
Typed: 06.01.05

Dr M McGlone
Baillieston Health Centre
20 Muirside Road
Baillieston
Glasgow
G69 7AD

Dear Dr McGlone

DEBORAH SULLIVAN DOB 07.12.72
8 RHINDMUIR COURT BAILLIESTON G69 6BN

I reviewed this lady in Mr Smith's Out Patient Clinic today. I am delighted to report that she is making an excellent recovery after her open Nissen's fundoplication on 26th October. As you know she has been extensively investigated in the past for continued epigastric pain and vomiting. Her only significant finding on admission was significant reflux on 24 hour pH study and she underwent successful Nissen's fundoplication. She has made an excellent post operative recovery and is eating and drinking well with no dysphagia. She reports a slight amount of gas bloat but I have explained to her that this is normal after the procedure she has had. Her weight is steady and her bowels are moving on a regular basis.

On examination of her abdomen today her wound has healed nicely with very slight keloid formation in the middle of the scar. Her abdomen is otherwise soft and non tender.

I have simply reassured her and arranged to review her again in four months when we can hopefully discharge her back to your care.
Yours sincerely

Dr Sanjeev Dhillon
Senior House Officer I

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

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

First Issued: 22/11/2004 16:04
Printed: 22/11/2004 16:04

Admitted: 07/08/2004 **Discharged:** 05/11/2004
Discharged to: Home
Ward: 6
Consultant: Mr JS SMITH, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr GERARD MCGLONE
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW

PATIENT

DEBORAH SULLIVAN
8 RHINDMUIR COURT
BAILLIESTON
GLASGOW
G69 6BN

DIAGNOSES **ICD10** **PROCEDURES** **OPCS4**

No diagnoses have been made for this patient

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Omeprazole	Tab	Oral	20mg	X						Indefinite	7x20mg
Nozinan	Tablet	Oral	6.25mg	X	X	X	X				7x25mg
Fluoxetine	Cap	Oral	20mg	X						Indefinite	7x20mg
Tramadol		Oral	100mg	X	X	X	X			Indefinite	56x50mg
Diazepam	Tab	Oral	10mg					X		Indefinite	7x10mg

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
Surgical	Mr JS SMITH	6 weeks

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

GENERAL COMMENTS

Debbie was admitted via A&E on the 7.08.04 with epigastric pain and vomiting. She has had several admissions in the past to the Royal and Stobhill. She has had a prolonged stay on the ward with continuing pain and vomiting. Her pain controlled caused concern due to the large amounts of analgesia she required. On this admission the following investigations have been performed:

CXR 7.8.04- NAD
Abdo X-ray- faecal loading
Abdominal ultrasound 8.8.04- NAD
Endoscopy 9.8.04- NJ tube inserted
OGD 10.8.04- Moderately large hiatus hernia
OGD 18.8.04- hiatus hernia with reflux, no oesophagitis, mild gastritis and D1 duodenitis
Endoscopy 26.8.04- NJ tube inserted
endoscopy 9.9.04- NJ tube
CT head and brain 13.9.04- NAD
Barium meal and follow through 29.9.04- hiatus hernia, reflux, NAD in small bowel
Motility studies 19.10.04- NAD
pH studies 19.10.04- significant reflux
Open nissan fundoplication 26.10.04

Following the surgery Debbie was much improved. Her pain has settled and I am happy to discharge her today. Mr Smith will review Debbie in his surgical clinic in 6 weeks time.

FINAL COMMENT DICTATED 17.11.04 DR SANJEEV DHILLON, SENIOR HOUSE OFFICER I

NHS Greater Glasgow

Patient: DEBORAH SULLIVAN **D.O.B:** 07/12/1972 **Hosp. No:** 10638479K
Admitted: 07/08/2004 **Discharged:** 05/11/2004 **Printed:** 22/11/2004 16:04

GENERAL COMMENTS (continued)

As you know this lady has been troubled with persistent epigastric pain and vomiting for several years now. She has been extensively investigated both at Stobhill and the Royal Infirmary. We subsequently carried out a number of tests, as detailed above. Endoscopy revealed a large hiatus hernia and certainly once we carried out pH studies this revealed quite significant reflux. Although her symptoms were not typical, the decision was made to carry out an open Nissen's fundoplication to repair her hiatus hernia and relieve her reflux. Intra-operatively we also explored the abdominal cavity and found no other abnormality apart from some adhesions from her previous surgery. These were taken out and her Nissen's fundoplication was carried out successfully. Post operatively she made a good recovery and was eating and drinking well. Her vomiting settled and she was subsequently discharged home. We will review her in the clinic in 6 weeks.

Signed: _____ **Designation:** _____

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN AGE: 07 12 72	DEBORAH WARD: 5	10638479K

DATE OF OPERATION 26 OCTOBER 2004

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON MR J S SMITH

OPERATION Open Nissan's fundoplication

PROCEDURE The abdomen was opened through a midline incision skirting to the right of the umbilicus. This allowed us to inspect the whole of the abdomen to see if we could find any cause for her right sided abdominal pain. In fact in the right iliac fossa there were adhesions present from her previous appendicectomy and there were also adhesions which were tethering down her duodenum and her colon in the right hypochondrium. Whether this was contributing to the pain it is difficult to know, however, we freed these up. We then inspected the pylorus to make sure it was wide and patent, which it was, and we then approached the hiatus. Dividing the peritoneum over the hiatus area, we were able to dissect free the oesophagus, to encircle this with a red rubber tube, elevate it and this allowed us to assess the crus of the diaphragm. This would admit two fingers and it was felt that this was satisfactory and there was no need for further tightening of this area. Having done so we wrapped the stomach round and sutured it onto itself using four interrupted 0 Prolene sutures. Having done so the rest of the abdomen was inspected and there was no other abnormality. Pelvic organs were normal. The small bowel and large bowel were also normal and apart from a few adhesions from her omentum, there was nothing else to find.

SPECIAL INSTRUCTIONS

JSS/LJA/DICTATED AND TYPED; 26 OCTOBER 2004

DATE _____ SIGNATURE _____

00590

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN AGE: 07/12/72	DEBORAH WARD:	10638479K

DATE OF OPERATION 11/09/04

Lows Mr Smith

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON Mr A Moses

Operation: Upper GI endoscopy and insertion of naso-jejunal feeding tube.

Procedure: An endoscope was placed into the distal duodenum. The previously inserted naso-jejunal feeding tube could be seen passing down into the jejunum. A new naso-jejunal feeding tube was placed down the endoscope and into the jejunum. Endoscope was removed. The previous naso-jejunal feeding tube was also removed and the newly placed tube brought out and exchanged through the nose and fixed in place.

SPECIAL INSTRUCTIONS

AM/CK Dictated: 11/09/04 Typed: 13/09/04

DATE 13/9/04 SIGNATURE A Moses

00590

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

GP COPY

First Issued: 05/11/2004 18:52
Printed: 05/11/2004 18:52

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

Admitted: 07/08/2004 **Discharged:** 05/11/2004
Discharged to: Home
Ward: 6
Consultant: Mr JS SMITH, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI: 0712726128

REGISTERED GP

Dr GERARD MCGLONE
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW

PATIENT

DEBORAH SULLIVAN
8 RHINDMUIR COURT
BAILLIESTON
GLASGOW
G69 6BN

DIAGNOSES **ICD10** **PROCEDURES** **OPCS4**

No diagnoses have been made for this patient

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Diazepam	Tab	Oral	10mg					X		Indefinite	7x10mg
Omeprazole	Tab	Oral	20mg	X						Indefinite	7x20mg
Nozinan	Tablet	Oral	6.25mg	X	X	X	X				7x25mg
Fluoxetine	Cap	Oral	20mg	X						Indefinite	7x20mg
Tramadol		Oral	100mg	X	X	X	X			Indefinite	56x50mg

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
Surgical	Mr JS SMITH	6 weeks

Outpatient Investigations **Date**
No arrangements made

Community Care
No arrangements made

GENERAL COMMENTS

Final discharge letter to follow

Debbie was admitted via A&E on the 7.08.04 with epigastric pain and vomiting. She has had several admissions in the past to the Royal and Stobhill. She has had a prolonged stay on the ward with continuing pain and vomiting. Her pain controlled caused concern due to the large amounts of analgesia she required. On this admission the following investigations have been performed:

CXR 7.8.04- NAD
Abdo X-ray- faecal loading
Abdominal ultrasound 8.8.04- NAD
Endoscopy 9.8.04- NJ tube inserted
OGD 10.8.04- Moderately large hiatus hernia
OGD 18.8.04- hiatus hernia with reflux, no oesophagitis, mild gastritis and D1 duodenitis
Endoscopy 26.8.04- NJ tube inserted
endoscopy 9.9.04- NJ tube
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Motility studies 19.10.04- NAD
pH studies 19.10.04- significant reflux
Open nissan fundoplication 26.10.04

Following the surgery Debbie was much improved. Her pain has settled and I am happy to discharge her today. Mr Smith will

NHS Greater Glasgow

Patient: DEBORAH SULLIVAN **D.O.B:** 07/12/1972 **Hosp. No:** 10638479K
Admitted: 07/08/2004 **Discharged:** 05/11/2004 **Printed:** 05/11/2004 18:52

GENERAL COMMENTS (continued)

review Debbie in his surgical clinic in 6 weeks time.

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

Contact: Dr Laura O'Reilly **Pager Number:**

Department of General Surgery
Mr JS Smith
Mr DT Hansell Mr AJ McMahon
Mr M Moschos
Mr K Robertson Mr D Chong

Digestive Diseases Directorate
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Secretary: Mrs Patricia Tullan
Direct Line: 0141 201 4136

MM/CK/10638479K

Dictated &
Typed: 10/08/04

Dr G McGlone
Baillieston Health Centre
20 Muirside Road
Glasgow
G69 7AD

Dear Dr McGlone

DEBORAH SULLIVAN, DOB 07/12/72, 8 RHINDMUIR COURT, GLASGOW, G69 6BN

I performed an upper GI endoscopy on your patient this afternoon under Midazolam sedation and found that she has a hiatus hernia of approximately 10cms within which the mucosa is healthy. The stomach and duodenum were normal, other than some biliary reflux from the pylorus, which is to be expected in a patient who has had a cholecystectomy.

She is already on PPI's, and it may be that we will need to proceed to PH studies. I will discuss her case with Mr Hansell when he is back from leave and with Mr Smith. She has projectile vomiting after each meal, and this is accompanied by a lot of pain requiring Morphine frequently. She has not responded to Pro-Kinetics at all and remains a clinical dilemma.

Yours sincerely

Mr M Moschos
Consultant Surgeon

c.c. Mr D T Hansell
Consultant Surgeon
Stobhill Hospital

1063847C
LA.

North Glasgow University Hospitals Division

Department of General Surgery
Mr JS Smith
Mr DT Hansell Mr AJ McMahon
Mr M Moschos
Mr K Robertson Mr D Chong

Digestive Diseases Directorate
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Secretary: Mrs Patricia Tullan
Direct Line: 0141 201 4136

NHS
Greater Glasgow

MM/CK/10638479K

Dictated &
Typed: 10/08/04

Dr G McGlone
Baillieston Health Centre
20 Muirside Road
Glasgow
G69 7AD

Dear Dr McGlone

DEBORAH SULLIVAN, DOB 07/12/72, 8 RHINDMUIR COURT, GLASGOW, G69 6BN

I performed an upper GI endoscopy on your patient this afternoon under Midazolam sedation and found that she has a hiatus hernia of approximately 10cms within which the mucosa is healthy. The stomach and duodenum were normal, other than some biliary reflux from the pylorus, which is to be expected in a patient who has had a cholecystectomy.

She is already on PPI's, and it may be that we will need to proceed to PH studies. I will discuss her case with Mr Hansell when he is back from leave and with Mr Smith. She has projectile vomiting after each meal, and this is accompanied by a lot of pain requiring Morphine frequently. She has not responded to Pro-Kinetics at all and remains a clinical dilemma.

Yours sincerely

Mr M Moschos
Consultant Surgeon

c.c. Mr D T Hansell
Consultant Surgeon
Stobhill Hospital

POSITIVE ABOUT DISABLED PEOPLE

NB Please monitor US & ES & POH daily Thanks.

NUTRITION CHART

NAME Debbie Sullivan WARD 5 UNIT NO

Prescribed feed per day (to be completed by Dietitian before the start of the feed)

Amount	Feed	Additives	Total volume
1.5 litres	Osmolite Plus.	500ml Water	2 litres

This provides 1800 Kcals 83 g Protein during a 24 hour period
87 mmol Na 70 mmol K

Normal requirements of vitamins, minerals and trace elements are provided.

Signature of Dietitian Lesley Wright Date: 26/8/04

USE THE BOTTLE SUPPLIED AS A RESERVOIR TO ADMINISTER FEED

Rate of administration per hour

Tube in use

DAY 1 { Commence rate @ 30ml/hr for 6hrs
If tolerates ↑ rate to 50ml/hr for 6hrs Pump
If " ↑ rate to 70ml/hr for 6hrs

DAY 2 { If tolerates ~~BREAK~~ 70ml/hr ↑ rate to 90ml/hr for 6hrs Giving set
If " ↑ rate to 100ml/hr

Care of Tube – Syringe ml. water through between each feed/ mls daily

DATE	FEED	VOLUME	START TIME	FINISH TIME	ADMINISTERED BY	COMMENTS
26/8/04	Osmolite	30ml/hr	22[10]		[signature]	30ml/hr for 6 hrs ~~↑ 50ml @ 4[10]~~ ↑ 70mls at 11.30am.
27/8/	Osmolite	500	8[15]		[signature]	70/hr
28.8	osmolite plus	1 litre	12 noon		LS	70ml/hr.
28/8/04	OSMOLITE PLUS	500	0330.		[signature] Water	
29.8	osmolite plus	1 litre	11.40 am		LS.	70ml/hr.
30/8/04	OSMOLITE PLUS	1000	3AM	18.35	Water Osc in feeding bladder :- ▽.	
			2145	2345	FEEDING RECOMMENCED 2145 at 50ml/hr.	

NUTRITION PUMPS MUST BE CLEANED DAILY

DIRECTORATE OF MEDICINE
MEDICAL UNIT `B`
GASTROENTEROLOGY

DR JA H FORREST
SECRETARY 0141-201-3338

FAX NO 0141-201-3888

STOBHILL NHS TRUST
133 BALORNOCK ROAD
GLASGOW G21 3UW

JAHF/AMMCK/DICT. 19.01.04
TYPD. 20.01.04

Mr Douglas T Hansell
Consultant Surgeon
Surgical Unit
Stobhill Hospital

Dear Mr Hansell

Deborah Sullivan, d.o.b. 07.12.72, Unit No 10638479K
8 Rhindmuir Court, Baillieston, Glasgow

Your PRHO sent me a detailed letter about this lady whom I know was admitted under your care recently with abdominal pain, diarrhoea and vomiting.

I note her problems with a cholecystectomy eight years ago and injury to the bile duct. Subsequently an MRCP was normal as was an ultrasound scan.

I note her Gamma GT was raised at 150 but all her other liver function tests were normal.

In my experience chasing a high Gamma GT is very ill rewarding. If all her liver function tests are consistently normal I would really not pursue matters any further given the normal MRCP.

Kind Regards.

Yours sincerely

John A H Forrest
Consultant Physician and Gastroenterologist

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

Dr. Forrest.
Consultant, Gastroenterologist.
Stobhill Hospital.
Glasgow

Re:

10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

Dear Dr. Forrest,

I am writing on behalf of Mr. Hansell to ask your opinion regarding this lady.

Mrs. Sullivan was admitted with abdominal pain of 3 days duration, well localised to the epigastrium & associated ē vomiting. This seems to be a chronic problem, persisting over a period of 8 years.

She has had a laparoscopic cholecystectomy 8 years ago at GRI and the bile duct was injured during the procedure. She has also had her appendix removed. An OGD (Nov 03) was normal. CLO ⊖ve. She also had an MRCP (March 03) which was normal and there were no findings on Ultrasound at this admission.

01811
PTO.

Her pain has settled with conservative treatment & she have sent her home. However, throughout her admission she has had a raised γ-GT at = 150. We cannot find a cause for this. She strongly denies any alcohol intake. The only medication she is taking regularly is Omeprazole.
All other LFT's are normal.

Mr. Hansell would greatly appreciate your advise on this matter, and wonders if you would see this lady at one of your clinics.

Many thanks.

E Boyce (E. BOYCE PRHO TO MR. HANSELL).

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

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

First Issued: 04/05/2004 12:47
Printed: 04/05/2004 12:47

Admitted: 17/04/2004 **Discharged:** 19/04/2004
Discharged to: Home
Ward: 2a
Consultant: Mr DT HANSELL, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI:

REGISTERED GP

Dr MICHELLE MCGLONE
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW

PATIENT

DEBORAH SULLIVAN
8 RHINDMUIR COURT
BAILLIESTON
GLASGOW
G69 6BN

DIAGNOSES **ICD10** **PROCEDURES** **OPCS4**

No diagnoses have been made for this patient

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

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

GENERAL COMMENTS

ADMITTED WITH ABDO PAIN AND VOMITING. MILD RECURRENCE OF PANCREATITIS. GIVEN IV FLUIDS AND PAIN RELIEF. WELL TO GO HOME.

Deborah was admitted once again with a severay day history of epigastric pain. Her Gamma GT was elevated at 207. This is not unusual for Deborah. She slept most of the time on the ward and asked to be discharged after forty-eight hours.

No routine follow-up has been arranged.

It is worth noting that Deborah has failed to attend Mr Hansell's clinic on four occasions prior to this admission.

Signed: _____ **Designation:** _____

Digestive Diseases Directorate

Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

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

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

Clinic & Dictated: 04.05.04
Typed: 04.05.04

Dr A Tough
Baillieston Health Centre
20 Muirside Road
BAILLIESTON
G69 7AD

Dear Dr Tough

Deborah Sullivan, D.O.B. 07.12.72, Unit No. 10638479K
8 Rhindmuir Court, Baillieston, G69 6BN

This lady now appears to have DNA's on five consecutive occasions.

No further appointment will be sent.

Yours sincerely

Mr D T Hansell MD (Hons) FRCS
Consultant Surgeon

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

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

GP COPY

First Issued: 20/04/2004 11:48
Printed: 20/04/2004 11:48

Admitted: 17/04/2004 **Discharged:** 19/04/2004
Discharged to: Home
Ward: 2a
Consultant: Mr DT HANSELL, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI:

REGISTERED GP

Dr MICHELLE MCGLONE
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW

PATIENT

DEBORAH SULLIVAN
8 RHINDMUIR COURT
BAILLIESTON
GLASGOW
G69 6BN

DIAGNOSES **ICD10** **PROCEDURES** **OPCS4**

No diagnoses have been made for this patient

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

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

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

GENERAL COMMENTS

Final discharge letter to follow

ADMITTED WITH ABDO PAIN AND VOMITING. MILD RECURRENCE OF PANCREATITIS. GIVEN IV FLUIDS AND PAIN RELIEF. WELL TO GO HOME.

Signed: _____ **Designation:** _____

Contact: Dr Christopher Smith **Pager Number:** 2092

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW
Direct line: 0141 201 3780

Mr J Smith
Mr A McMahon
Mr K Robertson

Mr D T Hansell
Mr M Moschos

DTH/WDT
Dictated: 5th February 2004
Typed: 9th February 2004

Dr A Tough
Baillieston Health Centre
20 Muirside Drive
Glasgow
G69 7AD

Dear Dr Tough

Deborah Sullivan 07.12.72 Unit no: 10638479K
6 Muirhead Court, Baillieston, Glasgow, G69 6BN

Further to Miss Cannings' recent letter, Dr Forrest, Consultant Gastroenterologist, has written to me explaining that he feels it is of limited value to pursue Deborah's high Gamma GT.

I have written to Deborah explaining this and I have arranged simply to review her at my clinic on 16th March 2004.

Yours sincerely

DNA 18/3
16/3
1/4
6/4

Mr D T Hansell MD (Hons) FRCS
Consultant Surgeon

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW
Direct line: 0141 201 3780

Mr J Smith
Mr A McMahon
Mr K Robertson

Mr D T Hansell
Mr M Moschos

DTH/WDT
Dictated: 5th February 2004
Typed: 10th February 2004

Unit no: 10638479K

Mrs Deborah Sullivan
8 Rhindmuir Court
Baillieston
Glasgow
G69 6BN

Dear Mrs Sullivan

You will remember that we were planning on referring you to Dr John Forrest, Consultant Gastroenterologist.

He has written to me saying that he feels it is not necessary to pursue your raised blood test result, assuming you are well and having no symptoms.

Consequently, I have pleasure in enclosing an appointment for review at my clinic, purely to check how things are progressing, and we look forward to seeing you then.

Yours sincerely

Mr D T Hansell MD (Hons) FRCS
Consultant Surgeon

PT DID NOT REC LETER -
NEW APPT SENT OUT FOR APRIL 2004.

North Glasgow University Hospitals
NHS Trust

NHS
Greater
Glasgow

DIRECTORATE OF MEDICINE
MEDICAL UNIT `B`
GASTROENTEROLOGY

DR JA H FORREST
SECRETARY 0141-201-3338

FAX NO 0141-201-3888

STOBHILL NHS TRUST
133 BALORNOCK ROAD
GLASGOW G21 3UW

JAHF/AMMCK/DICT. 19.01.04
TYPD. 20.01.04

Mr Douglas T Hansell
Consultant Surgeon
Surgical Unit
Stobhill Hospital

Dear Mr ~~Hansell~~ Douglas

Deborah Sullivan, d.o.b. 07.12.72, Unit No 10638479K
8 Rhindmuir Court, Baillieston, Glasgow

Your PRHO sent me a detailed letter about this lady whom I know was admitted under your care recently with abdominal pain, diarrhoea and vomiting.

I note her problems with a cholecystectomy eight years ago and injury to the bile duct. Subsequently an MRCP was normal as was an ultrasound scan.

I note her Gamma GT was raised at 150 but all her other liver function tests were normal.

In my experience chasing a high Gamma GT is very ill rewarding. If all her liver function tests are consistently normal I would really not pursue matters any further given the normal MRCP.

Kind Regards.

Yours sincerely

John

John A H Forrest
Consultant Physician and Gastroenterologist

CS

POSITIVE ABOUT DISABLED PEOPLE

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW
Direct line: 0141 201 3780

Mr J Smith **Mr D T Hansell**
Mr A McMahon Mr M Moschos
Mr K Robertson

EC/WDT
Dictated: 28th January 2004
Typed: 2nd February 2004

Dr A Tough
Baillieston Health Centre
20 Muirside Drive
Glasgow
G69 7AD

Dear Dr Tough

Deborah Sullivan 07.12.72 Unit no: 10638479K
6 Muirhead Court, Bailleston, Glasgow, G69 6BN

Admitted: 13.01.04
Discharged: 16.01.04
Ward: 2A
Consultant: Mr D T Hansell
Problem: Abdominal pain and vomiting – unknown cause
Follow up: Gastroenterology review

Your patient was admitted with recurrence of epigastric pain and vomiting. As you know, she has previously had a cholecystectomy and is under the care of the chronic pain service.

Ultrasound scan of her abdomen did not reveal any intrahepatic bile duct dilatation and the common bile duct was of normal calibre. There was nil else of note. Bloods were normal with the exception of an elevated Gamma GT. Her pain and vomiting settled and she was able to be discharged home.

We have asked the gastroenterologists to review her with respect to her elevated Gamma GT, which proved to be isolated and had no obvious cause. She denies alcohol consumption. Her Gamma GT was 162. I note that Deborah has also had a normal MRCP and upper GI endoscopy within the last year.

Yours sincerely

Miss Elizabeth Cannings
Senior House Officer to Mr D T Hansell MD (Hons) FRCS, Consultant Surgeon

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW
Direct line: 0141 201 3780

Mr J Smith
Mr A McMahon
Mr K Robertson

Mr D T Hansell
Mr M Moschos

EC/WDT
Dictated: 28th January 2004
Typed: 2nd February 2004

Dr J A Forrest
Consultant Gastroenterologist
Medical Offices
Stobhill Hospital
Glasgow
G21 3UW

Dear Dr Forrest

Deborah Sullivan 07.12.72 Unit no: 10638479K
6 Muirhead Court, Bailleston, Glasgow, G69 6BN

I was asked to refer this lady by Mr Hansell with regard to her isolated increased Gamma GT at 162. She is a lady who has been admitted many times in the last few years with abdominal pain and vomiting. She puts this to starting when she had a cholecystectomy and following an episode of gallstone pancreatitis at the GRI 5 years ago.

She has had multiple investigations including OGD, ultrasound scan, MRCP and these have failed to show any abnormalities. Her bloods are usually within normal limits, although on this occasion her Gamma GT was noted to be elevated. She denies any alcohol consumption.

Again, her pain settled down after admission and she was able to be discharged home. She does attend the chronic pain clinic with regards to this. We would be very grateful for your opinion.

Yours sincerely

Miss Elizabeth Cannings
Senior House Officer to Mr D T Hansell MD (Hons) FRCS, Consultant Surgeon

Digestive Diseases Directorate
Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

Department of General Surgery
Mr J Smith Lead Consultant
Mr D T Hansell Mr A J McMahon
Mr K Robertson Mr M Moschos
Mr D Chong

Direct Line: 0141 201 3397 - Secretary

DC/WH/10638479K

Dictated: 2.12.03
Typed: 4.12.03

Dr Tough
Baillieston Health Centre
20 Muirside Drive
Glasgow
G69 7AD

Dear Dr Tough,

DEBORAH SULLIVAN (7.12.72), 6 MUIRSIDE COURT, BAILLIESTON, G69 7EP

Date of Admission: 14.11.03 Date of Discharge: 17.11.03

Diagnosis: Chronic Abdominal Pain

Procedure: Upper GI Endoscopy

Follow Up: None

This lady has a history of chronic abdominal pain and has been investigated extensively in the past and is currently under out patient care of Mr Hansell. She was admitted once again with epigastric pain. An upper GI endoscopy was carried out on this admission which was completely normal. A CLO test was taken and this was negative. An abdominal ultrasound was also carried out and this was completely normal although the pancreas was poorly visualised. Her amylase during this admission was never raised and CRP was normal.

Her pain seemed to settle following this and she was discharged with no arrangements made for follow up.

Yours sincerely

David Chong
Consultant Colorectal Surgeon

Surgical Division

Digestive Diseases Directorate
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

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

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

Dictated: 22 September, 2003
Typed: 23 September, 2003

Dr. A. Tough,
Baillieston Health Centre,
20 Muirside Drive,
GLASGOW
G69 7AD

Dear Dr. Tough,

DEBORAH SULLIVAN, d.o.b. 7.12.72, Unit No. 10638479
6 Muirside Court, Baillieston, Glasgow, G69 7EP

Further to Miss Henley's previous letter, this lady has now had her MRCP. I note that in Miss Henley's letter it was said that she was having an ERCP, but this in fact was not the case.

Her MRCP shows no abnormality within the biliary system.

I note that Mrs. Sullivan has since not attended the Pain Clinic in July, and therefore I will assume all is well unless I hear to the contrary.

Consequently no further appointment has been sent.

Kind regards

Yours sincerely,

MR D.T. HANSELL MD (HONS) FRCS
Consultant Surgeon

Surgical Division

Digestive Diseases Directorate
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

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

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

Dictated: 22 September, 2003
Typed: 23 September, 2003

Mrs. D. Sullivan,
6 Muirhead Court,
Baillieston
GLASGOW
G69 7EP

Dear Mrs. Sullivan,

UNIT NO. 10638479

Just a note to confirm that your recent bile duct examination revealed no abnormality. Should you have any further troubles, please let your Doctor know.

Kind regards

Yours sincerely,

MR D.T. HANSELL MD (HONS) FRCS
Consultant Surgeon

CRIS: 5007580	Patient Details	Address	GP
Hospital No 10638479K			
NHS No.		6 MUIRHEAD COURT	BLANK GP
Surname SULLIVAN		BAILLIESTON	
Forenames DEBORAH		GLASGOW	BLANK PRACTICE
DoB 07/12/1972 Female		G69 6BN	
Film Location blank			

Search | Enquire | Result | Request | Tracking | Log off

Attended	Ward	Referrer
19/05/2003 @ 1159	SH05OP	MR DT HANSELL

Verified Report **MRCP (BILIARY TREE)**

Clinical History : Previous cholecystectomy, recurrent sepsis and RUQ pain, normal abdominal ultrasound.

Reported	Typed	Verified
DR BARBARA HAMILTON :20/05/2003	HELEN GRAHAM :20/05/2003@1607	DR BARBARA HAMILTON :03/06/2003@1452

MRCP (BILIARY TREE) Verified Report

MRCP (BILIARY TREE) : The patient was scanned according to the MRCP protocol at Gartnavel Hospital, however due to claustrophobia, the thin slices and MIP reconstructions were not possible.

Cholecystectomy noted. The biliary tree has an entirely normal appearance. No other abnormality of the upper abdomen was demonstrated.

The films were reported with Dr Shand.

Reported	Typed	Verified
DR BARBARA HAMILTON :20/05/2003	HELEN GRAHAM :20/05/2003@1607	DR BARBARA HAMILTON :03/06/2003@1452

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Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

CHRONIC PAIN SERVICE

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167
Email: carolelivingston@NorthGlasgow.Scot.NHS.uk

CPR/CL

Clinic: 22nd July 2003
Typed: 23rd July 2003

Dr. A Tough
Baillieston Health Centre
20 Muirside Road
GLASGOW
G69 7AD

Dear Dr Tough

DEBORAH SULLIVAN DOB 7 12 72 UNIT NO 638479
6 MUIRHEAD COURT BAILLIESTON G69 7EP

This lady did not attend for her appointment at the Pain Management Clinic today without giving us prior notice. No further appointment has been sent.

Yours sincerely

Pt rang
she phoned —
was on holiday

Colin P Rae
Consultant in Anaesthetics and Pain Management

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

Dear Dr Rae / Dr MacRae.

RE: DEBORAH SULLIVAN 30♀
7/12/1972, 638 474
6 MUIRHEAD COURT, BALLIESTON.
CONSULTANT - Mr HANSELL.

Patient appt Clae 7/3/13

I would be grateful if the above lady could be reviewed by the chronic pain team.

She has been admitted c abdo pain & nausea. She has at least a ~~5 yr~~ 5 yr Hx despite cholecystectomy (5 yrs ago.) and appendicectomy (5 yr.). Prev. ENDOSCOPY - HIATUS HERNIA.

Ac the advice of SIOBHAN Pain Nurse we have started her on PARACETAMOL, IBUPROFEN & DHC ~~prn~~ regularly c SLUVeded for breakthrough (not for diarrhoea).

She continues to demand PETHIDINE, particularly out of hours.

On this admission she has no physical signs (apart from rash on face), normal blood results & a normal USS.

01811

Thank-you,

yours sincerely,

David A. McCallum

JHO 1201

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Mr J Smith **Mr D T Hansell**
Mr A McMahon Mr M Moschos
Mr K Robertson
NH/LC DIS 290503

2nd June 2003

Dr A Tough
Bailleston Health Centre
20 Muirside Road
Bailleston
G69 7AD

Dear Dr Tough,

DEBORAH SULLIVAN, D.O.B. 7.12.72, UNIT NO. 638479
6 MUIRHEAD COURT, BAILLESTON G69 7EP

Admitted: 05 05 03
Discharged: 13 05 03
Diagnosis: Abdominal pain
Follow-up: MRCP as outpatient

This 30 year old lady was admitted as an emergency with a 7 hour history of sharp epigastric pain radiating through to her back associated with nausea. She had no bowel symptoms at all. She had previously had a cholecystectomy and had then had problems with retained stones and had an ERCP and sphincterotomy. On admission she was apyrexial with some right upper quadrant tenderness but liver function tests were normal though her white cell count was slightly raised at 15. Ultrasound of her abdomen showed a non-dilated common bile duct. We treated her conservatively over the course of her stay. Unfortunately it took her a while for her pain to settle and she was seen by the chronic pain team who have suggested slow-release Tramadol for her 100mg bd, with 50mg for breakthrough.

She also had a CT of her abdomen which was essentially normal. Eventually her pain was controlled and she was discharged home and we have arranged for her to have an ERCP as an outpatient, and we will let you know what transpires.

Yours sincerely,

Miss Natasha Henley
Senior House Officer

Digestive Diseases Directorate

Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

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

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

DTH/JH/CLI 01 04 03

5th April 2003

Dr A Tough
Baillieston Health Centre
20 Muirside Road
Baillieston
Glasgow
G69 7AD

Dear Dr Tough

DEBORAH SULLIVAN DOB 07 12 72 UNIT NO 638479
6 MUIRHEAD COURT BAILLIESTON G69 7EP

This lady has failed to attend my Breast Clinic on two consecutive occasions.

No further appointment will be sent.

Kind regards

Yours sincerely

Mr D T Hansell MD (Hons) FRCS
Consultant Surgeon

Digestive Diseases Directorate

Stobhill Hospital
Balornock Road
Glasgow G21 3UW

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

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

Dictated: 25 February, 2003
Typed: 25 February, 2003

NH/SS

Dr A Tough
Baillieston Health Centre
20 Muirside Road
Baillieston
GLASGOW
G69 7AD

Dear Dr Tough

DEBORAH SULLIVAN, DOB 07.12.72, UNIT NO 638479
6 MUIRHEAD COURT, BAILLIESTON, G69 7EP

Admission:	18.02.03
Discharge:	20.02.03
Diagnosis:	Non Specific abdominal pain
Investigation:	Ultrasound (normal)
Follow up:	None

This lady was admitted as an emergency from Mr Hansell's clinic. She had had a 3 day history of bilious vomiting and epigastric pain radiating through to her back and her right shoulder. She has previously had pancreatitis and had a cholecystectomy by Ross Carter at the GRI 5 years ago.

On admission she was apyrexial with some epigastric tenderness. Her amylase was normal at 78. Abdominal and chest x-ray were essentially normal.

We treated her conservatively with IV fluids and analgesia. An ultrasound was performed which was normal. There was some problem with controlling her pain during her stay and she was reviewed by the pain team who suggested starting her on Paracetamol, Brufen and Dihydrocodeine and this seemed to control her pain.

Cont..../

Digestive Diseases Directorate

Stobhill Hospital
Balornock Road
Glasgow G21 3UW

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

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

/.....cont

DEBORAH SULLIVAN, DOB 07.12.72, UNIT NO 638479

Incidentally, she also said that she had noticed a lump in her breast which was present intermittently. She was examined at the time by Mr Hansell who did not identify the lump and nor could the patient, it was decided therefore not to take this any further.

We have discharged her back to your care and do not plan to see her at the out-patient clinic, however, if she has any further problems, please get back in touch with us.

Yours sincerely

MISS NATASHA HENLEY
SHO

Digestive Diseases Directorate

Mr. D. T. Hansell
Surgical Outpatient Clinic
Breast Cancer Clinic
Breast Family History Clinic

Surgical Division
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Clinic No: 0141-201-3000 Page 4232
Secretary: 0141-201-3780

CH/CL

Dict.: 3rd January 2003
Typed: 7th January 2003

Dr A Tough
Baillieston Health Centre
20 Muirside Avenue
Baillieston
GLASGOW
G69 7AD

Dear Dr Tough

DEBORAH SULLIVAN DOB 7 12 72 UNIT NO 638479
6 MUIRHEAD COURT BAILLIESTON G69 7EP

Date of admission:	19 11 02
Date of discharge:	25 11 02
Consultant:	Mr Hansell
Problem:	Epigastric pain.
Investigations:	Ultrasound, upper GI scope and CT.
Diagnosis:	Chronic pain.
Follow up:	Mr Hansell's Clinic 28/1/03.

This patient was admitted under the care of Mr Hansell with an atypical presentation of epigastric pain. Clinically, on examination, her abdomen was unremarkable and her blood checks on this occasion were entirely normal.

She had an abdominal ultrasound and a CT abdomen which were all normal. She also had an upper GI endoscopy which showed she has a very small hiatus hernia for which she was started on oral Omeprazole.

She was given a variety of analgesics which she felt did not settle the pain. She was then started on regular MST for pain relief and was later discharged on MST.

She is due to return to Mr Hansell's Clinic on 28/1/03 for review.

Yours sincerely

Dr Carmen Hoh
Senior House Officer

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

CHRONIC PAIN SERVICE

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167
Email: carolelivingston@NorthGlasgow.Scot.NHS.uk

CPR/CL/10638479K

Clinic: 16th November 2005
Typed: 17th November 2005

Dr MacLeod
Baillieston Health Centre
20 Muirside Road
GLASGOW
G69 7AD

Dear Dr MacLeod

Deborah Sullivan dob 7 12 72 (6128)
1 Brodie Gardens Baillieston G69 6BQ

I was pleased to meet Deborah again today in the Pain Management Clinic. I had initially seen her when she was an inpatient here at Stobhill Hospital with abdominal pain. As you are aware, she had a cholecystectomy in 1996 and before that, had had upper abdominal pain for three years. Interestingly, the nature and site of her pain have not really altered since her cholecystectomy. She describes the pain as stabbing and is present every day. There is a background ache with severe exacerbations particularly after eating meals. The pain is also bad at night. She has problems with nausea with the pain and previously had problems with vomiting. Her visual analogue pain score varies between 7 and 10/10.

We had a long chat about the impact her chronic pain has had on her life. At present, her medications are Losec 40mg daily, Tramadol 100mg qid, Transtec patch 52.5µg, Oramorph 10mg up to four times daily, Prozac 40mg daily and Metoclopramide. In the past, she has had trials of Voltarol which did not help. In addition, she has had trials of Pethidine, Dihydrocodeine and Sevredol. She has also attended the Homeopathic Hospital.

On examination, Deborah was tender to light palpation over her epigastrium. There was no superficial tenderness or allodynia.

I had a long chat today with Deborah about chronic pain, visceral pain and the theory of sensitisation of the sensory nervous system in response to chronic pain. I would suggest the following measures in the first instance:

1. Recommence Amitriptyline in a dose of 10mg at night.
2. Commence Gabapentin starting with 300mg a day for one week, increasing 300mg bd for one week and then 300mg tid. This should be continued until review at the Pain Clinic.

I also discussed Deborah trying to be maintained on only one opioid. To this end, I would suggest gradual wind down in her Tramadol dose and with a potential increase of the

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

CHRONIC PAIN SERVICE

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167
Email: carolelivingston@NorthGlasgow.Scot.NHS.uk

Transtec patch to the 70µg strength. This would provide some rationalisation of her analgesia. I will review her in due course.

Yours sincerely

C P Rae
Consultant in Anaesthesia and Pain Management

North Glasgow University Hospitals NHS Trust

Name - DEBORAH ,SULLIVAN DOB - 07/12/1972 Event No: E-9554105
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN CRIS No: 5007580
Ward:SH02A Ref:MR M MOSCHOS CHI: Hosp No: 10638479K

US ABDOMEN

VERIFIED .. Report by: DR KEN ONG

Clinical History : Cholecystectomy 1996. RUQ pain. Retained stones in CBD ?

US ABDOMEN :

Previous cholecystectomy noted.
The liver has normal echotexture. No evidence of dilated intrahepatic duct. The CBD measures 5.4 mm. Both kidneys have a normal appearance. The right kidney measures 9.4 cm and the left kidney measures 11.7 cm in bipolar diameter. Normal spleen. The pancreas was obscured by overlying bowel gas. The bladder was empty during this examination.

Conclusion: unremarkable scan.

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North Glasgow University Hospitals Division

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **Event No: E-10654169**
1 Camp Road, Glasgow, Lanarkshire, G69 6QR **CRIS No:** 5387096
Ward:SH07A **Ref:**MR A MCMAHON **CHI:**0712726128 **Hosp No:** 10638479K

US ABDOMEN

VERIFIED .. Report by: DR IA MACLEOD

Clinical History : Severe right upper quadrant pain, previous cholecystectomy, ? previous pancreatitis.

US ABDOMEN : Ultrasound was difficult to carry out and difficult to interpret. The common duct was thought to measure about 5 mms in diameter. There was the impression of hyperechoic streaks adjacent to the portal venous system. It was not certain whether this was normal, represented fibrous tissue or even air. It would be of value to know if the patient had a sphincterotomy. No obvious abnormalities were seen in relation to kidneys or spleen. It was not possible to image pancreas.

Please note previous investigations and please discuss findings to help in the interpretation.

NHS Greater Glasgow and Clyde

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN DOB - 07/12/1972 Event No: E-10654064
1 Camp Road, Glasgow, Lanarkshire, G69 6QR CRIS No: 5387096
Ward:SH07A Ref:MR A MCMAHON CHI:0712726128 Hosp No: 10638479K

CHEST **ABDOMEN**

VERIFIED .. Report by: DR H GRIFFITHS

Clinical History : Sudden onset right upper quadrant pain with nausea. Past history of cholecystectomy, pancreatitis and fundoplication.

CHEST : The cardiothoracic ratio is 125/295. The heart is not enlarged. The lungs are clear. No free sub-diaphragmatic gas is demonstrated.

ABDOMEN : The bowel gas pattern is unremarkable with in particular no features of obstruction nor evidence of extra-lumenal gas.

North Glasgow Hospitals

North Glasgow University Hospitals Division

Name - DEBORAH ,SULLIVAN
1 Brodie Gardens, Glasgow, G69 6BQ
Ward:SH07BOP Ref:MR JS SMITH

DOB - 07/12/1972
CHI:0712726128

Event No: E-9935642
CRIS No: 5387096
Hosp No: 10638479

TRANSIT STUDY

VERIFIED .. Report by: DR J SHAND

Clinical History : Previous nissen fundoplication. Now troubled with abdominal pain and vomiting.

TRANSIT STUDY : None of the capsules were left by Day 2. There is no evidence of delayed transit.

NHS Greater Glasgow

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **Event No: E-9939611**
1 Brodie Gardens, Glasgow, G69 6BQ **CRIS No:** 5387096
Ward:SH07BOP **Ref:**MR JS SMITH **CHI:**0712726128 **Hosp No:** 10638479

GASTRIC EMPTYING (SOLID PHASE) **ORAL 10**

VERIFIED .. Report by: DR J SHAND

Clinical History : Previous nissen fundoplication, now troubled with recurrent episodes of abdominal pain and vomiting.

GASTRIC EMPTYING (SOLID PHASE) : (8 MBQ IN111 DTPA + 12 MBq Tc99m TIN COLLOID)

The gastric emptying half-time is 188 min. This is well outwith the normal range with an upper limit of 123 min. This would be consistent with delayed gastric emptying.

North Glasgow University Hospitals Division

NHS Greater Glasgow

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN
1 Brodie Gardens, Glasgow, G69 6BQ
Ward:SH07A Ref:DR D CHONG

DOB - 07/12/1972
CHI:0712726128

Event No: E-9885247
CRIS No: 5387096
Hosp No: 10638479

North Glasgow University Hospitals Division

US ABDOMEN

VERIFIED .. **Report by:** DR PJG GARMANY
Clinical History : Epigastric pain.

US ABDOMEN : The appearances of liver, spleen and both kidneys are unremarkable. No hydronephrosis. No biliary dilatation. The gallbladder is absent.

Pancreas obscured by overlying bowel content.

In summary, an unremarkable examination.

Name - DEBORAH ,SULLIVAN
1 Brodie Gardens, Glasgow, G69 6BQ
Ward:SH10B Ref:DR D GORDON

DOB - 07/12/1972
CHI:0712726128

Event No: E-9884874
CRIS No: 5387096
Hosp No: 10638479

CHEST ABDOMEN

VERIFIED .. Report by: DR IA MACLEOD
Clinical History : ? perforation.

CHEST :
There is no active focal lung disease. No free air is seen beneath the diaphragm.

ABDOMEN :
There is a lot of gas present in the stomach and bowel but gas is seen in the bowel down to and including the rectum.

North Glasgow University Hospitals Division

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Kalamazoo B-10446314-12x

NHS Greater Glasgow

North Glasgow University Hospitals NHS Trust

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **Event No: E-9638034**
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN **CRIS No:** 5007580
Ward:SH05 **Ref:**MR JS SMITH **CHI:**0712726128 **Hosp No:** 10638479

CHEST

VERIFIED .. Report by: DR JOHN SHAND

Clinical History : Cough, reduced air entry left base, post surgery.

CHEST : The heart is not enlarged. There is slight elevation of the left hemi-diaphragm with some linear atelectases at the left base and in the right upper zone.

Name - DEBORAH ,SULLIVAN DOB - 07/12/1972 Event No: E-9601246
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN CRIS No: 5007580
Ward:SH05 Ref:MR DC SMITH CHI:0712726128 Hosp No: 10638479

MEAL & FOLLOW THROUGH, BARIUM

referred from S.I. joints ? is her E.S.R. normal ?

Name - DEBORAH ,SULLIVAN DOB - 07/12/1972 Event No: E-9601246
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN CRIS No: 5007580
Ward:SH05 Ref:MR DC SMITH CHI:0712726128 Hosp No: 10638479

MEAL & FOLLOW THROUGH, BARIUM

VERIFIED .. Report by: DR RHONA STEVENS
Clinical History : Abdominal pain and intractable vomiting. Normal\ endoscopy.

MEAL & FOLLOW THROUGH, BARIUM : Cholecystectomy clips noted. The patient has a moderately large highly mobile sliding hiatus hernia with marked associated gastro oesophageal reflux to thoracic inlet level. There was also initially a degree of pyloro- spasm but this subsided spontaneously with no abnormality revealed in the duodenal cap. No abnormality was demonstrated within the small bowel on follow through.
Incidently the S.I. joints were noted to be slightly sclerotic bilaterally although joint space remains relatively well defined.Appearances could be projectional. Unfortunately previous abdominal x-rays which could have been helpful for comparison cannot currently be traced. Does the patient have any symptoms

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Name - DEBORAH ,SULLIVAN DOB - 07/12/1972 Event No: E-9553231
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN CRIS No: 5007580
Ward:SH02A Ref:MR M MOSCHOS CHI:0712726128 Hosp No: 10638479

CHEST

VERIFIED .. Report by: DR IAN A MACLEOD
Clinical History : Right upper quadrant pain.

CHEST : The heart is not enlarged. There is no evidence of active pulmonary disease.

North Glasgow University Hospitals ....S Trust

NHS Greater Glasgow

North Glasgow University Hospitals NHS Trust

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **Event No: E-9553252**
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN **CRIS No:** 5007580
Ward:SH02A **Ref:**MR M MOSCHOS **CHI:**0712726128 **Hosp No:** 10638479

ABDOMEN

VERIFIED .. Report by: DR IAN A MACLEOD
Clinical History : Pain.

ABDOMEN : Gas is seen in the bowel down to and including the rectum.

Films not available until 17 9 04.

NHS Greater Glasgow

North Glasgow University Hospitals NHS Trust

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN DOB - 07/12/1972 Event No: E-9591207
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN CRIS No: 5007580
Ward:SH05 Ref:MR JS SMITH CHI:0712726128 Hosp No: 10638479

CT HEAD / BRAIN

VERIFIED .. Report by: DR ALISTAIR MCGHEE

Clinical History : Intractable vomiting.

CT HEAD / BRAIN : No evidence of intracranial haemorrhage, infarction or space occupying lesion. Normal brain and ventricular system.

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN **Event No** - **E-9440604**
Ward - SH02A **Ref** - MR DT HANSELL **Hosp No** - 10638479K

US ABDOMEN

VERIFIED .. Report by: DR ANNANTH K SHENOY

Clinical History : Cholecystectomy, chronic pain since. ? stone ? dilated ducts.

US ABDOMEN : Normal appearances of the liver parenchyma, spleen, both kidneys.

History of cholecystectomy noted. No dilatation of the intra or extrahepatic biliary tree. The common bile duct measures 4 mm in diameter.

Limited views of the pancreas due to excessive bowel gas.

No free fluid in upper abdomen.

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
8 Rhindmuir Court, Glasgow, Lanarkshire, G69 6BN **Event No** - **E-9439680**
Ward - SH02A **Ref** - MR ~~KEVIN ROBERTSON~~ HAMSELL **Hosp No** - 10638479K

CHEST **ABDOMEN**

VERIFIED .. Report by: DR JOHN SHAND

Clinical History : Epigastric Pain. Vomiting.

CHEST : The heart is not enlarged. There is no evidence of active pulmonary disease.

ABDOMEN : There are surgical clips in the right upper quadrant consistent with previous cholecystectomy. No other abnormality has been demonstrated.

North Glasgow University Hospitals NHS Trust

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
6 Muirhead Court, Glasgow, Lanarkshire, G69 7EP **Event No** - **E-9340138**
Ward - SH02A **Ref** - MR DT HANSELL **Hosp No** - 10638479K

5 15/1

US ABDOMEN

VERIFIED .. Report by: DR CATHERINE GLYNN

Clinical History : Admitted with epigastric pain. Previous cholecystectomy. ? Previous pancreatitis. Raised liver function tests.

US ABDOMEN : The examination was technically difficult due to the patient's build. The liver appears grossly normal with no evidence of intra- or extrahepatic biliary tree dilatation. The head and proximal body of pancreas appear normal. The tail was not visualised due to overlying bowel gas. C.B.D. measured 0.41 cm. There has been a previous cholecystectomy. The right and left kidneys appear normal, the right measuring 9.9 cm and the left 10.2 cm in bipolar diameter. Spleen and aorta are normal. No free fluid demonstrated in the upper abdomen.

Checked with Dr. Bryden.

North Glasgow University Hospitals NHS Trust

North Glasgow Unive Hospitals NHS Trust

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
6 Muirhead Court, Glasgow, Lanarkshire, G69 7EP **Event No**- **E-9339798**
Ward - SH02A **Ref** - MR DT HANSELL **Hosp No** - 10638479K

ABDOMEN CHEST

VERIFIED .. Report by: DR CATHERINE GLYNN

Clinical History : Epigastric pain and tenderness.

ABDOMEN : There are surgical clips noted in the right upper quadrant consistent with history of previous cholecystectomy. There is a non-specific bowel gas pattern with no evidence of obstruction or perforation. No radio-opaque urinary tract calculi seen.

CHEST : The heart is not enlarged. Normal hilar and mediastinal contours. There is no evidence of active pulmonary disease. No free subdiaphragmatic gas noted.

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
8 Rhindmuir Court, Glasgow, G69 6BN **Event No** - E-9283613
Ward - SH02A **Ref** - DR D CHONG **Hosp No** - 10638479K

US ABDOMEN

VERIFIED .. Report by: ALLISON MCCALL

Clinical History : 1 day of epigastric pain radiating between back and right shoulder. Multiple previous episodes. ? recurrent pancreatitis.

US ABDOMEN :
There has been a cholecystectomy.

The liver is normal in appearance. Normal biliary tree.

The pancreas is poorly visualised due to overlying bowel gas. Normal kidneys and spleen. There is no evidence of free fluid within the abdomen.

Conclusion

North Glasgow University Hospitals NHS Trust

Stobhill Hospital

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
8 Rhindmuir Court, Glasgow, G69 6BN **Event No** - E-9283613
Ward - SH02A **Ref** - DR D CHONG **Hosp No** - 10638479K

US ABDOMEN

Cholecystectomy.Normal appearances.

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow
...ospitals NHS Trust
...ch Glasgow Universi...

Gartnavel General Hospital

Diagnostic Imag...

SULLIVAN, DEBORAH 07/12/1972

E-9059737
STOBHILL HOSPITAL - OU
MR DT HANSELL
Hosp. 50945953E

6 Muirhead Court,, Glasgow, G69 7EP

DR BARBARA HAMILTON

MRI CHOL
This examination was reported at Stobhill hospital. Please contact Stobhill's Radiology department for the report.

Typed By - AILEEN MILLER

19/05/2003 **MRCP (BILIARY TREE)**

08963

Name - DEBORAH ,SULLIVAN
6 Muirhead Court, Glasgow, G69 6BN
Ward - SH05OP Ref - MR DT HANSELL

DOB - 07/12/1972

CRIS No - 5007580
Event No - E-7328115
Hosp No - 10638479K

NHS Greater Glasgow

...n Glasgow University Hospitals NHS Trust

MRCP (BILIARY TREE)

VERIFIED .. Report by: DR BARBARA HAMILTON

Clinical History : Previous cholecystectomy, recurrent sepsis and RUQ pain, normal abdominal ultrasound.

MRCP (BILIARY TREE) : The patient was scanned according to the MRCP protocol at Gartnavel Hospital, however due to claustrophobia, the thin slices and MIP reconstructions were not possible. Cholecystectomy noted. The biliary tree has an entirely normal appearance. No other abnormality of the upper abdomen was demonstrated.

The films were reported with Dr Shand.

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING THE...

Stobhill Hospital — Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
6 Muirhead Court, Glasgow, G69 6BN **Event No** - **E-7324725**
Ward - SH05 **Ref** - MR M MOSCHOS **Hosp No** - 10638479K

CT ABDOMEN

VERIFIED .. Report by: DR SIOBHAN MCLAUGHLIN

Clinical History : Epigastric pain and tenderness. Spiking temperatures.

CT ABDOMEN : No abnormality has been demonstrated within the liver or any of the intraabdominal organs. The patient has had a previous cholecystectomy. There is no biliary tree dilatation. The spleen was of normal appearance, although, at 13 cm, at the upper limit of normal.

Checked by Dr McCafferty.

Name - DEBORAH ,SULLIVAN
6 Muirhead Court, Glasgow, G69 6BN
Ward - SH02A Ref - MR J MOSCHOS

DOB - 07/12/1972

CRIS No - 5007580
Event No - E-7321827
Hosp No - 10638479K

US ABDOMEN

VERIFIED .. Report by: DR BARBARA HAMILTON

Clinical History : Previous cholecystectomy. Recurrent symptoms ? retained stone C.B.D.

US ABDOMEN : The liver had a normal appearance. Previous cholecystectomy noted. The C.B.D. is undilated measuring 6 mm in diameter. The spleen has a normal appearance. The right kidney is slightly small measuring 9 cm in bipolar diameter. The left kidney is of normal size and appearance measuring 12 cm in bipolar diameter. The spleen appears normal. The pancreatic region was not visualised. There is no evidence of free fluid in the abdomen.

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

North Glasgow University Hospitals NHS Trust

Stobhill Hospital

25/2/03 JRW

Diagnostic Imaging Report

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
6 MUIRHEAD COURT, GLASGOW, G69 6BN **Event No** - **E-5937886**
Ward - SH05 **Ref** - MR DT HANSELL **Hosp No** - 10638479

US ABDOMEN

VERIFIED **Report by:** RHONA STEVENS

Clinical History : Epigastric pain to right shoulder. Previous pancreatitis and cholecystectomy.

US ABDOMEN : No abnormality was shown within liver. Cholecystectomy noted. There was no biliary tree dilatation. The pancreas was suboptimally viewed due to overlying bowel gas. The spleen and kidneys were unremarkable. There was no free fluid in upper abdomen.

Name - DEBORAH ,SULLIVAN **DOB** - 07/12/1972 **CRIS No** - 5007580
6 MUIRHEAD COURT, GLASGOW, G69 6BN **Event No** - **E-5937546**
Ward - SH02A **Ref** - MR M MOSCHOS **Hosp No** - 10638479I

ABDOMEN **CHEST**

VERIFIED **Report by:** JOHN SHAND

Clinical History : Known pancreatitis, flare up. Bowel sounds noisy, tender epigastrium.

ABDOMEN : There was been a previous cholecystectomy. The bowel gas pattern is normal.

CHEST : The heart and mediastinum are within normal limits. There is no evidence of active pulmonary disease. The bony thorax is normal.

North Glasgow University Hospitals NHS Trust

02072472 V 25/11/02 MN 0244286
638479

X-RAY REPORT

SULLIVAN, Deborah 29Y F DT, HANSELL 3B

8 RHINDMUIR COURT, BAILLIESTON, GLASGOW, G69 6BN

STOBHILL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT

Clinical Information :
Severe pain, worsening. ? acute pancreatitis although normal ultrasound.

CT SCAN ABDOMEN & PELVIS

The upper abdomen was scanned without contrast. No significant abnormality was demonstrated in the pancreas, liver, spleen, kidneys or remainder of the upper abdomen. The patient was noted to have had a previous cholecystectomy. The common bile duct was of normal calibre at just under 5 mm.

Typed on 29 11 02.

DR J SHAND/FES 25/11/02

CHECKED FOR SPELLING AND GRAMMAR

25/11/02 - CT ABDO/PELVIS

STOBHILL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT

X-RAY REPORT

02071608 E 19/11/02 MN 0244286
638479

SULLIVAN, Deborah 29Y F DT, HANSELL ASR/2A

8 RHINDMUIR COURT, BAILLIESTON, GLASGOW, G69 6BN

Clinical Information :
Epigastric pain. ? perforation.

CHEST
The heart is not enlarged. The lung fields are clear. No free subdiaphragmatic gas is demonstrated.

ABDOMEN
Cholecystectomy clips are noted in the right upper quadrant. The bowel gas pattern was unremarkable with in particular no features of obstruction nor evidence of extralumenal gas.

Typed on 27 11 02.

*DR H GRIFFITHS/FES 22/11/02

22/11/02 - CHEST , ABDOMEN

JMcC/22609

ILL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT
STO

02071896 E | 20/11/02 | MN 0244286 638479 | **X-RAY REPORT**

SULLIVAN, Deborah | 29Y | F | DT, HANSELL | ASR/2A

8 RHINDMUIR COURT, BAILLIESTON, GLASGOW, G69 6BN

Clinical Information :
Epigastric pain. Recurrent pancreastitis. Previous cholecystectomy and appendicectomy.

ULTRASOUND ABDOMEN

No focal liver lesions were demonstrated. No abnormality of the kidneys or spleen were shown. Despite the patients obesity the pancreas could be well seen. It was of normal size and configuration. The common bile duct measures 5mms. There is no evidence of free fluid within the abdomen.

Typed on 25.11.02.

*DR J BALLANTYNE/JH 20/11/02

JMcC22609

20/11/02 - U/S ABDOMEN

North Glasgow Hospitals

Department of Pathology
Pathology Report

Enquiries: 0141 211 2473

Lab No.:P,08.0014771 CHI No. 0712726128

Name:SULLIVAN DEBORAH DOB/Age:07.12.72
Post code:G69 6BN

Hosp.No(orPath.Comp.Ref.ZP): 10638479K

Consultant:MR.HANSELL Location:STOBHILL WD 7A

ANTRAL BIOPSIES.

Clinical history:

Antral biopsies at OGD for epigastric pain and vomiting.

Macro:

Two pieces of tissue the larger 3 x 3 x 2 mm.

Microscopy

Microscopy shows fragments of gastric antral mucosa with mild foveolar hyperplasia and increased smooth muscle fibres within the lamina propria. The features are consistent with chemical/biliary reflux gastritis. Helicobacters are not identified. There is no intestinal metaplasia, dysplasia or malignancy.

H Pitchamuthu/M Seywright

NB

Date collected 07.08.08
Date received 07.08.08
Date reported 11.08.08

Glasgow Pain Management Clinic
Patient Information

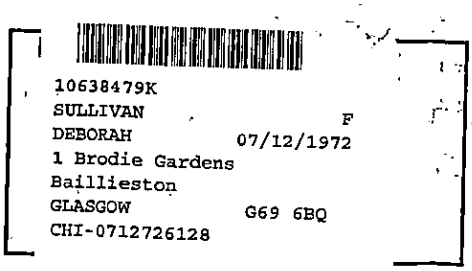
We have been asked to see you about your pain. Our pain management clinic looks after people with chronic pain.

Chronic pain is a pain that lasts for longer than expected. It is different from acute pain such as that after an operation, or a fall, or an accident. With acute pain you know (or have a good idea) what has caused it, what makes it better and when it will go away.
Chronic pain is very different. It may be difficult to find out what is causing the pain. You may have seen lots of doctors and been given lots of different medicines with little success. This is very common.

Unfortunately there are no magic cures for chronic pain. Often we need to try a variety of treatments before one helps. Normal painkillers such as paracetamol are often not the best treatment for chronic pain. Different pain medicines may be used that can take time to work. Different forms of injection treatments may be appropriate.
There are also a number of different experts working in the pain management team, for example, nurses, physiotherapists and psychologists. It has been shown that working together as a team we are more likely to be able to help you. You may be seen by some or all of the pain management team.

We would like you to fill in the enclosed questionnaire and bring it with you to your clinic appointment. It asks different questions about your pain. It will help us to understand your pain better. Please fill in as much information as you can.

We look forward to meeting you at the clinic.

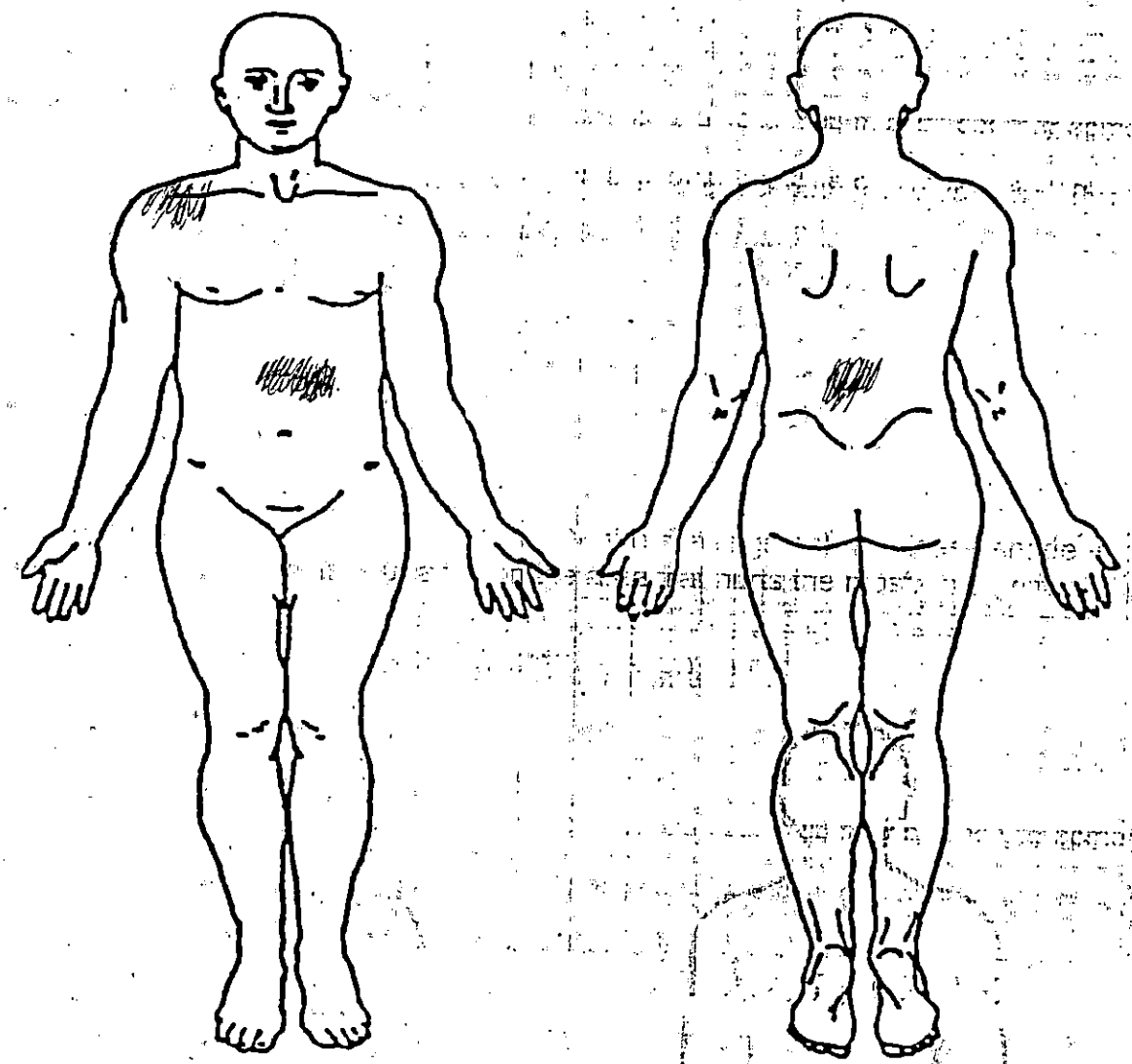


HOSPITAL SRBH

DATE 16/11/15

Please help us by filling in as much of the following questionnaire as you can. Don't worry if you find some questions difficult, we will go over all the questions with you on your first visit to the clinic.

We need to know where you have pain. On the drawings below, please shade in the areas where you feel pain. Put an X on the area that hurts the most.



Please answer the following questions.

When did you start having problems with pain? If there was an accident or injury please describe it.

1996 after gallbladder operation
Had abdominal pain for 3 years before that
Pain after cholecystectomy same place + nature
but more severe

Pain is often very difficult to describe to others. Below is a list of words that people sometimes use when talking about their pain. Please circle any words that you feel describe your pain. You can add other words if you wish.

STABBING

cutting	pounding	tingling	tiring	deep
beating	squeezing	throbbing	horrible	stabbing
burning	pulling	sickening	biting	screaming
scraping	aching	uncomfortable	cold	tugging
pricking	cruel	warm	miserable	stretching
pinching	unbearable	sad	itching	terrible
stinging	cool	sore	flashing	pressing
fearful	sharp	jumping	tight	pins and needles
hot	spreading	punishing	seared	lonely

bad

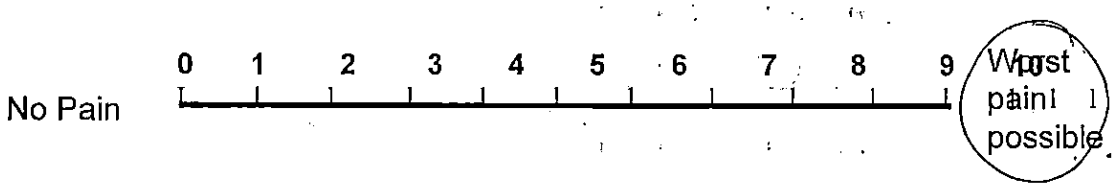
When do you have your pain? every day. Backgound ache

Is there anything that makes your pain worse? after eating a meal - particularly spicy foods - stabbing pain. worse overnight. feels nauseated i pain.

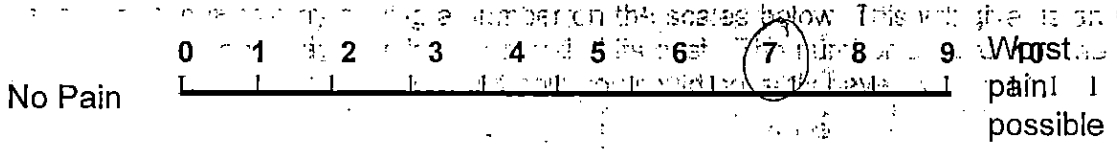
Is there anything that helps your pain? pacing up and down. Rolling around, Sort of over

Please **rate** your pain by circling a number on the scales below. This will give us an idea of your pain level on average, at its worse and at its best. The number 0 represents no pain at all, the number 10 represents the worst pain you could possibly have.

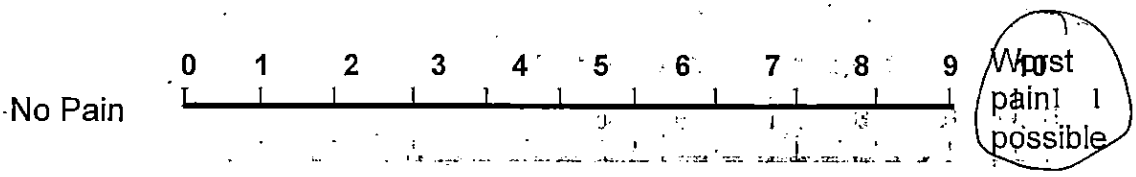
Please rate your pain at its **worst** in the past week, by circling a number between 0 and 10 on the scale below



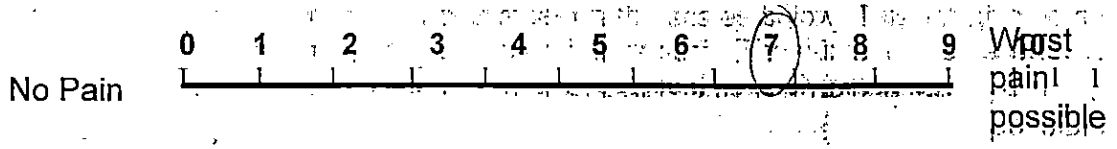
Please rate your pain at its **best** in the past week:



Please rate your pain on the **average** for the past week:



Please rate the pain you have **right now**:



PMH uterus. SH lives w/ fiance + daughter. 7.
Missed Pancreatitis.
Appendix Surgeries 2 c/d

Pain can sometimes interfere with our mood, our sleep, and the ability to do what we want to do. Please rate how much your pain interferes with the following areas of your life, by circling a number between 0 and 10 on the scales below (0 = no interference, 10 = complete interference).

How much does your pain interfere with your **general activity**?

Does not interfer — 0 1 2 3 4 5 6 7 8 (9) 10 — Completely interferes

How much does your pain interfere with your **mood**? Short tempered Depressed

Does not interfer — 0 1 2 3 4 5 6 7 (8) 9 10 — Completely interferes

How much does your pain interfere with your **walking ability**?

Does not interfer — 0 1 2 3 4 5 6 (7) 8 9 10 — Completely interferes

How much does your pain interfere with your **normal work**? Loss of job Loss adjuster insurance company

Does not interfer — 0 1 2 3 4 5 6 7 8 9 (10) — Completely interferes

How much does your pain interfere with your **relationships with other people**?

Does not interfer — 0 1 2 3 4 5 6 (7) 8 9 10 — Completely interferes

How much does your pain interfere with your **sleep**?

Does not interfer — 0 1 2 3 4 5 6 7 8 9 (10) — Completely interferes

How much does your pain interfere with your **enjoyment of life**?

Does not interfer — 0 1 2 3 4 5 6 7 8 9 (10) — Completely interferes

Are there any activities (for example hobbies, socialising) you would like to do, which your pain stops you from doing?

Yes having a Sociable evening
ANY SORT of Sports
Driving

Please list all medicines you are taking just now, including doses. If you have a list of medications from your GP please bring that with you.

Name of medication	Dose	Times taken	Does it help?
losec	40mg	1 day	A BIT
Tramadol	2x50mg	4 TIMES	Sometimes
Transtec Patches	52.5mg	every 3 days	it helps
Oramorph	10 mg 5ml	when required	takes edge off
metoclopramide		1-3/4 day	
Prozac	40mg	1 per day	

Please list any other medicines you have taken **in the past** for your pain.

Name of medication	Did it help?	Why did you stop taking it?
Voltarol	NO	UPSET STOMACH
Severadol	NO	Very Sick
OHC30 + CONTINUS	NO	??
Pethidine	Yes	took edge off
Amitryptiline 50mg - not for 5 years		
No gabapentin / pregabalin		
No dexycards / MST		

Are there any medicines that you are allergic to?

ANTI INFAMATORIES UPSET MY STOMACHE

Have you tried any other types of treatment (apart from conventional medicines) **for your pain?**

Name of treatment	Was it helpful?
Homeopathic	FOR A WHILE
TENS Machine	NO

Finally, what do you hope to get from your visit to the pain clinic, and what would you like us to do to help you?

Help with the pain to lead some sort of normal life I'm at my WITS END

Thank you very much for completing this questionnaire.

Please bring this completed questionnaire with you when you come to hospital for your Pain Clinic appointment.

CONFIDENTIALITY AND USE OF PATIENT'S INFORMATION

For the purpose of your present and future medical treatment, details of your medical care will be recorded. Some use may be made of this information for research purposes and to indicate the kind of future health services which patients may require; some will be processed on a computer. At all times great care is taken to ensure that high standards of confidentiality are maintained in respect of all information held. The "Data Protection Act 1998" gives you the right of access to any personal information which the Trust may hold about you either in manual records or on its computers. If you wish to apply for access to your data, or if you would like more information about your rights under the Act, you should, in the first instance, contact the Health Records Officer at the hospital.

STOBHILL HOSPITAL OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT OCCUPATION	MARITIAL STATUS
				W

DATE OF BI | 'ARD/DEPT | RELIGION | ME

10638479K
SULLIVAN F
DEBORAH 07/12/1972
1 Brodie Gardens
Baillieston
GLASGOW G69 6BQ
CHI-0712726128

Dr. K RUSSELL
56 ABERCROMBIE CRESCENT
BARGEDDIE
BAILLIESTON
G69 7SP

ADDRESS | G.P.'S NAM

TEL. No. | TEL. No.

DATE	SPECIALITY	CONSULTANT
	Pain	Dr Lee

16 NOV 2005

Imp Visceral pain syndrome

Plan 1, Reintroduce amitryptiline
2 Gabapentin
3. Pregabalin

DISCONTINUED 15 MAR 2006

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN: 10638479K		Provider: SGC04	Hosp: STO
Surname: SULLIVAN		Patient's Address	
First Forename: DEBORAH		1 Brodie Gardens	
Second Forename:		Baillieston	
Previous Surname:		GLASGOW	
Date of Birth: 07 Dec 1972		Postcode: G69 6BQ	
Sex: F	Marital Status: S	Tel No: 7713461	
CHI No:		Ethnic Group:	
NHS No:		GP Practice: 56 ABERCROMBIE CRESCENT 01698 813753	
Alt CRN:		GMC No: 1319020 K RUSSELL	

Episode Management

Spell/Care Package ID	Ward: 7A*STO	Admission Date: 14 Aug 05 0235
Speciality/Discipline (Code + Text National): GS-GENERAL SURGERY		Admission Type: 36
Significant Facility: OTHE		Admission Reason: 1K
Consultant Code:		Admission/Transfer From: 12
Consultant Name: MR D ~~CHONG~~ SMITH		Admission/Transfer From – Location:
Management of Patient: I	Patient Category: NHS	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type: NWL

General Clinical

Main Diagnosis – ICD 10	
Other Condition – ICD 10 – 2	
3	
4	
5	
6	

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

Development data

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

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

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

Associate Specialist: Dr Jennifer Devine
Nurse Manager: Susan McFarlane

NHS Greater Glasgow

CRN: 10638479K

MEDICAL RECORDS COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
SULLIVAN	DEBORAH	32	07 Dec 1972	14/08/05	00:58	026482/05-ST(

Address	Sex	Religion	Date of Inc	Time
1 Brodie Gardens Baillieston GLASGOW	Female		14/08/05	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G69 6BQ	7713461	Single -		OTHER	WALKING

GP

Name	Address	Referred by
K RUSSELL	56 ABERCROMBIE CRESCE BARGEDDIE BAILLIESTON G69 7SP	GENERAL PRACTITI

EXT OF IN

Name
Relat. MUM
No. 7713743

Address

Complaint: PENDING

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

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

Would you please arrange

Signature of Medical Officer:

DISCHARGE CODES: *Please circle*

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

Discharge Time:

Ward No. *(if admitted)*	Transfer to Hospital	IRIS
7A 6230		

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

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

Signature of Medical Officer

Cons SpR SHO3 SHO JHO Clin Assist ENP AS SG

Call No: 1459683	CHI No:	Date : 14 Aug 2005	NHS 24 No:
Patients Name: Deborah	Sullivan	D.O.B. Age 07/12/1972 32 Y	Callers Name

Address Today:	1 Brodie Gardens Baillieston	Home Address if different	
Post Code:	G69 6BQ	Post Code:	
Phone Number	(0141) 771 3401 - Home	Call Type	Walk In
Name of GP:	Langan JJ	Time Call Received at NHS 24:	00:00
Surgery	222 Baillieston HC / Shettleston HC	Time Details Received at GEMS:	00:04
Practice Number	222	Time Patient Arrived:	00.04
Fax Number	0141 531 8067	Consultation Start time:	
Speed Dial	056L	Consultation End time:	
Dispatched To	STOBHILL		

Clinical Information

Chronic Pancreatitis. Had gallbladder removed. and pain and sickness

Cholecystectomy 8 yrs ago Hysterectomy for fibroid last Nov
Pain since 4 A.M Epigastrium radiating to the back & (L) shoulder.
Vomiting x 4 vomitus contains food & bile.
No Diarrhoea
Pain Spasmodic.
Had Shake & Salad for meal prior to the acute pain
under the care of Mr Smith at Stobhill. re-appt 14/9/05

on Tramadol 50mg PRN
Oramorph 10mg/5ml PRN
Lorec 40mg OD
Cyclizine 10mg tds
Trastec patches 52.5mcg 72hrs.

BP: 120/80	Pulse regular SR.	Temp: 37.4 °c	Allergies

Clinicians Notes R. pain
Afebrile mildly hyperpnoeic
RS
CVS } NAD
RA Abd soft
Mild rigidity upper ½.
Tender in Epigastrium & (L) HC
difficult to palpate fundus
PR. did not attempt.

Δ E-fac exacerbation of Pancreatitis
Discussed with Receiving Surgeon at Stobhill - & referred

Referral:	Seen by Dr: Shaw	Rota No: 111	Nurse:

Patient's name Deborah Sullivan Age _____ Date of Birth _____

NURSING DOCUMENTATION - ACCIDENT & EMERGENCY DEPARTMENT

Date 14/8/15 Time 610 Triage Nurse Allan PC Jay Reed

Triage category 1 2 (3) 4 5

Relatives present: Yes Relatives informed:

INITIAL VITAL SIGNS

at:(Time) _____
HR: 102
BP: 120/76
RR: 18
SaO_2: 98%
Temp: 36.7°C
G.C.S: _____
Signed _____

INITIAL MANAGEMENT

Nurse _____

Oxygen started _____ %: Signed _____ ECG: Signed _____

Bloods FBC U+E GLUC AMYL COAG GROUP Signed _____

Other _____

Treatment _____

NEUROLOGICAL OBSERVATIONS

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

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

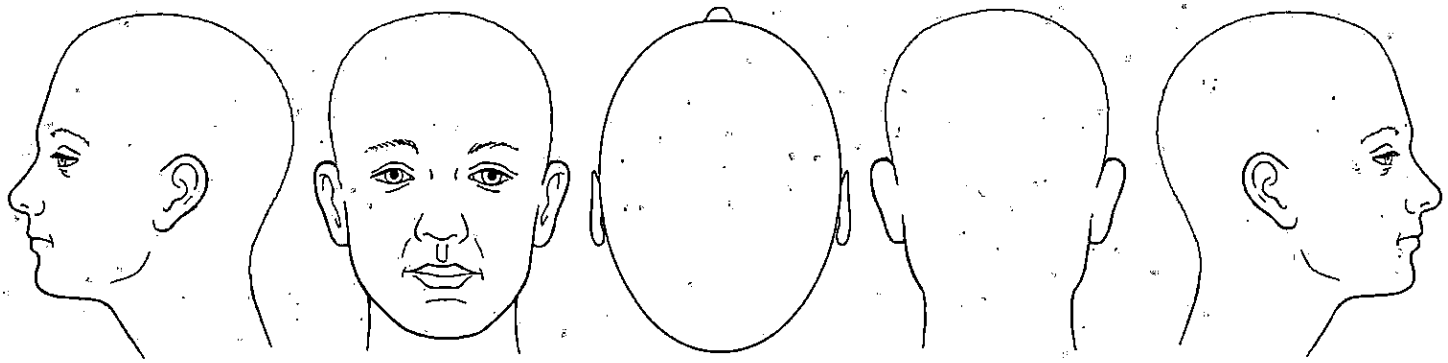
Signed: _____

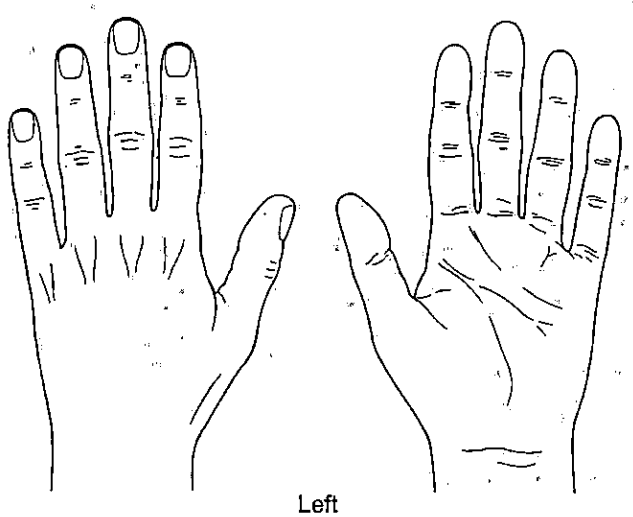
URINALYSIS

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

Signed: _____

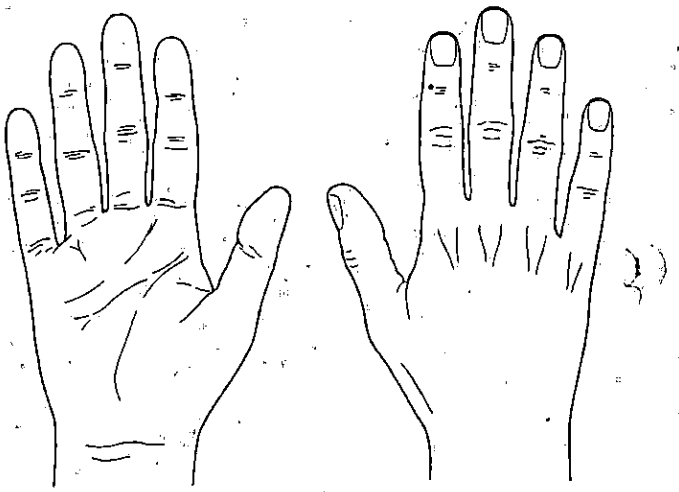
Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds





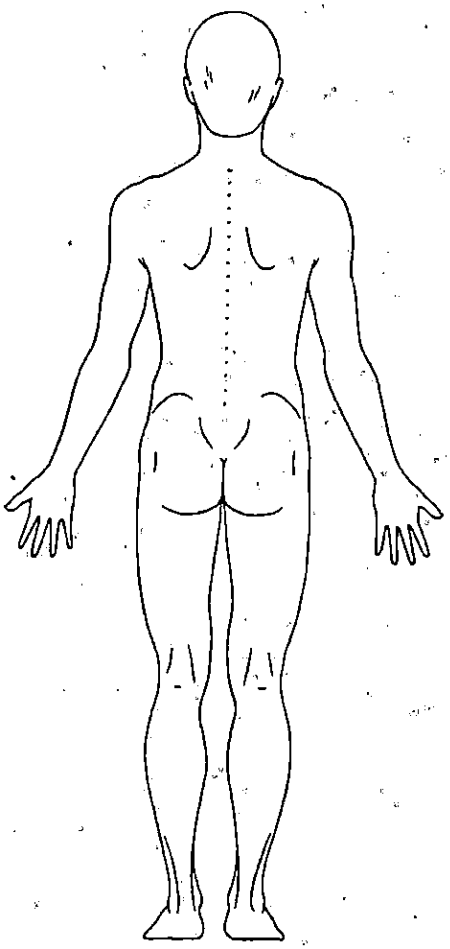
Left

Dorsal Palmar

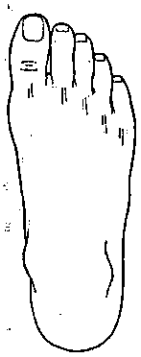


Right

Palmar Dorsal



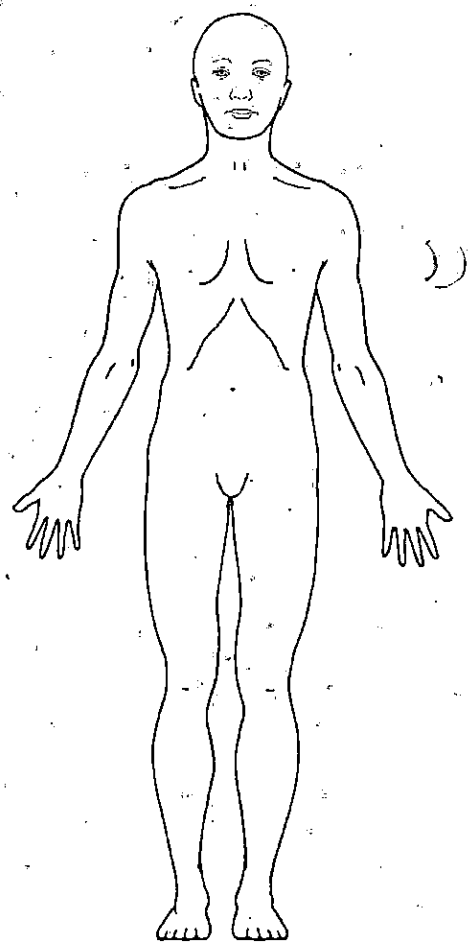
Left Dorsal



Right Dorsal

Left Plantar

Right Plantar



Signed _____

NURSING NOTES

Signature: _____ **Time:** _____

History

DH

Allergies No/Yes

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

Urinalysis:

βHCG +ve -ve
Cannula Y/N

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

Other:

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

MEDICAL NOTES - HISTORY and EXAMINATION

Consultant CHONG Seen by SUSAN ROWAN

Grade: SpR SHO SHO3 (JHO) Clin Assist ENP SG AS *(Please circle)* At (time) 0130

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

Date

13/08/05 (32)+ Epigastric pain radiating to back.

HPC/ Pain getting worse since 4am ::
Stabbing pain → radiating to back ↑ (L) shoulder.
vomiting x4 bile.
o diarrhoea.
constipation (normal for patient)
o urinary symptoms.

Past Hx Recurrent episodes of pancreatitis 8 yrs.
Cholecystectomy 8 yrs ago due to gallstones
↳ perforated
Repair of hiatus hernia 2004
= fundoplication

o H ALLERGIES

Date

Drug Hx

Tramadol 50mg BD.
Oramorph 10mg PRN
Losec 40mg OD
Cyclizine 10mg BD
Fentanyl patches 2.5mcg 72 hrs
Diazepam 10mg
NSAIDS upset stomach

Family Hx

Nil sig note

Social Hx:

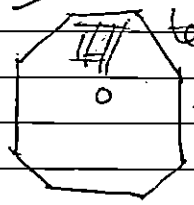
- 10-15 day.
- Nil alcohol
- Living w boyfriend + daughter

Systemic

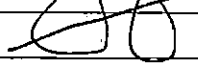
CNS: °headaches, °visual probs, °paraesthesiae
CVS: °chest pains, °orthopnoea °palpitations
Resp: °coughs, °dyspnoea.
GI: poor appetite, °dysphagia. ✓dyspepsia constipation. (1)

O/E JACOB

Abd



Resp



RR: 16

CVS

HR: 94
1-15: 1+11 +0
JVP ⊖

BS present

Steven JHO (1)

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYAXIS)

Date given	Drug *(BLOCK CAPITALS)*	Dose	Method of Administration	Time of Administration	Signature	Given by
13/08/05	MORPHENE.	8mg	IV	02-00	Steven→	
14/08/05	CYCLIZINE.	10mg	IV	02-00	Steven→	

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no
14/8	0.9% Nacl	500	4°				LQ					
14/8	0.9% Nacl	500	4°				LQ					

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

REFUSAL TO REMAIN UNDER HOSPITAL CARE

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

Name *(print)* _____ Signature _____

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

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

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

Discharged with _____ Admitted / transfered to _____

Time discharged _____ Signed _____

JMcC/44070

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment ____ / ____ / ____

Date of Admission 14 / 8 / 05.

Time of Admission _____

Date of Operation ____ / ____ / ____

Consultant Mr Rhona Smith

WARD 7A.

Name

Address

D.O.B.

Unit No.

Affix data label

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

Name: DEBORAH SULLIVAN	Height:
Hospital Number: 106384 79K	Weight:
DOB: 7/12/72	Surface area:
Date of Admission: __/__/__	Date of writing discharge prescription: __/__/__
Consultant Name: SMITH	Ward: 6

Date and time this form prepared:	Sheet No	2nd Prescription in use
6/7/05 Time:_____	.....	Yes or NO

DRUG SENSITIVITIES

NSAID's

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

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

ONCE ONLY AND PREMEDICATION DRUGS

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

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE → 6
MONTH → 7

| | | |

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

F DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

G DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

H DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 6 7
MONTH → 7 7

J DRUG: DIAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 6/7/05 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

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

K DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | DATE: 6/7/05 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

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

L DRUG: LANSOPRAZOLE
DOSE: 30mg | ROUTE: PO | DATE: 6/7/05 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: H. pylori eradication
FOR DOCTORS USE ONLY

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

M DRUG: MOVICOL
DOSE: 1 sachet | ROUTE: PO | DATE: 6/7/05 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

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

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

Oral and Other Drugs: Regular Prescriptions

| | | |

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

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

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

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

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: CYCLIZINE
DOSE: 50mg | ROUTE: PO/IV/IM | INDICATION: Nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE: 6/7/05
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	6/7/05																											
TIME	16:00																											
DOSE	50 mg																											
GIVEN BY	RQ																											

NN DRUG: ORAMORPH
DOSE: 10mg | ROUTE: PO | INDICATION: Breakthrough pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 4-6° | DATE: 6/7/05
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	6/7/05	6/7/05	6/7/05																									
TIME	16:00	18:20	09:30																									
DOSE	10 mg	10 mg	10 mg																									
GIVEN BY	RQ	[signature]	RQ/DC																									

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

DATE																												
TIME																												
DOSE																												
GIVEN BY																												

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

DATE																												
TIME																												
DOSE																												
GIVEN BY																												

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

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

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

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for Users

FOR DOCTORS:

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

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

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

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

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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

Ver 6, 01/2002

Name: Ward: Date:)o.:

10638479K
SULLIVAN F
DEBORAH 07/12/1972
1 Brodie Gardens
Baillieston
GLASGOW G69 6BQ
CHI-0712726128

CARE PLAN

Date Comm.	Signature	1.BASIC CARE AND PERSONAL			gnature
24/6	L Stark	Independent ✓			
		Bed bath			
		Assisted wash			
		Oral hygiene			
		Pressure care			
		2.NUTRITION			
		Fasting			
26/6	GM	Normal Diet ✓			
		Special Diet / Modified Diet			
24/6	L Stark	NBM ✓		25/6	GM
25/6	GM	Oral Fluids		26/6	GM
		3.ELIMINATION			
25/6	GM	Independent ✓			
		Commode			
		Bedpan/urinal RSAU		25/6	GM
24/6	L Stark	Urinary Catheter Size:	Batch No:		
		Type of Material:	H_2O in Balloon:		
		Type of Stoma Appliance:			
		4.MOBILITY			
24/6	GM	Fully Independent/fully mobile Full risk - low			
		Minimal assistance (give details)			
		Dependent (See movement and handling sheet - keep with patient)			
		5.OBSERVATIONS			
		Waterlow daily (if score is over 10+) — (8)			
		TPR			
		BP			
		Pain Score 2 Hrly			
24/6	L Stark	Fluid Balance		25/6	GM

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
24/6	L Shearer	IV Infusion ✓ — 4°hrly	25/6	Cm
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
24/6	Cm	IV access: ✓ IV cannulae @wrist ∞ others pink venflon		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
24/6	L-Shearer	URSOU ☐ blood Glucose		
24/6	Cm	MSSU ☐		
		9.SLEEP		
24/6	Cm	promote restfull sleep		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
24/6	Cm	Anti-embolic stockings ✓		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		
24/6	Cm	NOK		
		See nursing notes		

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

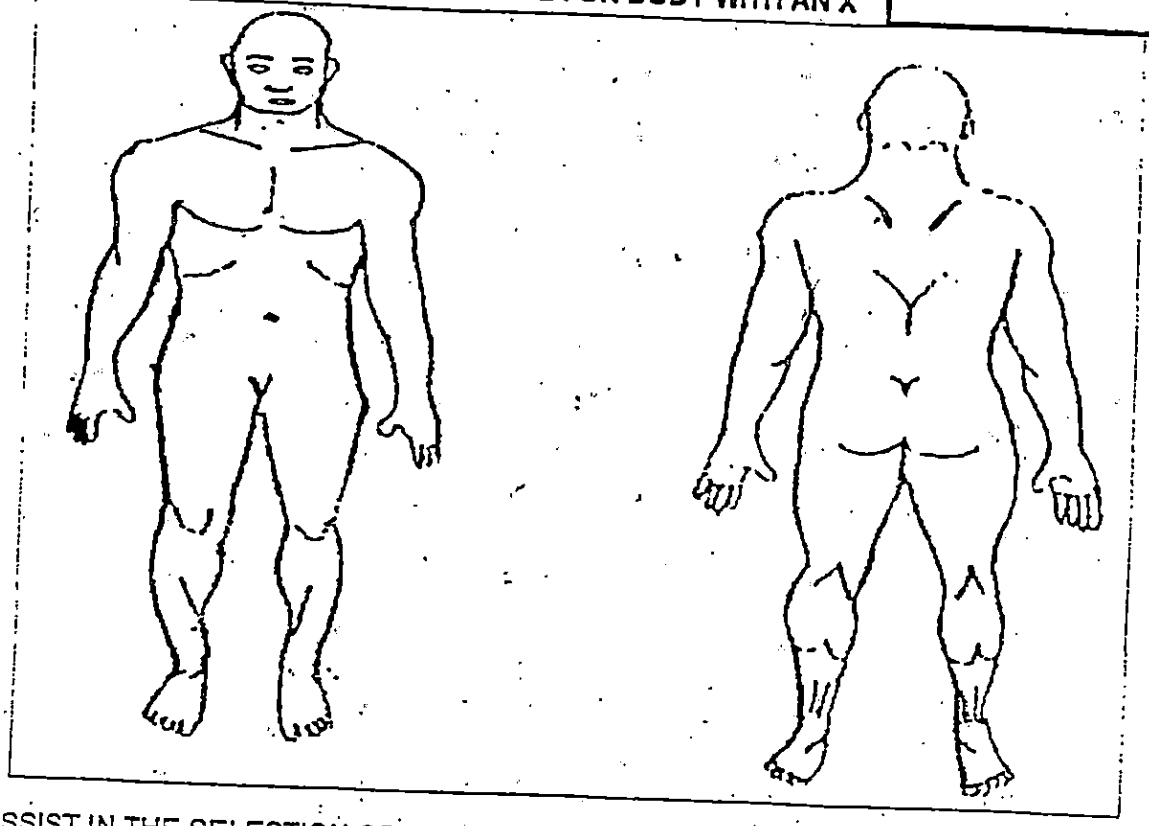
Signature of nurse: Cmutchell **Date:** 24/06/05

Pressure Sore Risk Assessment Documentation Form

Affix name label

Deborah Sullivan

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



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

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
28/6/05	4	Softform			MM

Pressure Sore Risk Assessment Documentation Form

Waterlow Risk Assessment		Initials														
		Date	28/6													
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body Weight for height:																
Average	0		0													
Above average	1															
Obese	2															
Below average	3															
Continence:																
Completely catheterised	0		0													
Occasionally incontinent	1															
Cath.incontinent of faeces	2															
Doubly incontinent	3															
Skin Type- Visual risk areas:																
Healthy	0		0													
Tissue paper/dry	1															
Oedematous/clammy (temp raised)	1															
Discoloured	2															
Broken /spot	3															
Mobility:																
Fully	0		0													
Restless/fidgety	1															
Apathetic	2															
Restricted	3															
Inert/traction	4															
Chairbound	5															
Age/Sex:																
Male = 1 Female =2	1or2		2													
14-49	1		1													
50-64	2															
65-74	3															
75-80	4															
81+	5															
Appetite:																
Average	0		0													
Poor	1															
N.G.,Tubes/Fluids only	2															
nbm -Anorexic	3															
Special Risks - Tissue Malnutrition:																
e.g Terminal Cachexia	8															
Cardiac Failure	5															
Peripheral Vascular disease	5															
Anaemia	2															
Smoking	1		1													
Neurological Deficit:																
e.g Diabetes,MS,CVA,																
motor/sensory paraplegia	4 5															
Major surgery/ Trauma:																
Orthopaedic, below waist,spinal	5															
On table> 2 hours	5															
Medication:																
Cytotoxics,High dose steroids,																
Anti-inflammatory	4															
TOTAL SCORE			4													

SCORE: < 10 - low risk; 10 - 14 = at risk; 15 - [illegible] = high risk; 20+ = very high risk

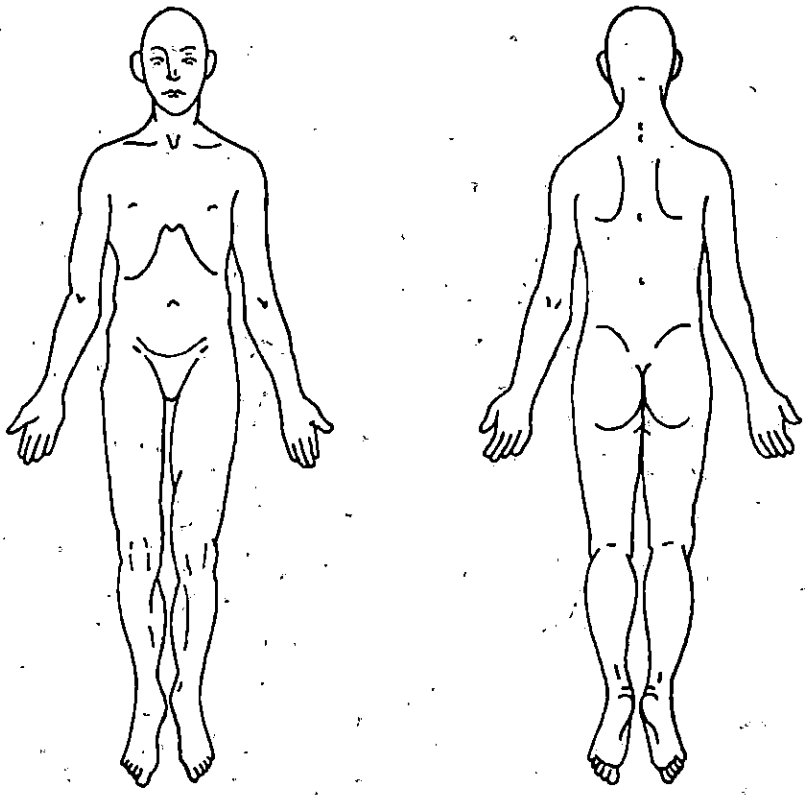
76 kg

Pressure Sore Risk Assessment Documentation Form

Affix name label

Deborah Sullivan

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



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

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
2/7/05	(6)	SOFT FOAM	/	6/7/05	DCbSke
6/7/05	(6)	SOFT FOAM	/	10/7/05	DCbSke

01-758

Pressure Sore Risk Assessment Documentation Form

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

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

PATIENT: MOVING AND HANDLING CARE PLAN

Patient's Details:	Deboren Sullivan.	Named Nurse:		If Patient is totally independent, tick here and go to date box.	✓

BODY BUILD				Problems with comprehension, behaviour, co-operation (specify):
Obese		Tall		
Above average		Medium		
Average		Short		
Below Average		Weight	Kg	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
RISK OF FALLS				
High		Low		

nto Bath or shower.

HANDLING AID		WHICH BATH		ASSISTANCE		SUPERVISION		INDEPENDENT		BED BATH	
Ambulift		Parker		People 1		2		Additional Information:			
Shower Chair		Variable Height									
Other (specify)		Fixed Height									
		Shower									

ransfers (including to/from: bed; wheelchair; commode; toilet).

HOIST (specify)			MANUAL SUPPORT		ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1	2	3	People 1	2	Additional Information:			
			Walking Aid (specify)					

oiletting

HOIST (specify)			MANUAL SUPPORT		ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1	2	3	People 1	2	Additional Information:			
			Walking Aid (specify)					

Walking.

NO WALKING	MANUAL SUPPORT		ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
	People 1	2	Distance Walked/Additional Information:			
	Walking Aid (specify)					

Move up/down bed.

HOIST (specify)			HANDLING AIDS		ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1	2	3	Sliding aid (fabric)		Additional Information:			
			Rope ladder					
			Hand blocks					

it up over side of bed.

ROPE LADDER	SWIVEL CUSHION	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

Move on/off bed pan.

HOIST	ROLL PATIENT	PATIENT BRIDGES	MONKEY POLE	N/A

ransfer to/from trolley (or bed etc).

SLIDING AID - RIGID	SLIDING AID - FABRIC	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

Other Instructions.

Date Assessed:	2/7/05	6/7/05				
Assessor's Signature:	D Clarke	D Clarke				
Proposed Review Dates:	6/7/05	10/7/05				

nto Bath or shower.

HANDLING AID	WHICH BATH	ASSISTANCE	SUPERVISION	INDEPENDENT	BED BATH
Ambulift	Parker	People 1	2	Additional Information:	
Shower Chair	Variable Height				
Other (specify)	Fixed Height				
	Shower				

ransfers (including to/from: bed; wheelchair; commode; toilet).

HOIST (specify)	MANUAL SUPPORT	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1 2 3	People 1 2	Additional Information:			
	Walking Aid (specify)				

oiletting

HOIST (specify)	MANUAL SUPPORT	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1 2 3	People 1 2	Additional Information:			
	Walking Aid (specify)				

Walking.

NO WALKING	MANUAL SUPPORT	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
	People 1 2	Distance Walked/Additional Information:			
	Walking Aid (specify)				

Move up/down bed.

HOIST (specify)	HANDLING AIDS	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1 2 3	Sliding aid (fabric)	Additional Information:			
	Rope ladder				
	Hand blocks				

Sit up over side of bed.

ROPE LADDER	SWIVEL CUSHION	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

Move on/off bed pan.

HOIST	ROLL PATIENT	PATIENT BRIDGES	MONKEY POLE	N/A

ransfer to/from trolley (or bed etc).

SLIDING AID - RIGID	SLIDING AID - FABRIC	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

Other Instructions.

Date Assessed						
Assessor's Signature						
Proposed Review Date(s)						

North Glasgow University Hospitals Division
Stobhill Hospital

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Name: DEBORAH SULLIVAN Unit No.: 1063847K

Date:	1/7	2/7	5/7									
Time of Result:												
WCC 4-11	10·0	14·5	8·45									
Hb M - 13-18 F - 11.5-16.5	13·0	12·1	12·6									
Plat..... 150-400	367	468	307									
Hct 0-37-0-47												
Na 135-145	135	136	140									
K 3-5-50	H	H	4·1									
Cl 97-107	106	105	105									
Bic 23-30												
Urea 2-5-8.0	2·9	5·3	3·5									
Creat. 40-130	65	69	69									
Amylase..... <100		290	75									
CRP .....<10	H	98	<6									
ESR..... AGE 12												
Adj. Ca 2-2-2-6												
Phosphate 0-7-1-4												
Tot. Prot. ... 62-82			68									
Albumin 36-55			40									
Alk. Phos. 80-280			119									
Gamma GT... <50		214	102									
Bil..... 3-22			5									
AST 12-48			28									
ALT..... 3-55			32									
LD 200-520												
Glucose ... 3-0-5-5												
PT 12-16												
APTT 32-44												
TT 8-12												
FIB..... 200-400												
INR												
APTT RATIO												
Drain Amylase												
H^+..... 36-43												
PO_2 ..... 10.5-13.5												
PO_2 ..... 4.6-6.0												
HCO_3 20-28												

MIS 109801/Stob

10638479K
SULLIVAN
DEBORAH
CHI-0712726128

AFFIX DATA LABEL

Date	No.	Problem/Need	Patient Goal/ Nursing Outcome	Intervention	Evaluatio Date
28/6/05	(1)	Pain	P-- N-- To minimise pain and promote comfort	a. Observe patient for verbal/ non-verbal signs of pain b. Encourage patient to report pain promptly c. Administer analgesia as prescribed. d. Observe and record effect of analgesia e. Liase with medical staff if pain control inadequate	2/7/05 Ukanise

IMaC/933380

STOBHILL CARE PLAN WARD 10B

Title: Recording of vital signs

AFFIX DATA LABEL

Deborah OSullivan

DATE	No.	PROBLEM/NEED	PATIENT GOAL/NURSING OUTCOME	ACTION	EVALUATION DATE & SIGNATURE
28/6/05	(2)	Patient requires vital signs to be recorded	1. Baseline measurement 2. Monitor variations	1. Record B.P.:- X 2day 2. Record temperature:- X 2 day 3. Record Pulse:- X 2day 4. Record Urinalysis:- O/A 5. Record weight:- O/A	2/7/05

STOBHILL PATIENT PROFILE Ward 10B

Type / source of admission	NAME Deborah Sullivan ADDRESS D.O.B. UNIT No.
Transferred to 10B on 28/6/05.	AFFIX DATA LABEL

Religion	Catholic
Alliergies	Sensitivity to anti-inflammatory drugs upsets Patients gut.
Next of kin informed	Kathleen Sullivan Mother 0141 771 3743
Medical reasons for admission	Abdominal Pain Sickness
Patient's understanding of admission	Aware of reason why admitted
Relative's understanding of admission	Aware of reason
General condition on admission	Looks well in transfer

PATIENT PROFILE
(Continued)

Social circumstances Lives with fiance + daughter

Occupation unemployed

Hobbies / interests

Medical history

Medication list
Clexane
Omeprazole
Diazepam
Paracetamol
Lactulcose.
Tramadol
Lansoprazole
Claritheryman
Amoxicillen

Valuables / belongings Just ring.
Personal items in Locker.

Other information

Signature of Assessment Nurse _____ Date _____ Time _____

Signature of Named Nurse _____ Date _____ Time _____

STOBHILL

NURSING ASSESSMENT

WARD 10B.

NAME Deborah Sullivan
ADDRESS

D.O.B.
UNIT No.

AFFIX DATA LABEL

Maintaining Safe Environment

Communication

NO PROBLEM INDICATED

Hearing Aid Y/(N)

Spectacles Y/(N)

Breathing / Circulation

NO problems indicated

Resps

B.P. 128/86

Pulse 91

Smoker (Y)/N

Eating / Drinking Normal diet

Dentures None.

Elimination Constipation.

Urinalysis

Personal Cleansing / Dressing

INDEPENDANT IN PERSONAL HYGIENE AND DRESSING

CONTINUED OVER /

NURSING ASSESSMENT

(Continued)

Controlling Body Temperature — Temp. 36.2

Mobilisation Independent — Weight

Waterlow - score

Expressing Sexuality

Sleeping Broken Sleep

Pain Quite a lot of pain

Socialization

Dying Not Discussed — Minister / priest

Signature of Assessment Nurse _____ Date _____ Time _____

Signature of Named Nurse _____ Date _____ Time _____

STOBHILL

SPECIMEN / INVESTIGATIONS

WARD

NAME
ADDRESS

D.O.B.
UNIT No.

AFFIX DATA LABEL

DATE ORDERED	SPECIMEN	DATE OBTAINED
28/6/05	RSOU	

INVESTIGATION	DATE	AMBULANCE	ESCORT	HOSPITAL

STOBHILL DISCHARGE PLAN

WARD 6

NAME Deborah Sullivan
ADDRESS 1 Brodie Gdns

D.O.B.
UNIT No.

AFFIX DATA LABEL

Proposed discharge date	
Discharge date 7.7.05	

Patient informed yes	Relative informed yes
Transport arrangements own	Clothing requested for discharge yes

Medication / G.P.'s letter Indent V.

Out-patients appointment
F.U Pain team O.P.
N F.U mr Smith

Ambulance required
No.

Social services:
Social worker

Home help

Meals on wheels

Other

District nurse

Aids and equipment

Other needs

Discharge summary / comments
Discharged home 7.7.05.
Indent V.
N F.U mr smith.
F.U Pain team. O.P.

Signature of Discharge Nurse L Stewart Date 7.7.05 Time 5 pm

Signature of Named Nurse _____ Date _____ Time _____

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment ____/____/____

Date of Admission 24/6/05

Time of Admission 6pm

Date of Operation ____/____/____

Consultant Mr Chong

WARD 7A

10638479K
SULLIVAN F
DEBORAH 07/12/1972
1 Brodie Gardens
Baillieston
GLASGOW G69 6BQ
CHI-0712726128

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION

Procedure / reason for admission _____

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

B.P. : _____ P _____

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

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Have you ever had:

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

PFR

Do you:-

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

26

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

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

Date of your last anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

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

Other ☐ (please state)

Urinalysis _____ **Clearview** _____

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 12A

PRESENTING COMPLAINT:

12hx Epigastric pain associated nausea + vomiting

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP 133/85. P 92. TEMP 36.6°C. O_2 SAT 98%.

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

PAST MEDICAL HISTORY:

Lap chole 8yrs Ago. Tonsillectomy - 12yrs Ago.
Appendix 9yrs Ago
Nissens fundiplication Oct 2004.

DRUG HISTORY:

Losec - Reflux. Diazepam.
Tramadol.
Maxalon.

ALERGIES:

? Anti-Inflammatory's - upset Stomach.

MOBILITY / LEVEL OF INDEPENDENCE:

Independant.

DIETARY HABITS / APPETITE:

Normal Diet.

ELIMINATION:

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS Blood glucose

Normal Bowel pattern

No urinary symptoms.

MISSU 24/6/05. YES ☑ NO ☐

PREGNANCY TEST NEG + VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

lives 1/c fiancee + daughter.

SMOKER 15 daily. YES ☑ NO ☐

ALCOHOL Veg. occ. YES ☑ NO ☐

AMOUNT: _____

MENSTRUAL CYCLE: LMP - 2/52 ago.

PREGNANCY / CONTRCEPTIVE: Cilest

D.V.T. PROPHYLAXIS:

FRAGMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: L Sheard Date: 24/6/05 Time:

NAMED NURSE: Louise

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 27 / 6 / 05 WARD 7A

Waterlow Score: _____

10638479K
SULLIVAN F
DEBORAH 07/12/1972
1 Brodie Gardens
Baillieston
GLASGOW G69 6BQ
CHI-0712726128
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP 155/97 P 90 SO_2 98% (A)

Temp 36'

	YES
Consent signed	
Pre-medication given	✓
Fasted Time last ate 22⁰⁰ last night Time last drank 22⁰⁰ last night	✓
Identity band	✓
Case Notes ☑ X-rays ☐ Drug Kardex ☑ Obs. Chart ☑	✓
Operation site confirmed	✓
Caps / Crowns / loose teeth	N/A
Prosthesis removed	N/A
entures removed / not removed	N/A
Underwear removed	✓
Paper pants on patient COTTON PANTS	✓
Make up, nail varnish removed	✓
Jewellery taped / removed	✓
Inhalers / GTN Spray	✓
Allergies 7 Anti Inflammatories	✓
Voided urine	✓
Subcut heparin	✓
Ted stockings	✓
Pre-op visit	
Other relevant information :	

Ward Signature: JJm S/N Reception Signature: _____

THEATRE

OPERATION PERFORMED ENDOSCOPY

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

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST

- FINAL

INSTRUMENTS

SHARPS - NEEDLES

-BLADES

THROAT PACK OUT

PACK IN SITU

NSTRUCTIONS FOR REMOVAL:

PATIENT POSITION

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

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

Name of Scrub Nurse : M Forbes Signature of Circulating Nurse : E Hore

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

Named Nurse : _____

Patients Telephone No. S/A.

Patients Occupation: /

Fasted from : _____

Spiritual needs _____

Next of kin: Fiancee - Brian Mills.
(Name & Relationship to patient)

Next of kin Tel. No. 771 3401
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date:. 7 / 7 /05

	YES	NO
Is someone available to accompany the patient home ?	✓	
Is a responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer?		✓
GP letter / Prescription : In Pharmacy.		
Outpatient appointment : FU by Pain Team (Dr Rae)	✓	
Relatives informed : Fiance + daughter.	✓	

SERVICES REQUIRED

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

Discharge summary / comments:

Endoscopy + cloTest (+ve) → Triple Therapy
Home on regular meds + oramorph.

Pre-op / On Admission

Signature : _____

Ward: 6 Oclaske

Date: 7 / 7 /05.

Signature : L Shearer

Date: 24 / 6 /05.

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

COMMUNICATION SHEET/ PROGRESS NOTES

Ward .....

Date	Progress / Evaluation	Signature/ Profession

COMMUNICATION SHEET

Ward 7A

10638479K
SULLIVAN F
DEBORAH 07/12/1972
1 Brodie Gardens
Baillieston
GLASGOW G69 6BQ
CHI-0712726128

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	c/o a 34 year old lady c/c	
	12hr hx Epigastric pain.	
	known pt to Mr Smith.	
	Assoc. Nausea/Vomiting. - IV Morphine/Maxolon in A+E	
	NBM. N. fluids in progress	
	for further R/V. dds Stable c/o. C. Shock.	
	USS H	
25/6/05	0610	
	regular I.M. Morphine required overnight	
	IV fluids maintained 4°	
	for USS mané	Vien. O'BRIEN
25/6/05	WR Mr Cheng	
	Appreciate FNCL + CRP	
	O/E Still signif abdo pain. No rebound	
	R > L	
	Plan/ Abdo USS today.	BRONNÉ (SHO)
	OGD today	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
25/6/05	RADIOLOGY.	
1030		
	Liver, spleen, kidneys, mesenchorae.	
	No biliary dilatation	
	Gall bladder absent.	
	No free fluid.	
	Pancreas obscured.	
	Full report to follow. Gian Ardhany SR	
[illegible]		
Am.	Attended for Abdo. USS - (N).	
	For OGD Monday 27/6.	
3.30p	c/o Abdo pain (R) Arm pain - 1M Morphine 10mg c good effect	
	RPF ECG - (N).	
	FFD tolerated	
	obs stable. D. Sheerin.	
26/6/05	4am	
	oral cyclizine 50mgs given for nausea	
	vomited x1 - 20ml - clear fluid	
	oral + IM analgesia required	
	regularly.	
	tolerating oral fluids + diet	
	Apyrexial	TE Mn - POBREIN

COMMUNICATION SHEET

Ward .....

10638479K
SULLIVAN
DEBORAH
CHI-0712726128
Unit No.
Affix data label

Date	Progress / Evaluation	Signature/ Profession
26/6/05	WR - Chong	
	A/W OGD tomorrow.	
	No new issues. Continue.	Y Hm PRHO
1330	For OGD 'c Dr Cahill	BBF 4073
	tomorrow	
	Fast in am	
	Continues to require	
	regular analgesia	L Johnson
27/6	WR Mr Chang.	
	- slightly better today	
	- OGD today	
27/6/05 1000	Upper GI Endoscopy : 4mg IV Midazolam	
	Oesophagus : normal OGJ 40cm	
	Stomach : diffuse redness & nodal gastropathy	
	(photo & Bx obtained)	
	Pylorus traversed, D1 + D2 normal	
	If H Pylori positive for eradication therapy	
	Bx results will be sent to Mr Cheong	See
	Nurse Endoscopist (KOH)	Kyuch
27/6/05 1130	Returned to ward post endoscopy - Obs	
	BP 117/70 P. 78 Sats 98% on air. Patient	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	Comfortable on return - Has passed urine since return	CHolm
1500	Pain service review —	
	Note that patient unable to take anti-inflammatories — on regular paracetamol, suggest prescribing dihydrocodeine 60mg as regular dose QID, and leave IM Morphine for breakthrough. Will review on Wednesday am.	KSellon.
1530	On further discussion with patient, dihydrocodeine discontinued and regular tramadol prescribed — dihydrocodeine makes patient nauseous	KSellon
pm	Returned following (FA) as planned. CLO-test - positive. for eradication therapy.	
	S/B Pain Sister - for regular Oral tramadol / Paracetamol IM Morphine still required for breakthrough.	
	ANS stable. FTD.	L Shaw
28/6		
am	S/B Mr Chong this am - for referral to Mr Smith's team —	
	for transfer to ward 10B.	
	Pain team contacted re transfer.	
	they will review mane	L Shaw

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULIVAN	DEBORAH	

28/6/15

JHO

ATSP re: ? requires IV morphine.

Patient asking for morphine — epigastric cp severe pain in abdomen radiating to back + (L) shoulder
nauseated ° vomit
sweaty. / feels burning up.
° SOB. ° cardiac Hx.
prev Hx cholecystectomy
— fundoplication 09/04
OGD → gastritis nil else.

Patient seen by pain team yesterday apparently recommended tramadol + paracetamol + morphine 10mg IV/IM for breakthrough pain

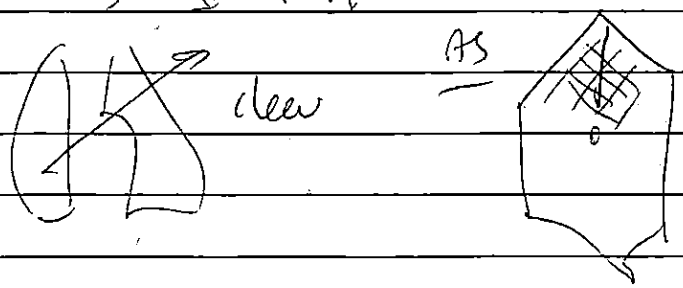
no notes ~~seen~~ to indicate this.

O/E - Pained expression
BP 155/94. P 114 Sa O_2 96%. T 36.0

CVS HS I + II + 0

RS — clear

AS — tender epigastrium
firm
° guarding ° masses.
BS ✓



F3
00262

Bloods today → (N).

ECG → no change.

Imp - pain seems disproportionate to be due to gastritis.

	no significant change from previous.	
Rx.	keep morphine p.r.n. 10 2 5.	
29/6/05	WR - Smith	
	(N). CLO +ve.	
	c/w eradication tx.	
	px still c/o epigastric pain.	
	→ Allow (H) when pain settles.	
	Stay as I/P tonight.	
	→ Chase O/P Resmt - (U/S Scan)	
	→ Prescribe gastrobid for Nausea.	
	→ Will r/v tomorrow.	
	→ Stop morphine.	YHm 1345
1/7/05	WR - Smith	
	Px still c/o D & V.	
	Diarrhoea started this a.m. Vomiting since Adm.	
	→ Transfer back to surgical ward ↳ billows.	
2.7.05	Asleep for most of morning	YHm 1345
	Pethidine 100mg given I.M. with settling effect.	
	Observations within normal limits	Graves

STOBHILL
PATIENT PROGRESS / EVALUATION

10638479K 07/12/1972
DEBORAH SULLIVAN
1 Brodie Gardens
Baillieston
GLASGOW
G69 6BQ CHI-0712726128

AFFIX DATA LABEL

All entries must be signed

Date	No.	Progress/ Evaluation	
	0130	I transferred from ward 7A a thirty two year old lady admitted with acute abdo pain. Endoscopy carried out and she was clo test +.	
	0115	c/o of pain, 10mgs IM morphine given. BP 114/82 P113 Temp 36.9 O2 sats 97% on air	
	1630	Very weepy and c/o severe abdo pain, 10mgs IM morphine given with effect. Independant about ward. Awaiting surgical review.	Williamson
		Analgesia given @ 2200hrs	
	2330	c/o abd pain requested morphine. Asked JHO to R/V pt, IM/IV morphine held in ITS 4th day and I have concerns R/V by JHO. ECG taken - nil. Observations stable, Im morphine 10mgs given as per doctors instruction. For R/V in am re: analgesia	Rao
29/6/5	(1)	Nil complaints of abdo pain this (am). Patient slept most of morning.	
	(2)	Vital Signs Stable as charted.	
	W/R	Reviewed by Surgeon Mr Smith (surgical) CLO +ve, comm - eradication still complaining of epigastric pain for (H) when pain settles. Chase o/p Result - U/S Scan	

PATIENT PROGRESS / EVALUATION

(Continued)

Date	No.	Progress/ Evaluation — **All entries must be signed**	
		comm – gastrobid for nausea	
		will r/v patient tomorrow	
		– Morphine discontinued.	Inegwell
29/6/05	1405	Pain service: –	
		Note that morphine requirements reduced since	
		regular administration of oral tramadol.	
		Also see above that morphine discontinued and	
		pethidine prescribed. Being administered at	
		time of review. will come back tomorrow.	
			Kbenlia.
	2.20	Patient complg of pain orth	
		for injection given 100g Pethidine	
		as Je Kaden & Cyclogs 50g IV.	
		Surgical nurse come to see him.	
		will return tomorrow to review patient	
		settled well with this was able to	
		have the wound reviewed twice for	
		a cigarette at ~~6pm~~ given tramadol	
		at 5pm. at 6pm patient orth	
		for further injection.	
1/6	0130	c/o abd pain no pethidine in ward. await	
		co-ordinator to borrow.	
	0200	Informed pt of the delay	
	0215	On return to patient to administer	
		im pethidine she was sleeping &	
		snoring – not administered.	
	0315	Awoke c/o pain im pethidine given 1/2	
		effect	SRaa
	13.00	Independant about ward.	
		Distressed and c/o pain at 011.20	
		100mgs im pethidine given as	
		prescribed.	Wlamas RN
	1430	Pain review –	
30/6/05		Debrah seems more comfortable today. Says she	
		feels radiation helping symptoms and pain.	

STOBHILL
PATIENT PROGRESS / EVALUATION

NAME
ADDRESS Deborah Gillespie

D.O.B.
UNIT No.

AFFIX DATA LABEL

All entries must be signed

Date	No.	Progress/ Evaluation	
30/6	1430	Will review tomorrow am., if pain persistent, will ask Dr Rae (Consultant Chronic Pain to assess).	K Gillespie
	2100	Pethidine 100mgs IM1 given at 16-00hrs for abdo pain & effect. Reviewed by pain control nurse as above	Wilson SEN
1/7	N15	Patient mobilising independently around ward, administered regular analgesic, sudden onset of pain poor relief from analgesic administered 100mg of pethidine IM, good effect, Slept throughout thereafter.	TCO'C
		Refused laxatives, complaining of loose stools.	TCO'C
	04[00]	Requested analgesia, but fell back asleep	
	05[20]	Awoke requesting analgesia again - Pethidine given as charted.	Smith.
	W/K	5/6 Mr Smith for Surgical bed.	M Connell
	10.55	Patient required 100mg pethedine IM for pain + Cyclizine - nausea.	M Connell
	15.15	Patient for transfer to ward - 6 Surgical. Handover given to Staff Nurse - Pt known to surgical.	M Connell

PATIENT PROGRESS / EVALUATION

(Continued)

Date	No.	Progress/ Evaluation — *All entries must be signed*	
1/7/5		Nursing.	
		Transferred from 7a today.	
		Settled into room 10.	
		100mg. of Pethadine given for abdominal pain.	
		Leaving ward for a cigarette although advised not to do so.	
		Observations stable. MMcKenna.	
2/2/5		obs stable.	
		D-prod.	
		100 mg of pethedine given at 9.00 pm+.	
		1-35 am.	
		obs. stable.	
IHW		Triple therapy continues.	meth.
21/05		CXR PR SEEN	
		A still nausea otherwise stable c/ no new complaints	
		P/ CT current Rx	
		PCHO 2038 RUDRANAGAR	
20%		NURSING	
	(2)	Fluids + diet taken.	
	(3)	Voiding urine spontaneously	
	(4)	Independently mobile	
	(5)	Observations satisfactory	
		PETHIDINE 100mg given IM as prescribed for pain relief.	
5.20		Oral analgesia given also. DClarke(S/N)	
3.7.05	5	Oral analgesics taken settled + slept.	
		Triple therapy continues	
7.30a.		Complaining of pain Pethedine 100mg given Im at 7.30am.	

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	1963847K

3/7	Wr Modak
	IM pethidine ordered
	C/O of pain overnight & this am
12/0/	Nursing PMD
(1)	Self-caring with personal hygiene. SBN
(2)	Fluids + diet taken.
(3)	Voiding urine spontaneously.
(4)	Independently mobile
(5)	Observations satisfactory
	Oral analgesia given as prescribed
	PETHIDINE 100mg given IM c. 11/5/
(11)	PLEASE ASK PAIN TEAM TO REVIEW MONDAY 4/7/05 DCIAXC (S/N)
4/7/05	Operations Staff
q.i.	IM pethidine given as ordered with effect.
4/7/05	WR MI Indication
	· Pain eatment
	· Tender palpation
	· Time when pain settles. BROWNE (SRH)

4/7.	Pain Service Reviewed today by Pain Sister. Pt states pain remains same. We have had some discussion surrounding her I.M analgesia. Pt continues to eat & drink therefore I would suggested she is prescribed oral analgesia. I have discussed this with Dr Siddiqui & I plan to liase with Dr C Rae about further management. S. Colvill	
1500/	Nursing Pain S.	
(1)	Self caring with personal hygiene	
(2)	Fluids + diet taken.	
(3)	Voiding urine spontaneously	
(4)	Independently mobile	
(5)	Observations satisfactory.	
	Oral analgesia given as prescribed for pain relief	
	Pethidine 100mg given IM @ 0805 + 1235/.	
(11)	Reviewed by pain team - see entry above. DClarke (S/N)	
5/7/05		
5.45am	(5) Observations Satisfactory. Apyrexial. Required Pain relife every three hours Pethidine 100mg given Im.	
	(9) Settled and slept well for most of the night When not asking for pain relief.	
	Triple therapy regieme completed last dose given last night please confirm with medics this morning. LReid/SN (11)	

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	~~Deborah~~ Carr-Deborah	

5/7/05	WR Mr Baldwin · To be reviewed by pain team today re - switch from pethidine to oral analgesia · Contin. · ? home soon. 2 BROWNS (RCHC)
5/7/05	Pain Team Many thanks for asking me to see Deborah again. Problem - epigastric pain, vomiting - CLO +ve - on eradication therapy - relying on pethidine injections for analgesia - not good! Feels paracetamol / tramadol not effective at all Suggest :- 1) Continue regular paracetamol 2) Replace tramadol : transdec patch 52mg 3) Stop pethidine injections 4) PR morphine 10mg - have explained as last resort. 5) Continue : antiemetics. Plan for home! Pain sisters will review CNS NURSES

F3

5/7/5	Nursing (1) Independent. ↑c personal hygiene (2) Taking fluids and diet (5) observations satisfactory (11) reviewed by pain team Dr Rae this morning pethidine discontinued commenced on transtec patches 52.5 and PR morphine if she is in extreme pain settled at present, uncomplaining at present sleeping L Patrol	
5.7.05.	Will require non-formulary request form completed for Transtec patches. DESTRON pharmacist	
6/7/05		
3: Team	Debbie complained of pain earlier and prescribed 10mg Morphine PR ~~& 10mg every 4°~~ error 10mg unavailable so Dr informed and a further 15mg PR prescribed 9°. Due after 3.20pm. Debbie then complained further Co-ordinator pg and informed of situation felt that Dr would not change prescribed pain relief regime as it was the pain team instruction on how best to managed patient pain. Also Dr was very busy and most likely that her next due dose of pain relief would be administered. Explanation given to Debbie, not very happy told her I would pg again if pain not settling. Debbie has slept since and settled at this time. Observations satisfactory. L Reid (1) SN	
4. 10am	Debbie complained of pain at this time. Morphine 15mg PR given. L Reid (1) SN	

Dipyridamole 50mg/5ml Oral Suspension
ROSEMONT
The Specialists in Oral Liquid Medicines
FREEPHONE 0800 919312 FAX 0113 246 0738

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

	Acute Pain Service	
10.30am	Reviewed today - patient states that she is not experiencing pain at present. She appears positive about getting home. She did require breakthrough analgesia during the night. I will ensure she receives chronic pain appt prior to discharge. I will liase with Dr Rae re progress today S. Calvert Pain S	
6/7/05	WR M. Siddiqui · No pain this am. · Patches seem satisfactory. · Mobilise today · ? home tomorrow. L BROWNE (PRHO)	
11.45 am	(1) Self caring. (2) Tolerating fluids + diet (4) up as able (5) morphine 15mg PR given with effect. ? home tomorrow. L Stewart.	
6 P.15.	As patient has haemorrhoids - felt oral painkillers for breakthrough pain may be more suitable - pain team nurses are not available till tomorrow so D/W SHO - Katie Brown + change made to oramorph 10mg prn. Claire Lyne pharmacist	

F3

00262

6.7.05	Oramorph 10mgs given orally	
6.30 pm	with effect	
	To be reviewed by pain	
	team tomorrow. LStewart	
7/7/05		
4.30am	Observations satisfactory.	
	Requested oramorph last evening 10mg given as prescribed	
	with good effect	
	Settled throughout the night.	Lai (D) (SN)
7/7/05	SHO3 r/v	
	Agyrexial/obs ok	
	Pain control improving	
	PR morphine supps not currently available ⇒ PRN Oramorph	
	Plan- cont. transtec patches	
	- PRN oramorph	
	- d/c ⓐ today	
	- referral letter to Dr C Rae re pain team F/U	
12.10/	Nursing	1/Ann SN SHO3.
①	Self-caring with personal hygiene.	
②	Fluids + diet taken.	
③	Voiding urine spontaneously	
④	Independently mobile	
⑤	Observations satisfactory	
	oramorph 10mg/5ml given for pain relief as charted on kardex.	
⑪	for discharge home today	
	- incident requested	
	- FU by pain team	DCooke(S/N)

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

Y.Y.05	Discharged home.
4pm	Indent ✓.
	F.U. pain team tba. (by pain team)
	NFU mr smith. L Stewart

F3

00262

CONFIDENTIAL NUMBER PH 140203

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME DR RUSSELL
ADDRESS 56 MONTGOMERIE CRESCENT BAILLIESTON

YOUR PATIENT
NAME DEBORAH SULLIVAN
ADDRESS 1 BRODIE GARDENS BAILLIESTON
Date of Birth 7/12/72 Unit No. 1063471

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 24/6/05
DATE OF DISCHARGE 7/7/05
WARD 6
CONSULTANT SMITH

DIAGNOSIS
1. GASTRITIS
2.
3.
4.

OPERATION / PROCEDURES
1. ABDO USS
2. OGD + BIOPSY
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

			DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT
Tick as necessary

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP — DAY CARE — PHYSIO
MEALS ON WHEELS — DN OR HV — OT

DISCHARGE MEDICATION

SPECIAL DISPENSING INSTRUCTIONS ☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	No.of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
ORAMORPH	SOL	10mg	1/4 hrly (TEN MILLIGRAMS IN FIVE MILLILITRES)			
AS REQUIRED FOR	BREAKTHROUGH	PAIN	PRN SUPPLY		105 ml	
ONE HUNDRED AND FIVE MILLILITRES) WHICH IS 210 mg (TWO HUNDRED)						
AND TEN MILLIGRAMS) OF ORAMORPH FOR USE AS REQUIRED FOR						
BREAKTHROUGH PAIN.						Bellman 7/7/05

PHARMACY USE ONLY

DISPENSED BY [signature] 7/7/05
CHECKED BY [signature]
DATE ____ CP CHECK CKS

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

See electronic discharge.

DR.'s NAME IN BLOCK CAPITALS KATE BROWNE DATE 7/7/05
SIGNATURE [signature] PAGER No. 1720

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

CONFIDENTIAL NUMBER PH 140201

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAF
NAME Dr. K RUSSELL
56 ABERCROMBIE CRESCENT
ADDF BARGEDDIE
BAILLIESTON
G69 7SP

YOUR PATIENT
NAME DEBORAH SULLIVAN
ADDRESS 1 BRODIE GARDENS
BAILLIESTON
Date of Birth 7/12/72 Unit No. 10638479K

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 24/6/05
DATE OF DISCHARGE 7/7/05
WARD 6
CONSULTANT SMITH

DIAGNOSIS
1. GASTRITIS
2.
3.
4.

OPERATION / PROCEDURES
1. ABDOMINAL USS
2. OGD + BIOPSY
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

		DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP
MEALS ON WHEELS
DAY CARE
DN OR HV
PHYSIO
OT

SPECIAL DISPENSING INSTRUCTIONS
☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

DISCHARGE MEDICATION

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	No.of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
TRANSTEC PATCH (TO BE CHANGED EVERY THREE DAYS) (THREE PATCHES TOTAL OF 15 7.5 micrograms POINT FIVE MICROGRAMS OF BUPRENORPHINE)	PATCH	52.5 micrograms / 72 hours	(LAST TWO POINT FIVE MICROGRAMS) EVERY SEVENTY TWO HOURS) PLEASE PRESCRIBE ONE HUNDRED AND FIFTY SEVEN			NAPP x 3.
ORAMORPH	TAB	10mg (TEN MILLIGRAMS)	FOR BREAKTHROUGH PAIN			
PLEASE PRESCRIBE A (TWENTY ONE) TABLETS TOTAL OF 210 mg (TWO HUNDRED AND TEN MILLIGRAMS) OF ORAMORPH			FOR BREAKTHROUGH PAIN)			

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

LL ELECTRONIC DISCHARGE

DR.'s NAME IN BLOCK CAPITALS KATE BROWNE DATE 7/7/05
SIGNATURE PAGER No. 1720

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PHARMACY USE ONLY

DISPENSED BY LLC 7/7/05
CHECKED BY GKS
DATE CP CHECK 9.30

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

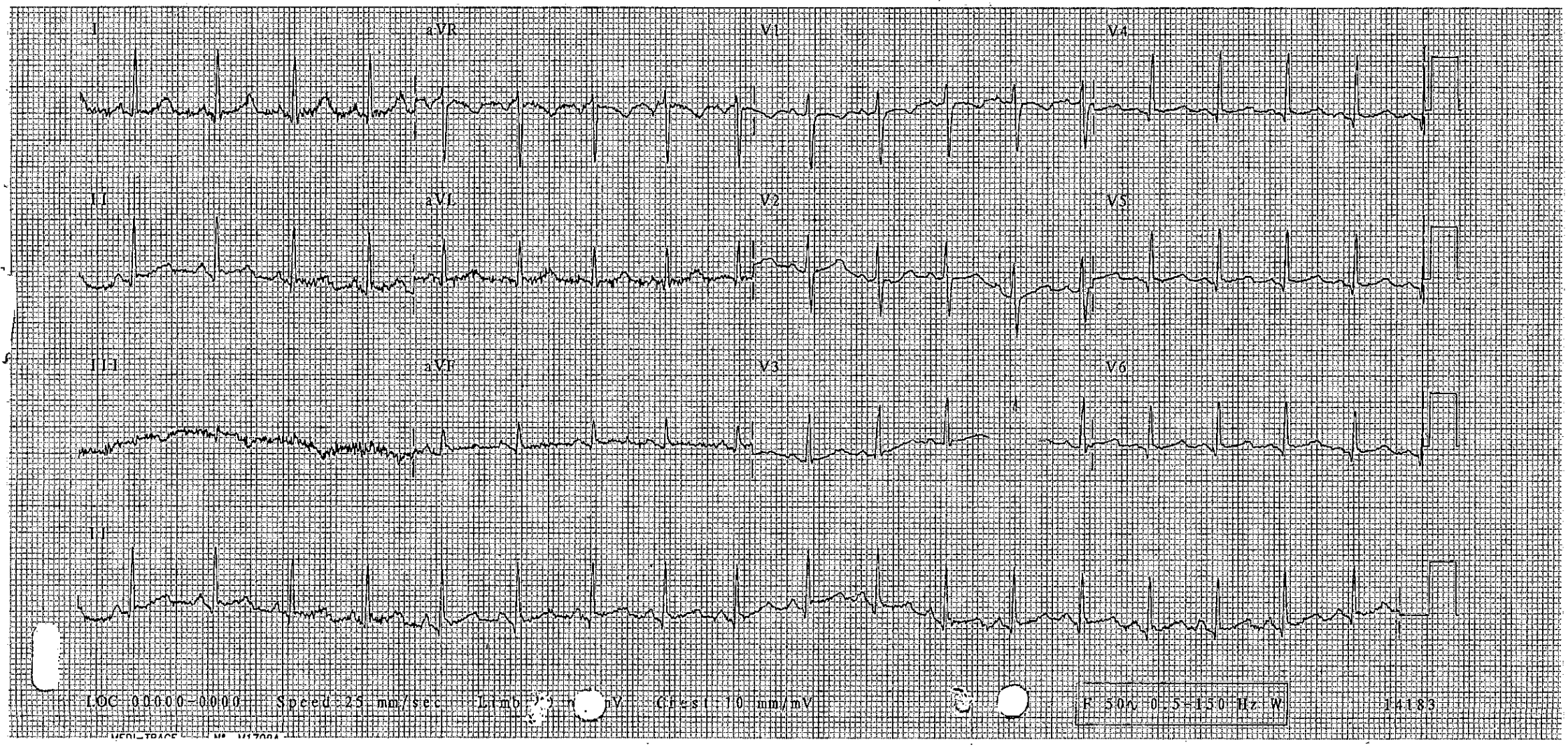
PJSTOBH72/0799

Dept:

Oper:

Faulty electrode: V4R

Requested by:

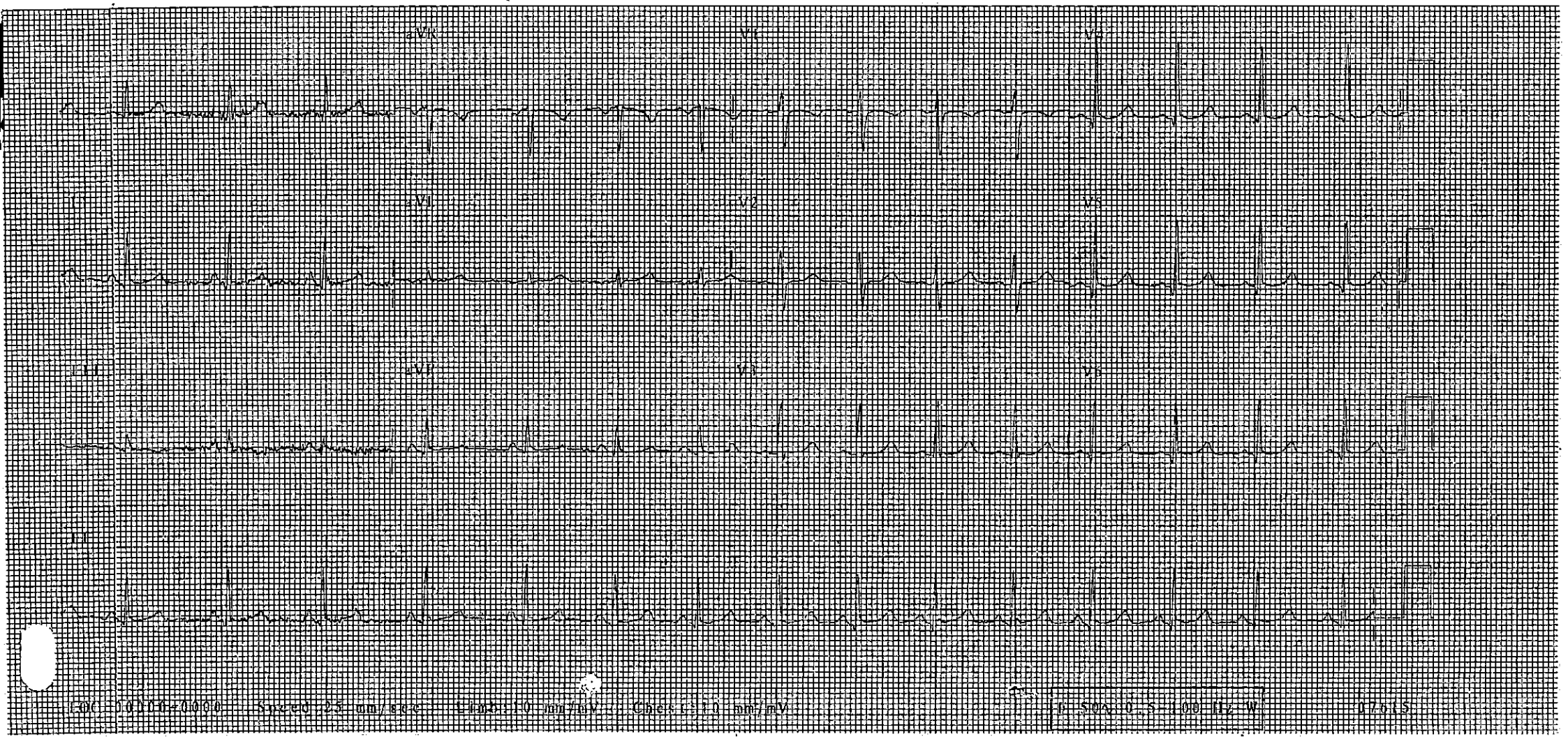


25/06/2005 16:33:29

STOBHILL H.D.U.
Dept:

Oper:

Requested by:



23/06/2005 16:34:02

STOBHILL H.D.U.
Dept:

DEBORAH SULLIVAN

Oper:

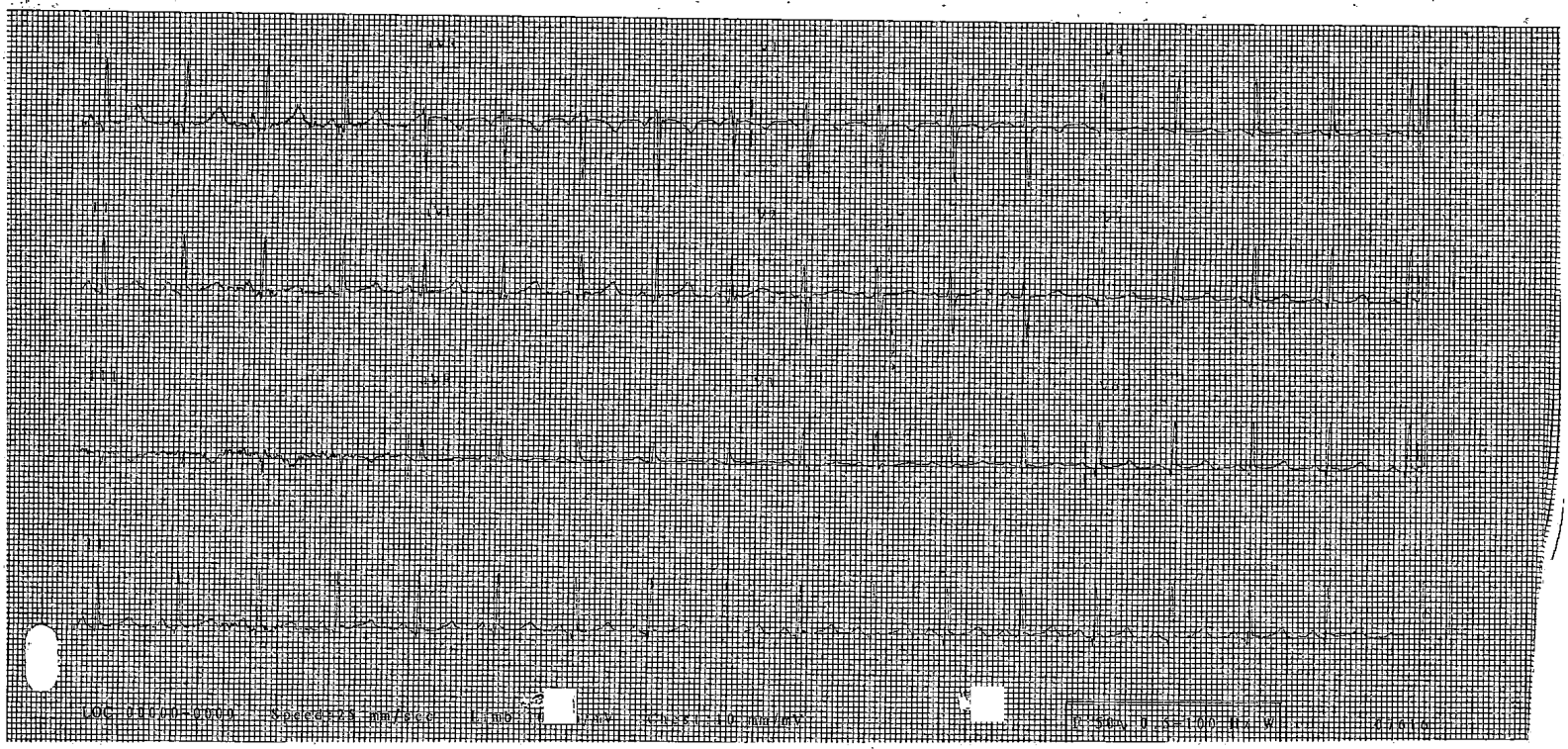
10638479K

7/12/72

OCP

Requested by:

1



NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C

Patient Identification

Patient CRN	10638479K	Provider SGC04	Hosp STO
Surname	SULLIVAN	Patient's Address	
First Forename	DEBORAH	8 Rhindmuir Court	
Second Forename		Baillieston	
Previous Surname		GLASGOW	
Date of Birth	07 Dec 1972	Postcode G69 6BN	
Sex F	Marital Status S	Tel No: NONE	
CHI No		Ethnic Group	
NHS No		GP Practice	BAILLIESTON HEALTH CENTRE 01415318050
Alt CRN		GMC No: 0488817	G MCGLONE

Episode Management

Spell/Care Package ID	Ward 2A*STO	Admission Date 07 Aug 04
Speciality/Discipline (Code + Text National) GENERAL SURGERY		Admission Type 36
Significant Facility 11		Admission Reason 1K
Consultant Code		Admission/Transfer From 12
Consultant Name MR M MOSCHOS		Admission/Transfer From – Location
Management of Patient I	Patient Category NHS	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type NWL

General Clinical

Main Diagnosis – ICD 10	
Condition – ICD 10 – 2	
3	
4	
5	
6	

Main Operation/Procedure

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

Development data

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

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

ID: 08-07-04 3:39PM
CLARITY:
COLOR: YELLOW
GLU NEGATIVE
BIL* SMALL
KET* TRACE
SG 1.020
BLD* TRACE-INTACT
pH 6.0
PRO NEGATIVE
UBG 16 umol/L
NIT NEGATIVE
LEU NEGATIVE

12/72

7/8/4

University Hospitals NHS Trust

LTY DEPARTMENT

DSMUR CRT.

Name/Date
Deborah Sullivan

surg/cas

Hx of pancreatitis

Triage Cat: 1 2 (3) 4 5 **Time:** 1525 **Signature:** R Spacie

Initial Observations	BP 115	P 97	T 36.8	RR	PF
SA02 98%	Air/~~02~~ 88	Pleth		BM stix	
E	M	V		Pain Score	

Signature: [illegible] **Time:** 1545

History

Per gallstones -> damage to pancreas
Vomiting bile only
abdo pain since last night
no urinary symptoms
bowels normal
last BM present
hiatus hernia

DH
Losec
maxalon Prozac

Allergies No/Yes
Anti inflammatory

Initial Management

02 Y/N Litres Per Min
ECG Y/N X-ray Y/N

Urinalysis:

βHCG +ve -VE
Cannula Y/N **Bloods** Y/N
U & Es ☐
FBC ☐
GL ☐
Amyl ☐
Coag ☐
Group ☐

Other:

Social History
Smoke
and alcohol

NOK Not / present
Keys / valuables

Social Services Not / contacted

Triage Cat: Y/N **Cat:** **Time:** **Signature:**

Treatments:

Discharge Planning:
Escort: Required Y/N
Transport Required Y/N
Relative Car SAS
Time Ordered:

Time Discharged: **Signature:**

80492

OBSERVATION CHART

Name

Record No

Date

Time

COMA SCALE

Eyes open	Spontaneously	4
	To speech	3
	To pain	2
	None	0
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion-withdrawal	4
	Flexion to pain	3
	Extension to pain	2
	None	1

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

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

Blood pressure and Pulse rate: 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20

Temperature °C: 40 39 38 37 36 35 34 33 32 31 30

Respiration O_2 Sat

PUPILS

right	Size	
	Reaction	
left	Size.	
	Reaction	

+ reacts
- no rection
c. eye closed

LIMB MOVEMENT

ARMS	Normal power
	Mild weakness
	Severe weakness
	Spastic flexion
	Extension
	No response
LEGS	Normal power
	Mild weakness
	Severe weakness
	Extension
	No response

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

CHECKED					
PRESCRIBER					
TIME					
RATE					
AMOUNT					
FLUID					
ADMINISTERED					
PRESCRIBED					
DOSE					
ROUTE					
DRUG					
TIME					

TO BE RECORDED ON ARRIVAL

T____ P____ R____ BP____ 02____ BM____ PF____

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY
7/8	MORPHINE	5mg	IV	1650	[illegible]	
7/8	[illegible]	10mg	IV	1650	[illegible]	

CONSULTANT _____ REG/SHO _____ JHO _____

SEEN BY AFM AT (TIME) 1630

CLINICAL NOTES

KEY TO CLINICAL NOTES
1 – HISTORY OF [redacted]

[redacted]
10638479K
SULLIVAN
DEBORAH F
8 Rhindmuir Court 07/12/1972
Baillieston
GLASGOW
[redacted] G69 6BN

DATE

7/8/04 Background

31 y/o – known gallstones

known to Mr Hanley

Cholecystectomy laparoscopic 1996

residual gallstone

gallstone pancreatitis

normal MRCP in January

HPC

feeling unwell yesterday

~~AFM~~ today acute onset of severe diffuse RUQ/epigastric pain radiating through to back

vomited – has vomited

normal bowel motion

no dysuria

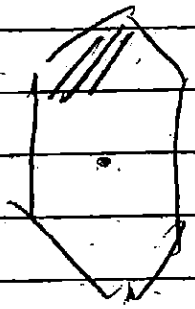
PMH As above

DH nil

Haemodil

OPEN BEFORE WRITING

DATE	CLINICAL NOTES
	O/E P 97 BP 115/80 temp 36.8°
	Sat 98% air
	RS I+II+P crep clear
	Oedema
	AD do 2/7, NVD + Epigastric pain
	~~resolved~~ Guarding
	RSL
	IV access
	FBC U+E, CRP, LFT, Amy, Glucose, Ca2+
	analgesia
	even CXR



NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment ____ / ____ / ____

Date of Admission 7 / 08 / 04

Time of Admission 1900

Date of Operation ____ / ____ / ____

Consultant Mr Moschos

WARD 2A

Nam
Ad 10638479K
SULLIVAN F
DEBORAH 07/12/1972
Rhindmuir Court
Baillieston
Unit No GLASGOW G69 6BN

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION

Procedure / reason for admission _____

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

B.P. : _____ P _____

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

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

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

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

26

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

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

Date of your last anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

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

her ☐ (please state)

Urinalysis ☐ **Clearview** ☐

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 12A

PRESENTING COMPLAINT: Sudden onset sharp epigastric pain radiating to back + vomiting.

PRESENTING CONDITION ON ADMISSION: Alert + orantated

'ITAL SIGNS

BP 102/59 P 74 TEMP 36.7°C O_2 SAT 97%

PAIN SCORE 1-10 [ ] ANALGESIA GIVEN IN A&E 5mg morphine YES [✓] NO [ ]

PAST MEDICAL HISTORY:

Pancreatitis
Appendicectomy
Tonsillectomy
Jaundice
Lap Chole. 4yrs ago
Depression.
H. Hernia.

DRUG HISTORY:

Prozac
Tramadol. Diazepam.
Losec. Maxalon.

ALERGIES: * Voltarol + brufen *

MOBILITY / LEVEL OF INDEPENDENCE: Fully mobile.

DIETARY HABITS / APPETITE: Appetite normally good.

ELIMINATION:

Bowels regular

No urine symptoms

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS ☐

MISSU _____ YES ☐ NO ☐

PREGNANCY TEST ____ + VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

Lives with partner + daughter

SMOKER NIL YES ☐ NO ☑

ALCOHOL NIL YES ☐ NO ☑

AMOUNT: _____

MENSTRUAL CYCLE: Has periods currently.

PREGNANCY / CONTRCEPTIVE: 'Pill'

D.V.T. PROPHYLAXIS:

☐ GMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: SMacInnes Date: 7 / 8 / 4 Time: 1900

NAMED NURSE: Shona

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 10/8/04 WARD _____

Waterlow Score: _____

Name [redacted]
Addre
10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
D.O.E [redacted]
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP 125/86 P 61 SO_2 97% -

	✓ YES
Consent signed	
Pre-medication given	NO ✓
Fasted _____ Time last ate 0700 Time last drank 0700	✓
Identity band	✓
Case Notes ☑ X-rays ☐ Drug Kardex ☑ Obs. Chart ☑	✓
Operation site confirmed	
Caps / Crowns / loose teeth	N/A
›sthesis removed	N/A
Dentures removed / not removed	N/A
Underwear removed COTTON	✓
Paper pants on patient	✓
Make up, nail varnish removed	✓
Jewellery taped / removed	N/A
Inhalers / GTN Spray	✓
Allergies Voltarol + Brufen.	✓
Voided urine	NO ✓
Subcut heparin	
Ted stockings	
Pre-op visit	

Other relevant information :

Ward Signature: [signature] Reception Signature: _____

THEATRE

OPERATION PERFORMED OGD & Clo test

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

SPECIMENS : Clotest PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST _____

- FINAL _____

INSTRUMENTS _____

SHARPS - NEEDLES _____

-BLADES _____

THROAT PACK OUT _____

PACK IN SITU _____

INSTRUCTIONS FOR REMOVAL:

PATIENT POSITION

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

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS SPO2 97%

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

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

Named Nurse : Linda.

Fasted from :

Patients Telephone No.

Spiritual needs

Patients Occupation: Unemployed

Next of kin: Steven Kelly (Partner)
(Name & Relationship to patient)

Next of kin Tel. No. 07050172929
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date:. / /

	YES	NO
Is someone available to accompany the patient home ?	✓	
responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer? One daughter	✓	
GP letter / Prescription : Letter posted Px given	✓	
Outpatient appointment : Mr Smith 6/52 TBA		
Relatives informed :	✓	

SERVICES REQUIRED	YES	NO
District Nurse: Wound healed - Not Reqd.		✓
Social Worker:		✓
er :		
Transport Requested: (Date) / / own	✓	

Discharge summary / comments:

post open nissens fundoplication
Slow recovery as pain control
poor.

AF

Pre-op / On Admission

Signature :

Ward: Date: / /

Signature : Date: 5/10/14.

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

COMMUNICATION SHEET/ PROGRESS NOTES

Ward 2A

Date	Progress / Evaluation	Signature/ Profession
7/8/4 1900	Emergency admission — 31 year old female admitted with sudden onset epigastric pain radiating to back + vomiting. Observations stable, apyrexial Alert + orientated on arrival	
	IV fluids ✓	
	Clear fluids ✓	
	Analgesia	
	For Abdo USS am	
	Awaiting RSOD	SMac/nnes
8/8/04	US Abdomen :	
	Normal liver + CBD / no dilated intra	
	hepatic ducts.	
	Both kidneys + spleen — (N)	
	Pancreas obscured by bowel gas	
	Bladder - empty	
	AVG	
3pm	S/B Mr. MOSCHOS SPR	
	AXR - faecal loading	
	XI Feet given	
	Bowels now moving	
	IVF Continue	
	managing oral fluids	Johnson
		02-28/11

STOBHILL HOSPITAL

CONTINUATION CHART

CHRISTIAN/FORENAME	UNIT NUMBER

10638479K F
SULLIVAN
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

~~A+E~~ SHO Surgery - Dhillon

7/8/4 A+E referral - Thanks.

Background.

(1) Previous gallstone disease
→ cholecystectomy '96
→ ? acute pancreatitis.

(2) Hiatus hernia
→ reflux disease.

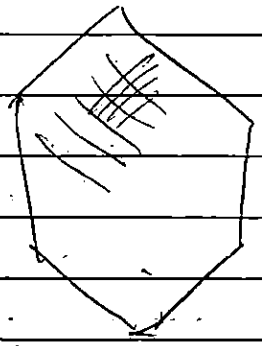
(3) Appendicectomy '96

(4) Recurrent admission to Royal/Stobhill with epigastric abd pain
→ Normal OGD/LUS/MRCP

PC/ Abdo pain

HPC/ (1) Abdo pain
- 6 hr duration
- Sudden onset sharp epigastric pain radiating to back
- Assoc bilious vomiting (×5 today)
- Normal bowel opening
- Jaundice
- Last admission to Stobhill Jan '04
- I saw this lady at GRI 1 month ago with same
- Denies alcohol consumption

DHx/
Prozac
Tramadol
FSHx/
Unemployed
Smoker 20/day
SE/
CVS: N.I RS: N.I
Resp: N.I
c/o Lt Pain P 100 SpO_2 98% RA
Dry BP 115/88
GIT/



- Soft
- Voluntary guarding
- RUQ/epigastric tenderness
- Mild guarding/rebound RUQ
°masses/organomegaly
BS ↓

PR/ (R) anal tone
°masses
FOB (+ve)

Imp/ ~~Cholecystitis~~
CXR/ Nil focal ~~o~~free air under diaphragm
Bloods/

WCC 5-72	Na 141	Bili 7
Hb 12-2	K 4-3	AST 44↑
		ACT 56↑
Plt 265	Cl 105	GGT 243↑
	Ur 4.6	Alk Tel 102
	Cr 83	Alb 42

Amy 73

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
	DEBORAH	10638479K

SULLIVAN

	Pmp/
	Pt with recurrent NSAP
	- Abdo tender + ? choledocholithiasis,
	(Has had morphine given by A+E)
	Plan/
	- Admit 2A
	- Analgesia.
	- IVF
	- Anti-emetic.
	- Free fluid
	- Chase CRP
	- Abdo US morning (fast midnight)
	- Dipstick urine – Small B.L. Trace Blood
	- AXR
8/8 7.30a	IV fluids discontinued managing fluids Vomited after dinner Bowels moving Required morphine for pain 1 dose.
9/8/4 05 am	Patient settled + slept well overnight. Regular analgesia given required 5mg morphine / cyclizine prior to setting obs stable – apyrexial

F3

00262

9/8/14	Tolerating oral fluids + diet - well for r/v mane	Gwtchell
9/8/14	WR Moschos Normal US - abdo B 10.- + +. Pain settling o/e SNT P) FU by M- Hansell out clinic Oral fluids (push) E+D	S Thiller
9/8/14	Patient had unsettled day today. has been sick 2-3 times today and c/o pain. IV+ IM morphine given. as well as antiemetics. Obs remain stable. Eating light diet and drinking fluids as tolerated. No further episodes of sickness after dinner	
18/10	Mr Moschos r/v patient tonight and wants to wait for pain + nausea to settle? well r/v tomorrow. For FU by Mr Hansell at clinic to be arranged	

COMMUNICATION SHEET

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

10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
10/8	WR MR MOSCHOS	
	Arrange upper endoscopy today	
	10.08.04 O.G.D.	PRH10
	Oesophagus: 2-4cm @ 30cm.	
	10cm H.H.	
	Mucosa Hyperaemic	
	Stomach: (N)	
	- Some gastric juice.	
	Duodenum:	
	1st 1/2 normal	
	Hyperaemic	
10.8.04	Settled and uncomplaining	
17.10 pm	Observation satisfactory	
	Had upper GI scope today. This showed	
	hiatus hernia (10cm) in oesophagus. (N)	
	stomach	
	No sickness today.	LBlanford
	oral Analgesia required for pain	
	Keen for home tomorrow.	
	Transferred to WD5.	

COMMUNICATION SHEET

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

10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
10/8	WR MR MOSCHOS	
	Arrange upper endoscopy today	
		AR10
	10.08.04 O.G.D.	
	Oesophagus: 2-cm & 30-cm	
	10cm H.H.	
	Mucosa Normality	
	Stomach: (N)	
	- some gastric mucosa	
	Duodenum:	
	1st 1/2 normal	
	Distal duodenal	
10.8.04	Settled and unemployment	
17.10 pm	Observation satisfactory	
	Had upper GI scope today. This showed	
	hiatus hernia (10cm) in oesophagus. (N)	
	stomach	
	No sickness today.	L Blanford
	oral Analgesia required for pain	
	Keen for home tomorrow.	
	Transferred to WD5	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
11/3/04 4pm	② tolerating oral fluids ⑤ Observations stable. Pain not relieved despite oral tramadol and paracetamol Im morphine 5mg given with effect.	Miller
11/8/04	NURSING @ 4.40pm.	
	① washed independantly	
	② small amounts of fluid taken. Im stemetil / morphine, IV kymil, as per kardex. 2x vomit (food stuff) ⇒ kymil given & excellent effect. Painscore ↓ from 8 to 4 post morphine.	
	③ Passing urine spontaneously	
	④ Independant & mobility.	
	⑤ Observations stable.	
	⑥ Venflon patent.	
	⑦ For referral to gastro-enterologists Not for IV crystalloids @ present as D/N JHO Dr O'Reilly	(illegible)
12/8/04 4pm	⑤ C/O pain and nausea overnight Im morphine 10mg / stemetil 12.5mg given with effect.	

COMMUNICATION SHEET

Ward .....

15

Date	Progress / Evaluation	Signature/ Profession
11/3/04 4am	② tolerating oral fluids	
	⑤ Observations stable.	
	Pain not relieved despite	
	oral tramadol and paracetamol	
	Im morphine 5mg given with	
	effect.	Miller
11/8/04	NURSING @ 4.40pm.	
	① washed independantly	
	② small amounts of fluid & diet	
	taken.	
	im stemetil / morphine, IV	
	kymil, as per kardex.	
	2x vomit (food stuff) ⇒ kymil	
	given & excellent effect.	
	Painscore ↓ from 8 to 4 post	
	morphine:	
	③ Passing urine spontaneously	
	④ Independant & mobility.	
	⑤ Observations stable.	
	⑥ Venflon patent.	
	⑦ For referral to gastro-enterologists	
	Not for IV crystalloids @	
	present as D/W JHO Dr O'Reilly	(RMA) SNOMMIT
12/3/04 4am	⑤ & c/o pain and nausea overnight	
	Im morphine 10mg / stemetil 12.5mg	
	given with effect.	

COMMUNICATION SHEET

Ward ....5.....

10638479K
SULLIVAN F
DEBORAH 07/12/1972
9 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

Affix data label

Date	Progress / Evaluation	Signature/ Profession
12/8/04 11am	(5) Observations Stable.	CMcMc
12/8/04	NURSING	
15⁰⁰	1) Independent with personal hygiene	
	2) Taking fluid and diet, but tends to vomit after meals	
	Im Granasteron and morphine given at 08.10am	
	Im Stemetil given at 12.40 and morphine 10mgs at 13.20.	
	3) Passing urine spontaneously	
	4) Independently mobile.	
	5) Obs satisfactory, apyrexial.	
	Sats ↓ to 93% at 11am. ↑ to 97% at 14⁰⁰	
	Tramadol discontinued. Omeprazole discontinued, and commenced on Zoton Fastabs.	
		C Dennish
12/8/04	Changed meds to Zoton fast tab to relieve sickness - aim to reduce analgesia	

COMMUNICATION SHEET

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

Date	Progress / Evaluation	Signature/ Profession
12/8/04	Reviewed again by Mr. Moschos	
18:40 2)	Now NIL BY MOUTH, due to vomiting	
5)	10mgs morphine given I.M, also	
	50mgs cyclazine.	
	Commenced on IV Omeprazole once daily	
	Clexane prescribed.	
		R Lewis s/n
3/8/04	Nursing 07^{30}	
2.	Remains nil orally, vomited ++.	
3.	Urine output fair, IVs 4°.	
5.	Obs stable at 07^{00}.	
6.	Venflon resited (R) arm.	BM Gam
5.	Required morphine 10mg IV	
	3 times overnight.	BM Gam
13/8/04		
18.45	NURSING	
1)	Independent with personal hygiene	
2)	Can take oral fluids as tolerated	
3)	Passing urine spontaneously	
4)	Mobile around ward.	
5)	Obs stable. temp 37.2.	
	Oral analgesia taken.	
	Commenced on oral Erythromycin	
	500mgs. Morphine 10mgs + Stemetil given	
6)	IV Fluids continuing 4° via venflon	
	in (L) arm.	
	Seen by Mr. Moschos, and now to be	

COMMUNICATION SHEET

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

Nai 10638479K
Adi SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
D.O.B
Unit No. 10638479K

Affix data label

Date 13/8/04	Progress / Evaluation	Signature/ Profession
	seen by mr. Smith tomorrow	
	No vomiting today.	
14/8/04	up to toilet @ 4.45am requesting analgesia.	R. Dennis RN.
	not distressed by pain however in the	
	absence of alternative oral analgesia, Morphine	
	10mg given IM.	Gibbon
	Previous 10mg morphine given at 22[25] and did	
	appear distressed then. Nil episodes of	
	vomiting overnight	Elyce
14[00]	NURSING.	
①	Independent with hygiene.	
②	Tolerating Fluids: Vomited	
	post diet.	
③	Passing urine spontaneously.	
④	Gently mobile.	
⑤	Observations stable.	
	Im morphine required x2,	
	to continue on morphine	
	at present to control pain,	
	following ward round.	
⑥	IV Fluids continue. Venflon	
	rested.	
⑦	IV cyclizine given for	

COMMUNICATION SHEET

Ward S

Date	Progress / Evaluation	Signature/ Profession
	persistent nausea. S/N Fitzgerald	
1510	Venflon extravasated	
	12n - doctor contacted to resite same. Still awaited. S/N Fitzgerald	
1900	Venflon still awaited	
	Vomited after evening meal - Im stemetil with effect.	
	Morphine required for pain, given with quick effect. S/N Fitzgerald	
15/8	0630. Im morphine required x2 overnight. Appeared to sleep intermittently. Mobile to toilet.	Blue.
Tue/8/4	HR Smith	
	Ok c fluids but vomiting each time he eats food offers. Already commenced on oral erythromycin 500mg bd.	
	OE Miserable but ok ch.	
	Chest clear.	
	Abdo - NAD.	
	(P) - T erythromycin tds. - Oral fluids only.	
	- oral fluids.	
	- manual suction set.	(Heath)

COMMUNICATION SHEET

Ward 5

Name [redacted]
Addre: 10638479K
SULLIVAN
DEBORAH 07/12/197:
8 Rhindmuir Court
Baillieston
D.O. B GLASGOW G69 6BN
Unit No. [redacted]

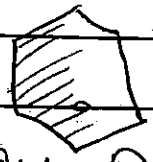
Affix data label

Date	Progress / Evaluation	Signature/ Profession
15/8/04	Nursing	
	Obs Stable.. apyrexial.	
	Vomited approximately 100mls.	
	anti-emetic administered	
	Recommenced on tramadol x 4 a day.	
	Continues ½ regular morphine.	
	Erythromycin increased to 3 a day.	
	* For fluids only - No diet *	
	Patient complaining of constipation	
	& states bowels not open for	
	7 days. C/o mouth B.D.	
	IV Losec discontinued. Oral	
	Losec commenced.	
	Passing urine spontaneously.	
	Mobilising well.	
	Settled day. mmckenna	
16/8/04	Morphine 5mg required at 8.30pm last night	(S/N)
1Am	Settled with usual analgesia given	
	with good effect. Obs stable Morphine 10mgs	AM
	given at 2Am with effect.	
	Pain ++ at 04.15. Buscopan 20mgs I/m prescribed	
07.20	by DHO. same given with effect. Actively	AM
	sick this Am 200mls antibiotics returned - stented 12.5mgs.	

cont

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
14/8/04	Given: Patient tachycardic last night and this mg-	RN
16/8	WR MR SIDDIQUI - Still complaining of pain this morning tender  - MSSU today please - Checked if blood cultures had been sent. They haven't I will do them today. - Cultures sent 11.45 MM	MM
16/8/04	Nursing. Obs. stable apyrexial. Regular morphine given ½ short time effect. MSSU Obtained & sent for C+S. Mobilising well. 2x more episodes of vomiting. All hygene self caring. Settled day.	MM Reena (S/N)

COMMUNICATION SHEET

Ward 5

Name

DEBORAH SULLIVAN

3 Rhindmuir Court
Baillieston
GLASGOW
G69 6BN

Affix data label

Date	Progress / Evaluation	Signature/ Profession
17/8/04	Morphine 10mgs & Stemetil 12.5 given at 2200 with good effect - Slept well after same	
	Romans tachycardic 115 - 125 BPM.	
	All other obs stable	
17/8	WR SIDDIQUI	
	- Had good sleep & feels much better today	
	- No nausea / vomiting	
	- Abdo pain improved.	
	- Tolerating free fluids etc.	
	- Note / bloods ~ ⓦ	
	- No bowel opening ~ 7 days	
	Plan. Commence light diet	
	Rpt bloods	
	PO4 enema	
	JSS b IIU please as per M. Mushtaq.	SHO
17/8/04	NURSING	
14.40.	1) Independent with personal hygiene	
	2) Commenced on light diet at lunchtime on medics instructions, but vomited soon after. Given IM Cyclazine 50mgs	

COMMUNICATION SHEET

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

Date	Progress / Evaluation	Signature/ Profession
17/8/04		
	and now on fluids again.	
	3) Phosphate enema given this morning with good result. Passing urine spontaneously.	
	4) Mobile around ward.	
	5) Obs - Remains tachycardic. Temp - 36.9 - 37.3. B.P. ↑ 181/74.	
	Required morphine 10.30 and 14.30 10mgs. Also given Cyclizine 50mgs after lunch.	
	6).	R. Quinn s/n
17/8	Mr Smith reviewed. To remain on fluids only. He will do an OGD tomorrow.	
15.00	Please fast from midnight. For OGD tomorrow	R Quinn s/n
18/8/04	Vomited immediately after 10pm medication. Dr informed. IM Cyclizine given with effect. IM Morphine 10mg given @ 23⁰⁰ with effect. Fasted from Midnight for OGD - Consent form signed	Elyre
18/8/4	LIR SIDDIQUI	
	Sickness last night noted.	
	Bowels better since enema Senna+ lactulose stopped.	
	Mr Smith to OGD today.	

COMMUNICATION SHEET

Ward 5

Nam 10638479K
Add SULLIVAN
DEBORAH

D.O. B 7/12/12
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
10:30	Notes requested from GRI. They are being sent over	
	* Blood cultures sent 17/4 *	
13:45	Theatre	
18/8/4	OGD	
	Oeso - H.hernia / reflux	
	Stomach - gastritis	
	Duo - DI duodenitis	
	⇒ Clo test	
	Nursing @ 19.15	
	① Remains nauseated and has vomited x1 post endoscopy	
	② not keen as yet for oral fluids - IV fluids commenced 6-hourly	
	IM Morphine 10mgs. x 3 doses today 9^30 Am, 13^00, 19^00.	
	plus 2x IV antiemetics given	
19/8/04	Slept for most of the night	
	Morphine 10mg given IM @ 10^30 pm & 4AM	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	with desired effect	
	(6) IV therapy maintained	JWatson
19/8/4	WR Mr SHEARER	
	Hx reviewed - No record of previous Barium Swallow - ? to arrange one - will discuss with Mr Smith, Coeliac Serology sent today. No other new issues. Ked McArthur PRHO 1618	
19/8/4	Nursing.	
	Obs. Stable apyrexial.	
	IV fluids cont. 6°	
	Morphine continues to be taken regularly.	
	Vomiting x 3. IV anti-emetics given as per chart.	
	Diet + Fluid not tolerated well.	
	For gastrografin meal/obs to be arranged. mmckenna (SIN).	
20/8/04	Very settled overnight	
(6)	IV therapy continues ~~IV ABs given~~ written in error.	
	Morphine given as recorded	JWatson
20/8/4	WR Mr SHEARER	
	GRT notes have arrived, will review Hx of Tx later today.	
	? Brain CT suggested by Mr Meeches → will discuss with Mr Smith.	
	No other new issues Ked McArthur PRHO 1618	

COMMUNICATION SHEET

Ward 5

Nam DEBORAH SULLIVAN
Addı
8 Rhindmuir Court
Baillieston
GLASGOW
G69 6BN
D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
20/8/	Nursing @ 1530hrs	
	(1) Independent with personal hygiene	
	(2) Vomiting - antiemetics given as per chart	
	(3) Passing urine spontaneously	
	(4) Fully mobile around ward	
	(5) Observations Stable. Apyrexial	
	(6) IV fluids continue	
	Spoken to pain nurse Siobhan re. patient's pain. Siobhan informed myself that above patient had various appointments @ Dr. Colin Rae's outpatient clinic which she did not attend. Dr. Rae is willing to make a further appointment when patient is discharged as he shall be away on holiday next week. Should patient be in hospital when he returns he shall assess her on ward. He has meantime advised to continue IC morphine therapy. Patient aware MMcKenna of this needs.	(SN)

COMMUNICATION SHEET

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

Date	Progress / Evaluation	Signature/ Profession
20/8/04	Nursing @ 19^{00} hrs.	
	c/o Stelazine 1mg x 3 a day. as	
	directed by Mr. Smith.	
	GRT notes being reviewed by	
	medical team.	MMcKenna.
9.30pm	Given oral medication as prescribed.	
9.35pm	Approached staff carrying sick bowl containing	
	300mls (tea + tablets) and requesting her	
	Morphine Injection which was given at 9.40pm	
21/8/04 2AM	Again asked for injection, staff busy at	
	this time and Deborah fell asleep before injection	
	could be given	J Watson
7AM	Has slept soundly.	
	IV continues	J Watson
	Nursing @ 15^{00} hrs	
	④ Self caring	
	⑧ IV fluids Continue as prescribed	
	② No attempt made to eat	
	continues to vomit clear/straw	
	coloured fluid.	
	Fluoxetine liquid obtained from	
	pharmacy (to see if absorption will be better.	
	⑧ Im morphine 10mgs continues	MTB
8.30	IM tramadol 100mg given	
11pm	IM stemetil post vomiting -250	
	liquid. PR. paracetamol 1g given	

COMMUNICATION SHEET

Ward 5

Name DEBORAH SULLIVAN
Address 8 Rhindmuir Court
Baillieston
GLASGOW
D.O.B 7/12/72
Unit No. 106384791K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
22/8/07	00⁰⁰ Morphine 10mg given.	
	01⁰⁰ Slept IVI maintained	
23/8/07 4am	Vomited after nightime medication foodstuffs present. C/O pain. IM stemetil + morphine 10mgs given.	
	(6) IV fluids continue 6 hourly:	CMillar
23/8/07 7:30am	Vomited this am again after medication and porridge. Still C/O pain. IM morphine 5mgs and ~~stemetil~~ cyclizine 50mgs given.	Emma Cmillar
23/8	AM ward round	
	to get old notes + find out	
	previous investigations carried out	
	Coeliac serology not back yet	
	KMcGrath	
	PRHO.	
24/8/15	Patient independent with personal hygiene.	
	IV fluids continues. Venflon to be resited.	
	Continues to vomit after eating prescribed anti-emetics	
	given is also vomiting oral medication has had	
	morphine x3 5mg for pain relife.	
	Settled at this time.	LReid SN

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
9pm	Oral medication withheld apart from Losec & stelazine. Deborah prefers injections for pain - Buttocks becoming cellulitic	J Watson
	No vomiting	
10pm	Requested injection for pain. Tramadol 50mg given IM with good effect	
8/04 1·30AM.	Venflon re-sited., awoke and requested IM analgesia & something for nausea Stemetil 12·5mg given IM with very good analgesic effect.	
7AM	Has slept soundly.	
	IV not recommenced as yet.	
7·30	Asking for IM analgesia	J Watson
24/8/4	UR MR SHEARER	
	Patient sleeping. Discussion with Mr Smith + Mr Shearer today.	
	Will review GRI notes today. Kirsty Neil NURSE/TRAUMA PRTHO 16/8	
20·20	Patient Independent with personal hygiene.	
	Mobilising around and outside ward.	
	Continues to complain of pain and nausea also	
	Vomiting Regular prescribed analgisia and anti-emetics	
	given.	
	To restart IV fluids.	
	Observations satisfactory.	L Reid SN
25/8/04	Morphine 10mg given IM @ 12·30AM	
	IV therapy re-commenced & running to	

COMMUNICATION SHEET

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

Name DEBORAH SULLIVAN
Address 8 RHINDMUIR COURT
BAILLIESTON

D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
25/8/04	cont'd schedule.	JWatson
7Am	Vomited 300 mls thick fluid	
	Morphine 10mg & Stemetil 12.5mg given	
	T 36.6°C P 106 BP 124/84	JWatson
25/8/04	Pharmacy	
	I note patient still experiencing nausea &	
	vomiting despite multiple antiemetics. I would	
	suggest trying levomepromazine (NOZINAN)	
	12.5mg IM/IV as a once off dose & 6.25mg every	
	6-8 hours orally, stopping stelazine &	
	prochlorperazine first. If this doesn't work,	
	could try adding in dexamethasone 8mg daily	
	(orally) in 2 divided doses. Rebecca Ritchie	
	-Would an NSAID be considered suitable Pharmacist #94655.	
	to help with analgesia - she has over 60g	
	oxycodone per day?	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
25/8	Have prescribed IM 12.5-g Nozinan, +	
	stopped stelazine + prochlorperazine	
	Also stopped PRN tramadol +	
	started ibuprofen 400mg tds	
	Waiting for results of pH study	
	- being sent to ward	
	Coeliac serology is still outstanding	
	Still feeling very sick + sore	
	Old notes have been summoned.	
	KMcGrath	
	PRHO	
	Nursing @ 1930	
	(2) Very little diet taken	
	still continues to vomit	
	- & observation of Kardex - Sensitive	
	to Brufen therefore not given	
	until further clarification	
	required	
	FAST from Midnight for NG feeding tube	MJB
26/8/04	Slept at times. Nausea & vomiting x1	
	1m Morphine 10mgs given as charted.	
	For theatre this pm for NJ tube feeding	RJ

COMMUNICATION SHEET

Ward .....

Nam
Addı DEBORAH SULLIVAN

8 Rhindmuir Court
Baillieston
GLASGOW
G69 6RN

D.O. B 7/12/72
Unit No.

Affix data label 106 384 79K

Date	Progress / Evaluation	Signature/ Profession
26/8	Am Ward Round	
	Ibuprofen stopped as patient does	
	not wish to take it - has had gastric	
	problems with ibuprofen before	
	Reg Nozinan 6.25mg 2d started	
	Still awaiting results of pH study	
	+ coeliac serology For endoscopy	
	today	
	KMcGrath	
	PRHO.	
28/8 am	Referred to dietician re NJ feeding	
	regime.	Miller
28/8	Endoscopy (M-Shean/Dhillon)	
	Tony Mcdonald	
	Oesophagus inflamed ②	
	Stomach ⓝ except tight	
	Pylorus ? stenosed	
	Duodenum → NJ tube placed	
	Post op / NBM	
	Commence enteral feeding	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	Nursing at 1920 hrs	
	② To Remain Nil by Mouth	
	Post procedure	
	feeding regime prescribed – at	
	an increasing rate	
	to continue with oral nozinan	
	③ has not yet passed urine	MTS
27/8/04	on N/J feeding regime covered at 10[10] pm as	
	per Dietitian instruction 1 to 50mls @ 4[10] pm	
	c/o sweet pain Morphine 10mg IM morphine given	
	at 2[10] pm.	Glynn
27/8/04	Dietetic Referral for NJ feeding (Retrospective	
	entry)	
	Enteral feeding will provide all nutritional	
	requirements once established.	
	Rate to be ↑ slowly as tolerated over 2 days	
	due to reduced oral intake over several weeks.	
	Please monitor Us & Es & PO4 until feeding	
	well established. Thanks.	Lesley Wyllie EXT 18362
27/8/04	Dietitian: Review.	
	Rate of feed ↑ to 70ml/hr. Debbie feels a	
	bit blocked at present – continue with present	
	rate over the week-end.	
	I will review on Monday	Lesley Wyllie Ext 18362

COMMUNICATION SHEET

Ward 5.

Nam
Addr 10638479K
SULLIVAN
DEBORAH

D.O.B 7.12.72.
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
27.8.04	① Self caring.	
	② Sips only.	
	⑤ Im morphine given with	
	effect	
	N/J feeding continues 40ml	
	/hr.	L Stewart
28/8/04	06⁰⁰ ② NJ feed maintained – no	
	vomiting	
	⑤ Observations stable	
	Analgesia /anti emetic as per kardex	
3.05 pm	② Sips only.	
	⑤ Im analgesia given	
	with effect.	
	N/J feeding continues 40ml/hr.	
	Im anti-emetic given.	L Stewart
10pm	Came back into ward from being	
	outside for a cigarette and requested	
	injection for pain & nausea.	
	Morphine 10mg & Cyclizine 50 given	
	Refused all oral medication. Settled to sleep	
29/8/04 03:30	Awoken by alarm from feeding machine	
	and immediately requested IM analgesia	
	Morphine 10mg given IM with immediate effect	

COMMUNICATION SHEET

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

Date	Progress / Evaluation	Signature/ Profession
	Settled to sleep soundly again within 5 mins of injection.	
29.8.04	(1) Self caring.	
	N/J feeding continues 70ml / hr.	
	Im analgesia + Im anti-emetic given with effect	L Stewart
11pm	Has been sleeping since 8pm. awoke and asked for injection. Morphine 10mg given I.M. with immediate effect. settled to sleep again	
30/8/04	3-30AM awoken by Feeding Pump alarm, and asked for injection. Tramadol 50mg given I.M with immediate effect & settled back to sleep.	
30/8/04	Nursing	
11.45.	1) Independent with hygiene	
	2) Taking sips of fluid only N/J Feeding in progress. 70mls/ hour. No ~~vomit~~ vomiting	
	3) Passing urine spontaneously c/o no bowel movement for 12 days. Prescribed 1x Phosphate enema plus movicol.	

COMMUNICATION SHEET

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

Name 10638479K
Addre SULLIVAN
DEBORAH

D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
30/8/04		
4)	Fully mobile ↑ and around ward	
8)	Obs stable, apyrexial	
	I.M Tramadol given 08.40 for pain	
		R. Queeni S/N
30/8	Ward round	
	Not vomited over weekend.	
	Pain control still an issue	
	Urea PR(↑)	
16.25	Im Morphine given at 10.05 am	
	Im Tramadol given at 16.20 pm	R. Queeni S/N
31/8/04 0440	NURSING	
②	Not sticking to sips orally, drinking water/tea freely against nursing advice.	
③	Bowels open	
	Passing urine spontaneously	
②	NJ Feed recommenced at 50 mls/hr, patient not wishing rate ↑ as feels bloated.	
⑤	Im morphine x2 with effect.	
	Settled most of night S/N	

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
31/8/04 0630	Nursing	
	Complaining of pain and nausea - morphine & cyclozine given with effects	S Fitzgerald
31/8/04.	NURSING.	
3.55.	1) Independent with personal hygiene	
	2) Taking sips of fluid only.	
	NJ Feeding in progress - 60mls/ hour	
	3) Passing urine spontaneously	
	5) Observations stable, apyrexial	
	IM morphine given at 9.25am.	
	Medical team will speak to	
	Dr Mc Crae re pain control.	
		R Dennis SN
14.10	Prescribed Diclofenac 50mg p.r. B.D.	
	Given 1st dose at 14.10pm.	
		R Dennis SN
31/8	Bill McCree has been contacted by	
	Mr Shearer, his team will review	
	Bessie with regards to pain control	
	MMCS	
	PRHO.	
18.30	Gaviscon given at 16.10 as requested	
	by patient.	R Dennis SN

COMMUNICATION SHEET

Ward 5

Name Deborah Sullivan
Address 8 Rhundmuir Court.
D.O.B 7/12/72
Unit No. 1063847 9K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
1904 0430	Nursing.	
(2)	Non compliant with sips orally, taking oral fluids	
(5)	Im morphine x2 with good effect.	
(2)	NJ feed maintained at 60mls/hr. No 500ml feed available therefore 1000ml bottle in situ.	
	Settled most of night S/J	
1/9/14	PR - rectum not loaded - no enema needed	
	No pH study has been done Manometry results have been sent to ward. Pain control team saw Bessie today - they Unc PRHO are wondering if any previous psychiatric input has occurred Will contact former. Unc PRHO	

COMMUNICATION SHEET

Ward 5

Date 1/9/04	Progress / Evaluation	Signature/ Profession
18.40 1)	Independent with hygiene.	
2)	Taking sips only of fluids.	
	N J Feed in progress 60ml/s/hour.	
3)	Passing urine spontaneously	
	No bowel movement today.	
	PR performed by JHO, no enema	
	necessary, ~~bowel~~	
4)	Mobile in Ward. Not out of ward	
	today.	
5)	Obs satisfactory, apyrexial.	
	Im morphine x2 and IM Tramadol	
	x 1. plus Im maxolon for pain	
	and nausea.	
	~~Seen by~~ Pain team Siobhan Calwell (Page	
	1184.) Needs to know if any	
	previous psychiatric input has	
	occurred in the past.	
	JHO aware and she will	
	contact Siobhan tomorrow	
	possibly with view to appointment	
	to see Debbie here in the ward on	
	Friday.	
		R Quinsla
2904 0520	Nursing.	
(2)	Sips only overnight.	
(3)	Passing urine spontaneously	

COMMUNICATION SHEET

Ward ..... S .....

Name Deborah
Address Sullivan
8 Rhudmour Court
D.O.B 7-12-72
Unit No. 1063847QK.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
(5)	Im morphine x2 For pain with good effect.	
(2)	NJ Feed maintained, bottle renewed. Rate 60ml/hr, patient will not allow rate to be ↑ due to bloatedness	
2/9/04 8.10 AM	Morphine 10mg + Cyclizine 50mg given IM (in HA for CXRay)	
	Returned from HA at 2PM requesting injection Tramadol 100mg given	
4pm	Still c/o pain Diclofenac 50mg given IM with effect.	
	NJ feed continues	
3/9/04	(3) Analgesia as per kardex & NJ feed - problem with pump overnight. Flushed regularly No nausea/vomiting	
8.45 AM	Morphine 10mg given IM. Feed re-commenced	
	Seen by Mr Shearer for review by Pain Team today.	
12MD	Has slept all morning.	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
3/9/04	Pain Service Dr Dunbar (Clinical Pathology) Dr Rae (Chronic Pain Consultant) Sr S. Calwell (Pain Nurse) Sr J. Watson.	
	Following a lengthy discussion with Deborah today, it is apparent that she still keen for surgical intervention. We plan to ① Speak with Mr Smith & Mr Shearer with regards to any further surgical intervention. Deborah would like this clarified ② Review current analgesia. Commence oral anti-emetic over weekend & oral analgesia Mon. ③ Arrange Chronic Pain Clinic appt prior to discharge. ④ Pain Team will review	S Calwell Pain Sr Page 1184.
1.30pm	C/O pain Tramadol 50mg given IM. I have spoken to Debbie her mother and sister at length explaining the meeting as outlined above. Commenced on oral anti-emetics to be taken 30 minutes before other oral medication.	

COMMUNICATION SHEET

Ward 5

Name DEBORAH SULLIVAN
Address 8 RHINDHUIR COURT
BAILLIESTON
G69 6BN
D.O.B 7/12/72
Unit No. 10 6 384 79 K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
3/9/04	day have oral fluids, milk shakes, and ice cream etc.	JWatson
6pm	given oral Paracetamol Suspension at 6^{30} pm now asking for injection Morphine 10mg given IM.	JWatson
9pm	Oral medication ... given - no nausea NS. feed maintained.	
10pm	Complaining of pain, IM cyclizine given - immediate result.	
4/9/04	0100 Woken - requested analgesia. All oral medication given. "Vomited" - clear fluid with drugs - Medication repeated.	
	Nursing @ 12.15	
	① self caring	
	② - feeding as before No vomiting this morning	
	③ Requested oral analgesia - fell asleep.	
23rd	Several attempts to unclog n/j tube unsuccessful. New Clayzapper obtained from emergency cupboard but Dr. Abraham was asleep. Discussed with JP who said due to difficult pain control pt	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	Woke to be L/H side asleep at present.	E Lyons
02[30]	Bozzed by nurse-stating agonising pain - having at Morphine. Morphine 10mg previously given at - 10[20] pm - 6[20] pm and 1[10] pm. ? Degree of severity of pain. Nil vomiting. Awaiting advice of THO as Medical Staff not been to review patients need of Morphine IM.	E Lyons
03:40	Called to review after complaints to nursing staff regarding abdo pain. Aware of complex issues with her pain control. Pain review team going to review on monday.	
	OE Very tender Soft	
	Pulse 60bpm, reg character & vol. Given more Morphine 10mg.	
	Feed site disconnected, will review tom.	
	Nursing @ 16[00]	
	Reviewed by medical staff - N-J tube removed this morning may commence light diet.	
	(2) Advised to keep oral fluid intake going -	

COMMUNICATION SHEET

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

Name Deborah Sullivan
Address 8 Rhundmuir Court
D.O.B 7/12/72
Unit No. 1063847K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
5/9/04	Complained of abdominal pain pre-bkfast - advised not to eat anything. Im Morphine 10mgs as per prescription	
	Nursing @ 1830	MTR
	(S) vomited x1 clear fluid -	
	(B) Morphine 10mgs IM @ 1705	MTR
6/9/04	Anti-sickness injection of cyclizine 50mgs given at 20:30 hrs last night usual medication given afterwards without further sickness. Still sleeping at 2hr without complaint	MTR
	Nursing @ 1900 hrs	
	(1) As before - self caring	
	(2) Fluids only taken - still has been vomiting but less volume today	
	(3) observations stable - Im Morphine 10mgs as per prescription	MTR
5904 2330	Nursing	
(S)	Intramed given 2100.	
	Oral medicines & PR voltarol given 2200. Still	

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
	Complaining of pain. Vomited x1, watery fluid only no tablets evident. Im morphine & cyclazine given with effect. S/N J Fitzgerald -	
7904 0620	Nursing.	
②	Oral fluids & diet taken. No further vomiting.	
⑤	Im tramadol at 0600, with effect for abdo pain. S/N J Fitzgerald	
8904 04-27	Nursing.	
②	Minimal taken orally overnight. No vomiting overnight.	
③	Passing urine spontaneously.	
⑤	Asked for analgesia at 23[30] when nursing staff went to Deborah she was asleep. Analgesia not required till 03[45], Im morphine given with effect. Refused P/R voltarol	
⑥	IV infusion commenced. 6 hourly. S/N J Fitzgerald	

COMMUNICATION SHEET

Ward 5

Name Deborah
Address Solwoon
8 Rhudmwr
Court
D.O.B 7.12.72.
Unit No. 1063847 9K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
7/9/14 3pm	② Minimal taken orally. Vomited after medication.	
	⑤ Still c/o pain IM analgesia given as prescribed.	
	⑥ IV fluids continue	CMiller
	For endoscopy and insertion of feeding tube tomorrow.	CMiller
8/9/14	For NJ tube tomorrow as is still not able to hold anything down. VINCA PRHO.	
9/9/14 6Am	Nursing Notes Nights. Had oral medication - nil vomiting. Complain of pain ++ Abdominal after oral analgesia given. 10mg Morphine IM. With effect. Mobile to toilet. IV Fluid continue. Settled & slept for spells.	M Mooney
	Fasted From 0000hrs going for endoscopy & feeding tube passed.	M Mooney

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
9/9/14	For endoscopy + insertion of NJ tube today. Still vomiting + in a lot of pain..	
	Mag PRHO.	
9/9	Endoscopy (Shearer)	
	CXR E + insertion NJ feeding tube	
	→ Commence Enteral Feeding	
	→ NBM	
9/9/14	Dietitian: Note above entry. Re insertion of NJ tube.	
	Enteral feeding to provide all nutritional requirements.	
	Rate to be increased 4hrly as tolerated	
	To receive full requirements rate will have to be increased to 100ml/hr.	
	Please contact to monitor U&Es. Thanks.	
	Could Deborah be weighed please.	Bsley Wrd EN13362
10/9/14 4AM	Gastric feed was not commenced overnight as directed because there was no machine available. Please order one from Dietitian today. Cyclizine 50mgs given last evening for nausea no further medication given as patient sleeping. Obs stable overnight	RN.

COMMUNICATION SHEET

Ward 5

Name
Addre
10638479K
SULLIVAN
DEBORAH

D.O. I
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
10/9/04	Dietitian: Feeding commenced this morning As Deborah is allowed oral diet please monitor intake over week-end in order feeding regimen may be ajusted accordingly Please continue to monitor U&E's & could Deborah be weighed please. Thanks.	Ressy Murphy Ext 13362
10/9/04	Nursing. Observations stable. NJ feeding commenced. Running @ 30mls/hr. to increase every 4° as per chart. Mobilising around ward. Continuing ½ regular morphine injections. Vomited x 1 after lunch time. Self-caring ½ hygene.	M McCrann (SN)
11/9/04	Actively sick last night Morphine 10mgs & Cyclizine 50mgs given as charted. N.J. feed not used as blockage still obvious	N

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
11/9/04	Theatre A Moses 20mg midazolam	
	Previous NJ feeding tube was	
	blocked ⇒ endoscope placed into	
	distal duodenum + new NJ feeding	
	tube placed under direct vision	
	into jejunum.	
	Commence NJ feeding on	
	return to ward.	A Moses
2pm	Returned from theatre.	SpR
	Feed commenced at 50ml/hr	Anaesthetics
11/9/04	Nursing.	
	Down to theatre for OGD + insertion	
	of NJ tube.	
	Enteral feeding commenced. Running	
	@ rate of 50mls/hr.	
	Obs. stable. Apyrexial.	
	Analgesia given regularly.	
	No episodes of vomiting.	
	To remain Nil by Mouth.	
	For review by pain team on Monday morning.	
12/9/04	All Pain meds given as prescribed. Pain control/skill	(S/N).
	appears poor. NJ feeding overnight. 70ml/hr.	Glynis

COMMUNICATION SHEET

Ward 5

Name Deborah Sullivan
Address 8 Rhindmuir

D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
2/9/04	NURSING @ 3pm.	
	① Washed independently.	
	② Fluid & diet taken, then appears to vomit approx 45mins post consumption, approx 700mls. IM cyclizine given. N.J. feed now running @ 70mls (osmolite) as Debbie stated see cannot tolerate ↑ rate.	
	③ Passing urine spontaneously	
	④ Independent ↑ mobility.	
	⑤ Observations stable.	
	⑥ Venflon removed.	
	⑤ IM morphine 10mg x 2 to rate. oral tramacet/paracetamol. taken, appears to have fair effect only.	(RMN) S/N O'Donnell
13904 0430	Nursing:	
	② Taking oral fluids. Vomited small amounts only.	
	⑤ Oral analgesia taken with minimal effect. PR	

COMMUNICATION SHEET

Ward S

Date	Progress / Evaluation	Signature/ Profession
	voltarol refused. Im morphine given x1 with good effect.	
(2)	Cyclizine given x1 for nausea & vomiting. NJ feed maintained as directed.	
13/4/14	WR Mr Shearer	
	NJ tube replaced at weekend. Awaiting review by pain team Mr Smith d/w Debbie Topping IM morphine Plan → change to PR morphine	
	For CT head to exclude SOL as cause of intractable vomiting	
		S Cawley
		PCTTO
13/4/14	CT Brain.	5703
	No intracranial haemorrhage / infarct / SOL seen	
		A. Mylan
	Morphine given PR with good effect	
14/4/14	N/J feed continues.	Swebb

COMMUNICATION SHEET

Ward 5

Name Deborah Sowson
Address 8 Rhodmoor Court
D.O.B 7.12.72.
Unit No. 106384-79K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
14/9/14 1pm	NJ feeding continues. nil required for pain this am.	
	? home on Wed pass	CMiller
14/9/14	WR Mr Shearer	
	Feeling better	
	No further vomiting c NJ tube feeding	
	Plan - continue c NJ feeding	
	- ? ⓗ end of week	
	- change regular PR morphine to PCH	
		L Cawley
		PRHO
		8703
14/9/14	Dietitian: I note that Debbie has managed a full meal @ lunchtime without vomiting. I suggest feeding 500ml of Osmolite overnight & monitor oral intake throughout the day.	
	I will review regimen accordingly.	
	Thanks	Lesley Hyde

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
14/01/04 5.30pm	No vomiting noted today - oral intake good. Is aware of plan to feed overnight with NJ tube. PR morphine 5mg given at 5.15pm	CMLLB
15/01/04 0245	Nursing	
(2)	Oral intake satisfactory. Unable to commence overnight feed, as NJ tube "fell out".	
(5)	Oral tramadol / paracetamol given. PR voltarol refused. * Please confirm if pt. to have movical - not clear on kardex *	S/N Fitzgerald
15/1/04	WR NR Shearer	
	NJ tube fell out whilst vomiting	
	Managing oral diet	
	Feeling well today on PR analgesia	
	Am (H) end of week	
		J Aherne RGN 05757
15.20	Independent with personal hygiene.	

COMMUNICATION SHEET

Ward 5

Name Deborah Sullivan
Address 8 Rhindmuir Court
D.O.B 7.12.72.
Unit No. 1063879K.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Observations Satisfactory. Apyrexial.	
	Tolerating diet and fluids. No episodes of Vomiting or nausea.	
	Tolerating oral analgisia.	
	If Patient should start to vomit for insertion N.J tube tomorrow.	
	Settled and offers no complaints.	L Reid/SN (D)
20.20	Patient vomited x1 earlier this evening.	L Reid/SN (N)
16904 0445	NURSING.	
(2)	No complaints of nausea/ vomiting.	
(5)	Paracetamol & tramadol taken at start of night with some effect. PR morphine 15mg given with good effect.	
	* Movicol prescription still to be confirmed/ clarified.* S/N J Fitzgerald	
07^{30}	Continues to refuse PR voltarol - can this be discontinued, please confirm same. S/N J Fitzgerald	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
16/9/04	WR Mr Shearer/Smith	
	Still vomiting	
	Managing to eat + drink	
	(#) on pass over weekend	
	Cancel Appoint c Dr Forrest	d'Arcy
		PETD
16/9/04 2pm	(2) No nausea/vomiting today.	SOON
	(5) Observations stable.	
	C/O pain despite oral analgesia	
	Pr morphine 15mgs given.	Culler
17/9/04	Nil nausea overnight. Still c/o pain at times. Oral pain meds given at 10 pm and requested morphine suppository at 10.45 pm.	
	Nursing @ 16.00	Elgin
	For home on pass until	
	Monday - 20/9/04	
	Discharge medications given	MTPS
4.15 pm	Returned from pass.	
	(2) vomited X 1.	
	(5) morphine supp 15mgs	
	given.	
	? home tomorrow.	L Stewart
21/9/04	Vomited very well onset prior to night time medicines	
	but managed to take all oral meds then promptly asked	
	for PR morphine suppository. Was asked to wait for	

COMMUNICATION SHEET

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

Name Deborah Sullivan
Address 8 Rhindmuir Crt

D.O.B 7/12/72
Unit No. 10 63 84 79 K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Short while: frequently morphine supp given at 0050	
21/9/04	WR Mr Shearer	
	Returned from pass	
	c/o vomiting + abdo pain	
	Remains on IM supp Morphine	
	Will d/w Mr Smith re: further management	
21/9/04.	11.20pm. Pink cannula sited right hand. Flushed with saline	
22/9/04	Morphine suppository + IV Gravisectron given 11:10pm as	
22/9/04	0230	
	ATEP - abdo pain.	
	Central abdo pain for 1/2 hr gradually increasing.	
	Vomited clear fluid only. Apyrexial.	
	Constant pain.	
	abdo soft.	
	tender epigastrium on v. light palpation	
	& percussion	
	masses 0/KGS.	

BSV

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	Not due further analgesia for another 1/2 hr.	
	PR morphine given 11:10pm ē anti-emetics.	
	↳ 50mg IM tramadol prescribed.	CJZ Green
22/9/04	A/D usage given with poor effect.	PRHO 4083
03.35	P.R. morphine given	
9/4	WR mr Shearer	
	Still do abdo pain + vomiting	
	CT head (N)	
	Plan – Chase previous psych review	
	– for barium meal + follow through	
	+ gastric emptying studies	
		KLewis
		PRHO
		S7N
22/9/04	Nursing @ 8pm.	
(1)	Self-CARING with Personal hygiene.	
(2)	Tolerating Small amounts of Fluid + Diet.	
	Vomit X 1	
(3)	Passing Urine Spontaneously.	
(4)	Mobilising independently around	
	ward.	
(5)	observations Satisfactory. Morphine	
	Sups given as per Kardex.	N Bayle (ST/N)

COMMUNICATION SHEET

Ward 5

Name DEBBIE
Address Sullivan
8 Rhindmuir Crt.
D.O.B 27·12·72.
Unit No. 1063847 9K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
22/9/04	Barium, meal & follow through to be carried out on 28 29/09/04 at 8.50 am.	NBy/b(ST/NJ
23/9	nursing 3am	
②	No vomiting overnight	
③	Oral analgesia given with little effect	
	P.R. Morphine 15/60 given t/ with effect	
27/9/04	WR Mr Shearer	
	Barium enema booked for 29/09/04	
	Still c/o abdo pain + nausea/vomiting	
	? For NJ pass	
	Cargo (H) on pass at weekend	
		RCullen PCNO
24/9/04	NURSING	STN
12.15	1) Independent with hygiene	
	2) Taking fluid and diet.	
	No nausea/vomiting.	

COMMUNICATION SHEET

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

Date 12·20	Progress / Evaluation	Signature/ Profession
	3) Passing urine spontaneously	
	Bowels moving	
	4) Mobile around ward	
	5) Morphine suppository given P.R at	
	11·30am.	
	Can go home on pass for weekend.	
	Medication ordered.	
	To return on Monday. If pain	
	persists N/G tube to be passed	
	for enteral feeding, and	
	Debbie~~s~~ will be discharged home	
	with supply of same.	
	For barium ~~meal~~ follow through	
	on Wed 29/9/04.	
	Discharge to be arranged	
	thereafter.	
		R Dunn SN
16·30	Indent supplied to patient.	RD
27/9/04		
19·20	Patient returned from pass and stated that she has	
	been in pain and has had sickness over the weekend.	
	on return requested pain relife and antiemetic.	
	Pr morphine given and Cyclizine as prescribed.	
	Settled at this time and offers no complaints.	L Reid SN

COMMUNICATION SHEET

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

Name DEIRDRE SULLIVAN
Address
8 Rhindmuir Crt

D.O.B 7/12/72
Unit No. 1063867 9K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
28/9	nausea ++	
(5)	Pain sent. P.R Morphine 15mg given	
	@ 20.20 with effect	
	Right arm antecubital	
	Slept soundly	
	No complaints of nausea or	
	vomiting	Z Sally
29/9/04	WR MR SHEARER / SMITH	
940 am	Settled. Obs stable, apyrexial. For barium meal + follow through	
	tomorrow:	Kath M A L
	Nursing @ 1300 hrs	M'ARTHUR PRTO 16
	(1) Safety carried as before	
	(2) Vomited this morning	
	undigested food stuffs	
	Inj cyclizine 50mg with effect	
	(3) Morphine P.R supps as per	
	prescription	MTTS
29/9/04	Nursing Notes Night.	
	Vomited x1 at 2100hrs - IM Antinetic given	
	with good effect.	
	Fasted from 2200 hrs - Patient aware	
	Medication given as per Kardex.	
	Settled + slept	M Mooney

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
29/4/4	WR MR SHEARER	
	Pt away for barium meal. Will chase results tomorrow	
		[illegible] MCARTHUR PRHO 1618
00[00]	Pt c/o 'mortal agony'. All pain medication (oral) given at 22[00]. 15g Morphine suppository given at 10[60] pm c/o again said in great pain. Seen by JHO to have 60g DF118 and can have Morphine supp @ 02[60] again if required. Appears to have vomited. ½ bowl of vomit/fluid.	
03[05]	15g Morphine supp given	
30/9/4	WR MR SHEARER	
9[45] am	obs stable. Apyrexial. Bloods OK. Awaiting barium meal and follow through. ~~[illegible]~~ Still feeling sick. Morphine suppositories continue. Had to call night JHO for DF118	
30/9/4 Noon	Awaiting results of ba meal [illegible] MCARTHUR PRHO 1618	
	4 FT. Morphine supps 15mgs given. Still c/o nausea Im cyclizine given.	
	Seems to be managing fluids and quiet	[illegible]
1/10/4	Oral analgesia ineffective, Morphine supp given with good effect. Slept well after	[illegible]
1/10/4 10[am]	WR MR SHEARER	
	Vomiting continuing. Not well enough to go home on pass for w/e	
	Advised to refuse morphine if vomiting as this will clearly	

COMMUNICATION SHEET

Ward 5

Name DEBORAH SULLIVAN
Address
8 Rhindmuir Crt.
D.O.B 7/12/72
Unit No. 1063847H

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	make the problem worse. IV fluids to be commenced today	
		Kath McArthur
		McARTHUR PRHO 1618
1/10/04		
17.15	PINKVENFLON SITED INTO 'L' ANTECUBITAL	
	FOSSA, FIXED WITH SATINE.	
		(PSW).
19.30	Patient independent with personal hygiene	
	observations Satisfactory.	
	Taking diet and fluid and has vomited x2 today large	
	amounts. Prescribed anti-emetic given.	
	Also complaining of pain regular prescribed analgisia	
	given also Debbie has required morphine Suppositories	
	IV fluids commenced 6°.	
	Settled at this time.	L Reid SN (D)
2/10/04.	Nursing @ 3.30 pm.	
①	Independent with shower this morning.	
②	Taking fluids + diet, Vomited x 2 today.	
	large amounts after meals. Prescribed	
	anti-emtic's given as Kardex.	
④	Mobilising Independently.	
③	Passing Urine Spontaneously.	
⑤	Obs - Satisfactory.	N. Boyle (S/N)

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
2/10/04	Nursing @ 3.30 pm.	
(6)	IV-fluids 6°hrly continue, as charted.	
	Morphine Supps given as charted.	K.B. S/N N'Bayle(S/N)
2/10/04	Nursing @ 7.30 pm	
(2)	Vomitted x1 after Supper.	
(6)	IV fluids continue as charted.	N'Bayle S/N
3/10/04	Morphine Supps given as charted	
3Hr.	I/M Cyclicen 50mgs also given	
	I/V. fluids 6 hly	
	Slept well without complaint	
3/10/04	Nursing @ 12 MO.	
(1)	Showered Independently this morning.	
(2)	Taking fluids + diet. Vomited x 1	
	after breakfast.	
(4)	Mobilising Independently.	
(5)	observations Satisfactory. Apyrexial.	
(6)	IV fluids continue 6°hrly as charted.	
(3)	Passing Urine Spontaneously.	
	Morphine Supps given as charted.	N'Bayle(S/N)
3/10/4	WR MR MOSCHOS	
	No new issues. Still vomiting after meals. Continue	McARTHUR PRHO 16/10
17.55.	I M Cyclizine given at 17.30 hours -	
	post vomiting.	

COMMUNICATION SHEET

Ward ...5.....

Name Debbie Sullivan
Address
8 Rhindmuir Crt.

D.O.B 7/12/72.
Unit No. 1063847 9K.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
4/10/4	WR DR DALLON	
9.15 am	Obs stable. Pulse >100bpm. Apyrexial. Continued vomiting last night.	
	-for IV Granisetron today. Check U+Es, continue IV fluids. Awaiting	
	barium enema result. Kath MARTHUR RGN 06/18	MA/
11.10.04	For TCSC by Mr Cahill.	
	For ph started - TBA.	
	PR Morphine and anti-emetics	
	given as prescribed	QDunn
14.20	NURSING.	
①	Showered independantly.	
②	Nausea persists, granisetron	
	given IV. Tolerating Fluids	
	& diet.	
⑤	Observations stable.	
⑥	IV Fluids maintained.	
⑤	Morphine supps given	
	as per. kardex. S/N J Fitzgerald.	
4.10.04 11.30	Cannula inserted 9 gauge L' wrist.	Isabel Thomson MSW
5/10/04	NURSING @ 8.30am.	
	2 x morphine 15mg supps,	
	-as per kardex.	
	Slept for long periods.	(NMA) SN Allan

→CONT

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
5/10/04	⇒CONT	
	IV crystalloids recommenced	
	- as charted. S/N (NIVA) O'Connell	
5/10/4	WR NR SMITH	
11[15] am	Awaiting results of Barium Meal + follow through. Aileen Newry from GGH Gastro lab will phone ward regarding date for pH + manometry studies	Ked MacArthur MacArthur PRHO 16/8
5/10/04	Nursing @ 14:30	
①	Showered independently this morning.	
②	Taking fluids + Diet. Still c/o of Nausea. Antiemetics given as charted.	
③	Passing Urine Spontaneously.	
④	Mobile around Wd.	
⑤	observations Satisfactory.	
⑥	IV Fluids discontinued. Morphine Supps given as charted.	N Byrne (S/N)
5/10/4	Formal Barium Meal + Follow through report:	
	The patient has a moderately large, highly mobile sliding hiatus hernia with marked gastro oesophageal reflux to thoracic inlet level. There was also initially a degree of pyloro-spasm but this subsided spontaneously with no abnormality revealed in the duodenal cap. No abnormality was noted in the small bowel on follow through.	
	Incidentally the Sacroiliac joints were noted to be slightly sclerotic bilaterally although joint space remains relatively well defined. Appearances could be projectional. Unfortunately previous AXR not traced. ?Symptoms from SI joints ?ESR	Ked MacArthur MacArthur PRHO 16/8

COMMUNICATION SHEET

Ward 5

Name Deborah Sullivan
Address 8 Rhudmour Crt
D.O.B 7.12.72
Unit No. 1063879K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
S 10/04 1900	* Phonecall today from Gartnavel maternity clinic, appt arranged for studies on Tues. 19.10.04 2.30-3pm with Aileen. Prestudies instruction sheet to be sent to ward.* S/N Fitzgerald	
6/10/04	NURSING @ 2pm:	
2&3	Intake / output satisfactory	
5	oral analgesia taken c moderate effect.	
	slept for long periods, to note. S/N Allan Smith	(NVA)
6/10	WR SMITH AM	
	Still complaining of pain + that she didn't get any morphine suppositories	
1520	NURSING.	
1	Independant with hygiene	
2	Taking fluids + diet. Nausea persists. Vomiting undigested foodstuff and water	

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
	brash.	
(3)	Passing urine spontaneously.	
(5)	Observations stable.	
	Tramadol/paracetamol	
	taken as prescribed.	
	Morphine supps x1 this	
	afternoon with effect.	
	S/N J Fitzgerald	
10	Morphine Supp Given	
7/10/14 0730	Deborah slept all night – no	
	nausea, no c/o pain.	
	Medication put beside locker, wake	
	up went for ciggie back	
	with kardex asking for morphine	
	supp. Not given. Advised to	
	take the oral medication	
7/10/14	MR NR SMITH	
	Awaiting date from GGH for pH/Manometry – will phone	
	ward. ESR 33. Bone Profile (N). Increase gaviscon to	
	4x daily.	MEARTHCAK PRHO 1618
7/10/14	3pm. Showered independently. Given	
	morphine suppositories for pain as per	
	kardex. Vomited x1 foodstuffs at	
	lunchtime. Awaiting manometry tests 13/10	
	Observations stable. A Reid S/N	

COMMUNICATION SHEET

Ward .....

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
8/10/4	WR MR SMITH	
	To go home on pass for weekend.	McARTHUR ARHO 1618
	Nursing @ 12 NOON	
	Self caring	
	No sickness prior to discharge.	
	✱ For Oesophageal manometry	
	. Tues 19/10/04 @ 2.30pm.	
	at Endoscopy Unit at	
	Cavanaval General Hospital	
11/10/4	WR MR SMITH	
	Pt still on pass. Note date for pH + manometry, thank you.	McARTHUR ARHO 1618
11/10/04	Nursing @ 7.30pm.	
	Patient returned from Pass.	
	fluids + diet taken. Vomit x 1 after	
	Supper. Morphine Supps given as charted,	
	Cyclizine given as charted	
12/10/04	Obs stable. Apyrexial.	
	Analgesia + anti-emetics	
	as prescribed.	
	Fluids + diet taken	
14/10/4	WR DR DHILLON	
	Awaiting tests at GGH. ? for further feeding tube : Pt says	
	she is keeping nothing down.	McARTHUR ARHO 1618

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
13·10·04	Vomiting small amounts clear fluids intermittently, anti-emetic as per Kardex. Morphine suppositories as per Kardex for relief of pain	
	Nursing @ 11⁴⁵ am	HBconnor
	① Self caring	
	Vomited x1 post - breakfast.	
	② Morphine Supp 15mgs given as per prescription	
		MCMc
13/10/4	Mr Mr SMITH	
	For transfer to medical ward as border today - No new issues. Awaiting PH + Manometry at 66H.	
		MACARTHUR PRAG 1618
14/10/04	TRANSFER FROM WARD 5A TO 12B.	
	31 YR OLD LADY WITH CHRONIC ABDOMINAL PAIN WELL KNOWN TO SURGEONS FOR OESOPHAGEAL MANOMETRY ON TUES 19/10/04. MAY BE ALLOWED OUT ON PASS OVER WEEKEND. CAN HAVE MORPHINE SULPHATE SUPPOSITORIES.	12B.
NURSING:-		
15/10/04	Settled night. fully independent	
4am	Morphine sulphate supps, prior to settling.	
	Appeared to sleep for most of night.	SNLendrum
15/10/4	M/ Smith W/R	
10am	· Home today on weekend pass.	
	· to return to Ward 5 monday	
	for oesophageal manometry tues 19/10	
	2³⁰pm at Gartnaval General Hosp	SR Robertson
15/10/04	Vomited +++. Given cyclizine as prescribed	
1300	+ morphine suppository as prescribed	SR Robertson

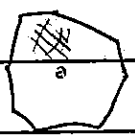
COMMUNICATION SHEET

Ward 5

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 1063847K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
18/10/04		
1835	Nursing	
	Returned from pacs today.	
(2)	Small amounts of diet taken, vomited clear undigested food stuff post dinner	
(3)	Voiding urine spontaneously	
(4)	Independently mobile.	
(5)	Observations satisfactory	
	MORPHINE SUPPOSITORIES GIVEN for pain relief.	
*	FOR OESOPHAGEAL MANOMETRY 19/10/04 2.30 pm AT GARTNAVEL GENERAL HOSP. ? transport to be booked ✓ * DOCTOR(S)	
18/10/4	ATSP - c/o of pain	
	PC Abdo Pain - central	
	stabbing	
	radiates to shoulder	
	O/E  Abdo soft ~~non tender~~ tender over epigastrium	
	CVS RS Masses BS ✓	
	Already had - bracturel 1g po	
	Tramadol 100mg po	
	Morphine 15mg pr	
	Asking for pethidine injection.	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	Plan - Not willing to prescribe IM Morphine or Pethidine ! given Hx	
	- Try IM Nefopam Hydrochloride 20mg	MCARTHUR PRHO 16/8
16/8/16	NURSING @ 0985 am.	
(2)	Passing urine spontaneously	
(5)	Observations stable	
	Pain control appears to be problematic, to note.	
	Painscore ↑ despite IM Acupan, PO Tramadol / Paracetamol / Diazepam & P.R morphine. JHO informed @ Debbies request ⇒ PO 20mg Buscopan given c/c cyclizine 50mg (NB: vomited cyclizine, whole tablet prev - see kardex).	
	Debbie appears keen to have 'an injection'. Rationale explained / reiterated to Debbie, who appeared satisfied c/c same.	
	Appears to have slept for short periods, to note. SN	(RMN)

COMMUNICATION SHEET

Ward S

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
19/10/04 11am	For oesph manometry testing today at Gartnavel. Still c/o pain and nausea. IM cyclizine and PR morphine 15mgs given.	CMillo
19/10/04 16.50	Returned from Gartnavel at 16.30. Manometry study commenced. To return to Gartnavel tomorrow afternoon at 14.30. Transport arranged 1) Independent with hygiene 2) Passing urine spontaneously 5) obs stable, apyrexial Required IM cyclizine and PR morphine 15mgs this morning Vomited x 1 today.	
20/10/04	NURSING C Sam.	RGunnisla
⑤	regular oral analgesia taken x2 morphine 15mg supps, taken, to note.	
⑨	appears to have slept for long periods. S/N	(nm)

COMMUNICATION SHEET

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

Date	Progress / Evaluation	Signature/ Profession
20/10	WR MR SEOV	
	- NOT for IM injections! No	
	reason why can't receive	
	them orally or PR	
21/10/	NURSING	
3.15	1) Independent with hygiene	
	2) Taking fluid and diet.	
	but did vomit x 2	
	3) Passing urine spontaneously	
	4) Mobile.	
	5) Obs stable	
	Morphine supps 15mgs required	
	twice so far today.	
	Prescribed Domperidone suppositories	
	if required for nausea/sickness	
	Please note above - NOT FOR	
	INJECTIONS.	
	Gone to Gartnavel at present	
	for end of manometry test.	
21/10	nursing	R.Quinn SN
@	Morphine supps 15gs given after	
	right angiogram - Feels Tranquilised	
	does her no good at all	
	Appears to be settled at time	
	of report	

COMMUNICATION SHEET

Ward 5

Name DEBORAH SULLIVAN
Address

D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
21/10	WR MR SEOW	
	-NO change. Will chase pH studies	
	today	
11.25	Motility lab at Gleneagles	
	(211-0172) closed this wk. Will	
	phone again for results on	
	Monday	
21/10/14	Nursing	
15.10	1) Independent with hygiene	
	2) Taking fluid and diet	
	Vomited x2	
	3) Passing urine spontaneously	
	Bowels moving	
	4) Mobile	
	5) obs stable; apyrexial	
	Morphine supp 15mgs required	
	at 08:20am	
	Awaiting manometry results	
22/10	nursing SOA	R Quinn SN
⑤	Morphine supp 15mg given x 1	
⑦	Two failed's identity	
⑨	Slept soundly overnight	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	Nursing @ 1900	
	(D) self rating	
	(B) oral analgesia and PR Morphine continue	
	IS still aware that no injections are to be given - has not been distressed with this	
	issue Awaiting Manometry Results	NJ RN
	NURSING @ 1900 am.	
23/10/04	Pain control appears to be problematic again tonight..	
	Debbie reported Painscore 9,	
	sharp stabbing pain. Has had	
	15mg morphine (PR) 10pm & 100mg	
	of Tramadol (B 1gm paracetamol.	
	JHO or Pennicard informed,	
	JHO reviewed Debbie (B has	
	informed her that there is	
	nothing else left to prescribe	
	@ present ⇒ will have to	
	wait until 2am, when next	
	P.R. morphine due. She appears	(RNA)
	satisfied & same.	
7am	Settled (B slept following	
	15mg morphine PR @ 2am	

COMMUNICATION SHEET

Ward 5

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
23/10/4	WR MR CHONC	
	No new issues Awaiting pH + manometry results	
	Continue.	Kd MAL
		MCARTHUR PRHO 1618
23/10/04 2pm	① Inapperant with hygiene	
	② tolerating fluids and diet:	
	no nausea/vomiting	
	⑤ Observation stable. c/o pain	
	reg analgesia 15mg morphine	
	Pe given	CMiller
24/10/04	NURSING C 215 am.	
	⑤ regular oral analgesia taken.	
	1x 15mg (P.R.) morphine, taken	
	to note.	
	Appears much more settled	(RNA)
	tonight, to note.	S/N
24/10/04 11am	⑤ Continues with regular Pe	
	morphine and antiemetic.	CMille
25/10/04	a All regular prescribed pain medication given	
	at 10pm + 15mg morphine at 23[45].	Egan
25.10.04	WR Dr Dhillon	
	Apparently motility + pH studies have	
	been sent to Mr Smith.	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	I have asked for a copy to be faxed to Irene today	
1600	Manometry results at front of notes	
1)	Independent	
2)	Tolerating fluids & diet but c/o nausea post meals Vomited x 2 undigested foodstuffs.	
3)	Independent.	
5)	Obs stable apyrexial	
1845	For open fundoplication tommorow please fast from 12 midnight Consent signed.	
	Nursing notes	
26/10/04	Obs. stable	
	Morphine 15 mg i/m/ stops give very good effect	
	For open Fundoplication ;	
	opinions to be settled overnight	
26/10	Theatre (Smith / Dhillon)	
	Open Nissen Fundoplication	

COMMUNICATION SHEET

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

Name Deborah Sullivan
Address

D.O.B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
1800	Returned following above procedure.	
5	Tachycardic on return probably due	
	to amount of morphine given in	
	recovery	
	BP + Sats stable	
	Minimal use of PCA due to	
	drowsiness.	
	NVI 5°	
	Still to pass urine	
	Wound spotting only	
	Mumis o4w	
27/10/04	, Still tachycardic P 124-130/min - NHO	
	awaved. otherwise stable	
	, PCA in situ and removed. used	
	moderately	
	, IVF continues	
	, NG Tube in free drainage - output	
	@ 400 mls - gastric grumous secretn	
	, passed urine spontaneously	
	, slept at times intervals	
	, wound spotting	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
27/10/04	S: NOK feeling great, no pain. O: NG tube & PCA in situ. Moist cough, weak. Difficulty expectorating due to pain. Lie → sit → stand c min assist of 2. Mob c min assist of 2, slow tentative gait. R: DBTOO Supportive cough Mob mnj ↔ toilet. A: Struggling towards end of Rx, feeling faint. Maintained well. P: Cont	(Emma Rhodes) Staff Nurse
27.10.04	*Nursing* Patient remains very tired & pain hard to control. Reviewed by pain team; plan discontinue tramadol and morphine suppositories. PCA continue c 1.5mg bolus but decrease lockout time from 6min to 4min. NG to be removed, IVFI discontinued. Oral intake good, 750mls this AM.	SN Anderson (Bank)
17/00/2)	May have pureed diet this evening. Soup only tolerated.	
4)	Mobilising to toilet.	

COMMUNICATION SHEET

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

Name DOBBIE SULLIVAN
Address

D.O.B 7/12/72
Unit No. 10634679K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
28/10	NURSING Son	
(2)	Tidy small amts of orl fluid	
(3)	No wound present since 5pm until	
	time of report *PLEASE OBSERVE*	
(5)	T 37.6cc Paracetamol 6hr 11hr/hr	
	P 135 bpm Sats 88% on air → 96%	
	on 2lt O_2 resp 14	
	PAIN score 8-10 Using PCA regularly	
(9)	Sleeps - Slept : scattered from 23-06	
	Mental use of PCA	
28/10	VR DR DHILLON	
	- STILL QUITE SORE THIS MORNING	
	- ABDO SOFT, TENDER ROUND WOUND	
	- WOUND LOOKS FINE.	
	- SPOKEN TO PHYSIO WHO WILL	
	ADDRESS HER CHEST TODAY	
	- SINUS TACHY ▷ MONITOR	
	- APY REVIEW	
1020	Physio	
	S: Feels chest a bit crackly. Feels ex's done it yesterday	
	O: 2l O_2 via Sats 95%. PCA in situ.	
	Assoc (R) | (N) Harsh through audible crepts	

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
	Exp^{n}: poor using acc muscles.	
	Cough: ineff, moist	
	Sit → Stand (I) Mob (I) c sup^{n} of	
	2.	
	Rx, Chest Xs	
	OBstacles c insp hold	
	FET	
	Cough // mobilising secretions nil exp.	
	Mob 1m 5 ⇔ 1m2 // SaO$_2$ ↓ post Rx,	
	P, R IV pm chest.	
	Exp post Rx - mod amt MPB secretions	
	Name Rhett Sign	
28/10 1.30pm	C10 pain ++++ this am, Looks sore	
	PCA d/c now to get regular morphine PR	
	e can have BIT if necessary	
	Up & showered with supervision - a bit	
	unsteady on feet.	
	Pulse ↑ 127 T ↑ 37.5°C BP 109/83	
	wound intact	
	oral fluids encouraged, drinking small	
	amounts only.	S.N KHE-bison
1400	Sr Physio	
	S: Reports now expectorating (I), altho' ↓ pain.	

COMMUNICATION SHEET

Ward 5

Name Debbie Sullivan
Address

D.O.B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
Physio Contd	Visitors in attendance ∴ ↑Rx given as indicated	
	P, RW am → check chest	
	Progress mobility ~~Journal~~ SRFT	
28/10/04 pm	Disinclined for diet	
	Taking oral fluids.	
	Nauseated.	
	Analgesia changed to I.M.	
	Sputum specimen to be collected.	
	Remains slightly tachycardiac 116, Temp 37.5°C.	
	Abd wound exposed.	Staedler S/N
29/10/04	2) oral fluids taken.	
	3) Voiding urine	
	5) Obs satisfactory remains slightly tachycardic	
	IM morphine 10mg given	
	Please can we have pain team	
	review as Debbie is totally	
	unable to function normally due	
	to Morphine, she does not appear	
	to be as sore as she states	
	as she can move to toilet	
	+ around bed with ease when	
	she thinks no one is watching.	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
29/10/04	Physio	
1020	S/ⓘ coughing & expectorating phlegm since AM	
	O/ Sputum sample sent for MP sputum earlier this AM. 2102 via n-c.	
	Chest ⓡ / ⓛ	
	↓ ↓ scattered crepts throughout apices. Dull to bases	
	↓ ↓ Secretions audible to back of throat.	
	Cough: weak, dry (difficult to assess as ↓ effort.	
	Lie → sit → stand ⓘ Walk ⓘ c sup, slightly unsteady.	
	R/ Chest Xr.	
	ABG & FBC	
	Gait need rvms ⇐⇒ rvmo	
	A/ Secretions mobilised but pt unable/ unwilling to expectorate.	
	P/ RV pm Mon	Dianne Rehab SCPT
29/10	WR DR DHILLON	
	- Abdo soft, tender round surgical	
	- wound.	
	- Apyrexial. CRP ↑. Tachycardic	
	- Cough & spit	

COMMUNICATION SHEET

Ward .....

Name Deborah
Address Sullivan
8 Rhundmuir Crt
D.O.B 7/12/72.
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
29/10/04		
	↓Air entry @ base	
	-CXR today.	
2.45 pm	CXR appears normal	
29/10/04	Dietitian: Advice on consistency altered diet	
	discussed & written information provided.	
	Emphasised importance of not having bread,	
	pastries & tough meats for at least 6-8 weeks.	Lesley Wright
		Ext 13362
16.20	Nursing:	
(1)	Independent with hygiene	
(2)	Tolerating oral Fluids,	
	reluctant for diet.	
	Dietician discussed	
	dietary instructions with	
	Debbie.	
(3)	Output satisfactory.	
(4)	Reluctant to mobilise.	
(5)	Observations stable.	
	Im morphine x2 with	
	good effect immediately.	
(6)	O2 taken as required	
	for breathlessness,	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	CXR performed. S/N	
30/10/04 6.45	Patient has slept well for most of the night at half past 3 this morning Patient received 50mg of Cyclizine for nausea and 15mgs of Morphine Sieb Cut for abdominal pain, Patient then at 6am was Complaining of abdo pain, but was explained that only had morphine @ 3.40 am and would need to wait a wee while longer but got morning Medications instead, otherwise had a settled night and offers no complaints	SN
11am	Physio N/S report Doctor has wishes Debbie to have Chest Physio. However she has been seen 4mo' she week re:- chest & can expectorate Indep & effort. She is currently mobilising & appears undistressed by chest : not appropriate for physio at the Mend	
30/10	Mon SH ⇒ CXR - Patient for review, - Keep on antibiotics - Check CXR	

COMMUNICATION SHEET

Ward S

Name Deborah
Address Solloon

D.O.B
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
30/10/04		
1630	Nursing	
(1)	Showered with minimal	
	assistance	
(2)	Encouraged with diet,	
	Fluids taken well.	
(3)	Passing urine spontaneously.	
(4)	Gently mobile.	
(5)	Observations stable	
	Im analgesia x2.	
(7)	Dressing renewed. SN J Fitzgerald	
	Nursing ends	
31/10/04	1 Obs. stable	
	1 Cirm morphine once at night esp	
	good effect, slept well	SC
31/10/04	Seen Mr Howell	
	No new issues. Continue. S Thirlwall	
1350/	Nursing (Timothy Reilly 1688)	
(1)	Showered this morning.	
(2)	Taking soft diet & obt fluids	
(3)	Voiding urine spontaneously	
(4)	Independently mobile	
(5)	Temperature 37.5°C this morning.	
	1G Paracetamol given.	

COMMUNICATION SHEET

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

Date	Progress / Evaluation	Signature/ Profession
	IM MORPHINE 15MG GIVEN AT	
	1100/ FOR PAIN.	
(7)	Wound left exposed c/d. Clips	
	to wound. DClarke (S/N)	
1/11	[illegible]	
(8)	[illegible]	
	MORPHINE 15gs +2 [illegible]	
(9)	Slept [illegible]	
1/11/14	LIR DR DMILLON	
	Settled weekend vomiting.	
	Abdo soft, mild tenderness	
	around wound.	
	Wound satisfactory.	
	Morphine stopped today.	
11/11/14	Physio	
	S, Feeling much better. (H) Fri.	
	O, Sit → Stand (I) Mob (I) round ward.	
	↑ & ↓ Stairs c handrail, recip pattern	
	adopted.	
	R, Stair practice x2 flights	
	leaflet provided.	
	A, Safe & indep.	
	P, Nil ongoing req'd D/C Rx [illegible] STR	
16[20]	Nursing.	
(1)	Showered independantly	
(2)	Tolerating fluids, diet	

COMMUNICATION SHEET

Ward S

Name Deborah
Address Sullivan
Rhudmour
Court
D.O.B 7/12/72
Unit No. 1063847 9K.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	encouraged.	
(3)	Output satisfactory.	
(4)	Mobilising well.	
(5)	Observations stable	
	Now on oral analgesia	
(7)	Wound satisfactory. S/N	
19/10	Requested analgesia at 6pm - tramadol given 5pm. No breakthrough prescribed, doctor come to review but Debbie sleeping. S/N	
2/11.	Nursing. 6pm	
(8)	Wounds clean	
	Regular Tramadol given with effect	
	Nil request for breakthrough	
(9)	Slept soundly overnight	
2/11/4	Complaining of itch + agitation	
	spoke to Jenny the pharmacist who suggested Phenergan. Needs to be ordered from	
	pharmacy	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	Nursing @ 1930.	
	(1) Self caring for personal hygiene	
	(2) Wound clean and dry remains exposed -	
	Commenced Phenergan Syrup awaiting delivery to pharmacy - given piriton at present	
	Spoke to Dietitian re - speaking with Debbie again about what her food intake should be - Not mcDonalds meals - No meat, bread for 6-8 weeks -	MMS
3.11.04	Slept well.	
3 am.	oral analgesia given as	
	per kardex.	L Stewart
3/11/04	Dietitian: Spoken to Debbie re dietary restrictions & following advice given. Stressed importance of compliance.	Lesley Wright Ext 13362.
3/11/4	WR MR SMITH - Still on for (H) today - Soft soft	

COMMUNICATION SHEET

Ward 5

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 10638479K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
31/04 1600	Nursing.	
(1)	Showered independently.	
(2)	Tolerating pureed diet.	
(3)	Output satisfactory.	
(4)	Gentle Module.	
(5)	Observations stable.	
	Oral analgesia with effect.	
	Awm for home on Fri	S/N J Fitzgerald
4/11	nursing Sn.	
(1)	settled overnight	
	Oral Tramadol with effect	Staff
4/11/04	7pm - Self-caring. Uncomplaining - no pain. ? for discharge home tomorrow	
		Ward S/n
5/11	nursing Sn	
(9)	Slept soundly overnight - No complaints	Staff
1500	Nursing.	
(1)	Independent with hygiene.	
(2)	Tolerating fluids & diet.	
(5)	Observations stable.	
	Seen by dr - discharged	
	home.	S/N J Fitzgerald

RE-WRITTEN

Name: DEBORAH SULLIVAN- Ward: 6 Date: 3/9/04 Case Record No.: 10638479K

CARE PLAN

Date Comm.	Signature	1.BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
3/9/04	JWatson	Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2.NUTRITION		
		Fasting		
15904	JF	Normal Diet		
		Special Diet / Modified Diet		
3/9/04	JWatson	FREE FLUIDS, MILKSHAKES, ICE CREAM	15904	JF
3/9/04		NG FEED	3/9/04	MTB
13904	JF	NJ FEED	15904	JF
		3.ELIMINATION		
3/9/04	JWatson	Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4.MOBILITY		
3/9/04	JWatson	Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5.OBSERVATIONS		
		Waterlow daily (if score is over 10+)		
3/9/04	JWatson	TPR B.D		
		BP		
3/9/04	JWatson	Pain Score		
8904	JF	Fluid Balance	15904	JF

00629

CARE PLAN

Date Comm:	Signature	6.TECHNICAL CARE	Date Disc:	Signature
8904	JF	IV Infusion	13904	JF
1/10/04	NB	IV fluids 6° hrly.	61004	JF
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
8904	JF	IV access: ✓ IV cannulae ∞ others	13904	JF
1/10/04	NB	IV Cannulae (R) ARM.		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

Initial Care Plan seen and agreed by patient: Yes ☐ N/A ☐
Signature of nurse: Date: ☐☐/☐☐/☐☐

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

Name Deborah Sullivan
Address

D.O.B. 7/12/72

Unit No. 1063847K

OBSERVATION CHART

Pain Service - Sr Sioban Calwell, Sr Bernadette Wilson — Page 1184 — Ward 5 — Date 11/9/04

PCA PRESCRIPTION

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

ENSURE PCA ALSO PRESCRIBED ON DRUG KARDEX.

PCA PRESCRIPTION CHANGES

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

CLINICAL MANAGEMENT

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

POINTS OF EMPHASIS

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

POTENTIAL PROBLEMS

- Refer to troubleshooting guide in ward.

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. _____

OXYGEN / RECOVERY **NASAL** ☐ **HUDSON** ☐ **OTHER** ☐

OXYGEN / WARD _____

2L ☐ **3L** ☐ **4L** ☐ **5L** ☐ **OTHER** ☐

CANNULA / REMOVAL - RECOVERY ☐ **WARD** _____

INSTRUCTION/ INFORMATION

* Sedation only *

Date 11/9/04 Anaesthetist Signature _____

TIME :		2pm																
PULSE		82																
BLOOD PRESSURE		12/78																
SATURATION (SaO^2)		98																
RESPIRATORY RATE		14																
AIRWAY		own																
OXYGEN		2L																
PAIN SCORE	Rest	0																
	Movement																	
SEDATION SCORE																		
PONV SCORE																		
TEMPERATURE																		
WOUND																		
		-																
VOLUME SYRINGE (mls)																		
VOLUME INFUSED (mls)																		
TOTAL MG INFUSED																		
INITIALS		AM																
COMMENTS																		

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

0 5 10

NO PAIN WORST PAIN EVER

NURSE PAIN SCORE

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

CONTINUE IV FLUIDS RATE

Anaesthetist Signature _____

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

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

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

NOTES

Uneventful recovery. (A Macleau)

RE-WRITTEN

Name: DEBORAH SULLIVAN Ward: 5 Date: 21/8/04 Case Record No.: 1063847916

CARE PLAN

Date Comm.	Signature	1 BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
21/8/04	J Watson	Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2 NUTRITION		
		Fasting		
2/10/04	RD	Normal Diet		
		Special Diet / Modified Diet		
21/8/04	J Watson	FREE FLUIDS	28.8.04.	
21/8		NBM PERIOD	2/10/04	RD
26.8	I.S.	SIPS ONLY.	2/10/04	RD
		3 ELIMINATION		
21/8/04	J Watson	Independent		
		Commode		
21/8/04	J Watson	Bedpan/urinal	2/10/04	RD
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4 MOBILITY		
21/8/04	J Watson	Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5 OBSERVATIONS		
		Waterlow daily (if score is over 10+)		
21/8/04	J Watson	TPR		
		BP		
21/8/04	J Watson	Pain Score		
21/8/04	J Watson	Fluid Balance		

00629

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc	Signature
21/8/04	JWatson	IV Infusion	28.8.04	LS
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
21/8/04	JWatson	IV access: ∞ IV cannulae (R) Hand ∞ others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

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

Signature of nurse: L Stewart **Date:** 02/10/04

(3)

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

Name: DEBBIE SULLIVAN

Height:

Hospital Number: 1063847 9K

Weight:

DOB: 7/12/72

Surface area:

Date of Admission: 7/8/04

Date of writing discharge prescription: __/__/__

Consultant Name: MR SMITH.

Ward: 5

Date and time this form prepared: __/__/__ Time:_____

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

ORAL VOLTAROL

IBUPROFEN.

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐

PCA and other infusions ☐

Anticoagulants: Heparin ☐ Oral ☐

Topical: ☐

TPN: ☐

Enteral Nutrition: ☐

Oxygen Therapy: ☐

Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
25/10	Temazepam	20mg	O	2200			
26/10	Morphine in N/S	2-9mg	IV			C Mulholland	14:30 - 30
26/10	Morphine in N/S	5mg	IV			E Mulholland	14:35 - 38
26/10	Temazepam	20mg	oral			C Mulholland	14:45 - 30
26/10	Pethidine	100mg	IM			KH	15:15 - 2pm
27/10	Chlorpheniramine	10mg	ORAL			MM6	15:25 - 10mg 20mg
27/10	Chlorpheniramine	40mg	PO				1920

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE →	25	26	27	28	29	30	31	1	2	3	4																		
MONTH →	10	10	10	10	10	10	10	11	11	11	11																		
Other time																													
0700-0900																													
1200-1400																													
1600-1800																													
2200-2400																													
Other time																													

A DRUG: CLEXANE

DOSE: 20MG | ROUTE: SC | DATE: 25/10 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

B DRUG: MORPHINE

DOSE: AS PER PCA | ROUTE: IV | DATE: 27/10/04 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

C DRUG

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

D DRUG

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

10638479 27-Oct-2004 15:41:52 DEB AH SULLIVAN
32 Years Female

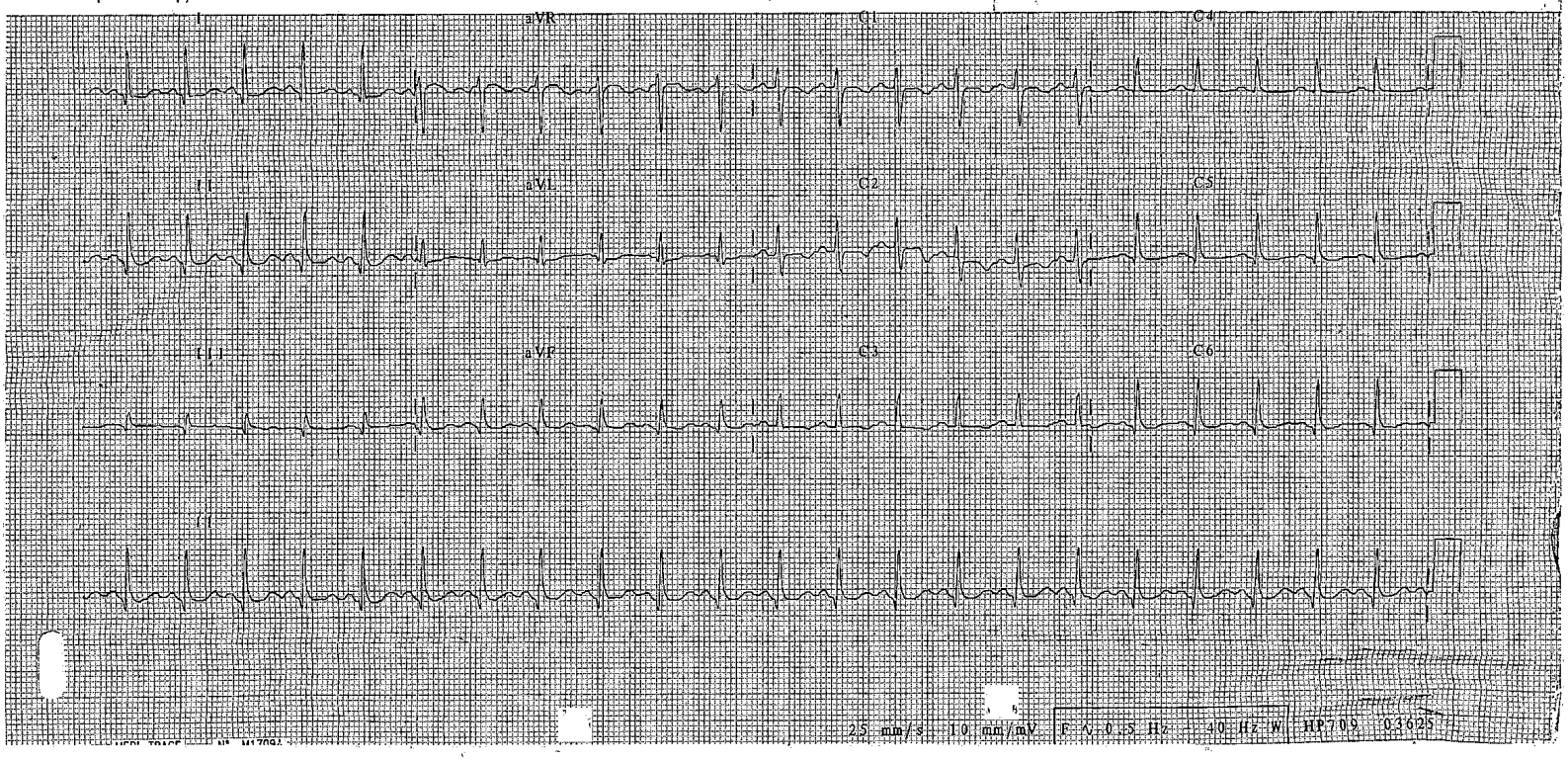
STOBHILL HOSPITAL CARDIC DEPT
Department: 5

Operator: ER

Rate 134
PR 123
QRSD 76
QT 283
QTc 422

--Axis--
P 48
QRS 43
T 47

Requested by:
MR SMITH



North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 26 / 10 / 04 WARD 5

Waterlow Score: _____

Name
Address
10638479K F
SULLIVAN 07/12/1972
DEBORAH
6 Muirhead Court
GLASGOW
G69 7EP
D O B
Dept

Affix data label

BASELINE OBSERVATIONS

BP 132/54 P 86 SO_2 97%

Consent signed	YES
Pre-medication given	ON CALL
Fasted YES Time last ate 7am Time last drank 7am	✓
Identity band	✓
Case Notes ☑ X-rays ☐ Drug Kardex ☑ Obs. Chart ☑	✓
Operation site confirmed	N/A
Caps / Crowns / loose teeth	NO
Prosthesis removed	N/A
Dentures removed / not removed	N/A
Underwear removed	✓
Paper pants on patient	NO
Make up, nail varnish removed	✓
Jewellery taped / removed	✓
Inhalers / GTN Spray	NO
Allergies None Known	✓
Voided urine	✓
Subcut heparin	✓
Ted stockings	✓
Pre-op visit	✓

Other relevant information :

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED Open Nissens Fundoplication

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

PATIENT POSITION

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

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

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

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

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

MIS 110461

North Glasgow University Hospitals Division

NHS
Greater Glasgow

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

Patient ID Label

Deborah Sullivan
10638479C

DATE 25.10.04

Proposed procedure

(block capitals) EXCISION OF LESION RIGHT BREAST

NOTES ON GUIDANCE FOR CLINICIANS

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

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

i) any procedure that carries a significant risk.

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

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

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

(v) any recording procedure such as photography, video and audio.

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

TO BE COMPLETED BY CLINICAL PRACTITIONER

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

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

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals)

SANJEEV DHALIWAL

Signature

Sanjeev Dhaliwal

Grade/Designation

SHO

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

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

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. These images will not be used for publication in any form without your specific consent. The procedure may also be observed by other professionals via a live video link.

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

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

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

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

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

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

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

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

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

To the administration of anaesthetics or to sedation if required	Agree ☑	Disagree ☐
To the procedure named on this form	Agree ☑	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☑	Disagree ☐
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☑	Disagree ☐
To the use of my tissue in medical education and medical research	Agree ☑	Disagree ☐

Signature	Date	Address
D E Sullivan	25/10/04	8 Rhinduin Court, Ballinteer, Dublin 16
Name (block capitals)		
DEBORAH SULLIVAN		

Notes

GREATER GLASGOW HEALTH BOARD

DATA PRINT:

STOBHILL GENERAL HOSPITA

Name Deborah Sullivan

INTER-WARD TRANSFER FORI

Address 8 Rhundmuir street G69

From 5 to 12B

D.O.B. 7/12/72 Unit No. G/384791K Date 14/10/04

DIAGNOSIS:

CONDITION		CONSCIOUS STATE		STAGE OF AMBULATION		PATIENT'S PROPERTY	
Terminally ill	☐	Unconscious	☐	Bedfast	☐	Left in Ward	☐
Acutely ill	☐	Responds to pain	☐	Chairfast	☐	Sent with patient	☐
Fair	☐	Responds to spoken word	☐	Up to sit	☐	Dentures: Full set	☐
Satisfactory	☑	Very confused	☐	Walks with help	☐	Top set only	☐
Good	☐	Slightly confused	☐	Uses walking aid	☐	Bottom set only	☐
		Fully conscious	☑	Fully ambulant	☑	Valuables with Cashier	☐
						Spectacles	☐

Diet – specify Normal

SUMMARY: Chronic Abdominal pain - & vomiting for oesophageal manometry Tues 19/10/04

Continent ☑ Incontinent ☐ Doubly Incontinent ☐ Catheterised ☐

PRESSURE AREAS:

	Sacrum		Hip		Heel		Elbow		Shoulder			
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
Intact	☑	☑	☑	☑	☑	☑	☑	☐	☑	☑	☑	☑
Red	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Broken	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Dressing – Treatment

Special Comments:

Morphine Supps 15mgs as per prescription

Signature [illegible] Grade SR Date 14/10/04

Relatives notified: Yes ☑ No ☐

North Glasgow University Hospitals Division
Stobhill Hospital

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Name: Deborah Sullivan Unit No.: 1063847916

Date:	23/8	24/8	25/8	26/8	27/8	28/8	29/8	31/8	1/9	3/9	5/9	7/9
Time of Result:												
WCC 4-11	7·98	8·40	8·54	7·90	9·03	9·26	8·17	7·68	6·65	10·06	7·27	10·24
Hb M - 13-18 F - 11.5-16.5	12·8	12·4	12·4	12·4	12·3	12·8	12·0	12·4	11·6	11·9	11·0	13·1
Plat..... 150-400	362	312	366	324	298	361	333	322	297	310	294	379
Hct 0-37-0-47												
Na 135-145	141	140	140	141	141	140	141	140	140	(134)	141	141
K 3-5-50	4·1	4·1	3·7	3·9	3·9	4·8	4·2	4·4	4·3	4·5	4·3	4·0
Cl 97-107	105	104	105	105	105	103	103	102	102	101	105	102
Bic 23-30												
Urea 2-5-8.0	(2·0)	(2·0)	2·5	(1·8)	(2·1)	3·4	3·5	3·6	3·9	6·8	4·0	3·8
Creat..... 40-130	81	78	86	90	87	80	80	79	77	82	83	106
Amylase..... <100					80	82	76					
CRP ..... <10	NA	7	<6	<6	13	(18)	<6	<6	NA	12	<6	(18)
ESR..... AGE 12												
Adj. Ca 2-2-2-6												
Phosphate 0-7-1-4												
Tot. Prot. ... 62-82	69	72	72	71	67		71	74	68			
Albumin 36-55	40	41	42	41	38		41	43	39			
Alk. Phos.. 80-280	157	161	151	139	133		124	125	112			
Gamma GT... <50	(152)	(150)	(135)	(122)	(118)		(112)	(115)	(93)			
Bil..... 3-22	9	11	9	10	10		8	6	7			
AST 12-48	36	27	23	36	40		43	37	27			
ALT..... 3-55	38	29	28	25	30		43	26	25			
LD 200-520												
Glucose ... 3-0-5-5												
PT 12-16												
APTT 32-44												
TT 8-12												
FIB..... 200-400												
INR												
APTT RATIO												
Drain Amylase												
H^+..... 36-43												
PO_2 ..... 10.5-13.5												
PO_2 ..... 4.6-6.0												
HCO_3 20-28												

MIS 109801/Stob

North Glasgow University Hospitals Division

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Name: DEBORAH SULLIVAN Unit No.: 1063847 9K

Date:	7/8/04	9/8/04	10/8/04	11/8/04	12/8/04	13/8/4
Time:	16.40					
WCC 4-11	5.72	6.57	7.91	8.40	8.3	
Hb 11-5-18-0	12.2	(11.3)	12.3	12.0	~~12.8~~ 12.7	
Plat 150-400	265	229	287	281	318	
Hct 0-37-0-47						
Na 135-145	141	143	144	143	142	142
K 3-5-50	4.3	3.2	4.3	3.9	-3.4	H
Cl 98-102	(108)	(108)	103	(108)	(104)	(107)
Bic 22-22						
Urea 2-5-7-5	4.6	(2.1)	(1.7)	2.7	2.8	(1.9)
Creat. 60-120	83	80	89	78	92	~~78~~
Amylase <200	73	67	68	86		
CRP <20		<6	9	6	~~7~~	H
ESR AGE 12						
Adj. Ca 2-2-2-6	2.32					
Phosphate 0-7-1-4	1.30					
Tot. Prot. 62-77	71	65	75	70	72	69
Albumin 36-52	42	38	44	40	43	40
Alk. Phos. 60-300	162	137	155	145	158	157
Gamma GT <50	(243)	(188)	(192)	(174)	(180)	(176)
Bil 3-20	7	8	9	7	9	H
AST 10-35	(40)	(37)	35	29	31	32
ALT 5-40	(59)	(52)	(47)	35	32	30
LD 200-520						
Glucose 3-0-5-5	4.4					
PT 10-14						
APTT 26-36						
TT 8-12						
FIB 200-400						
INR						
APTT RATIO						
Drain Amylase						
Ht 36-43						
PO_2 10.5-13.5						
PO_2 4.6-6.0						
HCO_3 21-28						
T4	13					
TSH	4.1					

MIS 109801

North Glasgow University Hospitals Division
Stobhill Hospital

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Name: DEBORAH SULLIVAN Unit No.: 1063847 9K

Date:	14/8	15/8	16/8	17/8	18/8	19/8	21/8	22/8				
Time of Result:												
WCC 4-11	9.6	11.3	8.41		7.87	7.38	8.97	7.3				
Hb M - 13-18 F - 11.5-16.5	11.9	12.7	11.7		12.1	11.7	11.9	12.0				
Plat..... 150-400	293	360	276		297	303	333	364				
Hct 0-37-0-47												
Na 135-145	147	139	140	143	144	139	141	144				
K 3-5-50	3.8	3.6	3.7	H	4.3	4.0	4.1	4.6				
Cl 97-107	105	103	105	104	108	103	106	108				
Bic 23-30												
Urea 2-5-8.0	1.7	1.8	2.2	2.1	2.1	2.2	1.5	1.5				
Creat. 40-130	83	87	88	88	88	82	82	82				
Amylase..... <100												
CRP ..... <10	24	29	33	H	28	21	NA?	<6				
ESR.....AGE 12												
Adj. Ca 2-2-2-6												
Phosphate 0-7-1-4												
Tot. Prot. ... 62-82	68	73	69	74	70	68	66	65				
Albumin 36-55	40	42	39	43	40	39	37	37				
Alk. Phos. 80-280	159	183	173	200	197	187	167	152				
Gamma GT....<50	81	193	177	205	206	198	168	153				
Bil..... 3-22	11	11	13	H	12	11	8	7				
AST 12-48	44	55	44	H	52	43	38	30				
ALT..... 3-55	46	54	49	H	51	42	44	36				
LD 200-520												
Glucose ... 3-0-5-5												
PT 12-16												
APTT 32-44												
TT 8-12												
FIB..... 200-400												
INR												
APTT RATIO												
Drain Amylase												
H^+..... 36-43												
PO_2 ..... 10.5-13.5												
PO_2 ..... 4.6-6.0												
HCO_3 20-28												

MIS 109801/Stob

North Glasgow University Hospitals Division
Stobhill Hospital

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Name: Debbie Sullivan Unit No.: 1065847 9K

Date:	19/10	21/10	22/10	25/10	27/10	28/10	29/10	30/10	31/10	1/11	2/11	3/11
Time of Result:												
WCC 4-11	6·14	6·12	6·44	8·78	17·6	14·3	14·74	10·1	7·28	8·45	8·65	9·86
Hb M - 13-18 F - 11.5-16.5	11·4	10·5	10·7	12·0	12·1	10·7	11·2	9·8	9·9	10·5	11·2	11·9
Plat..... 150-400	318	324	343	461	419	342	362	346	335	410	502	584
Hct 0-37-0-47												
Na 135-145	142	142	141	141	137	139	140	140	141	141	139	140
K 3-5-50	3·8	4·1	4·0	4·3	4·1	4·2	3·6	3·4	4·1	4·3	4·8	4·6
Cl 97-107	106	110	107	104	100	101		98	102	104	105	104
Bic..... 23-30												
Urea 2-5-8.0	3·7	3·0	3·0	3·0	2·6	3·2	140	3·3	5·7	3·4	3·0	2·6
Creat. 40-130	74	70	68	77	69	68	66	63	68	70	74	75
Amylase..... <100												
CRP ..... <10	53	15	9	<6	190	256	177		33	20	14	9
ESR..... AGE 12												
Adj. Ca 2-2-2-6												
Phosphate 0-7-1-4												
Tot. Prot. ... 62-82	69		64	70	71	70	71					
Albumin 36-55	40		37	41	40	39	39					
Alk. Phos. 80-280	125		127	144	153	140	132					
Gamma GT... <50	165		143	159	199	157	146					
Bil..... 3-22	9		7	8	20	14	13					
AST 12-48	33		26	45	50	41	27					
ALT..... 3-55	20		21	35	58	48	32					
LD 200-520												
Glucose ... 3-0-5-5												
PT 12-16												
APTT 32-44												
TT 8-12												
FIB..... 200-400												
INR												
APTT RATIO												
Drain Amylase												
[redacted]	5·70											
[redacted]	8·70											
[redacted]	MM											
[redacted]												

chol
Trig
HDL

MIS 1098011/Stob

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN AGE: 07/12/72	DEBORAH WARD: 2A	10638479K

DATE OF OPERATION 10/08/04

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON Mr M Moschos

Operation: Upper GI endoscopy.

Sedation: Midazolam 4mgs IVI.
Throat spray with Xylocaine.

Indication: This patient has been extensively investigated by Mr Hansell's Unit for ongoing epigastric pain.

Procedure: Oesophagus

The Z line was at 30cms with a 10cm hiatus hernia. The mucosa within this was normal showing no evidence of ulceration or of the Barrett's.

Stomach.

The fundus, body and antrum were all normal. A CLOtest was taken from the gastric antrum.

Duodenum.

D1 and D2 were both normal.

Conclusion: Hiatus hernia.

SPECIAL INSTRUCTIONS

MM/CK Dictated & Typed: 10/08/04

DATE 20.8.4 SIGNATURE

00590

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN 07.12.72	DEBORAH WARD: DSU/5	10638479K

DATE OF OPERATION 26.08.04

SURGEON'S NOTES

MR C SHEARER

OPERATION PERFORMED

SURGEON

PROCEDURE: UPPER G.I. ENDOSCOPY AND INSERTION OF NASO-JEJUNAL FEEDING TUBE.

FINDINGS: Under Midazolam sedation, the oesophagus was intubated and appeared normal.

The Stomach appeared normal but the pylorus appeared stenosed although there was no evidence of ulceration. I was able to negotiate the scope into the duodenum which again was normal. Following this a naso-jejunal tube was placed down into the second part of the duodenum under direct vision.

The tube was brought out through the nose and fixed in place.

Ms Sullivan should commence naso-jejunal feeding.

SPECIAL INSTRUCTIONS

CS/JMCL/DICTATED & TYPED - 26.08.04

DATE 26/8/04 SIGNATURE

00590

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
DEBORAH	SULLIVAN	1063849 ~~10637479~~

DOB 07 12 72 WARD: 2A

DATE OF OPERATION 18 August 2004

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON Mr C Shearer

Operation: Upper GI endoscopy.

Procedure: Under Midazolam sedation the oesophagus was intubated. There was a hiatus hernia and there seemed to be reflux of gastric content although there was no oesophagitis.

The stomach appeared normal apart from difuse mild gastritis. A CLOtest was obtained.

The duodenum – there was pronounced duodenitis in the first part of the duodenum but D2 and D3 appeared normal.

SPECIAL INSTRUCTIONS

CS/AS Received and typed 18 August 2004

DATE _____ SIGNATURE _____

00590

STOBHILL HOSPITAL

THEATRE / RECOVERY CARE PLAN

OB
10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

CONSULTANT MR SMITH.
WARD DSU
THEATRE Endoscopy.
DATE OF OPERATION 9/9/04

A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECK

	tick
1. LAST TIME PATIENT ATE OR DRANK Midnight	✓
2. CONSENT SIGNED	✓
3. IDENTITY BAND	
4. CASE NOTES, X-RAYS, DRUG KARDEX	✓
5. OPERATION SITE PREPARED AND MARKED	
6. TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE	✓
7. PROSTHESIS REMOVED - CONTACT LENS, GLASSES	✓
8. REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	✓
9. ALLERGIES * VOLTAROL *	✓
10. VOIDED URINE	✓
11. BASELINE OBSERVATIONS P: 81 BP: 86/62 Sat 97% on air	✓

PROBLEMS/NEEDS — **INTERVENTION** — **OUTCOME**

Needs a cannula

Signature - A Patterson

B. THEATRE

OPERATION PERFORMED Endoscopy + Feeding tube

DIATHERMY BIPOLAR/MONOPOLOR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MAT ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

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

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS - FIRST ☐
- FINAL ☐
INSTRUMENTS ☐
SHARPS - NEEDLES ☐
- BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: Dolan

Signature of Circulating Nurse: Paterson

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE - PULSE & B.P.	CONTINUE IV FLUIDS	RATE
- OXYGEN / RECOVERY		
- OXYGEN / WARD		
- CANNULA / REMOVAL - RECOVERY [ ] WARD [ ]		
SPECIAL		

INFORMATION / INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS

TIME	1500	1800	22															
PULSE	101	96	90															
BLOOD PRESSURE	105/71	96/65	100/70															
SATURATION (SaO^2)	95	96	98															
RESPIRATORY RATE	R	R	R															
AIRWAY																		
OXYGEN																		
PAIN SCORE																		
SEDATION SCORE	0	0																
PONV SCORE																		
TEMPERATURE			36.6															
WOUND																		

PAIN SCORE

0 = NO PAIN
1 = DISCOMFORT / ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE

0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM / NEEDS** **INTERVENTION** **OUTCOME**

Signature : _____

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

Patient ID Label

DATE

PROPOSED PROCEDURE (BLOCK CAPITALS). _____

_____

TO BE COMPLETED BY CLINICAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/parent/guardian

1. The procedure named on this form.
2. Alternatives which are available.
3. Significant side effects which may result from the procedure.
4. The use and implications of medical photography, video and audio.
5. The need to read the patient information leaflet on the use of tissue for medical research and teaching.

Name (Block Capitals) _____ Signature _____

Grade/Designation _____

I AM The Patient/Parent/Gaurdian

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

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

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

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick box AGREE ☐ DISAGREE ☐

Signature _____ Date _____

Name (Block Capitals) _____

Address _____

_____

_____

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
SULLIVAN	DEBORAH	1068479K

DATE 15/5/4

No. 0181327

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) Saline	500	17[00]	6°		[signature]	04F 150	[signature]
5% Dextrose	500	11[PM]	6°		[signature]	036 246	[signature]
5% Dextrose	500	5	6°		[signature]	036 246	[signature]
(N) Saline	500	4[0] 12[pm]	6°	30 18 hrs.	[signature]	04F 165 06/06	[signature] MCK
(N) Saline	500	30 18	6°		[signature]	04F 165 06/06	[signature] MCK
DEXTROSE 5%	500	35 12 PM	6°		[signature]	04F 23R	[signature]
(N) SALINE +20mmol K+	500	7[15] AM	6°		[signature]	04B 208C	[signature]
DEXTROSE 5%	500	30 11 PM	6	[illegible]	[signature]	04F 23R	[signature]
5% DEXTROSE 20mmol KCL	500	[illegible]	6°		[signature]	04F0 38W 6a/6	[signature]

Form 75a

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
SULLIVAN	OGBORAN	10638479 K

DATE 20/8/14

No. 0181327

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) SALINE	500ml	1750	6°		CGorman	04F 151	MT
5% Dextrose		1160	6°		[illegible]		[illegible]
(N) Saline		0830	6°		[illegible]		[illegible]
Dextrose 5%		1500	6°	9.40 pm		04 F 23 R	MT
Dextrose 5%		9.40 pm	6 v	3.40 am	[illegible]	04F 23R 6/06	CM
Saline 5%		3.40 am	6'	12.30 pm	[illegible]	04F 150 6/06	CM
5% Dextrose	500	12.55 pm	6°		[illegible]	04F 23R 06/06	MM; LR
(N) Saline +20mmol K+	500		6°		[illegible]		
No IV Access							
5% Dextrose	500	9PM	6°		[illegible]		[illegible]

Form 75a

STOBHILL HOSPITAL OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT OCCUPATION	MARITIAL STATUS
				M S W

DATE OF BIRTH	AGE	M/F	WARD/DEPT	RELIGION	MAIDEN NAME
38479 ULLIVAN EBORAH		F 07/12/1972			

ADDRESS	G.P.'S NAME
Muirhead Court aillieston LASGOW G69 7EP	Dr. A TOUGH BAILLIESTON HEALTH CENTRE 20 MUIRSIDE ROAD BAILLIESTON G69 7AD
TEL. No.	TEL. No.

DATE	SPECIALITY	CONSULTANT
20/7/18	PAIN	DR RAG (Internal Ref)

AW/FORM I

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN	10638479K	Provider SGC04	Hosp STO
Surname	SULLIVAN	Patient's Address	
First Forename	DEBORAH	~~6 Muirhead Court~~	
Second Forename		~~Baillieston~~ 8, RHINDMUIR CT BAILLIESTON	
Previous Surname		GLASGOW	
Date of Birth	07 Dec 1972	Postcode ~~G69 7EP~~ G69 6BN.	
Sex F	Marital Status S	Tel No: 771 3401	
CHI No		Ethnic Group	
NHS No		GP Practice	BAILLIESTON HEALTH CENTRE 7710871
Alt CRN		GMC No: 1337132	M MCGLONE

Episode Management

Spell/Care Package ID	Ward 2A*STO	Admission Date 13 Jan 04
Speciality/Discipline (Code + Text National) GENERAL SURGERY		Admission Type 36
Significant Facility 11		Admission Reason 1K
Consultant Code		Admission/Transfer From 12
Consultant Name MR DT HANSELL		Admission/Transfer From – Location
Management of Patient 1	Patient Category 3	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type NWL

General Clinical

Main Diagnosis – ICD 10	
Other Condition – ICD_10 – 2	
3	
4	
5	
6	

Main Operation/Procedure

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

Development data

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

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

7/12/72. 6 MOUNTHEAD CRT (S). PORTCHES CHARLES
969-7EP 771-3601. BSAH

w University Hospitals NHS Trust

UALTY DEPARTMENT

Name/Date 13 JAN 2004
Deborah Sullivan

Sullivan

D: 04-01-14 10:47
CLARITY:
COLO: DK. YELLOW
GLU NEGATIVE
BIL* SMALL
KET* 1.5 mmol/L
SG >=1.030
BLD NEGATIVE
pH 5.5
PRO NEGATIVE
UBG 16 umol/L
NIT NEGATIVE
LEU NEGATIVE

Surg/ RMO
pancreatitis

Triage Cat: 1 2 3 4 5 **Time:** **Signature:**

Initial Observations	BP 102	P 108	T 36.5	RR	PF
SA02	Air/02 82	Pleth		BM stix 4.3mmol/L	
E	M	V		Pain Score	

Signature: **Time:** 1045

History

Epigastric Pain for 4/7 Pain
Constant
Vomited + blood
no bowel movement Cur 2/7
appetite ↓ for 1/52
DH discontinued passing urine
Losec Gallstones 8yrs ago damaged pancreas
Tramadol Maxalon
Allergies No/Yes

LMP -> at present

Initial Management
02 Y/N Litres Per Min
ECG Y/N X-ray Y/N
Urinalysis:

βHCG +ve -VE
Cannula Y/N **Bloods** Y/N
U & Es ☐
FBC ☐
GL ☐
Amyl ☐
Coag ☐
Group ☐

Other:

Social History
non alcohol
non smoker

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

Triage Cat: **Y/N** **Cat:** **Time:** **Signature:**

Treatments:

Discharge Planning:
Escort: Required Y/N
Transport Required Y/N
Relative Car SAS
Time Ordered:

Time Discharged: **Signature:**

OBSERVATION CHART

Name

Record No

COMA SCALE

Eyes open	Spontaneously	4
	To speech	3
	To pain	2
	None	0
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion-withdrawal	4
	Flexion to pain	3
	Extension to pain	2
	None	1

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

Blood pressure and Pulse rate: 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

Respiration 0_2 Sat

Temperature °C: 40 39 38 37 36 35 34 33 32 31 30

PUPILS

right	Size	
	Reaction	
left	Size	
	Reaction	

+ reacts
- no rection
c. eye closed

LIMB MOVEMENT

ARMS	Normal power Mild weakness Severe weakness Spastic flexion Extension No response
LEGS	Normal power Mild weakness Severe weakness Extension No response

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

Date

Time

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

CHECKED	E WKS						
PRESCRIBER	GA	PGA					
TIME	11·0	1320					
RATE	½ hr	½ hr					
AMOUNT	500ml	500ml					
FLUID	N Saline	5% dextrose					
ADMINISTERED							
PRESCRIBED							
DOSE							
ROUTE							
DRUG							
TIME							

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment ____ / ____ / ____

Date of Admission 13 / 1 / 4

Time of Admission 2.30 pm

Date of Operation ____ / ____ / ____

Consultant MR HANSELL

WARD 2A

10638479K
SULLIVAN F
DEBORAH 07/12/1972
68 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION

Procedure / reason for admission _____

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

B.P. : _____ P _____

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

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

have you ever had:

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

Do you:-

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

Hospital Admissions/Operations *(please list and date)* 26

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

Date of your last anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

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

Other ☐ (please state)

Urinalysis ☐ **Clearview** ☐

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 12A

PRESENTING COMPLAINT: 1/52 hx epigastric pain
Nausea + vomiting

PRESENTING CONDITION ON ADMISSION: uncomfortable

VITAL SIGNS

BP 110/56 P 52 TEMP 36.4 O_2 SAT 98% 4L O_2

PAIN SCORE 1-10 6-8 ANALGESIA GIVEN IN A&E YES ☑ NO ☐

PAST MEDICAL HISTORY: Appendicectomy
OGD Nov 03 (N) Clo Neg.
MRCP '03 (N)
Lap chole 8yrs ago. - pain since

DRUG HISTORY: Losec
Tramadol

ALERGIES: NKDA

MOBILITY / LEVEL OF INDEPENDENCE:
Independently mobile

DIETARY HABITS / APPETITE: Appetite / diet (N)

ELIMINATION:

Constipated LBM 3/7 ago

No urinary symptoms.

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS ☐

MISSU _____ YES ☐ NO ☐

PREGNANCY TEST ____ + VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

Lives with partner + daughter.

SMOKER ____✓____ YES ☐ NO ☑

ALCOHOL ____✓____ YES ☐ NO ☑

AMOUNT: ____✓____

MENSTRUAL CYCLE: Period currently

PREGNANCY / CONTRCEPTIVE: _____

D.V.T. PROPHYLAXIS:

FRAGMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: SMac Innes Date: 13 / 1 / 4 Time: 3 20 pm.

NAMED NURSE: SHONA

NAME: (PRINTED) S MAC INNES

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION ____ / ____ / ____ WARD _____

Waterlow Score: _____

Name
Address

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS

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

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

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

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

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST _____ ☐

- FINAL _____ ☐

INSTRUMENTS _____ ☐

SHARPS - NEEDLES _____ ☐

-BLADES _____ ☐

THROAT PACK OUT _____ ☐

PACK IN SITU _____ ☐

NSTRUCTIONS FOR REMOVAL:

PATIENT POSITION

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

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

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

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

Named Nurse : _____ Fasted from : _____

Patients Telephone No. 771 3401 Spiritual needs _____

Patients Occupation: House wife Next of kin: Stephen (Partner)
(Name & Relationship to patient)

Next of kin Tel. No. 771 3401
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : ... / ... / Unknown

Actual Discharge Date:. 16 / 1 / 04

	YES	NO
Is someone available to accompany the patient home ?	✓	
responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
es the patient have easy access to their home	✓	
Is the patient a carer?		✓
GP letter / Prescription : Indent	✓	
Outpatient appointment : N.F.U. mr Hansell		✓
Relatives informed :	✓	

SERVICES REQUIRED

	YES	NO
District Nurse:		✓
Social Worker:		✓
er :		✓
ansport Requested: (Date) / /		✓

Discharge summary / comments:

To be referred to Gastro-enterologists.

Pre-op / On Admission

Signature : S MacInnes

Ward: 2A Date: 13 / 1 / 4

Signature : L Stewart Date: 16 / 1 / 04

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

COMMUNICATION SHEET/ PROGRESS NOTES

Ward ...2A.....

Date	Progress / Evaluation	Signature/ Profession
13/1/4 3^{20}pm	Emergency admission - 31 year old female admitted with 1/52 hx epigastric pain, nausea + vomiting. Previous episodes of pancreatitis 2° to gallstones. C/O pain + distressed on admission. Observations satisfactory, apyrexial. O2 therapy - 4L. To remain NBM. RSDU to be obtained. Regular analgesia. IV fluids 4°	S MacInnes S/N

STOBHILL HOSPITAL

CONTINUATION CHART

CHRISTIAN/FORENAME	UNIT NUMBER

10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

13/1/4 Surgical

Amylase 71
Bone (N).
Na 139
Ur 3.8
Cr 75
SGT 162.

PC

Epigastric pain since last wed. Vomiting. Unable to keep anything down. Stated she had a lap chole at GRI 8 yrs ago + the bile duct was injured. She has suffered intermittent pain since. Constipated for 3 days. Attends pain clinic.

PMH

- appendicectomy
- OGD ~~end~~ 15 Nov 03 - (N) CLO (-).
  MRCP '03 (N)

DH

Lorec.
Tramadol PRN.

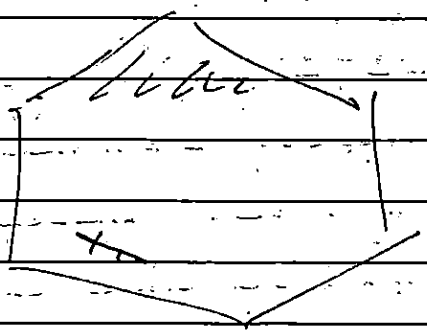
F3

SH

Non-drinker

Exam

Abd. soft. Epigastric tender



PR – small amount of hard stool.

chest clear. pulse 80 reg. HS nl

Imp:

Pain related to bowel syster? Chronic.

Plan

- Admit 2A
- NBM.
- observe.
- repeat bloods.
- AXR.

Mr Saldanha SHO.

COMMUNICATION SHEET

Ward 2A

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Radiology:	
13/01/04	US abdo:	
	* cholecystectomy noted	
	CBD not dilated	
	L/S/RK/LK – NAD	
	No intra or extrahepatic biliary dilatation	
	Head & proximal body of pancreas – NAD	
	Tail not seen 2° to bowel gas	
	No free fluid in upper abdo	
	Dr (ALTAIN)	
14/1	WR Hansell	(Lgh Rad)
	Note ⓝ USS	
	To contact pain clinic.	
	No further Rx at present.	E/Seju AHO
	Acute Pain Service: On review Mrs Sullivan was experiencing pain, scores 10/10 IV Tramadol PRN, already prescribed, suggest adding regular paracetamol 1g QID and Rhydroxyzine 25mg QID IM morphine given to Manage acute episode. Was due to	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	attend Chronic Pain clinics June '03 did not attend as on holiday. I will discuss with Pain Secretary re further appointment pending.	(AB)
10.30	Acute Pain: Following consultation with Pain secretary Mrs Sullivan cancelled appointment for chronic pain clinic in June, did not attend re-appointment July '03 has not been re-appointed. Will require further referral letter if re-appointment required. Please note patients change of address	
7pm	Requiring regular analgesia	
	IV fluids continue	
	managing oral fluids	
	obs stable	L Johnson
10pm	c/o Pain + Vomiting. Analgesia	
	10 mg Maxolon. Given + no effect	
	5 mg IV Morphine. Slept for short while	
02.30	Vomited 100ml clear fluid	
	given Ivy/Cyclizine IV + 5 mg Tramadol IV with effect.	cwh
	Required further Analgesia + Anti-emetic this AM.	
07.00	Vomited 100ml clear fluid 4.00 AM; Obs Satisfactory	

COMMUNICATION SHEET

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

Name
10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
13.01.04 0825	WR: Mr Hanoar	
	Vomiting ++ overnight - small vols	
	GGT: ↑ Pain settled at present but req mapp	
	overnight. ? LFTs 20 ↑ OCP (had been told Rhesus ve fetus playing devil?)	
	Gastroenterology r/v. r: GGT	
	Acute Pain Service: Comfortable at present, taking regular analgesia + occasional	
	IM Morphine - feels better today.	
15/1/04	Fully settled today ..... Tolerating	
	fluids + diet Oral analgesia	
	(H) tomorrow.	
9pm.	Vomited 100ml clear fluid	
	c/o severe epigastric pain	
	Maxolon 10mg IV + Tramadol 100mg	
	given ↓ effect - for Transfer to ward 5.	
5.05a. 16.1.04	Complaining of abdo pain early part of night	
	and analgesia given as per kardex.	
	No further vomiting	
	Settled at time of reporting	

COMMUNICATION SHEET

Ward ..... 5.

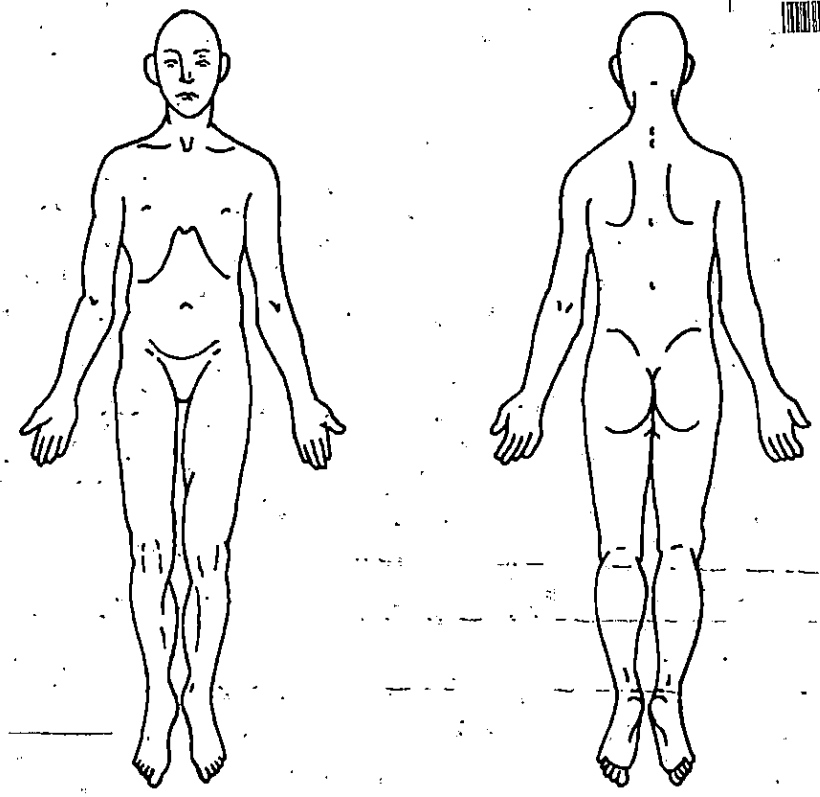
Date	Progress / Evaluation	Signature/ Profession
16/1	WK-Hansell.	
	Well.	
	For discharge home today.	
	Have sent referral to Gastroenterologists re: ↑ γGT.	
		Segar Anne
3pm.	self caring.	
	Oral analgesia given with effect.	
	Discharged home	
	Indent ✓	
	NFU Mr. Hansell. ✓ JHK 26/1/07	
	To be referred to	
	gastro-enterologists.	L Stewart

Pressure Sore Risk Assessment Documentation Form

Affix

10638479K
SULLIVAN
DEBORAH
6 Muirhead Court
8 Rhindmuir
Baillieston
GLASGOW
F
07/12/1972
G69 6BN

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



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

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
13/1/4	4	SOFT FOAM	/		SMI

01-758

Pressure Sore Risk Assessment Documentation Form

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

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

Rebecca

CONFIDENTIAL NUMBER PH 130314

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME G MCGLONE
ADDRESS BAILLIESTON HEALTH CENTRE

YOUR PATIENT
NAME DEBORAH SULLIVAN
ADDRESS 8 RHINOMUIR COURT BAILLIESTON G69 6BN
Date of Birth 07/12/72 Unit No. 1063. 8479K

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 7/8/4
DATE OF DISCHARGE ON PASS 8/10/4
WARD 5
CONSULTANT SMITH

DIAGNOSIS
1.
2.
3.
4.

OPERATION / PROCEDURES
1.
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS
3 DAY HOME PASS				

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

			DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY
HOME HELP — DAY CARE — PHYSIO
MEALS ON WHEELS — DN OR HV — OT

DISCHARGE MEDICATION

SPECIAL DISPENSING INSTRUCTIONS ☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

Medicine	Form	Dose	Times of Administration					Recommended Duration from discharge (Days)	No.of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
FLUOXETINE	TAB	20mg	✓				✓	3		3x20mg Sterwin
DIAZEPAM	TAB	10mg					✓	3		3x10mg Alpharm
TRAMADOL	TAB	100mg	✓	✓		✓	✓	3		24x50mg Ranbaxy
OMEPRAZOLE	TAB	40mg	✓					3		6x20mg Generics
LEVOMEPROMAZINE	TAB	6.25mg	✓	✓		✓	✓	3		3x25mg Lorex
GAVISCON	LIQ	10ml	✓	✓		✓	✓	3		120ml x Reckitt
MORPHINE	SUP.	15mg	PRN FOR PAIN 4-6°							9 x 15mg
PLEASE SUPPLY ONE HUNDRED AND THIRTY FIVE (135) MILLIGRAMS IN									15 MG	SUPPOSITORIES
CYCLIZINE	TAB	50mg	PRN for nausea - max TID					3 days		9 x Amdipharm

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

PHARMACY USE ONLY

DISPENSED BY JM Rae
CHECKED BY L Lochhead
DATE 8/10/04 CP CHECK

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS CORMACK DATE 8/10/4
SIGNATURE PAGER No. 1355

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

CONFIDENTIAL

NUMBER PH 120875

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEA
NAM
ADD

Dr. G MCGLONE
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW
G69 7AD

YOUR PATIENT
NAME Deborah Sullivan
ADDRESS 8 Rhinemuir Crescent
Baillieston
Date of Birth 07/12/72 Unit No. 1063847K

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 7/8/14
DATE OF DISCHARGE 24/9/14
WARD 5
CONSULTANT Mr Smeeth

DIAGNOSIS
1. Intractable vomiting
2. Foreign body in throat (Monday)
3.
4.

OPERATION / PROCEDURES
1.
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

		DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY
HOME HELP
MEALS ON WHEELS
DAY CARE
DN OR HV
PHYSIO
OT

SPECIAL DISPENSING INSTRUCTIONS
☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

DISCHARGE MEDICATION

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	No. of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
Erythromycin susp	500mg					
Diazepam	10mg	PO	~~TDS~~ ✓ prn	4		~~120ml Actavis~~ 4x10mg Alpharm
Tramadol	100mg	PO	✓ ✓ ✓ ✓	4		32x50mg Lagosy
Migrazole	40mg	PO	✓	4		8x20mg generic
Prochlorperazine	6.25mg	PO	✓ ✓ ✓ ✓	4		4x25mg Cnt
Gaviscon	10ml	PO	✓	4		100ml Reckitt
Morphine	5mg	PR	PRN PAIN 4-6°			62x15mg
- Please supply 180mg			(one hundred and eighty mg)			Martindale
of morphine supp						
Fluoxetine 20mg		PO	✓	own supply		Paracetamol 500mg Stem

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)
Paracetamol 1g 4 hrly for reinsertion of NJ tube feeding on Tuesday
Awaiting Barium
Allow through on 29/9/14

DR's NAME IN BLOCK CAPITALS Lisa Gourlay DATE 24/9/14
SIGNATURE R Gourlay PAGER No. 5703

COPIES TO: WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

PHARMACY USE ONLY

DISPENSED BY Rutherford
CHECKED BY
DATE 24/9/14 CP CHECK KR

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

CONFIDENTIAL NUMBER PH 129838

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME DR A TOUGH
ADDRESS BAILLIESTON HEALTH CENTRE 20 MUIRSIDE RD G69 7AD

YOUR PATIENT
NAME DEBORAH SULLIVAN
ADDRESS 6 MUIRHEAD COURT BAILLIESTON G69 7GP
Date of Birth 07/12/1972 Unit No. 1065 84791C

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 7/8/4
DATE OF DISCHARGE 30/4/05 15/1
WARD 12B
CONSULTANT MR SMITH

DIAGNOSIS
1.
2.
3.
4.

OPERATION / PROCEDURES
1.
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS
RETURNING TO WARD 5		MONDAY MORNING		

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT
Tick as necessary

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided) DATE GIVEN INITIALS

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS ARRANGED BY

HOME HELP DAY CARE PHYSIO
MEALS ON WHEELS DN OR HV OT

SPECIAL DISPENSING INSTRUCTIONS ☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

DISCHARGE MEDICATION

Medicine	Form	Dose	Times of Administration					Recommended Duration from discharge (Days)	No. of Days Supplied	Quantity, Name, Strength & Manufacturer Supplied
OMEPRAZOLE	TAB	40mg	✓			✓	✓	3		6x20mg Tabs
LEVOMEPROMAZINE	TAB	6.25mg	✓	✓		✓	✓	3		3x25mg Tabs
DIAZEPAM	TAB	10mg				✓	✓	3		3x10mg Tabs
TRAMADOL	TAB	100mg	✓	✓		✓	✓	3	6	
GAVISCON	LIQ	10ml	✓	✓		✓	✓	3	1	120ml Btl
MORPHINE	SUP	15mg	PRN FOR PAIN							12x 15mg Mathieu
PLEASE SUPPLY ONE HUNDRED AND EIGHTY MILLIGRAMS										
(180mg) OF MORPHINE SUPPOSITORIES										

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

PHARMACY USE ONLY

DISPENSED BY SIS
CHECKED BY TW
DATE 15/10 CP CHECK

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS CORMACK DATE 15/10/4
SIGNATURE PAGER No. 1355

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN DOB 07 12 1972	DEBORAH WARD: 5	10638479K

DATE OF OPERATION 9 September 2004

SURGEON'S NOTES

MR C SHEARER

OPERATION PERFORMED

SURGEON _____

PROCEDURE: UPPER GI ENDOSCOPY & INSERTION NASO JEJUNAL FEEDING TUBE

FINDINGS: Under Midazolam sedation the oesophagus was intubated. The pylorus seemed narrow and difficulty to negotiate. However, following intubation it dilated sufficiently. The scope was passed onto the second part of the duodenum and a naso biliary feeding tube was inserted under direct vision, brought out and exchanged through the nose and fixed in place.

SPECIAL INSTRUCTIONS

CS/CM/ DICTATED & TYPED - 11 September 2004

DATE _____ SIGNATURE _____

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
STOBHILL HOSPITAL
GLASGOW
G21 3UW
Tel: 0141-201-3024
Fax: 0141-201-3051

Associate Specialist: Dr Jennifer Devine
Nurse Manager: Ann Frances Fisher

R4

NHS Greater Glasgow

CRN: 10638479K

MEDICAL RECORDS COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
SULLIVAN	DEBORAH	31	07 Dec 1972	13/01/04	10:35	001416/04-ST

Address	Sex	Religion	Date of Inc	Time
6 Muirhead Court Baillieston GLASGOW	FEMALE		13/01/04	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G69 7EP	771 3401	SINGLE		OTHER	WALKING

GP

Name: M MCGLONE

Address: BAILLIESTON HEALTH CE
20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW G69 7AD

Referred by: SELF REFERRAL

BP 102/82

NEXT OF KIN

Name: STEVEN KELLY

Relat.: PARTNER

Tel. No.: 771 3401

Address: 6 Muirhead Court
Baillieston
GLASGOW
G69 7EP

Complaint: SURGICAL CASUALTY

P 108
T 36.5
Urine - bil -
BM 4.3 mmol ket +
H.GTT

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time	Triage Category

Initial Complaint: SURGICAL CASUALTY

Dear Doctor,

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

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

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

Would you please arrange

Signature of Medical Officer:

DISCHARGE CODES: *Please circle*

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

Discharge Time:

Ward No. *(if admitted)*	Transfer to Hospital	IRIS
12a		

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

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

Signature of Medical Officer

Cons SpR SHO3 SHO JHO Clin Assist ENP AS SG

T_____ P_____ R_____ BP_____ O2_____ BM_____ PF_____

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY
13/01/04	METOCLOPRAMIDE	10MG	IV	1135am		
13/01/04	DIAMORPHINE	2.5mg	IV	& 1135am		
13/01/04	DIAMORPHINE	2.5mg	IV	1140am		

CONSULTANT _____ REG/SHO_____ JHO_____

SEEN BY Ofzulcan AT (TIME) 1130am

10638479K
SULLIVAN
SULLIVAN
DEBORAH
07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

CLINICAL NOTES

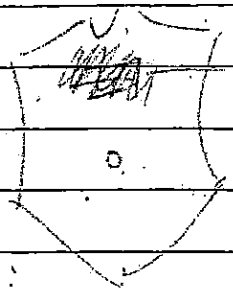
DATE 13/01/04

Past history of acute on chronic pancreatitis 2° to gallstones
Several hospital admission in the past
Normally take tramadol which settles down the pain. Pain ↑ for the past 4 days
Vomiting not eating. Not able to keep down pain killer. Pain epigastric → back.

o Allergy
Not smoker
No alcohol.

O/E sore.
small ketotic
tachycardic

Chest clear
HS I-II- 1 + 0
Abdomen



Penile
BS (L)

o DVT clinically
for IV access ✓ Bloods ✓ IV fluid + analgesia
+ refer surgeon

Deborah Sullivan 13/01/04

WC 8-65

Plat 270

Hb 131.

STOBHILL HOSPITAL

North Glasgow University Hospitals Trust,
Stobhill Hospital,
Balornock Road, Glasgow, G21 3UW
Telephone : 0141 201 3000

IMMEDIATE DISCHARGE LETTER

PATIENT COPY

First Issued: 16/01/2004 14:17
Printed: 16/01/2004 14:19

Admitted: 13/01/2004 **Discharged:** 16/01/2004
Discharged to: Home
Ward: 5
Consultant: Mr DT HANSELL, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI:

REGISTERED GP

Dr MC MCGLONE
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
GLASGOW

PATIENT

DEBORAH SULLIVAN
6 MUIRHEAD COURT
BAILLIESTON
GLASGOW
G69 7EP

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Abdominal pain, 13/01/2004	R10	1. Ultrasound scan, 13/01/2004	Uncoded

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Paracetamol	Tab	Oral	1g						4-6hrly for pain	Indefinite	
Dihydrocodeine	Tab	Oral	30mg						4-6 hourly for pain	Indefinite	
Omeprazole	Tab	Oral	20mg	X				X		Indefinite	

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

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

GENERAL COMMENTS

Final discharge letter to follow

This lady was admitted with abdominal pain and vomiting which settled without intervention. Her ultrasound scan was normal. This is a chronic problem and she was due to attend the chronic pain team's clinic but cancelled her appointment.

Her pain has now settled and she feels well.

Signed: _____ **Designation:** Pmo

Contact: Dr Elizabeth Boyce **Pager Number:** 4927

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN	10638479K	Provider SGC04	Hosp STO
Surname	SULLIVAN	Patient's Address	
First Forename	DEBORAH	6 Muirhead Court	
Second Forename		Baillieston	
Previous Surname		GLASGOW	
Date of Birth	07 Dec 1972	Postcode G69 7EP	
Sex F	Marital Status	Tel No: 771 3401	
CHI No		Ethnic Group	
NHS No		GP Practice BAILLIESTON HEALTH CENTRE 7710871	
A/E CRN		GMC No: 2332482	A TOUGH

Code Management

Spell/Care Package ID	Ward 2A*STO	Admission Date 14 Nov 03
Speciality/Discipline (Code + Text National) GENERAL SURGERY		Admission Type 36
Significant Facility 11		Admission Reason 1K
Consultant Code		Admission/Transfer From 12
Consultant Name MR KR ~~ROBERTSON~~ CHONG		Admission/Transfer From – Location
Management of Patient 1	Patient Category 3	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type NWL

General Clinical

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

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

Development data

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

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

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

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

Patient ID: 10638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

DATE 15/11/03

Proposed procedure (block capitals) UPPER GI ENDOSCOPY

NOTES ON GUIDANCE FOR CLINICIANS

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

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

i) any procedure that carries a significant risk.

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

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

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

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

TO BE COMPLETED BY CLINICAL PRACTITIONER

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

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

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

Name (block capitals) E. BOYCE

Signature E Boyce

Grade/Designation PRHO

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

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

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

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

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

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

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

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

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

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

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

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

under the supervision of the senior clinician undertaking the procedure.

Signature [redacted] Date 15/11/03

Name (block capitals) [redacted]

Address [redacted]

North Glasgow University Hospitals NHS Trust
STOBHILL CASUALTY DEPARTMENT

Name/Date
Deborah Sullivan

Triage Notes
Presenting Complaint

paorectitis (abdominal pain)

surg/med

Triage Cat: 1 2 (3) 4 5 **Time:** 1155 **Signature:** [illegible]

Initial Observations	BP 118	P 109	T 37.2	RR 16	PF
SA02	Air/02 76	Pleth		BM stix	
E	M	V		Pain Score 10	

Signature: R Speedie **Time:** 1215

History

Unwell since Tues ↑c vomiting ↑ abdo pain ° urinary / bowel symptoms
O/A flushed, vomiting ++ pain ++
Dr informed will attend ASAP

DH losec, tramadol, naxalon

Allergies (No)/Yes

Initial Management
02 Y/N Litres Per Min
ECG Y/N X-ray Y/N
Urinalysis: blood - trace
prot - trace
leuc - trace

βHCG +ve -VE
Cannula Y/N **Bloods** Y/N
U & Es ☐
FBC ☐
GL ☐
Amyl ☐
Coag ☐
Group ☐

Other:

Social History lives ↑c fiance ↑daughter

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

Triage Cat: Y/N **Cat:** **Time:** **Signature:**

Treatments:

Discharge Planning: Escort: Required Y/N
Transport Required Y/N
Relative Car SAS
Time Ordered:

Time Discharged: **Signature:**

80492

OBSERVATION CHART

Name

Record No

Date

Time

COMA SCALE

Eyes open	Spontaneously	4
	To speech	3
	To pain	2
	None	0
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion-withdrawal	4
	Flexion to pain	3
	Extension to pain	2
	None	1

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

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

Blood pressure and Pulse rate: 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

Respiration 0_2 Sat

Temperature °C: 40 39 38 37 36 35 34 33 32 31 30

PUPILS

right	Size	
	Reaction	
left	Size	
	Reaction	

+ reacts
- no rection
c. eye closed

LIMB MOVEMENT

ARMS	Normal power
	Mild weakness
	Severe weakness
	Spastic flexion
	Extension
	No response
LEGS	Normal power
	Mild weakness
	Severe weakness
	Extension
	No response

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

CHECKED	
PRESCRIBER	
TIME	
RATE	
AMOUNT	
FLUID	
ADMINISTERED	
PRESCRIBED	
DOSE	
ROUTE	
DRUG	
TIME	

TO BE RECORDED ON ARRIVAL

T_____ P_____ R_____ BP_____

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY
14/11/03	MORPHINE	10mg	IV	12:45		
14/11/03	METOCLOPRAMIDE	10mg	IV	12:45		

CONSULTANT _____ REG/SHO _____ (HO) Doc

SEEN BY PRHO AT (TIME) 12:30

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

CLINICAL NOTES

10638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

DATE GP referral - originally to be seen at Royal.
Mr Harsell patient

PC: Epigastric pain, feeling fevered

HPC: Recurrent episodes of ?pancreatitis following cholecystectomy in 1996. Presents today w/ severe constant epigastric pain radiating to back & (R) shoulder. Investigations (incl. USS & MRCP) were normal in past. Nil Hx of alcohol excess. Pain exacerbated by lying still/flat. Eased by curling up/walking. Some recent constipation. °PR bleeding. Appetite ↓, weight stable.

PMHx: Appendicectomy. Tonsillectomy. Pancreatitis x10. One episode jaundice. °MI/°stroke/°asthma/°diabetes/°TB/°rheum fever. Cholecystectomy.

DHx: Omeprazole 20mg bd
Metoclopramide 10mg tds - last taken ~ 7hrs ago.
Tramadol 100mg prn
NKDA.

FHx: Mother = diabetic, GB & pancreas removed.

SHx: °smoke °alcohol.
At home w/ fiancee & daughter.

SEnq: Nil else

1: 538479K
SU. LIVAN F
DEL RAH 07/12/1972
6 M irhead Court
Bail. eston
GLASG Y G69 7EP

OBS: T=37.2°C P=109bpm BP=118/76
RR=16

O/E: Distressed & uncomfortable

CV: JVP ↔ HS I+II+0
°peripheal oedema °Sx of anaemia

RESP: Chest clear, no added sounds
Good M/E bilaterally
?abdo distended

GI:
Abdo soft, v. tender epigastrium with rebound, °guarding
°Masses/°organomegaly/°lymphadenopathy/°jaundice
BS (N) °free fluid.

PR: NAD FOB (-ve)

Imp: ?pancreatitis

PLAN:
- ☑ Venflon
- ☑ Bloods (FBC, UREs, CRP, LFTs, amylase, coag, glucose)
- ☑ NBM
- ☑ IV fluids.
- ☑ AXR/Erect CXR
- ☑ Analgesia/antiemetics — Morphine 10mg IV / Maxolon 10mg IV
- ☑ Admit ZA
- ☐ Kardex
- ☐ ?USS this afternoon

DAVID DOIG
PRHO #2040

. McKENNA
. LANGAN
IN J. LANGAN
. McGLONE
IE GOLDIE
IRA C.M. MacLEOD
INE E. POLLOCK
. McKAIG
OW

Baillieston Health Centre
20 Muirside Road
Baillieston,
Glasgow G69 7AD
Tel: 0141-531 8050

Shettleston Health Centre
420 Old Shettleston Road
Glasgow G32 7JZ
Tel: 0141-531 6240

7/11/03

Dear Doctor

Deborah Sullivan D.O.B. 7/12/72
8 Rhindmuir Court.

His 30 year old lady has a past hy of acute + chronic pancreatitis. Over the past 3 days she has had persistent vomiting with increasingly severe abdominal pain radiating right to her back + (R) shoulder. The pain has been unrelieved by Maalox. She had a cholecystectomy 1996 and had an MRCP which showed a normal in Stobhill in Sept of this year. She has no h/o alcohol excess.

PATIENT'S NAME: DEBBIE SULLIVAN

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: MORPHINE — STOPPED DATE: 26/10 — INITIALS: [illegible]

DOSE	ROUTE	INDICATION
15MG	PR	PAIN

SIGNATURE OF DOCTOR: [illegible] — MAX.FREQUENCY: 4-6° — DATE: 25/10

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | |

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

SS

DRUG	STOPPED DATE:	INITIALS:
MORPHINE	28/10	SS

DOSE	ROUTE	INDICATION
10MG	PR	PAIN

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:
	4°	23/10

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE																															
TIME																															
DOSE																															
GIVEN BY																															

TT

DRUG	STOPPED DATE:	INITIALS:
MAXALONE		

DOSE	ROUTE	INDICATION
10MG	O/IM	NAUSEA

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:
	MAX 30MG	23/10

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	22/10 6.25pm	29/10 9.20am	27/10 05.45																												
TIME	10mg	10mg	10mg																												
DOSE	TC	TC	SM																												
GIVEN BY																															

VV

DRUG	STOPPED DATE:	INITIALS:
MORPHINE		

DOSE	ROUTE	INDICATION
15mg	IM	Pain

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:
	4-6°	28/10

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	28/10																														
TIME	12.30pm																														
DOSE	15mg																														
GIVEN BY	KH TC																														

WW

DRUG	STOPPED DATE:	INITIALS:
Morphine	1/11	

DOSE	ROUTE	INDICATION
5-10 mg	IM	Pain

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:
	As protocol	28/10

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	28/10	29/10	29/10	29/10	29/10	29/10	30/10	30/10	30/10	30/10	31/10	31/10	31/10	31/10	1/11	1/11															
TIME	18.45	00.10	9.20 am	1.55 pm	6pm	03.30	08.00	13.00	5 pm	9.05 pm	11.09	15.20	19.25 pm	23.15	05.45	09.50															
DOSE	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg															
GIVEN BY	TC	SM	TC	SM	TC	TC	SM	JH	JH LS	LS JH	SM	DC	TC	SM	TC	RCN LS															

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

Nurse/Midwife Administration by Protocc ' Authorised Nurses/Midwives Or

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for Users

FOR DOCTORS:

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

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

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

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

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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

Ver 6, 01/2002

Motility Lab/Day Ward
Gartnavel General Hospital
1053 Gt. Western Road, Glasgow, G12 0YN
Mr Grant Fullarton, Consultant Surgeon

GI MOTILITY
GARTNAVEL GENERAL HOSPITAL

From Aileen Urie

19 October 2004

Secondary Referrer	Primary Referrer
Mr Grant Fullarton	Mr John Smith
Consultant Surgeon	Stobhill NHS Trust
General Surgery	133 Balornock Rod
GGH	Glasgow
1053 Gt. Western Rd	
G12 0YN	G21 3UW

Patient: Deborah Sullivan / Sull0712
8 Rhindmuir Crt
Baillieston
Glasgow
G69 6BN

Date of Birth: 07-Dec-72
Hospital no: 50945953E

OESOPHAGEAL STATION PULL-THROUGH MANOMETRY

Indication: ? GORD
Date of test: 19-Oct-04

Study status: Pre-op study
Medication:

Lower Oesophageal Sphincter	Abnormal values in bold	NORMAL VALUES Median	Range
Pressure:	8.1 mmHg	15	6 - 25
Position:	44 to 40 cm		
Respiratory reversal point:	42 cm		
Total length:	4 cm	3	2 - 4
Intra-abdominal length:	2 cm	1.5	1 - 3
Intra-thoracic stomach:	No 0 cm		
Relaxation on swallowing:	Complete	Complete	
Residual pressure:	**1** mmHg		<0
Oesophagus body motility			
Contractions:	Monophasic	Monophasic	
Peak amplitudes (Lower/Mid/Upper)	114 / **0** / **0** mmHg	70	30 - 160
Motility: ☑ Coordinated ☐ Incomplete ☐ Simultaneous		100% Coordinated	
Simultaneous contractions:	0 %		<0 %
Incomplete propagation:	0 %		<0 %
Mean peristaltic velocity:	**6** cm/sec	3	1.8 - 5
Mean duration of contractions:	2.6 sec	4	2 - 6

SUMMARY Low LOS Resting Pressure. Oesophageal Body Motility - normal amplitude, peristaltic contractions throughout oesophagus on swallows - Normal Motility

Esophageal Manometry

Patient Name:	**Sullivan, Deborah**		
Patient ID #:	50945953E		
Referring Physician:	Smith, J	Physician:	Fullarton, G M
Date of Test:	19/10/04	Assistant:	Urie, Aileen

Interpretation and Comments

baseline zero
cal
UOS

Esophageal Motility Analysis (Wet Swallows)

Total number of swallows :	11
Peristaltic normal :	82 %
Peristaltic hypertensive :	18 %
Peristaltic hypotensive :	0 %
Simultaneous :	0 %
Uncoordinated :	0 %

	Distal	Proximal
Contractions:	22	21
Multipeaked (%) :	0	0
Mean amplitude (mmHg):	130.5	93.1
Mean duration (sec.):	2.6	2.1
Peristaltic (%) :	100	100

Table of swallows

Amplitude - mmHg
Duration - sec.
Velocity - cm/sec.

Sw / Ch	1 12:22	2 12:51	3 13:20	4 13:48	5 14:18	6 14:45	7 15:14	8 15:45	9 16:14	10 16:41
1	70.3 1.4	85.2 1.7	71.9 1.4	60.8 1.9	58.6 2.0	65.5 1.6	67.1 1.9	79.9 1.9	75.1 1.9	109.2 1.9
2	96.9 2.2 5.3	85.8 2.5 5.3	127.8 2.4 5.7	127.3 2.2 4.4	125.1 2.8 4.7	132.6 2.5 5.7	124.6 2.3 4.2	98.5 2.6 4.7	98.0 2.2 4.4	101.7 2.6 4.4
3	131.8 3.4 10.0	94.1 2.1 8.0	101.1 2.1 8.9	110.2 2.2 6.2	200.6 3.1 8.9	164.0 2.3 8.0	133.4 2.3 6.7	166.2 2.3 8.0	121.0 2.3 7.3	154.9 2.4 8.0
4	100.1 3.3 6.2	95.3 2.5 6.2	97.4 2.2 5.7	108.6 2.6 5.3	114.5 2.4 5.7	133.6 2.7 6.2	104.4 2.6 6.2	120.3 3.1 5.7	130.4 2.2 6.2	136.3 2.2 6.7

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Sw / Ch	11 17:42
1	
2	92.7 1.6
3	172.1 2.6 4.7
4	180.4 3.5 8.9

Standard UES Analysis (Wet Swallows)

Location : 20.0 cm

Gartnavel General Hospital

Page 1

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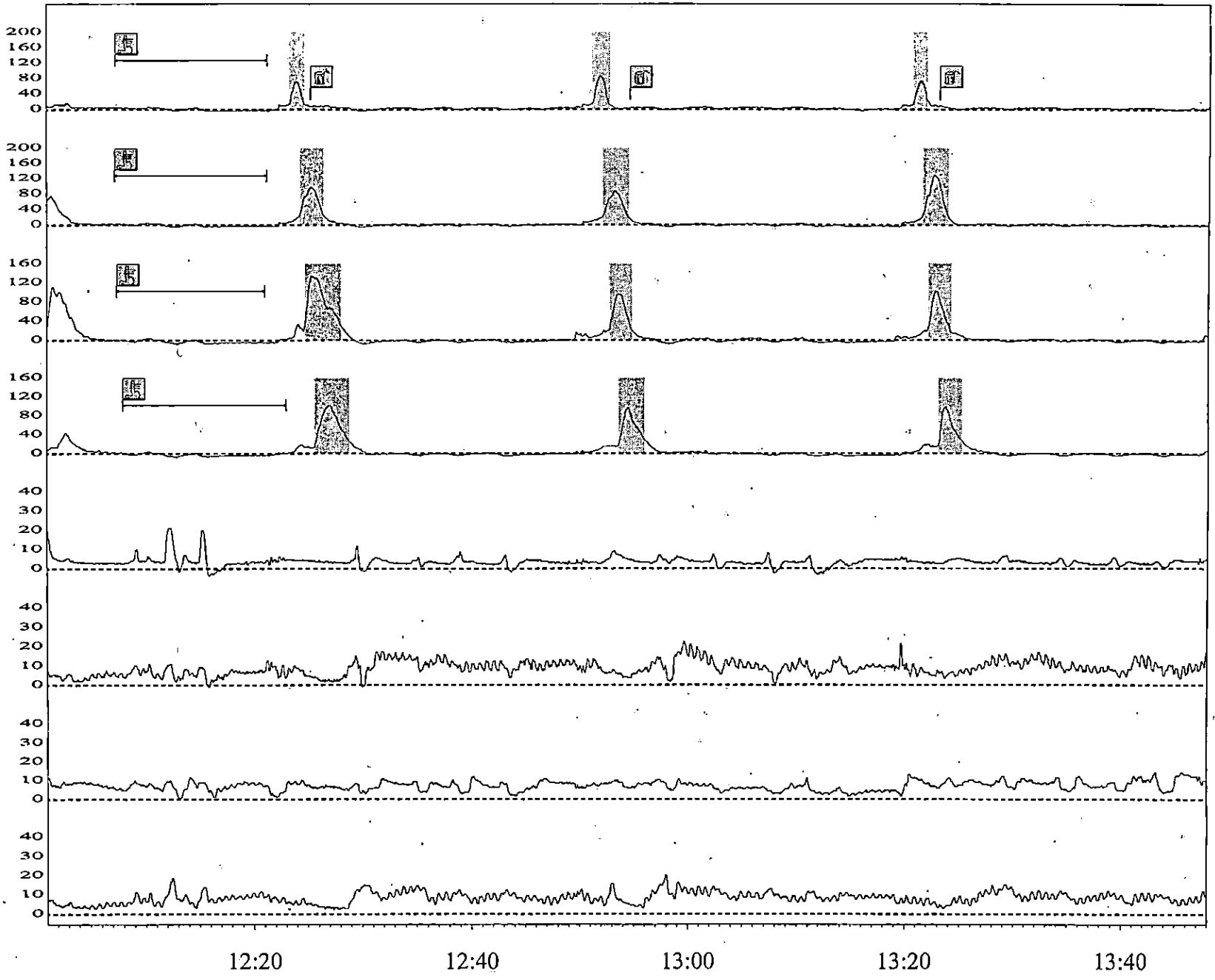
Deborah Sullivan, 509459S3E

8 channel pressure. - 19/10/04 14:25



Paper speed 1.92 mm/s

Gartnavel General Hospital

Page 1

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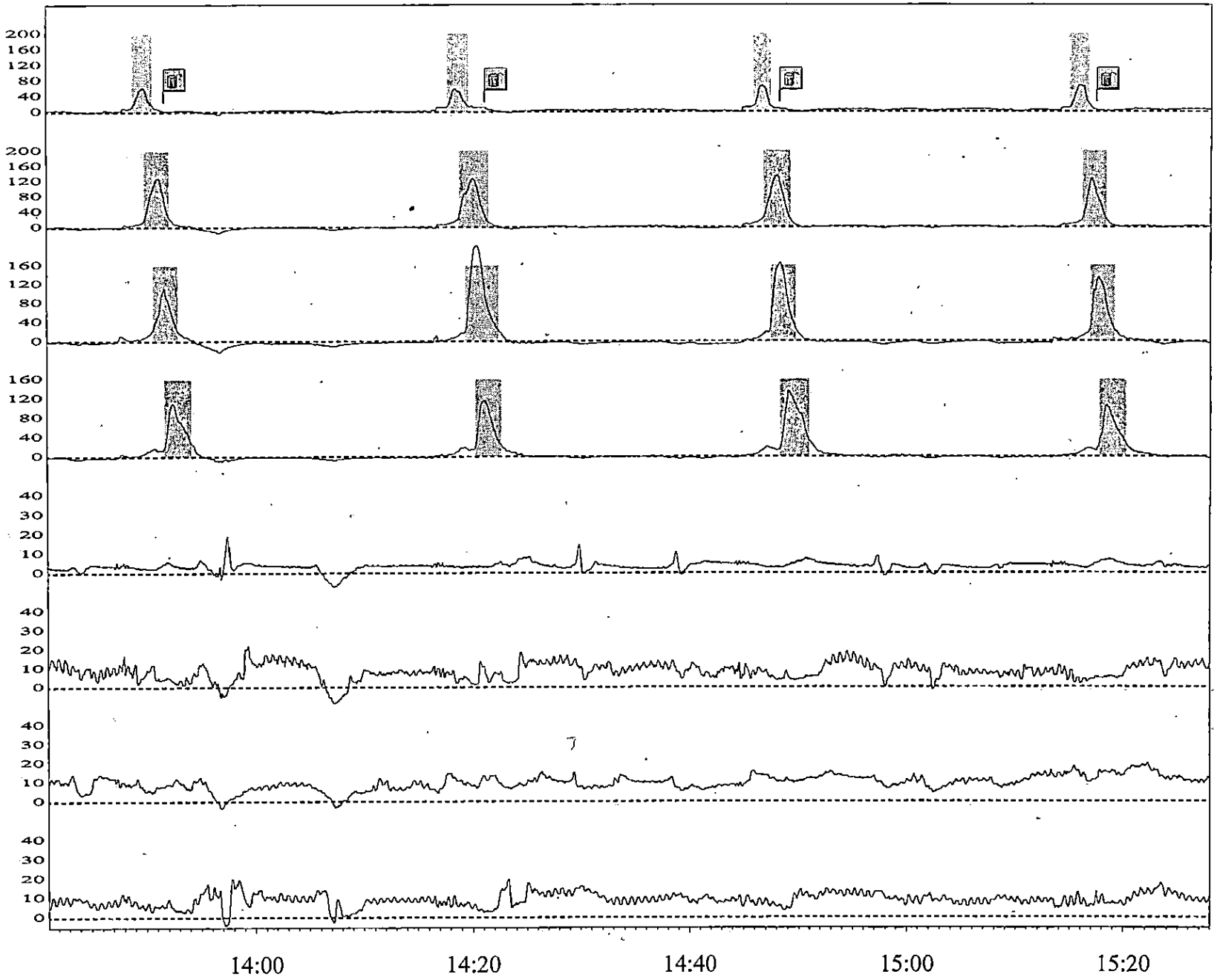
Deborah Sullivan, 50945953E

8 channel pressure. - 19/10/04 14:25



Paper speed 1.92 mm/s

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Page 1

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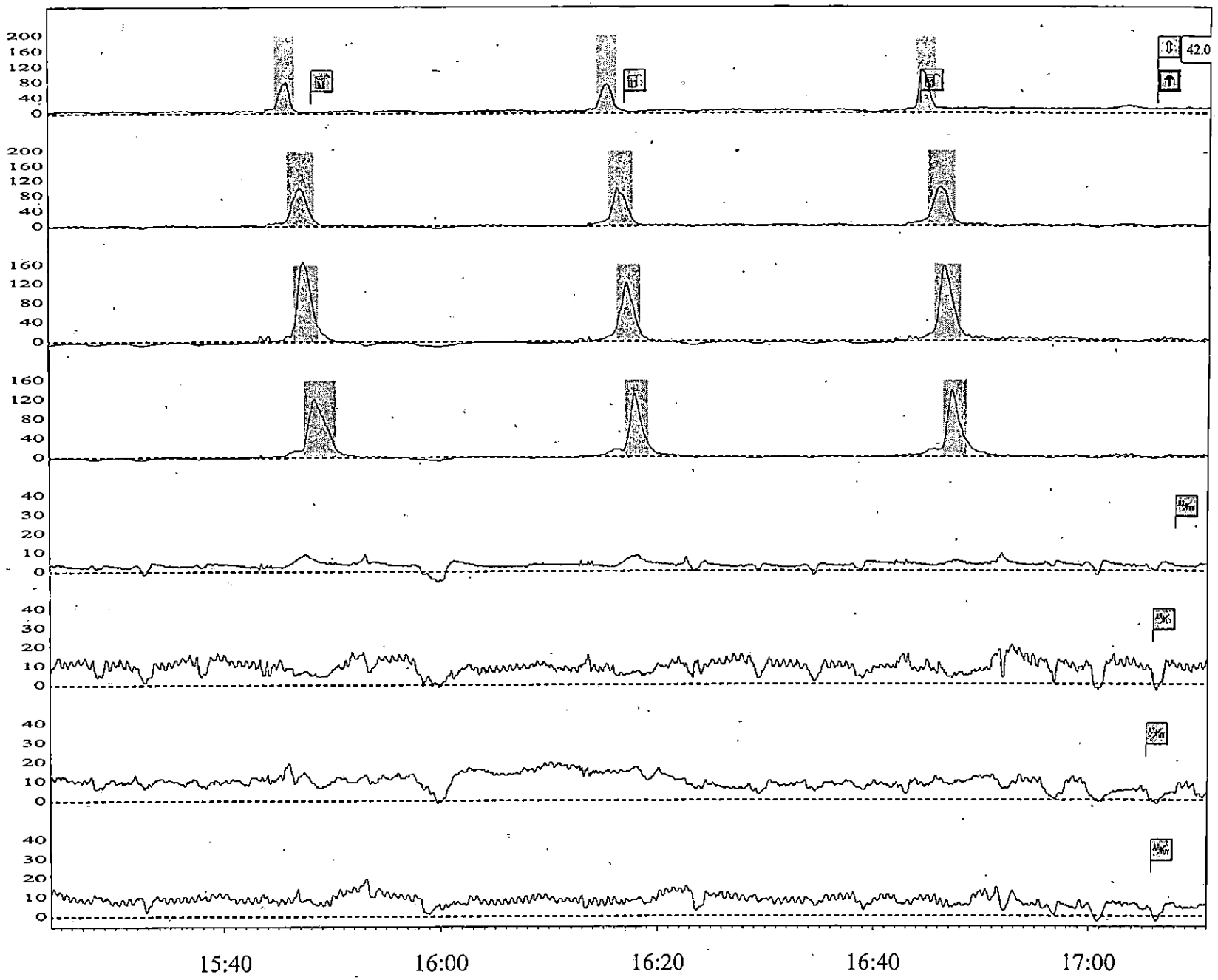
Deborah Sullivan, 50945953E

8 channel pressure. - 19/10/04 14:25



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Gartnavel General Hospital

Page 1

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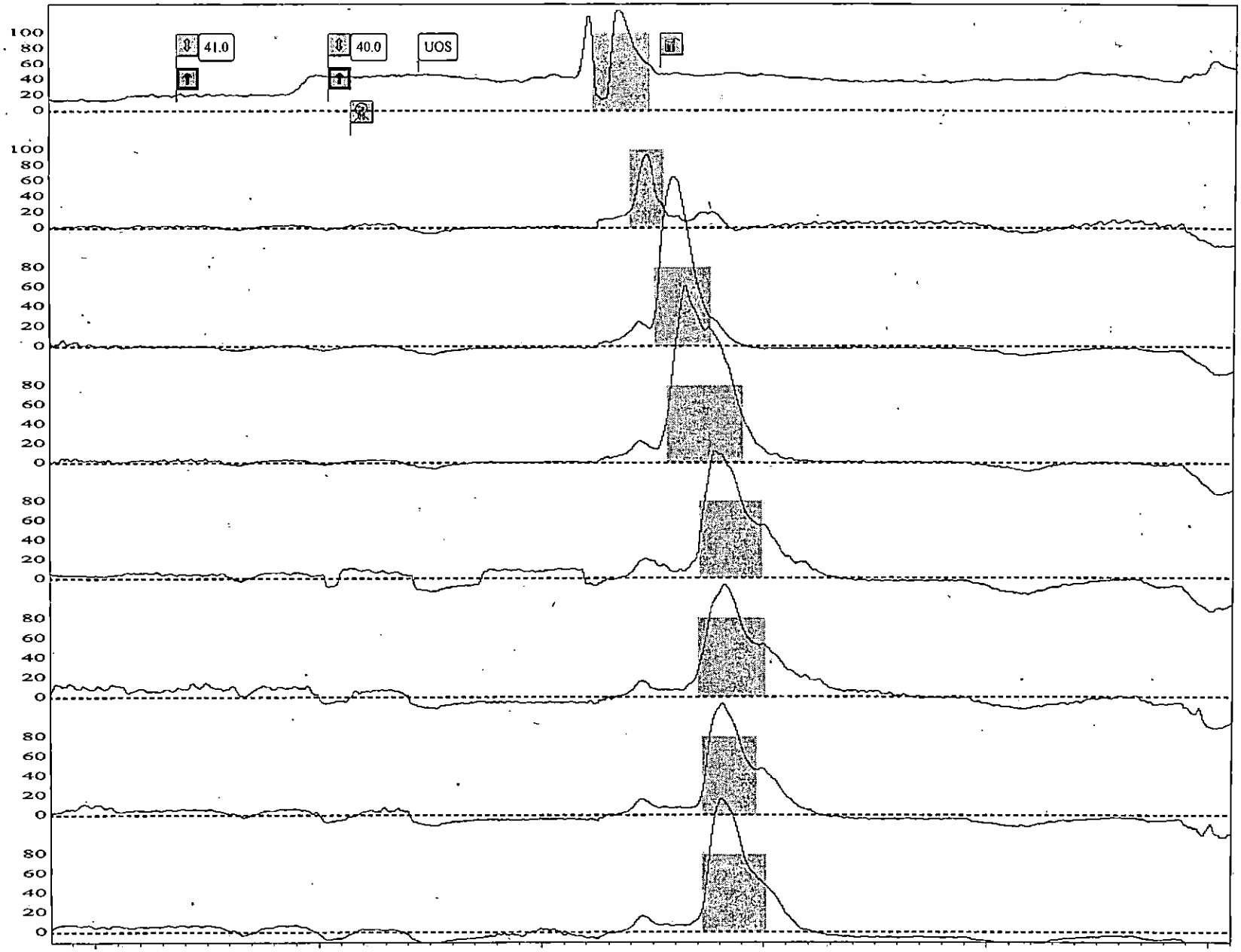


Paper speed 3.88 mm/s

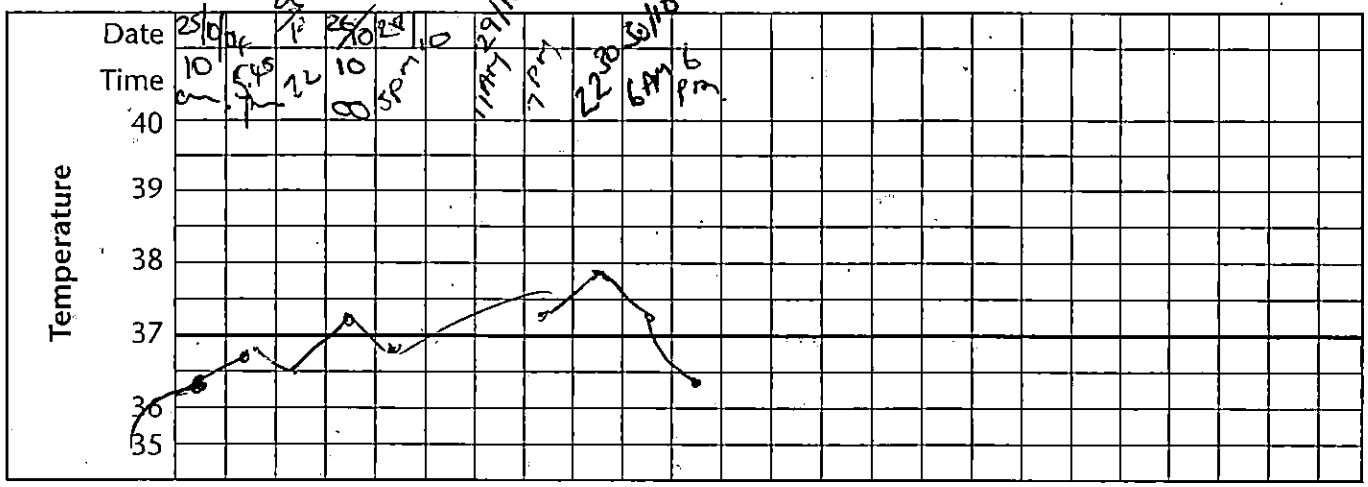
North Glasgow University Hospitals NHS Trust

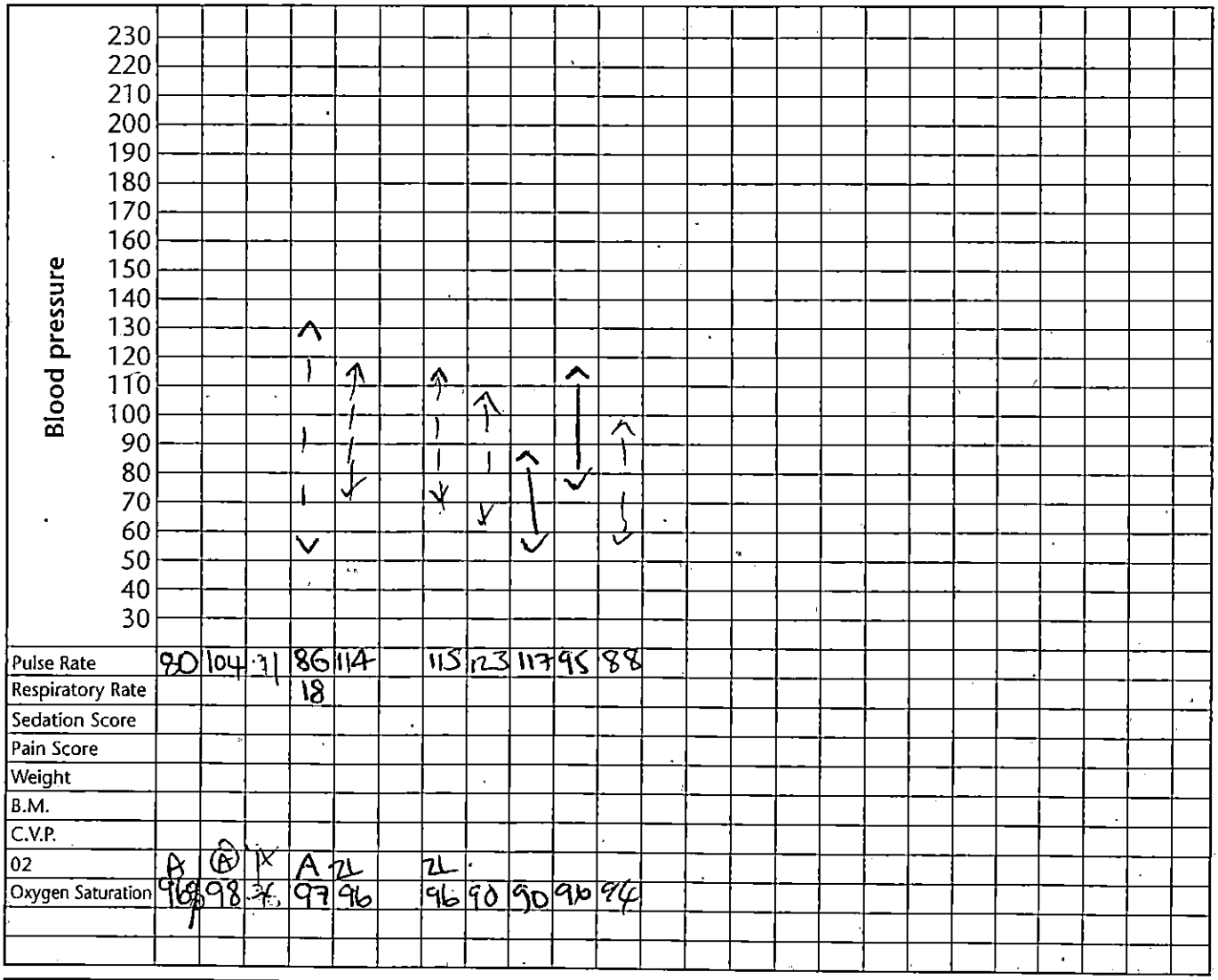
Observations and Pain Score

Patient Label

Deborah Sullivan

NHS Greater Glasgow





Pulse Rate	90	104	71	86	114		115	123	117	95	88
Respiratory Rate				18							
Sedation Score											
Pain Score											
Weight											
B.M.											
C.V.P.											
02	A	A	A	A	2L		2L				
Oxygen Saturation	96	98	%	97	96		96	90	90	90	94

SEDATION SCORE

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

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

0 — 5 — 10

NO PAIN — WORST PAIN EVER

Patient Observation Chart

NHS Greater Glasgow

Name Address	Debbie Sullivan
Hospital No.	
DOB	

Admitted	Date _____	Ward 5
Transferred	Date _____	Ward _____
Transferred	Date _____	Ward _____

Patient Observation Chart Guidelines

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

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

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

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

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

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

Pain Score

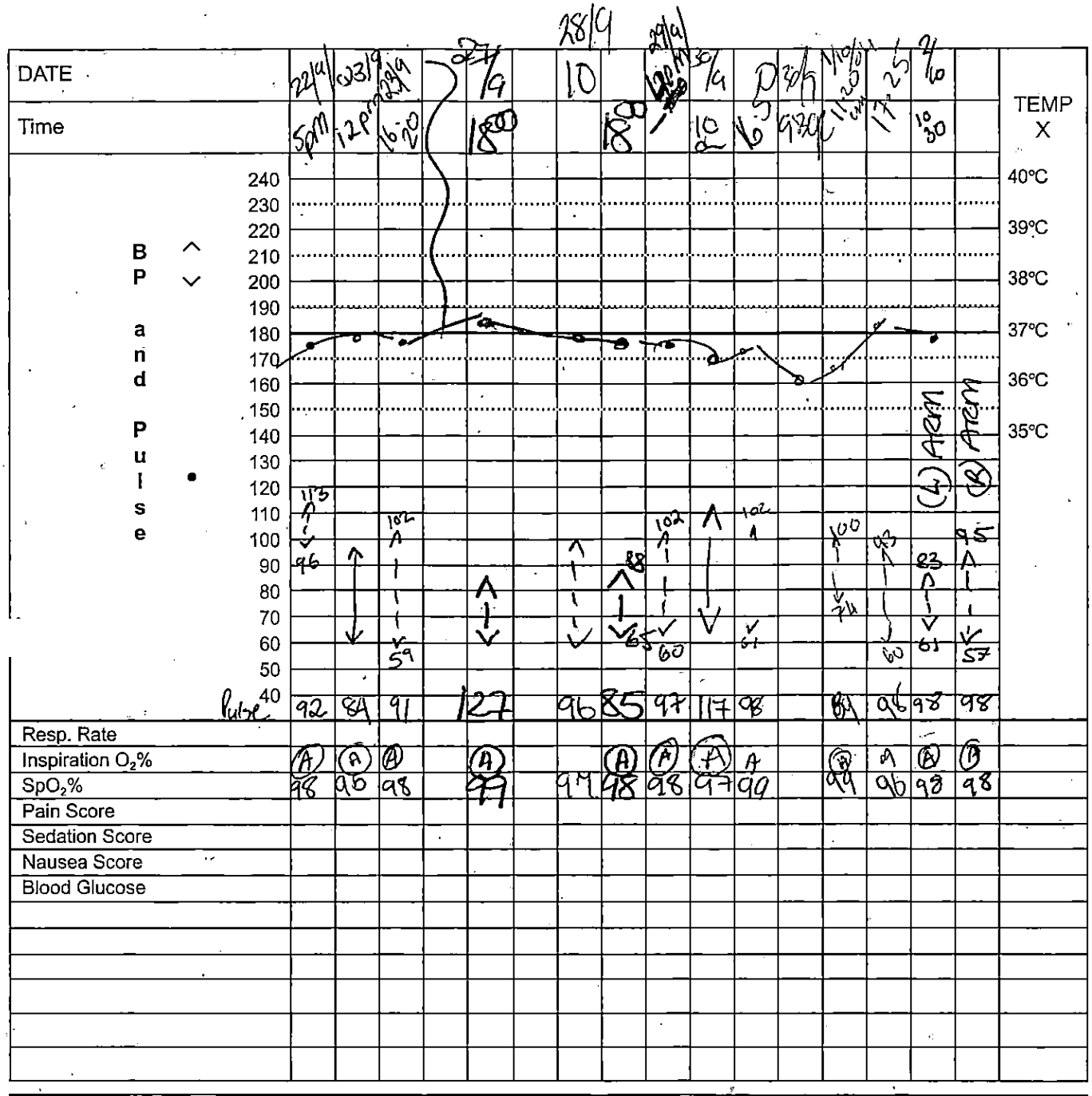
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V,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

Sedation Score

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

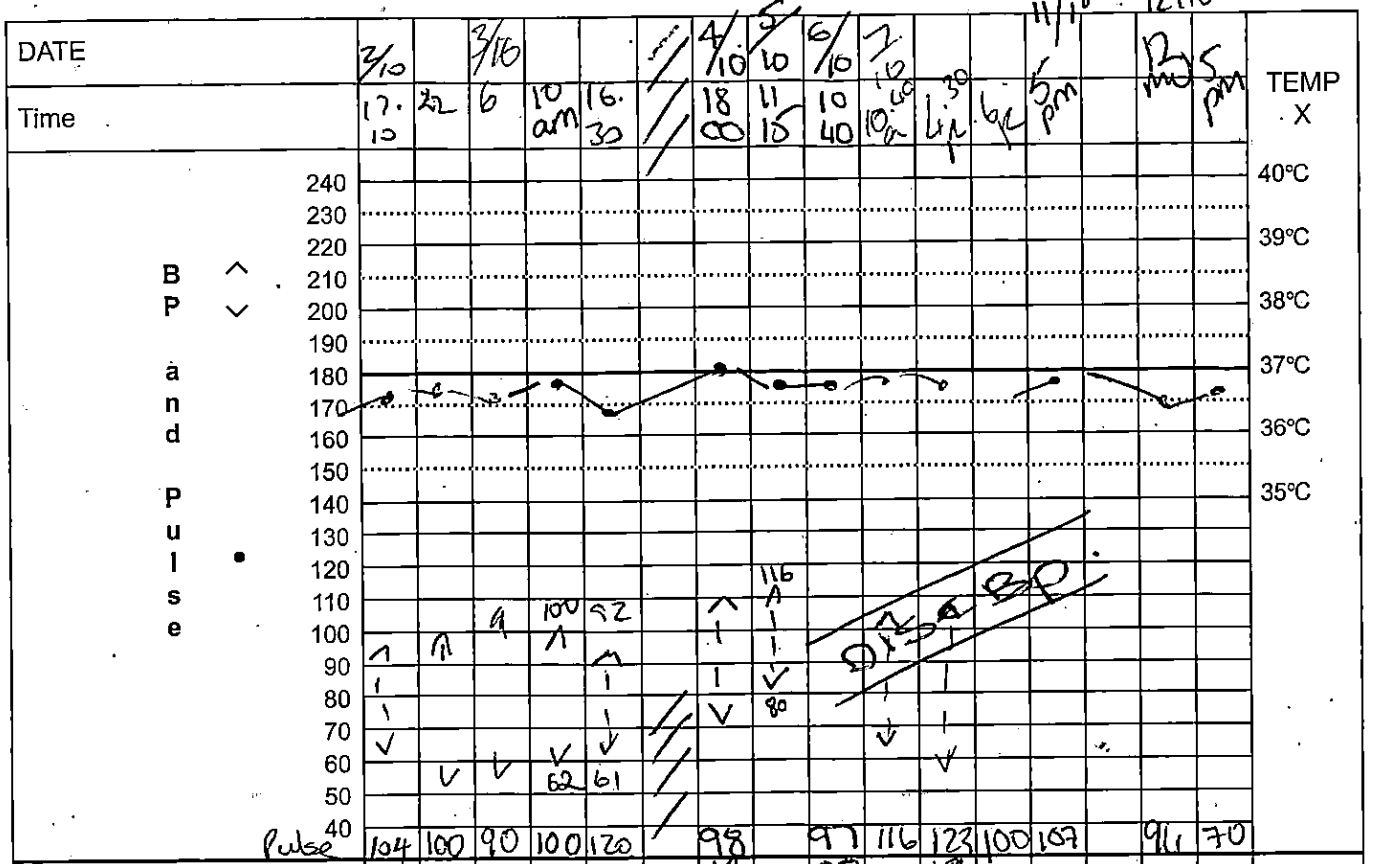
Nausea Score

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



Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO2%	≤87	88-91	92-94	95-100			



Pain Score																			
Sedation Score																			
Nausea Score																			
Blood Glucose																			

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

Calling Criteria

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

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

Neurological Observation Chart

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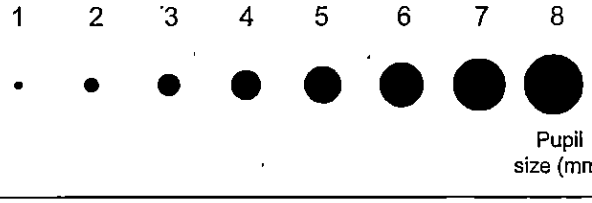
		Extension																		
		No response																		

Glasgow Coma Scale



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		Extension																		
		No response																		

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

Patient Observation Chart

NHS Greater Glasgow

Name Deborah Sullivan
Address

Hospital No.
DOB WPR05

Admitted Date _____ Ward 5
Transferred Date _____ Ward _____
Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

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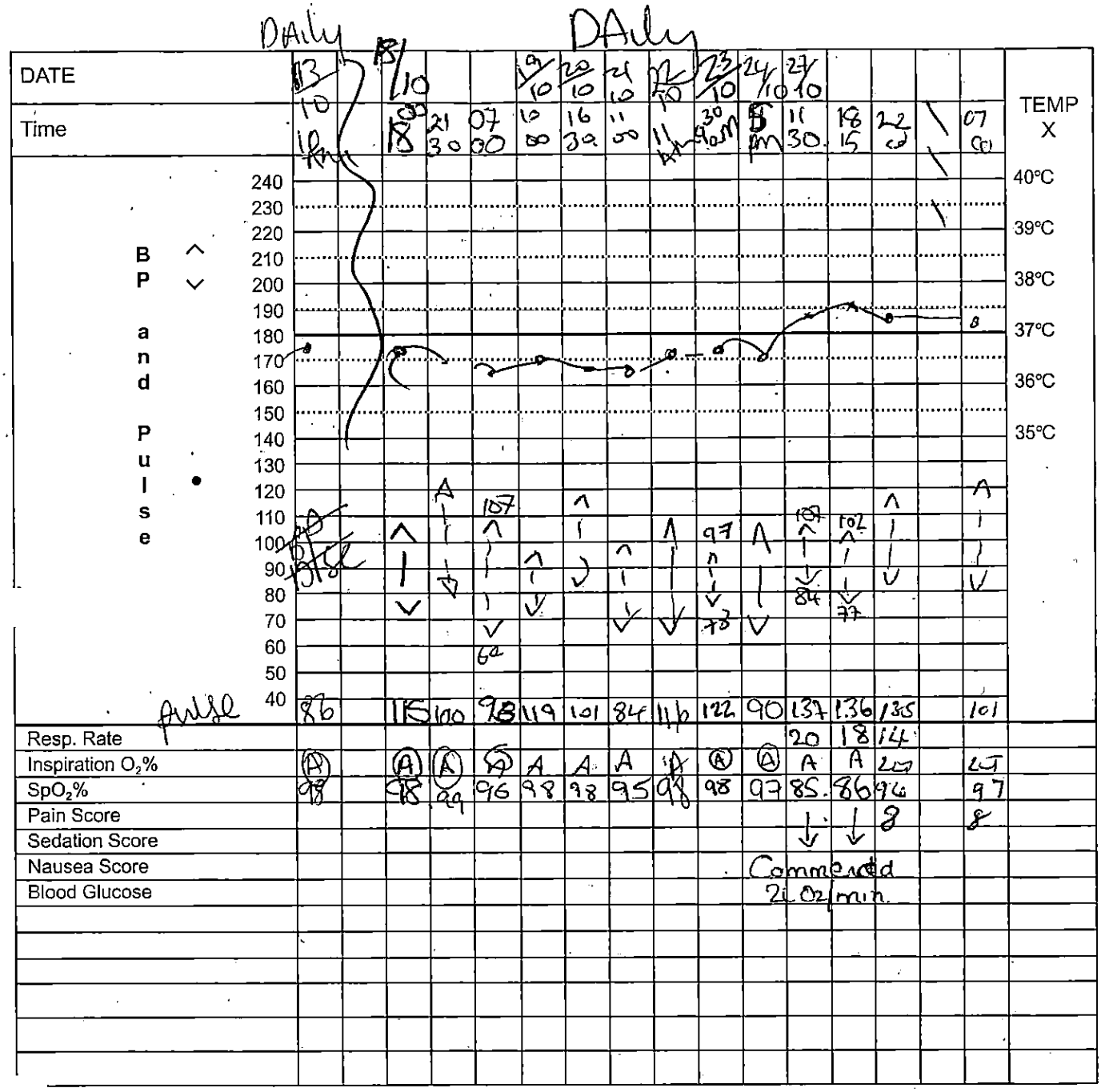

MEWS	
	Resp. Rate
	Pulse
	Systolic BP
	GCS / AVPU
	Urine Output
	Temp.
	SpO_2%
	TOTAL

Modified Early Warning Score (MEWS)

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

Twice Daily

DATE	28/10	29/10		31/01	31/01	31/01		9/11	1/11	1/11	2/11	2/11	3/11	3/11	3/11		TEMP X
Time	1109	1400	22	11	1430	1900		2000	1050	1250	11	5pm	4 AM	1715	1715		
BP and Pulse																	40°C / 39°C / 38°C / 37°C / 36°C / 35°C
Resp. Rate	24	18	A						22	9							
Inspiration O_2%	96	98	98					(A)	A	A	(A)	(A)	(A)	(A)	(A)		
SpO_2%		A		97	97	97		97	98	98	97	95	98	97	98		
Pain Score				2													
Sedation Score	ASLEEP			0													
Nausea Score				0													
Blood Glucose																	
				ON NIL	ON NIL												
				121/67	93/55	112/71											
~~Pulse~~ BP																	

MEWS																	
	Resp. Rate																
	Pulse																
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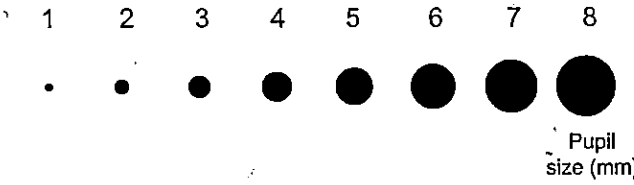

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Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

Deborah Sullivan
Patient label
1063879K

OBSERVATION CHART

Pain Service - Sr Sioban Calwell Page 1184 Ward 5
Sn Bernadette Goodfellow 18/8/04

PCA PRESCRIPTION

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

ENSURE PCA ALSO PRESCRIBED ON DRUG KARDEX.

PCA PRESCRIPTION CHANGES

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

CLINICAL MANAGEMENT

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

POINTS OF EMPHASIS

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

POTENTIAL PROBLEMS

- Refer to troubleshooting guide in ward.

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. _____

OXYGEN / RECOVERY **NASAL** ☐ **HUDSON** ☐ **OTHER** ☐

OXYGEN / WARD _____

2L ☐ **3L** ☐ **4L** ☐ **5L** ☐ **OTHER** ☐

CANNULA / REMOVAL - RECOVERY ☐ **WARD** _____

INSTRUCTION/ INFORMATION

18/8/04

Anaesthetist Signature _____

TIME :	1700	1420	5:30pm																	
PULSE	91	96	103																	
BLOOD PRESSURE	115/77	111/56	100/80																	
SATURATION (SaO^2)	98	94	95																	
RESPIRATORY RATE																				
AIRWAY																				
OXYGEN	3l																			
PAIN SCORE Rest																				
PAIN SCORE Movement																				
SEDATION SCORE																				
PONV SCORE																				
TEMPERATURE		36.9	37.2																	
WOUND																				
VOLUME SYRINGE (mls)																				
VOLUME INFUSED (mls)																				
TOTAL MG INFUSED																				
INITIALS	CJ																			

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

0 — 5 — 10

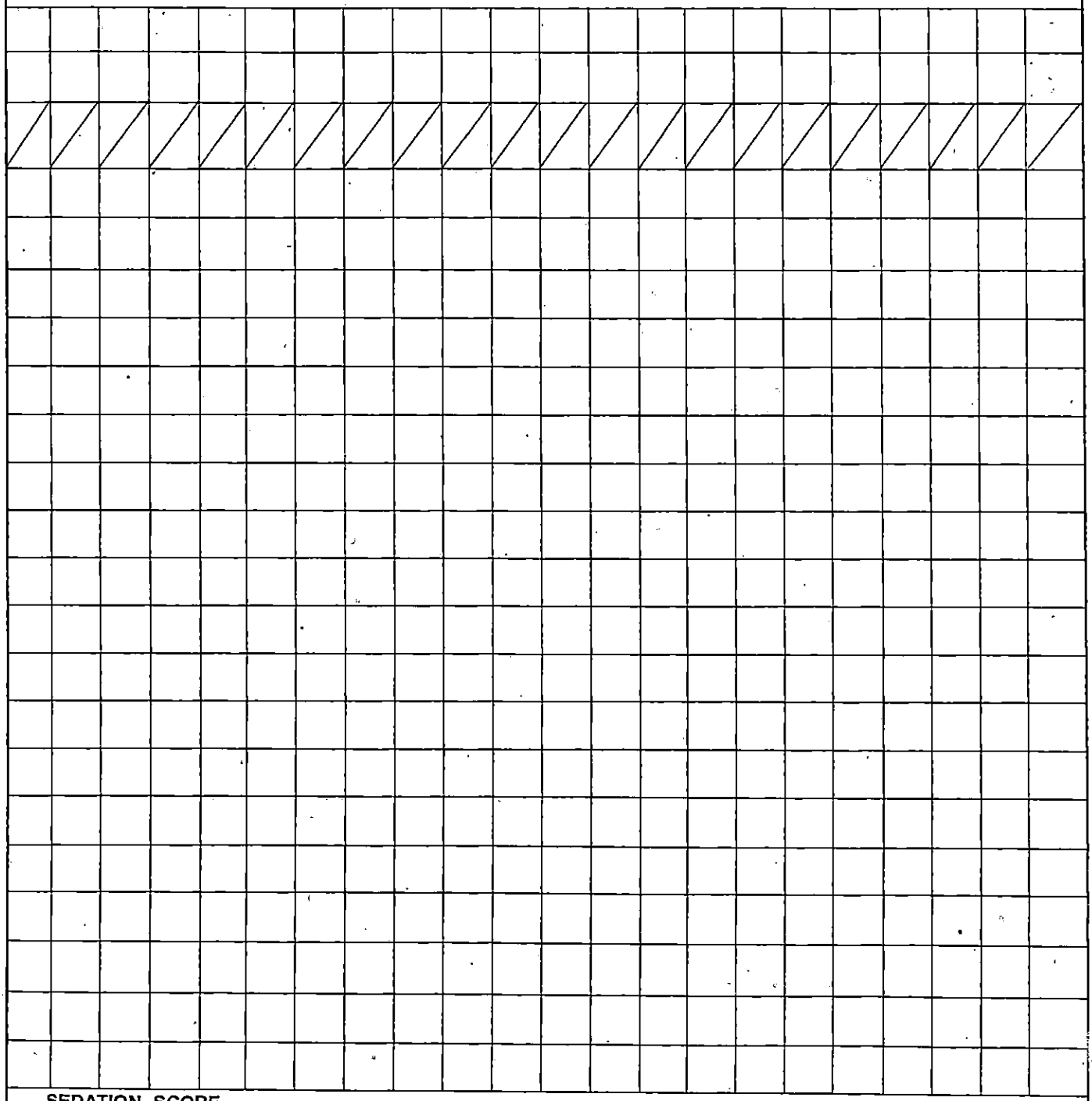
NO PAIN — WORST PAIN EVER

NURSE PAIN SCORE

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

CONTINUE IV FLUIDS RATE

Anaesthetist Signature _____



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

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

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

NOTES

1400 Satisfactory recovery A Dratt.

Name: O Sullivan Ward: 2A Date: 7/8/4 Case Record No.:

CARE PLAN

Date Comm.	Signature	1 BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
7/8/4	SMI	Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2 NUTRITION		
7/8/4	SMI	Fasting	10/8/04	L Blanford
10/8/04	L Blanford	Normal Diet	12/8/04	R Quinn
		Special Diet / Modified Diet		
12/8/04	R Quinn	NIL BY MOUTH	13/8/04	R Quinn
13/8/04	R Quinn	Fluids/diet	16/8/04	MMcK
16/8/04	MMcK	Fluids only.		
		3 ELIMINATION		
7/8/4	SMI	Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4 MOBILITY		
7/8/4	SMI	Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5 OBSERVATIONS		
		Waterlow daily (if score is over 10+) 4 (low)		
7/8/4	SMI	TPR 4°		
		BP 4°		
		Pain Score Ongoing	10/8/04	EC.
		Fluid Balance Ongoing.		

00629

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
		IV Infusion		
7/8/4 12/8/04	SMI RL	IV fluids IV Fluids -	9/8/04	EC
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
7/8/4	SMI	IV access: ✓ IV cannulae Venflon (L) arm. ∞ others	17/2/04	RL
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
10/8/04		O+D	11/8/04	Cmuller
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

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

Signature of nurse: SMacInnes **Date:** 07/08/04

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

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

Patie 10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

DATE 17/8/4

Proposed procedure (block capitals) OGD (OESOPHAGEAL-GASTRO-DUODENOSCOPY).

NOTES ON GUIDANCE FOR CLINICIANS

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

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

i) any procedure that carries a significant risk.

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

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

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

(v) any recording procedure such as photography, video and audio.

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

TO BE COMPLETED BY CLINICAL PRACTITIONER

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

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

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals)
SINEAD TWNEY

Signature
S Twney

Grade/Designation
PREHO.

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

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

ıcreasingly in modern clinical care, photography and video pictures are used for consultation and teaching ıurposes. These images will not be used for publication in any form without your specific consent. The ırocedure may also be observed by other professionals via a live video link.

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

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

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

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

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

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

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

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

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

To administration of anaesthetics or to sedation if required — Agree ☑ Disagree ☐

To the procedure named on this form — Agree ☑ Disagree ☐

To photography, video and audio recordings, including live video links — Agree ☑ Disagree ☐

To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure. — Agree ☑ Disagree ☐

To the use of my tissue in medical education and medical research — Agree ☑ Disagree ☐

Signature D E Sullivan Date 17/8/04 Address 8 Rhandirmwyn Court

Name (block capitals)

DEBORAH SULLIVAN

Notes

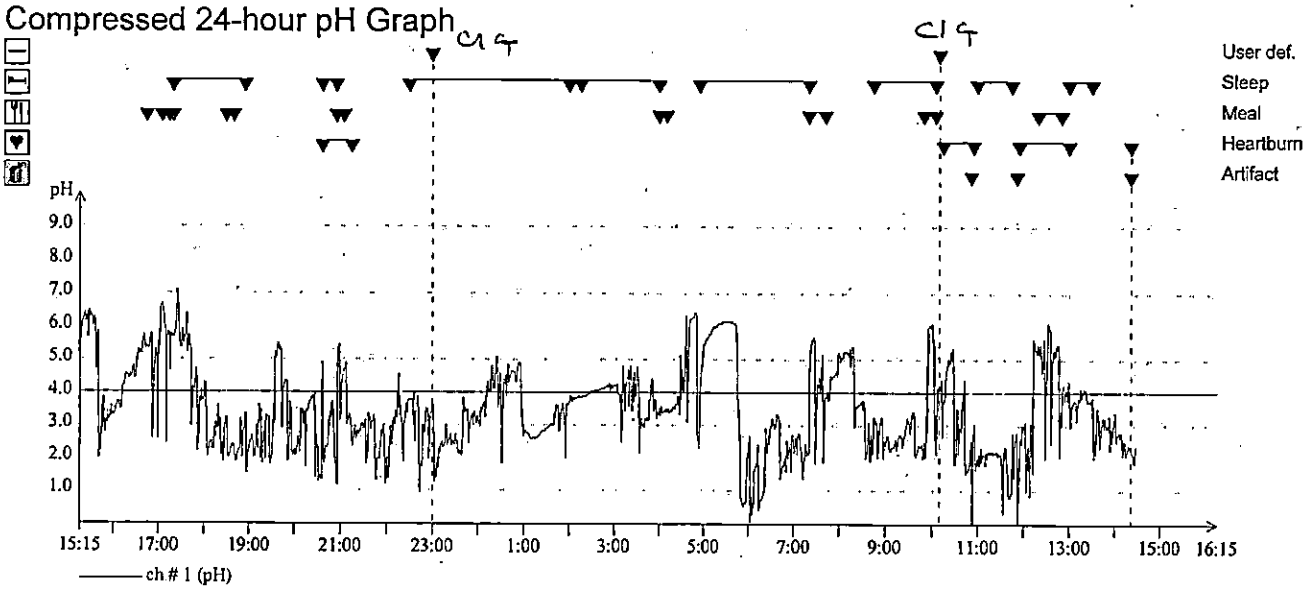
EsopHogram™ Reflux Analysis

Patient Name:	**Sullivan, Deborah**		
Patient ID #:	50945953E		
Referring Physician:	Smith, J	Physician:	Fullarton, G M
Date of Test:	19/10/04	Assistant:	Urie, Aileen

Interpretation and Comments

pH Channel

Compressed 24-hour pH Graph



Period Table

CIGARETTE

Item		Total	Upright	Supine	Meal	PostP	HrtBrn	~~NONE~~
Duration of period	(HH:MM)	23:13	11:05	12:09	02:03	12:59	02:27	00:08
Number of acid refluxes	(#)	404	195	218	34	210	29	1
Number of long acid refluxes	(#)	32	17	17	2	24	5	0
Longest acid reflux	(min)	60	35	59	10	60	16	4
Total time pH below 4.00	(min)	853	373	479	31	527	77	4
Fraction time pH below 4.00	(%)	61.2	56.1	65.8	25.4	67.7	52.2	50.0
Symptom Index	(%)	n/a	n/a	n/a	n/a	n/a	100.0	50.0

DeMeester score

Total score = 203.5 DeMeester normals: <14.72 (95th percentile)

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PRESCRIPTION SHEET NUMBER ..... THIS DOCUMENT MUST BE RETAINED REFER OVERLEAF FOR INSTRUCTIONS

PATIENT'S NAME Debbie Sullivan

HOSPITAL STOBHILL UNIT NUMBER 10638479K

WARD 5 D.O.B. .....

Prescriptions and Administration sheet for medicines given by Syringe / Infusion Pump
Each prescription must be completed fully and unambiguously. FULL SIGNATURE TO BE USED

1 PRESCRIPTION DETAILS (to be completed by DOCTOR before start of therapy)

MEDICINE(S)	TOTAL AMOUNT OF DRUG(S) in syringe / bag	DILUENT	TOTAL VOLUME in syringe / bag	DRUG CONC'N(S) (mg/ml)	ROUTE	TYPE SYRINGE PUMP OR INFUSION PUMP MODEL	PRESCRIBERS SIGNATURE
Morphine	50 mg	(N) SALINE	Upto/total 50ml	1mg/ml	IV		

2 FLOW RATE DETAILS (to be completed by DOCTOR and NURSING STAFF)

	Date	Start Time	Drug Dose per Hour	Required Flow Rate Setting	Prescribed by	Set by	Checked by
Initial rate	27/10	12.40					
Change 1							
Change 2							
Change 3							
Change 4							

3 PREPARATION DETAILS (to be completed by DOCTOR or NURSING STAFF)

	Date	Time	Prepared by	Checked by	Set by	Checked by
Initial Prep.	27/10/04	12:50	Pharmacy			
Rpt. 1	27/10	0920	Pharmacy			
Rpt. 2	27.10.04	0840	Pharmacy			
Rpt. 3	27/10	23-30	Pharmacy			
Rpt. 4						

4 ADMINISTRATION CHECK (to be completed HOURLY by NURSING STAFF)

Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments	Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments
27/10	12.55	50ml	—	PCA		New Syringe.							
27/10	0430	35ml	15	PCA									
27.10	0920	50ml	—	PCA		New Syringe.							
	1135	28ml	22ml	PCA									
	1480	2ml	48ml	PCA		Lockout 6/4mins							
V	1440	50ml	—	PCA		New Syringe.							
	22.00	10ml	30ml	PCA									
	2400	0	50ml	PCA									
27/10	0330	50ml	—	PCA		New Syringe							
27/10	0700	47ml	3ml	PCA		SLEEPING							
	0930	44mls	4ml	PCA		Sleeping							
	0940	39ml	11ml	PCA		SLEEPING							

5 DISCONTINUATION

(Sign): ..... DATE: 28/10/04 TIME: 12.30pm

NOTE: IF THE 'BOOST' FACILITY OF A SYRINGE DRIVER IS USED, RECORD THIS IN THE 'COMMENTS' SECTION.

REF: PAS 1

PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE PUMP/ INFUSION PUMP - GUIDELINES ON USE

ONLY APPROPRIATELY PREPARED REGISTERED NURSES MAY PARTICIPATE IN THE PREPARATION AND ADMINISTRATION OF MEDICINES GIVEN VIA A SYRINGE PUMP

THIS FORM IS NOT APPROPRIATE FOR USE IN CERTAIN HIGH DEPENDENCY AREAS:

The medicine should be prescribed in the patient's main prescription sheet, cross referenced by annotating the "other prescription sheets in use section". This sheet should be kept in close proximity to the device in use.

Each prescription sheet should be used to record the prescription, preparation and administration details of syringes or infusion bags which are prepared in accordance with the prescription in Section 1 of the form. **IF THE DETAILS IN SECTION 1 REQUIRE TO BE CHANGED A NEW PRESCRIPTION FORM MUST BE USED.**

Signatures must be written out in full in the appropriate spaces.

The form should be completed as follows:

SECTION 1 : PRESCRIPTION DETAILS:

(i) The prescription must be completed in full by a qualified medical practitioner.

(ii) "Total Amount of Drug(s)" refers to the total quantity of medicine in micrograms, milligrams or units, placed into the container.

(iii) If the medicine is further diluted, the diluent must be noted in the "Diluent" space and total **volume** recorded, ie, medicine + diluent.

(iv) The final concentration of drug in the syringe/bag should be recorded.

(v) The Route of Administration, Intravenous or Subcutaneous, must be recorded.

(vi) The type of infusion device, syringe driver or infusion pump, and the model when selected must be recorded by the doctor or nurse as appropriate.

(vii) The prescriber must sign the space provided.

SECTION 2: FLOW RATE DETAILS:

(i) The dose of drug (in microgram or mg/hour) and the resultant initial flow rate (in ml/hour or mm/hour depending on the device in use) must be prescribed by the Doctor on the "initial rate" line.

(ii) If the infusion rate is set and started by the prescriber, the "set by" section should also be signed. If this is done by two registered nurses/midwives, both "set by" and "checked by" sections should be signed.

(iii) Any subsequent alterations in dose and flow rate must be prescribed by the Doctor on the "Change" lines except for prescribed variable dose/sliding scale regimes (see (iv)).

(iv) When a **"VARIABLE DOSE REGIME"** (eg sliding scale insulin) has been prescribed, this should be recorded on the "initial rate" line and all changes recorded in the "Comments" section as appropriate.

SECTION 3: PREPARATION DETAILS:

If the final product (syringe or infusion attached to pump) is prepared by:

(i) a Qualified Medical Practitioner, then he/she must sign the "prepared by" space, or,

(ii) a Registered Nurse or Midwife, if calculation or dilution is involved, the preparation of the infusion should be witnessed by another Registered Nurse or Midwife. The "Prepared by/Checked by" and "Set by/Checked by" sections must be signed. Preparation of fresh infusions **of the same prescription** should be recorded on subsequent lines.

SECTION 4: ADMINISTRATION CHECK:

(i) The infusion must be checked at regular intervals, as indicated on the sheet, during the period that the pump is in use. Each section must be completed in full.

(ii) The "Comments" section should be used to record observations, including site checks. All unexpected events must be brought to the attention of the Nurse or Doctor in charge.

SECTION 5: DISCONTINUATION:

When the administration is to be discontinued, the prescriber should complete the appropriate sections on the sheet and on the main Kardex prescription sheet. A line should be drawn through each prescription to prevent continued use. Local guidelines for the "Duration of Use" should be followed prior to renewing the syringe/bag.

August 1994

(2)

PRESCRIPTION FORM

Hospital Name: STOBHILL

PATIENT DETAILS

Name: DEBBIE SULLIVAN	Height:
Hospital Number: 1063847 9K	Weight:
DOB: 7/12/72	Surface area:
Date of Admission: 4/8/4	Date of writing discharge prescription: / /
Consultant Name: SMITH	Ward: 5
Date and time this form prepared: 5/10/4 Time: 1.45pm	Sheet No .....
	2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

ORAL VOLTAROL

IBUPROFEN

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: / /

OTHER CHARTS IN USE

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

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
6/10	Morphine	10mg	IM				
15/10	Nelopam Hydrochloride	20mg	IM			MTHS 20 09 [illegible]	
20/10	MOTILIUM SUPP	30mgs	PR			RGN	09.00

PATIENT'S NAME: Deborah Sullivan

ADMINISTRATION

Parenteral Drugs: Regular Prescription

	DATE	5	6	7	11	12	13	14	18	19	20	21	22	23	24
	MONTH	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	Other time														
	0700-0900														
	1200-1400														
	1600-1800	HF	RD	dr	LS	INT	SC	INT	RD	RD	INT	SC	H		
	2200-2400														
	Other time														

A DRUG: CLEXANE

DOSE: 20 mg | ROUTE: SC | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: Vicki MAT

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

B DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

F DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

G DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

H DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

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

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE / MONTH

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

J DRUG: MOVICOL
DOSE: 1 sachet | ROUTE: PO | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

K DRUG: OMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

L DRUG: LEVOMEPROMAZINE
DOSE: 6.25mg | ROUTE: PO | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: NOZINAN
FOR DOCTORS USE ONLY

M DRUG: FLUOXETINE
DOSE: 20mg | ROUTE: PO | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Oral and Other Drugs: Regular Prescriptions

DATE: 5 6 7 8 11 12 13 14 15 18 19 20 21 22 23 24 25
MONTH: 10 10 10 10 10 10 10 10 10 10 10 10 10 6 10 10

N DRUG: DIAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

P DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

R DRUG: TRAMADOL
DOSE: 100mg | ROUTE: PO/IM | DATE: 5/10/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

S DRUG: GAVISCON
DOSE: 10ml | ROUTE: PO | DATE: 5/10/14 | STOPPED DATE: 7/10 | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 7 8 11 12 13 14 15 16 | 19 20 21 22 23 24 25

MONTH → 10 10 10 10 10 10 10 10 | 10 10 10 10 10 10 10

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

T DRUG GAVISCON

DOSE 10ml | ROUTE PO | DATE 7/10/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

V DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

W DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

X DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

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

Y DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

AA DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

BB DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

CC DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

DD DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

PATIENT'S NAME: Deborah Sullivan

All Routes: As Required Prescriptions

NOT FOR IM INJECTION

ADMINISTRATION

MM DRUG: CYCLIZINE — STOPPED DATE: — INITIALS:

DOSE	ROUTE	INDICATION
50mg	PO	Nausea

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 8° — DATE: 5/10/14

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	5/10 5/10 7/10 8/10 11/10 14/10 17/10 12/10 13/10 13/10 13/10 14/10 14/10 15/10 18/10 19/10 19/10 14/10 20/10 22/10
TIME	18:20 08:35 6p 04:40 2:45p 08:15 1pm 6:15pm 05:00 9:00 1:20pm 04:20 12:35 12:55 13:50 08:50 18:00 08:50
DOSE	50mg 50mg 50mg 50 15mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg
GIVEN BY	TH RD [illegible] I [illegible] AD AD MB [illegible] LS MB [illegible] JC LR [illegible] [illegible] RD [illegible] MT

NN DRUG: MORPHINE — STOPPED DATE: — INITIALS:

DOSE	ROUTE	INDICATION
15mg	PR	Pain

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 4-6° — DATE: 5/10/14

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	05/10 06/10 08/10 7/10 7/10 10/10 11/10 11/10 12/10 12/10 12/10 12/10 13/10 13/10 13/10 13/10 18/10 14/10 14/10 14/10 15/10 15/10 18/10 18/10
TIME	18:20 14:45 8:30 1p 6p 10:25 2:45p 9p 3:60 08:45 1pm 6:15pm 22:40 04:55 05:00 15:15 17:50 10:15 20:40 13:30 18:10 22:00 01:50 12:45 15:17:45
DOSE	15mg 15mg 15mg 15mg 15mg 15mg 15mg 15 15 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg 15mg
GIVEN BY	SF IS SF [illegible]

PP DRUG: GRANISETRON — STOPPED DATE: — INITIALS:

DOSE	ROUTE	INDICATION
1mg	IV	Nausea

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 12° — DATE: 5/10/14

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	7/10
TIME	10a
DOSE	1mg
GIVEN BY	[illegible]

RR DRUG: MORPHINE — STOPPED DATE: — INITIALS:

DOSE	ROUTE	INDICATION
15mg	PR	Pain

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 4°-6° — DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	18/10 error 19/10 19/10 19/10 19/10 19/10 20/10 20/10 20/10 20/10 21/10 21/10 21/10 22/10 [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

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

SS DRUG: buscopan

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
20mg	PO	spasm/pain		

SIGNATURE OF DOCTOR: K. Fra — MAX.FREQUENCY: — DATE: 19/10

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	20/10																													
TIME	08:30																													
DOSE	20mg																													
GIVEN BY	DJ																													

TT DRUG: DOMPERIDONE

DOSE	ROUTE	INDICATION	STOPPED DATE: 20/10/14	STOPPED INITIALS:
30mg	PR	nausea/vomiting		

SIGNATURE OF DOCTOR: — MAX.FREQUENCY: 4 - 8° — DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

VV DRUG: STEMETIL

DOSE	ROUTE	INDICATION	STOPPED DATE: 20/10/14	STOPPED INITIALS:
5mg	PR	Nausea/vom.		

SIGNATURE OF DOCTOR: — MAX.FREQUENCY: — DATE: 20/10/14

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

WW DRUG: DOMPERIDONE

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
30mg	PR	n/v		

SIGNATURE OF DOCTOR: — MAX.FREQUENCY: 4-8° — DATE: 20/10/14

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	21/10	22/10	23/10	24/10	24/10	24/10	25/10																							
TIME	16:15	8am	5pm	8am	5pm	10pm	7.05pm	7am																						
DOSE	30mg	30mg	30mg	30mg	30mg	30mg	30mg	30mg																						
GIVEN BY	RD	DJ	CM	CM	CM	CM	CM	CM																						

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

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

(Maximum number of dose[illegible] per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for users

FOR DOCTORS:

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

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

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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

Ver 6, 01/2002

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

10638479X
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
GLASGOW
G69 7EP

OBSERVATION CHART

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

PCA PRESCRIPTION

Drug	Conc. mg/ml	Loading dose (mg)	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Prescribed by
Morphine	1	—	1.5	—	6	—	

ENSURE PCA ALSO PRESCRIBED ON DRUG KARDEX.

PCA PRESCRIPTION CHANGES

Time/Date	Loading dose mg/ml	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Resp rate	Pain Score	Sed. Score	Changed by accredited staff
27/10/04 13.00	1mg/ml	1.5mg	Stat	4mins	—	—	5/6	—	S.Calwell

CLINICAL MANAGEMENT

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

POINTS OF EMPHASIS

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

POTENTIAL PROBLEMS

- Refer to troubleshooting guide in ward.

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE

PULSE & B.P. _____

OXYGEN / RECOVERY NASAL ☐ HUDSON ☐ OTHER ☐

OXYGEN / WARD _____

2L ☐ 3L ☐ 4L ☐ 5L ☐ OTHER ☐

CANNULA / REMOVAL - RECOVERY ☐ WARD _____

INSTRUCTION/ INFORMATION

WARD

Anaesthetist Signature _____

26/10/04																	
TIME :	14 10	14 25	14 40	14 55	15 10	15 25	15 45	16 15	16 45	17 30	18 30	12[illegible]	12[illegible]	0[illegible]	[illegible]		
PULSE	102	98	111	106	114	116	124	115	134	133	135	120	120	130	138		
BLOOD PRESSURE	125/69	115/74	131/73	124/76	124/73	115/75	118/71	[illegible]	122/72	114/70	134/93	130/90	124/80	125/94	120/95		
SATURATION (SaO^2)	95	98	96	97	97	94	99	99	99	96	96	94	96	96	95		
RESPIRATORY RATE	17	20		17	21	16	18	16	18		18	14		19	A		
AIRWAY	6m	5V	6V	5V	5V	5V	5V	/	/		/						
OXYGEN	4L	4L	4L	4L	4L	4L	4L	4L	4L	9	4L	4L	4L	4L			
PAIN SCORE Rest	7 0	1?	↑	++	++ 10	10		++ 10	S	S	10	0	2	6	3		
PAIN SCORE Movement								++ 10	S	S	10	5	5	8	3		
SEDATION SCORE	3	2	1-2	1-2	1-2	1-2		1-2	S	S	1	1		0	0		
PONV SCORE	0	0	0	0	0	0	0	0	S	S	0		0	0	0		
TEMPERATURE	37							37.0	37.0	37	37	37	36.8	37	[illegible]		
WOUND	tray sent	?	?					✓	✓	✓	✓	✓	✓	✓	✓		
NG tube	free drainage							✓	✓	✓	✓	✓	✓	✓	✓		
PCA	5																
VOLUME SYRINGE (mls)	60	50	50	47	44	41		36	36	36	32	10					
VOLUME INFUSED (mls)	0	0	1.5	4.5	7.5	10.5		14	14	14	18	40					
TOTAL MG INFUSED	0	0	1.50	4.5	7.5	10.5		14	14	14	18	40					
INITIALS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]					
COMMENTS																	

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

0 — 5 — 10

NO PAIN — WORST PAIN EVER

NURSE PAIN SCORE

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

CONTINUE IV FLUIDS | RATE

R. lactate / N. saline 2/1 4hrly

Anaesthetist Signature

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

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

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

NOTES

14-20 - 3mg of morphine IV.

14:35 - 3mg of morphine IV

14:45 - 3mg of morphine IV

Pain Score remains 10
Using PCA
Dr McKellar informed

further IV Morphine given 3mg at 15:15
Dr McKellar informed about rash on lower left forearm, No Action taken

IV Morphine 2mg at 15.25
Rash on (C) Forearm subsided

After further morphine as above
pain score remained 10

15.40hrs Dr M'Kellar informed patient pain score still 10
20mg Temazepam prescribed

15.50hrs Patient sleeping though easily roused
Temazepam not given at present due to patient being so sleepy.
Pulse has gradually increased to 130 - Dr M'Kellar informed - no action taken - patient to return to ward.

PRESCRIPTION FORM

Hos. Name: Stobhill

PATIENT DETAILS

Name: DEBORAH SULLIVAN	Height:
Hospital Number: 10638479K	Weight:
DOB: 7/12/72	Surface area:
Date of Admission: 7/8/04	Date of writing discharge prescription: / /
Consultant Name: MR SMITH	Ward: 5

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

DRUG SENSITIVITIES

ORAL VOLTAROL

IBUPROFEN

VTE Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: / /

OTHER CHARTS IN USE

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

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
~~7/8/04~~	~~DIAZEPAM~~						
7/9/04	METOCLOPRAMIDE	10mg	i.v.		I. Rashid		
9/9/04	MIDAZOLAM	10mg	IV			SD	13:30
11/9/04	MIDAZOLAM	20mg	IV				
21/9/04	TRAMADOL	50mg	IM	0300		Dud	7:15
29/9	DF118	60	O	0550		Edw	0550

DISCONTINUED

PATIENT'S NAME: DEBORAH SULLIVAN

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE / MONTH

	4	5	6	7	8	9	10	11	12	13	14	15	16	20	21	22	23	27	28	29	30	1	2	3	4
MONTH	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	10	10	10	10

A

DRUG: CLEXANE

DOSE: 20mg | ROUTE: S/C | DATE: 3/9/16

SIGNATURE OF DOCTOR: CCarmodi

STOPPED — DATE: / INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

B

DRUG: ~~FE~~

DOSE | ROUTE | DATE

STOPPED — DATE: / INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

C

DRUG

DOSE | ROUTE | DATE

STOPPED — DATE: / INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

D

DRUG

DOSE | ROUTE | DATE

STOPPED — DATE: / INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

Parenteral Drugs: Regular Prescription

DATE
MONTH

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

PATIENT'S NAME: DEBORAH SULLIVAN

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 20 21 22 23 26 27 28 29 30 1 2 3 4 5 10

MONTH: 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 10 10 10 10

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

J DRUG: FLUOXETINE

DOSE: 20mg | ROUTE: O | DATE: 3/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: C Cormack

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

K DRUG: DIAZEPAM

DOSE: 10mg | ROUTE: O | DATE: 3/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: C Cormack

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

L DRUG: PARACETAMOL

DOSE: 1g | ROUTE: O | DATE: 3/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: C Cormack

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: PARAPAGO

FOR DOCTORS USE ONLY

M DRUG: TRAMADOL

DOSE: 100mg | ROUTE: PR | DATE: 3/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: C Cormack

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

Oral and Other Drugs: Regular Prescriptions

DATE → 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 21 21 22 23 24 25 26 29 30 1 2 3 4 5 6 7 8 9 10

MONTH → 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 10 10 10 10

N DRUG: MOVICOL

DOSE: 1 sachet | ROUTE: O | DATE: 3/9/14 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

FOR DOCTORS USE ONLY

P DRUG: OMEPRAZOLE

DOSE: 40mg | ROUTE: O | DATE: 3/9/14 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

FOR DOCTORS USE ONLY

R DRUG: LEVOMEPROMAZINE

DOSE: 6.25mg | ROUTE: O | DATE: 3/9/14 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: NOTINAN

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

FOR DOCTORS USE ONLY

S DRUG: DICLOFENAC

DOSE: 50mg | ROUTE: PR | DATE: 3/9/14 | STOPPED DATE: 6/9/14 | INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

FOR DOCTORS USE ONLY

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

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

PATIENT'S NAME: DEBORAH SULLIVAN

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE / MONTH

DATE	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	20	21	22	27	28	29	30	1	2	5	4
MONTH	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	10	10	10	10

T DRUG: ERYTHROMYCIN

DOSE: 500mg | ROUTE: PO | DATE: 3/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Gut motility Suspension

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

FOR DOCTORS USE ONLY

V DRUG: MORPHINE

DOSE: 10mg | ROUTE: PR | DATE: 13/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

W DRUG: MORPHINE

DOSE: 15mg | ROUTE: PR | DATE: 13/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

X DRUG: GAMSCAN

DOSE: 10ml | ROUTE: PO | DATE: 23/9/14 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

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

DD DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

HH DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

JJ DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

KK DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

LL DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

PATIENT'S NAME: DEBORAH SULLIVAN

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 5-10mg | ROUTE: IM | INDICATION: pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 3-4 | DATE: 3/9/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																												
TIME	1800	2200	0340																									
DOSE	10 mg	10 mg	10 mg	10 mg																								
GIVEN BY	AH																											

NN DRUG: CYCLIZINE — STOPPED DATE: 3/10/14 — INITIALS:
DOSE: 50mg | ROUTE: IM | INDICATION: nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																												
TIME	1030	2010	1300		1400																							
DOSE	50	50	50 mg		50 mg	50	50 mg	50 MG																				
GIVEN BY																												

PP DRUG: GRANISETRON — STOPPED DATE: — INITIALS:
DOSE: 1mg | ROUTE: IV | INDICATION: nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 12° | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: IV. 5ml @ 2ml/hr over ≥30 sec

DATE																												
TIME	1110	1315	1810	1410	1800	1030 AM																						
DOSE	1mg	1mg	1mg	1mg	1mg	1mg																						
GIVEN BY																												

(12)

RR DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 5-10mg | ROUTE: IM | INDICATION: PAIN
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 3-4° | DATE: 11/9/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																												
TIME	1100	0805			2200	0845	0850 AM																					
DOSE	10 mg	10 mg	10 mg	10 mg			10 MG	10 MG																				
GIVEN BY																												

SS DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 15mg | ROUTE: PR | INDICATION: PAIN
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 4-6 | DATE: 12/9
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	14/9	15/9	16/9	17/9	20/9	21/9	21/9	21/9	21/9	21/9	22/9	22/9	22/9	22/9	22/9	23/9	23/9	23/9	24/9	24/9	24/9	27/9	27/9	28/9	28/9	28/9	29/9	29/9
TIME	1455	22	2	13	2329	0000	1	11:30	2330	11:10	3:35	09:00	3:25	22:30	09	15	9	06	11:30	2:10	20:50	8	16:10	22:20	19:15	18:00		
DOSE	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15	15	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg
GIVEN BY	[illegible]	SF	CM	MT	LS	CM PW	PW	MT FC	MT	[illegible]	[illegible]	NB	MT	[illegible]	PB JD	[illegible]	[illegible]	[illegible]	[illegible]	PB RQ	LS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TT DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 15mg | ROUTE: PR | INDICATION: Pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 4-6 | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	29/9	30/9	31/9	1/10	1/10/04	1/10/04	01/10/04	02/10/04	02/10/04	2/10/04	2/10	3/10	3/10	4/10	4/10	4/10	4/10	5/10/04	5/10/04	5/10
TIME	22:40	9:25am	2:50pm	6:50	12:25 MD	18:05	22:10	08:45	12:45	17:55	23:00	07:45	13:00	17:30	23:40	1:20pm	19:30	24	13:15	
DOSE	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg	15mg
GIVEN BY	[illegible]	CM	CM	[illegible]	[illegible]	LS	[illegible]	RQ LS	RQ LS	RQ LS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

VV DRUG: CHLORINE — STOPPED DATE: — INITIALS:
DOSE: 50mg | ROUTE: ~~TOP~~ ORAL | INDICATION: Nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE: 2/10/4
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	2/10/04	3/10/04	3/10/04	4/10	4/10	4/10
TIME	09:10	14:20	17:25	04:45	19:30	13:20
DOSE	50mg	50mg	50mg	50mg	50mg	50mg
GIVEN BY	RQ	W	MB RQ (7)	RQ	[illegible]	[illegible]

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

DATE																												
TIME																												
DOSE																												
GIVEN BY																												

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

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

Nurse/Midwife Administration by Protocol - Authorised Nurses/Midwives On

(Maximum number of dos as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN
13/4	Quinsan	10mg	O	02n	[signature]	RN	02.

Notes for Users

FOR DOCTORS:

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

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

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

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

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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

Ver 6, 01/2002

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

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

Pati 1063847914

DEBORAH SULLIVAN
DOB 7/12/72
9 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

DATE 16/9/14

Proposed procedure (block capitals) OGD +/- NJ tube insertion

NOTES ON GUIDANCE FOR CLINICIANS

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

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

i) any procedure that carries a significant risk.

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

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

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

(v) any recording procedure such as photography, video and audio.

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

TO BE COMPLETED BY CLINICAL PRACTITIONER

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

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

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals)
KATIE MCGRATH

Signature
KMcG

Grade/Designation
PRHO

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

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

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. These images will not be used for publication in any form without your specific consent. The procedure may also be observed by other professionals via a live video link.

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

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

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

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

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

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

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

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

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

To the administration of anaesthetics or to sedation if required	Agree ☑	Disagree ☐
To the procedure named on this form	Agree ☑	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☑	Disagree ☐
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☑	Disagree ☐
To the use of my tissue in medical education and medical research	Agree ☑	Disagree ☐

Signature D E Sullivan Date 16/9/04

Name (block capitals) DEBORAH SULLIVAN

DEBORAH SULLIVAN
8 Rhindmuir Court
Baillieston
GLASGOW G69 6GN

Notes

...HILL HOSPITAL — ANAESTHETIC RECORD

...E & TIME	PREMEDICATION		WEIGHT: Kg.	BMI:
TIME GIVEN:	ORDERED BY:	GIVEN BY:	AGE:	

UNIT No

10638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
GLASGOW
G69 7EP

PRE-OPERATIVE ASSESSMENT

Previous Operation/ Anaesthetic

CVS
- Exercise Tolerance
- BP
- Pulse

Complications

RS.
- c.p.d.
- airway

Allergies.

CXR

Other.

ECG.

Current Drugs

Haematology

Biochemistry.

ANAESTHETIST J Sullivan — TRAINEE CON ☐ SpR ☐ SHO ☐ — OPERATOR J Smith — CON ☐ SpR ☐ SHO ☐

SUPERVISING CONSULTANT

PROCEDURE Nissen fundoplication

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

INDUCTION — Prop ☑ — STP ☐ — Etom ☐ — Opiate ☑ — Benzo ☐ — Inhalation ☐ — Other ☐ — Rapid Sequence ☑

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

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

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

V / A ACCESS — Peripheral ☑ 18 — Central ☐ — Arterial ☐ — CO - Doppler ☐

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

POSITION — Supine ☑ — Lithotomy ☐ — Lateral ☐ — Prone ☐ — Other ☐ — Hd Up ☐ — Hd down ☐

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

COMPLICATIONS ☐

SIGNIFICANT BLOOD LOSS ☐

Pre O2 ✓

Prop + Sux	200+100				
Fent	100				
Vec	7				
Hope 2%	→				
Cefurox	1.5				
Morph	5 5				
Granis.	1				

TIME 13 14

V 38 200

BP 180

36

Λ 140

34

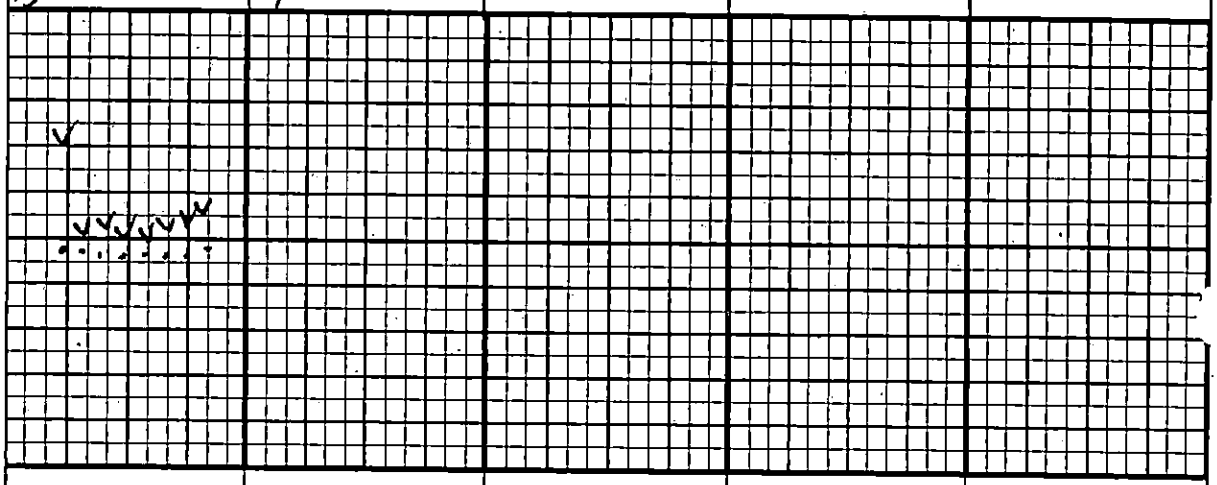
100

• PULSE

∘ TEMP 60

20

0



FiO_2	0.46				
Sp O_2	99				
Et CO_2	5.3				
Et AA	1.1				
Paw					
CVP					
BLOOD LOSS					
URINE VOLUME					

C.E.T.T. SIZE 8.0 GRADE 1

INTUBATION - (circle) EASY AWKWARD DIFFICULT

WARMING - FLUIDS ☐ BLANKET ☐ HAT ☐

Time	Fluid	Volume
	R. Lactate	1 litre

Signature : _____

O/E Distressed T 36°C

P80/min, reg

BP 120/80

Abdo tender in epigastrium

+RUQ.

Impⁿ recurrent pancreatitis

Mx/tx mild chronic pancreatitis

Dtx omeprazole 20mg bd

metoclopramide 10mg tds

tramadol 150mg PRN

MKDA.

Yours sincerely

Jamie Ellis

DR JAMIE ELLIS

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

Associate Specialist: Dr Jennifer Devine
Nurse Manager: Ann Frances Fisher

NHS Greater Glasgow

CRN: 1053847 9K MEDICAL RECORDS COPY

PATIENT

Surname	Forename	Age	Date of Birth	Att Date	Time	AE Number
SULLIVAN	DEBORAH	30	07 Dec 1972	14/11/03	11:52	041898/03-ST

Address	Sex	Religion	Date of Inc	Time
6 Muirhead Court Baillieston GLASGOW	FEMALE		14/11/03	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G69 7EP	771 3401	NOT KNOW		OTHER	

GP

Name: A TOUGH

Address: BAILLIESTON HEALTH CE
20 MUIRSIDE ROAD
BAILLIESTON
G69 7AD

Referred by: GP REFERRAL

NEXT OF KIN

Name: STEVEN KELLY

Relat: PARTNER

No: 771 3401

Address: 6 Muirhead Court
Baillieston
GLASGOW
G69 7EP

Complaint

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time

Triage Category

Initial Complaint: PENDING

Dear Doctor,

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

Diagnosis

X-ray film/ECG shows

Treatment given

Drugs _____ days supply of _____ has been given.

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

Would you please arrange

DISCHARGE CODES: *Please circle*

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

Ward No. *(if admitted)*	Transfer to Hospital	Consultant *(if admitted)*

Follow-up	Not Arranged	Arranged	To be arranged	IRIS

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

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

Signature of Medical Officer

Cons SpR SHO3 SHO JHO Clin Assist ENP AS

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment 14 / 11 / 03

Date of Admission 14 / 11 / 03

Time of Admission 2 pm

Date of Operation ___ / ___ / ___

Consultant MR CHONG

WARD 2A

Name
10638479K
Ad SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
D Cbaillieston
GLASGOW G69 7EP
Unit N

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION

Procedure / reason for admission _____

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

B.P. : _____ P _____

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

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

have you ever had:

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

Do you:-

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

26

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

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

Date of your last anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

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

Other ☐ (please state)

Urinalysis ☐ **Clearview** ☐

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 12A

PRESENTING COMPLAINT: ? pancreatitis

PRESENTING CONDITION ON ADMISSION: Epigastric pain

VITAL SIGNS

BP 118/77 P 81 TEMP 36·9 O_2 SAT 98

PAIN SCORE 1-10 8 ANALGESIA GIVEN IN A&E Morphine 10mg IV Maxolon 10mg IV YES ☑ NO ☐

PAST MEDICAL HISTORY:

Pancreatitis x10
Appendicectomy
Tonsillectomy
One episode jaundice

DRUG HISTORY:

Omeprazole
Metoclopramide
Tramadol

ALERGIES:

~~NKDA~~ Voltarol *
Brufen *

MOBILITY / LEVEL OF INDEPENDENCE:

Fully mobile + ind dependent.
Able to attend to personal hygiene.

DIETARY HABITS / APPETITE:

Normal diet
Poor appetite.

ELIMINATION:

No bladder problems.
Recent constipation

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS [ ]

MISSU ____ YES ☐ NO ☐

PREGNANCY TEST ____ + VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

Live with partner + daughter.

SMOKER ✓ YES ☐ NO ☑

ALCOHOL ✓ YES ☐ NO ☑

AMOUNT: ✓

MENSTRUAL CYCLE: LMP = 2 weeks ago (Regular cycle)

PREGNANCY / CONTRCEPTIVE: ____

D.V.T. PROPHYLAXIS:

AGMIN YES ☐ NO ☐

TEDS YES ☑ NO ☐

Signature: S MacInnes Date: 14 / 11 /13 Time: 2:30pm

NAMED NURSE: S Mac Innes

NAME: (PRINTED) SHONA MAC INNES

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 15 / 11 / 03 WARD 2A.

Waterlow Score: WD 5 Post OP

Name
Address
10638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP
D.O.B
Unit

Affix data label

BASELINE OBSERVATIONS

BP 107/71 P 60 SO_2 96% AIR

	YES
Consent signed	N/A.
Pre-medication given	✓
Fasted ✓ Time last ate 14/11/03 Time last drank 14/11/03	✓
Identity band	✓
Case Notes ☑ X-rays ☐ Drug Kardex ☑ Obs. Chart ☑	✓
Operation site confirmed	N/A.
Caps / Crowns / loose teeth NONE	N/A
Prosthesis removed	N/A.
Sutures removed / not removed NONE	N/A.
Underwear removed	N/A
Paper pants on patient	✓
Make up, nail varnish removed (L) MIDDLE FINGER FALSE NAIL REMOVED.	✓
Jewellery taped / removed	N/A.
Inhalers / GTN Spray NONE	—
Allergies NKDA	✓
Voided urine	✓
Subcut heparin	✓
Ted stockings	✓
Pre-op visit	—

Other relevant information :

Ward Signature: L. Lennon. Reception Signature:

THEATRE 2

PERATION PERFORMED Upper GI Endoscopy & Clo-test

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

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

Sats 99% during procedure

COUNTS CORRECT

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

NSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

Name of Scrub Nurse : Signature of Circulating Nurse : Sr. Liz Purdon. SRN M. Robinson

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

Named Nurse : _____ Fasted from : 7am 14/11/03

Patients Telephone No. 771 3401 Spiritual needs —

Patients Occupation: Student Next of kin: Stephen Kelly (partner)
(Name & Relationship to patient)

Next of kin Tel. No. 771 3401
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date: 17 / 11 / 03

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

SERVICES REQUIRED

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

Discharge summary / comments:

Pre-op / On Admission

Signature : S Mac Innes

Ward: 2A Date: 14 / 11 / 03

Signature : _____ Date: / /

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

COMMUNICATION SHEET/ PROGRESS NOTES

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

Date	Progress / Evaluation	Signature/ Profession
14/11/03	30 year old female admitted to ward with	
	? pancreatitis. Previous history of pancreatitis	
	Observations satisfactory	
	Pain score 8 on admission.	
	IV fluids commenced @ 2.30pm. NBM	
	Nausea + vomiting on admission.	
	To obtain urinalysis. TEDs applied.	
	? Ultrasound this afternoon	S MacInnes
14/11/03	Dr. Bhaskara / Sts Soy on call.	
3pm	30yr ♀	
	c/o Epigastric pain radiating to back x 3 days	
	Vomiting +	
	Known recurrent A/c Pancreatitis under Mr. Hansell	
	Has had Cholecystectomy 2yr ago.	
	Constipation +	
	No urinary symptoms	
	O/E Apyrexial.	
	Chest Clear	
	P/A - Tender epigastrium	
	BS +	
	No mass palpable	
	PR - NAD (GDH)	
	Imp - ? A/c Pancreatitis.	

02-28/11

13942

COMMUNICATION SHEET

Ward 2A

Name
A0638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP
D/A/U
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Plan: - Analgesia	
	- Avoid high bland vomit	
	- Ves Abdo	
	WCC - 10.46	
	Amylase - 81	
	CRP - 7.	
	Alk Phos - 123.	
14/11/03	Pain settling. Observations satisfactory, appyexial	L. Lennon
15/11/03	wr mv. Chang	
	Cholecystectomy 7 yrs ago. Hx of chronic abdo pain	
	Has been appyexial overnight. Now tender epigastrium.	
	O/E tender upper abdo Needs OGD this admn	
15/11/03	RADIOLOGY	
	ABDO U/S	
	NORMAL LIVER, GB, BILIARY TREE, KIDNEYS &	
	SPLEEN:	
	PANCREAS POORLY VISUALISED	
	NO FREE FLUID	

Cancelled (accident) SAR

COMMUNICATION SHEET

Ward 2A

Date	Progress / Evaluation	Signature/ Profession
15/11	Dy medical	
	NORMAL OGD	
	C/O TAKEN	
	Transferred from wd 2a.	
	Returned from theatre following	
	ogd.	L Stewart
16/11	Nursing Son	
	Observations stable Appetite	
	Pain.. son & im Maxolon 12:30 pm	
	had effect = ↓2	
	: Nausea tol. im Maxolon gave with	
	effect	
2.30 pm.	Self caring.	
	oral analgesia given with	
	effect.	
	Tolerating fluids + diet.	
	? home tomorrow.	L Stewart
6.50 pm	vomited x 2, im Stemetil	
	given with effect.	L Stewart
23⁰⁰	Vomited twice 150mls each time. C/O abdominal pain	
	+ Observations satisfactory T 37 P 85 Sats 98% Air	
	Morphine 10mgs + Maxolon 10mgs given IM	D Baillie SEN
17/11/03	0500hrs IM Tramadol given with	
	effect Observations stable	D Baillie SEN

COMMUNICATION SHEET

Ward : 5

Name Deborah Sullivan
Address

D.O. B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
17/11/08	WR Mr Chong	
	Home today	
	No follow up required	
	N Chegaren	
	RMO ant8	
1400/	NURSING	
	Reviewed by Mr Chong, for discharge home ; no follow up — Discharge letter given	
		DCIATO(S/N)

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

10638479K
SULLIVAN , F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

OBSERVATION CHART

Pain Service — Sr Sioban Calwell, Sr Bernadette Wilson — Page 1184 — Ward 5 Post OP — Date _____

PCA PRESCRIPTION

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

ENSURE PCA ALSO PRESCRIBED ON DRUG KARDEX.

PCA PRESCRIPTION CHANGES

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

CLINICAL MANAGEMENT

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

POINTS OF EMPHASIS

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

POTENTIAL PROBLEMS

- Refer to troubleshooting guide in ward.

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. _____

OXYGEN / RECOVERY NASAL ☐ HUDSON ☐ OTHER ☐

OXYGEN / WARD _____

2L ☐ 3L ☐ 4L ☐ 5L ☐ OTHER ☐

CANNULA / REMOVAL - RECOVERY ☐ WARD _____

INSTRUCTION/ INFORMATION

Date 15/11/03 Anaesthetist Signature _____

TIME :		14.45	14.55	3 pm	5 pm	21.30													
PULSE		70	66	81	94	84													
BLOOD PRESSURE		92/53	108/67	113/60	147/75	110/77													
SATURATION (SaO^2)		97	98	96	97	99													
RESPIRATORY RATE																			
AIRWAY		own	SV																
OXYGEN		2L	2L	AIR	AIR														
PAIN SCORE	Rest	0	0	0	5	8													
	Movement	0																	
SEDATION SCORE																			
PONV SCORE			Sedated																
TEMPERATURE																			
WOUND																			
VOLUME SYRINGE (mls)																			
VOLUME INFUSED (mls)																			
TOTAL MG INFUSED																			
INITIALS			AL	SL	SL														
COMMENTS																			

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

0 — 5 — 10

NO PAIN — WORST PAIN EVER

NURSE PAIN SCORE

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

CONTINUE IV FLUIDS RATE

Anaesthetist Signature _____

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

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

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

NOTES

(7)

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

1063847K SULLIVAN F
DEBORAH 07/12/1972

INTENSIVE THERAPY PRESCRIPTION SHEET

SURNAME	FORENAME	Unit Number
6 Muirhead Court Baillieston GLASGOW G69 7EP		

No. 0181327

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 14/11/03

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) Saline	500ml	2:30 pm	4h	715 pm.		039 22F Exp 07/05	SMI.
D exh 5%	500	7.30 pm.	4°	12mn		031 26E 09/05	SMI
5% Dextrose	500	12mn	4°	04 30	DScott	031 26 E	JMD
(N) Saline +20mmol KCl	500	04 30	4°	08 00	DScott	039 07 F	W
5% Dextrose	500		4°		DScott.		
(N) Saline	500		4°				
5% Dextrose	500		4°				
5% Dextrose +20mmol KCl	500		4°				

No. 00568

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULIVAN,	DEBORH	

DATE 15·11·03

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTH
Ringers 500		500	12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.	UTT				
			4 a.m.					
Dext 5/-	N	500	5 a.m.					
			6 a.m.					
	B		7 a.m.	UTT				
Solvie 20ml		500	8 a.m.					
			9 a.m.					
	M		10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea	
Sodium	
Potassium	
Chloride	
Bicarbonate	
Creatinine	
Urine: Urea	
Chloride	

No. 00260

STOBHILL HOSPITAL

24 HOUR FLUID CHART

NHS Greater Glasgow

10638479K

SULLIVAN F

DEBORAH 07/12/1972

6 Muirhead Court

Baillieston

GLASGOW G69 7EP

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

DATE 14/11/03

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
		500	2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.	200				
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE		500		200			TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea	
Sodium	
Potassium	
Chloride	
Bicarbonate	
Creatinine	
Urine: Urea	
Chloride	

No. 00260

PRESCRIPTION FORM

Hospital Name: Stobhill

PATIENT DETAILS

Name: 10638479K SULLIVAN F

Hospi DEBORAH 07/12/1972
6 Muirhead Court
Baillieston

DOB: GLASGOW G69 7EP

Height:

Weight:

Surface area:

Date of writing discharge prescription: __/__/__

Date of Admission: 14/11/03

Consultant Name: MR CHONG

Ward: 2A

Date and time this form prepared: 14/11/03 Time: 15:00

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐

PCA and other infusions ☐

Anticoagulants: Heparin ☐ Oral ☐

Topical: ☐

TPN: ☐

Enteral Nutrition: ☐

Oxygen Therapy: ☐

Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
~~14/11/03~~	~~PETHIDINE~~	~~50mg~~	~~IM~~	~~15:00~~	~~[illegible]~~		
14/11/03	TRAMADOL	50mg	~~ORAL~~ IM	15:30	[illegible]	LSt.	15:30
15/11/03	Morphine	5mg			[illegible]	√given	in theatre

PATIENT'S NAME: Deborah Sullivan

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE → 14 15 16
MONTH → 11 11 11

A

DRUG: ENOXAPARIN

DOSE: 20mg | ROUTE: SC | DATE: 14/11/03

STOPPED DATE:

SIGNATURE OF DOCTOR:

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

B

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

C

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

D

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 14 | 15 | 16 | 17
MONTH: 11 | 11 | 11 | 11

J DRUG: OMEPRAZOLE
DOSE: 20mg | ROUTE: ORAL | DATE: 14/11/09
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: / INITIALS:
FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	✓ JM	✓ DB		✓ CW JM	DB

K DRUG: Paracetamol
DOSE: 1g | ROUTE: PO/PR | DATE: 15/11
SIGNATURE OF DOCTOR: Boyce
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: / INITIALS:
FOR DOCTORS USE ONLY

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

L DRUG:
DOSE | ROUTE | DATE
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: / INITIALS:
FOR DOCTORS USE ONLY

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

M DRUG:
DOSE | ROUTE | DATE
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: / INITIALS:
FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

T DRUG

DOSE	ROUTE	DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

V DRUG

DOSE	ROUTE	DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

W DRUG

DOSE	ROUTE	DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

X DRUG

DOSE	ROUTE	DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

Y

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

AA

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

BB

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

CC

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

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

DD DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

HH DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM
DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO/IV | INDICATION: PAIN
SIGNATURE OF DOCTOR | MAX.FREQUENCY: 6 hourly
STOPPED DATE: 15/4 | INITIALS:
DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

NN
DRUG: BUSCOPAN
DOSE: 20mg | ROUTE: IM/IV | INDICATION: PAIN
SIGNATURE OF DOCTOR | MAX.FREQUENCY: 8 hourly
STOPPED DATE: 14/4 | INITIALS:
DATE: 14/11/03
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

PP
DRUG: MORPHINE
DOSE: 5-10mg | ROUTE: IM/IV | INDICATION: PAIN
SIGNATURE OF DOCTOR | MAX.FREQUENCY: 6 hourly
STOPPED DATE: 16/11 | INITIALS:
DATE: 14/11/03
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

RR
DRUG: METOCLOPRAMIDE
DOSE: 10mg | ROUTE: PO/IM/IV | INDICATION: NAUSEA
SIGNATURE OF DOCTOR | MAX.FREQUENCY: 8 hourly
STOPPED DATE: | INITIALS:
DATE: 14/11/03
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	13/11	14/11	15/11	16/11	14/11	15/11	15/11	16/11																						
TIME	08 00	16 00	20 25	02 45	08 00	14 00	20 00	03 40																						
DOSE	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg																						
GIVEN BY	SC	SC	SC	SC	SC	SC	SC	SC																						

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

SS DRUG: Stemetil | STOPPED DATE: | INITIALS:
DOSE: 12.5 | ROUTE: IM | INDICATION: Nausea.
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: 8° | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | |

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

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for Users

FOR DOCTORS:

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

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

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

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

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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

Ver 6, 01/2002

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	10638479

AGE: WARD: 5

DATE OF OPERATION 15 NOVEMBER 2003

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON MR D CHONG

OPERATION Upper GI endoscopy.

SEDATION 5mgs Midazolam.

Normal upper GI endoscopy. CLOtest taken.

SPECIAL INSTRUCTIONS

DC

DC/JMcN DICTATED 15/11/03 TYPED 17/11/03

DATE _____ SIGNATURE _____

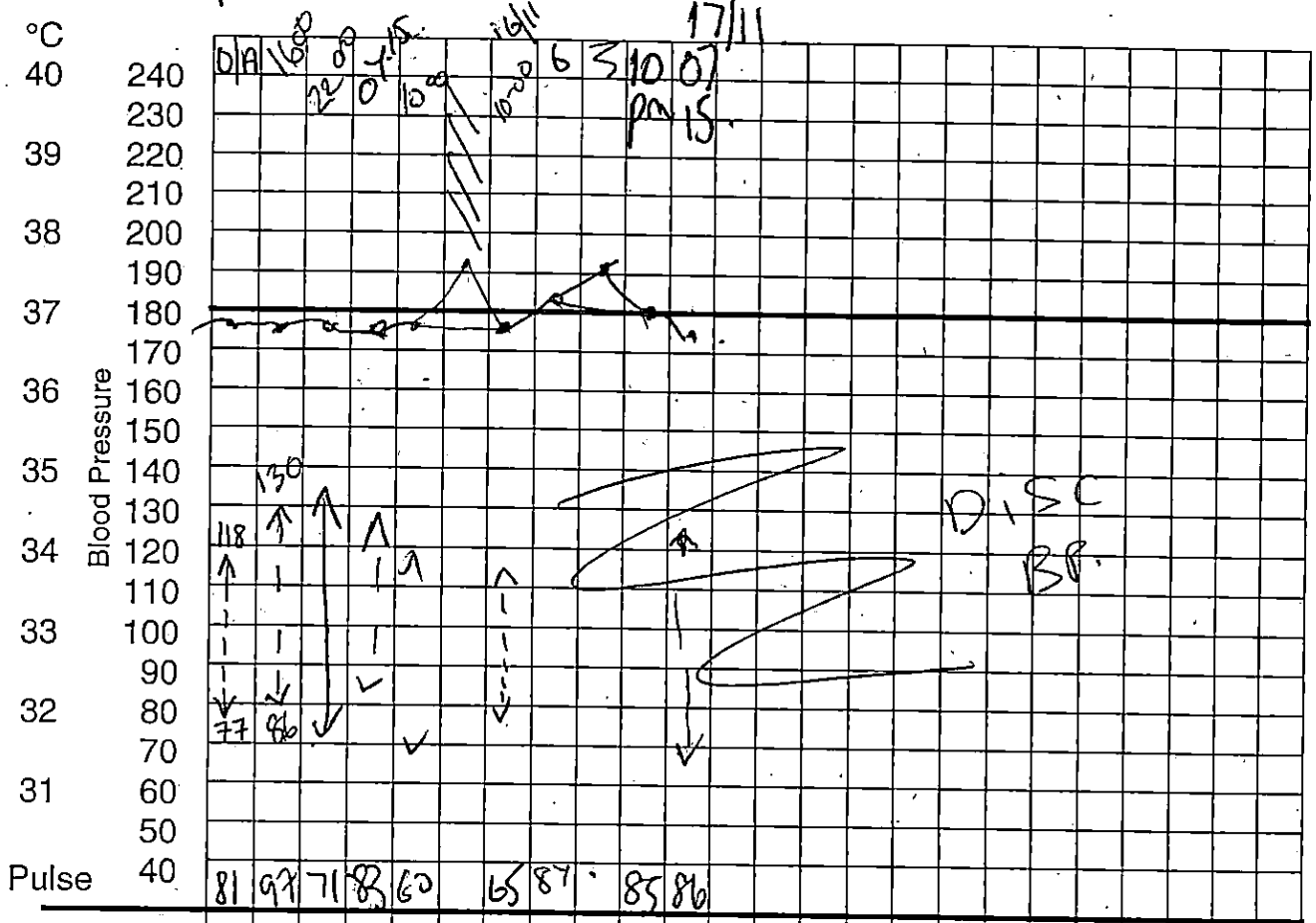
00590

10638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

STOBHILL HOSPITAL

NAME [redacted] WARD 2A

DATE 14/11/03 TIME 2.15pm BD T+P



Pulse	81	97	71	88	60	65	87	85	86	
Respiration	14									
Saturation	98	98	97	96	95	97	97	98	96	
O_2	A	Air				Air	Air	Air		
Cannula	✓	✓		✓						
CVP										
Fluids / diet										
Fasting										
N/G										
Catheter										
BM										
Urinalysis	N	N.A.D.								
RSOU										
MSSU										
Clearview										

BOZANA VUKIC OCT '96

STOBHILL **CARE PLAN** WARD 5

ENDOSCOPY

NAME Deborah Sullivan
ADDRESS

D.O.B.
UNIT No.

AFFIX DATA LABEL

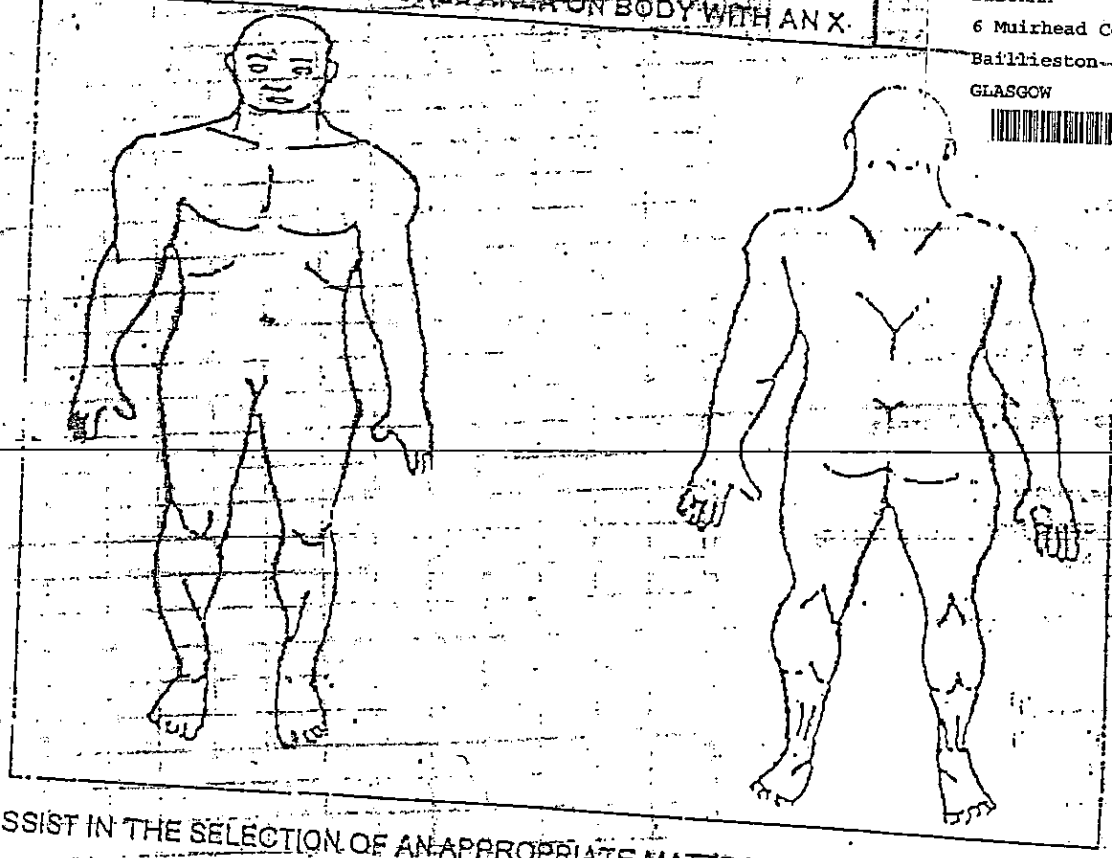
Date	No.	Problem / need	Patient Goal / Nursing Outcome	Intervention	Evaluation Date
15.11.03	1	Patient needs information regarding proposed procedure.	To alleviate anxiety and keep patient informed.	a) Trained nurse to explain procedure. b) Reinforce information pre and post procedure.	Ongoing
	2	Pre-operative care and instructions.	To ensure patient is prepared for the procedure.	a) Fast from ..... b) Record baseline observations. c) Check consent in signed and pre-op checklist complete.	Daily
	3	Pre-operative care.	Be aware of complications arising due to sedation and promote recovery and independance.	a) Observe and record vital signs b) Nurse in recovery position and maintain clear airway. c) Observe patient for any signs of discomfort or pain. d) Resume to fluids and diet when awake. e) Ensure that patient is passing urine spontaneously.	Daily

L Stewart

Assessment Documentation Form

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

10638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP



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

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
14/11	4	SOFT FOAM			SMI
16.11	4	Soft foam.		23.11.	LS.

Waterlow Risk Assessment	Initials	SH	LS												
	Date	14/11	16/11												
	No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body Weight for height:															
Average	0	0	0												
Above average	1														
Obese	2														
Below average	3														
Continence:															
Completely catheterised	0	0	0												
Occasionally incontinent	1														
Cath.Incontinent of faeces	2														
Doubly incontinent	3														
Skin Type - Visual risk areas:															
Healthy	0	0	0												
Tissue paper/dry	1														
Oedematous/clammy (temp raised)	1														
Discoloured	2														
Broken /spot	3														
Mobility:															
Fully	0	0	0												
Restless/fidgety	1														
Apathetic	2														
Restricted	3														
Inert/traction	4														
Chairbound	5														
Age/Sex:															
Male = 1 Female =2	1or2	2	2												
14-49	1	1	1												
50-64	2														
65-74	3														
75-80	4														
81+	5														
Appetite:															
Average	0														
Poor	1	1	1												
N.G.,Tubes/Fluids only	2														
nbm -Anorexic	3														
Special Risks - Tissue Malnutrition:															
e.g Terminal Cachexia	8														
Cardiac Failure	5														
Peripheral Vascular disease	5														
Anaemia	2														
Smoking	1														
Neurological Deficit:															
e.g Diabetes,MS,CVA, motor/sensory paraplegia	4 5														
Major surgery/ Trauma:															
Orthopaedic, below waist,spinal	5														
On table> 2 hours	5														
Medication:															
Cytotoxics,High dose steroids, Anti-inflammatory	4														
TOTAL SCORE		4	4												

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

NOT TO BE FILED UNTIL DISCHARGE

Name: DEBORAH SULLIVAN Unit No: 10638479K

Date:	14/11/03	15/11	16/11			
WCC 4-11	10.46	8·65	7·48			
Hb 11-5-18-0	12.9	11·4	11·0			
Plat 150-400	326	270	250			
Hct 0-37-0-47						
Na 135-145	141	140	138			
K 3-5-50	4.4	4·0	3·6			
Cl 98-102	108	102	104			
Bic 22-22						
Urea 2-5-7-5	3.7	2·6	2·9			
Creat. 60-120	73	7·1	75			
Amylase <200	181		72			
CRP <20	7	6	12			
ESR AGE 12						
Adj. Ca 2-2-2-6	2.56					
Phosphate 0-7-1-4	1.21					
Tot. Prot. 62-77	78	68	68			
Albumin 36-52	46	40	39			
Alk. Phos. 60-300	123	105	114			
Gamma GT <50	111	86	97			
Bil 3-20	11	12	12			
AST 10-35	26	24	34			
ALT 5-40	29	28	30			
LD 200-520						
Glucose 3-0-5-5						
PT 10-14	14					
APTT 26-36	30					
TT 8-12	11					
FIB 200-400	441					
INR						
APTT RATIO						
Drain Amylase						

STOBHILL
HOSPITAL
North Glasgow University Hospitals Trust,
Stobhill Hospital,
Balornock Road, Glasgow, G21 3UW
Telephone : 0141 201 3000

IMMEDIATE DISCHARGE LETTER

GP COPY

First Issued: 17/11/2003 10:15
Printed: 17/11/2003 10:16

Admitted: 14/11/2003 **Discharged:** 17/11/2003
Discharged to: Home
Ward: 5
Consultant: MR D CHONG, General Surgery
Hospital No: 10638479K **Date of birth:** 07/12/1972
CHI:

REGISTERED GP

Dr AM TOUGH
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
G69 7AD

PATIENT

DEBORAH SULLIVAN
6 MUIRHEAD COURT
BAILLIESTON
GLASGOW
G69 7EP

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. epigastric pain, 14/11/2003	Uncoded	1. OGD, 15/11/2003	Uncoded

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

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

GENERAL COMMENTS

Final discharge letter to follow

Signed: pp D. Clarke **Designation:** SN

Contact: Dr Nina Champaneri **Pager Number:** 2148

STOBHILL
NHS TRUST

MEDICAL IN CONFIDENCE

CASE RECORD

ADMISSION FORM V3

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
STO	STOBHILL HOSPITAL	638479

ISSION TAILS

DATE	TIME	TYPE	REASON	ADM./TRANS. FROM	INPAT/DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
04 May 03	23:45	36	1K	12	1		NWL	3

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E.
2A*STO	11	GENERAL SURGERY	MR M MOSCHOS		

PATIENT

TITLE SURNAME	FORENAME (1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
SULLIVAN.	DEBORAH		30	07 Dec 1972	F	N

ADDRESS: 6 Muirhead Court
Baillieston
GLASGOW

POSTCODE: G69 7EP
TELEPHONE No.: 771 3401
HEALTH BOARD OF RESIDENCE:
ALT./PREV. SURNAME:
OCCUPATION:
C.H.I. NUMBER:
OCCUPATION (HUSBAND/FATHER):
HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR? Y

REF. G.P.

NAME: A TOUGH
G.P. CODE: 2332482
PRACTICE: 463051
CONTRACT No.:
FH STATUS:

ADDRESS: BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
7710871
TEL No.:
POSTCODE: G69 7AD

REC. G.P.

NAME: A TOUGH
G.P. CODE: 2332482
PRACTICE: 463051
CONTRACT No.:
FH STATUS:

ADDRESS: BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
7710871
TEL No.:
POSTCODE: G69 7AD

NEXT OF KIN

NAME: STEVEN KELLY
RELATIONSHIP: PARTNER
DAY PHONE No.: 6 Muirhead Court
Baillieston
GLASGOW
NIGHT PHONE No.:

MISC.

RELIGION:
VISIT REQ. BY CHOICE OF:
PENSION BOOK No.: 771 3401

Admission

MAIN DIAGNOSIS	N						SPECIAL WARNINGS
OTHER CONDITIONS (D.G.2)							
OTHER CONDITIONS (D.G.3)							

SMR04

SMR01 COMPLETED

H. S.	PREVIOUS PSYCH. CARE	SMR50 CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
7/5/03						

DISCHARGE DETAILS

DISCH. TRANSF. TO	READY FOR DISCH.	HOSPITAL: NAME	CODE	WARD	SPECIALTY	CONSULTANT CODE
HD 5						
SMR04	TYPE OF CARE PROVIDED		ECT - 1st TREATMENT DATE		ECT - NUMBER OF TREATMENTS	

DIAGNOSES

								SPECIAL WARNINGS
MAIN DIAGNOSIS	R	1	0	·	4			
OTHER CONDITIONS (D.G.2)								
(D.G.3)								
(D.G.4)								
(D.G.5)								
(D.G.6)								

AND OPERATIONS

	CODE	DATE
MAIN OPERATION	X558490	30505 03
OTHER OPERATION (O.P.2)	X558490	30605 03
(O.P.3)		
(O.P.4)		

LOCAL | NATIONAL

STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT

RS

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
SULLIVAN	DEBORAH	30	07 Dec 1972	04/05/03	21:40	638479 016080/03-STO

Address	Sex	Religion	Date of Inc.	Time
6 Muirhead Court Baillieston GLASGOW	FEMALE	NRFH	04/05/03	

PC	Tel	Marital Status	Occupation/School	Type of Inc.	Mode of Arrival
G69 7EP	771 3401	NOT KNOWN		OTHER	WALKING

Name: A TOUGH

Address: BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
G69 7AD

Referred by: SELF REFERRAL

Name: STEVEN KELLY

Relat.: PARTNER

Tel No: 771 3401

Address: 6 Muirhead Court
Baillieston
GLASGOW
G69 7EP

Complaint: ABDOMINAL PAIN

COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

VE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

GNOSIS _____ INVESTIGATION SHOWS _____

EATMENT GIVEN

adp pain

x: 7pm - constant epigastric pain radiating round to back and (R) shoulder. Relieved by sitting up leaning forward. Vomiting symptoms. Bowel motions (N).
- Pain similar pain - post cholecystectomy pancreatitis.
H/O: cholecystectomy
Pancreatitis
Alcoholic hepatitis
O/E: distressed with pain
RR 16/m
P 97
Wet Axilla

BP 105/72
P 75
T 37.4
O2 96/0

HCG NEG
Urinalysis
Blood Sugar
Leucocyte +

Imp: pancreatitis
Plan: IV access
bloods
AXR, CXR
Refer surgeon

Inside ++
Referred partner
BD

OULD YOU PLEASE ARRANGE

R1 0 4

Investigations	X-Ray	Lab	ECG	Match	Bact
	✓		✓		

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg
					✓

Pop	Resusc	Nurse's Signature

Admitted to ward: _____ Consultant: _____

Hospital Tranferred: _____

Comments: _____

Medical Officers Signature: _____ Medical Officers Name (BLOCK): _____

Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW
5:45		2A						X5584	9038	

STAFF GRADE: REG SHO JHO CA 05 (PLEASE CIRCLE)

_____ days supply of _____ X5584903060 has been given

_____ days supply of _____ Written Advice Issued:

_____ days supply of _____

enus Prophylaxis has/has not been administered TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick)

Patients Name

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

Date Given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
4/5/13	Pethidine	100mg	IV	22:50	[signature]	[signature]
4/5/13	Maxolon	10mg	IV	22:50	[signature]	[signature]
4/4/13	Pethidine	50mg	IV	14.05/13	[signature]	[signature]
4/5/13	Pethidine	50mg	IV	1200	[signature]	[signature]

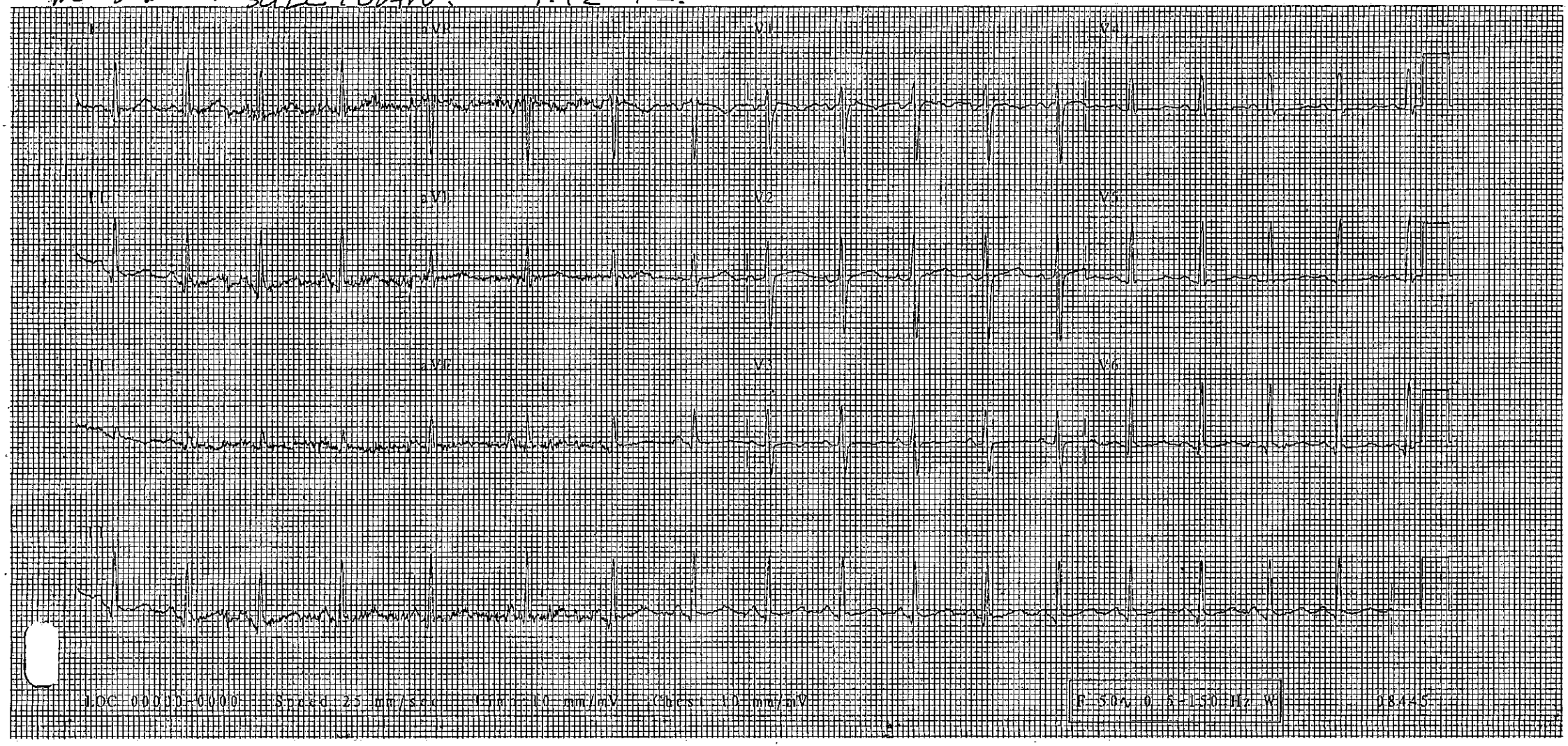
CLINICAL NOTES

DATE	

638479
SULLIVAN
DEBORAH

Oper:

DEBORAH SULLIVAN. 7.12.72.



North Glasgow University Hospitals NHS Trust
STOBHILL CASUALTY DEPARTMENT

Name/Date

Deborah Sullivan

Triage Notes
Presenting Complaint

Abdo pain.

Triage Cat: 1 2 (3) 4 5 **Time:** 2(.45 **Signature:**

Initial Observations	BP 105/72.	P 125.	T 37.4.	RR	PF
SA02 96%	Air/02	Pleth		BM stix	
E	M	V		Pain Score	

Signature: **Time:** 2.50

History

OF (R) SIDED TO CENTRAL.
ABDO PAIN → RADIATING TO (L) SHOULDER THROUGH TO BACK
HX OF PREV PANCREATITIS.

DH LOSEC, CO PROXAMOL, MAXOLON, TRAMADOL

Allergies (No)/Yes

Initial Management

02 Y/N Litres Per Min
ECG Y/N X-ray Y/N

Urinalysis: BLOOD SMALL
LEUCOCYTE SMALL
HCG. NEG

βHCG +ve -VE
Cannula Y/N **Bloods** Y/N
U & Es ☐
FBC ☐
GL ☐
Amyl ☐
Coag ☐
Group ☐

Other:

Social History LIVES W/ PARTNER & CHILD
NON SMOKER.

NOK (Not)/ present
Keys / valuables
Social Services Not / contacted

Triage Cat: **Y/N** **Cat:** **Time:** **Signature:**

Treatments:

Discharge Planning: 2A

Escort: Required (Y/N)
Transport Required (Y/N)

Relative Car SAS
Time Ordered:

Time Discharged: 23.45. **Signature:**

80492

OBSERVATION CHART

Name

Record No

Date

Time

COMA SCALE

Eyes open	Spontaneously	4
	To speech	3
	To pain	2
	None	0
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion-withdrawal	4
	Flexion to pain	3
	Extension to pain	2
	None	1

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

Pupil scale (mm)

1 2 3 4 5 6 7 8

Blood pressure and Pulse rate

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

Respiration 0_2 Sat

Temperature °C

40 39 38 37 36 35 34 33 32 31 30

PUPILS

right	Size	
	Reaction	
left	Size	
	Reaction	

+ reacts
- no rection
c. eye closed

LIMB MOVEMENT

ARMS	Normal power
	Mild weakness
	Severe weakness
	Spastic flexion
	Extension
	No response
LEGS	Normal power
	Mild weakness
	Severe weakness
	Extension
	No response

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

CHECKED	23/3/06				
PRESCRIBER					
TIME	23:05	23:35			
RATE	stat	stat			
AMOUNT	500	500			
FLUID	N/Saline	N/Saline			
ADMINISTERED					
PRESCRIBED					
DOSE					
ROUTE					
DRUG					
TIME					

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment ___/___/___

Date of Admission 5/5/03

Time of Admission 0005

Date of Operation ___/___/___

Consultant Mr Moschos

WARD 2A

Name
638479 Address
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW No. G69 7EP

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION /

Procedure / reason for admission _____

_____

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

B.P. : _____ P _____

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

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

have you ever had:	YES	NO	
a serious illness			2
an allergy or reaction to medicines, elastoplast etc.			3
State nature of allergy			4 0)
diabetes			0)
any chest problems PFR			5
heart problems			6
high blood pressure			7
heart murmur			8
blackouts, convulsions or fits			9
jaundice / hepatitis			10
indigestion or heartburn			11
kidney or urinary trouble			12 0)
anaemia or other blood problems			13 0)
excessive bleeding or bruising			14
arthritis			15
muscle disease or progressive weakness			16

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

26

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

27

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

Date of your last anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

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

Other ☐ (please state)

Urinalysis _____ **Clearview** _____

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 12A

PRESENTING COMPLAINT: Epigastric pain - 1/c vomiting.

PRESENTING CONDITION ON ADMISSION:

TAL SIGNS

BP 114/83 P 113 TEMP 37.0 O_2 SAT 96%

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

PAST MEDICAL HISTORY:
Cholecystectomy 4 yrs ago
Pancreatitis
Hiatus Hernia
Depression

DRUG HISTORY:
Losec
prozac

ALERGIES:
~~eat~~ bikarbate voltarol

MOBILITY / LEVEL OF INDEPENDENCE:
no probles

DIETARY HABITS / APPETITE:
appetite usually good

ELIMINATION:

Bowels regular
no bladder probs

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS NAD

MISSU _____ YES ☐ NO ☑

PREGNANCY TEST ____ + VE ☐ VE ☐

SOCAL HISTORY / CIRCUMSTANCES

Lives w/ fiancé

SMOKER _____ YES ☐ NO ☑

ALCOHOL _____ YES ☑ NO ☐

AMOUNT: 0 cc

MENSTRUAL CYCLE: LMP 1/52 ago

PREGNANCY / CONTRCEPTIVE: _____

D.V.T. PROPHYLAXIS:

GMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: J. Stack Date: 5/5/09 Time: 0005

NAMED NURSE: Joyce

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION____ /____ /____ WARD_____

Waterlow Score: _____

Name
Address

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP_____ **P**_____ **SO_2**_____

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

Other relevant information :

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

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

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

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

NSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

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

THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY

Named Nurse : Joya

Fasted from :

Patients Telephone No.

Spiritual needs

Patients Occupation: works in Pub

Next of kin: Stephen Kelly Flat 6
(Name & Relationship to patient)

Next of kin Tel. No. 771 3401
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date:. 13/ 5 / 03

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

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

Discharge summary / comments:

mrcp to be arranged as an outpatient.
Then FU mr Hansell for result of mrcp.

Pre-op / On Admission

Signature : J. Stewart

Ward: 24 Date: 5/5/03

Signature : L Stewart Date: 13/5/03.

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
→	Bloods WCC 15 ↑ amylase 93	
	Cu++ N VGT 73↑	
	Gluc 5.3 LFTs otherwise (N)	
	IF spikes ↓ levels R. ABx	
4/5/13	CXR no change	
	afebrile NAD	
	tolerating RIF.	
	plan USS abdomen.	
5/5/13	RADIOLOGY	
	U/S Abdomen	
	Cholecystectomy noted. CBD undilated (6.5mm) Pancreatic region poorly seen liver & spleen normal Right kidney slightly small (9cm) Left kidney normal (12cm) size & appearance No free fluid.	
	C/O Nausea, vomited x 2 - very small amount. Maxolon + Stemetil given at different intervals (Hamilton)	
	Allowed oral fluids.	
	C/O pain this morning IV morphine 5mg given ↓ good effect - patient slept.	
	IV tramadol given on return from U/S.	
	Note U/S report. Prescribed oral Analgesia	

COMMUNICATION SHEET

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

Name
G38479
Address
SULLIVAN F
DEBORAH 07/12/1972
5 Muirhead Court
Baillieston
GLASGOW G69 7EP
D.O
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Med²: Losec ↑ intolerant to W/ tuvort ↑	
	Prozac.	
	Non smoker / Ethanol	
	O/E: RR 104 BP 120/60 Afebrile	
	°JAUNDICE	
	Dry mucous membs	
	CVS & RESP to chest: clear	
	Abd: soft tender ↑ RUQ + epigastrium	
	W/ guarding	
	↑ mass / organomegaly	
	BS ↓	
	Imp²: Possible gallstones	
	& pancreatitis	
	Plan: Check bloods CXR - ↑ free air	
	- NBM ↑ IVI AXR - chole/pancreatitis	Kathy Chr noted
	- WIM - ↑ bed → more please m/ elo	
	- ↑ fluids	
	- BHCG -ve	
	- abd US, more ↑/- IVD : Med notes	

#4090

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

COMMUNICATION SHEET/ PROGRESS NOTES

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

Date	Progress / Evaluation	Signature/ Profession
5/5/03	Admitted via A+E c/c - severe	
	epigastric pain radiating through to	
	back. Associated c/c vomiting.	
	IV fluids	
	NBM.	
	Awaiting SHO review	JS
5/5/3	30 ♀ ATE referral c/c abd pain	
0100	Buckynard - Cholecystectomy	
	Referred home → discharged?	Sphincterotomy
	- Pancreatitis	
	thro: c/c h/o - sharp epig → back pain	
	Constant +	
	nausea + vomited several times -	biliary
	°Abdominal pain	
	°LBO history - (N)	
	°urinary Sx	
	°uGI Sx	
	Pmedhx: As above + IA Hernia	
	°DM / Asthma / Epilepsy	

COMMUNICATION SHEET

Ward .....

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 638479

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	~~urgent appointment at outpatients~~	
	will review again tomorrow.	
15⁰⁰	Transferred from 2A.	
	Orientated to ward & staff.	
16⁰⁰	Asked to review, patient extremely	
	sore on review pain score 10+	
	discussed possibility of PCA &	
	patient Deborah keen to try PCA	
	∴ commenced on Inj Mst 5mm	
	lockout PCA. Remains nauseated	
	regular antiemetic given.	
17⁰⁰	See above entry.	
	Seems a little more settled	
	now.	
8/5/3	Nursing	
	apyrexial.	
	Ondansetron given for nausea.	
	PCA continues with good result.	
	No complaints of pain.	
	Settled night.	M McKenna
	7am.	(S/N)
	Temp 39.3° - Vomit 700 mls.	
	Called Phillip Murray (SHO) to examine	M McKenna

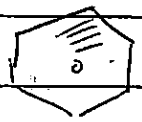
COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
8/5/15	AT>R re vomiting + pyroxia 39.3°C	
0715	3.0 ♀	
	Admitted with epigastric pain	
	Prev cholecystectomy	
	Attends chronic pain service	
	WCC ↑ on admission	
	LFT's (N) except γGT 78	
	Amylase 147	
	Abdo US - normal	
	Prescribed IPRN ondansetron +	
	metoclopramide	
	on PCA	
	Feels hot. No change in pain one	
	episode vomiting	
	OK lying in bed OJACCOL	
CVS	HR 105, regular	
	BP 134/80	
	JVP ↔	
	NS I + II + 0	

COMMUNICATION SHEET

Ward ..... 2t .....

Date	Progress / Evaluation	Signature/ Profession
	ABDOMEN SCANNED → FLUID PRESENT. Opera S/N (Silverson).	
	PLEASE CONTACT PAIN CONTROL TEAM for REVIEW of ANALGESIA. CS.	
7/5	WR Miss Hoc	
	Sore today, nauseated + has vomited this am.	
	Urinalysis negative.	
	Note temp 34.8°C slight. Spo2 + BP (N) ranges.	
	Heartburn + acid taste C. paracetamol + Ibuprofen	
	 Epigastric tenderness ° rebound ° guarding	
	(P) Pain team will R/V	
	R/V with Mr Moschos	HR MacKay #1618
	Pain Service.	
10³⁰	Asked to review re-epigastric pain. 10mg IM morphine administered prior to review. Pain minimal at present. Suffering from intermittent stabbing pains exacerbated when eating. Previous admissions previously on MST at home awaiting appointment - chronic pain clinic. Suggest IM Dihydrocodeine + PR paracetamol to ↓ nausea. JHO will write to chronic pain team to request	

COMMUNICATION SHEET

Ward 2A

Name
Address Deborah Sullivan

D.O.B 7/12/72
Unit No. 638479

Affix data label

Date	Progress / Evaluation	Signature/ Profession
5/5/03	Discharged on Feb 2003 afte consultation with pain control team.	
	On previous admissions with similar c/o pain - pain control was found difficult to control.	
	-Pain team involved.	
6/5/03	NR JC.	
	Eating + Drinking. Nee Anaesthetic	
	NB Nee 15. - Report today.	
	? Home later	
1pm	vomited. 350mls	
	Complaining severe pain.	
	IM Buscopan 20mg given	
	Re-commenced on fluid balance chart.	
	Im maxolon + Im tramadol given at 1245	
	Bloods (N) Apyrexial	
5pm	c/o severe pain R.U.Q - Morphine 10mg	
	+ Zofran 4mg given IM at 1830	
	With some effect.	
	Vomited x 50mls fluids	
	Resumed to clear fluids only meantime.	
05⁰⁰	IVI required regular anti/I.V. analgesia	
	overnight. Contacted on difficulty A.U.	

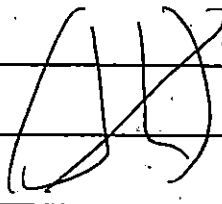
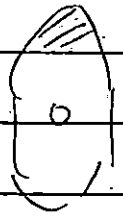
COMMUNICATION SHEET

Ward .....

Name Deborah Sullivan
Address

D.O.B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Resp clear 	
	Abdo Soft  tender epigastrium ? organomegaly / masses BJ present	
	blood cultures taken. Paracetamol already prescribed Metoclopramide + Ondansetron already prescribed for vomiting / MSU: ij +ve ? for Abx – I will leave this decision for ward round	
8/5	W/R Mr Ogle. (Murphy JHO)	
	Note events of last night. Currently apyrexial, pain persists but PCA controlling this well.	
	(P) Recheck WCC, CRP, Amy D/w Mr Moscrop re further appropr. invest	

HKM 16/5

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
8/5/13	Pain Team C. Rae Ext 13005. Thanks for asking me to review Deborah. She gives a 5 year history of epigastric pain pin ? a history of pancreatitis and a cholecystectomy at GRH. All investigations recently have been normal but has recurrent admissions due to a combination of pain and nausea/ vomiting. She still at present feels v. nauseated and as such PCA is the most appropriate analgesia. I understand she has been pyrexial overnight and there may be further Ix. I have had a long chat with her today. The first step is to get her back on oral analgesia - I would suggest slow release tramadol 100mg BD with 50mg tabs for breakthrough with increase in the SR dose if needed. She may well respond to adjunctive analgesia but difficult in the acute setting. I will arrange for her to be seen in the next 4-6 weeks at the pain OP clinic. Thanks C Rae	

COMMUNICATION SHEET

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

Name Deborah Sullivan
Address

D.O.B 07/12/72
Unit No. 638472

Affix data label

Date	Progress / Evaluation	Signature/ Profession
08/05/03 20:00hrs	-Nursing care as planned.	
	-anti-emetics given as charted.	
	- Use of P.C.A. Continues.	
	as per pain control team review (2)	
	patient benefit from oral tramadol.	
	- Re-Review from pain team in 4-6hrs time.	
	- self caring other than personal hygiene.	S McGlynn
	- Obs. stabilising. Temp. ↓ 37.5°C-38°C	S McGlynn
9/5/03	Nursing.	
	Anti-emetics as prescribed.	
	No complaints of pain.	
	PCA Continues. Renewed syringe 03:00 hrs	
	Vomited 500mls 9pm.	
	Slept well.	M McKenna.
9/5/03	WR M. Meechos.	
	Still spiking temp-monitor overnight	
	? Home tomorrow	
	Nursing @ 11.30 Am	C Neill
	Self caring with personal hygiene	
	PAIN Control Sister not available	
	for review - PCA to continue	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	For C/T Scan To be arranged	
	not for discharge at present	
	due to intermittent pyrexia	MTIS
9/5/13	Radiology	
	CT Report to follow.	
	Patient ? to pay ED and	
	cultured Possum post	
	CT. Unlikely to be due to	
	extravasation of contrast	
	as area looks well & feels	
	normal. Ward - please	
	observe.	
	SNO McLaughlin	
	SPR	
9/5/13	Radiology - Nil findings on first R/V.	
	- full report to follow.	
	Nursing @ 1900 hrs	
	Vomited after supper this	
	evening	
	observations stable -	
	Im pethidine 100mgs @ 1800	
	along with IV ondansetron 4mgs	
	PCA discontinued - oral analgesia	
	prescribed	
	To remain in over the	
	weekend	MTIS

COMMUNICATION SHEET

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

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 638479

Affix data label

Date	Progress / Evaluation	Signature/ Profession
9/5/03	Nursing: 22⁰⁰. Patient actively sick 450 mls at 20³⁰ hrs. c/o pain over epig 30mg Dihydrocodeine - actively sick again. Epic 12.5mg IM stemetil at 22⁰⁰ hours ashig for Pethidine injection. Epic 30mg Dihydrocodeine	
11¹⁰ pm	c/o pain. 100mg Pethidine epic IM -	
10/5/03	Settled and slept. Sips getting in Pethidine. No fresh vomity and no complaints of any pain. Obs stable.	
10/5/3	W/R - Mr Renwick. Still vomiting 2-3 x daily. Has been spiking temps. CRP rising. WCC (N). LFTs worsening. (P) Rpt bloods today. IV fluids Chase cultures MRCP	
	Nursing @ 12³⁰ hrs Nil breakfast - Reviewed by Mr Renwick - IV fluids commenced 3 hourly initially. MSSU obtained - R500 Protein + Ketones + Pths. No vomiting	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	nauseated -	
	Im Pethidine 100mgs + IV Ondansetron given with effect.	
	Awaiting stool for culture - advised to keep to oral fluids	MTLS
	Nursing @ 04^{40}	
11/5/03	IV FLUIDS CONTINUE AS CHARTED.	
	PAIN CONTROL REMAINS A PROBLEM.	
	IM PETHIDINE 100mg + IV ZOFRAN GIVEN @ 21^{30}	
	IM PETHIDE 100mg GIVEN AT 01^{40}	
	ORAL PARACETAMOL AND DIHYDROCODEINE IN BETWEEN.	
	PATIENT SLEPT FOR SHORT PERIODS ONLY.	SN
11/5/13	U/A Nursing	
	C/O abd pain. Appraisal. CFT, improving Nsg MACP to be maintained	
	Nursing @ 16^{30} hrs	
	Pain pattern remains unchanged analgesia given as per prescription	
	No vomiting this morning	
	IV fluids remain in situ	N
	Appraisal, Pulse and B/P stable	MTLS
11/5/03	11^{05} p.m. Patient c/o pain. Given 100mg IM Pethidine.	
12/5/03	06^{30} Patient requesting Pethidine for pain. 100mg IM Pethidine given. Sister and	

COMMUNICATION SHEET

Ward ....5....

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 638479

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	patient at end of rest 0720	
12/5/03	U/R Mr Hansell.	
	As before	
	~~MRCP~~ MRCP arranged.	
	Louise Cahill.	
12/5/03	Nursing @ 16.30 hrs.	
	Apyrexial. Observations stable	
	Maintaining fluid + diet.	
	Passing urine spontaneously	
	Analgesia as prescribed.	
	MRCP to be arranged.	M McKenna (S/N)
13/5	Nursing Care	
	Pain score 5-6 / 10 settled	
	100ml gum 2-3 Kg with effect	
13/5/03	UR Mr Hansell	
	As before	
	MRCP arranged.	
	Blood cultures from 8/5 -ve	
	Urine culture from 10/5 -ve	
	Admitted 5/5/03	
	D/C 13/5/03.	
	Dx Abdo. pain ? cause. Longstanding	
	Ix: CXR/AXR/USS abdo all (N)	

F/U: O/P MRCP & Mr Hansell OPD TBA

Louise Cahill JH0408

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
13.5.03	Discharged home.	
	Indent ✓	
	OP. MRCP, to be arranged	
	and FU. Mr Hansell for	
	result of MRCP.	J Stewart

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH.	

DATE 7/5/03

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
			12 mid.					
			1 a.m.					
			2 a.m.					
Water	100.		3 a.m.					
			4 a.m.		50	Clear fluid.		
			5 a.m.					
			6 a.m.					
			7 a.m.	P.U.	100	Clear fluid.		
			8 a.m.					
~~Tea~~	150		9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
Tea	150		9 p.m.					
			10 p.m.					
			11 p.m.					
			12 1 2 3 4 5 6 7					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

FORM 9A

THIS DOCUMENT MUST BE RETAINED

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 5/5/03

SURNAME	FORENAME	Unit Number
Sullivan	Deborah	

No. 0181327

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No / BATCH No.	Given by
N Saline	500	1220 R	4°	1620		03B 06 C	JD
5% Dextrose	500ml	1620	4°	0710		03A 14G 01/05	BP
Dextr 5%	500	0710	6°	1100		03A 14 G	JJ
(N) Saline	500	1100	4°	1400		03B 06C	MM
Dextrose 5% + 20 mmol KCl	500	1400	4°			03B 04BW	MM
Dextrose 5% +20	500		4°				
(N) Saline + 20 mmol KCl	500		4°				
5% Dextrose	500		4°				

m 75a

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 6/5/03

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
porridge + Tea	300		8 a.m.					
			9 a.m.	UH				
Tea			10 a.m.					
			11 a.m.					
lunch	300		12 noon		350			
tea	150		1 p.m.	UH				
water	100		2 p.m.					
			3 p.m.					
cola	150		4 p.m.	UH				
refused dinner			5 p.m.					
tea	150		6 p.m.	UH	50mls.			
Water	50		7 p.m.					
			8 p.m.					
WATER	100.		9 p.m.					
			10 p.m.		100			
			11 p.m.	U.T.T.				
TOTALS	1300			U.T.T.	500			
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time	
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine		
Urine: Urea, Chloride		

FORM 9A

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

DATE 5.5.03

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
NSaline		500	12 mid.					
			1 a.m.	400				
			2 a.m.					
			3 a.m.					
NSaline		500	4 a.m.					
			5 a.m.					
			6 a.m.					
Dextrose		500	7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.					
St. Dextrose		50	11 a.m.					
			12 noon					
			1 p.m.					
Ⓝ Saline		500	2 p.m.					
			3 p.m.	Pu				
			4 p.m.					
TGA	150		5 p.m.					
Juice	300		6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.	Pu				
TGA	100.		10 p.m.					
			11 p.m.					
TOTALS	550	2,500		400 + U.T.				

TOTAL INTAKE				TOTAL OUTPUT

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

FORM 9A

CONFIDENTIAL NUMBER PH 103328

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME DR TOUGH
ADDRESS BALLIESTON HC

YOUR PATIENT
NAME DEBORAH SULLIVAN
ADDRESS 6 MUIRHEAD CT
Date of Birth 7/12/72 Unit No. 638476

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 5/5/03
DATE OF DISCHARGE 13/5/03
WARD 5
CONSULTANT HANSELL

DIAGNOSIS
1. Abdo pain
2.
3.
4.

OPERATION / PROCEDURES
1. CXR/AXR/USS abdo → acute (N)
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS
MRCP	O/P	Date awaited.		
HANSELL	SOPD	2/12	TBA.	

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

	DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP ____ DAY CARE ____ PHYSIO ____
MEALS ON WHEELS ____ DN OR HV ____ OT ____

SPECIAL DISPENSING INSTRUCTIONS
☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

DISCHARGE MEDICATION

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	No.of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
PARACETAMOL	O	1g	✓ — — ✓		7	50 x [illegible]
OMEPRAZOLE	O	40mg	✓		7	14 x [illegible]
TRAMADOL SR	O	100mg	✓ ✓		7	~~[illegible]~~ 14 x [illegible]
TRAMADOL	O	50mg	PRN for breakthrough		7	28 x 50 x [illegible]
			Max 400mg in 24h			
LACTULOSE	O	10ml	✓ ✓		7	140 [illegible]

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

PHARMACY USE ONLY
DISPENSED BY [illegible]
CHECKED BY [illegible]
DATE 13/5/03 CD CHECK [illegible]

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY
RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS CLARK DATE 13/5/03
SIGNATURE [signature] PAGER No. 4008

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

MEDICAL IN CONFIDENCE

STOBHILL
NHS TRUST

ADMISSION FORM V3

CASE RECOF
SMRI COMPLETED

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
STO	STOBHILL HOSPITAL	638479

MISSION ETAILS

DATE	TIME	TYPE	REASON	ADM./TRANS. FROM	INPAT./DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
18 Feb 03	12:32	36	1K	12	1		NWL	3

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E.
2A*STO	11	GENERAL SURGERY	MR M MOSCHOS		

PATIENT

TITLE SURNAME	FORENAME (1)	(2)	AGE	DATE OF BIRTH	SEX	MARITA STATUS
SULLIVAN	DEBORAH		30	07 Dec 1972	F	

ADDRESS: 6 Muirhead Court
Baillieston
GLASGOW

POSTCODE: G69 7EP
TELEPHONE No.: 771 3401
HEALTH BOARD OF RESIDENCE:
ALT./PREV. SURNAME:
OCCUPATION:
C.H.I. NUMBER:
OCCUPATION (HUSBAND/FATHER):
HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR? Y

REF. G.P.

NAME: A TOUGH
G.P. CODE: 463051
PRACTICE:
CONTRACT No.:
FH STATUS:

ADDRESS:
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
7710871 G69 7AD
TEL No.: 771 3401
POSTCODE

IE G.P. (IF D

NAME: A TOUGH
G.P. CODE: 463051
PRACTICE:
CONTRACT No.:
FH STATUS: ACCIDENT

ADDRESS:
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
7710871 G69 7AD
TEL No.:
POSTCODE

EXT OF KIN

NAME: STEVEN KELLY
RELATIONSHIP: PARTNER

ADDRESS:
6 Muirhead Court
Baillieston
GLASGOW
DAY PHONE No.: 771 3401
NIGHT PHONE No.:

ISC.

RELIGION: 2332482
VISIT REQ. BY CHAPLAIN YES/NO:
PENSION BOOK No.:

dmission

IN DIAGNOSIS:
HER CONDITIONS (D.G.2):
HER CONDITIONS (D.G.3):
SPECIAL WARNINGS:

VIR04 N SMR50

H. S | PREVIOUS PSYCH. CARE | CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

CHARGE TAILS

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
DISCH./TRANSF. TO	READY FOR DISCH.	HOSPITAL: NAME	CODE	WARD	SPECIALTY	CONSULTANT CODE
SMR04	TYPE OF CARE PROVIDED		ECT - 1st TREATMENT DATE		ECT - NUMBER OF TREATMENTS	

DIAGNOSES

		SPECIAL WARNINGS
MAIN DIAGNOSIS	R104	
OTHER CONDITIONS (D.G.2)		
(D.G.3)		
(D.G.4)		
(D.G.5)		
(D.G.6)		

ND OPERATIO

	CODE	DATE
MAIN OPERATION		
OTHER OPERATION (O.P.2)		
(O.P.3)		
(O.P.4)		

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

Date Given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Giver By
16/2/03	METOCLOPRAMIDE	10mg	IV	1230	CWell	CWell
	RANITIDINE	100mg	IV		CWell	
	MORPHINE	2.5mg	IV	CWell	CWell	CWell
	MORPHINE	2.5mg	IV	1230	CWell	CWell

DEBORAH SULLIVAN 7/2/72

DATE	CLINICAL NOTES
	638479 SULLIVAN DEBORAH

North Glasgow University Hospitals NHS Trust

STOBHILL CASUALTY DEPARTMENT

3577

Name/Date 18 FEB 2003
Deborah Sullivan

Triage Notes
Presenting Complaint

MR Hansell
PT -
Due at Out Pt - 11.30

Pend
Surg/~~GMS~~

Triage Cat: 1 2 (3) 4 5 Time: 1105 Signature: [signature]

Initial Observations	BP 118/63	P 82	T 36.7	RR 12	PF
SA02 96 on Air	Air/02	Pleth		BM stix 4.7	
E	M	V		Pain Score	

Signature: _____ **Time:** _____

History WRIST SAND OP

DH

Allergies No/Yes

Initial Management

02 Y/N Litres Per Min
ECG Y/N X-ray Y/N

Urinalysis: YELLOW CLEAR
Blood TRACE HAEM CLEAR NEG
LEUCOCYTES 3
PH 5.0
S.G 1.010
KETONE TRACE
BILIRUBIN

βHCG +ve -VE
Cannula Y/N **Bloods** Y/N
U & Es ☐
FBC ☐
GL ☐
Amyl ☐
Coag ☐
Group ☐

Other:

Social History

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

Triage Cat: Y/N Cat: Time: Signature:

Treatments:

Discharge Planning:

Escort: Required Y/N
Transport Required Y/N
Relative Car SAS
Time Ordered:

Time Discharged: **Signature:**

OBSERVATION CHART

Name

Record No

Date

Time

COMA SCALE

Eyes open	Spontaneously	4
	To speech	3
	To pain	2
	None	0
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion-withdrawal	4
	Flexion to pain	3
	Extension to pain	2
	None	1

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

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

Blood pressure and Pulse rate: 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

Respiration 0_2 Sat

Temperature °C: 40 39 38 37 36 35 34 33 32 31 30

PUPILS

right	Size	
	Reaction	
left	Size	
	Reaction	

+ reacts
- no rection
c. eye closed

LIMB MOVEMENT

ARMS	Normal power
	Mild weakness
	Severe weakness
	Spastic flexion
	Extension
	No response
LEGS	Normal power
	Mild weakness
	Severe weakness
	Extension
	No response

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

CHECKED					
PRESCRIBER					
TIME					
RATE					
AMOUNT					
FLUID					
ADMINISTERED					
PRESCRIBED					
DOSE					
ROUTE					
DRUG					
TIME					

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

Procedure / reason for admission _____

Height: _____ Weight: _____ = BMI : _____ Spo2 _____ T _____

B.P. : _____ P _____

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

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

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

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

Hospital Admissions/Operations *(please list and date)* 26

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

Date of last general anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSE SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE: _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

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

other ☐ *(please state)*

Urinalysis _____ **Clearview** _____

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS: :-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE: / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 2A

PRESENTING COMPLAINT:

Referal from Mr Hansell's clinic

Epigastric pain → @ shoulder pain
nausea & vomiting

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP 118/67 P 57. TEMP 36.6 oC O_2 SAT 98%

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

PAST MEDICAL HISTORY:

Pancreatitis
cholecystectomy
Appendectomy
Attending Mr Hansell's clinic ≈ 1 year.

DRUG HISTORY:

Losec
Prozac
Tramadol
Maxolon

ALLERGIES:

* Anti inflammatory tablets upset stomach. *

MOBILITY / LEVEL OF INDEPENDENCE:

Good.

DIETARY HABITS / APPETITE:

Fair

ELIMINATION:

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS Neg

LBM. 1/7.
usually every 2/7

MISSU Neg YES ☒ NO ☐

PREGNANCY TEST ____ +VE ☐ VE ☒

micturition ~~NIL PAIN~~
not passing
much urine

SOCIAL HISTORY / CIRCUMSTANCES

lives with partner
& daughter

SMOKER ~10 daily YES ☑ NO ☐

ALCOHOL ____ YES ☑ NO ☐

AMOUNT: occasional

MENSTRUAL CYCLE: LMP. 2/52. regular

PREGNANCY / CONTRACEPTIVE: DIANET CONTRACEPTIVE PILL

D.V.T. PROPHYLAXIS:

FRAGMIN YES ☐ NO ☐

TEDS YES ☐ NO ☐

Signature: _____ Date: 18/2/03 Time: 1555.

NAMED NURSE: TRACEY.

Name(printed) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION ____ / ____ / ____ WARD ____

Waterlow Score: ____

Name
Address

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP ____ **P** ____ **SP O_2** ____

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

Other relevant information :

Ward Signature: ____ Reception Signature: ____

THEATRE

OPERATION PERFORMED ____

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

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

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

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS ____

Signature of Circulating Nurse : ____

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

Named Nurse : TRACEY

Patients Telephone No. 771 3401

Patients Occupation: ✓

Fasted from :

Spiritual needs ROMAN CATHOLIC

Next of kin: PARTNER STEVEN KELLY.
(Name & Relationship to patient)

Next of kin Tel. No. 771 3401

2nd contact Tel. No. MUM - KATHLEEN
(Name & Relationship to patient) 771 3743.

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date: 20 / 2 / 03

	YES	NO
Is someone available to accompany the patient home?	✓	
Is a responsible adult available to stay with the patient for 24 hrs. post-operatively?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer?		✓
GP letter / Prescription :	✓	
Outpatient appointment arranged (date) : To be referred to pain clinic	✓	
Relatives informed :	✓	

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

Discharge summary / comments:

Pre-op / On Admission

Signature : Date: 18 / 2 / 03

Ward: 2A Date: / /

Signature : L stewart Date: 20 / 2 / 03

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

COMMUNICATION SHEET / PROGRESS NOTES

Ward : 2A

Date	Progress / Evaluation	Signature/ Profession
18/2/03	Admission of 30 year old lady via mr Hamelle clinic epigastric pain history of pancreatitis nil by mouth IV Fluids commenced -	SW

COMMUNICATION SHEET

Ward 2A

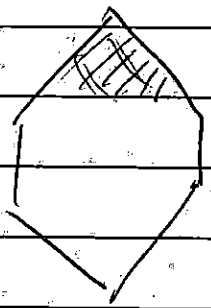
Name
Address
638479
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

Affix data label

Date	Progress / Evaluation	Signature/ Profession
18/2/03	(30) Referred from Mr Harrell's clinic	
	PC:	
	HPC - 3/7 Hx of vomiting - bilious - ↓ appetite	
	- 3/7 Hx epigastric pain → R shoulder → back. - ~~radio~~ fluctuating intensity = 8/10, ° change stool ° blood PR - ° precipitating or relieving factors - eased by bending forward	
	- known pancreatitis - 5yrs, cholecystectomy - ° Chest pain ° palpitations ° SOB ° cough ° dysuria ° haematuria	
	PMHx - Cholecystectomy - 1998 - Appendectomy - 1995. - ° problem anaesthetics - ° MI ° Angina ° CVA ° HT ° Epil ° DM ° Jaundice ° Asthma ° RhF ° TB	

COMMUNICATION SHEET

Ward ...2A.....

Date	Progress / Evaluation	Signature/ Profession
	PMH - Loes. - Prozac. - Tramadol - Maxalon. - NKDA	
	SH. - 6cig/day - ~~ETO~~ Occasional drinks	
	O/E - Anxious + nauseous - lady RR 20/min BP 118/63 mm Hg Sats 96% air P 80bpm reg Temp 36.7°C	
	GIT - abd soft, tender++ epigastrium - BS ++, noisy - °LKKS °masses 	
	RS - Trachea central, Exp L=R=N, Perc L=R=N, Aus C=R=N CVS - °palp heaves or thrills, JVP↔, HS I+II+0, °ankle oedema	
	Imp - Acute exacerbation pancreatitis	
	Plan - FBC, U+E, CRP, Bone, LFT, Glu, Amy ✓ - AXR + CXR ✓ - 10mg metoclopramide + 5mg morphine in A+E ✓ - IV fluids + analgesia CWell	

JHO 4053.

COMMUNICATION SHEET

Ward 2A

Name
638479 Address
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP
CHI No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
18/2/03	IV Fluids commenced	
	Approximal	
18/2	SHO	
	- Patient of DTH.	
	- Lap Chole & MRS c90 - Ross Carter.	
	- Admitted Nov 02	
	- Epigastric Pain	
	- US, CT, UGI - (a),	
	- (b) on MST.	
	Since ↑ analgesia to consider	
	Won discuss DTH's clinical	
	Pain ↓↓ → A/C.	
	Pain - Epigastric - bleed	
	~~Abd~~ - Asx Symptoms	
	No Amnesia	
	Endoscopy	
	NBM pending	

COMMUNICATION SHEET

Ward 2A

Date	Progress / Evaluation	Signature/ Profession
18/2/05	Amy 78	
	CRP <6.	
	Imp - Exacerbation of chronic pain	
	Plan - Analgesia	
	- IV Abx	
	- DTH to R/V in am	
	- Pain team	
	Abx - faecal body	
	CXR - NAD	Stable
	W/R mm	
	Good result from Pain	
	Ext to drink	
	DTH + pain team in am	
9.15pm	Transferred from ward 2A.	
19/2	nursing hom	
	Observations stable Apyrexial	
	IV fluids contin 4hrly	
	Tolerating oral fluids	
	Uring output satisfactory	
	Pain score 7 IM Pethidine 100mg	
	given with good effect	

COMMUNICATION SHEET

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

638419 Name
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP
U.U.B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
19/2/13	WR MOSCHOS.	
	Px well today.	
	Well known to Mr Hansell.	
	For USS today.	
	Refer back to Mr Hansell.	
		2133 Hansell
13:15	- Independent with hygiene a.m.	
	- Was tolerating fluids + dret. N.B.M. from 11am today in	
	preparation for abdominal ~~Scan~~ USS at 13:50hrs.	
	- Passing urine satisfactorily.	
	- Mobilising independently.	
	- Obs. a.m. satisfactory; apyrexial.	
	- Pethidine 100mgs given I.M. at 08:30 and 11:25am.	
	- I.V.I. continues 4° at present: venflon resited as previous	
	venflon had tissued.	
	- Reviewed by MR. Hansell p.m.: patient to have pain control	
	Sister involvement.	S/N GALLIGAN
19.2.13	Abdo US	
	No abnormality in liver, biliary	
	tree (cholecystectomy), spleen or	
	kidneys. No free fluid.	R Stevenson
	Pancreas poorly visualized for	
	bowel gas.	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
1900	IVI continues. Tolerating fluids and diet	
	Vomited small amount of fluid following u/s scan – oral maxalon 10mg & with settling effect	
	IM Pethidine and Tramadol discontinued	
	Commenced on oral DF118, Paracetamol and Ibuprofen regularly and sevredol 10mg for breakthrough pain as advised by Sr Calwell (pain control sister)	
	Commenced on Senna and lactulose for constipation	
	Mobilising around ward and to toilet	Beattie
2.1.13	ATP re pain	
	30 ♀ Background Pancreatitis	
	Pre Cholecystectomy	
	↑ epigastric pain this evening. Radiates to back. Some pain as always. Associated with nausea and vomiting. N. haematemesis. Bowels moving	
	O/E 30♂ tender epigastrium ° murphys ° organomegaly BS present	

COMMUNICATION SHEET

Ward 2A

Name
Address 638479
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP
D.O.B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Note change made by Pain team for 10mg Sevredol as breakthrough pain Currently vomiting so unable to tolerate oral medication	
	Plan 1/ Anti-emetic - Maxalon / Cyclizine	
	2/ Analgesia - IM pethidine	
	3/ Review pain medication tomorrow	
20.2.13	Observations stable. Pain and nausea settled following IM: Maxalon and IM Pethidine - Coord. No further vomiting	(Morgan, JNP)
20/2/13	DISCUSSED PAIN Mx & pain nurse. Not for IM pethidine, Not for Sevredol suggested - Paracetamol, an NSAID, DHC + Sevredol for breakthrough Not to Will be reviewed by pain team.	UHO (20)

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
20/2/13	Mr Hansell WIR.	
S.	Pain settled this AM.	
	C/O lump in breast, comes & goes not rd. 6 cycle	
O:	Mr Hansell examined breasts including	
	site p/t had left lump. NAD	
A.	- No lump detected.	
	- Pain remains problem	
P.	- Plan - Pain team review	
		JHO 1201
20/2/13	Advise Joann / PAIN NURSE	
	- Aim for discharge here a.s.ap	
	?? in-patient stay ve- injures maladaptive	
	beliefs.	
	- Give message that we cannot	
	fix pain ? drugs as in-patient.	
	- Disseminate this amongst junior staff	
		JHO 1201
10.20	Pain Service:	
	I have reviewed today, as was only	
	able to give telephone advice yesterday	
	due to other clinical commitments.	
	After a long discussion with Deborah, she	
	describes this stabbing pain as being	
	evident for 5 years. She also has complex	
	psychosocial issues which perhaps could	
	be dealt with a chronic pain clinic level,	

COMMUNICATION SHEET

Ward .....

Name DEBORAH SULLIVAN.
Address

D.O.B 7/12/72
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	I would suggest an urgent ref to chronic pain, and we will endeavour to see her asap	
	~~Discuss poss dx~~	
20/2/13	- Rash on face. Red, papular no open/closed comedones. Across cheeks forehead + chin. Pt says rash co-incides ± pain.	
	- Rashes depigmentation 5mm on legs + back. - Joint pain ② shoulder only.	
	- No petichae, no splinter haemorrhages,	
	- No eye problems.	
	- No other rash at any time.	
	PLAN	
	- ANA, ANTIDSDNA ☑	
	- Rh factor ☑	
	- Antitransglutaminase ☑	
	- Lipids antocardiolipin ☑	
	- Urinalysis - haematuria ☑	
	D/W Rheumatologist. Suggested above clinical features ± tests. Will contact if any +VE.	
		JTHO (201

COMMUNICATION SHEET

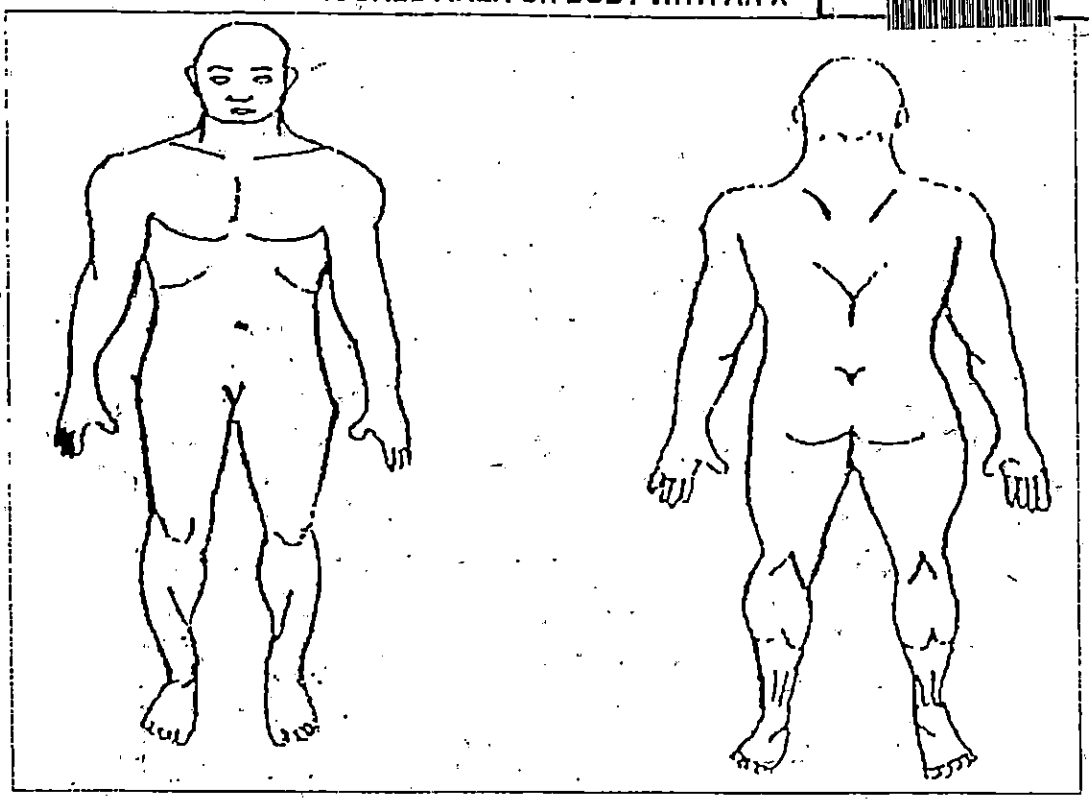
Ward .....

Date	Progress / Evaluation	Signature/ Profession
1330	S/B Sr Calnell - see pain service entry.	
	Oral analgesia as prescribed	
	No further vomiting	
	Tolerating fluids and diet	
	Observations stable.	
	? home and chronic pain clinic appt.	Beattie
12/3	DISCHARGE NOTE	
14 25.	- Adm 18/02/03 c rabdo pain.	
	- (N) U&Es (W) blood results.	
	- Well. Referred to Chronic pain Drs.	
	- Reviewed by chronic pain nurse,	
	- Pt discharged on Paracetamol, IBUPROFEN + DHC	
	- Awaiting results from Western Immunology to exclude SLE Blood tt ve on dipstick	
	- DIS 20/2/03	
		DHO 20/2
6.50 pm	oral analgesia given as per kardex.	
	Discharged home	
	Indent ✓	
	To be referred to pain clinic	
	? F.U mr Hansell	L Stewart

Pressure Sore Risk Assessment Documentation Form

638479
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

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



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

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
18/2/03.	5.			Softfoam	

Pressure Sore Risk Assessment Documentation Form

Waterlow Risk Assessment		Initials														
		Date	19/4/13													
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body Weight for height:																
Average	0		0.													
Above average	1															
Obese	2															
Below average	3															
Continence:																
Completely catheterised	0		0.													
Occasionally incontinent	1															
Cath.incontinent of faeces	2															
Doubly incontinent	3															
Skin Type- Visual risk areas:																
Healthy	0		0.													
Tissue paper/dry	1															
Oedematous/clammy (temp raised)	1															
Discoloured	2															
Broken /spot	3															
Mobility:																
Fully	0		0.													
Restless/fidgety	1															
Apathetic	2															
Restricted	3															
Inert/traction	4															
Chairbound	5															
Age/Sex:																
Male =1 Female =2	1or2		2.													
14-49	1		1													
50-64	2															
65-74	3															
75-80	4															
81+	5															
Appetite:																
Average	0															
Poor	1		1.													
N.G.,Tubes/Fluids only	2															
nbm -Anorexic	3															
Special Risks - Tissue Malnutrition:																
e.g Terminal Cachexia	8															
Cardiac Failure	5															
Peripheral Vascular disease	5															
Anaemia	2															
Smoking	1		1.													
Neurological Deficit:			0													
e.g Diabetes,MS,CVA,																
motor/sensory paraplegia	4 5															
Major surgery/ Trauma:			0													
Orthopaedic, below waist,spinal	5															
On table> 2 hours	5															
Medication:			0													
Cytotoxics,High dose steroids,																
Anti-inflammatory	4															
TOTAL SCORE			5.													

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

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

638479
SULLIVAN DEBORAH 07/12/1972
6 Muirhead Court

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

SURNAME: Baillieston FORENAME
GLASGOW G69 7EP

Unit Number

No. 0181327

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 18/2/03

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
NORMAL SALINE	500.	1400	4°	23 25			
5% Dex · 20mmol KCl	500	23 25	4°	04 50		F2L03 MF 11/04	
0.9% Saline	500	04 50	4°	16 10		025 14E 10/04	JF
0.9% Saline	500	16 10	4°	20 15		025 14E	GB

fm 75a

PRESCRIPTION FORM

Hospital Name: STOBHILL

PATIENT DETAILS

638479

Name: SULLIVAN, DEBORAH 07/12/1972

6 Muirhead Court, Baillieston, GLASGOW G69 7EP

Hospital No:

DOB:

Height:

Weight:

Surface area:

Date of Admission: 18/2/03

Date of writing discharge prescription: ~~20~~ 12/3

Consultant Name: MR MOSCHOS

Ward: 2A

Date and time this form prepared: __/__/__ Time:

Sheet No:

2nd Prescription in use: Yes or NO

DRUG SENSITIVITIES

NIL

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

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

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
18/2	PHOSPHATE ENEMA	x1	PR		JR		
18/2	PETHIDINE	100mg	IM	~~00~~			0016

PATIENT'S NAME: Deborah Sullivan

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE → 18 19 20
MONTH → 2 2 2

	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
A						
B						
C						
D						

A

DRUG: CLEXANE

DOSE: 20mg | ROUTE: SC | DATE: 18/2

STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

B

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

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

F DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

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

G DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

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

H DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

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

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

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

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE → 19 20 | MONTH → 12 2

J DRUG: PARACETAMOL

DOSE: 1g | ROUTE: O | DATE: 19/2/13 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13	RS	CS CJW		

K DRUG: IBUPROFEN

DOSE: 200mg | ROUTE: O | DATE: 19/2/13 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13		CS CJW		

L DRUG: DIHYDROCODEINE

DOSE: 30mg | ROUTE: O | DATE: 19/2/13 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13	13	CS CJW		

M DRUG: SENNA

DOSE: 2 tabs | ROUTE: O | DATE: 19/2/13 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	(13)				

Oral and Other Drugs: Regular Prescriptions

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

| | | |

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE → 18 19 20

MONTH → 2 2 2

T DRUG: LOSEC

DOSE: 20mg | ROUTE: O | DATE: 18/2 | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 0700-0900 ✓ 9 ✓ | 1200-1400 | 1600-1800 | 2200-2400 ✓ | Other time

V DRUG: PROZAC

DOSE: 40mg | ROUTE: O | DATE: 18/2 | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 0700-0900 ✓ (4) | 1200-1400 | 1600-1800 | 2200-2400 | Other time

W DRUG: MACROLON

DOSE: 10mg | ROUTE: O | DATE: 18/2 | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

MAX 8

FOR DOCTORS USE ONLY

Other time | 0700-0900 ✓ 9 | 1200-1400 | 1600-1800 ✓ | 2200-2400 ✓ | Other time

X DRUG:

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

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

DATE →
MONTH →

Y

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

AA

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

BB

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

CC

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →

MONTH →

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

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

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

PATIENT'S NAME: Jehnah Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM
DRUG: ~~TRAMADOL~~
DOSE: 100mg | ROUTE: O | INDICATION: Pain
SIGNATURE OF DOCTOR | MAX.FREQUENCY: ~~4~~ 4-6° | DATE: 18/2
STOPPED DATE: 19/2/03 INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	18/2/03	19																													
TIME	1800	1400																													
DOSE	100mg	100mg																													
GIVEN BY																															

NN
DRUG: ~~PETHIDINE~~
DOSE: 100mg | ROUTE: IM | INDICATION: Pain
SIGNATURE OF DOCTOR | MAX.FREQUENCY: 20 | DATE: 18/2
STOPPED DATE: 19/2 INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	18/2	19/2	19/2																												
TIME	1500	2100	0600																												
DOSE	100mg	100mg	100mg																												
GIVEN BY																															

PP
DRUG: ~~BUSCOPAN~~
DOSE: 20mg | ROUTE: O | INDICATION: Pain
SIGNATURE OF DOCTOR | MAX.FREQUENCY: 4-6° | DATE: 18/2
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE																															
TIME																															
DOSE																															
GIVEN BY																															

RR
DRUG: ~~TEMAZEPAM~~
DOSE: 10mg | ROUTE: O | INDICATION: INSOMNIA
SIGNATURE OF DOCTOR | MAX.FREQUENCY: One daily | DATE: 18/2
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	19/2	19/																													
TIME	0600	2100																													
DOSE	10mg	10mg																													
GIVEN BY																															

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

| | | |

Nurse/Midwife Administration by Protoco Authorised Nurses/Midwives On

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for Users

FOR DOCTORS:

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

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

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

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

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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

Ver 6, 01/2002

5

NOT TO BE FILED UNTIL DISCHARGE

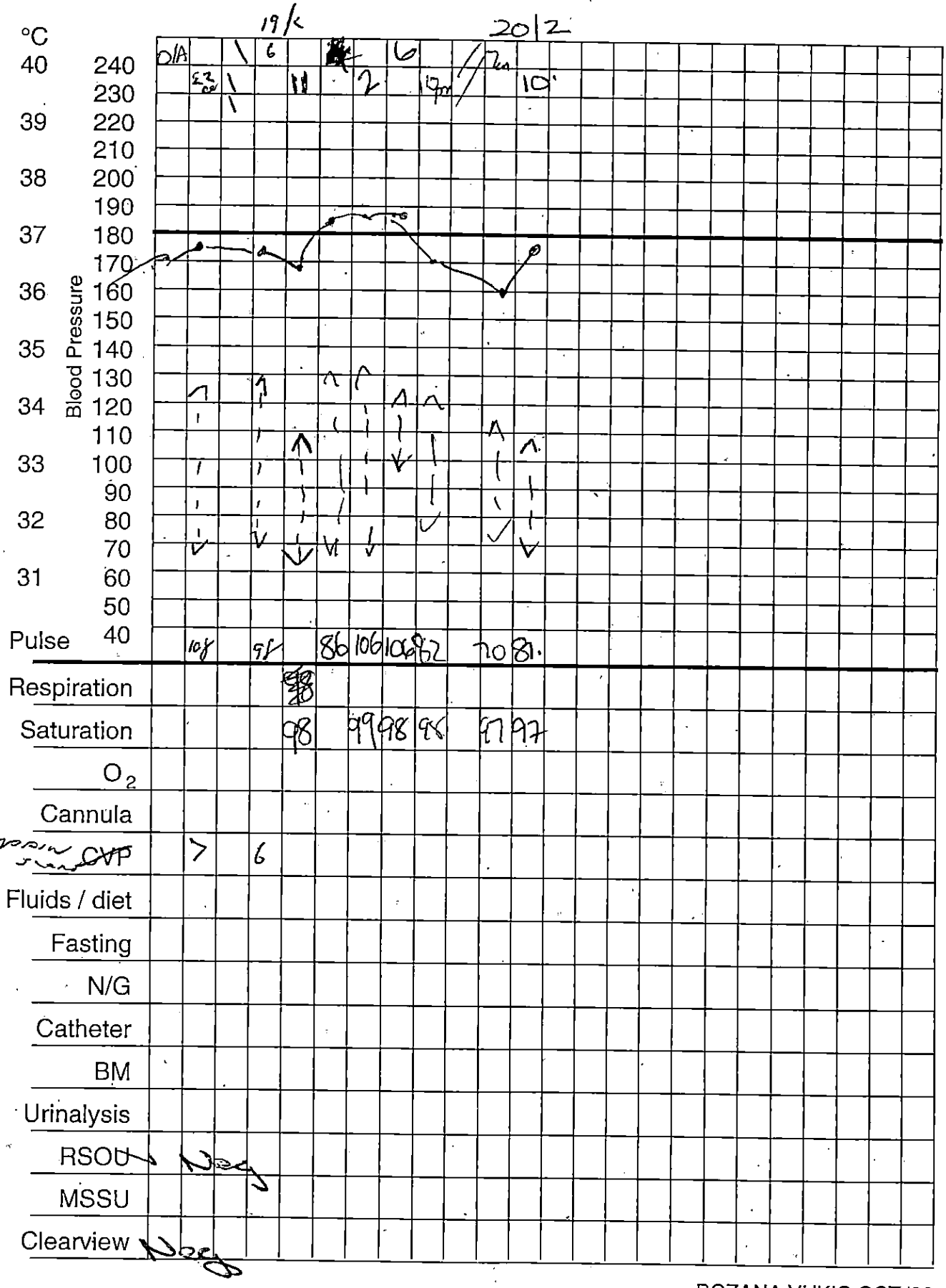
NAME : DEBORAH SULLIVAN ..... UNIT NUMBER : 638479

DATE :	18/2/03	19/2/13				
WCC 4-11	8·52	7·77				
Hb 11·5-18·0	134 ~~18·4~~	123				
Plat 150-400	324	292				
Hct 0·37-0·47						
Na 135-145	140	140				
K 3·5-5·0	4·2	4·0				
Cl 98-102	102	104				
Bic 22-22						
Urea 2·5-7·5	3·5	3·0				
Creat.60-120	88	83				
Amylase <200	173	64				
CRP <20	<6	11				
ESR AGE 12						
Adj. Ca 2·2-2·6	2·35	2·31				
Phosphate 0·7-1·4	1·19	1·41				
Tot. Prot.62-77	79	73				
Albumin 36-52	46	42				
Alk.Phos.60-300	166	166				
Gamma GT <50	(66)	74				
Bil 3-20	11	12				
AST 10-35	25	27				
ALT 5-40	(51)	41				
LD 200-520						
Glucose 3·0-5·5	4·7					
PT 10-14		14				
APTT 26-36		31				
TT 8-12		12				
FIB 200-400		461				
INR						
APTT RATIO						
Drain Amylase						

STOBHILL HOSPITAL

NAME DEBORAH SULLIVAN WARD 2A → 75

DATE 18/2/03. TIME 1345



BOZANA VUKIC OCT '96

STOBHILL HOSPITAL

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

DATE 20 · 2 · 03

FLUID & SUPPLEMENT	ORAL	IV or Other	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
Breakfast. Tea	300		8am					
			9am					
			10am					
			11am					
			12am					
			1pm					
			2pm					
			3pm					
			4pm					
			5pm					
			6pm					
			7pm					
			8pm					
			9pm					
			10pm					
			11pm					
			12mid					
			1am					
			2am					
			3am					
			4am					
			5am					
			6am					
			7am					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea		
Sodium		
Potassium		
Chloride		
Bicarbonate		
Creatinine		
Urine: Urea		
Chloride		

STOBHILL HOSPITAL

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

DATE 19/2/07

FLUID & SUPPLEMENT	ORAL	IV or OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
B' fast	150		8am					
			9am					
Tea	150		10am	300				
N.B.M.			11am					
			12am					
			1pm					
			2pm	PU				
			3pm					
(N) Saline		500	4pm		100			
Soup. Macaroni	200		5pm					
Tea	150		6pm	PU				
Tea	180		7pm					
Juice (N) Saline	100	500	8pm					
(N)			9pm					
Tea	150		10pm					
			11pm					
			12mid					
			1am					
			2am					
			3am					
			4am					
			5am					
			6am					
			7am					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS	Previous 24 hrs Balance =		
PARENTERAL	Biochemistry Results	Time	
	Serum: Urea Sodium Potassium Chloride Bicarbonate Creatinine		
ORAL	Urine: Urea Chloride		

STOBHILL HOSPITAL

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

DATE 18/2/03

FLUID & SUPPLEMENT	ORAL	IV or OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am					
			9am					
			10am					
			11am					
			12am					
			1pm					
			2pm					
			3pm	500				
			4pm					
			5pm					
			6pm					
			7pm					
			8pm					
			9pm					
Tea	180		10pm	100				
N/saline		500	11pm	200				
			12mid	300				
			1am					
			2am	400				
			3am					
			4am					
Dex + KCl		500	5am					
			6am					
			7am					
TOTALS								
TOTAL INTAKE	1150						TOTAL OUTPUT	1400

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea		
Sodium		
Potassium		
Chloride		
Bicarbonate		
Creatinine		
Urine: Urea		
Chloride		

CONFIDENTIAL NUMBER PH 104603

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DO
NAME
ADDRESS

Dr. A TOUGH
BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON

G69 7AD

YOUR PA
NAME
ADDRES
Date of B

638479
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 18/2/13
DATE OF DISCHARGE 20/2/13
WARD S
CONSULTANT HANLEY

DIAGNOSIS
1. CHRONIC PAIN EXAC
2.
3.
4.

OPERATION / PROCEDURES
1. (W) US A&DO
2. (W) BLOODS
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS
Mr HANLEY	CLINIC	7/		

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

	DATE GIVEN	INITIALS

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP — DAY CARE — PHYSIO
MEALS ON WHEELS — DN OR HV — OT

AMBULANCE REQUIRED YES / NO

WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OTHER NEEDS (SPECIFY)

SPECIAL DISPENSING INSTRUCTIONS [2] LARGE PRINT [N] NO C.R.C. [O] OTHER

DISCHARGE MEDICATION

Medicine	Form	Dose	Times of Administration				Recommended Duration from discharge (Days)	No.of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
PARACETAMOL	O	1g	8	12	14	22	INDEF	7	50 Tabs Stock
IBUPROFEN	O	200mg	8	14		22	INDEF	7	21 x 400mg amoi
DIHYDROCODEINE	O	30mg	8	14		22	INDEF	7	21 x 30g Mack
SENNA	O	2Tabs				22	INDEF	7	14 R+B
LACTULOSE	O	15mls	8			22	INDEF	7	200ml Solvay

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

PHARMACY USE ONLY

DISPENSED BY
CHECKED BY KA
DATE 20/2/13 CP CHECK

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS O'MCALLISTER DATE 20/2/13
SIGNATURE PAGER No. 120.1

COPIES TO: WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

8 Ryemuir Court 7/12/12.

North Glasgow University Hospitals NHS Trust

STOBHILL CASUALTY DEPARTMENT

Name/Date
DEBORAH SULLIVAN

McGlade B/HK

Steven Kelly S/H

Triage Notes
Presenting Complaint
GP REFERAL
? PANCREATITIS

Triage Cat: 1 2 (3) 4 5 **Time:** 7 Lab **Signature:** [signature]

Initial Observations	BP 130/85	P 64	T 36.7	RR	PF
SA02	(Air)/02 98%	Pleth		BM stix	
E	M	V		Pain Score	

Signature: [signature] **Time:** 755AM

History
Advised to attend A&E Dept by NHS 24 no referal to the Surgical Team.
Epigastric pain going through to back and (R) Shoulder
vomiting no blood.

DH Kapake Tramadol Losec

Took analgesia at 5am to-day.

Allergies (No)/Yes

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

βHCG +ve -VE
Cannula Y/N **Bloods** Y/N
U & Es ☐
FBC ☐
GL ☐
Amyl ☐
Coag ☐
Group ☐

Other:

Social History
Lives with family

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

Triage Cat: Y/N **Cat:** **Time:** **Signature:**

Treatments:

Discharge Planning:
Escort: Required Y/N
Transport Required Y/N
Relative Car SAS
Time Ordered:

Time Discharged: **Signature:**

80492

OBSERVATION CHART

Name

Record No

Date

Time

COMA SCALE

Eyes open	Spontaneously	4
	To speech	3
	To pain	2
	None	0
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion-withdrawal	4
	Flexion to pain	3
	Extension to pain	2
	None	1

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

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

Blood pressure and Pulse rate: 240, 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10

Respiration 0_2 Sat

Temperature °C: 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30

PUPILS

right	Size	
	Reaction	
left	Size	
	Reaction	

+ reacts
- no rection
c. eye closed

LIMB MOVEMENT

ARMS	Normal power
	Mild weakness
	Severe weakness
	Spastic flexion
	Extension
	No response
LEGS	Normal power
	Mild weakness
	Severe weakness
	Extension
	No response

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

CHECKED	8/2/2004 AM				
PRESCRIBER	CC				
TIME	10.15am				
RATE	4				
AMOUNT	1L				
FLUID	N Saline				
ADMINISTERED					
PRESCRIBED					
DOSE					
ROUTE					
DRUG					
TIME					

STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT

Rm 4

Surname	Forename	Age	Date of Birth	Arr Date	Time	A/E Number
SULLIVAN	DEBORAH	29	07 Dec 1972	19/11/02	07:46	538479 041948/02-STO

Address	Sex	Religion	Date of Inj	Time
8 Muirhead Court Baillieston GLASGOW	FEMALE		19/11/02	

PC	Tel	Marital Status	Occupation/School	Type of Inc.	Mode of Arrival
G69 7EP	771 3401			OTHER	WALKING

Name A TOUGH

Address BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
G69 7AD

Referred by
SELF REFERRAL

Name STEVEN KELLY

Relat. PARTNER

Tel No. 771 3401

Address 8 Muirhead Court
Baillieston
GLASGOW
G69 7EP

Complaint
SURGICAL CASUALTY
BP 130/85 T36.3
P64 Sat 98%

COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

DIAGNOSIS _____ INVESTIGATION SHOWS _____

TREATMENT GIVEN

4/52 ago PC Abdo pain
Episode 1-2/52: severe central epigastric pain
radiating ⇒ through to back. Assoc nausea / vomiting
persistent. Taken tramadol + kapake - no effect
called emergency GP ⇒ ref to Cas
Hx chronic pancreatitis 2° to cholecystectomy
Ex GRI - has had regular admissions there -
extensive bx to GP. Not attended Stobhill before
Pain as in pancreatitis
H Pancreatitis — DH Kapake, tramadol, Omeprazole NKA, codeine
Hiatus hernia
E Epigastric pain
Abdo soft on palpation
Tender epigastrium
Otherwise
BSF
Imp acute on chronic pancreatitis → bloods ordered

WOULD YOU PLEASE ARRANGE

Investigations	X-Ray	Lab	ECG	Match	Bact
		✓	✓		

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg

Pop	Resusc	Nurse's Signature

Admitted to ward

Consultant CERTAIR

Hospital Tranferred

IV access ↑ fluids

Comments

Medical Officers Signature

Medical Officers Name (BLOCK) CERTAIR

Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW
11 am		2A								

STAFF GRADE
REG SHO JHO
CA
PLEASE CIRCLE

Drugs _____ days supply of _____ has been given

Drugs _____ days supply of _____

Drugs _____ days supply of _____

Written Advice Issued:

TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick)

Patients Name

STOBHILL
NHS TRUST

MEDICAL IN CONFIDENCE

ADMISSION FORM V3

STO STOBHILL HOSPITAL 638479

HOSPITAL CODE	HOSPITAL NAME				CASE RECORD NUMBER	
19 Nov 02	10:53	36	1K	12	1	NWL 3

DATE	TIME	TYPE	REASON	ADM./TRANS. FROM	INPAT./DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
2A*STO		11	GENERAL SURGERY		MR DT HANSELL			

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E.
SULLIVAN		DEBORAH	29	07 Dec 1972	F

TITLE SURNAME	FORENAME (1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS

ADDRESS: 6 Muirhead Court
Baillieston
GLASGOW

ALT./PREV. SURNAME:

OCCUPATION:

C.H.I. NUMBER:

POSTCODE: G69 7EP TELEPHONE No.: 771 3401

OCCUPATION (HUSBAND/FATHER):

HEALTH BOARD OF RESIDENCE: G

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR? Y

F. P.

NAME: A TOUGH
G.P. CODE: 2332482 PRACTICE: 463051
CONTRACT No.: FH STATUS:

ADDRESS: BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
TEL No.: 7710871 POSTCODE: G69 7AD

(

NAME: A TOUGH
CODE: 2332482 PRACTICE: 463051
CONTRACT No.: FH STATUS:

ADDRESS: BAILLIESTON HEALTH CENTRE
20 MUIRSIDE ROAD
BAILLIESTON
TEL No.: 7710871 POSTCODE: G69 7AD

XT F N

NAME: STEVEN KELLY
RELATIONSHIP: PARTNER

ADDRESS: 6 Muirhead Court
Baillieston
GLASGOW
DAY PHONE No.: NIGHT PHONE No.: 771 3401

SC.

RELIGION:

VISIT REQ. BY CHAPLAIN YES/NO: N

PENSION BOOK No.:

mission

DIAGNOSIS	SPECIAL WARNINGS
ER CONDITIONS (D.G.2)	
ER CONDITIONS (D.G.3)	

R04 SMR50

STATUS	PREVIOUS PSYCH. CARE	CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
DISCH./TRANSF. TO	READY FOR DISCH.	HOSPITAL: NAME	CODE	WARD	SPECIALTY	CONSULTANT CODE
SMR04	TYPE OF CARE PROVIDED		ECT - 1st TREATMENT DATE		ECT - NUMBER OF TREATMENTS	

IARGE AILS

D I A G N O S E S

		SPECIAL WARNINGS
MAIN DIAGNOSIS	R101	
OTHER CONDITIONS (D.G.2)	R11X	
(D.G.3)	RJ29	
(D.G.4)		
(D.G.5)		
(D.G.6)		

ND O P E R A T I O

	CODE	DATE
MAIN OPERATION	G459	21/1/02
OTHER OPERATION (O.P.2)		
(O.P.3)		
(O.P.4)		

LOCAL NATIONAL

STOBHILL

HOSPITAL

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment _____ / _____ / _____

Date of Admission _____ / _____ / _____

Time of Admission _____

Date of Operation _____ / _____ / _____

Consultant Mr. Mansell

WARD 2A

Name Deborah Sullivan
Address

D.O. B 7/12/72
Unit No. 638479

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION / ASSESSMENT

Procedure / reason for admission _____

_____

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

B.P. : _____ P _____

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

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

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

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

Hospital Admissions/Operations *(please list and date)* 26

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

Date of last general anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSE SIGNATURE: _____ DATE: / /

WARD NURSE SIGNATURE: _____ DATE: / /

INVESTIGATIONS CARRIED OUT *(please tick box)*

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

other ☐ *(please state)*

Urinalysis ☐ **Clearview** ☐

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS: :-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE: / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 2A

PRESENTING COMPLAINT:

Sudden onset at 0100 hrs of Epigastric pain associated Nausea

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP 102/74 P 69 TEMP 36.9 O_2 SAT 98%

PAIN SCORE 1-10 8 ANALGESIA GIVEN IN A&E YES ✓ NO

PAST MEDICAL HISTORY:

Appendicectomy
Cholecystectomy - Pancreatitis Post op.
Tonsilectomy
Inguinal Hernia

DRUG HISTORY:

Losec
Kapake
Tramadol.

ALLERGIES:

NKDA
Sensitive Voltarol.

MOBILITY / LEVEL OF INDEPENDENCE:

Independent

DIETARY HABITS / APPETITE:

Normal Diet
Appetite good

ELIMINATION:

Diarrhoea last couple of days
Normal stool passed was on 16/11/02
Bowels move every day. No hx of constipation.

No urinary symptoms

STOOL CULTURE YES☐ NO☐

URINALYSIS RESULTS

MISSU _____ YES☐ NO☐

PREGNANCY TEST _____ +VE☐ VE☐

SOCIAL HISTORY / CIRCUMSTANCES:

Lives c fiancée + daughter

SMOKER _____ YES☐ NO☒

ALCOHOL _____ YES☒ NO☐

AMOUNT: Special occasions

MENSTRUAL CYCLE: LMP 18/11/02 Regular Cycle

PREGNANCY / CONTRACEPTIVE: Pill

D.V.T. PROPHYLAXIS:

FRAGMIN YES☐ NO☐

TEDS YES☒ NO☒

Signature: EGroft Date: 19/11/02 Time: 11.25

NAMED NURSE: Elaine Croft

Name(printed) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 21 / 11 / 02 WARD 2A

Waterlow Score: _____

Name / Address D / Sullivan

D.O.B 7/12/[illegible]

Unit No.

Affix data label

BASELINE OBSERVATIONS

BP _____ P _____ SP O_2 _____

	YES
Consent signed	
Pre-medication given	✓
Fasted ✓ Time last ate MON 18th Time last drank 10pm Wed.	✓
Identity band	✓
Case Notes ☐ X-rays ☑ ✓ Drug Kardex ☑ ✓ Obs. Chart ☑ ✓	✓
Operation site confirmed has been planned	✓
Caps / Crowns / loose teeth none	—
Prosthesis removed	✓
Dentures removed / not removed none	✓
Underwear removed	✓
Paper pants on patient	—
Make up, nail varnish removed toes varnish removed.	✓
Jewellery taped / removed taped.	✓
Inhalers / GTN Spray	✓
Allergies	✓
Voided urine ✓ Cfine	✓
Subcut heparin	→
Ted stockings	✓
Pre-op visit	→

Other relevant information : St/N: Pruriant 10days @ 9am

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED Endoscopy

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

PATIENT POSITION

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

SPECIMENS : PATH BACT OTHER

DRAINS ☐ NO ☐ YES

CATHETER

COUNTS CORRECT

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

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

Name of Scrub Nurse : Martin Signature of Circulating Nurse : [signature]

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

Named Nurse : _____ Fasted from : _____

Patients Telephone No. _____ Spiritual needs R/C

Patients Occupation: Unemployed Next of kin: Steve Kelly.
(Name & Relationship to patient)

Next of kin Tel. No. 771 3401

2nd contact Tel. No. _____
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date: 26/11/02

	YES	NO
Is someone available to accompany the patient home ?	✓	
Is a responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer?		✓
GP letter / Prescription : Posted	✓	
Outpatient appointment arranged (date) 28/1/03 Mr Horsell.	✓	
Relatives informed :	✓	

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

Discharge summary / comments:

Pre-op / On-Admission

Signature : _____ Date: / /

Ward: _____ Date: / /

Signature : D. Clarke Date: 26/11/02

STOBHILL HOSPITAL

STOBHILL HOSPITAL
CONSENT FORM

Name: D SULLIVAN
Address: 6 Muirhead Court
Baillieston
GLASGOW
G69 7EP

D.O.B 7/12/72
Unit No.

Affix data label

I Deborah Sullivan of _____

hereby consent to

* submission of MYSELF to the

operation of OESOPHAGOGASTRODUODENOSCOPY (OGD)

the nature and effect of which have been explained to me by

Dr./ Mr. GUSA PORRY

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of local or other anaesthetic for any of these purposes. No assurance has been given to me that the operation will be performed by any particular Surgeon.

Date: 21/1/02 Signed: D E Sullivan

* Relationship to patient: _____

I confirm that I have explained the proposed nature and effect of this operation to the patient, parent, relative or guardian.

Date: 21/1/02 Signed: _____
(Doctor's Signature)

* Delete as applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN / FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	

19·11·2

SHO Surg.

29 F

2 years ago - cholecystectomy
→ chronic pancreatitis.

Awoke at 1 am - central abdo pain sharp
→ admits to work.
- relief
- constant dull ache ± ↑ in sweats
Cuts 2 days.

Associated nausea
No vomiting
No change in bowel habit
No blood PR
Appetite + weight steady.
Mum - cholecystectomy done at GRI,
Nil else.

DH - Kidney Transplant
Also NIDA.

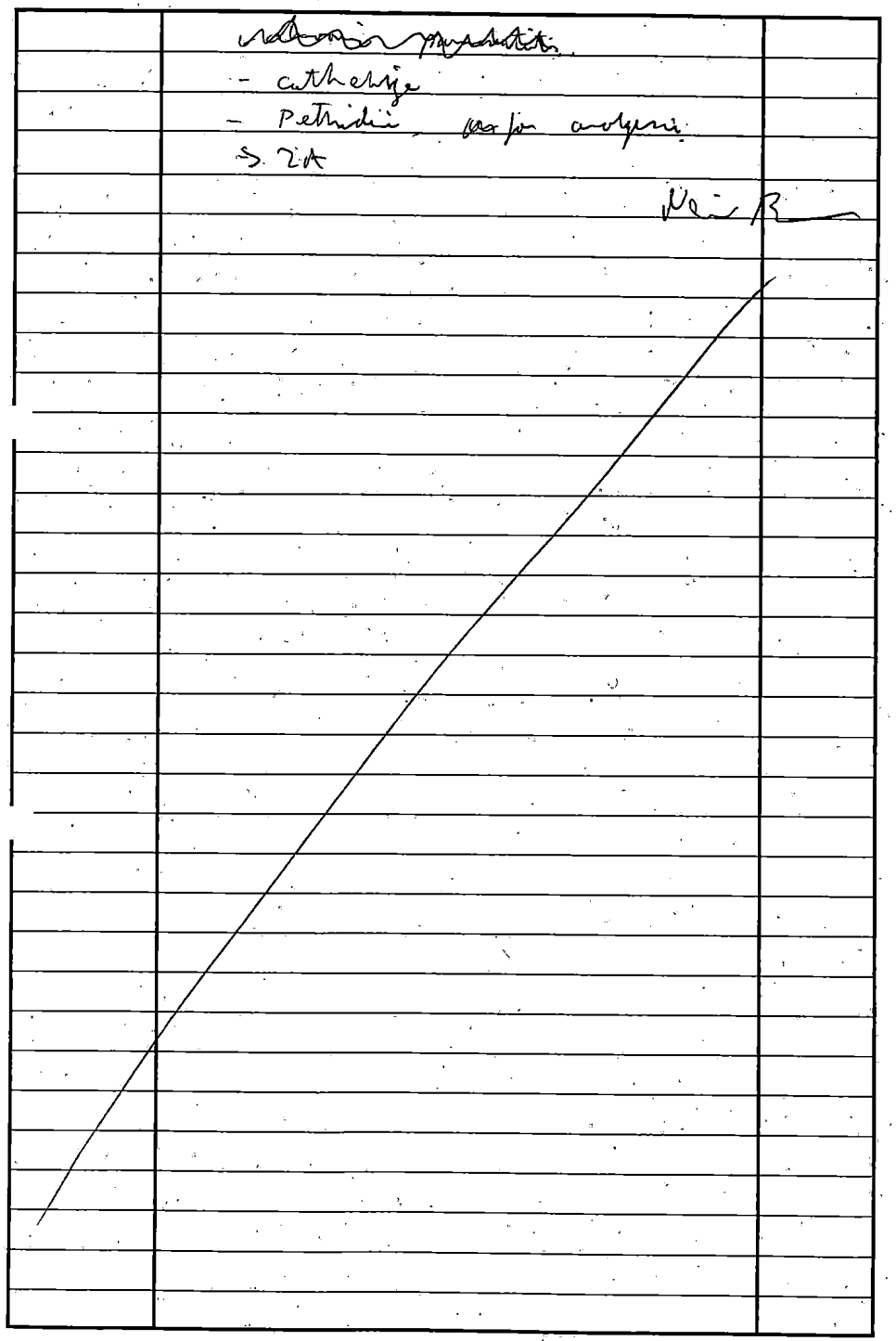
SH - Non smoker
- No alcohol

OE pulse 72
Abdo S/E
Pain as above
Nausea
BSV
PR - NAD.

Imp - chronic pancreatitis
Plan - LFTs. Coag, U+E, FBC,
- IV fluids
- NBM.

MAY2202

- catheter
- Petridish
- 2A



COMMUNICATION SHEET

Ward .....

Name
Address

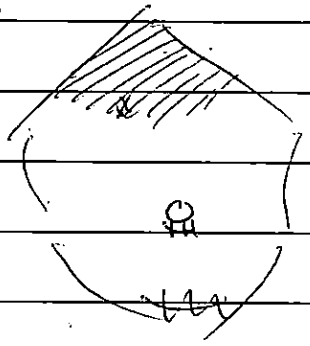
D.O. B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	JHC REVIEW	
	12hr h/o Epigastric pain → rad to back	
	Associated nausea ° vom	
	Sharp, 7 waves of severity, were preceded fra stop	
	Has had pain previously → c° pancreatitis. ∴ G-Bs	
	↳ cholecystectomy ✓	
	Diarrhoea for 2 days ° pale stools ° blood ° mucus ° melena	
	Abdo - ° ~~tender~~ epigastric tenderness ° vom	
	Urinary - ° dysuria / frequency / blood ✓ x 5-6/N	
	Gyn - Para 1+0 ° LMP 17/11/02 R 3/28	
	- Previous abnormal smears → last smear 3yrs = (N)	
	PMHx Hernias Hernia — omi / CVA / PUD / VTE / Jaundice / DM / Epilep Asthma / TB / RF	
	Cholecystectomy	
	Appendicectomy	
	DHx NKDA	
	hosec 10mg od	
	OCP	
	PRN Tramadol + Ibuprofen ⇒ for Epigastric pain	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	FHx Nil	
	SHx Cleaners lives c partner + child ° smokes ° xs alcohol	
	S/E As above Chest - ° SOB / cough / wheeze / sputum	
	O/E In pain, Pulse 70 reg  Tender epigastrium ° G ° R ° masses BS ✓ + (N) PR not done	
	Good AE. CVS 70 reg 130/85 ° added sounds CVP ⊖ CXR = ° air under diaphragm AXR = (N) Imp Pneumonitis ? PUD	
	Plan: Urinalysis + clear blue ? Abdominal USS Analgesia Amy = 71 Cardex WCC = 6·97 Catheterise Hb = 12·1 ABGs Add on LFT / BONE CORP.	GP RAO

COMMUNICATION SHEET

Ward .....

Name Deborah Sullivan
Address

D.O. B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
19/11/02	Regular Analgesia required.	
	· Pethidine 100mg last given @ 1900.	
	IVF commenced.	
	Cathetersed size 12 - 10mls in balloon.	
	Hrly volumes - good	
	Apyrexial. Sats 98% on Air.	
	? for ultrasound in morning.	ECCA.
20/11/02		
	WR Mr. Hazell.	
	Abdo examined.	
	Repeat USS. today - check LFTs.	
		RDC Gipston UHCW
20/11/02	ABDO U/S	
	nil abnormality seen liver, kidneys	
	Splenic aorta. CBD 5mm.	
	Despite obesity pancreas was fairly	
	well seen and was of normal	
	size + configuration. Patient v. tender over panc.	
	There is no free fluid in abdomen	
		JBallantyne
		(BALLANTYNE) SpR
1830	Still c/o severe pain & tears. Taking	
	small amounts of oral fluids. IM analgesia as	

required.

JBut

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
20/11/02	2250 Reviewed by DR HOHSHOZ.	
	MORPHINE disc. Pethedine recommenced	
	2255 PETHIDINE 100mgs im	M McMahon
21.11.02	WR Mr. Horsell.	
	Patient examined - still in epigastric pain.	
	Urgent CT scan requested today	
	+ watch amylase + other bloods	
	today.	
	For upper GI endoscopy today.	R Clipston (JHC)
21/11/2	Endo - hiatus hernia only.	
21.11.02.	Discussed with Dr. M'Cafferty.	
	CT scan not indicated as inflam. markers	
	normal, nil USS,	
	What is working dx.? Is it pancreatitis -	
	no sign of this.	
	For further discussion.	
	Can we do urinary amylase?	R. Clipston JHC.
	Referred from theatre (during endoscopy.	
	BP:- 128/68 Pulse:- 80 Sats 97%	
	given diclofenac for PM.	
	Urinary amylase to be obtained	
	D/W Biochemistry:- Routine	
	sample of urine to be sent	M White-JHC Bleep.

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sellers	Deborah	

21/11/02	Give Pethidine 100mg IM & pcm.	WF
12.30	Given	
21/11/02	CT arranged.	
	= date awaiting.	C. Clipsh
	Probably Mon. department will be in touch.	
		C Clipsham
		JHO.
	CT date 25/11 or 10.15am	
pm	c/o pain, Kapake refused, given Pethidine 100mgs IM & Pcm paracetamol by I/c effect at 3.40pm	
	Observations satisfactory.	
	Satisfactory output via catheter	
555pm	Complains severe pain again, had analgesia IM just over 2 hours ago.	
	Obviously analgesia not having a reasonable lasting effect with DW JHO Dr Wilson.	WF
	D/W Dr Wilson, to try Cyclimorph 10mg IM & given @ 6.05pm (one off prescription)	WF
9pm	Feels IM analgesia I/c better effect to D/W JHO re changing to Cyclimorph for overnight rather than Pethidine	WF
22/11	Slept well. Cyclimorph 10mg @ 10.45pm.	
	DF118 25mg @ 3am I/c effect. Up & about.	
	Output good via catheter	Linda Le

F3
00262

22/11/02	Temp 37.5°C Feeling a little better this morning, took some breakfast (no "acid" type feeling, on Losec & also given Cavisan 10mls for relief also wants to try oral analgesia today (Has previously taken Tramadol at home) D/w Dr Clipston & prescribed & given Tramadol 50mg orally @ 9.15a Catheter remains water tight (no good) dilutes D/w Mr Hensel. CT Scan arranged for Monday 25/11/02. 10.15a. Patient advised re this scan appt & given information leaflet.	
22.11.02	UR Dr. Mch. Catheter to come out - parent examined CT scan Mon. 25th. 10.15am. D Clipston Urte No pain again & given Cyclimorph 10mg IM @ 10.30a Catheter removed observe for Spontaneous micturition. Tolerating fluids/diet Temp ↑ 37.8°C, D/w Dr Clipston informed await MSSU for C/S. Transfer to Wd 6a. Staff informed & Dr Clipston (2133) informed of more to bu	

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

22/11/02 1.10pm	(NB) Was prescribed regular Tramadol ~~at~~ or wd/R today, but need IM analgesia, D/W Dr Clyburn re IM & regular Tramadol also ? concern of over sedation. To withhold dose of Tramadol due at present. Patient given her regular Paracetamol as prescribed.	
1.15pm	MSSU ✓ → C/S. Temp ~~36~~ 37.4°C	
~~22~~ 8pm	Transfered from WD 3B. oriented to ward + staff. Obs stable. Apyrexial. Tolerating fair amounts fluid + diet. Voiding urine spontaneously - P/S= still having severe pain + discomfort. * Pethidine 50mgs given I.V at 2.45pm. Pethidine 50mgs given I.M at 6.05pm. DF118 30mgs orally for breakthrough + Regular paracetamol also. Pt vomited after evening meal - settled spontaneously CT scan 25/11/02 @ 10.15am. For 1st gastrografin Sunday 8pm.	
8.15pm	Bladder scan performed 0mls in bladder	
9.15pm	Pethidine 50mg + Maxolon 10mg given Im.	
23/11	Slow to settle complaining	

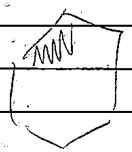
F3
00262

of pain. Pethedine 50mg given IM @ midnight no effect.
SF 118 given @ 1:15. no effect.
Vomited 400 mls. undigested food.
Cyclimorph 15mg given at 2am with good effect. Settled and slept.
Obs satisfactory Apyrexial IM Morgl
Cyclimorph 10/5 AT 10AM.

Obstetrics

WTR Mr Smith

C/o Pain in RUQ.
Hx Meconium L side chest.
No other Abnormalities



Tender Epig. RUQ.

Plan:- Stop Pethidine
- Start MST BD.

Shower - Apyrexial. (MSH)
Seen by Mr Smith.
MST 10/5 commenced.
trans → WARD 8 this pm. SA

2.25pm Transferred from wd 6 ulol.
Im analgesia given with effect. L Stewart

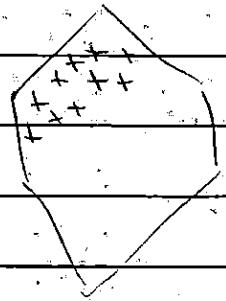
COMMUNICATION SHEET

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

Name Deborah Sullivan
Address
6, Muirhead Crt
Baillieston

D.O.B 7/12/1972
Unit No. 638479

Affix data label

Date	Progress / Evaluation	Signature/ Profession
23/11/02 1900	CARE PLAN COMMENCED.	
	Nursing	
	② CYCLIMORPH 15mg given IM for pain relief @ 2.15pm.	
	Oral analgesia given @ 1700hrs as prescribed – Patient complaining of abdominal pain @ ~ 6pm	
	Dr Clipston informed – awaiting review.	
	③ Fluids and diet taken, voiding urine spontaneously.	
	Vomited ~500ml of undigested foodstuff.	
	④ Observations satisfactory.	
	FOR CT SCAN MONDAY 25/11/02 @ 10.15/	DClarke(S/N)
	② MST due @ 8pm.	
23/11/02	ATSP abdo pain + vomit.	
	Patient feels abdo pain is not being treated by analgesia.	
	O/E:  tender at RUQ and epigastric area. ° organomegaly, BS present + quiet	
	Plan/ MST at 8pm.	
	↑ lactulose written up.	
	Dr Clipston (JHC)	

COMMUNICATION SHEET

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

Date	Progress / Evaluation	Signature/ Profession
2002		
	Oral tramadol given for pain relief.	
	MAXALON 10mg given IM for nausea & vomiting	
	"Patient looking for IM injection"	
		D Clarke (S/N)
14/11/02 15:30.	Oral analgesia given with good effect.	
	maxalon 10mg given orally with effect.	
	Settled at time of report.	[illegible]
24/11/02	WR Mr Smith	
	Pt reviewed on MST + cyclomorph.	
	Regular Tramadol + Paracetamol has been added	
	? referral to pain clinic via GP	
	CT Monday	Dr MO
1/50	NURSING	
(2)	Oral analgesia given for pain relief. MST given @ 8am.	
(3)	Fluids and diet taken, voiding urine spontaneously.	
(4)	Observations satisfactory.	
(5)	For CT Soon 25/11/02 @ 10:45am.	
	1st gastrografin due @ 8pm	
	tonight - still to be prescribed	D Clarke (S/N)
8pm	(2) Im Cyclomorph 15mgs given.	
	x 1.	

COMMUNICATION SHEET

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

Name Deborah Sullivan
Address

D.O. B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
24-11		
	Oral analgesia given as per	
	Kardex.	
	obs Stable.	
	Eating + drinking well	
	gastrografin given.	L Stewart
25/11/02 0500	Cyclomorph 15mgs & maxalon 10mg. given	
	I.M. at 1am with good effect settled	
	there after	[illegible]
0900	Patient complaining of abdominal	
	pain, MST 10mg already given	
	@ 0800, patient asking for "something	
	else or something stronger". ~~tray~~	
	Patient says "that she is taking Pethidine	
	tablets at "home" and can she not get	
	Pethidine or something".	
	I informed patient that Pethidine	
	is only short acting and that	
	MST was stronger and released	
	over a period of time. The patient	
	asked to see Mr Hansell or Dr Hon	
	I informed her that both were in	
	theatre - Dr Scullion informed	
	and asked to review.	

COMMUNICATION SHEET

Ward 5

Date	Progress / Evaluation	Signature/ Profession
	I informed patient that Dr Scullion was busy and would see her as soon as possible.	
	Patient then asked for my name in full and how to spell it correctly.	
	Patient vomited ~ 50mls of clear fluids - Maxolon 10mg given IV.	
	Seen by Dr Scullion Seroxat 10mg given as per kardex	D Clarke (S/N)
25/11/02	C.T. Pantus - Report to follow.	
		S Ward
25/11/02	Nursing	
13.30	(2) Oral analgesia given for pain relief MST 10mg given	
	Commenced on Seroxat 10mg orally.	
	(3) Now resumed to fluids and diet	
	(3.1) IV Maxolon given for nausea	
	(4) Observations satisfactory.	
	(5) Attended for CT Scan - awaiting results.	D Clarke (S/N)

COMMUNICATION SHEET

Ward .....

Name Deborah Mullen
Address

D.O.B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	Retrospectively.	
	Saw pt at 9.30 am re: analgesia	
	Pt denies asking for pethidine specifically	
	but need breakthrough analgesia	
	Note stated on MST Saturday. Not been (Lt cycle morph)	
	on pethidine for long time for chronic	
	pain. Still on bamadol.	
	Have T MST 60 20mg bd + sbtfast	
	bamadol + cyclemorph. Started on	
	sevredol for breakthrough + can ordersen	
	opiate requirement in 24 hrs time.	
	Refer pharmacy/ask pain sister for review?	
	(not available today)	
	Note: CT scan today d/w Dr Shand	
	NAD.	Mullen (CNS, PMVH)
25/11	WR Dr Koh.	
	For home today	Mullen
	d/w Pt keen to try MST rather	
	than pethidine - will require	
	control dining indent - await	
	meds from pharmacy - home tomorrow.	
	Also keen for chronic pain referral -	Mullen
	will recommend to GP.	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
25/11	For discharge tomorrow. Re-drugs (indent) not available. (MST & Seroxat)	
	Overnight pass tonight (Daughters birthday tomorrow.) will return to ward tomorrow am.	
	Analgesia given as prescribed.	
	Fluids & diet taken. No nausea or vomiting.	
	Has passed urine. No BO.	A Mundeh.
	Discharge Summary.	
	Patient admitted - 19/11/02.	
	PC - epigastric pain.	
	Inx - USS - norm, Upper GI scope - norm, CT - norm.	
	dx - chronic pain (7 years)	
	follow up - Seen by chronic pain team.	
	Discharged on - 25/11/02. Out patient clinic	
	28/1/03 Mr. Hansells clinic. A Cuppia (JHO)	
1100	Nursing	
	Patient discharge home.	
	COPD 28/1/03 @ Mr Hansell's	
	clinic	
	Still to collect discharge indent	
	D Clarke S/N	

COMMUNICATION SHEET

Ward .....

Name
Address

D.O. B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	18 FEB 2003 DID NOT ATTEND 1/4/03	
	1 APR 2003 DID NOT ATTEND	
	16 MAR 2004 DID NOT ATTEND 6/4	
	NOT DNA HAS APPT FOR 4/5/04	
	4 MAY 2004 DID NOT ATTEND	
	~~13 JUL 2004~~ DID NOT ATTEND	
	23 DEC 2004	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	14 JUN 2007	
-5 JUN 2008	D.N.A. N/appt 17/7/08	

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

Associate Specialist: Dr Jennifer Devine
Nurse Manager: Ann Frances Fisher

NHS Greater Glasgow

CRN: 10638479K MEDICAL RECORDS COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
SULLIVAN	DEBORAH	31	07 Dec 1972	17/04/04	20:18	013011/04-ST(

Address	Sex	Religion	Date of Inc	Time
8 Rhindmuir Court Baillieston GLASGOW	FEMALE		17/04/04	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G69 6BN	NONE	Single		OTHER	WALKING

GP

Name	Address	Referred by
M MCGLONE	BAILLIESTON HEALTH CE 20 MUIRSIDE ROAD BAILLIESTON GLASGOW G69 7AD	SELF REFERRAL

NEXT OF KIN

Name STEPHEN KELLY
Relat PARTNER
Tel No. NONE

Address
8 Rhindmuir Court
Baillieston
GLASGOW
G69 6BN

Complaint
SURGICAL CASUALTY

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time | Triage Category

Initial Complaint:
SURGICAL CASUALTY

Dear Doctor

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

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

Drugs _____ days supply of _____ has been given.

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

Would you please arrange

Signature of Medical Officer:

DISCHARGE CODES: *Please circle*

Discharge Time:

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

Ward No. *(if admitted)* | Transfer to Hospital | IRIS

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

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

Signature of Medical Officer

Cons SpR SHO3 SHO JHO Clin Assist ENP AS SG

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY
17/4/04	Diazepam	5mg	IV.	9.10	[illegible]	MD
17/4/04	Metoclopramide	10mg	IM	9.10	[illegible]	MD

CONSULTANT _____ REG/SHO _____ JHO _____

SEEN BY _____ AT (TIME) _____

[redacted]

K 10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
[redacted]

CLINICAL NOTES

DATE

21.IV Re: ? Pancreatitis

Recd epigastric pain & vomiting. Known gallstones. Clinically ? pancreatitis. Had admitted 2Be Cardiac

Dr Diamorphine

Abd soft ++ tender epigastrium

no organomegaly

D ? Pancreatitis

R. CBC Biochem

XR

M Rec Surg → 2A

MMcMonagle

COMMUNICATION SHEET

Ward .....

Name
Address
10638479K
SULLIVAN
DEBORAH F
8 Rhindmuir Court 07/12/1972
Baillieston
GLASGOW G69 6BN
Unit

Affix data label

Debra Sullivan

Date	Progress / Evaluation	Signature/ Profession
1/4	SHO Sudden onset epigastric pain, started yesterday. Known to have several attacks of pancreatitis following Cholecystectomy Has Gallstones been investigated extensively MRCP was normal (2003) Lap chole, appendicectomy	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
17/4/14	WARD 2A	
	31 y ♀ c/o epigastric / RUQ pain ō background of recurrent pancreatitis	
	HPC - onset today	
	- severe colicky pain similar to previous episodes	
	- vomited foodstuffs	
	- bowel moving OK. diarrhoea °b/loose	
	- nocturia (longstanding) otherwise	
	no urinary symptoms	
	PMHx - appendicectomy + lap chole at 1st presentation of gallstone pancreatitis (6 y ago)	
	- hiatus hernia	
	DHx - omeprazole 20 mg bd	
	- GI upset ō NSAIDs	
	FHx - mother DM	
	SHx - independent - barber	
	- lives ō fiancée and 5 yo daughter	
	- non-smoker - °alc	
	SE - °neuro °CVS °resp °DM	

17/04/04

North Glasgow University Hospitals NHS Trust
STOBHILL CASUALTY DEPARTMENT

Name/Date
Deborah Sullivan

Triage Notes
Presenting Complaint

abdo pain / chest pain

previous cholycystitis. Hx of pancreatitis

Triage Cat: 1 2 (3) 4 5 **Time:** 2020 **Signature:** R Spoadio

Initial Observations	BP 107/87	P 84	T 36.9°C	RR 16 PF
SA02 99%	Air/02	Pleth		BM stix 6.2 mmols.
E	M	V		Pain Score

Signature: George Knights **Time:** 20.30

History 1/7 Hx Abdo pain since 11 am.
1/7 Hx Chest Pain since 19.00 Hours.

c/o Cramy, Pain Central to Abdomen.
c/o Vomiting, Diahorea; ° PR Bleeding ° Haemateneisis
° Haemophysis

PmHx
° Diabetes
° Asthma
DH ° Epilepsy
° IHD

Cholycystitis
Headaches
Pancreatitis
IBS
Hiatus Hernia

Allergies No Yes
* Ulterol *

Initial Management
02 Y/N Litres Per Min
ECG Y/N X-ray Y/N
Urinalysis:

βHCG +ve -VE
Cannula Y/N **Bloods** Y/N
U & Es ☐
FBC ☐
GL ☐
Amyl ☐
Coag ☐
Group ☐
Other:

Social History Lives T Partner + 1 Kid
° Smoking
Social Alcohol

NOK Stephen Kelly Partner.
Social Services Not / contacted

Not / present
Keys / valuables

Triage Cat: Y/N **Cat:** **Time:** **Signature:**

Treatments:

Discharge Planning: Escort: Required Y/N
Transport Required Y/N
Relative Car SAS
Time Ordered:

Time Discharged: **Signature:**

80492

OBSERVATION CHART

Name

Record No

Date

Time

COMA SCALE

Eyes open	Spontaneously	4
	To speech	3
	To pain	2
	None	0
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion-withdrawal	4
	Flexion to pain	3
	Extension to pain	2
	None	1

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

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

Blood pressure and Pulse rate: 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

Respiration O_2 Sat

Temperature °C: 40 39 38 37 36 35 34 33 32 31 30

PUPILS

right	Size	
	Reaction	
left	Size	
	Reaction	

+ reacts
- no rection
c. eye closed

LIMB MOVEMENT

ARMS	Normal power
	Mild weakness
	Severe weakness
	Spastic flexion
	Extension
	No response
LEGS	Normal power
	Mild weakness
	Severe weakness
	Extension
	No response

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

CHECKED					
PRESCRIBER					
TIME					
RATE					
AMOUNT					
FLUID					
ADMINISTERED					
PRESCRIBED					
DOSE					
ROUTE					
DRUG					
TIME					

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN	10638479K	Provider SGC04	Hosp STO
Surname	SULLIVAN	Patient's Address	
First Forename	DEBORAH	8 Rhindmuir Court	
Second Forename		Baillieston	
Previous Surname		GLASGOW	
Date of Birth	07 Dec 1972	Postcode G69 6BN	
Sex F	Marital Status S	Tel No: NONE	
CHI No		Ethnic Group	
NHS No		GP Practice	BAILLIESTON HEALTH CENTRE 01415318050
ORN		GMC No: 1337132	M MCGLONE

Code Management

Spell/Care Package ID	Ward 2A*STO	Admission Date 17 Apr 04
Speciality/Discipline (Code + Text National) GENERAL SURGERY		Admission Type 36
Significant Facility 11		Admission Reason 1K
Consultant Code		Admission/Transfer From 12
Consultant Name MR DT HANSELL		Admission/Transfer From – Location
Management of Patient I	Patient Category NHS	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type NWL

General Clinical

Main Diagnosis – ICD 10	
Condition – ICD 10 – 2	
3	
4	
5	
6	

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

Development data

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

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment ____/____/____

Date of Admission 17. / 4. / 04

Time of Admission 21.45 p.

Date of Operation ____/____/____

Consultant MR HANSEL

WARD 2A.

Name
10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION

Procedure / reason for admission _____

_____

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

B.P. : _____ P _____

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

1._____ 4._____

2._____ 5._____

3._____ 6._____

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

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

Hospital Admissions/Operations (please list and date) 26

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

Date of your last anaesthetic ? _____

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

-define problem _____

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

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE : / /

WARD NURSE SIGNATURE _____ DATE : / /

INVESTIGATIONS CARRIED OUT (please tick box)

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

Other ☐ (please state)

Urinalysis _____ Clearview _____

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 2A

PRESENTING COMPLAINT: Epigastric Pain / RUQ Pain

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP 125/77 P 53. TEMP 36.5°c. O_2 SAT 99%.

PAIN SCORE 1-10 8 - ANALGESIA GIVEN IN A&E. YES ☑ NO ☐

PAST MEDICAL HISTORY: Appendicectomy. OGD NOV 03 (N) NEG CLO.
Lap Chole. MRCP NOV 03 (N)
Pancreatitis 6yrs Ago
Hiatus Hernia.

DRUG HISTORY:

Omeprazole 20mg BD.

ALERGIES:

G.I. upset NSAIDS.

MOBILITY / LEVEL OF INDEPENDENCE: No Problems

DIETARY HABITS / APPETITE: (N) Diet Appetite Good

ELIMINATION:

STOOL CULTURE YES ☐ NO ☐

o URINARY SYMPTOMS

URINALYSIS RESULTS PROTEIN TR

DIARRHOEA 2/7 DAYS

MISSU _____ YES ☐ NO ☑

PREGNANCY TEST ____ +VE ☐ VE ☑

SOCAL HISTORY / CIRCUMSTANCES

LIVES ± PARTNER + DAUGHTER

SMOKER ____/____ YES ☐ NO ☑

ALCOHOL ____/____ YES ☐ NO ☑

AMOUNT: ____/____

MENSTRUAL CYCLE: LMP 1/52 AG. – REG. PERIODS

PREGNANCY / CONTRCEPTIVE: (CONTRACEPTIVE PILL.)

D.V.T. PROPHYLAXIS:

FRAGMIN YES ☐ NO ☐

TEDS YES ☑ NO ☐

Signature: Catherine Wilson Date: 17 / 4 / 04 Time:

NAMED NURSE: CATHIE.

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION ____/____/____ WARD _____

Waterlow Score: _____

Name
Address

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP _____ P _____ SO_2 _____

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

Other relevant information :

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

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

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

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

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

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

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

Named Nurse : CATHIE

Fasted from : _____

Patients Telephone No. 771 - 3401

Spiritual needs _____

Patients Occupation: HOUSEWIFE.

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

Next of kin Tel. No. 771 - 3401.
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date: / /

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

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

Discharge summary / comments:

Pre-op / On Admission

Signature : Catherine Wilson

Ward: 21

Date: 17 / 4 / 04

Signature : _____

Date: / /

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

COMMUNICATION SHEET/ PROGRESS NOTES

Ward .....

Date	Progress / Evaluation	Signature/ Profession
17-4-06	E/A re A&E presenting ↓ c	
	Epigastric Pain / RUQ Pain. Vomiting.	
	? Recurrent Pancreatitis	
	Plan: ; Routine Bloods. Amy 83 LFTs. ↑	
	IV Access - IV Fluids	
	Fast - abdo u/s Am	
	RSOH + Proc with ECSG	
	TED Stockings	
	Analgesia - Pethidine 100mg + Maxolon 10mg with little effect.	
	Required further dose Morphine to relieve pain	

MIS 110459

North Glasgow University Hospitals NHS Trust

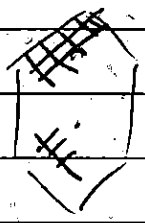
NHS Greater Glasgow

COMMUNICATION SHEET

Ward .....

Name 1063847 9K DEBORAH SULLIVAN
Address SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
D.O.B
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
	O/E Alert/orientated Apyrexial ... °JACC	
	P 80 reg .. BP 128/77 .. H.S. I + II + 0 .. °oedema	
	Chest clear	
	 Soft abdo. Tender as shown °guarding/rescuel °masses/organomegaly BS –	
	AXR - prominent transverse colon bowel gas °gross distn CXR - NAD °free air Imp - likely recurrent pancreatitis - AA includes PUD.	
	Plan - analgesia/antiemetic - NBM - 4° IV fluids - Cheese bloods/ensure urine dipstick done - ? for abdo US manc - prophylactic LMWH	RSHT STOBO (PRHO 16/6)
18/4/6		

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
18.04.04	Radiology (provisional report)	
	USA Abdomen	
	Normal appearances of liver, spleen, both kidneys, pancreatic head / proximal body.	
	Rest of pancreas not visualised due to bowel gas.	
	Cholecystectomy noted	
	Normal calibre of Common bile duct.	
	No dilatation of intra / extra hepatic biliary tree.	
	No free fluid in upper abdomen	
		[signature]
		Surgery, SpR
18/4/04	Analgesia given regularly. IV fluids discontinued. Rested to fluids + diet	
	observations stable.	[signature]
	Vomited x II overnight c/o severe pain - given tramadol with little effect - Morphine as prescribed	
	Venflon re-sited resumed to IV fluids CWL.	
19/4/04	WR Ward	
	- ↑ Gaviscon	
	- drip down today.	
	- 7 hourly	[signature]
		SHO (Surgery)

MIS 110460

COMMUNICATION SHEET

Ward ...2A.....

Name
10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN
Unit No.

Affix data label

Date	Progress / Evaluation	Signature/ Profession
19/4/4	Patient complaining of pain + nausea	
	IM stemetil + tramadol given.	
	IV fluids discontinued	
	Allow fluid + diet	
	Observations stable, temp 37.3°C	SMacInnes.
19/4/4	Pt well	
18⁰⁰	Discharged home.	SMacInnes.
20/4/01	Discharge Summary	
	- presented on 17/4/01	
	- vomiting + abdominal pain	
	- recurrence of pancreatitis.	
	- given IV fluids + pain relief.	
	- home on 20/4/01	
		SHO (PRHD)

STOBHILL HOSPITAL OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT OCCUPATION	MARITIAL STATUS
				M (yrs) S W

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME

ADDRESS	G.PS NAME & ADDRESS
10638479K SULLIVAN F DEBORAH 07/12/1972 1 Camp Road Baillieston GLASGOW G69 6QR CHI-0712726128	Dr. A MACKINNON BAILLIESTON HEALTH CENTRE 20 MUIRSIDE ROAD BAILLIESTON G69 7AD
TEL. No.	TEL. No.

DATE	SPECIALITY	CONSULTANT
	SURGICAL	MR SMITH
		29 NOV 2002
		D.N.A.

Accident and Emergency Department
Stobhill Hospital

10638479K

A&E No.07003248

Surname	SULLIVAN	**Forename**	DEBORAH	**Title:** MS
Address:	1 CAMP ROAD BAILLIESTON GLASGOW	**Postcode** **Telephone:**	G69 6QR 7716310	**CHI No:**0712726128
Date of Birth:	07.12.72	**Sex:**	F	**Age:** 34 yrs

GP Name:	MACKINNON ALAN		
Address:	BAILLIESTON HEALTH ... 20 MUIRSIDE ROAD BAILLIESTON	**Postcode** **Telephone:**	G69 7AD 01415318040

Next of Kin Relationship:	MOTHER		
Address:	187 COMMONHEAD ROAD GLASGOW	**Postcode** **Telephone:**	G34 0DS 7713743
Primary Carer:			

Date of Attendance: 19.06.07 02:56
Date of Incident:
Presenting Complaint: SURG PEN. ABDO PAIN

Triage

Tetanus Cover:

Allergies:

P= **BP=** / **RR=** **Sat=** **BM=**

PF= **GCS=** E: M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

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Glasgow Emergency Medical Service

Call Number	1899787	Time of Call	19/6/07
Patient's Name	DEBORAH SULLIVAN		
Patient's Address	1 CAMP RD BAILLIESTON		
DoB	7.12.72		
Phone Number			
Caller's Name			
Name of GP	DR LANGAN		
Surgery		Cipher No.	
Call Type		Call passed	
Receptionist			

Symptoms

Notes

Worsening severe abdo pain
referred pain ⓒ shoulder.
Seen Dr Paddock Dr Smith at Stobhill - re endoscopy. Clast seen at clinic last Thursday

O/E Apyrexial distressed
P 92/min BP 138/74.

abdo / I \ Soft, guarded tenderness
\ O / no guarding, no rebound
BS ✓

Imp Abdominal pain been told by Dr Smith may have a stone in CBD? → need assessed

DH. otamorph 10mg/5ml
- Lansoprazole 30mg OD
- tramadol 50mg PRN
- metoclopramide 10mg
- gabapentin 100mg TDS

PMH - pancreatitis
- gall stones → cholecystectomy
- ? - Nissens fundoplication 1993 2yrs ago

Car ID			
Sent to car		Active	Dr Mackenzie
Received in car		Job size	
Acknowledge in car		Job Status	599
Arrived at scene		Triggered	Refer Surgeon Stobhill
Departed scene			
Completed			

CRIS: 5387096	Patient Details	Address	GP
Hospital No 10638479K			
NHS No.		1 CAMP ROAD BAILLIESTON GLASGOW LANARKSHIRE G69 6QR	BLANK GP
Surname SULLIVAN			
Forenames DEBORAH			
DoB 07/12/1972	Female		
Film Location blank			

*Search *Enquire *Result *Request *Tracking *Log off

Attended	Ward	Referrer
19/06/2007 @ 0926	SH07A	MR A MCMAHON

Verified Report **US ABDOMEN**

Clinical History : Severe right upper quadrant pain, previous cholecystectomy, ? previous pancreatitis.

Reported	Typed	Verified
DR IA MACLEOD :19/06/2007	JANICE WODZYNSKA :19/06/2007@1132	DR IA MACLEOD :20/06/2007@0900

US ABDOMEN Verified Report

US ABDOMEN : Ultrasound was difficult to carry out and difficult to interpret. The common duct was thought to measure about 5 mms in diameter. There was the impression of hyperechoic streaks adjacent to the portal venous system. It was not certain whether this was normal, represented fibrous tissue or even air. It would be of value to know if the patient had a sphincterotomy. No obvious abnormalities were seen in relation to kidneys or spleen. It was not possible to image pancreas.

Please note previous investigations and please discuss findings to help in the interpretation.

Reported	Typed	Verified
DR IA MACLEOD :19/06/2007	JANICE WODZYNSKA :19/06/2007@1132	DR IA MACLEOD :20/06/2007@0900

ok Log off

Copyright Healthcare Software Systems 2000 - CRIS3 e*Pages - Current user:PATMA

Patient's name Deborah Sullivan Age 34 Date of Birth 7/12/72

RH

NURSING DOCUMENTATION - ACCIDENT & EMERGENCY DEPARTMENT

Date 19/6/07 Time 02-55 Triage Nurse AM PC Surg/Med

ABD Pain

Triage category 1 2 (3) 4 5

Relatives present: NO Relatives informed:

INITIAL VITAL SIGNS

at:(Time) 0310
HR: 162
BP: 129/95
RR: 24
SaO_2: 99 on air
Temp: 37.0
Signed DM

771 6310

INITIAL MANAGEMENT

MOTH 187 Commadol PO McCLONE/HOWICK 771 3745 RH

Nurse

Oxygen started ____ %: Signed ____ ECG: Signed ____

Signed ____

Other

Treatment

NEUROLOGICAL OBSERVATIONS

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

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

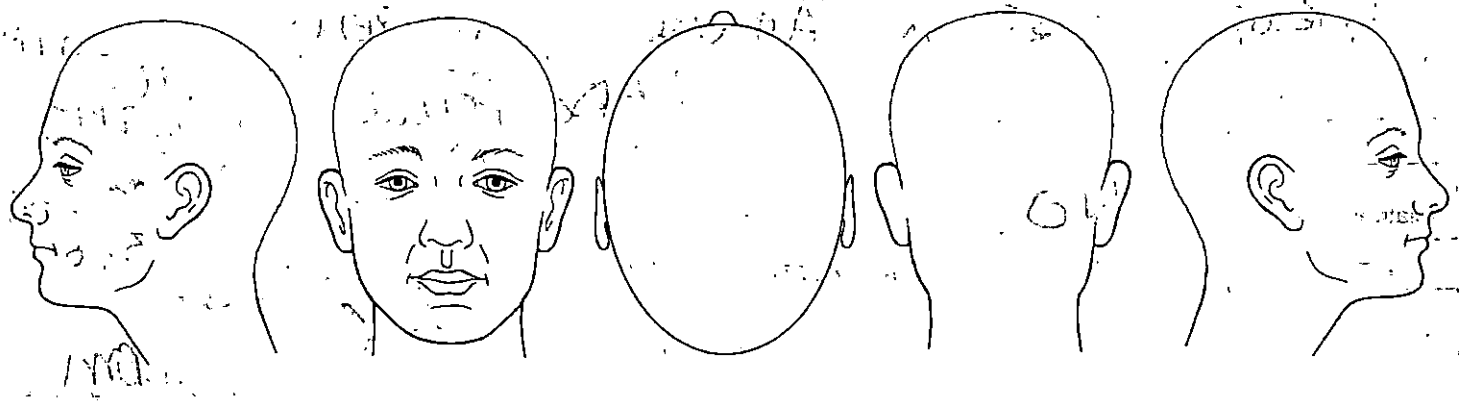
Signed: ____

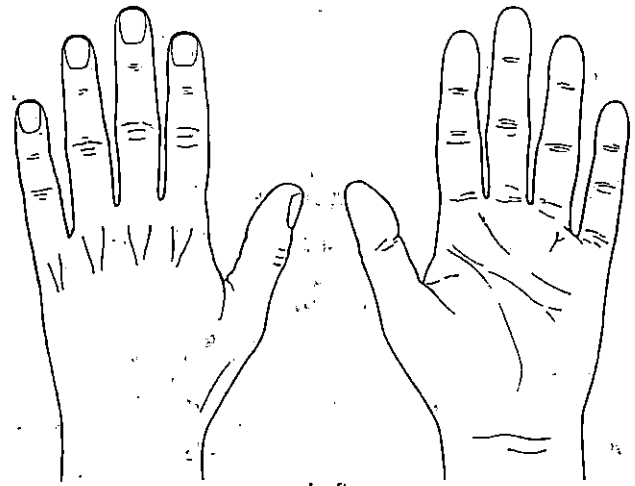
URINALYSIS

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

Signed: DM

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

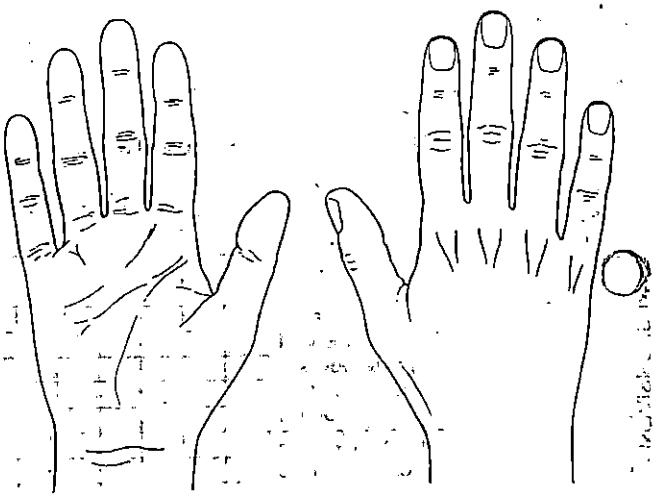




Dorsal

Left

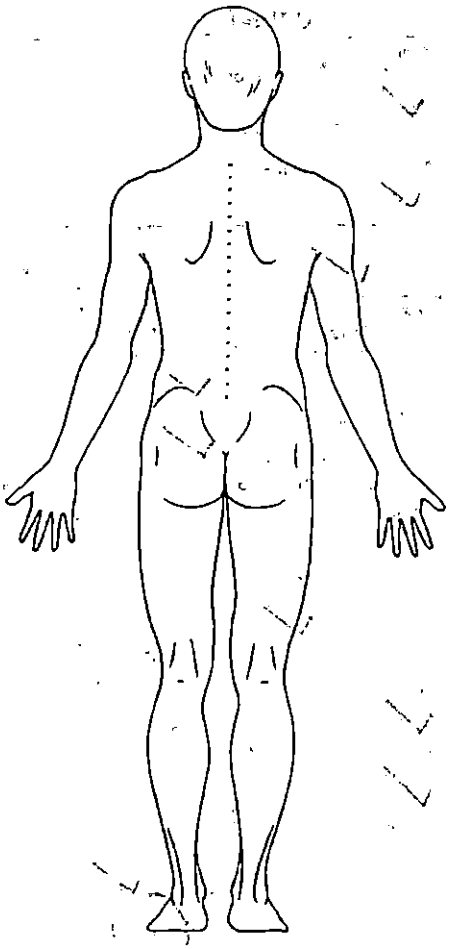
Palmar



Palmar

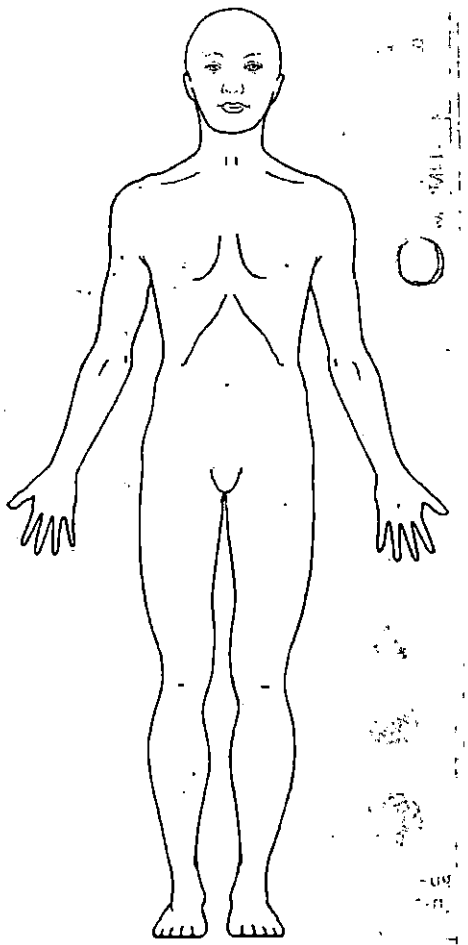
Right

Dorsal



Left Dorsal

Right Dorsal



Left Plantar

Right Plantar

Signed _____

NURSING NOTES

Signature: _____ **Time:** _____

History

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

Urinalysis:

DH

βHCG +ve -ve
Cannula Y/N

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

Allergies No/Yes

Other:

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

MEDICAL NOTES - HISTORY and EXAMINATION

Consultant _____ Seen by _____

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

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

Date

19/6/07 JHO clerk in

Background
-? Stone in CBD
35 Gallstones
F Pancreatitis * Chronic pain issues - seen
Cholecystectomy by Pain Servce regularly x
Nissen's fundoplication 2005

Known to Mr Smith — Due for o/p endoscopy + Abdo USS

PC
Severe RUQ pain radiating to (L) shoulder.

HPC
6/24 hx RUQ pain gradually ↑ in severity
Associated c nausea + comes on post prandially

°Diarrhoea °PR bleed °Melaena °Haematemesis

°Dysuria °Haematuria LMP ?

Date

PMHx
As per above.

DHx
Oramorph 10mg 6-8° PRN.
Tramadol 50mg.
Metoclopramide 10mg.
Gabapentin 100mg tid.
Buprenorphine 52.5µg/hr patch.

NKDA.

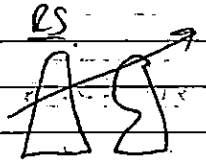
Sys Enq

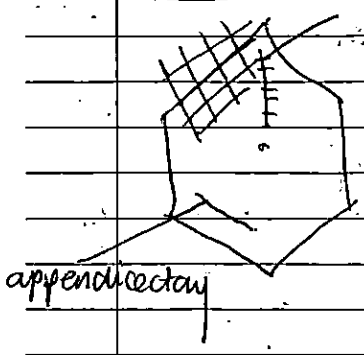
CVS	RS	Abdo
NAD	Cough°	As per presenting
	Wheeze°	Weight loss ↓ 2 ½ stone
	Haemophysis°	Appetite ↓
	Sputum°	

o/e.
Obviously distressed.

BP 129/95 RR (24) SaO_2 99%(A) T 37.0C HR (102)

CVS
HS I+II+0
JVP ⇔.
Ankle oedema.

RS

Trachea central.
Chest clear.

Abdo


Abdo soft.
Generalised tenderness — ↑ RUQ
Organomegaly°
Palpable masses°
BS present.

Date

Urinalysis → sent for culture.
(+)ve blood +.
(+)ve bilirubin
(+)ve leucocytes

Imp. ? chronic pain ↑
? biliary colic

Plan
(1) Erect CXR + AXR.
(2) IV access
(3) bloods inc amylase.
(4) analgesia - currently had 15mg morphine IV
- now requesting pethidine
(5) antiemesis - ondansetron 5amg.
(6) Kardex
(7) Fluids
(8) NBM
(9) o/w SHO

(SAUCAM)

14/6/07 04[30] 38yr ♀

Background → Cholecystectomy in 1998. → Gallstone Pancreatitis
· FUNDOPLICATION → 2½ yrs ago under Mr Smith
· 1998-2005 → chronic pain issues.

IBS

PC · 2/52 Hx RUQ Pain / Epigastric worsened by meals
seen Mr Smith 14/6/07. organised urgent OGD + US.
· However last night @ 8pm ↑ severity, colicky in nature
10/10 in severity
· No Radiation to Back.

Assoc. · Nausea, not vomiting
Bowels - 3 episodes of loose stool c mucus today (Mum SX)
↓ Appetite

FMHx. Nil of Note

SHx lives c 8yr old daughter (Mum SX) separated
Ex-smoker < 1/day
Little Alcohol

PHx Nil of Note

DHx Omeprazole 20mg 0-8° PRN
NKDA Ondansetron 4mg tid
Maxolon 10mg

S/E - Nil of Note

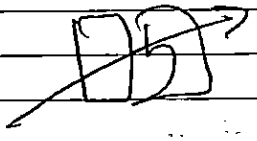
R. iliac vein 525yr/hr

Date

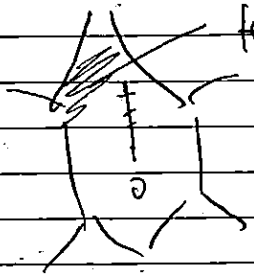
CVE HR 102 bpm BP 129/95 T 37°C Sats 99% on (A)

JVP ⇔

RS I + II + 0



Chest
Clear



Tender on Deep Palpation
Soft
BS ✓ / +. active
PR Empty Rectum

IMP → Rule out · Biliary Colic
GORD despite Medication
?? Pancreatitis

PLAN — Urea Bloods
erect CXR / AXR
Analgesia + Antiemetics
IV fluids
US if manage + OGD

Sbo
Ebo

BLOODS NAD
CXR NAD

AXR FAECAL LOADING
IMP → COLICKY PAIN 2° TO CONSTIPATION 2° TO ANALGESICS

PLAN → ARSPHATE ENEMA ETC.
BUSCOPAN

Ebo

RESULTS PAGE

Please record all results of investigations, time, date and sign. Append all referral letters / SAS report forms, etc to this page.

Date

Ultrasound

Difficult. Slightly hyperechoic areas adjacent to lateral sphincter. Equivocal

OP – 2.5mm

Keeps screen OK. Can see ~~[illegible]~~ on. Ian Cass

Does the lateral look a sphincterotomy?

Difficult OMB – NAD Previous investigations

Please discuss

RMJ

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYAXIS)

Date given	Drug *(BLOCK CAPITALS)*	Dose	Method of Administration	Time of Administration	Signature	Given by
19/6/07	MORPHINE	10mg	IV	0400		
19/6/07	CYCLIZINE	50mg	IV	0400		

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no
18/6	HARTMANS	500mls	4°									

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

REFUSAL TO REMAIN UNDER HOSPITAL CARE

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

Name *(print)* _____ Signature _____

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

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

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

Discharged with _____ Admitted / transfered to _____

Time discharged _____ Signed _____

NHS
Greater Glasgow and Clyde

Stobhill Hospital

In Patient Surgery Assessment /Admission Pack

DVT RISK ASSESSMENT

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

Date of Assessment ____/____/____

Date of Admission 19/6/07

Time of Admission 0510

Date of Operation ____/____/____

Consultant MR MCMAHON

WARD 7A

Name
Address
10638479K
DEBORAH SULLIVAN
1 CAMP ROAD
BAILLIESTON
GLASGOW
G69 6QR
07/12/1972
CHI-0712726128
Affix data label

THIS SECTION TO BE COMPLETED AT PRE- ADMISSION

Procedure / reason for admission _____

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

B.P. : _____ P _____

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

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

have you ever had:

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

Do you:-

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

THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

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

Hospital Admissions/Operations (please list and date) 26

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

Date of your last anaesthetic ? _____

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

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

_____

ASSESSMENT NURSES SIGNATURE: _____ DATE : / /

WARD NURSE SIGNATURE _____ DATE : / /

INVESTIGATIONS CARRIED OUT (please tick box)

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

Other ☐ (please state)

Urinalysis _____ Clearview _____

Anaesthetic referral required: _____ YES ☐ NO ☐

Reason: _____

ANAESTHETIC DETAILS REFERRAL DETAILS:-

DR : _____ DATE : / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE: _____ DATE : / /

SUITABILITY FOR ADMISSION

SDA ☐ NSDA ☐

THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY

SURGICAL RECEIVING UNIT WARD 2A

PRESENTING COMPLAINT: 2/52 Hx RUQ/EPIGASTRIC PAIN
1/7 Hx PSEUDOFITS / NAUSEA.

(SIB MR SMITH 14/6/07 - URGENT OGD+USS ~~ORGANISED~~)

PRESENTING CONDITION ON ADMISSION:

VITAL SIGNS

BP 114/79 P 85 TEMP 36.9° O_2 SAT 96% a/a

PAIN SCORE 1-10 [4] ANALGESIA GIVEN IN A&E YES [✓] NO [ ]

PAST MEDICAL HISTORY: CHOLECYSTECTOMY '98 → G.S. PANCREATITIS
FUNDOPLICATION 2½ yrs ago (SMITH)
CHRONIC PAIN ISSUES '98-05
IBS.

DRUG HISTORY:
ORAMORPH 10-30 6-8° PRN
TRAMADOL 50-0-50
MATALON 10-0-10
GABAPENTIN 100-0-100 TID
BUPRENORPHINE 52.5µg/hr patch.
GALEST (CONTRACEPTIVE PILL)

ALERGIES: NKDA

MOBILITY / LEVEL OF INDEPENDENCE:

Mobile independently

DIETARY HABITS / APPETITE:

ELIMINATION:

3x Loosestool ½c mucus
-18/6/07

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS Negative

MISSU _____ YES ☐ NO ☑

PREGNANCY TEST _____ +VE ☐ VE ☑

SOCAL HISTORY / CIRCUMSTANCES

Lives ½c 8yrs old daughte

SMOKER _____ YES ☑ NO ☐

ALCOHOL occasional YES ☑ NO ☐

AMOUNT: _____

MENSTRUAL CYCLE: 2wks ago

PREGNANCY / ~~CONTRCEPTIVE~~: Oilest

D.V.T. PROPHYLAXIS:

FRAGMIN YES ☑ NO ☐

TEDS YES ☑ NO ☐

Signature: _____ Date: 19/6/07 Time: 05.20

NAMED NURSE: _____

NAME: (PRINTED) _____

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION ____/____/____ WARD _____

Waterlow Score: _____

Name
Address

D.O. B
Unit No.

Affix data label

BASELINE OBSERVATIONS

BP _____ P _____ SO_2 _____

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

Other relevant information :

Ward Signature: _____ Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

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

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

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

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

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

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

Named Nurse : LORNA

Fasted from :

Patients Telephone No. 0141 771 6310

Spiritual needs R/C

Patients Occupation: —

Next of kin: MUM - CATHERINE
(Name & Relationship to patient)

Next of kin Tel. No. 0141 771 3743
(Name & Relationship to patient)

DISCHARGE PLAN

Expected Discharge Date : / /

Actual Discharge Date:. / /

	YES	NO
Is someone available to accompany the patient home ?	✓	
Is a responsible adult available to stay with the patient for 24 hrs. post-operatively ?	✓	
Does the patient have easy access to their home	✓	
Is the patient a carer? 8yrs old	✓	
GP letter / Prescription :		
Outpatient appointment :		
Relatives informed :		

SERVICES REQUIRED

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

Discharge summary / comments:

Pre-op / On Admission

Signature :

Ward: Date: / /

Signature : Date: / /

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

COMMUNICATION SHEET/ PROGRESS NOTES

Ward ~~7A~~

Date	Progress / Evaluation	Signature/ Profession
19/6/07	E/A via CASUALTY -	
	2/52 Hx RUQ/EPIGASTRIC PAIN	
	1/7 Hx PLEURISY/NAUSEA	
	? Biliary Colic ? GORD - (Hx FUNDOPLICATION)	
-	Observations - stable	
-	Bloods (N)	
-	RSOU/~~PREG~~ HCG -ve awaited - NEGATIVE	
-	Given Morphine in A+E	
	- On Oramorph + Buprenorphine patch normally - chronic pain issues since '98 - cholecystectomy - GS Pancreatitis	
-	Allow oral fluids - NBM from 6a for ?USS ?OGD.	
-	IV fluids as prescribed.	
-	AXR - faecal loading.	
19/6/07	WR Mr Muir	
-	Well known to Mr Smith -> chronic pain. Had fundo - improved	
-	Started back on painkillers 2 weeks ago.	
	AXR - faecal loading.	
	O/E: Abdo tender +++ over upper abdo.	
	- Bloods (N) Obs - Stable	
=>	Plan - Enema -	
	USS	

MIS 110459

NHS Greater Glasgow & Clyde

NHS Greater Glasgow and Clyde

COMMUNICATION SHEET

Ward ..... 7A .....

Name
Address

Deborah Sullivan

D.O. B
Unit No. 1063867 9K

Affix data label

Date	Progress / Evaluation	Signature/ Profession
19.6.07	DH from pt	
	Buprenorphine patch Transtec 52mcg – due today, non-formulary brought own	
	Cilest 1 m – missed today, advice given re missed dose	
	Oramorph 10mg 15ml prn	
	Tramadol 100mg prn	
	Gabapentin 300mg tid (kardex 100mg)	
	Metoclopramide 10mg prn	J STIRTON Pharmacist
	% pain this morning + Nausea	
	IV Buscopan + IV Metoclopramide given	
	% good effect	
20/6/07	12.30 AM – % nausea – vomited 100 mls	
	watery fluid – given oral maxalon	
	– settled quickly. Observations stable	
	Mobile around ward. Oral analgesia given	
	– Given lactulose as pe kardex	A Petrie
	5am – Slept well.	A Petrie
20/6/07	WR Mr Muir.	
	⇒ Pt improved since enema + buscopan.	
	Bloods still (N).	
	⇒ Clarify USS report – otherwise no	
	other acute issues.	

COMMUNICATION SHEET

Ward .....

Date	Progress / Evaluation	Signature/ Profession
	=> Note pt fell in corridor this morning -> injury to (R) foot. - Swelling, pain, ↓ movement -> unable to wgt ~~bear~~ bear.	
	=> X-ray => (R) 2nd + 3rd metatarsal #	
	=> Discuss with orthopedics.	C.C. FM1 2083
	=> Discussion with orthopedic SHO. - Sounds like stable fracture. - Advise appointment @ GR1 # clinic => needs wgt bearing cast.	
	=> In meantime - temp. cast + crutches from A+E to allow her to get home. + clinic asap.	C.C.
20/6/07	Pt slipped outside on way back in to Hosp	after FM1 2083 a cigarette.
20/6/07 11am	Patient attended a&e this morning - temporary cast in situ Toes pink, Sensation & movement present - Dr requested sub cut morphine - ~~5mg given~~ as patient was in extreme pain 5mg given - I then contacted pain team - spoke to Kate Scullion and voiced my concerns over the use of morphine in this case She advised to discontinue morphine - give regular tramadol as prescribed and Sevredol for breakthrough. Dr informed Sevredol still to be prescribed	

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	

20/6/07	Obs stable, eating + drinking. Mobilising with used 2 crutches For discharge home today with an appointment to be made for clinic # C Holt
20/6/07	

F3

00262

Endo.

NHS Greater Glasgow and Clyde

STOBHILL HOSPITAL

DAY SURGERY ENDOSCOPY

10638479K
Unit N
Name SULLIVAN F
DEBORAH 07/12/1972
Addre 1 CAMP ROAD
BAILLIESTON
GLASGOW G69 6QR
CHI-0712726128
DOB

DATE 02/08/2007

CONSULTANT MrSmith

A. ASSESSMENT

1. CURRENT MEDICATION Omeprazole, Tramadol, Gabapentine Metoclopramide, Oramorph.
2. MEDICAL PROBLEMS Hiatus Hernia, chronic pancreatitis (2002) Gall Bladder removed
3. PAST HISTORY OF HEPATITIS OR JAUNDICE No ☑ Yes ☐
4. DISCHARGE ARRANGEMENTS - Escort No ☐ Yes ☑ Who Sister
   Overnight No ☐ Yes ☑ Who Sister

PATIENTS DECLARATION

I have read and understood the warnings regarding the after effects of sedation.

Patients signature D E Sullivan

B. PREPARATION

1. LAST ATE OR DRANK	Time 06:00 02/07/08			✓
2. IDENTITY BAND				✓
3. CASENOTES/ADMISSION PACK				✓
4. DENTURE/CROWNS/CAPS/BRIDGE	None			✓
5. BOWEL PREPARATION (If required)	N/A			✓
6. UNDERWEAR JEWELLERY REMOVED				✓
7. ALLERGIES	None known			✓
8. BASELINE OBSERVATIONS	Pulse	89	Blood Pressure	128/87

PROBLEMS/NEEDS

Sedation Please.

COMMENTS

Signature Jane Kerr

SULLIVAN F
DEBORAH 07/12/1972
1 CAMP ROAD
BAILLIESTON
GLASGOW G69 6QR
CHI-0712726128

ONCE ONLY PRESCRIPTIONS

Date	Time	Drug	Dose	Route	Signature	Given by	Time given
2/8		Midazolam	6 mg	IV			

ENDOSCOPY

PROCEDURE Endoscopy

SEDATION	No ☐	Yes ☑		
THROAT SPRAY	No ☑	Yes ☐	Time _____	
PATIENT POSITION	Left Lateral ☑			
DIATHERMY	Yes ☐	No ☐		

SPECIMENS
PATH ☐ BACT ☐ CLO ☑

NAMED NURSES
Martin
Bell.

COMMENTS

2 on back

RECOVERY

POST ENDOSCOPY OBSERVATIONS

TIME	14 16	14 20	14 40				15 35										
PULSE	94	79	79				94										
BLOOD PRESSURE	115 82	107 71	106 67	/	/	/	130 90	/	/	/	/	/	/	/	/	/	/
SA O2	94	98	96														
RESPIRATORY RATE	R	R	R														
OXYGEN	\	/															
SEDATION SCORE	1	1	1														
VENFLON R HAND	L	✓	✓				out										
NURSES INITIALS	KB		L				HD										

SEDATION SCORE

A = ASLEEP
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

10638479K
SULLIVAN F
DEBORAH 07/12/1972
1 CAMP ROAD
BAILLIESTON
GLASGOW G69 6QR
CHI-0712726128

MULTIDISCIPLINARY NOTES

Date/Time		
	THIA	

DISCHARGE

	YES	NO	
1. STABLE VITAL SIGNS - RESPS. PULSE BP	✓		
2. CANNULAE REMOVED	✓		
3. ABLE TO DRESS, SIT AND WALK UNAIDED	✓		
4. TOLERATING FOOD AND FLUIDS	✓		
5. INSTRUCTIONS GIVEN REGARDING SEDATION	✓		
6. GP LETTER GIVEN BEFORE DISCHARGE	✓		SOPD
7. FOLLOW UP APPOINTMENT	✓		3 months. When

DISCHARGED AT 15.35 TO Sister CARE

Nurses Signature

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

10638479K
SULLIVAN F
DEBORAH 07/12/1972
1 CAMP ROAD
BAILLIESTON
GLASGOW G69 6QR
CHI-0712726128

DATE 21/8/17

PROPOSED PROCEDURE (BLOCK CAPITALS) GASTROSCOPY

TO BE COMPLETED BY CLINICAL PRACTITIONER

I HAVE FULLY EXPLAINED To the patient/parent/guardian

1. The procedure named on this form.
2. Alternatives which are available.
3. Significant side effects which may result from the procedure.
4. The use and implications of medical photography, video and audio.
5. The need to read the patient information leaflet on the use of tissue for medical research and teaching.

Name (Block Capitals) C SHARP Signature

Grade/Designation SPR

I AM The Patient/Parent/Gaurdian

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

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

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

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick box AGREE ☐ DISAGREE ☐

Signature X Date

Name (Block Capitals)

Address

West of Scotland Community Optometric Teach and Treat (WOSCOTT) Eye Clinic

NHS Greater Glasgow and Clyde

OPHTHALMOLOGY NEW PATIENT

Date: 8/6/22

ASSESSMENT FORM

Patient Det

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

Referred by:

GP Optom

Other:

Consultant:

DR GREGORY

Reason for referral

History & Symptoms

Dist drawing

Medical History

Diabetes
Hypertension
Other:

IHD / MI
CVA / TIA

COAD / Asthma

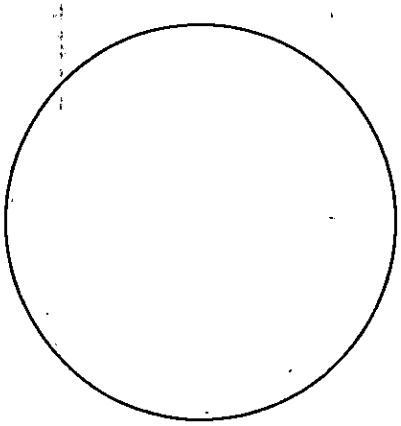
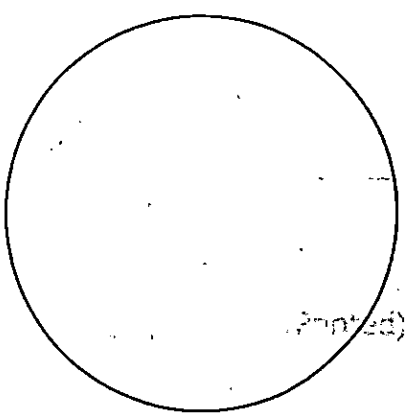
Ocular History

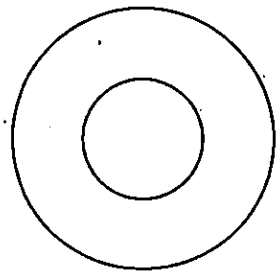
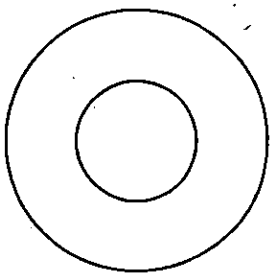
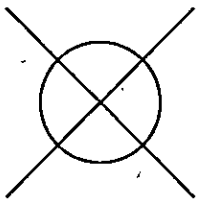
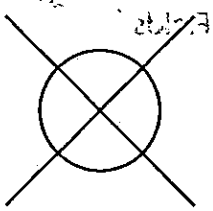
Medication	Allergies

Family History:	Social History Driver Smoker Occupation:

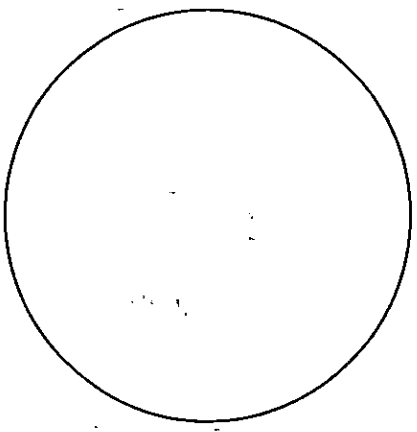
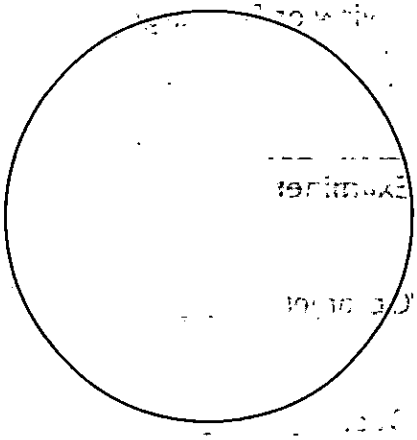
Other Relevant Information:

EXAMINATION

	RIGHT	LEFT
Visual Acuity Pin Hole		
Distance Rx (if known)		
Ocular Adnexa		
Cornea		

Anterior chamber		
Iris/Pupil		
IOP @ _____ Pachymetry		
Gonioscopy		
Pupil Reactions		

Dilated Yes / No Time _____

Lens		
Disc drawing		
Fundus		

Other Relevant Examination (CV, EOM, Amsler etc)		
Photographs Y/N		
Visual Fields		
OCT		
Provisional Diagnosis		
Investigations		
Management Plan:		
Review or Discharge		

Examiners

Optometrist _____ (Signature) _____ (Printed)

Doctor _____ (Signature) _____ (Printed)

MIS 254909

(1)

10638479K
SULLIVAN
DEBORAH
CHI-0712726128

NHS Greater Glasgow and Clyde

NOT TO BE FILED UNTIL DISCHARGE

Name: Unit No.:

Date:	19/6/07	19/6	20/6									
Time of Result:												
WCC 4-11	6·63	8·20	8·95									
Hb M - 13-18 F - 11.5-16.5	15·1	13·2	13·3									
Plat 150-400	335	291	291									
Hct 0-37-0-47												
Na 135-145	140	138	139									
K 3-5-50	4·4	3·9	4·0									
Cl 97-107	106	107	108									
Bic 23-30												
Urea 2-5-8.0	4·1	3·6	3·3									
Creat. 40-130	61	60	68									
Amylase ..... <100	95											
CRP ..... <10	8	6	9									
ESR ..... AGE 12												
Adj. Ca ... 2-2-2-6	2·49											
Phosphate 0-7-1-4	1·03											
Tot. Prot. .. 62-82	78	67	67									
Albumin 36-55	42	37	35									
Alk. Phos. 80-280	48	42	43									
Gamma GT .. <50	87	72	61									
Bil 3-22	6	6	4									
AST 12-48	20	19	18									
ALT 3-55	22	21	21									
LD 200-520												
Glucose .. 3-0-5-5	4·3											
PT 9-12												
APTT 25-37												
TT 11-15												
FIB 200-400												
INR												
APTT RATIO												
Drain Amylase												
H^+ 36-43												
PO_2 .....10.5-13.5												
PO_2 .....4.6-6.0												
HCO_3 20-28												

Urate 0·23

MIS 109801/Stob

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name	
Address	DEBORAH SULLIVAN
Hospital No.	
DOB	

Admitted	Date 19/6/08	Ward 7A
Transferred	Date _____	Ward _____
Transferred	Date _____	Ward _____

Patient Observation Chart Guidelines

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

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

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

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

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

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

Pain Score

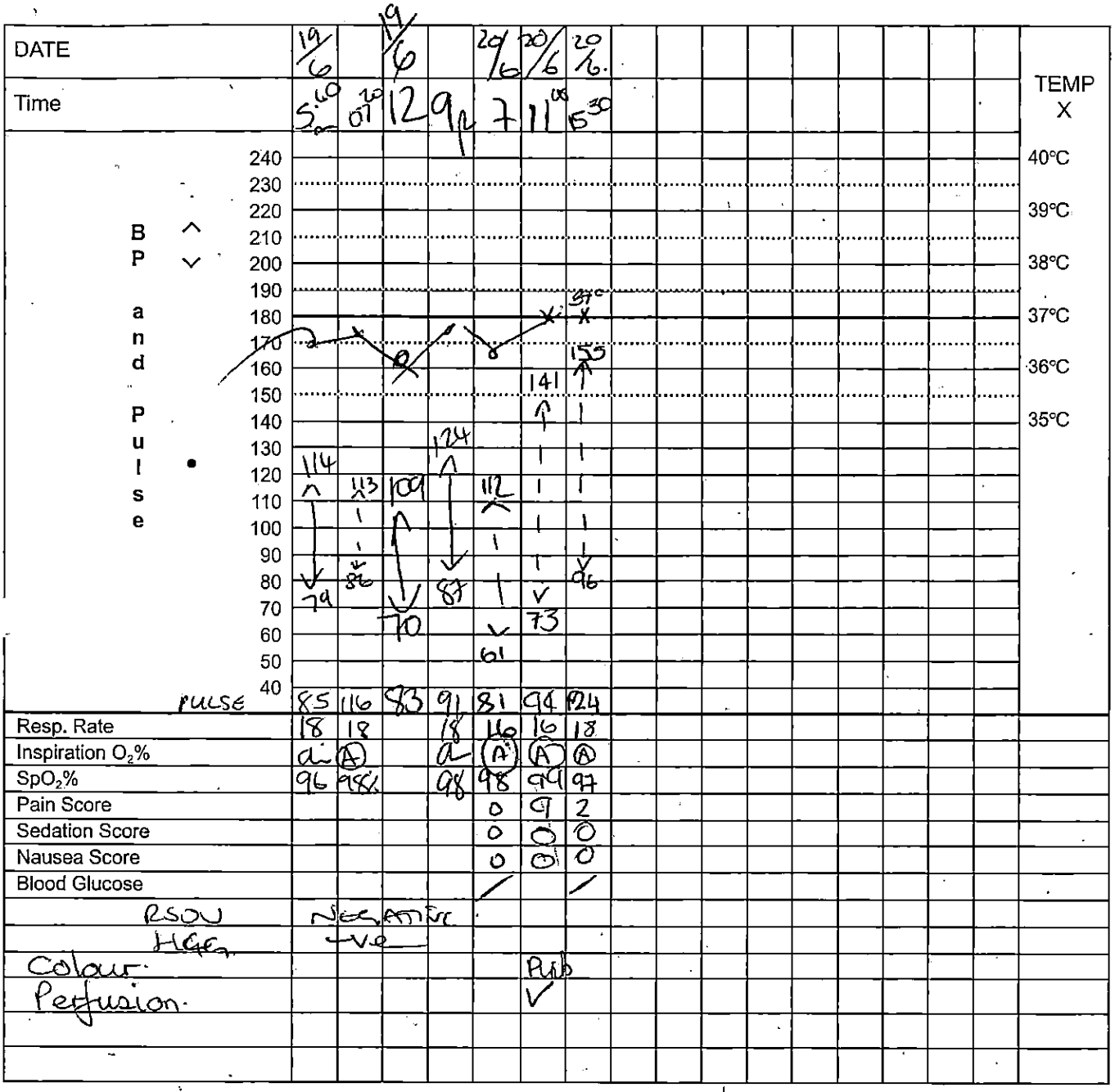
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V,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

Sedation Score

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

Nausea Score

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



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

Modified Early Warning Score (MEWS)

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

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

Calling Criteria

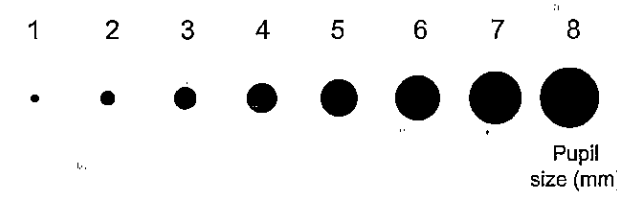
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition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

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

Neurological Observation Chart

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

Glasgow Coma Scale



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		No response																		

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

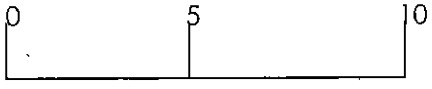
STOBHILL HOSPITAL – ACUTE PAIN SERVICE

OBSERVATION CHART FOR THE ADMINISTRATION OF SUBCUTANEOUS ANALGESIA

PATIENT LABEL
DEBORAH
SULLIVAN.
1063847K

Date	Time	Sedation Score	Resp. Rate	Pain Score	Dose of Analgesia administered	Pain Score (After 1 hr)	Comments	Sign
20/6/07	1130	0	16.	9	5mg			

PAIN SCORE

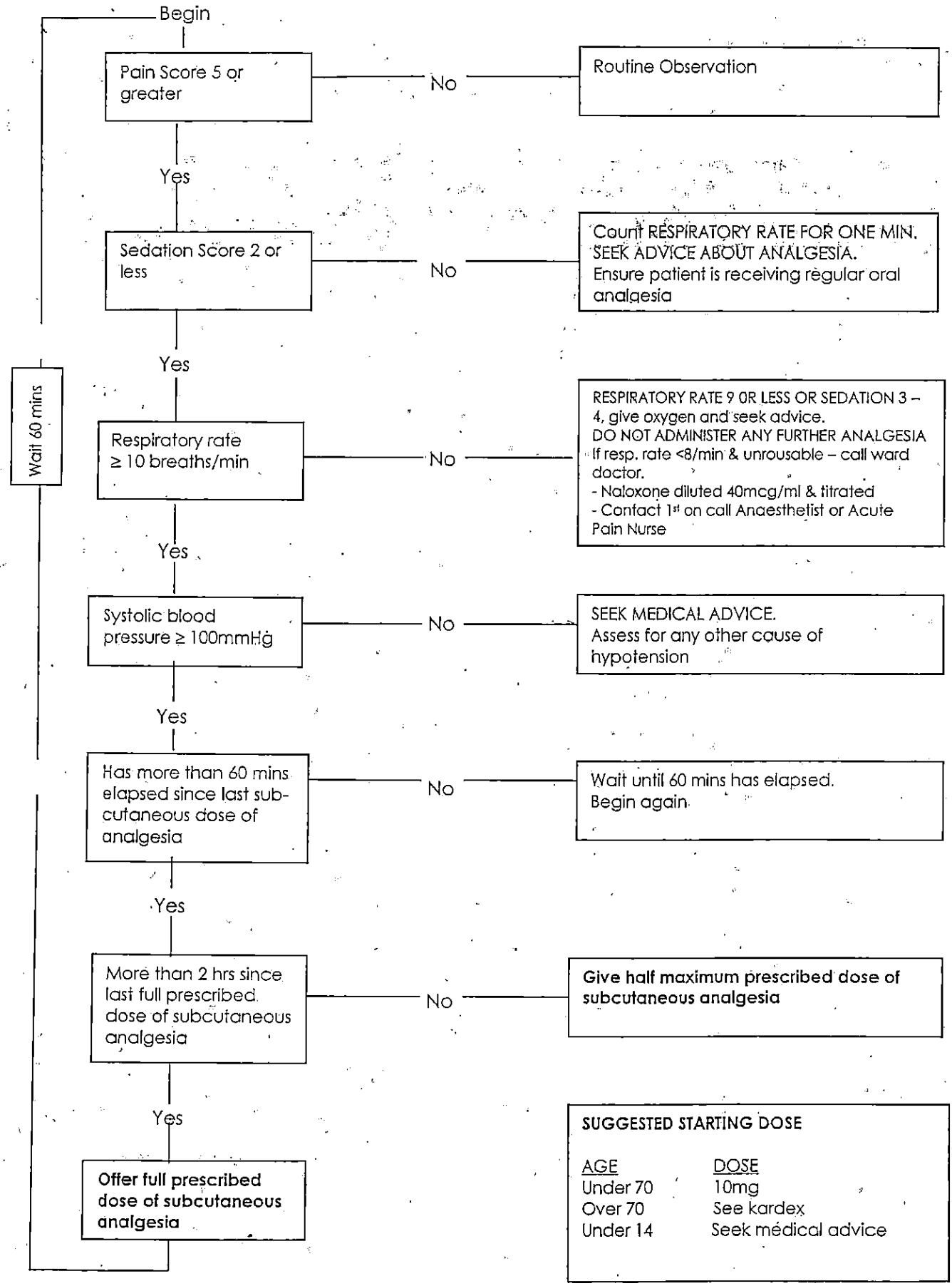


No pain Worse Pain Ever

SEDATION SCORE

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

STOBHILL HOSPITAL – SUBCUTANEOUS ANALGESIA PROTOCOL ALGORITHM



THIS DOCUMENT MUST BE RETAINED

STOBHILL HOSPITAL

NHS Greater Glasgow and Clyde

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6hr = 22 Drops/min.
4hr = 30 Drops/min. 8hr = 15 Drops/min.

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

SURNAME	FORENAME	Unit No.
SULLIVAN	DEBORAH.	

No. 0181327

DATE 19/6/07.

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	Serial No. / Batch No.	Given by
HARTMANNS	500	5.40	4°			07D 28E1 F 03/09	DP
5% DEXTROSE	500		4°				
HARTMANS	500		4°				

MIS 147933

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Pressure Sore Risk Assessment Documentation Form

Patient Name: Deborah Sullivan

Case Record Number: _____ Ward: 7A

Waterlow Risk Assessment		Initials														
		Date	19/6													
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body weight for height:	Average 0 Above average 1 Obese 2 Below average 3		0													
Continence:	Completely catheterised 0 Occasionally incontinent 1 Cath. Incontinence of faeces 2 Doubly incontinent 3		0													
Skin type-visual risk areas:	Healthy 0 Tissue paper/dry 1 Oedematous clammy (temp↑) 1 Discoloured 2 Broken spot 3		0													
Mobility:	Fully 0 Restless/fidgety 1 Apathetic 2 Restricted 3 Inert/traction 4 Chairbound 5		0													
Age/Sex:	Male/Female ½ 14-49 1 50-64 2 65-74 3 75-80 4 80+ 5		2 1													
Appetite:	Average 0 Poor 1 NG Tube/fluids only 2 nbm – Anorexic 3		0													
Special risks – tissue malnutrition:	eg Terminal cachexia 8 Cardiac failure 5 Peripheral vascular disease 5 Anaemia 2 Smoking 1		1													
Neurological deficit:	Motor-sensory paraplegia 4-6 eg diabetes, MS, CVA															
Major surgery/trauma:	Orthopaedic Below waist, Spinal 5 On table > 2 hours 5															
Medication:	Cytotoxics, High dose steroids 4 Anti-inflammatory															
TOTAL SCORE			4													

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

DAILY PRESSURE AREA SKIN ASSESSMENT CHART

CLASSIFICATION OF PRESSURE DAMAGE (TORRANCE)

Grade one = blanching hyperaemia
Grade two = non blanching hyperaemia/superficial break
Grade three = through to subcutaneous tissue
Grade four = through to underlying muscle
Grade five = through to bone or presence of necrotic tissue

Date Skin Assessment	Skin Broken		Site of Damage	Grade of Damage	Signature
19/6/07	Yes	No	—	—	

ENSURE ALL ACTION IS DOCUMENTED IN THE NURSING CARE PLAN

Designed & Produced by Department of Medical Illustration MID Job No. 99/1694

Deborah Sullivan

PATIENT ID LABEL

NUTRITIONAL SCREENING TOOL

NHS Greater Glasgow and Clyde

Weight (kgs): .....

Height (metres): .....

B.M.I: .....

Please circle only one score in each section	RESCORE				
Date	19/6				
BODY WEIGHT					
● Normal (no recent weight changes)	(0)	0	0	0	0
● Recent unintentional weight loss (<6 kgs)	3	3	3	3	3
● Underweight / weight loss > 6 kgs	5	5	5	5	5
APPETITE					
● Good - finishing three meals per day	(0)	0	0	0	0
● Reduced - leaving quarter meals and fluids	2	2	2	2	2
● Poor - leaving half meals and fluids	3	3	3	3	3
● Little or no appetite, refusing or unable to eat/drink	5	5	5	5	5
ABILITY TO EAT AND DRINK					
● No difficulties, eating and drinking independently	(0)	0	0	0	0
● Requires assistance with eating and drinking	2	2	2	2	2
● Difficulty swallowing and/or chewing	5	5	5	5	5
SKIN CONDITION					
● Healthy	(0)	0	0	0	0
● Some red pressure areas	2	2	2	2	2
● Superficial breaks in pressure areas	4	4	4	4	4
● Multiple deep pressure sores	5	5	5	5	5
GUT FUNCTION					
● Normal	0	0	0	0	0
● Persistent nausea	(2)	2	2	2	2
● Nausea + / or occasional vomiting + / or some diarrhoea / constipation	3	3	3	3	3
● Diarrhoea > 3 per day / unable to keep food or fluids down	5	5	5	5	5
MEDICAL CONDITION					
● No impairment to food intake	0	0	0	0	0
● Minor surgery / mild infection	(2)	2	2	2	2
● Major surgery (Esp. G.I. Tract) / G.I. disease / CVA / Chronic illness	4	4	4	4	4
● Severe infection / Sepsis / Cancer / Burns > 15% / Multiple injuries	5	5	5	5	5
TOTAL (REFER TO ACTION PLAN)	4				

IF YOU FEEL THAT YOUR PATIENT REQUIRES DIETETIC INTERVENTION DESPITE THE SCORE, PLEASE CONTACT THE DIETITIAN TO DISCUSS.

ACTION PLAN

LOW RISK 0 – 5

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

MEDIUM RISK 6 – 9

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

Re-assess after 3 days.

Beatson Oncology Centre:
Refer to Medium Risk Flow Chart

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

Intake / weight not increasing → *Refer to dietitian*

HIGH RISK 10+

Refer to Dietitian and Medical Staff

Beatson Oncology Centre:
Refer to High Risk Flow Chart

*during latter stages of palliative treatment weighing of patients to assess nutritional status may not be appropriate as weight loss may be as a result of the under lying disease

Date	Weight	Score	Date seen by Dietitian	Refer to Dietetic Care Plan

Name: Deborah Sullivan Ward: 7A Date: 19/6/07 Case Record No.:

CARE PLAN

Date Comm.	Signature	1.BASIC CARE AND PERSONAL HYGIENE		Date Disc.	Signature
19/6	AP	Independent			
		Bed bath			
		Assisted wash			
		Oral hygiene			
		Pressure care			
		2.NUTRITION			
19/6	AP	Fasting			
		Normal Diet			
		Special Diet / Modified Diet			
		3.ELIMINATION			
19/6	AP	Independent			
		Commode			
		Bedpan/urinal			
		Urinary Catheter Size:	Batch No:		
		Type of Material:	H_2O in Balloon:		
		Type of Stoma Appliance:			
		4.MOBILITY			
19/6	AP	Fully Independent/fully mobile			
		Minimal assistance (give details)			
		Dependent (See movement and handling sheet - keep with patient)			
		5.OBSERVATIONS			
		Waterlow daily (if score is over 10+)			
19/6		TPR			
		BP			
		Pain Score			
		Fluid Balance			

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
19/6	LP	IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
19/6	LP	IV access: ∞ IV cannulae ∞ others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		RSOV	LP	19/6
		HCG	LP	19/6
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
19/6	LP	Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

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

Signature of nurse: Date: 19/6/07

CONFIDENTIAL 2042 NUMBER PH 152518

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME DR ALAN MACKINNON
ADDRESS BALLIESTON HEALTH CENTRE, 20 MUIRSIDE RD, BALLIESTON, G69 7AD.

YOUR PATIENT
NAME DEBORAH SULLIVAN
ADDRESS 1 CAMP ROAD, BALLIESTON, GLASGOW, G69 6PR
Date of Birth __/__/__ Unit No. 10638 H79K.

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 19/6/7
DATE OF DISCHARGE 20/6/7
WARD 7A
CONSULTANT MCMAHON

DIAGNOSIS
1.
2.
3.
4.

OPERATION / PROCEDURES
1.
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

			DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP — DAY CARE — PHYSIO
MEALS ON WHEELS — DN OR HV — OT

SPECIAL DISPENSING INSTRUCTIONS
☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

DISCHARGE MEDICATION

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	PHARMACY USE ONLY: No.of Days Supplied	PHARMACY USE ONLY: Quantity, Name Strength & Manufacturer Supplied
SEVREDOL (TEN MILLIGRAM TABLETS = ONE HUNDRED MILLIGRAMS)	PO	10MG	PRN	3 TOTAL OF FOURTEEN (14)		14 x 10mg Nhipo

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

DISPENSED BY JM
CHECKED BY
DATE 20/6/7 CP CHECK

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS PAUL STEPHEN **DATE** 20/6/7
SIGNATURE **PAGER No.** 1618

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

PRESCRIPTION FORM

Hospital Name: Stobhill

PATIENT DETAILS

Name: SULLIVAN DEBORAH
Hospital Number: 10638479K
Sex: F
Date of Birth: 07/12/1972
Address: 1 CAMP ROAD BAILLIESTON GLASGOW G69 6QR
CHI: CHI-0712726128

Height:

Weight:

Surface area:

Date of Admission: __/__/__

Date of writing discharge prescription: __/__/__

Consultant Name: McMAHON

Ward: 7A

Date and time this form prepared: __/__/__ Time:

Sheet No: 1

2nd Prescription in use: Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

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

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
19/6/07	PHOSPHATE ENEMA	1	PR	0800		EMA	0900
20/6/07	MORPHINE	10mg	IV				

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE → 19

MONTH → 6.

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

A

DRUG: BUPRENORPHINE

DOSE: 52.5µ/hr | ROUTE: TOP | DATE: 19/6/04

STOPPED DATE:

SIGNATURE OF DOCTOR:

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EVERY 3 DAYS TRANSTEC

FOR DOCTORS USE ONLY

B

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

F

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

G

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

H

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE 19 20 | MONTH 6 6

J DRUG: GABAPENTIN
DOSE: 100mg | ROUTE: PO | DATE: 19/6/07 | STOPPED DATE: 9/6/17
SIGNATURE OF DOCTOR | STOPPED INITIALS: RS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: DH 300mg
FOR DOCTORS USE ONLY

Other time | 0700-0900 (4) | 1200-1400 | 1600-1800 | 2200-2400 | Other time

K DRUG: CILEST
DOSE: 1 daily | ROUTE: PO | DATE: 19.6.07 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time | 0700-0900 (4) | 1200-1400 | 1600-1800 | 2200-2400 | Other time

L DRUG: Gabapentin
DOSE: 300mg | ROUTE: O | DATE: 19/6/7 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 8
FOR DOCTORS USE ONLY

Other time | 0700-0900 DP | 1200-1400 4.30 AM | 1600-1800 18 RC | 2200-2400 13 | Other time

M DRUG: OMEPRAZOLE
DOSE: 40mg | ROUTE: O | DATE: 20/6/07 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

T DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

V DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

W DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

X DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

AA

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

BB

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

CC

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME: Deborah Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: TRAMADOL — STOPPED DATE: — INITIALS:
DOSE: 50-100mg | ROUTE: PO | INDICATION: PAIN
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE: 19/6
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | |

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

SS DRUG: MORPHINE — STOPPED: DATE: / INITIALS:

DOSE	ROUTE	INDICATION
10mg	IV/SC	PAIN

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: AS PER PROTOCOL SC — DATE: 19/6

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | |

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

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN
19/6/08	Lactulose	10ml	PO	11.30pm	O'Prentice	Ghent	11.30pm
20/6/08	Gaviscon	10ml	PO	7a	O'Prentice	Ghent	7a

Notes for Users

FOR DOCTORS:

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

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

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

5. Method of administration should be abbreviated as follows:

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

FOR NURSES:

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

Codes for Non-Administration of Drugs

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

Ver 7, 07/2005

North Glasgow University Hospitals Division
Stobhill Hospital

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Name: DEBORAH SULLIVAN Unit No.: 1063879K

Date:	14/08	15/8										
Time of Result:												
WCC 4-11	10.89	7.68										
Hb M - 13-18 F - 11.5-16.5	132	121										
Plat..... 150-400	386	301										
Hct 0-37-0-47												
Na 135-145	140	139										
K 3-5-50	H	3.8										
Cl 97-107	107	107										
Bic..... 23-30												
Urea 2-5-8.0	3.2	1.9										
Creat. 40-130	75	75										
Amylase..... <100	79											
CRP..... <10	H	<6										
ESR..... AGE 12												
Adj. Ca 2-2-2-6	2.28											
Phosphate 0-7-1-4	H											
Tot. Prot. ... 62-82	74	62										
Albumin 36-55	43	37										
Alk. Phos. 80-280	146	137										
Gamma GT... <50	52	48										
Bil..... 3-22	H	6										
AST 12-48	H	33										
ALT..... 3-55	25	28										
LD 200-520												
Glucose ... 3-0-5-5	4.6											
PT 12-16												
APTT 32-44												
TT 8-12												
FIB..... 200-400												
INR												
APTT RATIO												
Drain Amylase												
H^+..... 36-43												
PO_2 ..... 10.5-13.5												
PO_2 ..... 4.6-6.0												
HCO_3 20-28												

MIS 109801/Stob

Patient Observation Chart

NHS Greater Glasgow

Name	
Address	10638479X SULLIVAN F, DEBORAH 07/12/1972 1 Brodie Gardens Baillieston GLASGOW G69 6BQ
Hospital No.	CHI-0712726128
DOB	

Admitted Date 14.8.05 Ward 7A

Transferred Date _____ Ward _____

Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

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

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

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

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

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

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

Pain Score

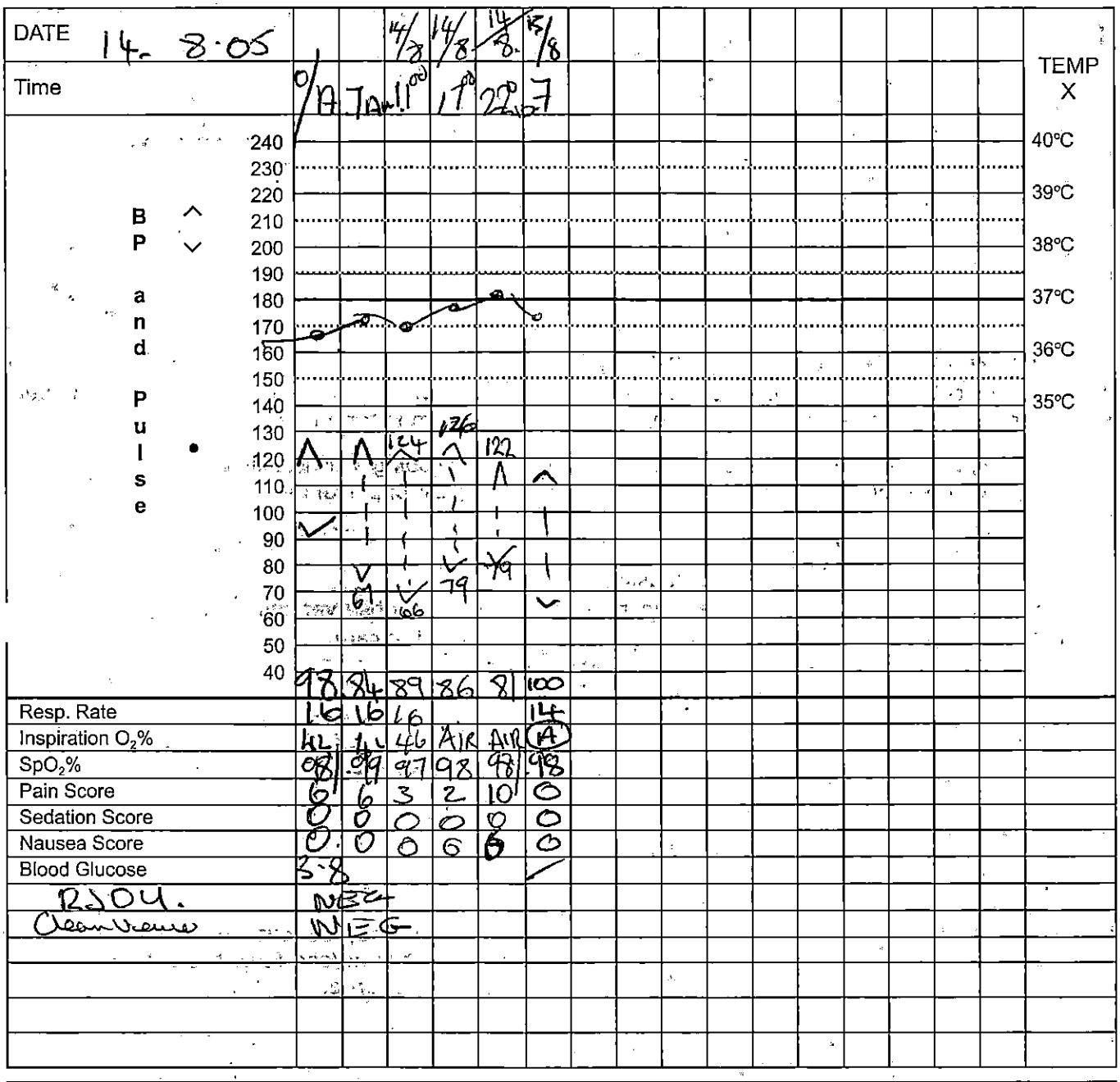
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V,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

Sedation Score

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

Nausea Score

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



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

Modified Early Warning Score (MEWS)

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

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

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

Calling Criteria

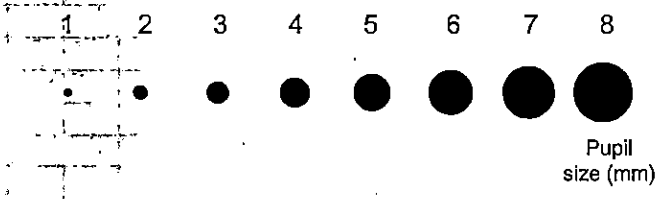
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition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

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

Neurological Observation Chart

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

Glasgow Coma Scale



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Time																				
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		Extension																		
		No response																		

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals Division

STOBHILL HOSPITAL

NHS Greater Glasgow

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 14-8-05

SURNAME	FORENAME	Unit Number
SULLIVAN	DEBORAH.	

No. 0181327

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) SALINE	500ml	03 00	4°	06 45	S Sullivan	056 264 exp 05/07	CW
5% DEXTROSE	500ml	06 45	4°	11	S Sullivan	056 10K exp 05/07	CW

No. 00568

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	

DATE 15 8 05

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
Juice	600		8 a.m.	UTT				
			9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum:	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine:	Urea	
	Chloride	

No. 00260

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 14 8 05

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
			1 a.m.					
			2 a.m.					
#IV Commenced *			3 a.m.	300				
			4 a.m.					
			5 a.m.					
			6 a.m.					
(N) Saline		500	7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.	UTT				
Dext 5%/o		500	11 a.m.					
WATER,	200		12 noon	UTT				
			1 p.m.					
			2 p.m.					
			3 p.m.					
Water	150		4 p.m.		50ml			
Tea	150		5 p.m.	UTT				
			6 p.m.					
			7 p.m.					
			8 p.m.					
Water	200		9 p.m.					
Tea	150		10 p.m.					
			11 p.m.	UTT				
TOTALS	850	1000		UTT	50			
TOTAL INTAKE	1850						TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine: Urea	

No. 00260

PATIENT ID LABEL

North Glasgow University Hospitals Division

NUTRITION RISK SCORE

NHS Greater Glasgow

Name: DEBORAH SACCIVAO

Weight (kgs): .....

Height (metres): .....

B.M.I: .....

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

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

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

ACTION PLAN

LOW RISK 0 – 5

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

MEDIUM RISK 6 – 9

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

Re-assess after 3 days.

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

Intake / weight not increasing → *Refer to dietitian*

HIGH RISK 10+

Refer to Dietitian and Medical Staff

Date	Weight	Score	Date seen by Dietitian	Refer to Dietetic Care Plan

Name: DEBORAH SULLIVAN Ward: 7A Date: 14.8.05 Case Record No.:

CARE PLAN

Date Comm.	Signature	1 BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
14.8.05		Independent		
		~~Bed bath~~		
		Assisted wash		
		Oral hygiene		
		Pressure care		
14.8.05		**2 NUTRITION**		
		Fasting		
		Normal Diet		
		Special Diet / Modified Diet		
14.8.05		**3 ELIMINATION**		
		Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
14.8.05		**4 MOBILITY**		
		Fully Independent/fully mobile No Problems		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
14.8.05		**5 OBSERVATIONS**		
		Waterlow daily (if score is over 10+)		
		TPR 2-hourly		
		BP		
		Pain Score		
		Fluid Balance		

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
14-8-05		IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
		IV access: ∞ IV cannulae ∞ others		
		7.WOUND CARE		
14-8-05	CWL	**8.SPECIMENS/INVESTIGATIONS** RSOU. ✓	14-8-05	CWL
14-8-05	CWL	**9.SLEEP** To Promote Restful Sleep Pattern		
14-8-05	CWL	**10.SPECIAL NEEDS**		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings Fitted	14-8-05	CWL
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
14-8-05	CWL	**12.FAMILY/SIGNIFICANT OTHER** Family Aware & Agreed		

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

Signature of nurse: Catherine Wilson **Date:** 14/08/05

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

Name: Deborah Sullivan

Hospi [redacted]

1063847SK Sullivan F

DOB: 07/12/1972

DEBORAH
1 Scodie Gardens
Baillieston
GLASGOW G69 6BQ
CHI-0712726128

Height:

Weight:

Surface area:

Date of Admission: __/__/__

Date of writing discharge prescription: __/__/__

Consultant Name: Mr Chang

Ward: 14

Date and time this form prepared: __/__/__ Time:

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

NSAIDs

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

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

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
14/8	TEDs	1pair	TOP		[redacted]	[redacted]	0350
14/8	DIHYDROCODEINE	30mg	O		[redacted]	[redacted]	0230

PATIENT'S NAME: Debbie Sullivan

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE → 14
MONTH → 8

A DRUG: Ulexane

DOSE: 20mg | ROUTE: SC | DATE: 14·8·05

SIGNATURE OF DOCTOR: [signature] | STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

B DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

C DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

D DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

F

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

G

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

H

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

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

PATIENT'S NAME: Debbie Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE 14 15
MONTH 8 8

J DRUG: Tramadol
DOSE: 50mg | ROUTE: O | DATE: 14-8-05 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

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

K DRUG: Omeprazole
DOSE: 40mg | ROUTE: O | DATE: 14-8-05 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

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

L DRUG: Cyclizine
DOSE: 50mg 16mg | ROUTE: O | DATE: 14-8-05 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: tables prn.
FOR DOCTORS USE ONLY

Other time	
0700-0900	B aw
1200-1400	
1600-1800	
2200-2400	(B)
Other time	

M DRUG: Diazepam
DOSE: 10mg | ROUTE: O | DATE: 14-8-05 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

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

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

Oral and Other Drugs: Regular Prescriptions

DATE → 15
MONTH → 8.

N

DRUG: Translac

DOSE	ROUTE	DATE	STOPPED DATE:
52.5	PO	14.8.05	

SIGNATURE OF DOCTOR: [signature] — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: EVERY 72 HRS

FOR DOCTORS USE ONLY

Other time	
0700-0900	(4)
1200-1400	
1600-1800	
2200-2400	✓
Other time	

P

DRUG: CYCLIZINE

DOSE	ROUTE	DATE	STOPPED DATE:
50mgs	O	15/08/05	

SIGNATURE OF DOCTOR: [signature] — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 8° (tds prn)

FOR DOCTORS USE ONLY

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

R

DRUG:

DOSE	ROUTE	DATE	STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

S

DRUG:

DOSE	ROUTE	DATE	STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

T DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

V DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

W DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

AA

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

BB

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

CC

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

HH

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

← FOR DOCTORS USE ONLY →

JJ

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

← FOR DOCTORS USE ONLY →

KK

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

← FOR DOCTORS USE ONLY →

LL

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Debbie Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: Oramorph

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
10mg	O	pain		

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:
LD	PRN	14/8/05

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: CD

DATE	14/8	14/8	14/8	14/8	14/8	14/8	15/8	15/8																					
TIME	14 35	18 00	19 00	24 15	22 45	00 45	02 25	11 am	HM																				
DOSE	10mg	10mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg																				
GIVEN BY	JJ	JJ	CH	RB	RB	DW	RB	LS	LS																				

NN DRUG: Metoclopramide

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
10mg	IM/IV PO	nausea		

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:
LD	8°	14/8/05

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	14/8	14/8																											
TIME	14 35	22 00																											
DOSE	10mg	10 mg																											
GIVEN BY	JJ	RB IM.																											

PP DRUG: Morphine

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
10mg	IM	pain		

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:
LD	2°	14/8/05

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	14/8	14/8																											
TIME	04 45	15 09																											
DOSE	10mg IM	10mg IM																											
GIVEN BY	RB	CH																											

RR DRUG:

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:

SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																													
TIME																													
DOSE																													
GIVEN BY																													

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS	DRUG		STOPPED DATE: INITIALS:	DATE	
DOSE	ROUTE	INDICATION		TIME	
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:	DOSE	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	

TT	DRUG		STOPPED DATE: INITIALS:	DATE	
DOSE	ROUTE	INDICATION		TIME	
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:	DOSE	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	

VV	DRUG		STOPPED DATE: INITIALS:	DATE	
DOSE	ROUTE	INDICATION		TIME	
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:	DOSE	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	

WW	DRUG		STOPPED DATE: INITIALS:	DATE	
DOSE	ROUTE	INDICATION		TIME	
SIGNATURE OF DOCTOR		MAX.FREQUENCY	DATE:	DOSE	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol — Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	**IV**	Oral	**O**
Subcutaneous	**SC**	Per rectum	**PR**
Inhalations	**INH**	Topical	**TOP**
Sublingual	**SL**	Nasogastric	**NG**
Intramuscular	**IM**	Vaginal	**PV**
Intradermal	**ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

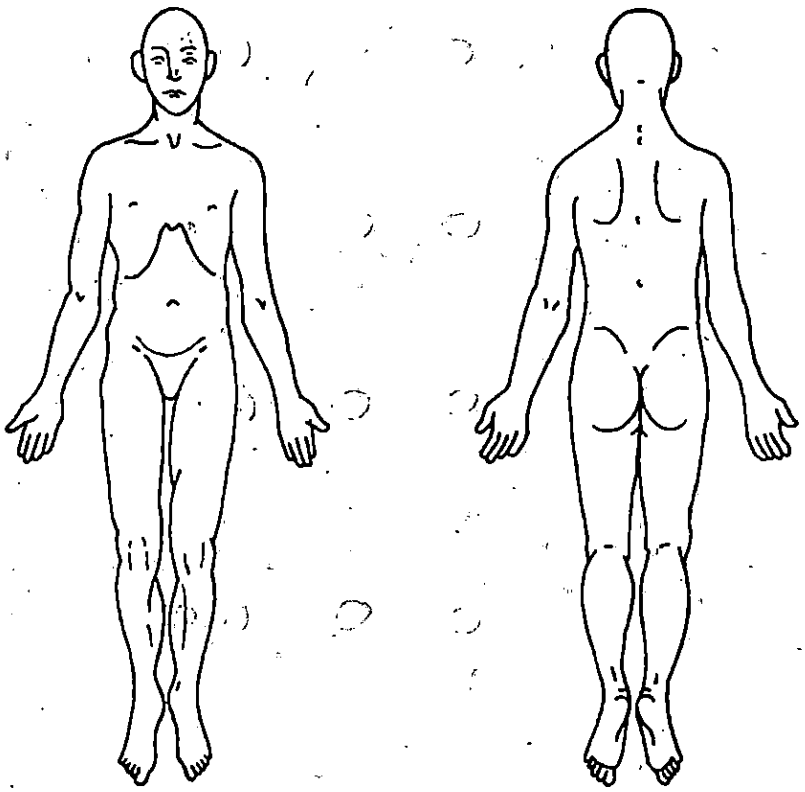
(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Ver 6, 01/2002

Pressure Sore Risk Assessment Documentation Form

MARK POSITION OF EXISTING PRESSURE SORE OR DAMAGED/DISCOLOURED AREA ON BODY WITH AN X

Affix name label
Deborah Sullivan.



TO ASSIST IN THE SELECTION OF AN APPROPRIATE MATTRESS SEE STEP UP/DOWN CHART

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
29.8.04	6	Soft form	N/A	4/9/04	LS
6904	4	Soft Foam	N/A	10904	JF
12904	5	Soft Foam	N/A	15904	JF
15904	3	Soft Foam	N/A	19904	JF
21/9/04	5	Soft Foam	—	24/9/04	
28/9/04	5	SOFT FOAM	—	1/10/04	
2/10/04	7	Soft Foam	—	5/10/04	

01-758

Pressure Sore Risk Assessment Documentation Form

Waterlow Risk Assessment															
Initials	LS														
Date	29.8.09	12/9	5/9	9/9	18/9	2/10									
No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Body Weight for height:															
Average	0	0	0	0	0	0	0								
Above average	1														
Obese	2														
Below average	3														
Continence:															
Completely catheterised	0	0	0	0	0		0								
Occasionally incontinent	1														
Cath. incontinent of faeces	2														
Doubly incontinent	3														
Skin Type - Visual risk areas:															
Healthy	0	0	0	0	0	0	0								
Tissue paper/dry	1														
Oedematous/clammy (temp raised)	1														
Discoloured	2														
Broken/spot	3														
Mobility:															
Fully	0	0		0	0	0	0								
Restless/fidgety	1		1												
Apathetic	2														
Restricted	3														
Inert/traction	4														
Chairbound	5														
Age/Sex:															
Male = 1 Female = 2	1 or 2	1	1	1	1	2	2	2							
14 - 49	1	1	1	1	1	1	1								
50 - 64	2														
65 - 74	3														
75 - 80	4														
81+	5														
Appetite:															
Average	0			0	0										
Poor	1	1			1	1	1								
N.G., Tubes/Fluids only	2		2			2	2								
nbm - Anorexic	3	3													
Special Risks - Tissue Malnutrition:															
e.g. Terminal Cachexia	8														
Cardiac Failure	5														
Peripheral Vascular disease	5														
Anaemia	2														
Smoking	1	1	1	1	1	1	1								
Neurological Deficit:															
e.g. Diabetes, MS, CVA, motor/sensory paraplegia	4 5	0	0	0			0								
Major surgery/Trauma:															
Orthopaedic, below waist, spinal	5	0	0	0			0								
On table > 2 hours	5	0		0			0								
Medication:															
Cytotoxics, High dose steroids, Anti-inflammatory	4		0												
TOTAL SCORE		6	4	5	3	5	5	7							

SCORE: **< 10 - low risk;** **10 - 14 = at risk;** **15 - 19 = high risk;** **20+ = very high risk**

PATIENT: MOVING AND HANDLING CARE PLAN

Patient's Details:	Deborah Sullivan.	Named Nurse:		If Patient is totally independent, tick here and go to date box.	✓

BODY BUILD				Problems with comprehension, behaviour, co-operation (specify):
Obese		Tall		
Above average		Medium		
Average		Short		
Below Average		Weight	Kg	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
RISK OF FALLS				
High		Low		

Into Bath or shower.

HANDLING AID		WHICH BATH		ASSISTANCE		SUPERVISION		INDEPENDENT		BED BATH	
Ambulift		Parker		People 1		2		Additional Information:			
Shower Chair		Variable Height									
Other (specify)		Fixed Height									
		Shower									

Transfers (including to/from: bed; wheelchair; commode; toilet).

HOIST (specify)			MANUAL SUPPORT		ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1	2	3	People 1	2	Additional Information:			
			Walking Aid (specify)					

Toiletting

HOIST (specify)			MANUAL SUPPORT		ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1	2	3	People 1	2	Additional Information:			
			Walking Aid (specify)					

Walking.

NO WALKING	MANUAL SUPPORT		ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
	People 1	2	Distance Walked/Additional Information:			
	Walking Aid (specify)					

Move up/down bed.

HOIST (specify)			HANDLING AIDS	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1	2	3	Sliding aid (fabric)	Additional Information:			
			Rope ladder				
			Hand blocks				

Sit up over side of bed.

ROPE LADDER	SWIVEL CUSHION	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

Move on/off bed pan.

HOIST	ROLL PATIENT	PATIENT BRIDGES	MONKEY POLE	N/A

Transfer to/from trolley (or bed etc).

SLIDING AID RIGID	SLIDING AID FABRIC	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

Other Instructions.

Date Assessed	29.8.04	6904	12904	15904	28/9/04	2/10/04	
Assessor's Signature	L Stewart	SCHadd	JF	JF	AD	NB.	
Proposed Review Dates	4904	10904	15904	20904	1/10/04.	5/10/04	

nto Bath or shower.

HANDLING AID	WHICH BATH	ASSISTANCE	SUPERVISION	INDEPENDENT	BED BATH
Ambulift	Parker	People 1	2	Additional Information:	
Shower Chair	Variable Height				
Other (specify)	Fixed Height				
	Shower				

ransfers (including to/from: bed; wheelchair; commode; toilet).

HOIST (specify)	MANUAL SUPPORT	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1 2 3	People 1 2	Additional Information:			
	Walking Aid (specify)				

oiletting

HOIST (specify)	MANUAL SUPPORT	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1 2 3	People 1 2	Additional Information:			
	Walking Aid (specify)				

Walking

WALKING	MANUAL SUPPORT	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
	People 1 2	Distance Walked/Additional Information:			
	Walking Aid (specify)				

Move up/down bed.

HOIST (specify)	HANDLING AIDS	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT
People 1 2 3	Sliding aid (fabric)	Additional Information:			
	Rope ladder				
	Hand blocks				

it up over side of bed.

ROPE LADDER	SWIVEL CUSHION	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

Move on/off bed pan.

HOIST	ROLL PATIENT	PATIENT BRIDGES	MONKEY POLE	N/A

ransfer to/from trolley (or bed etc).

SLIDING AID RIGID	SLIDING AID FABRIC	ASSISTANCE	INSTRUCTION	SUPERVISION	INDEPENDENT

her Instructions.

Date Assessed:						
Assessor's Signature:						
Proposed Review Dates:						

Deborah Sullivan

PATIENT ID LABEL

North Glasgow University Hospitals Division

NUTRITION RISK SCORE

NHS Greater Glasgow

Name: .....

Weight (kgs): .....

Height (metres): .....

B.M.I: .....

PLEASE CONTACT THE DIETITIAN IF A SPECIAL DIET IS REQUIRED
- e.g. LOW FAT, DIABETIC, REDUCTION, LIQUIDISED, GLUTEN FREE, ALLERGY.

RESCORE 12/9 28/9 2/10/0

BODY WEIGHT					
● Normal (no recent weight changes)	(0)	(0)	(0)	(0)	(0)
● Recent unintentional weight loss (<6 kgs)	3	3	3	3	3
● Underweight / weight loss > 6 kgs	5	5	5	5	5
APPETITE					
● Good - finishing three meals per day	0	0	0	0	0
● Reduced - leaving quarter meals and fluids	2	2	2	2	2
● Poor - leaving half meals and fluids	3	(3)	(3)	(3)	(3)
● Little or no appetite, refusing or unable to eat/drink	(5)	5	5	5	5
ABILITY TO EAT AND DRINK					
● No difficulties, eating and drinking independently	0	(0)	(0)	(0)	(0)
● Requires assistance with eating and drinking	2	2	2	2	2
● Difficulty swallowing and/or chewing	5	5	5	5	5
SKIN CONDITION					
● Healthy	(0)	(0)	(0)	(0)	(0)
● Some red pressure areas	2	2	2	2	2
● Superficial breaks in pressure areas	4	4	4	4	4
● Multiple deep pressure sores	5	5	5	5	5
GUT FUNCTION					
● Normal	(0)	0	0	0	0
● Persistent nausea	2	2	2	2	2
● Nausea +/ or occasional vomiting +/ or some diarrhoea / constipation	3	3	3	(3)	(3)
● Diarrhoea > 3 per day / unable to keep food or fluids down	5	(5)	(5)	5	5
MEDICAL CONDITION					
● No impairment to food intake	(0)	(0)	0	0	0
● Minor surgery / mild infection	2	2	2	2	2
● Major surgery (Esp. G.I. Tract) / G.I. disease / CVA / Chronic illness	4	4	(4)	(4)	(4)
● Sever infection / Sepsis / Cancer / Burns>15% / Multiple injuries	5	5	5	5	5
TOTAL (REFER TO ACTION PLAN) *** SCORE 10 + REFER TO DIETITIAN**	5	8	12	10	10

IF YOU FEEL THAT YOUR PATIENT REQUIRES A SPECIAL DIET DESPITE THE SCORE, PLEASE CONTACT THE DIETITIAN.

NG 08968

ACTION PLAN

LOW RISK 0 – 5

Encourage normal diet.
Check weight weekly.
Re-assess if condition changes.

MEDIUM RISK 6 – 9

Commence 3 Day Food Record Chart.
Check weight twice weekly.

Re-assess after 3 days.

Intake / weight increasing → *Continue to encourage oral diet*

Intake / weight not increasing → *Refer to dietitian*

HIGH RISK 10+

Refer to Dietitian and Medical Staff

Date	Weight	Score	Date seen by Dietitian	Refer to Dietetic Care Plan
29.8.04.		5	KNOWN TO DIETICIAN ON NG FEED	Low/moo Risk.
6904		8	Know to dietician	Med Risk.
12904		12	Known to dietican	High Risk.
2/10/04		10	Known to dietician	High Risk.

Patient Observation Chart

NHS Greater Glasgow

Name	
Address	
Hospital No.	
DOB	

Admitted Date _____ Ward _____

Transferred Date _____ Ward _____

Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient reqiures scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.

B·D TEMP & PULSE

DATE	9/9/04	10/9		11/9			13/9/04		14/9	14/9	15/9	15/9	16/9	20/9	20/9	21/	TEMP X
Time	11.30 am	10	6	2			0am	10am	10 pm	22 00	11.20 am	22 00	11 am	15 30	19 00	9	

B.P. and Pulse: 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

40°C 39°C 38°C 37°C 36°C 35°C

Resp. Rate										18		18					
Inspiration O_2%	(A)		DISC						(A)	A	A	A	(A)	(R)	A	(A)	
SpO_2%	97%								98	97	97	96	98	98	98	97	
Pain Score																	
Sedation Score																	
Nausea Score																	
Blood Glucose																	

MEWS																	
	Resp. Rate																
	Pulse																
	Systolic BP																
	GCS / AVPU																
	Urine Output																
	Temp.																
	SpO_2%																
	TOTAL																

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			

DATE	3/9	4/9	4/9	4/9	5/9		6/9	7/9						8/9		9/9
Time	6 PM	10 AM	17:20	22:00	10:30	22	23:00	22:00						17:40	22:00	07:00
TEMP X																
Pulse	95	93	110	75		70	76	78						75	72	75
Resp. Rate							18	18								
Inspiration O_2%	A	A	A	A			A	A						A		
SpO_2%	98	98	98	98		98	98	96						97	96	98
Pain Score																
Sedation Score																
Nausea Score																
Blood Glucose																

MEWS																
	Resp. Rate															
	Pulse															
	Systolic BP															
	GCS / AVPU															
	Urine Output															
	Temp.															
	SpO_2%															
	TOTAL															

Calling Criteria

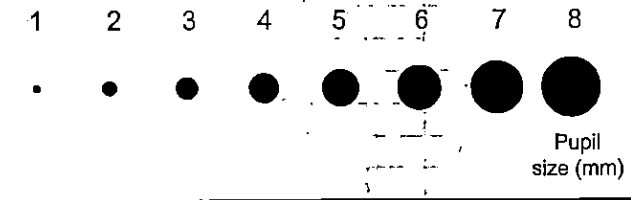
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessary.

Neurological Observation Chart

DATE			1																	
Time																				
COMA SCALE	E Eyes open	Spontaneously	4																	Eyes closed by dwelling = C
		To speech	3																	
		To pain	2																	
		None	1																	
	V Best verbal response	Orientated	5																	Endotracheal tube or tracheostomy = T
		Confused	4																	
		Inappropropriate words	3																	
		Incomprehensible sounds	2																	
		None	1																	
	M Best motor response	Obeys	6																	Usually record the best arm response
		Localises	5																	
		Flexion - withdrawal	4																	
		Flexion - abnormal	3																	
		Extension to pain	2																	
		None	1																	
		TOTAL SCORE																		
PUPILS	R	Size																		= reacts —no reaction c. eyes closed
		Reaction																		
	L	Size																		
		Reaction																		
LIMB MOVEMENT	ARMS	Normal power																		Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																		
		Severe weakness																		
		Spastic flexion																		
		Extension																		
		No response																		
	LEGS	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		No response																		

Glasgow Coma Scale



DATE																				
Time																				
COMA SCALE	E Eyes open	Spontaneously	4																	Eyes closed by dwelling = C
		To speech	3																	
		To pain	2																	
		None	1																	
	V Best verbal response	Orientated	5																	Endotracheal tube or tracheostomy = T
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		Inappropropriate words	3																	
		Incomprehensible sounds	2																	
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		Extension to pain	2																	
		None	1																	
		TOTAL SCORE																		
PUPILS	R	Size																		= reacts —no reaction c. eyes closed
		Reaction																		
	L	Size																		
		Reaction																		
LIMB MOVEMENT	ARMS	Normal power																		Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																		
		Severe weakness																		
		Spastic flexion																		
		Extension																		
		No response																		
	LEGS	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		No response																		

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : ~~27~~ 19/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBBIE	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
PASS			11 am.					
			12 noon					
			1pm.		400			
			2pm.					
			3pm.					
			4pm.					
Soup Supper tea	350		5pm.					
			6pm.					
			7pm.		400			
			8pm.					
TEA	150		9pm.					
			10pm.					
			11pm.					
			12 mid.					
			1am.		200			
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS	500							
TOTAL INTAKE		500			1000		TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL NSC

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 23.9.04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBBIE	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
Water	100		9am.	UTT				
			10 am.					
			11 am.					
Lunch + Milk	300		12 noon					
			1pm.	UTT	400 ?			
Tea	150		2pm.					
			3pm.					
Juice	100		4pm.	UTT				
			5pm.					
			6pm.					
			7pm.					
			8pm.					
			9pm.					
Tea	150		10pm.		1000			
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 22/9/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
B/FAST + Tea	300		8am.	UTT	++			
			9am.		200.			
			10 am.					
			11 am.	UTT				
Cake & Cust, Milk	220		12 noon					
			1pm.					
			2pm.	UTT.				
WATER	100		3pm.		400			
Water	100.		4pm.					
Soup			5pm.	UTT				
			6pm.					
			7pm.					
			8pm.					
TEA	150		9pm.					
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 21/9/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
Sullivan	Deborah	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
Porridge — Tea	200		8am.	Utt.	500			
			9am.					
Tea	150		10 am.					
Cup Bovril Cakes Milk			11 am.					
	200		12 noon		600			
			1pm.	Utt				
			2pm.					
			3pm.					
			4pm.					
Sublea tea	400		5pm.					
			6pm.		600			
			7pm.					
			8pm.					
			9pm.					
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	ride	

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NHS Greater Glasgow

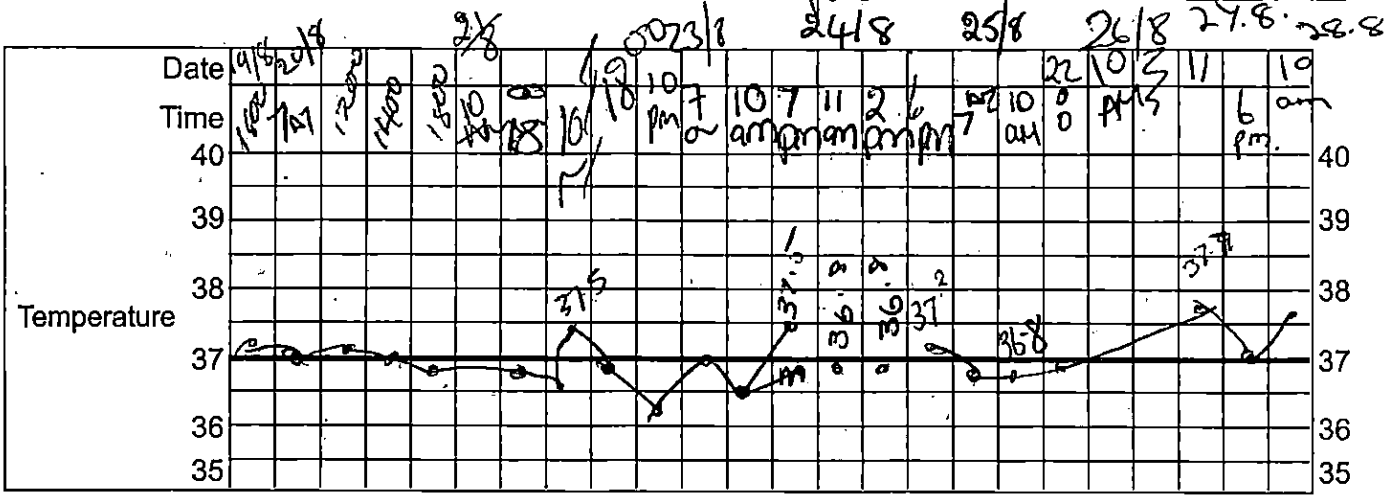
North Glasgow University Hospitals NHS Trust

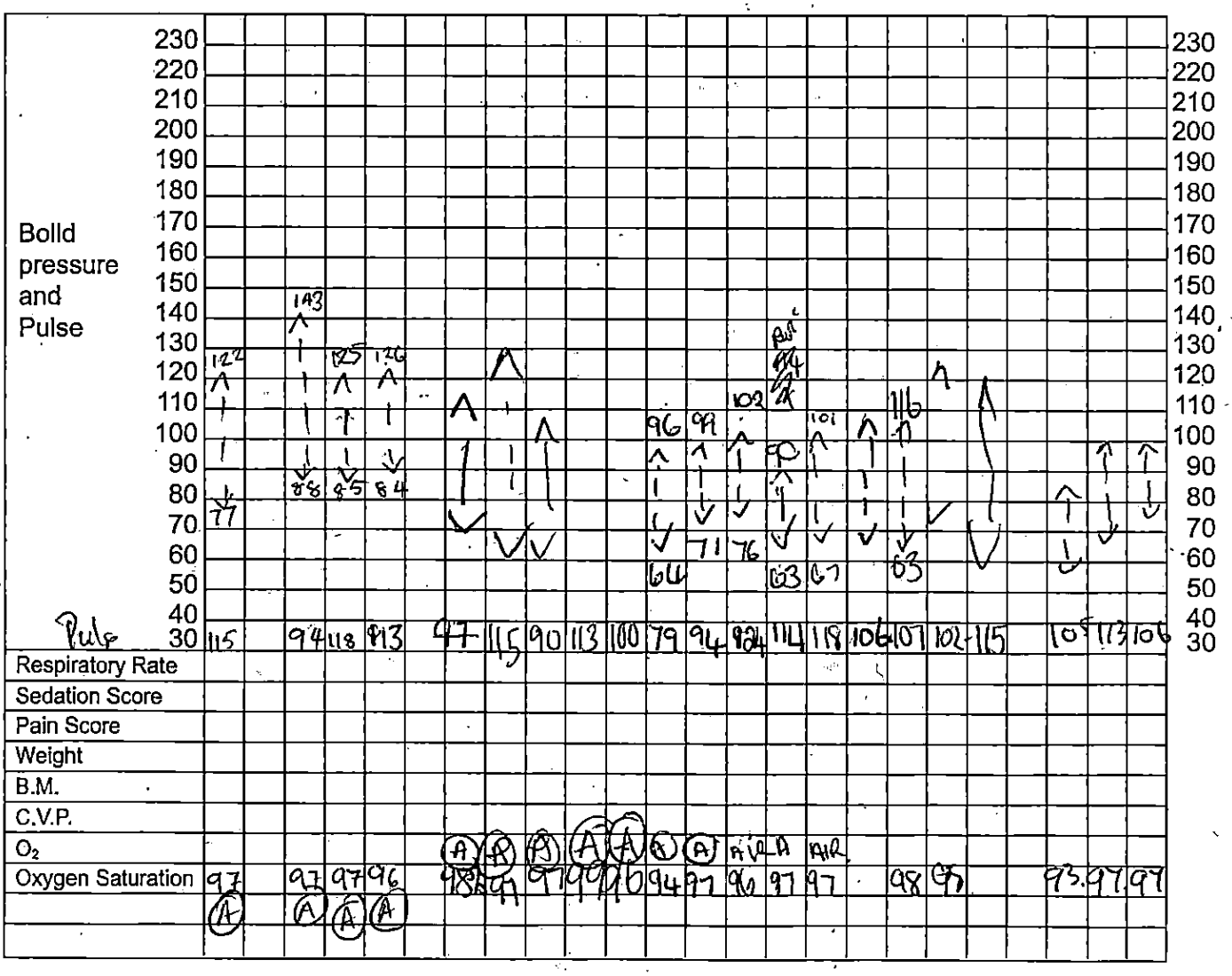
Patient Label

DEBBIE SULLIVAN

WDS

Observations and Pain Score





Respiratory Rate	
Sedation Score	
Pain Score	
Weight	
B.M.	
C.V.P.	
O_2	
Oxygen Saturation	

SEDATION SCORE
0 = Awake
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable
5 = Normal sleep

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

NO PAIN — WORST PAIN EVER

03-648

NUTRITION CHART

Name Debbie Sullivan Unit no

Amount	Feed	Additives	Total volume
1.5Litres	OsmolitePlus	500ml water	2 Litres

This provides 1800 Kcals 83 g Protein during a 24 hour period.
87 mmol Na 70 mmol K

Rate of administration per hour

Date	Feed	Volume	Start Time	Finish Time	Administered by	Comments
30/8/04	Water	200ml	Flush	═══	JFitzgerald	
30/8/04	Osmolite	500ml	2345	10.45	JFitzgerald	50ml/hr
31/8/04	Water	150ml	Flush	10.50	R.Quinn	
31/8/04	Osmolite	1000ml	11.05am	0330 1/9	R.Quinn	60ml/hr.
1.9.04	OSMOLITE	1000ml	0330	2200	JFitzgerald	60ml/hr.
1.9.04	OSMOLITE	1000ml	2200		gFitzgerald	60ml/hr.
2.9.04	Water	100	Flush		gw	
2-9-04	OSMOLITE	500ml	5p7	01.00	gw	60/hr
3/9/04	Osmolite	500ml	0100		MH	60/hr.
3/9/04	Water	50ml	Flush			
3/9/04	Osmolite	1000	915	18 15 hrs		
4/9/4	Osmolite	500ml	1840 hrs		mmcrea	60ml/hr

NUTRITION PUMPS MUST BE CLEANED DAILY
Giving sets should be changed every 24 hours

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

10638479K
SULLIVAN F
DEBORAH 07/12/1972
3 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

OBSERVATION CHART

Pain Service – Sr Sioban Calwell Page 1184 Ward 2A
Sr Bernadette Wilson Date 10/8/04

PCA PRESCRIPTION

Date/Time	Drug	Conc. mg/ml	Loading dose (mg)	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Prescribed by

ENSURE PCA ALSO PRESCRIBED ON DRUG KARDEX.

PCA PRESCRIPTION CHANGES

Time/Date	Loading dose mg/ml	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Resp rate	Pain Score	Sed. Score	Changed by accredited staff

CLINICAL MANAGEMENT

- Administer oxygen while on PCA as prescribed in post-operative instructions.
- Do not administer further opioids whilst on PCA unless prescribed by Acute Pain Team/On Call Anaesthetist.
- Ensure Naloxone (Narcan) 400 mcg/ml is available at all time.
- Do not position pump above site of IV and ensure PCA has dedicated giving set, with anti-syphon device.
- PCA key to be kept with controlled drug keys, not in pump.

POINTS OF EMPHASIS

- Always consider multi-modal analgesia, ie PR/O Paracetamol +/- NSAID "on a regular basis".
- Carry out regular pain scores.
- For nausea +/- vomiting administer anti-emetic always. For further details, refer to Post-operative Nausea and Vomiting Protocol.
- Check and record post-op observations $^1/_4$ hourly for one hour, $^1/_2$ hourly for two hours, hourly for four hours and then 4 hourly thereafter.

POTENTIAL PROBLEMS

- Refer to troubleshooting guide in ward.

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. _____

OXYGEN / RECOVERY **NASAL** ☐ **HUDSON** ☐ **OTHER** ☐

OXYGEN / WARD _____

2L ☐ **3L** ☐ **4L** ☐ **5L** ☐ **OTHER** ☐

CANNULA / REMOVAL - RECOVERY ☐ **WARD** _____

INSTRUCTION/ INFORMATION

Date 10/8 — 14 15 10 — Anaesthetist Signature _____

TIME :		55																				
PULSE		70	70																			
BLOOD PRESSURE		123/80	109/65																			
SATURATION (SaO^2)		99	98																			
RESPIRATORY RATE			(A)																			
AIRWAY																						
OXYGEN																						
PAIN SCORE	Rest																					
	Movement																					
SEDATION SCORE		good 0/5																				
PONV SCORE																						
TEMPERATURE			35.6																			
WOUND																						
VOLUME SYRINGE (mls)																						
VOLUME INFUSED (mls)																						
TOTAL MG INFUSED																						
INITIALS		MR																				
COMMENTS																						

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

NO PAIN — WORST PAIN EVER

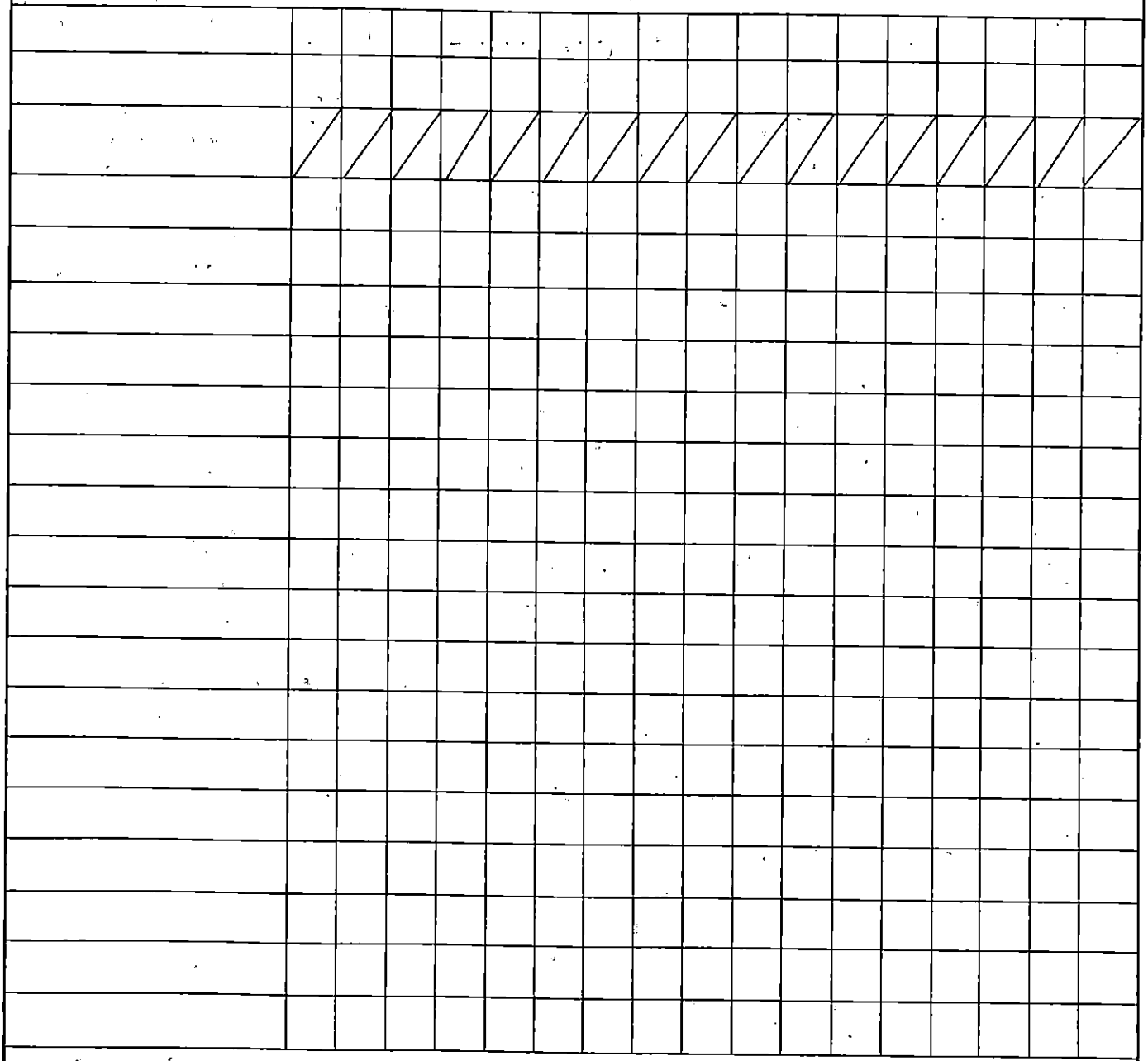
NURSE PAIN SCORE

0 / 2 - No pain / Slight discomfort. No analgesia required.
2 / 4 - Discomfort. Analgesia required.
4 / 6 - Pain only on movement.
6 / 8 - Pain on rest and movement.
8 / 10 - Severe pain on rest.

CONTINUE IV FLUIDS

RATE

Anaesthetist Signature _____



SEDATION SCORE

0 = Awake
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable
5 = Normal sleep

P.O.N.V.

0 = No symptoms
1 = Nausea
2 = Vomiting
3 = Persistent nausea/vomiting

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

NOTES

Satisfactory recovery

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE: 10-9-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.	utt.				
			10 am.					
(N)Saline		200	11 am.	utt.				
			12 noon					
Lunch. Pudd. milk.	250		1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
			9pm.					
TEA &			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 9-9-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
			11 am.					
			12 noon					
			1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
Dextrose		500	9pm.					
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
Saline		500	4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 8-9-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
Sips of H2O	20		11 am.					
			12 noon		100			
			1pm.					
Sips of H2O	20		2pm.					
			3pm.					
N Saline		500	4pm.					
Sips of H2O	20		5pm.					
			6pm.					
			7pm.					
			8pm.					
TEA	150		9pm.		50			
		500	10pm.					
NF-		500	11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
NF		500	5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 7-9-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
			11 am.					
			12 noon					
			1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
			9pm.					
Commenced			10pm.					
			11pm.					
			12 mid.	UTT				
			1am.					
Water	5ips		2am.					
			3am	UTT				
N/SALINE		500	4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE: 14-8-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBBIE	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
N/SALINE		500	8am.					
			9am.	UTT				
			10 am.					
			11 am.					
Stew, Pot, Veg, Milk	230		12 noon	UTT				
Cake, Custard	120		1pm.		600			
			2pm.					
			3pm.					
			4pm.					
Soup, Sandwich, Tea.	300		5pm.		200			
Vomited Same meal.			6pm.					
5% Glucose		300	7pm.					
			8pm.					
			9pm.	UTT				
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.	UTT				
			7am.					
						206.		
TOTALS	650	800			900			
TOTAL INTAKE		1,450			900	TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL D1 SC

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 12 · 8 · 04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBBIE	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
IVAB Dextrose 5%		100 SCD	8am.	UTT				
			9am.					
			10 am.					
			11 am.					
			12 noon					
			1pm.	P.U.				
			2pm.					
			3pm.					
N. Saline		500	4pm.					
			5pm.					
WATER	150		6pm.	UTT				
TEA	150		7pm.					
			8pm.					
TEA	150		9pm.	UTT				
			10pm.					
			11pm.					
Water	150		12 mid.					
			1am.					
			2am.					
			3am					
Water	150		4 am.					
			5 am.	UTT				
			6am.					
			7am.					
TOTALS	750	1100						
TOTAL INTAKE	1850							TOTAL OUTPUT

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 12/8/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
Sullivan	Deborah	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
			11 am.					
			12 noon					
			1pm.					
			2pm.					
			3pm.					
COMMENCED			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
			9pm.		250			
NaCl		500	10pm.					
			11pm.					
			12 mid.					
			1am.					
Dr G		50	2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

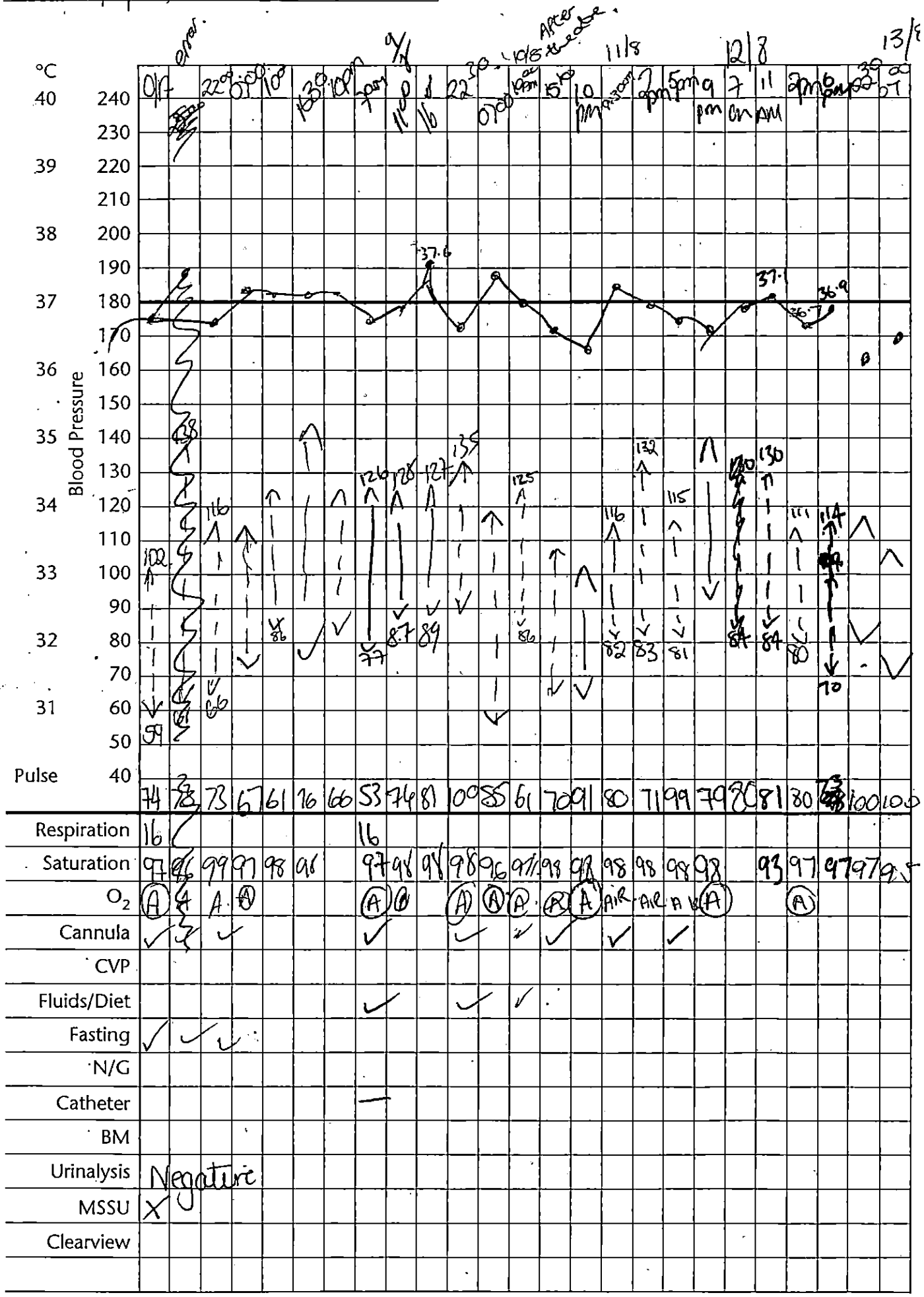
MIS-111072 • Tel.: 24692

North Glasgow University Hospitals Division

NHS Greater Glasgow

NAME Deborah Sullivan WARD 2A

DATE 7/8/04 TIME 1900



THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
Sullivan	Deborah	1063847PK

DATE 12/8/14

No. 0181327

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) Saline	500	17[50]	4hourly	4	SD	04F 165	C Ho - McMillc
5% Dex	500	22[10]		4	SD	04E 24B	BM
5% Dex	500	02[30]		4 11.30	SD	04E 24B 5/06	M
SODIUM CHLORIDE 0.9%	500ml	11.45	4hrly	16:00	Deborah Sullivan	04F 15C 6/2006.	
SODIUM CHLORIDE 0.9%	500ml	17.15. ~~15.45~~	4hrly	? 5pm	Deborah Sullivan	04F 16J 6/2006	RL
5% Dextrose	500 ml	09 00	4hrly		Deborah Sullivan	04F 23R 05/06	JF
(N) Saline	500ml		4hrly		Deborah Sullivan		
(N) Saline	500ml		4hrly		Deborah Sullivan		
5% Dextrose	500ml		4hrly		Deborah Sullivan		

Form 75a

CRIS: 5007580 Patient Details Address GP

Hospital No 10638479K

NHS No.

Surname SULLIVAN

Forenames DEBORAH

DoB 07/12/1972 Female

8 RHINDMUIR COURT
BAILLIESTON
GLASGOW
LANARKSHIRE
G69 6BN

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Film Location blank

Search *Enquire Exit/Jt Request Tracking Log off

	Date	Time	Site	Ward	Referrer	Examinations	
Viewed	13/09/2004	1420	STOB	SH05	MR JS SMITH	CT HEAD / BRAIN	
Viewed	08/08/2004	1054	STOB	SH02A	MR M MOSCHOS	US ABDOMEN	N
Viewed	07/08/2004	1836	STOB	SH02A	MR M MOSCHOS	ABDOMEN	
Viewed	07/08/2004	1720	STOB	SH02A	MR M MOSCHOS	CHEST	
Viewed	18/04/2004	1220	STOB	SH02A	MR DT HANSELL	US ABDOMEN	N
Viewed	17/04/2004	2131	STOB	SH02A	MR KEVIN ROBERTSON	CHEST ABDOMEN	
Viewed	13/01/2004	1627	STOB	SH02A	MR DT HANSELL	US ABDOMEN	N
Viewed	13/01/2004	1348	STOB	SH02A	MR DT HANSELL	ABDOMEN CHEST	
View	15/11/2003		STOB	SH02A	MR JS SMITH	US ABDOMEN	N
Viewed	15/11/2003	0909	STOB	SH02A	DR D CHONG	US ABDOMEN	N
Viewed	14/11/2003	1351	STOB	SH02A	MR KEVIN ROBERTSON	CHEST ABDOMEN	
Viewed	19/05/2003	1159	STOB	SH05OP	MR DT HANSELL	MRCP (BILIARY TREE)	NAD
Viewed	09/05/2003	1521	STOB	SH05	MR M MOSCHOS	CT ABDOMEN	NAD
Viewed	05/05/2003	1052	STOB	SH02A	MR J MOSCHOS	US ABDOMEN	N
Viewed	04/05/2003	2331	STOB	SHCAS	DR IN CHARGE	CHEST ABDOMEN	
Viewed	19/02/2003	1406	STOB	SH05	MR DT HANSELL	US ABDOMEN	N
Viewed	18/02/2003	1248	STOB	SH02A	MR M MOSCHOS	ABDOMEN CHEST	
Viewed	25/11/2002		STOB	SH03B	MR DT HANSELL	CT PELVIS	N NAD
Viewed	20/11/2002	0921	STOB	SHASR	MR DT HANSELL	US ABDOMEN	N
Viewed	19/11/2002	0912	STOB	SHASR	MR DT HANSELL	CHEST ABDOMEN	

CRIS: 5387096 Patient Details Address GP

Hospital No

NHS No.

Surname SULLIVAN

Forenames DEBORAH

DoB 07/12/1972 Female

8 RHINDMUIR COURT
BAILLIESTON
GLASGOW
G69 6BN

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Film Location blank

Search | Enquire | Result | Request | Tracking | Log off

	Date	Time	Site	Ward	Referrer	Examinations	
Attended	27/07/2004	1101	GRI	GR60	MR RC STUART	US PELVIS US ABDOMEN	
Attended	26/07/2004	1556	GRI	GRCAS	DR A IRELAND	CHEST ABDOMEN	
Attended	27/05/2004	1024	GRI	GR60	PROF CW IMRIE	US ABDOMEN	
Attended	26/05/2004	2310	GRI	GRCAS	PROF CW IMRIE	CHEST ABDOMEN	
Attended	17/03/2004	1007	GRI	GRFRAC	DR A STARK	ELBOW, LEFT SHOULDER, LEFT	
Attended	24/12/2002	0155	GRI	GRCAS	DR A IRELAND	CHEST ABDOMEN	
Attended	06/10/2002	0243	GRI	GRCAS	DR IJ SWANN	CHEST ABDOMEN	
Attended	10/05/2002	2005	GRI	GRCAS	DR IJ SWANN	CHEST	
Attended	14/01/2002	1339	GRI	GRSTC	DR A IRELAND	LOWER LEG (TIB & FIB), LEFT	
Attended	07/01/2002	1927	GRI	GRCAS	DR IJ SWANN	ANKLE, LEFT	
Attended	02/01/2002	0632	GRI	GRCAS	MR R CRAWFORD	CHEST ABDOMEN	
Attended	04/11/2001	0110	GRI	GRCAS	DR IJ SWANN	CHEST ABDOMEN	
Attended	03/10/2001	0942	GRI	GR61	PROF CW IMRIE	US ABDOMEN	
Attended	02/10/2001	1803	GRI	GRCAS	MR R CRAWFORD	ABDOMEN	
Attended	05/09/2001	1126	GRI	GR61	PROF CW IMRIE	US ABDOMEN	
Attended	03/09/2001	2342	GRI	GRCAS	DR A IRELAND	CHEST ABDOMEN	
Attended	29/05/2001	1951	GRI	GRCAS	MR R CRAWFORD	CHEST ABDOMEN	
Attended	02/05/2001		GRI	GRSOPD	PROF CW IMRIE	CT ABDOMEN	
Attended	10/04/2001		GRI	GRSOPD	PROF CW IMRIE	CT ABDOMEN	
					MR R	CHEST	

Attended	30/03/2001	2013	GRI	GRCAS	CRAWFORD	ABDOMEN	
Attended	21/02/2001	0419	GRI	GRCAS	DR IJ SWANN	CHEST ABDOMEN	
Attended	08/02/2001	2225	GRI	GRCAS	DR A IRELAND	CHEST	
Attended	19/11/2000	2123	GRI	GRCAS	DR IJ SWANN	CHEST ABDOMEN	
Attended	14/08/2000	1517	GRI	GR05	DR IN CHARGE	CT HEAD / BRAIN	
Attended	01/08/2000	0902	GRI	GR61	PROF CW IMRIE	US ABDOMEN	
Attended	30/07/2000	1741	GRI	GRCAS	DR IJ SWANN	CHEST ABDOMEN	
Attended	22/07/2000	1817	GRI	GR61	PROF CW IMRIE	US ABDOMEN	
Attended	22/07/2000	0545	GRI	GRCAS	DR IJ SWANN	CHEST ABDOMEN	
Attended	13/06/2000	2034	GRI	GRCAS	MR R CRAWFORD	CHEST ABDOMEN	
Attended	09/08/1999	1557	GRI	GR61	PROF CW IMRIE	ABDOMEN	
Attended	27/03/1999	1831	GRI	GRCAS	DR A IRELAND	CHEST ABDOMEN	
Attended	17/03/1999	1122	GRI	GR61	PROF CW IMRIE	US ABDOMEN US PELVIS	
Attended	16/03/1999	2349	GRI	GRCAS	MR R CRAWFORD	CHEST ABDOMEN	
Attended	27/01/1998	2318	GRI	GRCAS	MR R CRAWFORD	CHEST ABDOMEN	
Attended	10/11/1997		GRI	GR62	MR IG FINLAY	MEAL & FOLLOW THROUGH, BARIUM	
Attended	05/11/1997	1303	GRI	GR62	MR IG FINLAY	ENEMA, BARIUM	
Patient Cancel	05/11/1997		GRI	GR61	PROF TG COOKE	ENEMA, BARIUM	
Attended	04/11/1997	1439	GRI	GR62	MR IG FINLAY	US ABDOMEN	
Attended	03/11/1997	0056	GRI	GR62	DR IN CHARGE	ABDOMEN	
Attended	02/11/1997	0026	GRI	GR62	DR IN CHARGE	CHEST ABDOMEN	
Attended	29/10/1997	0034	GRI	GRCAS	MR R CRAWFORD	ABDOMEN	
Attended	03/10/1997	0925	GRI	GR61	MR JH ANDERSON	US ABDOMEN	
Attended	02/10/1997	1914	GRI	GRCAS	DR A IRELAND	ABDOMEN	
Attended	14/05/1997	1117	GRI	GR29	MR R CRAWFORD	CT HEAD / BRAIN	
Attended	13/05/1997	1718	GRI	GRCAS	MR R CRAWFORD	SKULL	

Attended	16/01/1997	1946	GRI	GRCAS	DR A IRELAND	CHEST ABDOMEN	
DNA	31/12/1996		GRI	GRSOPD	MR IG FINLAY	ENEMA, BARIUM	
Attended	20/12/1996	2342	GRI	GRCAS	DR IJ SWANN	ABDOMEN CHEST	
Attended	13/12/1996	1243	GRI	GR61OP	MR WR MURRAY	SMALL BOWEL ENEMA	
Attended	05/12/1996	2111	GRI	GRCAS	DR A IRELAND	ABDOMEN	
DNA	05/12/1996		GRI	GRSOPD	MR WR MURRAY	MEAL & FOLLOW THROUGH, BARIUM	
Attended	16/11/1996		GRI	GR39	MR IG FINLAY	US PELVIS US ABDOMEN	
Attended	14/11/1996	2156	GRI	GRCAS	DR A IRELAND	CHEST ABDOMEN	
Patient Cancel	14/11/1996		GRI	GRSOPD	MR WR MURRAY	MEAL & FOLLOW THROUGH, BARIUM	
Attended	01/11/1996	0008	GRI	GRCAS	DR A IRELAND	CHEST ABDOMEN	
Attended	16/10/1996	0919	GRI	GR61OP	MR WR MURRAY	US ABDOMEN	
Attended	10/10/1996	1109	GRI	GRENDOS	MR WR MURRAY	ERCP	
Attended	10/10/1996	0202	GRI	GRCAS	DR IJ SWANN	ABDOMEN	
Attended	12/07/1996	0220	GRI	GRCAS	DR IJ SWANN	ABDOMEN	
Attended	26/04/1996	1031	GRI	GR39	MR IG FINLAY	US ABDOMEN US PELVIS	
Attended	23/04/1996	1515	GRI	GRCAS	DR IJ SWANN	ABDOMEN	
Attended	16/03/1996	1714	GRI	GRCAS	DR IJ SWANN	CHEST ABDOMEN	
Attended	05/09/1995	1230	GRI	GRCAS	MR R CRAWFORD	CHEST ABDOMEN LUMBAR SPINE	
Attended	25/07/1995	0922	GRI	GR61OP	PROF CW IMRIE	CHEST	
Attended	18/07/1995	0307	GRI	GRCAS	DR IJ SWANN	ABDOMEN	
Attended	24/04/1995	1119	GRI	GRSOPD	PROF CW IMRIE	MEAL, BARIUM	
Attended	21/03/1995	1122	GRI	GRCAS	MR R CRAWFORD	CHEST ABDOMEN	
Attended	17/01/1995	1914	GRI	GRCAS	MR R CRAWFORD	CHEST KUB	
Attended	06/12/1994	0908	GRI	GR62	MR ROY SCOTT	IVU	
Attended	02/12/1994	0225	GRI	GRCAS	MR R CRAWFORD	KUB	
Attended	07/09/1994	0041	GRI	GRCAS	MR RG SIMPSON	CHEST ABDOMEN	

Attended	06/06/1994	1434	GRI	GR35	PROF CW IMRIE	ERCP	
Attended	16/12/1993	0927	GRI	GRGASTRO	DR RI RUSSELL	MEAL & FOLLOW THROUGH, BARIUM	
Attended	14/09/1993	0949	GRI	GR39	MR JH ANDERSON	US ABDOMEN	
Attended	14/09/1993	0606	GRI	GRCAS	MR R CRAWFORD	ABDOMEN	
Attended	07/01/1993	0926	GRI	GR39	PROF CS MCARDLE	US PELVIS US ABDOMEN	

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Oesophageal Manometry
pt's
- faulty equipment
- DNA

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT, MEDICAL PHOTOGRAPHY AND RESEARCH

Patient ID Label
DEBORAH SULLIVAN
8 RHINDMUIR COURT
BALLIESTON
1063647K 7/12/72

DATE 11/09/04

Proposed procedure (block capitals) OGD +/- INSERTION OF NJ TUBE.

NOTES ON GUIDANCE FOR CLINICIANS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand about the proposed procedure, significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on page two of this form.

Written informed consent is not required for minor procedures, however written consent should be sought for:

i) any procedure that carries a significant risk.

ii) any procedure to be carried out under general anaesthesia, sedation or utilising nerve blockage or regional anaesthesia beyond that provided topically or by simple infiltration.

iii) any procedure which could be considered new, novel or experimental.

iv) any situation where there are implications for "third parties" eg. relatives and insurance companies in relation to genetic studies or HIV testing.

(v) any recording procedure such as photography, video and audio.

For further guidance on "significant risk" see section 5 of the Trust's Policy for Consent to Anaesthesia, Operation, Investigation or Treatment and Medical Photography/video.

TO BE COMPLETED BY CLINICAL PRACTITIONER

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals)
LISA CAWLEY

Signature
L Cawley

Grade/Designation
PRTS 5703

TO BE COMPLETED BY THE PATIENT/PARENTGUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand please ask the doctor for an explanation. The doctor is here to help you and he or she will explain the procedure. If for any reason you are not content with the explanation you are entitled to refuse the procedure. You can ask any questions and ask for more information. If you are happy with this, you understand the procedure and wish to proceed you should sign the form.

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. These images will not be used for publication in any form without your specific consent. The procedure may also be observed by other professionals via a live video link.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM — The Patient/Parent/Guardian/Next of Kin (delete as appropriate)

I UNDERSTAND — The purpose, benefits and significant risks associated with the procedure which have been explained to me by the doctor named on this form.

That the procedure may not be carried out by the Doctor who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

Students need to learn how to examine patients and see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure.

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick the appropriate box if you agree or disagree to any of the following:

To the administration of anaesthetics or to sedation if required	Agree ☐	Disagree ☐
To the procedure named on this form	Agree ☑	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☑	Disagree ☐
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☑	Disagree ☐
To the use of my tissue in medical education and medical research	Agree ☑	Disagree ☐

Signature D E Sullivan — Date 11/9/04 — Address 8 Rhinduven Court, Baillieston, Glasgow

Name (block capitals) DOROTHY SULLIVAN

Notes

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT, MEDICAL PHOTOGRAPHY AND RESEARCH

Patient ID Label
DEBORAH SULLIVAN
9 RHINDMUIR COURT
BALLIESTON, GLASGOW
0638479K 7/12/72

DATE 9/9/14

Proposed procedure (block capitals) INSERTION OF NJ FEEDING TUBE

NOTES ON GUIDANCE FOR CLINICIANS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand about the proposed procedure, significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on page two of this form.

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iii) any procedure which could be considered new, novel or experimental.

iv) any situation where there are implications for "third parties" eg. relatives and insurance companies in relation to genetic studies or HIV testing.

(v) any recording procedure such as photography, video and audio.

For further guidance on "significant risk" see section 5 of the Trust's Policy for Consent to Anaesthesia, Operation, Investigation or Treatment and Medical Photography/video.

TO BE COMPLETED BY CLINICAL PRACTITIONER

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals) MCARTHUR

Signature [signature]

Grade/Designation PRHO

TO BE COMPLETED BY THE PATIENT/PARENTGUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand please ask the doctor for an explanation. The doctor is here to help you and he or she will explain the procedure. If for any reason you are not content with the explanation you are entitled to refuse the procedure. You can ask any questions and ask for more information. If you are happy with this, you understand the procedure and wish to proceed you should sign the form.

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I AM — The Patient/Parent/Guardian/Next of Kin (delete as appropriate)

I UNDERSTAND — The purpose, benefits and significant risks associated with the procedure which have been explained to me by the doctor named on this form.

That the procedure may not be carried out by the Doctor who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests.

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That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

Students need to learn how to examine patients and see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure.

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick the appropriate box if you agree or disagree to any of the following:

To administration of anaesthetics or to sedation if required	Agree ☑	Disagree ☐
To the procedure named on this form	Agree ☑	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☑	Disagree ☐
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☑	Disagree ☐
To the use of my tissue in medical education and medical research	Agree ☑	Disagree ☐

Signature D E Sullivan — Date 9/9/14 — Address 9 RHINDMUIR COURT, RALLIESTON, GLASGOW

Name (block capitals) DEBORAH SULLIVAN

Notes

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT AND MEDICAL PHOTOGRAPHY AND RESEARCH

10638479K
Patient SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

DATE 10/8/07

Proposed procedure endoscopy

(block capitals)

NOTES ON GUIDANCE FOR CLINICIANS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand about the proposed procedure, significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on page two of this form.

Written informed consent is not required for minor procedures, however written consent should be sought for:

i) any procedure that carries a significant risk.

ii) any procedure to be carried out under general anaesthesia, sedation or utilising nerve blockage or regional anaesthesia beyond that provided topically or by simple infiltration.

iii) any procedure which could be considered new, novel or experimental.

iv) any situation where there are implications for "third parties" eg. relatives and insurance companies in relation to genetic studies or HIV testing.

(v) any recording procedure such as photography, video and audio.

For further guidance on "significant risk" see section 5 of the Trust's Policy for Consent to Anaesthesia, Operation, Investigation or Treatment and Medical Photography/video.

TO BE COMPLETED BY CLINICAL PRACTITIONER

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals)

KATIE MCGRATH

Signature

K McGrath

Grade/Designation

PRHO

TO BE COMPLETED BY THE PATIENT/PARENTGUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand please ask the doctor for an explanation. The doctor is here to help you and he or she will explain the procedure. If for any reason you are not content with the explanation you are entitled to refuse the procedure. You can ask any questions and ask for more information. If you are happy with this, you understand the procedure and wish to proceed you should sign the form.

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. These images will not be used for publication in any form without your specific consent. The procedure may also be observed by other professionals via a live video link.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM The Patient/Parent/Guardian/Next of Kin (delete as appropriate)

I UNDERSTAND The purpose, benefits and significant risks associated with the procedure which have been explained to me by the doctor named on this form.

That the procedure may not be carried out by the Doctor who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

Students need to learn how to examine patients and see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure.

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick the appropriate box if you agree or disagree to any of the following:

To administration of anaesthetics or to sedation if required	Agree ☑	Disagree ☐
To the procedure named on this form	Agree ☑	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☑	Disagree ☐
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☑	Disagree ☐
To the use of my tissue in medical education and medical research	Agree ☑	Disagree ☐

Signature D E Sullivan Date 10/8/04 Address 8 Rhanduin Court Glasgow G69 6BN

Name (block capitals) DEBORAH E SULLIVAN

Notes

PRESCRIPTION FORM

Hospital Name: Stobhill

PATIENT DETAILS

Name: DEBORAH SULLIVAN	Height:
Hospital Number: 10638479K	Weight:
DOB: 7/12/72	Surface area:
Date of Admission: 7/8/04	Date of writing discharge prescription: __/__/__
Consultant Name: MOSCOS	Ward: ~~A~~ 5
Date and time this form prepared: 8/8/04 Time: 11.30am	Sheet No 1
	2nd Prescription in use Yes or (NO)

DRUG SENSITIVITIES

* Voltarol *

* Ibuprofen *

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
8/8/4	Morphine	5mg	IV	1320	[signature]	SMI	1320
8/8/4	Maxalon	10mg	IV	1740	[signature]	SMI	1740
8/8/4	Cyclizine	50mg	IM	2130	[signature]	SM	2130
10.8.4	Mirazol	4mg	IVI	14J-	[signature]	[illegible]	14So.
16/8/04	BUSCOPAM	20mg	IM	4 15 AYC	[signature]	[illegible]	4 15 AM

PATIENT'S NAME: Deborah Sullivan Stevenson

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE: 11 12 13 14 15
MONTH: 8 8 8 8 8

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

A DRUG: Ondansetron
DOSE: 4mg | ROUTE: IV | DATE: 11/8 | STOPPED DATE: 11/8
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

B DRUG: GRANASTERON
DOSE: 1MG | ROUTE: IV | DATE: 11/8 | STOPPED DATE: 11/8
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

C DRUG: Omeprazole
DOSE: 40mg | ROUTE: IV | DATE: 12/8 | STOPPED DATE: 12/8
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS: CA
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

D DRUG: Cefaxone
DOSE: 2 Gm | ROUTE: IV | DATE: 12/8 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE → 13 14 15
MONTH → 8 8

E DRUG: OMEPRAZOLE
DOSE: 40mg | ROUTE: IV | DATE: 12/8/04
STOPPED DATE:
SIGNATURE OF DOCTOR: Cornad
INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time	
0700-0900	BM
1200-1400	
1600-1800	
2200-2400	
Other time	

F DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF DOCTOR
INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

G DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF DOCTOR
INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

H DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF DOCTOR
INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 8 9 10 11 12 13 14 15 16 17

MONTH: 8 8 8 8 8 8 8 8 8 8

J DRUG: FLUOXETINE

DOSE: 20mg | ROUTE: O | DATE: 8/8/04 | STOPPED DATE:

SIGNATURE OF DOCTOR: Lisa Pennicah | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: R+R

Other time | 0700-0900 ✓ CH CM CM 9a 8 A N | 1200-1400 ✓ | 1600-1800 | 2200-2400 | Other time

FOR DOCTORS USE ONLY

K DRUG: OMEPRAZOLE

DOSE: 40mg | ROUTE: O | DATE: 8/8/04 | STOPPED DATE: 12/8

SIGNATURE OF DOCTOR: Lisa Pennicah | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: R+R

Other time | 0700-0900 ✓ CH O CM M | 1200-1400 ✓ | 1600-1800 | 2200-2400 | Other time

FOR DOCTORS USE ONLY

L DRUG: TRAMADOL

DOSE: 100mg | ROUTE: O | DATE: 8/8/04 | STOPPED DATE: 12/8

SIGNATURE OF DOCTOR: Lisa Pennicah | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: R+R

Other time | 0700-0900 ✓ CH CM M | 1200-1400 ✓ JS 4C EC | 1600-1800 ✓ SM EC | 2200-2400 ✓ GR BP CM CM | Other time

FOR DOCTORS USE ONLY

M DRUG: DIAZEPAM

DOSE: 10mg | ROUTE: O | DATE: 8/8/04 | STOPPED DATE:

SIGNATURE OF DOCTOR: Lisa Pennicah | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: R+R

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 ✓ GR BP CM CM 9a DK M | Other time

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE → 9 10 11 12 13 14 15 16 17
MONTH → 8 8 8 8 8 8 8 8 8

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

N

DRUG: Lactulose
DOSE: 15ml | ROUTE: O | DATE: 9/8 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

P

DRUG: Senna
DOSE: 1 | ROUTE: O | DATE: 9/8 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

R

DRUG: Metoclopramide
DOSE: 10mg | ROUTE: O | DATE: 10.8 | STOPPED DATE: 11/8
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

S

DRUG: Paracetamol
DOSE: 1g | ROUTE: O | DATE: 10/8 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Stevenson

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE → 13 14 15 17
MONTH → 8 8 8 8

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

T
DRUG: Ondansetron
DOSE: 4mg | ROUTE: O | DATE: 11/8 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

V
DRUG: ZOTON FAST TAB
DOSE: 30MG | ROUTE: O | DATE: 12/8 | STOPPED DATE: 12/8
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS: CA
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

W
DRUG: ERYTHROMYCIN
DOSE: 500MG | ROUTE: O | DATE: 13/8 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

X
DRUG: TRAMADOL
DOSE: 100MG | ROUTE: O | DATE: 15.8 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE → 15 16 17
MONTH → 8 8

Y
DRUG: MOVICOL
DOSE: 1 sachet | ROUTE: PO | DATE: 15/8/14
STOPPED DATE:
SIGNATURE OF DOCTOR: C | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	10
0700-0900	~~14~~ AR W
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

AA
DRUG: OMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 15/8/14
STOPPED DATE:
SIGNATURE OF DOCTOR: C | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	W W
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

BB
DRUG:
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

CC
DRUG:
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

DD DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

EE DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FF DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

GG DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: MORPHINE — STOPPED DATE: 8/8 — INITIALS:
DOSE: 5 mg | ROUTE: IV | INDICATION: SEVERE PAIN
SIGNATURE OF DOCTOR: Lisa Pennacchi | MAX.FREQUENCY: 3-6 hrly | DATE: 8/8/04
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	8/8	8/8	8/8	8/8	8/8	8/8	8/8																							
TIME	17:40	23:20	08:00	11:40	15:20	20:00	01:30																							
DOSE	5mg	5mg	5mg	5mg	5mg	5mg	5mg																							
GIVEN BY	SM	GM	EC	V	OS	AB																								

NN DRUG: HYOSCINE BUTYLBROMIDE — STOPPED DATE: 8/8 — INITIALS: SLP
DOSE: 20mg | ROUTE: O | INDICATION: ABDO PAIN
SIGNATURE OF DOCTOR: Lisa Pennacchi | MAX.FREQUENCY: 6° | DATE: 8/8/04
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	8/8	8/8																												
TIME	25	08:00																												
DOSE	20mg																													
GIVEN BY	GM																													

PP DRUG: Metoclopramide — STOPPED DATE: 8/8 — INITIALS: SLP
DOSE: 10mg | ROUTE: IV | INDICATION: Sickness
SIGNATURE OF DOCTOR: KMCG | MAX.FREQUENCY: 8° | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	8/8	8/8	8/8																											
TIME	20:00	02:00	01:30																											
DOSE	10mg	10mg																												
GIVEN BY	EC	V	OS																											

RR DRUG: STEMETIL — STOPPED DATE: — INITIALS:
DOSE: 12.5MG | ROUTE: O,IM | INDICATION: SICKNESS
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	7/8/04	11/8	12/8	12/8	12/8	13/8	14/8	15/8																						
TIME	14:30	05:00	08:35	08:00	12:40	11:25	18:00	13:45																						
DOSE	12.5mg	12.5mg	12.5mg	12.5mg	12.5mg	12.5mg	12.5mg	12.5mg																						
GIVEN BY	CH																													

SS DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 5mg / 10mg — ROUTE: IV / IM — INDICATION: SEVERE PAIN
SIGNATURE OF DOCTOR: Lisa Lamont — MAX.FREQUENCY: 3-4hrly — DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

TT DRUG: GRANASTERON — STOPPED DATE: 12/8/04 — INITIALS: MA
DOSE: 1MG — ROUTE: IV — INDICATION: VOMITING IN
SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: ~~6~~ 8° — DATE: 11/18
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

VV DRUG: [illegible] — STOPPED DATE: — INITIALS:
DOSE: 5 — ROUTE: IV — INDICATION: Nausea
SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 8 — DATE: 12/8
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

WW DRUG: GRANISETRON — STOPPED DATE: — INITIALS:
DOSE: 3mg — ROUTE: IV — INDICATION: nausea
SIGNATURE OF DOCTOR: CArmod — MAX.FREQUENCY: 12° — DATE: 12/9/04
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: dilute in 15ml NaCl 0.9%, give over >30secs

DATE	1/8 11/8 11/8 11/8 12/8 12/8 13/8 13/8 13/8 13/8 13/8 13/8 13/8 14/8 14/8 14/8 14/8 15/8 15/8 15/8 16/8
TIME	1300 1400 0800 0900 1300 1400 0800 1000 1300 2000 2100 0800 2000 0600 1100 1600 2200 0400 0800 1400 2000 0800 1200 1800 0000 0400 0800 1000 0900 1300 1700 2000 0200 0800 1000-2000
DOSE	5mg 5mg 5mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 10mg 5mg 5mg 10mg 10mg
GIVEN BY	CM CM CM CM CM CM BM BM BM BM BM BM BM BM BM BM BM BM BM BM BM BM BM BM

DATE	14/8
TIME	0832
DOSE	10mg
GIVEN BY	IV

DATE	
TIME	
DOSE	
GIVEN BY	

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Nurse/Midwife Administration by Protocol – Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN
8/8/4	Paracetamol	1G	PO	21[20]	GMitchell	GM	21[20]
10/8/4	~~Paracetamol~~	~~1g~~	~~PO~~	~~15[00]~~	~~allocated~~	~~m~~	

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	**IV**	Oral	**O**
Subcutaneous	**SC**	Per rectum	**PR**
Inhalations	**INH**	Topical	**TOP**
Sublingual	**SL**	Nasogastric	**NG**
Intramuscular	**IM**	Vaginal	**PV**
Intradermal	**ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Ver 6, 01/2002

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 18/8/04 WARD 5

Waterlow Score: _____

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 1063847K

Affix data label

BASELINE OBSERVATIONS

BP 108/65 P 96 SO_2 98% T 36.4 A/R

	YES
Consent signed	✓
Pre-medication given	
Fasted ____ Time last ate 17.00 Time last drank M/night	
Identity band	
Case Notes ☑ X-rays ☐ Drug Kardex ☑ Obs. Chart ☑	
Operation site confirmed	✓
Caps / Crowns / loose teeth	✓
Prosthesis removed	✓
Dentures removed / not removed	✓
Underwear removed — cotton pants in situ.	
Paper pants on patient	✓
Make up, nail varnish removed	
Jewellery taped / removed	✓
Inhalers / GTN Spray NIL USED	✓
Allergies Voltarol + Brufen ✱	✓
Voided urine	
Subcut heparin	
Ted stockings	✓
Pre-op visit	

Other relevant information : Morphine 10mgs IM @ 9.30 hrs
Cyclizine IV @ 13.00 hrs
50mg

Ward Signature: M TIS Reception Signature: A Smith

THEATRE 2
OPERATION PERFORMED OSD L Chole Test

	YES	NO
DIATHERMY-BIPOLAR / MONOPOLAR		
HEEL RESTS		
FLOWTRON BOOTS		
SHEEPSKIN HEEL PADS / MATS		
HEATED BED		
ARM BOARDS		
PATIENT WARMING BLANKET		

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST	
- FINAL	
INSTRUMENTS	
SHARPS - NEEDLES	
- BLADES	
THROAT PACK OUT	
PACK IN SITU	

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS Sats 98 on 2 litres

Name of Scrub Nurse : _____ Signature of Circulating Nurse : SN Kelly

MIS 110461

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 9/8/04

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
			8 a.m.		200			
			9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum:	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine:	Urea	
	Chloride	

No. 00260

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	DEBORAH	

DATE 8/8/04

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
DEXTROSE 5%		500	12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
N Saline		500	6 a.m.					
			7 a.m.	UT				
			8 a.m.					
WATER	150.		9 a.m.	UT				
5% Dextrose		500	10 a.m.					
			11 a.m.					
WATER	150		12 noon					
5% dextrose.		500	1 p.m.	UT			++ loose	
Juice	200		2 p.m.					
Juice	200		3 p.m.					
Juice	200		4 p.m.					
N Saline / Soup Fish.	400.	500	5 p.m.	UT	++		+ loose	
TEA. / Juice	300.		6 p.m.					
			7 p.m.					
			8 p.m.	UT.				
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 7/8/04

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Sullivan	Deborah	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
Admitted			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL.

INTENSIVE THERAPY PRESCRIPTION SHEET

SURNAME	FORENAME	Unit Number
SULLIVAN DEBORAH		

10638479K

No. 0181327

Approximate Rate for 500ml.
1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 7/08/04

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) Saline	500	Stat	2°	19 30		04F 15C 6/06	MO
5% dextrose	500	19 30	4°	00 35		03G 24G 07/05	JMI
(N) Saline	500	00 35	4°	06 00	K — cs	04F 15C 06/06	cs
5% Dex	500	06 00	4°	10.20	K — cI	03G 24G 07/05	BP
5% Dextrose	500	10.20	4°	13 15	via Penrose		
(N) Saline	500	13 15	4°			04F 16J 06/06	JMI
5% Dex	500		4°				

No. 00568

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
O'SULLIVAN	DEBORAH	

DATE

No. 0181327

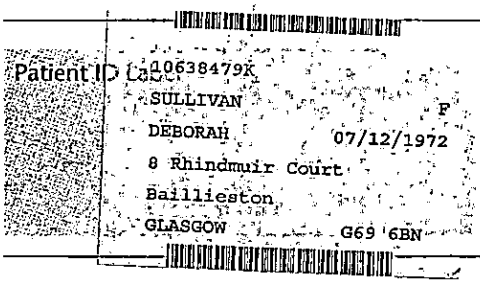
FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) Saline	500	22 30	6°	03 50	I. Rashid	04F 15C 06/06	JF
(N) Saline	500	03 50	6°	4.30 pm	I. Rashid	04G 19G 07/06	JF
5% Dextrose	500	4.30 pm	6°	23 00	Mcq.	04F 23R 6/06	CM
(N) Saline	500	2300	6°	0500	Mcq.	04F 15C 6/6.	MM
Dextrose		0500	6°		[illegible]	04F 23R	MM
Saline	500	500 9pm	6	0400		04G 13C	M
Dextrose	50	04	6			04F 23R 6/2006	M

Form 75a

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT, MEDICAL PHOTOGRAPHY AND RESEARCH



DATE 26/8/04

Proposed procedure (block capitals) OGD + NJ tube insertion

NOTES ON GUIDANCE FOR CLINICIANS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand about the proposed procedure, significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on page two of this form.

Written informed consent is not required for minor procedures, however written consent should be sought for:

i) any procedure that carries a significant risk.

ii) any procedure to be carried out under general anaesthesia, sedation or utilising nerve blockage or regional anaesthesia beyond that provided topically or by simple infiltration.

iii) any procedure which could be considered new, novel or experimental.

iv) any situation where there are implications for "third parties" eg. relatives and insurance companies in relation to genetic studies or HIV testing.

(v) any recording procedure such as photography, video and audio.

For further guidance on "significant risk" see section 5 of the Trust's Policy for Consent to Anaesthesia, Operation, Investigation or Treatment and Medical Photography/video.

TO BE COMPLETED BY CLINICAL PRACTITIONER

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals) [redacted] WATTS MCGRATH

Signature [redacted]

Grade/Designation [redacted] PRHO

TO BE COMPLETED BY THE PATIENT/PARENTGUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand please ask the doctor for an explanation. The doctor is here to help you and he or she will explain the procedure. If for any reason you are not content with the explanation you are entitled to refuse the procedure. You can ask any questions and ask for more information. If you are happy with this, you understand the procedure and wish to proceed you should sign the form.

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. These images will not be used for publication in any form without your specific consent. The procedure may also be observed by other professionals via a live video link.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM — (The Patient/Parent/Guardian/Next of Kin (delete as appropriate)

I UNDERSTAND

The purpose, benefits and significant risks associated with the procedure which have been explained to me by the doctor named on this form.

That the procedure may not be carried out by the Doctor who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

Students need to learn how to examine patients and see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure.

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medical Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick the appropriate box if you agree or disagree to any of the following:

To administration of anaesthetics or to sedation if required	Agree ☑	Disagree ☐
To the procedure named on this form	Agree ☑	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☑	Disagree ☐
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☑	Disagree ☐
To the use of my tissue in medical education and medical research	Agree ☑	Disagree ☐

Signature — D E Sullivan — Date — 25/8/04 — Address — 8 Rhindmuir Court, Baillieston, Glasgow G69

Name (block capitals) — DEBORAH E SULLIVAN

Notes

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 26 / 8 / 94 WARD 5

Waterlow Score: _____

Name Deborah Sullivan
Address

D.O.B 7/12/72
Unit No. 1063847 9K.

Affix data label

BASELINE OBSERVATIONS

BP 115/63 P 102 SO_2 98%

	YES
Consent signed	✓
Pre-medication given	
Fasted ____ Time last ate ____ Time last drank 10.00 pm	
Identity band	✓
Case Notes ☑ X-rays ☑ Drug Kardex ☑ Obs. Chart ☐	
Operation site confirmed	N/A
Caps / Crowns / loose teeth	N/A
Prosthesis removed	N/A
Dentures removed / not removed	N/A
Underwear removed	NO
Paper pants on patient	NO
Make up, nail varnish removed	N/A
Jewellery taped / removed RINGS x 2	✓
Inhalers / GTN Spray	NO
Allergies VOLTAROL / IBUPROFEN	
Voided urine	✓
Subcut heparin	✓
Ted stockings	✓
Pre-op visit	

Other relevant information : IV access attempted Morphine 10mgs IM @ 1350

Ward Signature: C Miller Reception Signature: _____

THEATRE

OPERATION PERFORMED _____

	YES	NO
DIATHERMY BIPOLAR / MONOPOLAR		
HEEL RESTS		
FLOWTRON BOOTS		
SHEEPSKIN HEEL PADS / MATS		
HEATED BED		
ARM BOARDS		
PATIENT WARMING BLANKET		

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST	
- FINAL	
INSTRUMENTS	
SHARPS - NEEDLES	
- BLADES	
THROAT PACK OUT	
PACK IN SITU	

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS _____

Name of Scrub Nurse : _____ Signature of Circulating Nurse : _____

MIS 110461

NHS Greater Glasgow

North Glasgow University Hospitals NHS Trust

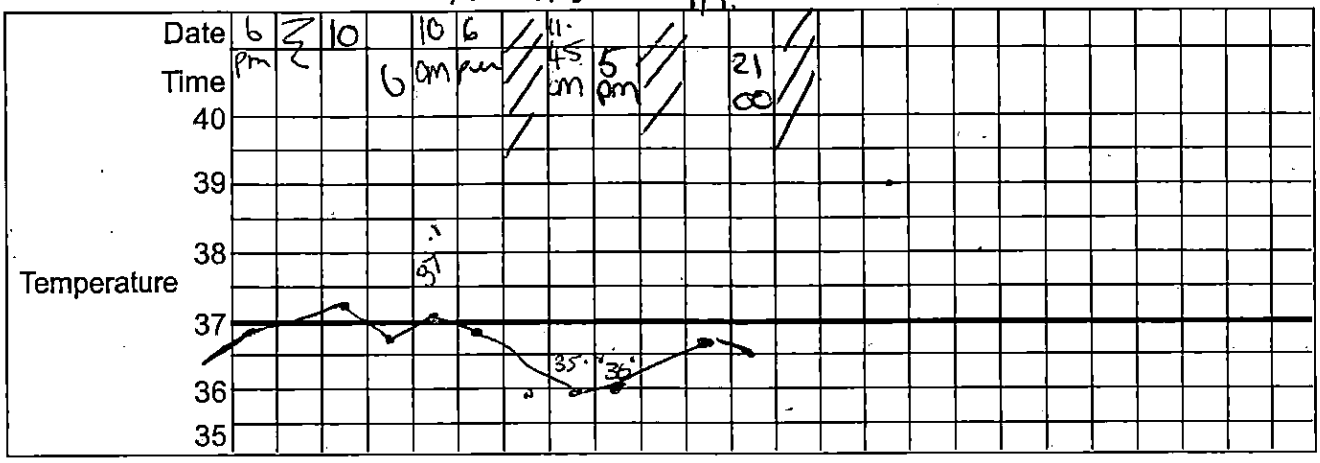
obs
B.D.

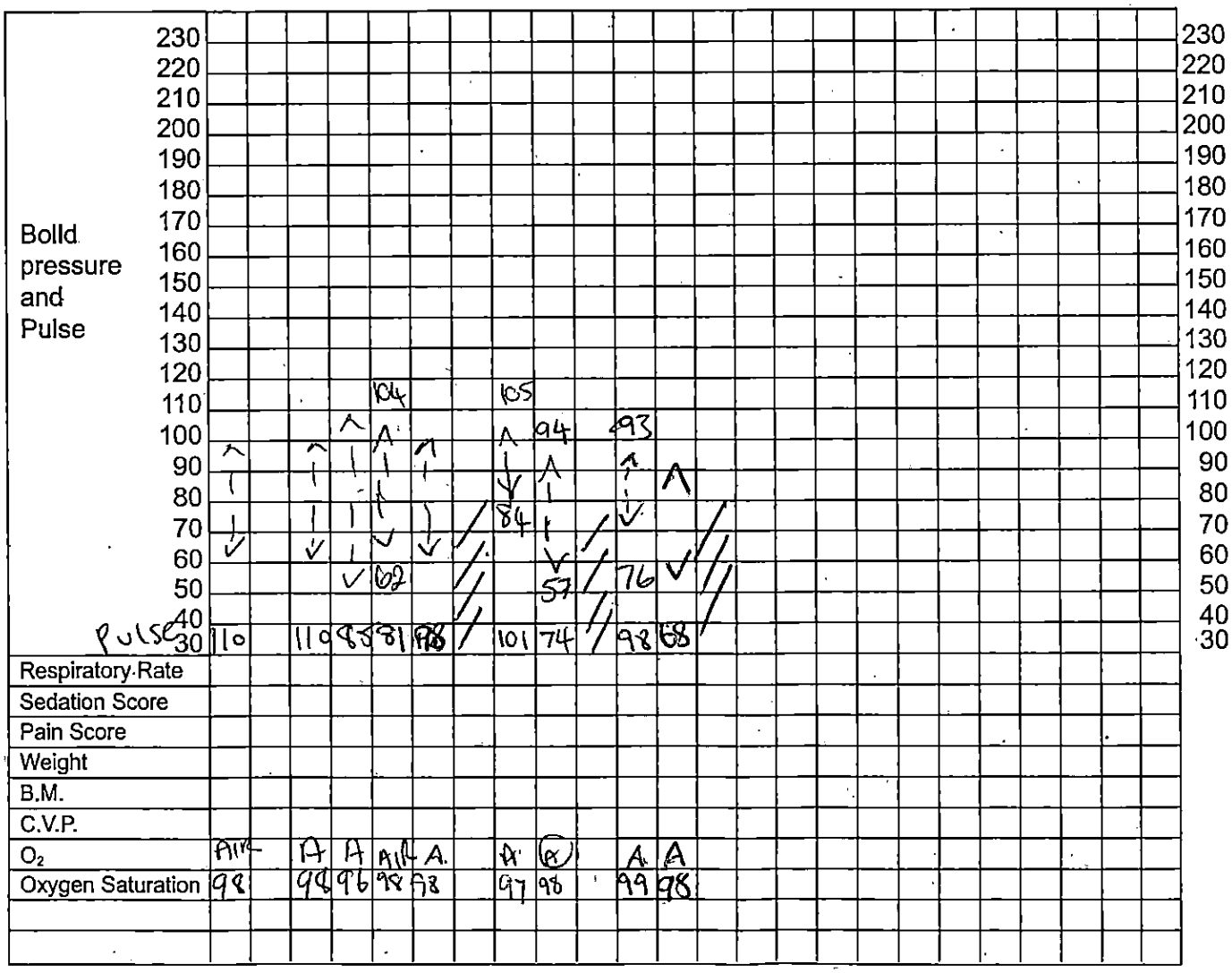
Patient Label

Deborah
Sullivan.

Observations and Pain Score

28.8 29.8 30/8 31/8 1/9.





Respiratory Rate												
Sedation Score												
Pain Score												
Weight												
B.M.												
C.V.P.												
O_2	Air		A	A	A	A		A	(R)		A	A
Oxygen Saturation	98		98	96	98	98		97	98		99	98

SEDATION SCORE
0 = Awake
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable
5 = Normal sleep

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

NO PAIN — WORST PAIN EVER

03-648

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION 11/9/04 WARD 5

Waterlow Score: _____

Name Debbie
Address O'Sullivan

D.O.B 7/12/72

Unit No. 10638479K

Affix data label

BASELINE OBSERVATIONS

BP 128/72 @ 36.7°. P 75 SO_2 98%

		YES
Consent signed	✓	
Pre-medication given	N/A	✓
Fasted 4hrs Time last ate 7a.m. Time last drank 7a.m.	✓	✓
Identity band	✓	
Case Notes ☑ X-rays ☐ Drug Kardex ☑ Obs. Chart ☑	✓	✓
Operation site confirmed	✓	✓
Caps / Crowns / loose teeth	none	NO
Prosthesis removed	none	NO
Dentures removed / not removed	none	NO
Underwear removed	Cotton Pants ←	✓
Paper pants on patient	No	✓
Make up, nail varnish removed	✓	✓
Jewellery taped / removed	✓	✓
Inhalers / GTN Spray	NONE	✓
Allergies	oral voltarol / ibuprofen ←	✓
Voided urine	✓	✓
Subcut heparin	✓	✓
Ted stockings	✓	✓
Pre-op visit	✓	✓

Other relevant information :

Ward Signature: _____ Reception Signature: AMaclean.

THEATRE
OPERATION PERFORMED D+C + Insertion Loop + tubo

	YES	NO
DIATHERMY BIPOLAR / MONOPOLAR		
HEEL RESTS		
FLOWTRON BOOTS		
SHEEPSKIN HEEL PADS / MATS		
HEATED BED		
ARM BOARDS		
PATIENT WARMING BLANKET		

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT	✓	REVERSE	
SUPINE		LITHOTOMY	
PRONE		LLOYD DAVIS	

SPECIMENS : PATH BACT OTHER

DRAINS N/A

CATHETER

COUNTS CORRECT

SWABS - FIRST	
- FINAL	
INSTRUMENTS	
SHARPS - NEEDLES	
- BLADES	
THROAT PACK OUT	
PACK IN SITU	

INSTRUCTIONS FOR REMOVAL:

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

Name of Scrub Nurse : _____ Signature of Circulating Nurse : _____

MIS 110461

PRESCRIPTION FORM

Hospital Name: STOBHILL

PATIENT DETAILS

Name: DEBORAH SULLIVAN	Height:
Hospital Number: 1063847 9R	Weight:
DOB: 7/12/72	Surface area:
Date of Admission: 7/8/04	Date of writing discharge prescription: __/__/__
Consultant Name: MOSCHOS	Ward: 5
Date and time this form prepared: 16/8/04 Time: 11:30	Sheet No 2
2nd Prescription in use Yes or NO	

DRUG SENSITIVITIES

VOLTAROL

IBUPROFIN

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin:	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
17/8	PDu enema	1	PR	09⁰⁰		MW/RQ	09.05
18/8	MIDAZOLAM	10mg	IV	1330		CS	1330
25/8	Levopromazine 25mg		IM			MW/RQ	1930
26/8	MIDAZOLAM	10mg	IV	15.17		SS	1700
28/8	maxolon	10mg	IM			J Stewart	2.45pm
28-8	Tramadol	100mg	IM			J Stewart	2.45pm
29.8	maxolon	10mg	IM			J Stewart	6pm
30/8	phosphate enema	1	PR			RQuinn	11.50am
1/9/04	MAXOLON	10mg	IM			RQuinn	16.00

PATIENT'S NAME: Deborah Sullivan

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE →	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3											
MONTH →	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9											

A DRUG: CLEXANE

DOSE: 20MG | ROUTE: SC | DATE: 18/8 | STOPPED DATE:

SIGNATURE OF DOCTOR: JOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time																														
0700-0900																														
1200-1400																														
1600-1800																														
2200-2400																														
Other time																														

B DRUG:

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time																														
0700-0900																														
1200-1400																														
1600-1800																														
2200-2400																														
Other time																														

C DRUG:

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time																														
0700-0900																														
1200-1400																														
1600-1800																														
2200-2400																														
Other time																														

D DRUG:

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time																														
0700-0900																														
1200-1400																														
1600-1800																														
2200-2400																														
Other time																														

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE → 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3

MONTH → 8 8 8 8 8 8 8 8 8 8 8 9 9 8 8 8 9 9 9

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

J DRUG: FLUOXETINE

DOSE: 20MG | ROUTE: O | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: *liquid*

FOR DOCTORS USE ONLY

K DRUG: DIAZEPAM

DOSE: 10MG | ROUTE: O | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

L DRUG: LACTULOSE

DOSE: 15ml | ROUTE: O | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

M DRUG: Senna

DOSE: II | ROUTE: O | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

Oral and Other Drugs: Regular Prescriptions

DATE → 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3
MONTH → 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9 9 9

N DRUG: PARACETAMOL
DOSE: 1G | ROUTE: O | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: PARAPAED
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

P DRUG: ERYTHROMYCIN
DOSE: 500MG | ROUTE: O | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Cut mobility SUSPENSION
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

R DRUG: TRAMADOL
DOSE: 100MG | ROUTE: PO | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

S DRUG: MOVICOL
DOSE: 1 SACHET | ROUTE: PO | DATE: 16/8 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3

MONTH: 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9 9 9

T DRUG: OMEPRAZOLE
DOSE: 40MG | ROUTE: PO | DATE: 16/8 | STOPPED DATE: 19/8
SIGNATURE OF DOCTOR:
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

V DRUG: OMEPRAZOLE
DOSE: 40mg | ROUTE: O | DATE: 19/8/04 | STOPPED DATE:
SIGNATURE OF DOCTOR:
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

W DRUG: STELAZINE
DOSE: 1mg | ROUTE: O | DATE: 20/8 | STOPPED DATE: 25/8
SIGNATURE OF DOCTOR:
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Trifluoperazine
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

X DRUG: Ativan
DOSE: 900mg | ROUTE: PO | DATE: 25/8 | STOPPED DATE: 26/8
SIGNATURE OF DOCTOR:
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE → 26 27 28 29 30 31 1 2 3
MONTH → 8 8 8 8 8 8 9 9 9

Y DRUG: Levoreprorazine
DOSE: 6.25mg | ROUTE: PO | DATE: 26/8 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: McCrath
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: NOZINAN
FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

AA DRUG: Movocox
DOSE: 1 sachet | ROUTE: PO | DATE: 30/8 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: WFC
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

BB DRUG: DICLOFENAC
DOSE: 50mg | ROUTE: PR | DATE: 31/8/14 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CA
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: VOLTAROL
FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

CC DRUG:
DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

DD DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

EE DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FF DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

GG DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

HH

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

JJ

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

KK

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

LL

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: DEBORAH Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: STEMETIL — STOPPED DATE: 16/8 — INITIALS:
DOSE: 12.5MG | ROUTE: IM | INDICATION: SICKNESS
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE: 16/8
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Prochlorperazine

DATE	16/8 17/8 17/8 18/8 18/8 21/8 23/8 24/8 24/8 25/8
TIME	12:15 06:15 18:30 13:15 15:15 21:30 05:30 01:10 09:09 05:30
DOSE	12.5 12.5 12.5 12.5 12.5 mg 12.5 mg 12.5 12.5 12.5
GIVEN BY	LD RD JD MW MW CM LH MW MW

NN DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 5mg - 10mg | ROUTE: IM | INDICATION: severe pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 3-4 hr | DATE: 16/8
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	16/8 16/8 / 16/8 17/8 17/8 17/8 17/8 18/8 18/8 18/8 18/8 18/8 19/8 19/8 19/8 19/8 19/8 19/8 20/8 20/8 20/8 20/8 20/8 21/8
TIME	14:30 18:00 / 02:15 06:10 10:25 14:30 18:45 23:00 07:10 09:00 13:00 17:00 21:00 01:30 08:30 12:30 16:30 19:40 23:35 02:25 06:00 11:00 15:15 18:30 21:40 09:00
DOSE	10 mg 10 mg / 10 mg
GIVEN BY	MW MW / RD MW MM RD JF MW LR MW MW MW MW MW MW MW MW MW MW MW MW MW MW MW RD

PP DRUG: CYCLIZINE — STOPPED DATE: — INITIALS:
DOSE: 50MG | ROUTE: IM IV | INDICATION: nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE: 16/8
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	15/8 17/8 18/8 19/8 19/8 22/8 23/8 23/8 27/8 31/08 02/09 3/9 3/9
TIME	16:00 22:00 13:30 18:00 11:00 13:00 07:30 17:45 11½-45 05:45 08:30 12:30 17:30
DOSE	50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg 50mg
GIVEN BY	LH SL MT MW MW MW MW MW LR MW MW MW MW

RR DRUG: GRANISETRON — STOPPED DATE: — INITIALS:
DOSE: 1MG | ROUTE: IV | INDICATION: Nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 12° | DATE: 16/8
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: dilute in 50ml NaCl 0.9% give over ≥ 30sec.

DATE	16/8 17/8 18/8 19/8 19/8 20/8 21/8 22/8 22/8 23/8 24/8 25/8
TIME	14:30 21:30 19:00 08:30 19:30 03:00 17:00 09:00 12:30 03:30
DOSE	1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg 1mg
GIVEN BY	SL MT MW MW MW MW MW MW MW MW MW MW

Dr Pain no access

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS DRUG: BISOPAN

DOSE	ROUTE	INDICATION	STOPPED DATE:
20MG	O	NAUSEA	INITIALS:

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 4 x daily | DATE: 16/8

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

TT DRUG: MORPHINE

DOSE	ROUTE	INDICATION	STOPPED DATE:
5mg - 10mg	IM	severe pain	INITIALS:

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 3-4° | DATE: 21/8

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	21/8	21/8	22/8	22/8	22/8	22/8	22/8	23/8	23/8	23/8	24/8	24/8	24/8	25/8	25/8	25/8	25/8	25/8	25/8	26/8	26/8	26/8	26/8	26/8	27/8	27/8	27/8	27/8	27/8	27/8
TIME	12:45	17:40	02:00	07:10	10:10	13:00	21:35	01:30	12:30	17:10	09:05	13:00	17:40	00:30	05:00	09:30	13:00	19:30	23:50	05:00	09:30	13:00	17:05	19:15	01:00	05:00	09:30	13:00	17:05	19:15
DOSE	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	5 mgs	5 mgs	5 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs	10 mgs
GIVEN BY	RO	RO	MT	MT	MT	MT	MT	LR	LR	LR	RO	RO	MT	MT	MT	MT	MT	MT	JF	JF	JF	JF	JF	JF	PS	MT	LS	LS	LS	LS

VV DRUG: Tramadol

DOSE	ROUTE	INDICATION	STOPPED DATE: 25/8
50-100 mg	IM	pain	INITIALS:

SIGNATURE OF DOCTOR | MAX.FREQUENCY | DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	26/8																													
TIME	10:00																													
DOSE	100 mgs																													
GIVEN BY	MT																													

WW DRUG: morphine

DOSE	ROUTE	INDICATION	STOPPED DATE:
10mg	IM	pain	INITIALS:

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 3-4° | DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	27/8	27/8	28/8	28/8	28/8	28/8	29/8	29/8	30/8	30/8	30/8	30/8	31/8	31/8	31/8	31/8	31/8	01/09	01/09	01/09	02/09	02/09	02/09	02/09	03/09	03/09	03/09	03/09	03/09	03/09
TIME	04:45	08:20	12:00	16:35	20:10	23:30	04:10	08:00	12:00	16:20	20:50	00:30	04:40	08:25	12:00	16:15	20:00	00:30	04:35	08:45	12:45	16:20	20:00	00:10	04:30	08:00	12:00	16:00	20:00	00:00
DOSE	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg
GIVEN BY	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS	LS

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol — Authorised Nurses/Midwives Only

(Maximum number of doses per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN
17/8/04	Gaviscon	10mls	O	18.35	[signature]	[signature]	18.35
31/8/04	Gaviscon	10mls	O	16.05	[signature]	[signature]	16.05

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

   Intravenous = **IV** Oral = **O**
   Subcutaneous = **SC** Per rectum = **PR**
   Inhalations = **INH** Topical = **TOP**
   Sublingual = **SL** Nasogastric = **NG**
   Intramuscular = **IM** Vaginal = **PV**
   Intradermal = **ID**

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 6, 01/2002

PRESCRIPTION FORM

Hospital Name: Stobhill

PATIENT DETAILS

Name:
10538479K
SULLIVAN F
DEBORAH 07/12/1972
9 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

Height:

Weight:

Surface area:

Date of writing discharge prescription: __/__/__

Date of Admission: 7/8/04

Consultant Name: Mr Moschos

Ward: 2A

Date and time this form prepared: __/__/__ Time:

Sheet No: (1)

2nd Prescription in use: Yes or NO

DRUG SENSITIVITIES

* Voltarol *

* Ibuprofen *

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
7/8/4	Morphine	5mg	IV	1930		SMI	1930
8/8/04	FLET	1bottle	PO	11am		LJ	11am

Discontinued 8/8/04 with results 2nd version 12-15

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE

MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

A DRUG Clexane

DOSE 20mg | ROUTE SC | DATE 7/8 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE → 7 8
MONTH → 8 8

J DRUG: Paracetamol

DOSE: 1g | ROUTE | DATE: 7/8. | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	✓ 08
1200-1400	✓
1600-1800	✓
2200-2400	✓ RG
Other time	

FOR DOCTORS USE ONLY

K DRUG: Tramadol

DOSE: 50mg | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

L DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

M DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

P

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

R

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

S

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

T DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

V DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

W DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

X DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

DD DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

EE DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

FF DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

GG DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan.

All Routes: As Required Prescriptions

ADMINISTRATION

MM
DRUG: Tramadol
DOSE: 50 mg | ROUTE: PO | INDICATION: Pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 6 | DATE: 7/8
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	7/8
TIME	2350
DOSE	50 p.o.
GIVEN BY	[initials]

NN
DRUG: Cyclizine
DOSE: 50 mg | ROUTE: O/IM IV | INDICATION: Nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8 | DATE: 7/8
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	
TIME	
DOSE	
GIVEN BY	

PP
DRUG:
DOSE: | ROUTE: | INDICATION:
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE:
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	
TIME	
DOSE	
GIVEN BY	

RR
DRUG:
DOSE: | ROUTE: | INDICATION:
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE:
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	
TIME	
DOSE	
GIVEN BY	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS	DRUG			STOPPED DATE:	
DOSE	ROUTE	INDICATION		INITIALS:	
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

TT	DRUG			STOPPED DATE:	
DOSE	ROUTE	INDICATION		INITIALS:	
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

VV	DRUG			STOPPED DATE:	
DOSE	ROUTE	INDICATION		INITIALS:	
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

WW	DRUG			STOPPED DATE:	
DOSE	ROUTE	INDICATION		INITIALS:	
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

DATE	
TIME	
DOSE	
GIVEN BY	

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol — Authorised Nurses/Midwives Only

(Maximum number of doses ... per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

OR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:
   - Milligram = **mg** Gram = **g**
   - Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	**IV**	Oral	**O**
Subcutaneous	**SC**	Per rectum	**PR**
Inhalations	**INH**	Topical	**TOP**
Sublingual	**SL**	Nasogastric	**NG**
Intramuscular	**IM**	Vaginal	**PV**
Intradermal	**ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 6, 01/2002

10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

STOBHILL NOTES

24/8/4
M'ARTHUR PRHO
1618

>10 (N) Abdominal USS

MRCP - NAD (19/5/03)

Abdo CT - NAD (9/5/03)

Abdo/Pelvis CT - NAD (25/11/02)

Upper GI Endscopy - NAD/CLO-ve (12/12/3)

20964876R
SULLIVAN F
DEBORAH 07/12/1972
3 Rhindmuir Court
GLASGOW
G69 6BN

ROYAL NOTES

1996 - Nuclear Medicine Scan - delayed gastric emptying
Gastroscopy - NAD
ERCP - NAD
Small Bowel Enema - NAD
Well Scans - NAD
Quantitative HIDA Scan - significant sphincter of oddi dysfunction

1997 Barium Enema - early diverticular disease in sigmoid colon
Barium Swallow - 2½ hr transit time - NAD
Abdo USS - NAD

- Oesophageal pH + Manometry - Attended - equipment faulty { - Round trace - will re-analyse and post to us asap
  Oct 1999 - DNA repeat appointment
- Referred to - Homeopathy / Psychiatry (One overdose event)
- Multiple mentions of - Morphine Dependency
  Unhealthy Family situation (with mother)
  ?? No organic disease ??
- At least 5 DNA's

CRIS: 5007580 Patient Details Address GP

Hospital No 10638479K

NHS No.

Surname SULLIVAN

Forenames DEBORAH

DoB 07/12/1972 Female

8 RHINDMUIR COURT
BAILLIESTON
GLASGOW
LANARKSHIRE
G69 6BN

BLANK GP

Film Location blank

Search | Enquire | *Result | Request | Tracking | Log off

Attended	Ward	Referrer
13/09/2004 @ 1420	SH05	MR JS SMITH

Verified Report **CT HEAD / BRAIN**

Clinical History : Intractable vomiting.

Reported	Typed	Verified
DR ALISTAIR MCGHEE :13/09/2004	SHARON GIBSON :14/09/2004@0850	DR ALISTAIR MCGHEE :14/09/2004@1050

CT HEAD / BRAIN Verified Report

CT HEAD / BRAIN : No evidence of intracranial haemorrhage, infarction or space occupying lesion. Normal brain and ventricular system.

Reported	Typed	Verified
DR ALISTAIR MCGHEE :13/09/2004	SHARON GIBSON :14/09/2004@0850	DR ALISTAIR MCGHEE :14/09/2004@1050

Back | Log off

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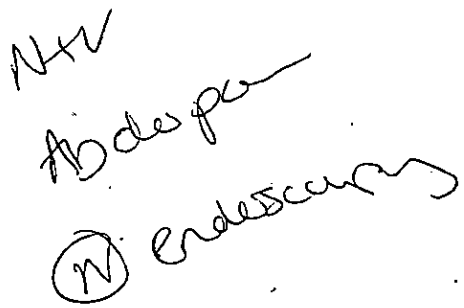
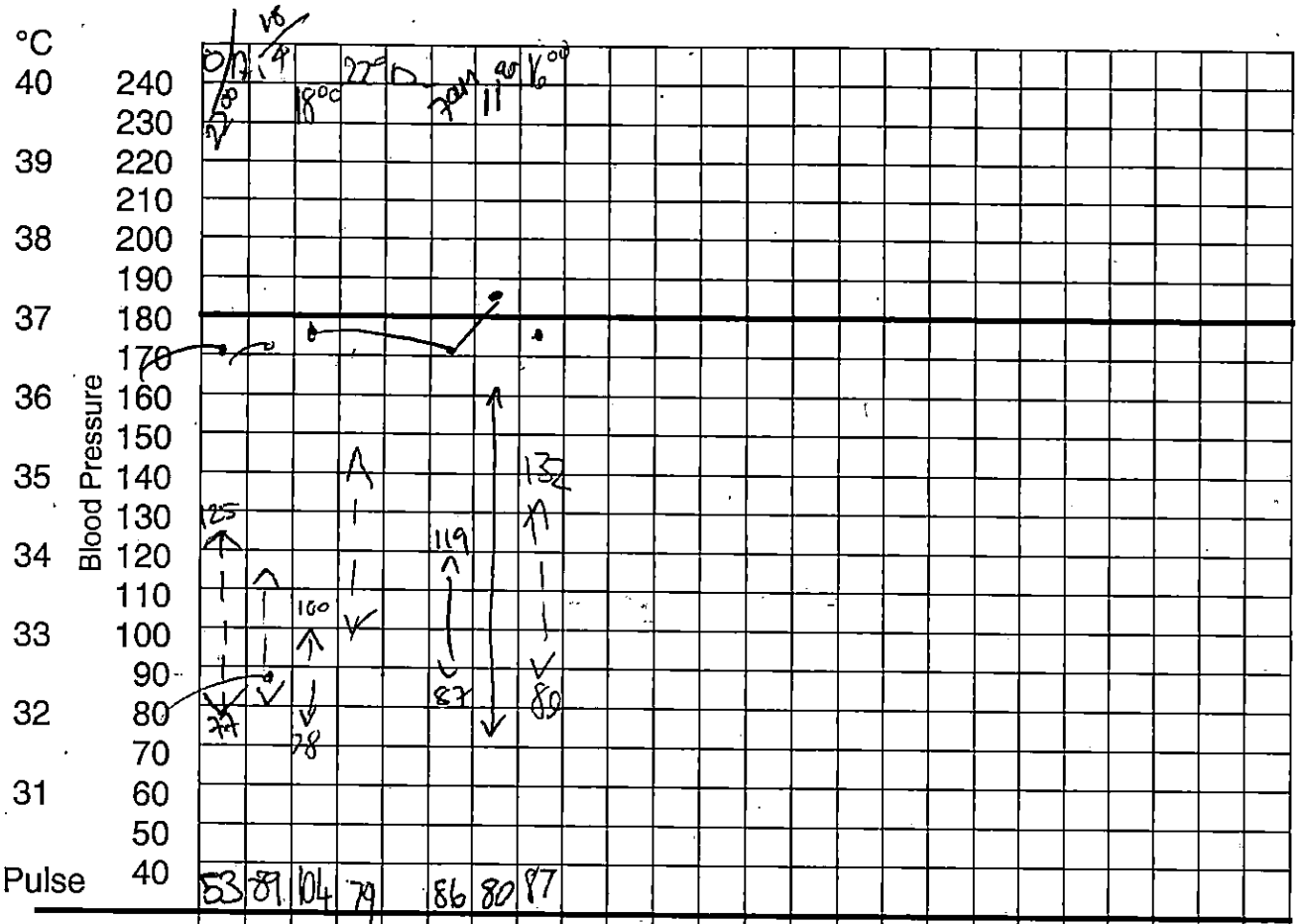


STOBHILL HOSPITAL

NAME DEBORAH SULLIVAN WARD 2A

DATE 17-4-04 TIME



Respiration					18		
Saturation	99	98	98	97	97	96	97
O_2	air	air			(A)	AIR	AIR
Cannula	✓				✓		✓
CVP							
Fluids / diet					✓		✓
Fasting	✓						
N/G							
Catheter					—		
BM							
Urinalysis	PROTEIN TR.						
RSOU							
MSSU							
Clearview	NEG.						

BOZANA VUKIC OCT '96

3 DAY PACS

CONFIDENTIAL NUMBER PH 120868

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME G McCLONE
ADDRESS BALLIESTON H/C
20 RIVERSIDE ROAD

YOUR PATIENT
NAME DEBBIE SULLIVAN
ADDRESS 8 RATHMANNOCK COURT
BALLIESTON G12 5A1
Date of Birth 3/12/73 Unit No. 1063867K

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 7/8/04
DATE OF DISCHARGE 17/9/04
WARD 5
CONSULTANT Mr Sullivan

DIAGNOSIS
1. Intractable vomiting
2.
3.
4.

OPERATION / PROCEDURES
1. NJ tube 7/04
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

	DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT
Tick as necessary

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP — DAY CARE — PHYSIO
MEALS ON WHEELS — DN OR HV — OT

DISCHARGE MEDICATION

SPECIAL DISPENSING INSTRUCTIONS ☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	No. of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
MORPHINE (SUPPS)	15mg	PRN	PRN PAIN			5 x
- PLEASE SUPPLY	SIX (6)		SUPPOSITORIES			Maxtrndale
- LOXETINE	PO	20mg	✓	3		3 x Lilly
DIAZEPAM	PO	10mg	✓	3		3 x Alpharma
TRAMADOL	PO	100mg	✓ ✓ ✓ ✓	3		24 x Ranbaxy
METOCLOPRAMIDE	PO	TSach	✓	3		6 x Rorgine
OMEPRAZOLE	PO	40mg	✓	3		6 x Generics
LEVOMEPROMAZINE	PO	6.25mg	✓ ✓ ✓ ✓	3		3 x Link
ERYTHROMYCIN	PO	500mg	✓ ✓ ✓	SUSPENSION		100ml x 10/07

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)
PARACETAMOL 1g ✓ ✓ ✓ ✓ 3 24 o/dose

PHARMACY USE ONLY
DISPENSED BY AS/HG
CHECKED BY AC
DATE 17/9/04 CP CHECK RK

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY
RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS LISA CAMPBELL DATE 17/9/04
SIGNATURE L Campbell PAGER No. 5703

COPIES TO: WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 17 4 · 04.

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH.	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
(N) SALINE 0.9%.		500	11 p.m.	150				
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Succoth	DEBORAH.	

DATE 12.6.06

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
			1 a.m.					
			2 a.m.					
Dextrose 5%/-		500	3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.	U.T.T				
			8 a.m.					
			9 a.m.					
N Saline		500	10 a.m.	U.T.I				
			11 a.m.					
Lunch	350		12 noon					
JUICE.	150		1 p.m.	U.T.I.	100			
TEA	150.		2 p.m.					
JUICE.	150.		3 p.m.					
JUICE	150.		4 p.m.	U.T.I				
Soup, SUPPER.	350		5 p.m.		+			
			6 p.m.					
			7 p.m.					
			8 p.m.		200-			
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	

DATE 19/3/03

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
			12 mid.					
			1 a.m.					
			2 a.m.		++			
IV fluids recommenced			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
(1) Saline		500	7 a.m.					
		...	8 a.m.	U.T.T.				
IV fluids discontinued			9 a.m.					
WATER	150.		10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.					
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

PRESCRIPTION FORM

Hospital Name: Stobhill

PATIENT DETAILS

Name:
10638479K
F
SULLIVAN
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

Height:

Weight:

Surface area:

Date of Admission: 17/4/04.

Date of writing discharge prescription: __/__/__

Consultant Name:
Mr Hamdell

Ward:
2A.

Date and time this form prepared: 17/4/04 Time:

Sheet No 1

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

OTHER CHARTS IN USE

Insulin ☐
PCA and other infusions ☐
Anticoagulants: Heparin ☐ Oral ☐
Topical: ☐
TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

DVT Risk on Admission (SIGN Guideline)
High ☐ Moderate ☐ Low ☐
Assessed by: Date: __/__/__

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
18/4/04	Tramadol	100mg	IM	1240		EDMA	1240
18/4/04	Stemetil	12.5mg	IM	1240		EDMA	1240
19/4/4	Stemetil	10mg	PO	1715		Harrop	1715

PATIENT'S NAME: Deborah Saccoman

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE: 17 | 18 | 19
MONTH: 4 | 4 | 4

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

A DRUG: ENOXAPARIN

DOSE: 20 mg | ROUTE: O | DATE: 17/4/14 | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

18: JJ KBC
19: CW.

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 18 19

MONTH → 4 04 4

J DRUG: OMEPRAZOLE

DOSE: 20 mg | ROUTE: O | DATE: 17/4/14

SIGNATURE OF DOCTOR: RSM

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:

STOPPED INITIALS:

Other time	
0700-0900	CW CW
1200-1400	
1600-1800	
2200-2400	BM
Other time	

FOR DOCTORS USE ONLY

K DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:

STOPPED INITIALS:

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

L DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:

STOPPED INITIALS:

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

M DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE:

STOPPED INITIALS:

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

N

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

P

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

R

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

S

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

T DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

V DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

W DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

X DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

AA

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BB

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

CC

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: PETHIDINE — STOPPED DATE: 17/4 — INITIALS:
DOSE: 50mg-100mg | ROUTE: IM/IV | INDICATION: PAIN
SIGNATURE OF DOCTOR: RSW | MAX.FREQUENCY: 4° | DATE: 17/4/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	12/4																													
TIME	04																													
DOSE	100 mg																													
GIVEN BY	CW																													

NN DRUG: METOCLOPRAMIDE — STOPPED DATE: — INITIALS:
DOSE: 10mg | ROUTE: O/IM/IV | INDICATION: N/V
SIGNATURE OF DOCTOR: RSW | MAX.FREQUENCY: 8° | DATE: 17/6/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Max 30mg/24hrs

DATE	17/4	18/4	18/4	19/04	17/4																									
TIME	23	08	17	03	20																									
DOSE	10mg	10mg	10mg	10mg	10mg																									
GIVEN BY	CW	JJ	JS	GT	KOL																									

PP DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 5-10mg | ROUTE: IV/IM | INDICATION: PAIN
SIGNATURE OF DOCTOR: RSW | MAX.FREQUENCY: 4° | DATE: 17/4/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	18/4	18/4	18/4	19/4																										
TIME	03	04	09	00																										
DOSE	10	10	10	45																										
GIVEN BY	5mg	5mg	10mg	10mg																										
	CW	CW	JJ	CW																										

RR DRUG: TRAMADOL — STOPPED DATE: — INITIALS:
DOSE: 50-100mg | ROUTE: O/IM | INDICATION: mod. pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 6° | DATE: 18/4/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Max 400mg/24hrs.

DATE	18/4	18/4	19/04	19/4																										
TIME	16	20	05	09																										
DOSE	100mg	100mg	50mg	100mg																										
GIVEN BY	JJ	GM	GM	SM																										

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS DRUG: Prochlorperazine STEMETIL | STOPPED DATE: | INITIALS:

DOSE	ROUTE	INDICATION
12.5mg	IM	nausea

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 8° | DATE: 18/4/4

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: PRN

| | | |

Nurse/Midwife Administration by Protocol — Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**
   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

   Intravenous = **IV** Oral = **O**
   Subcutaneous = **SC** Per rectum = **PR**
   Inhalations = **INH** Topical = **TOP**
   Sublingual = **SL** Nasogastric = **NG**
   Intramuscular = **IM** Vaginal = **PV**
   Intradermal = **ID**

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 6, 01/2002

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

STOBHILL HOSPITAL

NHS Greater Glasgow

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
SULLIVAN	DEBORAH	

DATE 14-4-06

No. 0181327

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) SALINE 0.9%	500	22[00] HRS	4[0]	23[05]	RSH	04B16A EXP 02/06	CW
5% dextrose	500	23[05]	4[0]	04[00]	RSH	04B19H	CW
5% dextrose	500	04[00]	4[0]	08[30]	RSH	04B14H EXP 02/06	CW
(N) saline	500	08[30]	4[0]	10[00] DISC	RSH	04B16A 02/06	LS
5% dextrose	500	12[00]	4[0]		RSH		
5% dextrose	500		4[0]		RSH		

No. 00568

Skip if E+D & no vomiting

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
SULLIVAN	DEBORAH	1063879K

DATE 19/4/4

No. 0181327

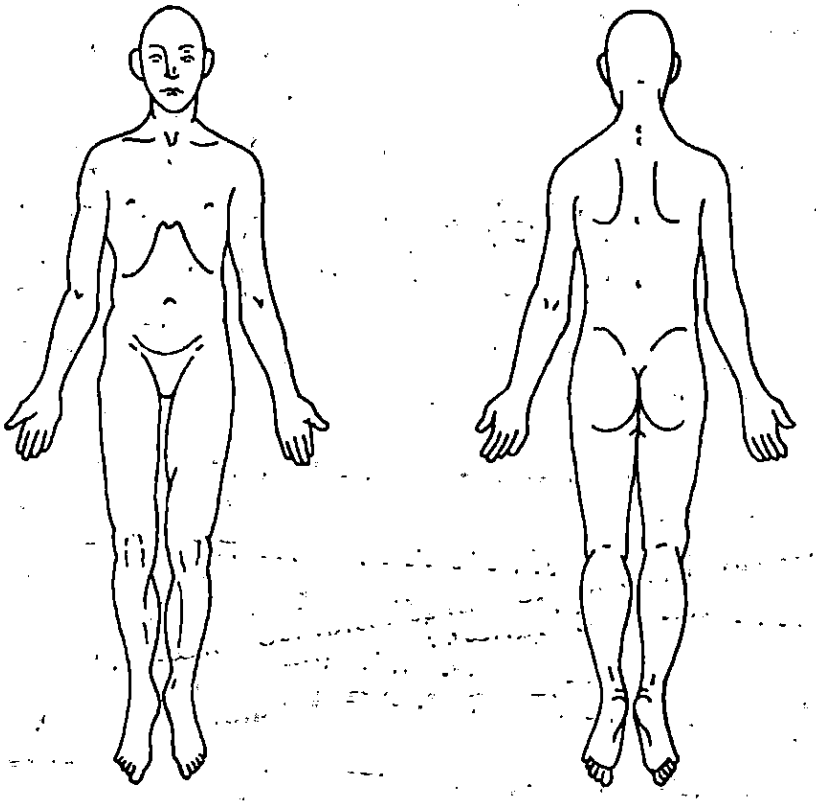
FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) saline	500	0320	4o	0720	RGN	04B 20H exp 02/06	GM
5% dextrose	500	0720	4o	D/S	RGN	04B 19H exp 02/06	GM
5% dextrose +20 mmol KCl	500		4o		RGN		

No. 00568

Pressure Sore Risk Assessment Documentation Form

Affix name label
10638479K
SULLIVAN
DEBORAH

MARK POSITION OF EXISTING PRESSURE SORE OR DAMAGED/DISCOLOURED AREA ON BODY WITH AN X



TO ASSIST IN THE SELECTION OF AN APPROPRIATE MATTRESS SEE STEP UP/DOWN CHART

Specialised equipment documentation form

DATE	SCORE	MATTRESS	CUSHION	EVALUATION	INITIALS
19/4/4	3	SOFT FOAM			SMI

Pressure Sore Risk Assessment Documentation Form

Waterlow Risk Assessment															
	Initials	JH													
	Date	19/4													
	No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body Weight for height:															
Average	0	0													
Above average	1														
Obese	2														
Below average	3														
Continence:															
Completely catheterised	0	0													
Occasionally incontinent	1														
Cath. incontinent of faeces	2														
Doubly incontinent	3														
Skin Type - Visual risk areas:															
Healthy	0	0													
Tissue paper/dry	1														
Oedematous/clammy (temp raised)	1														
Discoloured	2														
Broken/spot	3														
Mobility:															
Fully	0	0													
Restless/fidgety	1														
Apathetic	2														
Restricted	3														
Inert/traction	4														
Chairbound	5														
Age/Sex:															
Male = 1 Female = 2	1 or 2	2													
14 - 49	1														
50 - 64	2														
65 - 74	3														
75 - 80	4														
81+	5														
Appetite:															
Average	0	0													
Poor	1														
N.G., Tubes/Fluids only	2														
nbm - Anorexic	3														
Special Risks - Tissue Malnutrition:															
e.g. Terminal Cachexia	8														
Cardiac Failure	5														
Peripheral Vascular disease	5														
Anaemia	2														
Smoking	1														
Neurological Deficit:															
e.g. Diabetes, MS, CVA, motor/sensory paraplegia	4 5														
Major surgery/Trauma:															
Orthopaedic, below waist, spinal	5														
On table > 2 hours	5														
Medication:															
Cytotoxics, High dose steroids, Anti-inflammatory	4														
TOTAL SCORE		3													

SCORE: **< 10 - low risk;** **10 - 14 = at risk;** **15 - 19 = high risk;** **20+ = very high risk**

North Glasgow University Hospitals NHS Trust

10638479K
SULLIVAN
DEBORAH

Nar

NHS Greater Glasgow

NOT TO BE FILED UNTIL DISCHARGE

Unit No.:

Date:	17/4	18/4/4	19/4			
WCC 4-11	8·3	7·58	8·53			
Hb 11-5-18-0	12·9	11·7	12·3			
Plat 150-400	285	223	268			
Hct 0-37-0-47						
Na 135-145	140	140.	139			
K 3-5-50	4·2	3·8	3·9			
Cl 98-102	107		105			
Bic 22-22						
Urea 2-5-7-5	3·6	2·7	(2·3) ↓			
Creat. 60-120	74	75.	79			
Amylase <200	82	63.				
CRP <20	(13)	8.	11			
ESR AGE 12						
Adj. Ca 2-2-2-6	2·34					
Phosphate 0-7-1-4	0·96					
Tot. Prot. 62-77	78		72			
Albumin 36-52	46	40.	42			
Alk. Phos. 60-300	156	135.	152			
Gamma GT <50	(200)	(166.)	(207) ↑			
Bil 3-20	6	8.	10			
AST 10-35	(42)	33	33			
ALT 5-40	(62)	(48)	46			
LD 200-520						
Glucose 3-0-5-5	5·6					
PT 10-14						
APTT 26-36						
TT 8-12						
FIB 200-400						
INR						
APTT RATIO						
Drain Amylase						

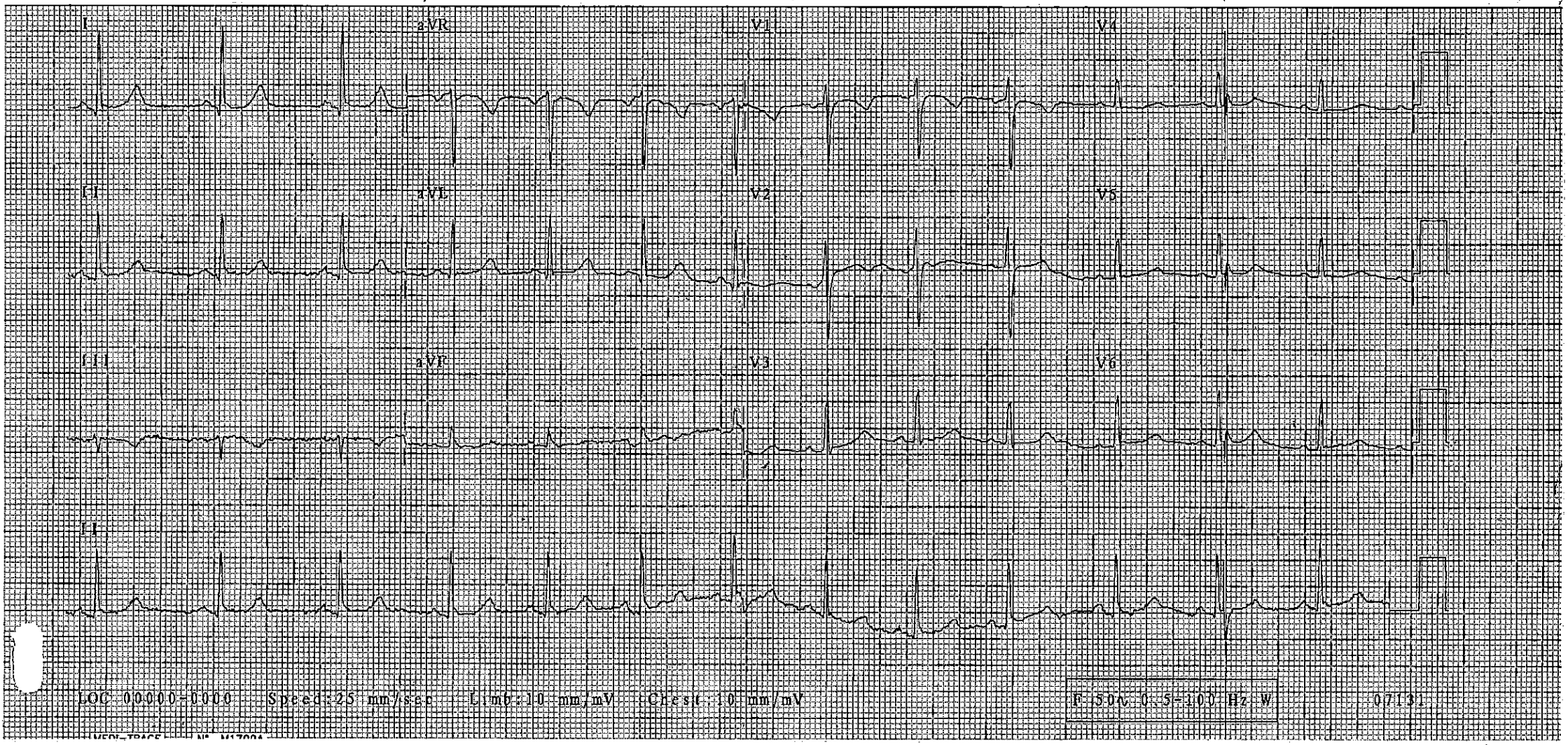
MIS 109801

31 months Female

Oper:

CHEST PAIN

CCO - nl acute
T ↓ V1



PRESCRIPTION FORM

Hospital Name: Stobhill

ETAILS

Name: 1063847SK F
SULLIVAN
DEBORAH
8 Rhindmuir Court
Baillieston
G69 6BN
GLASGOW
07/12/1972

Hospi

DOB:

Height:

Weight:

Surface area:

Date of Admission: 13/1/14

Date of writing discharge prescription: __/__/__

Consultant Name: MR HANSELL

Ward: 2A

Date and time this form prepared: __/__/__ Time:

Sheet No (1)

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

OTHER CHARTS IN USE

Insulin ☐

PCA and other infusions ☐

Anticoagulants: Heparin ☐ Oral ☐

Topical: ☐

TPN: ☐

Enteral Nutrition: ☐

Oxygen Therapy: ☐

Other:

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
15/1/14	GRANISETRON	1mg	IV	0230		C Wil	0235
15/1/14	Buscopan	20mg	IV			B Paul	0305

PATIENT'S NAME: Deborah Sullivan

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE → 13 | 14 | 15
MONTH → 1 | 1 | 1

A

DRUG: Clexane.

DOSE: 20mg. | ROUTE: SC | DATE: 13/1 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	✓ / JR
2200-2400	BP
Other time	

B

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

C

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

D

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

Parenteral Drugs: Regular Prescription

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

E

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

F

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

G

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

H

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 13 | 14 | 15 | 16 | MONTH: 1 | 1 | 1 | 1

J DRUG: Omeprazole

DOSE: 20mg | ROUTE: Oral | DATE: 13/1/04 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

	13	14	15	16
Other time				
0700-0900		RB	BP	VH
1200-1400				
1600-1800				
2200-2400	BP	RB	VH	
Other time				

K DRUG: paracetamol

DOSE: 1g | ROUTE: O | DATE: 14/1 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

	13	14	15	16
Other time				
0700-0900			BP	VH
1200-1400		TH	TH	LS
1600-1800		JB	JB	
2200-2400			VH	
Other time				

L DRUG: DF 118

DOSE: 30mg | ROUTE: O | DATE: 14/1 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

	13	14	15	16
Other time				
0700-0900			BP	VH
1200-1400		TH	TH	LS
1600-1800		JB	JB	
2200-2400			VH	
Other time				

M DRUG:

DOSE: | ROUTE: | DATE: | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

	13	14	15	16
Other time				
0700-0900				
1200-1400				
1600-1800				
2200-2400				
Other time				

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

P

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

R

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

S

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

T DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

← FOR DOCTORS USE ONLY →

V DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

← FOR DOCTORS USE ONLY →

W DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

← FOR DOCTORS USE ONLY →

X DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

← FOR DOCTORS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

DD DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

EE DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FF DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

GG DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

HH

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

JJ

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

KK

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

LL

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: DEBORAH SULLIVAN

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: TRAMADOL — STOPPED DATE: — INITIALS:
DOSE: 50-100mg | ROUTE: IV/IM | INDICATION: PAIN
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: | DATE: 13/1/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	13/1	13/1	13/1	14/1	14/1	14/1	15/1	15/1	15/1	16/1																		
TIME	15 10	21 15	23 00	7a	20 18	1900	2 30	10a	21 15	12 noon																		
DOSE	100 mg	50 mg	50 mg	100 mg	50 mg	50 mg	50 mg	50 mg	50 mg	50 mg																		
GIVEN BY	SMT	RB	RB	RB	RB	LD	CW	RB	GW	CS																		

(IM)

NN DRUG: MAXOLON — STOPPED DATE: — INITIALS:
DOSE: 10mg | ROUTE: IV | INDICATION: NAUSEA
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: | DATE: 13/1/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	13/1	14/1	14/1	13/1	15/1																							
TIME	21 15	9	22	10	21 15																							
DOSE	10 mg	10 mg	10 mg	10 mg	10 mg																							
GIVEN BY	RB	CS	[illegible]	[illegible]	[illegible]																							

PP DRUG: MORPHINE — STOPPED DATE: — INITIALS:
DOSE: 5mg-10mg | ROUTE: IV | INDICATION: PAIN
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: | DATE: 13/1/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	13/1	14/1	14/1																									
TIME	17 00	9 30	22																									
DOSE	10 mg	5mg	5mg																									
GIVEN BY	SMT	CS	[illegible]																									

IV

RR DRUG: — STOPPED DATE: — INITIALS:
DOSE: | ROUTE: | INDICATION:
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																												
TIME																												
DOSE																												
GIVEN BY																												

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

| | | |

Nurse/Midwife Administration by Protocol – Authorised Nurses/Midwives Only

(Maximum number of doses per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Ver 6, 01/2002

NOT TO BE FILED UNTIL DISCHARGE

Name: Deborah Sullivan Unit No: 10638479K

Date:	13/11/4	14/11	15/11/4			
WCC 4-11	8·65	6·37	5·81			
Hb 11-5-18-0	13·1	11·4	12·1			
Plat 150-400	270	216	241			
Hct 0-37-0-47						
Na 135-145	140	139	137			
K 3-5-50	4·0	3·9	4·1			
Cl 98-102	103	106	102			
Bic 22-22						
Urea 2-5-7-5	4·0	(2·4)	(1·8)			
Creat. 60-120	78	70	78			
Amylase <200	68	62	77			
CRP <20	12	(14)	(13)			
ESR AGE 12						
Adj. Ca 2-2-2-6						
Phosphate 0-7-1-4						
Tot. Prot. 62-77	74	66	72			
Albumin 36-52	44	39	43			
Alk. Phos. 60-300	130	124	129			
Gamma GT <50	(165)	(154)	(164)			
Bil 3-20	15	14	14			
AST 10-35	26	24	32			
ALT 5-40	22	24	28			
LD 200-520						
Glucose 3-0-5-5						
PT 10-14	(15)	14				
APTT 26-36	30	31				
TT 8-12	12	9				
FIB 200-400	420	433				
INR						
APTT RATIO						
Drain Amylase						
MCV (80-100)			90			

10638479K 3K

SULLIVAN F

NAME DEBORAH AN 07/12/1972

8 Rhindmuird Court

DADDRESS Baillieston

GLASGOW G69 6BN

STOBHILL HOSPITAL

WARD 2A

13/1/4

15-1-04 16-1

°C

Blood Pressure

Pulse

Respiration

Saturation

O_2

Cannula

CVP

Fluids / diet

Fasting

N/G

Catheter

BM

Urinalysis

RSOU negative

MSSU

Clearview Negative

BOZANA VUKIC OCT '96

24 Hour Fluid Chart

Name	Christian/Forename	Unit Number
Sullivan	Deborah.	

16.1.04

Fluid & Supplement	Oral	I.V. or Other	Time	Urine	Vomit	Gastric Aspirate	Bowel	Other
CORNFLAKES TEA	300		8am	P-4				
			9am					
TEA (150)	150		10am					
WATER	150		11am					
LUNCH MILK	150.		12am	P-4				
			1pm					
			2pm					
			3pm					
			4pm					
			5pm					
			6pm					
			7pm					
			8pm					
			9pm					
			10pm					
			11pm					
			12mid					
			1am					
			2am					
			3am					
			4am					
			5am					
			6am					
			7am					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

Instructions

Parenteral
Oral

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea		
Sodium		
Potassium		
Chloride		
Bicarbonate		
Creatinine		

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 15/1/04

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
Saline 2 over		500	1 a.m.					
			2 a.m.		100ml clear fluid			
			3 a.m.					
			4 a.m.					
Glucose		500	5 a.m.					
			6 a.m.					
			7 a.m.		100	clear fluid		
			8 a.m.					
Dext 5%		400	9 a.m.					
			10 a.m.					
			11 a.m.					
Lunch + TEA	200		12 noon					
			1 p.m.					
TEA	150		2 p.m.					
			3 p.m.					
			4 p.m.					
Soup/Dinner/TEA	360		5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 14/1/04

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
			12 mid.					
			1 a.m.					
			2 a.m.					
Dext + Kt.		500	3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
Dext 5%		500	7 a.m.					
			8 a.m.					
Water	100		9 a.m.	UTT				
			10 a.m.					
N/Saline		500	11 a.m.					
			12 noon					
			1 p.m.	UTT				
Tea	150		2 p.m.					
Juice	300		3 p.m.					
			4 p.m.	UTT				
5% Dext + KCl		500	5 p.m.					
Tea	150		6 p.m.	PU				
			7 p.m.					
			8 p.m.					
			9 p.m.	U.T.T.				
5% dextrose		500	10 p.m.					
			11 p.m.					
TOTALS	600	2,500		U.T.T.				
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

STOBHILL HOSPITAL
24 HOUR FLUID CHART

10638479K
SULLIVAN F
DEBORAH 07/12/1972
6 Muirhead Court
Baillieston
GLASGOW G69 7EP

NHS Greater Glasgow

CHRISTIAN/FORENAME | UNIT NUMBER

DATE 13/1/4

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.					
	N		11 a.m.					
			12 noon					
			1 p.m.					
Admitted	—		2 p.m.	Admitted				
			3 p.m.					
5% DEXTROSE		500	4 p.m.					
	B		5 p.m.	PU				
			6 p.m.					
	—		7 p.m.	U.T.T.				
			8 p.m.					
	M		9 p.m.		10ml water.			
NSaline		500	10 p.m.					
			11 p.m.					
TOTALS	✓	1,000		U.T.T.	10		✓	
TOTAL INTAKE								TOTAL OUTPUT

1NSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

No. 00260

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

STOBHILL HOSPITAL

NHS Greater Glasgow

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
SULLIVAN	DEBBIE	

No. 0181327

DATE 14.01.04

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
5% Dextrose	500	0550	4	DISC 0610		08K LBE	BP
(N) Saline + 20mmol KCl	500		4				
5% Dextrose	500		4				

No. 00568

THIS DOCUMENT MUST BE RETAINED

10638479K
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Baillieston
GLASGOW G69 6BN

Hospitals NHS Trust

PITAL

NHS Greater Glasgow

PRESCRIPTION SHEET

FORENAME	Unit Number

No. 0181327

Approximate Rate for 500ml.
1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 13/1/4

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
5% DEXROSE FROM A+E	500		4°	4.30			
(N) Saline	500	5.15 pm	4°	22.00		03K 12F 11/05	SM
5% Dex + 20 mmol KCl	500	22.00	4°	3a		03K 07BB 10/05	BP
5% Dex	500	3a	4°	07.00		03K 13E 11/05	RS
(N) Saline	500	07.00	4°	10.50		03K 12F 11/05	BP
5% Dex + 20 mmol KCl	500	10.50	4°	5pm		03K 07BB	
5% Dex	500	5p	4°	21.45		03K 13E	
(N) Saline + 20 mmol KCl	500	21.45	4°	02.00		03J 07BK 09/05	BP
5% Dex	500	02.00	4°	05.50		03K 13E 11/05	

No. 00568

PRESCRIPTION FORM

Hospital Name: Stobhill

PATIENT DETAILS

Nam
1063847 9X
SULLIVAN F
DEBORAH 07/12/1972
8 Rhindmuir Court
Ho Baillieston
GLASGOW G69 6BN

Date of Admission: 5/5/03

Consultant Name: Mr Moschos

Height:

Weight:

Surface area:

Date of writing discharge prescription: __/__/__

Ward: 245

Date and time this form prepared: __/__/__ Time:

Sheet No 1

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

Voltarol

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
6/5/03	Buscopan	20mg	IM	1395			1515
7/5/03	Morphine	10mg	IM	1545	AMacKay		1545
9/5/03	Gastrografin	6ml	ORAL	1230		NOTE	1230
9/5/03	Gastrografin	6ml	ORAL	1330	TS	NOTE	1330

PATIENT'S NAME: Deborah Sullivan

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE → 6 7 8 9 10 11 12
MONTH → 5 5 5 5 5 6 5

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

A DRUG: ENOXAPARIN
DOSE: 20mg | ROUTE: S/C | DATE: 5/5/13 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

B DRUG: DHC
DOSE: 30mg | ROUTE: IM | DATE: 5/5/13 | STOPPED DATE: 7/5
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS: CN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

C DRUG: DHC
DOSE: 50mg | ROUTE: IM | DATE: 7/5 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

D DRUG: MORPHINE
DOSE: 50mg | ROUTE: IV | DATE: 7/5/13 | STOPPED DATE:
SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: PCA syringe

FOR DOCTORS USE ONLY
Continues in Rx

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Debbie Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 5 6 7 8 9 10 11 12 13

MONTH: 5 5 5 5 5 5 5 5 5

J

DRUG: Ibuprofen

DOSE: 200mg | ROUTE: O | DATE: 5/3/05 | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

K

DRUG: Oxycodone

DOSE: 1a | ROUTE: O | DATE: 5/3/05 | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

L

DRUG: Vic

DOSE: 30mg | ROUTE: O | DATE: 5/3/05 | STOPPED DATE: 7/5/05

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

M

DRUG: Lasix

DOSE: 40mg | ROUTE: O | DATE: 5/5 | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

Oral and Other Drugs: Regular Prescriptions

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

DATE: 5 6 7 8 9 10 11 12 13
MONTH: 5 5 5 5 5 5 5

N

DRUG: Bowel Care
DOSE: 100mg | ROUTE: O | DATE: 5/5/13 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900 PR BM
1200-1400
1600-1800
2200-2400
Other time SA

P

DRUG: PRN
DOSE | ROUTE | DATE | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

R

DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

NB
Dr Rae had recommended Deborah to be started on tramadol sustained release 100mg BD + 50mg prn breakthrough (max 400mg 12+/24) (discontinue dihydrocodeine) Regime

KYTRIL granisetron

S

DRUG: Ondansetron
DOSE: 30-60mg | ROUTE: O | DATE: 9/5/13 | STOPPED DATE:
SIGNATURE OF DOCTOR: SA | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900 CD MM
1200-1400 MM
1600-1800
2200-2400
Other time

60mg 3-15 pm 30mg

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 10 11 12 13

MONTH → 5 5 5 5

T DRUG: ZANTAC

DOSE: 100mg | ROUTE: IV | DATE: 9/5/03 | STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

V DRUG: lactulose

DOSE: 10ml | ROUTE: O | DATE: 10/5/13 | STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900 ✓	9J
1200-1400	
1600-1800	
2200-2400 ✓	CV 9J
Other time	10

W DRUG:

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

X DRUG:

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

AA

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BB

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

CC

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

DD DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

HH DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

JJ DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

KK DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

LL DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
SIGNATURE OF DOCTOR			INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: Tramadol

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
50-100mg	p/m	Pain		

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 4-6° | DATE: 5/5

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	5/5	5/5	5/5	5/5	5/5																		
TIME	01	06	11	09	12																		
DOSE	100mg	100mg	100mg	100mg	100mg																		
GIVEN BY	JD	BD	MM	JL	JC																		

NN DRUG: Sterach

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
12.5mg	IM	N&V		

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 6-8 | DATE: 5/5

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	5/5	5/5	5/5	5/5	5/5																		
TIME	01	09	04	10	22																		
DOSE	12.5mg	12.5mg	12.5mg	12.5mg	12.5mg																		
GIVEN BY	JD	SS	MM	JL	JC																		

PP DRUG: Morphine

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
10mg	IV/IM	Pain	7/5	

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 2-4 | DATE: 5/5

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	5/5	5/5	5/5	5/5	5/5																		
TIME	09	16	20	24	07																		
DOSE	5mg	10mg	10mg	10mg	10mg																		
GIVEN BY	JC	AM	CL	CL	KC																		

RR DRUG: Ibuprofen

DOSE	ROUTE	INDICATION	STOPPED DATE:	STOPPED INITIALS:
100mg	p/u	Pain		

SIGNATURE OF DOCTOR | MAX.FREQUENCY: 6 | DATE: 5/5

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5															
TIME	09	16	12	23	07	09	18	11															
DOSE	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg															
GIVEN BY	JC	AM	CL	CL	KC	KC	MM	MM															

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS DRUG: Quetiapine — STOPPED DATE: — INITIALS:
DOSE: 4mg. | ROUTE: IM/IV | INDICATION: Nausea
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: 6-8hrly. | DATE: 6/5/13
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	6/5	7/5	07/05	7/5	8/5	8/5	9/5	9/5	09/05	10/5	11/5	12/5													
TIME	20:30	00:50	13:45	22:00	07:40	14:45	21:10	03:15	18:00	01:40	12:25	21:00													
DOSE	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg													
GIVEN BY	MT	RB	CA	MT	MT	RB	MT	MT	MT	CA	CA	MT													

TT DRUG: BUSCOPAN — STOPPED DATE: — INITIALS:
DOSE: 20mg | ROUTE: oral/IM | INDICATION: cramping pains
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: 8° TDS | DATE: 6/5/13
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	6/5	7/5	03/05																						
TIME	20:35	00:50	14:20																						
DOSE	20mg	20mg	20mg																						
GIVEN BY	CA	CA	CA																						

VV DRUG: METHADONE — STOPPED DATE: — INITIALS:
DOSE: 100mg | ROUTE: IV/IM | INDICATION: PAIN
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: 2-4° | DATE: 9/5/13
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	9/5	9/5	09/05	10/5	10/5	11/5	11/5	11/5	11/5	11/5	12/5	12/5	12/5	12/5	13/5	13/5									
TIME	22:30	04:40	14:10	21:10	01:10	8PM	12:15	15:30	20:00	23:00	05:00	10:00	18:00	21:00	00:45	04:30									
DOSE	100mg IV	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg									
GIVEN BY	MT	RB	CA	MT	CA	MT	MT	MT	MT	RB	CA	MT	MT	CA	MT	CA									

WW DRUG: — STOPPED DATE: — INITIALS:
DOSE: | ROUTE: | INDICATION:
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																									
TIME																									
DOSE																									
GIVEN BY																									

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protoco Authorised Nurses/Midwives On

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN
5/5	Paracetamol	1g	PO		[illegible]	EC	15:5
5/5	Gaviscon	10mls	Po		[illegible]	EC	15:5
8/5	Gaviscon	10ml	PO	0500	[illegible]	MICK	0500

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 5: 01/2005

STOBHILL HOSPITAL

NAME Deborah Sullivan WARD 5

DATE TIME 13 O TEMP + PULSE

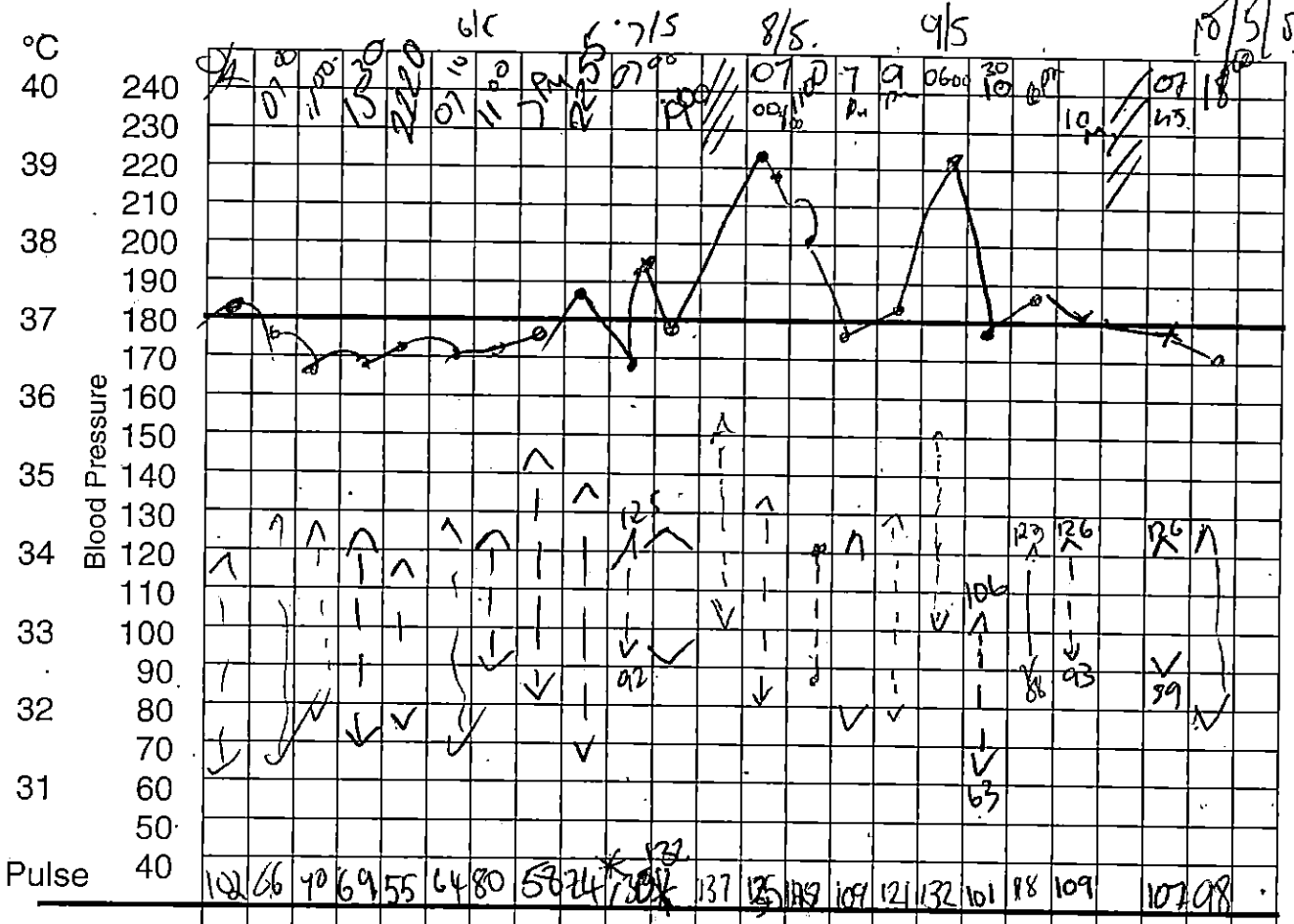
		11/5	12/5	13/5
°C				
40	240	18	23	6
	230			
39	220			
	210			
38	200			
	190			
37	180			
	170			
36	160			
	150			
35	140			
	130			
34	120			
	110			
33	100			
	90			
32	80			
	70			
31	60			
	50			
Pulse	40	120	85	76
Respiration				
Saturation		98%	98	98
O_2				
Cannula				
~~BP~~ CVP		5	8	8
Fluids / diet				
Fasting				
N/G				
Catheter				
BM				
Urinalysis				
RSOU				
MSSU				
Clearview				

Blood Pressure

STOBHILL HOSPITAL

NAME Deborah Sullivan WARD 2s/5

DATE 5/5/03 TIME 0015



Respiration																						
Saturation	97%			99			95	98 99	97	99	98	96	97	96	96	96	97	95	96	98		98	99
O_2									Air		Air		Air	Air	Air	Air	Air	Air	Air	Air		Air	
Cannula																							
CVP												10	10	10	9			10					5
Pain Score																							
Fluids / diet																							
Fasting																							
N/G																							
Catheter																							
BM																							
Urinalysis																							
RSOU	WNL																						
MSSU																							
Clearview	IV																						

Vomit BILE 600mls

Vomited 700 mls.

VOMITED 700mls

BOZANA VUKIC OCT '96

24 HOUR FLUID CHART

SURNAME: DEBORA SULLIVAN | CHRISTIAN NAME(S) | UNIT NUMBER

DATE 13.5.03

FLUID & SUPPLEMENT	ORAL	IV or other	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
rice crispies | tea	200ml		8am					
			9am					
tea glass juice	300ml		10am					
			11am					
			12am					
			1pm					
			2pm					
			3pm					
			4pm					
			5pm					
			6pm					
			7pm					
			8pm					
			9pm					
			10pm					
			11pm					
			12mid					
			1am					
			2am					
			3am					
			4am					
			5am					
			6am					
			7am					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea		
Sodium		
Potassium		
Chloride		
Bicarbonate		
Creatinine		
Urine: Urea		
Chloride		

24 HOUR FLUID CHART

SURNAME	CHRISTIAN NAME	UNIT NUMBER
DOBBRAH	SULLIVAN	

DATE 12/5/03

FLUID & SUPPLEMENT	ORAL	IV & OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
Porridge Tea	300		8am	UM				
Tea	150		9am				++	
			10am					
			11am					
Lunch + Milk	300		12am	UM				
			1pm					
			2pm					
Tea	150		3pm	UM				
			4pm					
Soup & Milk	300		5pm					
			6pm	UM				
Juice	150		7pm					
			8pm		400			
			9pm					
			10pm					
			11pm					
			12mid					
			1am					
			2am					
			3am					
			4am					
			5am					
			6am					
			7am					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine		
Urine: Urea, Chloride		

24 HOUR FLUID CHART

SURNAME: SULLIVAN | CHRISTIAN/FORENAME: DEBORAH | UNIT NUMBER:

DATE 11-5-03

FLUID & SUPPLEMENT	ORAL	I.V. URINE	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
Tea	150		8am					
water	50		9am	900				
N/Saline+KCl		500	10am					
		500	11am					
water	150		12am					
milk	150		1pm	250				
			2pm					
			3pm	Urin toilet				
			4pm					
			5pm	200				
			6pm					
			7pm					
Dextrose		500	8pm	200				
		1000	9pm					
Tea	150		10pm	300 / 1,150				
	650		11pm					
			12mid					
			1am					
			2am					
			3am	200				
			4am					
			5am					
			6am	500				
			7am	300				
TOTALS								
TOTAL INTAKE	1650						TOTAL OUTPUT	2150

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance +

Biochemistry Results		Time
Serum: Urea		
Sodium		
Potassium		
Chloride		
Bicarbonate		
Creatinine		
Urine: Urea		
Chloride		

24 HOUR FLUID CHART

CHILD'S SURNAME	CHILD'S FIRST NAME	UNIT NUMBER
Sullivan	Deborah	

DATE 10/5/03

FLUID & SUPPLEMENT	ORAL	IV / OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am					
Tea (150)			9am					
Water	150		10am		100			
Soup	50		11am	200	MBSUL			
N/Saline Dextrose	150		12am					
		500/1000	1pm	200				
			2pm	400	100			
			3pm					
			4pm	200/600				
N/Saline water		500/1000	5pm					
	150		6pm	300/900				
Tea			7pm		400			
	150		8pm					
			9pm					
			10pm	300/1,200				
5% Dextrose		500/1000	11pm					
			12mid					
			1am					
			2am					
			3am					
5% Dextrose			4am	400				
			5am					
			6am					
			7am					
TOTALS	650	1,500						
TOTAL INTAKE		2,150				TOTAL OUTPUT		1,200

INSTRUCTIONS

PARENTERAL ORAL fluids

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time
Serum: Urea	
Sodium	
Potassium	
Chloride	
Bicarbonate	
Creatinine	
Urine: Urea	
Chloride	

24 HOUR FLUID CHART

Sullivan Deborah

DATE 9/5/03

FLUID & SUPPLEMENT	ORAL	IV/ Other	TIME	URINE	VOMIT	Gastric Aspirate	Bowel	Other
			8am					
			9am					
			10am					
			11am					
			12am					
			1pm					
			2pm					
			3pm					
			4pm					
COMMENCED			5pm					
			6pm					
			7pm					
			8pm					
			9pm		450ml (food stuff)			
			10pm					
			11pm					
			12mid					
			1am					
			2am					
			3am					
			4am					
			5am					
			6am					
			7am					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea		
Sodium		
Potassium		
Chloride		
Bicarbonate		
Creatinine		
Urine: Urea		
Chloride		

Bowels moved 12/5/03 soft(m) 8.30 am

C O Patient Controlled Analgesia

PRESCRIPTION SHEET NUMBER ..... THIS DOCUMENT MUST BE RETAINED REFER OVERLEAF FOR INSTRUCTIONS

PATIENT'S NAME Deborah Sullivan

HOSPITAL Stadium UNIT NUMBER 628479

WARD 15 D.O.B. 4-12-42

Prescriptions and Administration sheet for medicines given by Syringe / Infusion Pump
Each prescription must be completed fully and unambiguously. FULL SIGNATURE TO BE USED

1 PRESCRIPTION DETAILS (to be completed by DOCTOR before start of therapy)

MEDICINE(S)	TOTAL AMOUNT OF DRUG(S) in syringe / ~~bag~~	DILUENT	TOTAL VOLUME in syringe / ~~bag~~	DRUG CONC'N(S) (mg/ml)	ROUTE	TYPE SYRINGE PUMP OR INFUSION PUMP MODEL:	PRESCRIBERS SIGNATURE
Morphine	50mg	(N) Saline	50ml.	1mg/ml	IV		HEMacKay

2 FLOW RATE DETAILS (to be completed by DOCTOR and NURSING STAFF)

	Date	Start Time	Drug Dose per Hour	Required Flow Rate Setting	Prescribed by	Set by	Checked by
Initial rate							
Change 1							
Change 2							
Change 3							
Change 4							

3 PREPARATION DETAILS (to be completed by DOCTOR or NURSING STAFF)

	Date	Time	Prepared by	Checked by	Set by	Checked by
Initial Prep.	7/5	1630	GG	GG	GG	GG
Rpt. 1	8/5	1315	Pharmacy	EBeattie	EBeattie	GMcVicar
Rpt. 2	9/5	0300	Pharmacy	MMcKenna	MMcKenna	[illegible]
Rpt. 3						
Rpt. 4						

4 ADMINISTRATION CHECK (to be completed HOURLY by NURSING STAFF)

Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments	Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments
7/5/3	1630	19ml	0	PCA	GG								
7/5/3	2140	25ml.	25ml.	PCA	MMcKenna								
7/5/3	2355	12ml	38ml	PCA	MMcKenna								
8/5/3	0656	11ml	39ml	PCA	MMcKenna								
8/5/3	1315	50mls	0mls	PCA	EBeattie/MMcKenna	New Syringe							
8/5/3	7pm	30	20mls	PCA	[illegible]								
8/5/3	9pm	19mls	31mls	PCA	MMcKenna.								
9/5/3	0300	0mls	50ml.	PCA	MMcKenna.								
9/5/3	0355	50ml	0ml	PCA	MMcKenna	Need Syringe.							
9/5/3	0650	45ml	5ml	PCA	MMcKenna.								
9/5	1720 pm	2mls	30mls	PCA	[illegible]								

5 DISCONTINUATION

(Sign): ..... DATE: ..... TIME: .....

NOTE: IF THE 'BOOST' FACILITY OF A SYRINGE DRIVER IS USED, RECORD THIS IN THE 'COMMENTS' SECTION.

REF: PAS 1

PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE PUMP/ INFUSION PUMP - GUIDELINES ON USE

ONLY APPROPRIATELY PREPARED REGISTERED NURSES MAY PARTICIPATE IN THE PREPARATION AND ADMINISTRATION OF MEDICINES GIVEN VIA A SYRINGE PUMP

THIS FORM IS NOT APPROPRIATE FOR USE IN CERTAIN HIGH DEPENDENCY AREAS:

The medicine should be prescribed in the patient's main prescription sheet, cross referenced by annotating the "other prescription sheets in use section". This sheet should be kept in close proximity to the device in use.

Each prescription sheet should be used to record the prescription, preparation and administration details of syringes or infusion bags which are prepared in accordance with the prescription in Section 1 of the form. **IF THE DETAILS IN SECTION 1 REQUIRE TO BE CHANGED A NEW PRESCRIPTION FORM MUST BE USED.**

Signatures must be written out in full in the appropriate spaces.

The form should be completed as follows:

SECTION 1 : PRESCRIPTION DETAILS:

(i) The prescription must be completed in full by a qualified medical practitioner.

(ii) "Total Amount of Drug(s)" refers to the total quantity of medicine in micrograms, milligrams or units, placed into the container.

(iii) If the medicine is further diluted, the diluent must be noted in the "Diluent" space and total **volume** recorded, ie, medicine + diluent.

(iv) The final concentration of drug in the syringe/bag should be recorded.

(v) The Route of Administration, Intravenous or Subcutaneous, must be recorded.

(vi) The type of infusion device, syringe driver or infusion pump, and the model when selected must be recorded by the doctor or nurse as appropriate.

(vii) The prescriber must sign the space provided.

SECTION 2: FLOW RATE DETAILS:

(i) The dose of drug (in microgram or mg/hour) and the resultant initial flow rate (in ml/hour or mm/hour depending on the device in use) must be prescribed by the Doctor on the "initial rate" line.

(ii) If the infusion rate is set and started by the prescriber, the "set by" section should also be signed. If this is done by two registered nurses/midwives, both "set by" and "checked by" sections should be signed.

(iii) Any subsequent alterations in dose and flow rate must be prescribed by the Doctor on the "Change" lines except for prescribed variable dose/sliding scale regimes (see (iv)).

(iv) When a **"VARIABLE DOSE REGIME"** (eg sliding scale insulin) has been prescribed, this should be recorded on the "initial rate" line and all changes recorded in the "Comments" section as appropriate.

SECTION 3: PREPARATION DETAILS:

If the final product (syringe or infusion attached to pump) is prepared by:

(i) a Qualified Medical Practitioner, then he/she must sign the "prepared by" space, or,

(ii) a Registered Nurse or Midwife, if calculation or dilution is involved, the preparation of the infusion should be witnessed by another Registered Nurse or Midwife. The "Prepared by/Checked by" and "Set by/Checked by" sections must be signed. Preparation of fresh infusions **of the same prescription** should be recorded on subsequent lines.

SECTION 4: ADMINISTRATION CHECK:

(i) The infusion must be checked at regular intervals, as indicated on the sheet, during the period that the pump is in use. Each section must be completed in full.

(ii) The "Comments" section should be used to record observations, including site checks. All unexpected events must be brought to the attention of the Nurse or Doctor in charge.

SECTION 5: DISCONTINUATION:

When the administration is to be discontinued, the prescriber should complete the appropriate sections on the sheet and on the main Kardex prescription sheet. A line should be drawn through each prescription to prevent continued use. Local guidelines for the "Duration of Use" should be followed prior to renewing the syringe/bag.

August 1994

ACUTE PAIN SERVICE

Name Deborah
Address O SULLIVAN
Muirhead Court
illieston
LASGOW
59 7EP
4/12/42
038479
D.O. B
Unit No.

Affix data label

INTRAVENOUS ANALGESIA

P.C.A. (PATIENT CONTROLLED ANALGESIA)

Follow Guidelines for Management of patient with P.C.A.

Seek advice when indicated from

- Sr. Sioban Calwell - 8.30 am - 4.30 pm
- Other times: Duty Anaesthetist.

Inform if:-

- Pain score greater than 6.
- Sedation score 3 with saturation less than 94%.
- Respiration rate of 8 or less / minute.

DRUG

1. MORPHINE ..... mg in 50 / 60mls.

2..... mg in 50 / 60mls.

Add sterile saline to make 50/ 60 ml volume. _____

DRUG SETTINGS

Drug Concentration mg/ml : 1mg/ml
Dose Duration (mins.) Start
Loading Dose (mg) : 0
Lockout Period (mins): 5min
Bolus Dose (mg) : 1mg
Continuous Infusion (mg/ml): —

RE-PRESCRIPTION

Drug Concentration mg/ml: _____
Dose Durtation(mins): _____
Loading Dose (mg): _____
Lockout period (mins): _____
Bolus Dose (mg): _____
Continuous Infusion (mg/ml): _____

Anaesthetists Signature: AHMacKay

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

STOBHILL HOSPITAL

NHS Greater Glasgow

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
~~Sullivan~~	Deborah	

No. 0181327

DATE 10/5/03

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
Dextrose 5%	500	10th	3°	14⁰⁰	[signature]	03A 14 G	MT
~~Dextrose 5% 500~~			3°		~~[signature]~~		
(N) Saline	500	14⁰⁰	3°	18⁰⁰	[signature]	03 B 06 C	MT
5% Dextrose	500	18⁰⁰	4°	12⁰⁰	[signature]	03A 14 G	MT
5% Dextrose	500	12⁰⁵	4°	04³⁰	[signature]	03A 14 G 01/05	CL
(N) Saline KCl 20mmol	500ml	02K0 ~~05~~ 04³⁰	4°		HELL	02K0 4 BN 10/04	CL
5% Dextrose	500ml	10⁰⁵	4°	50 14hrs	HELL	03A 14 G	MT
Sodium Chloride	500	8 HELL	4°	8PM	[signature]	03A 14 G	MT
(N) Saline	500	8PM	4°		[signature]	03B 08C	AS

Form 75a

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North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.

1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
Sullivan	Peggy	

No. 0181327

DATE 19/5/15

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
Sal Lit Vol	500ml		4				

10

NOT TO BE FILED UNTIL DISCHARGE

Name: Deborah Sullivan Unit No: 638479

Date:	4/5/03	5/5/03	6/5	8/5/3	9/5/3	10/5/03
WCC 4-11 ↑	18.00	15.00	6.49	6.22	6.49	5.95
Hb 11-5-18-0	12.9	12.1	11.9	12.7	13.6	132.
Plat 150-400	317	412 ↑	275	297	332	342.
Hct 0-37-0-47						
Na 135-145	143	140	138	136	139	140
K 3-5-50	H		3.6	3.9	3.9	4.4.
Cl 98-102	106	102	106	100	100	100
Bic 22-22						
Urea 2-5-7-5	2.5	3.4	2.8	2.5	3.1	2.7.
Creat. 60-120	96	98	81	80	96	88.
Amylase <200	93	147 ↑	58	51	61	
CRP <20	(H)		<6	(41)	(51)	28.
ESR AGE 12						
Adj. Ca 2-2-2-6	2.43	2.41		2.23	2.25	
Phosphate 0-7-1-4	1.24	1.24		1.16	1.10	
Tot. Prot. 62-77	80	82		76	80	75
Albumin 36-52	46	47		44	46	43.
Alk. Phos. 60-300	154	153		199	194	172.
Gamma GT <50	(73)	(78)		(190)	(188)	165.
Bil 3-20	H			17	13	11
AST 10-35	32	33		(57)	(62)	43
ALT 5-40	34	35		(53)	(76)	57.
LD 200-520						
Glucose 3-0-5-5	8.3	5.3				
PT 10-14						
APTT 26-36						
TT 8-12						
FIB 200-400						
INR						
APTT RATIO						
Drain Amylase						

10

NOT TO BE FILED UNTIL DISCHARGE

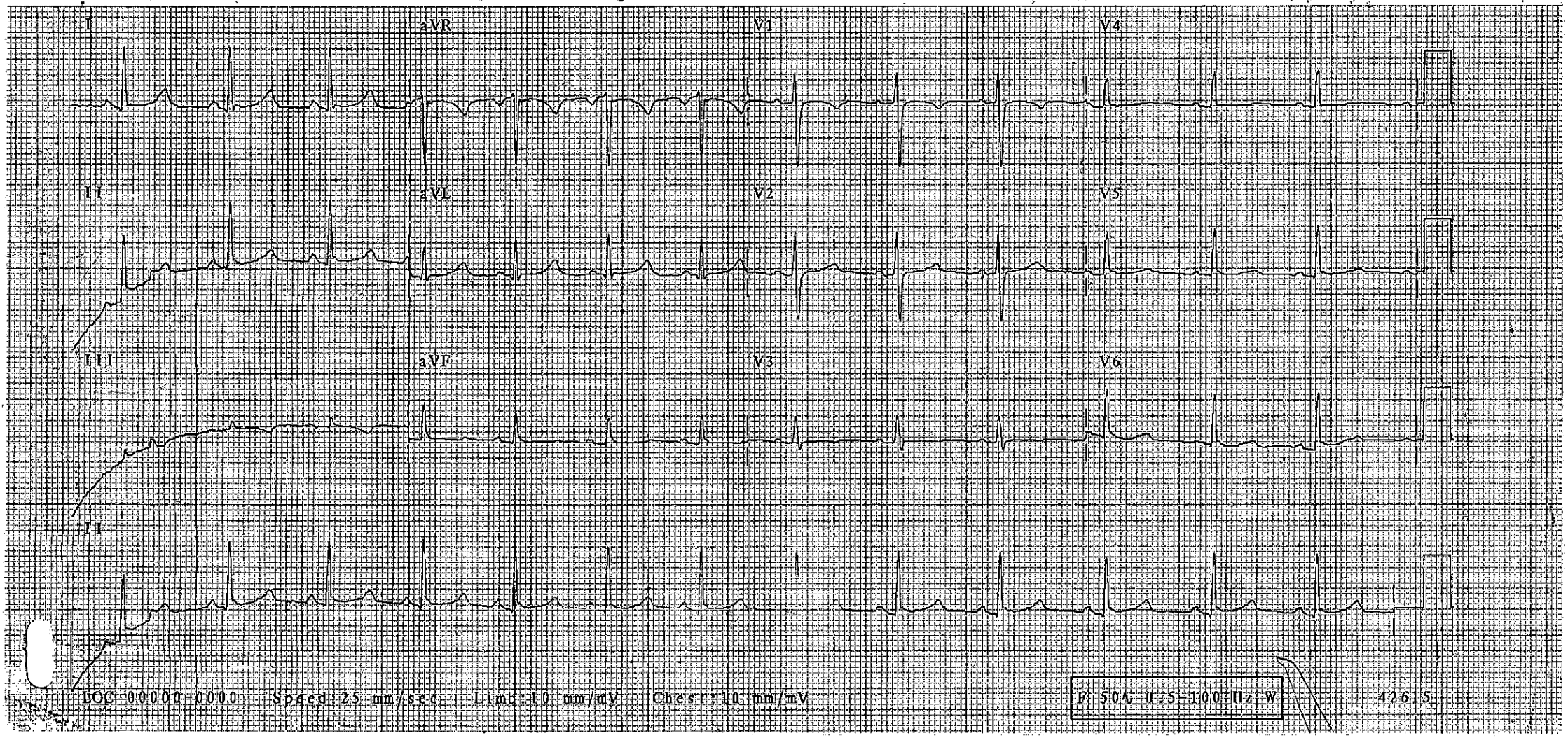
638479
DEBORAH
SULLIVAN
DOB 07/12/1972

Name:

Unit No: 638479

Date:		11/5/3	12/5	13/5		
WCC 4-11	15.0	6.34	7.91	5.96		
Hb 11-5-18-0	129	119	12.1	11.6		
Plat 150-400	317	332	330	264		
Hct 0-37-0-47						
Na 135-145	143	139	138	141		
K 3-5-50	(A).	4.3	4.0	4.0		
Cl 98-102	106	104	103	106		
Bic 22-22				3.0		
Urea 2-5-7-5	2.5	3	2.6	86		
Creat. 60-120	96	75	73			
Amylase <200	93					
CRP <20		15	8	6		
ESR AGE 12						
Adj. Ca 2-2-2-6	2.43			2.33		
Phosphate 0-7-1-4	1.24			1.05		
Tot. Prot. 62-77	80	69	70	70		
Albumin 36-52	46	40	41	41		
Alk. Phos. 60-300	124	139	142	127		
Gamma GT <50	(73)	133	(124)	(111)		
Bil 3-20		8	7	6		
AST 10-35	32	26	29	30		
ALT 5-40	34	39	30	30		
LD 200-520						
Glucose 3-0-5-5	5.3					
PT 10-14						
APTT 26-36						
TT 8-12						
FIB 200-400						
INR						
APTT RATIO						
Drain Amylase						
Film Borderline lymphocytosis TWBC						

DEBORAH SULLIVAN · 7/12/7[illegible] Oper:



ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

Date Given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
19.11.02	PETHIDINE	100mg	IV	09:00	CCe	CCe
19.11.02	MARACON	10mg	IV	09:00	CCe	CCe

GP Prac : 403051
SULLIVAN 538479
DEBORAH 07/12/1972
6 Muirhead Court F
Baillieston
GLASGOW G69 7EP

CLINICAL NOTES

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

STOBHILL HOSPITAL

NHS Greater Glasgow

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE

SURNAME	FORENAME	Unit Number
Sullivan	Debbie	

No. 0181327

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) Saline	500	2100	4°	2300	DEM	021 09D	NDN
5% Dextrose	500	2300	4°	03 10	DEM	021 025	
5% Dextrose	500	03 10	4°		DEM	029 24H 07/09	PB

Form 75a

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
Sullivan	Deborah	638647

No. 0181327

DATE 19 Jn

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
Nacl + 20 KCl	500	12.30	STAT	1.10 PM		021 049	EC
Nacl + 20 KCl	500	1.10 PM	24	17.10		025 21BS	AM
Dextrose + 20 KCl	500	17.10	4°	19.10		029 24H	EC
Nacl + 20 KCl	500	19.15	4°	22.10		025 21BS	
Dextrose	500	22.10	4°	01 45		029 24H	G.
(N) Diacure	500	01 45	4°	8.15		021 16B	G.
Dextrose 5%	500	8.15	4°	12.30 R			B
(W) Saline + 20 KCl	500	12.30 R	4°	17.00		025 21 BS	B
5% dextrose	500	17.00	4°				M

Form 75a

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

NEP Prac : 463051
SULLIVAN 638479
DEBORAH 07/12/1972
6 Muirhead Court F
Baillieston
GLASGOW G69 7EP

Height:

Weight:

Surface area:

Date of writing discharge prescription: __/__/__

Date of Admission: 19/11/12

Consultant Name: UR Hanson

Ward: 20

Date and time this form prepared: __/__/__ Time:_____

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

NKDA

* Sensitive to Voltarol *

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐
PCA and other infusions ☐
Anticoagulants: Heparin ☐ Oral ☐
Topical: ☐
TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
21/11/12	MIDAZOLAM	10mg	IV	0945			0945
21/11/12	Cyclimorph	10mg	IM	605			6.05
21/11	CYCLIMORPH	10mg	IM	1045		JMB	1045
22							
22/11/12	TRAMADOL	50mg	ORAL	9.15			9.15
22/11/12	GAVISCON	10mls	ORAL	9.15			9.15

PATIENT'S NAME: Deborah Sullivan

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE → 20 21

MONTH → 11 11

A DRUG: Clexane

DOSE: 1 Dmy | ROUTE: SC | DATE: 20/4 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time		
0700-0900		
1200-1400		
1600-1800	MM	DS
2200-2400		
Other time		

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 19 | 20 | 21 | 22
MONTH: 11 | 11 | 11 | 11

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

J DRUG: DIANETTE
DOSE: T | ROUTE: PO | DATE: 19/11 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: AS PER PACIC
FOR DOCTORS USE ONLY

K DRUG: LOSEC
DOSE: 10mg | ROUTE: PO | DATE: 19/11 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

0700-0900: a/g 20

L DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PR | DATE: 20/11 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

1200-1400: BB MD
1600-1800: MM DS X
2200-2400: BOZ JMB X

M DRUG: Tramadd
DOSE: 50mg | ROUTE: O | DATE: 22/11 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR: A Chipstick
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

1200-1400: X 14

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time																															
0700-0900																															
1200-1400																															
1600-1800																															
2200-2400																															
Other time																															

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: PETHIDINE — STOPPED DATE: 20/11 — INITIALS: ll

DOSE: 50–100mg | ROUTE: IM | INDICATION: Pain

SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 2 | DATE: 19/11

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	19/11	19/11	19/11	19/11	20/11	20/11
TIME	1700	1800	1900	2230	0300	2008
DOSE	100mg	100mg	100mg	100mg (Pethidine)	100mg	100mg
GIVEN BY	KA	KA	CP	DS	DS	DS

NN DRUG: METACLOPRAMIDE — STOPPED DATE: — INITIALS:

DOSE: 10mg | ROUTE: IM | INDICATION: Nausea

SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE: 19/11

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	19/11	19/11	20/11																										
TIME	1600	2200	1000																										
DOSE	10mg	10mg	10mg																										
GIVEN BY	KA	DS	MN																										

PP DRUG: ~~PARACETAMOL~~ KAPANOL — STOPPED DATE: — INITIALS:

DOSE: 1T | ROUTE: PO | INDICATION: Pain

SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 4° | DATE: 19/11

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	21/10	22/11																											
TIME	1200	2:15pm																											
DOSE	X2	+2																											
GIVEN BY	RS	AB																											

RR DRUG: MORPHINE — STOPPED DATE: — INITIALS:

DOSE: 5–10mg | ROUTE: IV | INDICATION: Pain

SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 3 | DATE: 20/11

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	20/11	20/11	20/11	20/11																									
TIME	1000	1400	1900	2135																									
DOSE	5mg	5mg	5mg	5mg																									
GIVEN BY	AM	DS	AM	PB																									

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS

DRUG		STOPPED DATE:	
Buscopan			INITIALS:
DOSE	ROUTE	INDICATION	
20mg.	IM/IV	Pain.	
SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:	
	6-8hrly.	20/11	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	20/11																													
TIME	1820																													
DOSE	20mg																													
GIVEN BY	J																													

TT

DRUG		STOPPED DATE:	
PETHIDINE		22/11	INITIALS:
DOSE	ROUTE	INDICATION	
100mg	IM		
SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:	
	2°	20/11	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	20/11	21/11	21/11	21/11	21/11	21/11																								
TIME	2300	0055	0655	0500	1100	1700																								
DOSE	100mg	100mg	100mg	100mg	100mg	100mg																								
GIVEN BY	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]																								

VV

DRUG		STOPPED DATE:	
Dihydrocodeine		22/11	INITIALS:
DOSE	ROUTE	INDICATION	
30mg	IV/IM	Pain	
SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:	
[illegible]	6°	21/11	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	22/11																													
TIME	1220																													
DOSE	25mg																													
GIVEN BY	JB																													

WW

DRUG		STOPPED DATE: 22/11	
Cyclimorph.			INITIALS:
DOSE	ROUTE	INDICATION	
10mg	IM	pain/nausea	
SIGNATURE OF DOCTOR	MAX.FREQUENCY	DATE:	
D. Clipston	2°	21/11	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			

DATE	22/11																													
TIME	1830																													
DOSE	10mg																													
GIVEN BY	[illegible]																													

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol — Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Ver 6, 01/2002

NOT TO BE FILED UNTIL DISCHARGE

(5)

NAME : Deborah Sullivan UNIT NUMBER. 638479 DEBORAH SULLIVAN DOB 07/12/1972

DATE :	19/11	20/11	21/11/02.	22/11	25/11	
WCC 4-11	16 6.97	6.62	6.33	8.25		
Hb 11-5-18-0	12.1	11.5	12.9	12.3		
Plat 150-400	295	364	309	295		
Hct 0-37-0-47						
Na 135-145	138	140	137	139		
K 3-5-50	4.1	3.8	3.9	4.1		
Cl 98-102	105	108	101	102		
Bic 22-22						
Urea 2-5-7-5	4.0	2.4	1.8	2.9		
Creat.60-120	81	77	75	83		
Amylase <200	71	159		72	77	
CRP <20			8	<6		
ESR AGE 12						
Adj. Ca 2-2-2-6		2.29				
Phosphate 0-7-1-4		1.07	1.4			
Tot. Prot.62-77		69	74	71		
Albumin 36-52		41	44	43		
Alk.Phos.60-300		135	142	140		
Gamma GT <50		46	58	74		
Bil 3-20		10	15	8		
AST 10-35		26	25	25		
ALT 5-40		29	23	27		
LD 200-520			173			
Glucose 3-0-5-5	5.5	5.0				
PT 10-14			14			
APTT 26-36			31			
TT 8-12			11			
FIB 200-400			452 *			
INR						
APTT RATIO						
Drain Amylase						
H+	43					
CO_2	6.6					
HCO_3	27					
O_2	13.9					

NOT TO BE FILED UNTIL DISCHARGE

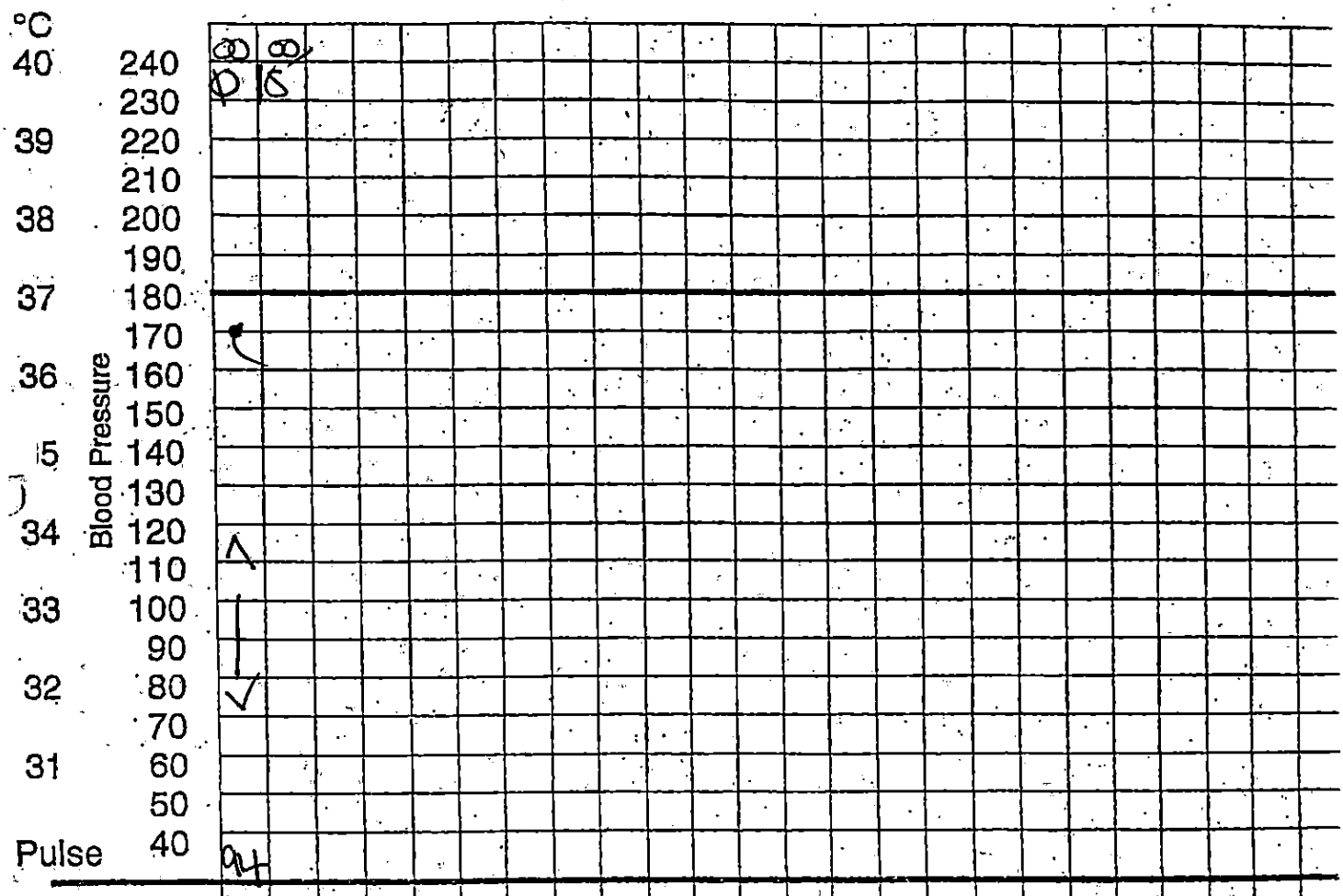
NAME : Deborah Sullivan UNIT NUMBER : 638479

DATE :	19/11					
WCC 4-11	6·97					
Hb 11-5-18-0	12·1					
Plat 150-400	295					
Hct 0-37-0-47						
Na 135-145	138					
K 3-5-50	4·1					
Cl 98-102	105					
Bic 22-22						
Urea 2-5-7-5	4·0					
Creat.60-120	91					
Amylase <200	71					
CRP <20						
ESR AGE 12						
Adj. Ca 2-2-2-6						
Phosphate 0-7-1-4						
Tot. Prot.62-77						
Albumin 36-52						
Alk.Phos.60-300						
Gamma GT <50						
Bil 3-20						
AST 10-35						
ALT 5-40						
LD 200-520						
Glucose 3-0-5-5	5·5					
PT 10-14						
APTT 26-36						
TT 8-12						
FIB 200-400						
INR						
APTT RATIO						
Drain Amylase						

STOBHILL HOSPITAL

NAME Deborah Sullivan WARD 5

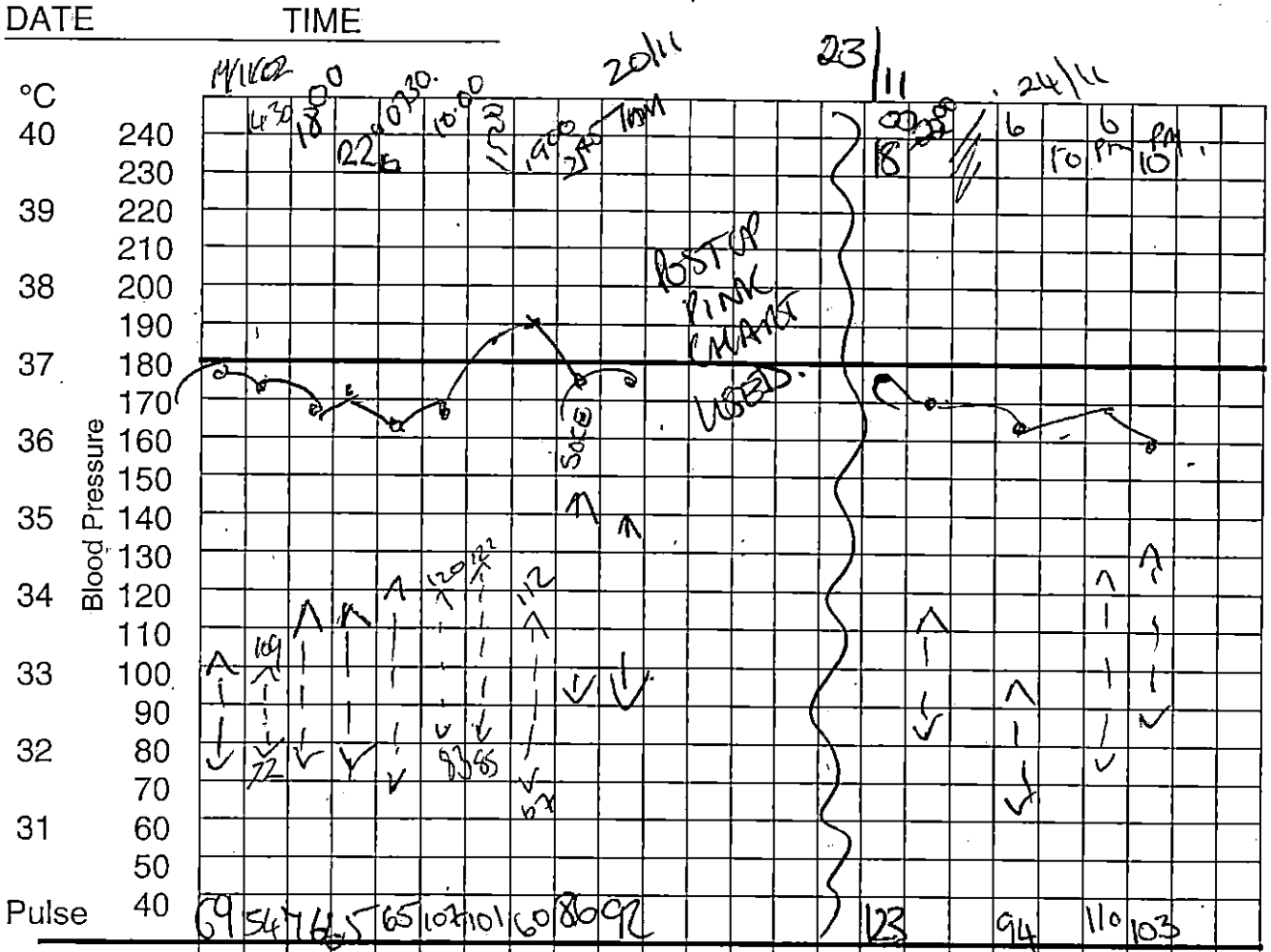
DATE 25/11/02 TIME *OBS BD*



STOBHILL HOSPITAL

NAME Deborah Sullivan WARD 2A

DATE TIME



Respiration	
Saturation	
O_2	
Cannula	
CVP	
Fluids / diet	
Fasting	
N/G	
Catheter	
BM	
Urinalysis	NAD.
RSOU	
MSSU	
Clearview	

STOBHILL MASTER COPY

ABDOMINAL PAIN

B.P.

P.

T.

DEBORAH SULLIVAN
ADDRESS

D.O.B.
UNIT No.

AFFIX DATA LABEL

DATE	No.	PROBLEM/NEED	PATIENT GOAL/ NURSING OUTCOME	INTERVENTION	EVALUATION DATE
23/11/02	1.	Needs information on admission about ward and proposed management	To relieve anxiety and keep patient/ relatives informed	a) Introduction to named nurse responsible for care on arrival to ward. b) Orientation to ward environment. c) Complete multidisciplinary documentation. d) Explanation of procedures and plan of management. e) Commence discharge plan.	
	2.	Abdominal pain of known origin.	To relieve pain and promote patient comfort. To investigate and treat the cause of pain.	a) Administer analgesia as prescribed I.M./ORAL and monitor effectiveness. b) Blood tests: Full Blood Count. ESR. Full Screen. CRP. Random Blood Sugar. Amylase. c) Urine tests: Routine Urinalysis. M.S.S.U. Clearview (females). d) X-rays: Erect and Supine abdominal x-rays if indicated. Ultrasound if ordered by Consultant/ Registrar. DC	

ALL ENTRIES MUST BE SIGNED

STOBHILL

DATE	No.	PROBLEM/NEED	PATIENT GOAL/ NURSING OUTCOME	INTERVENTION	EVALUATION DATE
23/11/02	3.	Maintain nutritional state.	To prevent dehydration and maintain an adequate nutritional state.	a) I.V. fluids..... b) Nil by mouth ..... c) Fluids only orally ..... d) Fluids and diet ✓..... e) Record intake/output on fluid balance chart. f) Administer antiemetic/antacid as prescribed, monitor effectiveness.	
	4.	Observation of vital signs.	To detect any change/deterioration in patient's conditions.	a) B.P. ..... BD hourly b) Temp. & pulse ..... BD hourly c) Respirations .....hourly	
	5.	Further investigations to aid diagnosis.	To aid accurate diagnosis and plan appropriate management thereafter	a) Endoscopy. b) Barium meal. c) Barium meal and follow through. d) Barium enema. e) CT Scan Toes 10:15 26/11/02 DC	

ALL ENTRIES MUST BE SIGNED

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

Name: DEBORAH SULLIVAN	Height:
Hospital Number: 638479	Weight:
DOB: 7/12/72.	Surface area:
Date of Admission: 14/11/02	Date of writing discharge prescription: __/__/__
Consultant Name: MR HANSELL.	Ward: 6 UROLOGY.
Date and time this form prepared: __/__/__ Time:_____	Sheet No .....
	2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

NKDA.

Sensitive to Vancomycin

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
23/11	Temazepam	10mg	O	23[00]			23[00]
24/11	Gentamycin	6mls	O	1000		L Steinthorsdottir	8pm
24/11	Gentamycin	6mls	O	815	DCOSKO		815

PATIENT'S NAME: Deborah Sullivan

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE → 22 23 24 25
MONTH → 11 11 11 11

A

DRUG: CLEXANE

DOSE: 20 mg | ROUTE: SC | DATE: 20/11/24

STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] Date

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	✓ DC'S PD
2200-2400	
Other time	

B

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS;

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

C

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

D

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 22 | 23 | 24 | 25
MONTH: 11 | 11 | 11 | 11

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

J DRUG: DIANETTE

DOSE: 1 | ROUTE: O | DATE: 19/11/02 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0700-0900: 13

Other time: 13 8am

FOR DOCTORS USE ONLY

K DRUG: OMEPRAZOLE.

DOSE: 20mg | ROUTE: O | DATE: 19/11/02 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0700-0900: HM

1200-1400: DISCUSSED WITH DR [illegible] 22/11/02

FOR DOCTORS USE ONLY

L DRUG: PARACETAMOL.

DOSE: 1g. | ROUTE: PR | DATE: 20/11/02. | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0700-0900: HM

1200-1400: [illegible]

1600-1800: X

2200-2400: PR

FOR DOCTORS USE ONLY

M DRUG: ~~TRAMADOL~~ METOCLOPRAMIDE

DOSE: 50-100mg | ROUTE: IM/IV | DATE: 22/11/02 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE → 23 24 25
MONTH → 11 11 11

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

N

DRUG: lactulose
DOSE: 15ml | ROUTE: O | DATE: 23/11
STOPPED DATE:
SIGNATURE OF DOCTOR: Clipsta
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

P

DRUG: tramadol
DOSE: 50mg | ROUTE: O | DATE: 23/11
STOPPED DATE:
SIGNATURE OF DOCTOR: Clipsta
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

R

DRUG: FLUOXETINE
DOSE: 20mg | ROUTE: ORAL | DATE: 23/11/22
STOPPED DATE:
SIGNATURE OF DOCTOR:
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

S

DRUG: ~~PROZ~~
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF DOCTOR
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Debarah Sullivan

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 23 24 25
MONTH: N 11 11

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

T DRUG: METOCLOPRAMIDE.
DOSE: 10mg | ROUTE: IM/IV | DATE: NOV | STOPPED DATE: 24/11 | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

V DRUG: MST.
DOSE: 10mg. | ROUTE: O | DATE: 23/11 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

0700-0900: 11Am SA DC DC
2200-2400: LS
Other time: DC

W DRUG: MST
DOSE: 10mg | ROUTE: O | DATE: 25/11 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

2200-2400: AD

X DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: Deborah Sullivan

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: Metoclopramide — STOPPED DATE: — INITIALS:
DOSE: 10mg. | ROUTE: IM/IV | INDICATION: n v
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8° | DATE: 19/11.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	22nd 11	22/11	22/11	23/11																										
TIME	9.15 p	2.30 pm	9.15 am	9.15 pm																										
DOSE	10mg	10mg IV	10mg IV	10mg IV																										
GIVEN BY	MM	[signature]	[signature]	[signature]																										

NN DRUG: Morphine. — STOPPED DATE: — INITIALS:
DOSE: ~~10mg~~ | ROUTE: IM/IV | INDICATION: Pain.
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 3° — | DATE: 22/11.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

PP DRUG: Oxycodone — STOPPED DATE: 22/11 — INITIALS: [illegible]
DOSE: 30mg. | ROUTE: O | INDICATION: Pain.
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 6° — | DATE: 22/11.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	22/11	23/11																												
TIME	5.15 p	11.15 am																												
DOSE	30mg	30 mg																												
GIVEN BY	MM	MM																												

RR DRUG: Pethidine — STOPPED DATE: 22/11. — INITIALS: AR
DOSE: ~~50~~ ~~100mg~~ | ROUTE: IM/IV | INDICATION: Pain.
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 2° | DATE: 22/11
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: ~~50~~-50 mg IV 50-100mg IM

DATE	22/11	22/11	22/11	23/11																										
TIME	2.45 pm	9.15 pm	9.15 am	9.15 pm																										
DOSE	~~50~~ IM	50 mg IV	50 mg IV	50 mg IV																										
GIVEN BY	[illegible]	[signature]	[signature]	[signature]																										

IV IM IM

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS DRUG: CYCLAMORH — STOPPED DATE: 24/4 — INITIALS: M

DOSE	ROUTE	INDICATION
15 mg	IM / IV	Pain / Nausea

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 4° — DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	23/4	23/4	23/4	24/4																										
TIME	2 AM	10	2:30 pm	9 pm																										
DOSE	15 mg	10	15 mg	15 mg																										
GIVEN BY	RM	SA	LS	LS																										

TT DRUG: TEMAZEPAM — STOPPED DATE: — INITIALS:

DOSE	ROUTE	INDICATION
10mg	PO	INSOMNIA

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 1 daily — DATE: 24/4/25

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	23/4																													
TIME	11 pm																													
DOSE	10 mg																													
GIVEN BY	[signature]																													

VV DRUG: SEVREDOL — STOPPED DATE: — INITIALS:

DOSE	ROUTE	INDICATION
10mg	O	Pain

SIGNATURE OF DOCTOR: [signature] — MAX.FREQUENCY: 20 — DATE: 25/4

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	25/4	25/4																												
TIME	6pm																													
DOSE	10 mg	10 mg																												
GIVEN BY	[signature]	[signature]																												

WW DRUG: — STOPPED DATE: — INITIALS:

DOSE	ROUTE	INDICATION

SIGNATURE OF DOCTOR: — MAX.FREQUENCY: — DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol – Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Ver 6, 01/2002

Nam
Add D SULLIVAN
6 Muirhead Court
Baillieston
GLASGOW
G69 7EP

D.C
Un.....

Affix data label

Ward : 2A

Observation Chart

STOBHILL
HOSPITAL

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. _____

OXYGEN / RECOVERY NASAL ☐ HUDSON ☐ OTHER ☐

OXYGEN / WARD _____

2L ☐ 3L ☐ 4L ☐ 5L ☐ OTHER ☐

CANNULA / REMOVAL - RECOVERY ☐ WARD _____

INSTRUCTION / INFORMATION

Anaesthetist Signature _____ 23/11

TIME :	9:50	10:00	10:10	10:5	10:55	12:50	[illegible]	7:30 pm	10:30	1:30 pm	4:-	8:00 P.M	10 PM	6 A.M			
PULSE	89	97	90	94	80	80	[illegible]	90	99	[illegible]	91	90	98	105	117		
BLOOD PRESSURE	123/90	116/79	124/86	[illegible]	128/68	119/64	[illegible]	129/67	128/18		120/93	135/91	130/90	125/89	129/86		
SATURATION (SaO^2)	91	93	91	[illegible]	97	95	[illegible]	98	97		98	98	95	96	98		
RESPIRATORY RATE	R	R	R	R			R		R								
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE	2	2	2	1/2		5	2						2				
PONV SCORE																	
TEMPERATURE						37°C	36.3	37.5	37.6	37.4	36.9	36.3	37.5	37°	36.7		
WOUND																	
Venflon	IN	IN	IN	IN													
VOLUME SYRINGE (mls)																	
VOLUME INFUSED (mls)																	
TOTAL MG INFUSED																	
COMMENTS																	
INITIALS	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]										

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

NO PAIN — WORST PAIN EVER

SEDATION SCORE

S = Normal Sleep
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable

CONTINUE IV FLUIDS		RATE

Anaesthetist Signature _____

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME
5 PM	Tea	270	9-20	urine per cath	350

GREATER GLASGOW HEALTH BOARD

DATA PRINT:

STOBHILL GENERAL HOSPITAL

INTER-WARD TRANSFER FORM

Name DEBORAH SULLIVAN

Address 5, MUIRHEAD CT
BRIDGETON G69.7EP

From 6UR to 5

D.O.B. 7.12.52 Unit No.

Date 23.11.02.

DIAGNOSIS:

CONDITION		CONSCIOUS STATE		STAGE OF AMBULATION		PATIENT'S PROPERTY	
Terminally ill	☐	Unconscious	☐	Bedfast	☐	Left in Ward	☐
Acutely ill	☐	Responds to pain	☐	Chairfast	☐	Sent with patient	☑
Fair	☐	Responds to spoken word	☐	Up to sit	☐	Dentures: Full set	☐
Satisfactory	☐	Very confused	☐	Walks with help	☐	Top set only	☐
Good	☑	Slightly confused	☐	Uses walking aid	☐	Bottom set only	☐
		Fully conscious	☑	Fully ambulant	☑	Valuables with Cashier	☐
						Spectacles	☐

Diet – specify NORMAL.

SUMMARY: Epigastric Pain.

UPPER GI SCOPY NEG.
Abdo U/S NEG.

Continent ☑ Incontinent ☐ Doubly Incontinent ☐ Catheterised ☐

PRESSURE AREAS:

	Sacrum		Hip		Heel		Elbow		Shoulder			
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
Intact	☑	☐	☑	☐	☑	☑	☑	☐	☐	☐	☐	☑
Red	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Broken	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Dressing – Treatment

C/T SCAN. 25.11.02 10.15AM.

Special Comments:

IV PCM Analgesia
COMMENCED ON MST 10/5 THIS AM.

Signature [signature] Grade GPW Date 23.11.02

Relatives notified: Yes ☑ No ☐

STOBHILL

NHS TRUST

638479
SULLIVAN
DEBORAH

INTER-WARD TRANSFER

From 3B To 6U

Date 22/11/02

MR HANSEL.

Diagnosis: E/A 10 2A on 19/11/02 1/c Epigastric pain associated 1/c nausea / Diarrhoea.
→ theatre for Endoscopy on 21/11/02.

Special Instructions

19/11/02. Catheterised / 1 analgesia
20/11/02 U/S :- see notes. CT Scan arranged now for 25/11/0
21/11/02 Endoscopy :- Hiatus Hernia only. Needing 1 analgesia
22/11/02. Tolerating diet/fluids. ON Losec. Tried oral analgesia today. Catheter removed @ 10 am. Urinary output: voided 200mls at present.
Needed 1M analgesia again
~~Temp T this am. Dr not aware of this. Awaiting MSSU for C/S~~

Discharge Arrangements No Plans as yet

Signature of Transferring Nurse: S/N ..... Date: 22/11/02

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
SULLIVAN	DEBORAH	638479

AGE: WARD: 3B

DATE OF OPERATION 21 11 02

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON MR D T HANSELL

PROCEDURE: UPPER GI ENDOSCOPY

SEDATION: IV Midazolam 10mg.

FINDINGS: Oesophagus - squamo-columnar junction at 35cm. Small hiatus hernia.

Stomach - normal.

Duodenum - normal.

SPECIAL INSTRUCTIONS

DTH/WK/DICTATED & TYPED - 21 11 02

DATE _____ SIGNATURE _____

00590

F.A.O. Sarad

CONFIDENTIAL NUMBER PH 85953

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME Dr Toohey
ADDRESS Ballestown HC
20 Millside Road
Ballestown

YOUR PATIENT
NAME Deborah Sullivan
ADDRESS 6 Muirhead Court
Baillieston
Date of Birth 7/12/71 Unit No. 638479

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 19/11/02
DATE OF DISCHARGE 26/11/02
WARD 15
CONSULTANT Hansell

DIAGNOSIS
1. Chronic pain
2.
3.
4.

OPERATION / PROCEDURES
1. CT scan - NAD
2. USS Abdomen - NAD
3. Endoscopy - Hiatus hernia

FOLLOW UP ARRANGEMENTS Ct 1 month

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided) — DATE GIVEN — INITIALS
Urine MCS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary
OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY
HOME HELP — DAY CARE — PHYSIO
MEALS ON WHEELS — DN OR HV — OT

SPECIAL DISPENSING INSTRUCTIONS
DISCHARGE MEDICATION ☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	No of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
MORPHINE SULPHATE TABLETS 20mg (MST)		(TWENTY milligrams) 8a 8p		7 days		28 x 10mg Napp.
		[ZOMORPH (MR) TABLETS] TWENTY (20)				
SEVREDOL 10mg TABLETS		(TEN micrograms) PRN		7 days		28 x 10mg Napp
		[TWENTY (20) TABLETS]				

PHARMACY USE ONLY

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)
Deborah Sullivan ... 12 stone 2 ...
PL states that she is keen to stop her usual Rx of pethidine and tibalgin 6 hrly ... MST. SL is also keen for a referral to chronic pain team.

DR.'s NAME IN BLOCK CAPITALS Scullion DATE 25/11/02
SIGNATURE [signature] PAGER No. 2081

DISPENSED BY [signature]
CHECKED BY [signature]
DATE 26/11/02 CP CHECK [signature]
MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY
RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

GRI Gastroenterology Unit

OESOPHAGEAL MANOMETRY

Date:1/3/00

Patient Data:
964876
DEBORAH
SULLIVAN

Pre-op **Post-op** **Diagnostic**

Clinical Problem: GORD

..... SOURCE:**SOPD**

CONSULTANT:**RS**

Clinical Manometrist:**H Suzuki**

LOWER OESOPHAGEAL SPHINCTER

AMPLITUDE **5mmHg**
POSISTION: **42-40cms from nose**
LENGTH: **2cms**

RELAXATION: **Complete/** Incomplete / Absent

OESOPHAGEAL BODY

Peristaltic contractions : Monophasic **100%**
Multipeaked
Prolonged

Simultaneous contractions **0%**
Incomplete propagation **0 %**
Spontaneous/tertiary contractions:
None
Occasional
Frequent

Distal contraction amplitude: **70mmHg**

Analysed By: **S THOMSON**

OESOPHAGEAL MANOMETRY CATHETER: TYPED USED IN STUDY-

A) EMC8-S B)**LOS SILICONE** C) DENT SLEEVE

COMMENT: **Low pressure LOS Normal body motility**
p.s patient cancelled appointment for pH study.

Reported by: J Fletcher
CONSULTANT:

2.4000C DR.JOHN F.MACKENZIE,GLASGOW ROYAL INFIRMARY

U P P E R G I R E P O R T

Summary report
Polygram Ver. 6.31C3, Upper GI Edition

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Gastrosoft Inc.

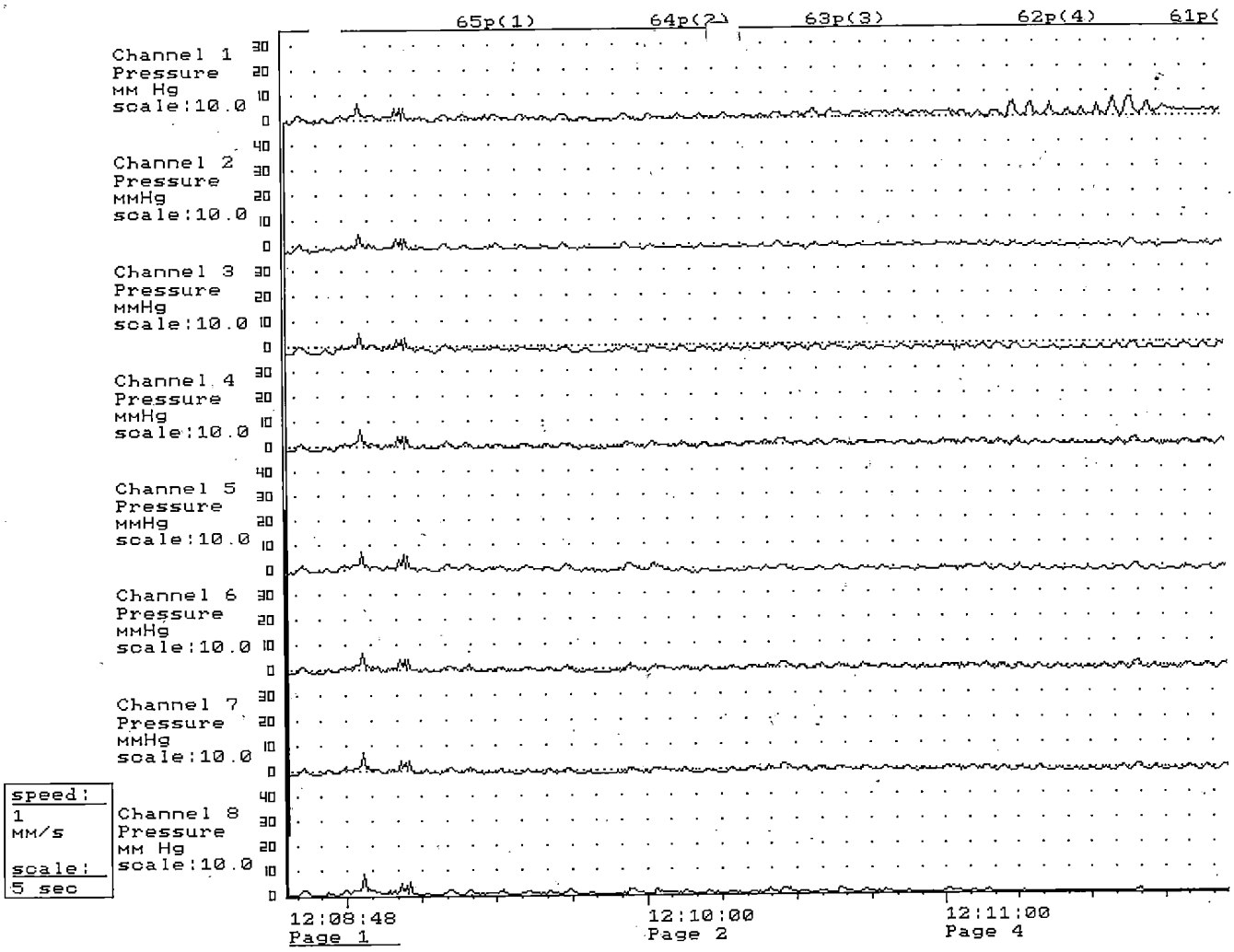
Patient	: DEBORAH SULLIVAN	Date	: 01.03.00
Patient id	: 964876K	Height	:
		Weight	:
		Birthdate	: 07.12.72
Physician	: RS	Sex	: Female
Assistant	: HS		
Referred by	: CWI		

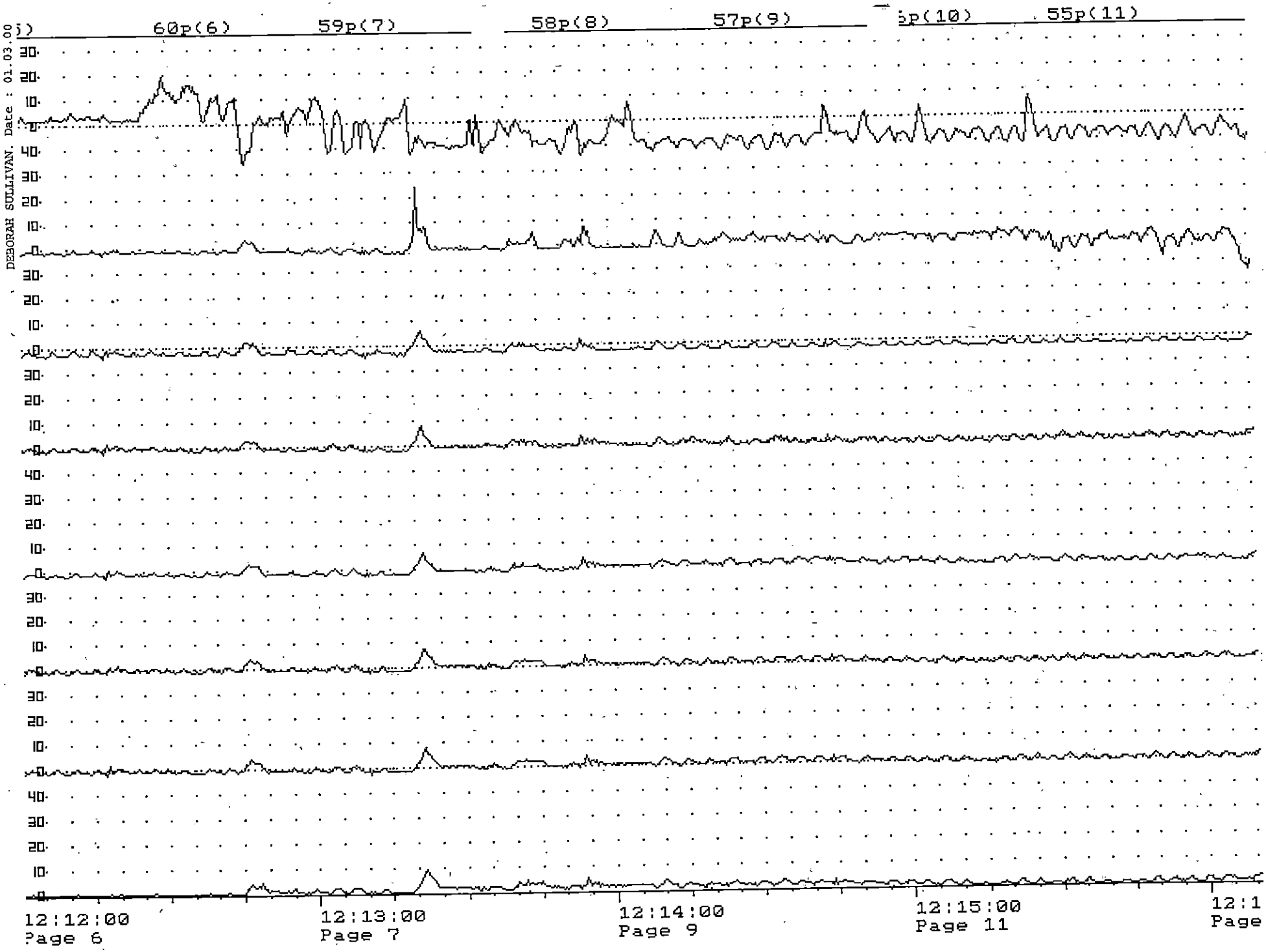
Comment : GORD.HIATUS HERNIA.

Signature : .....

DR.JOHN F.MACKENZIE,GLASGOW ROYAL INFIRMARY

DEBORAH SULLIVAN. Date : 01.03.00

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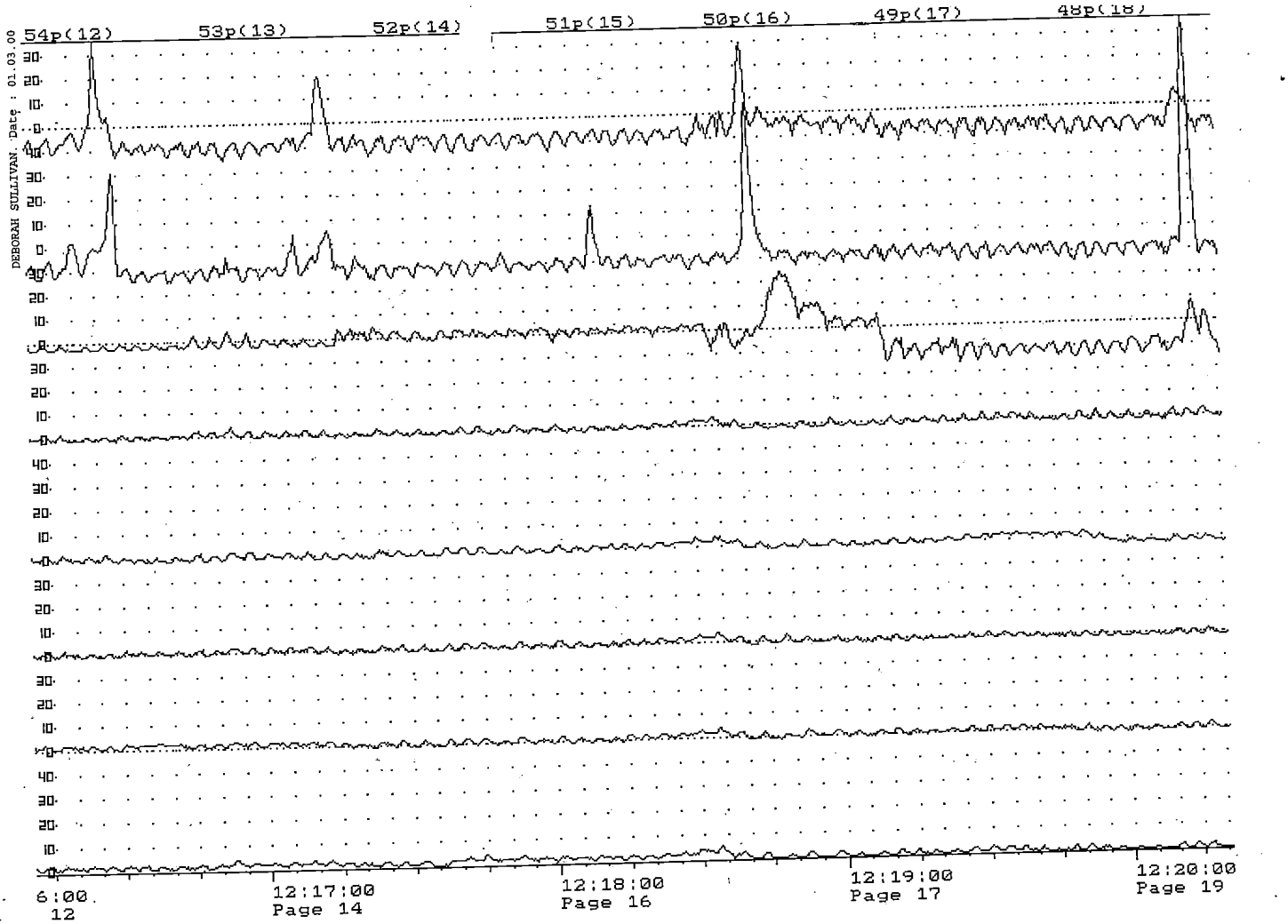
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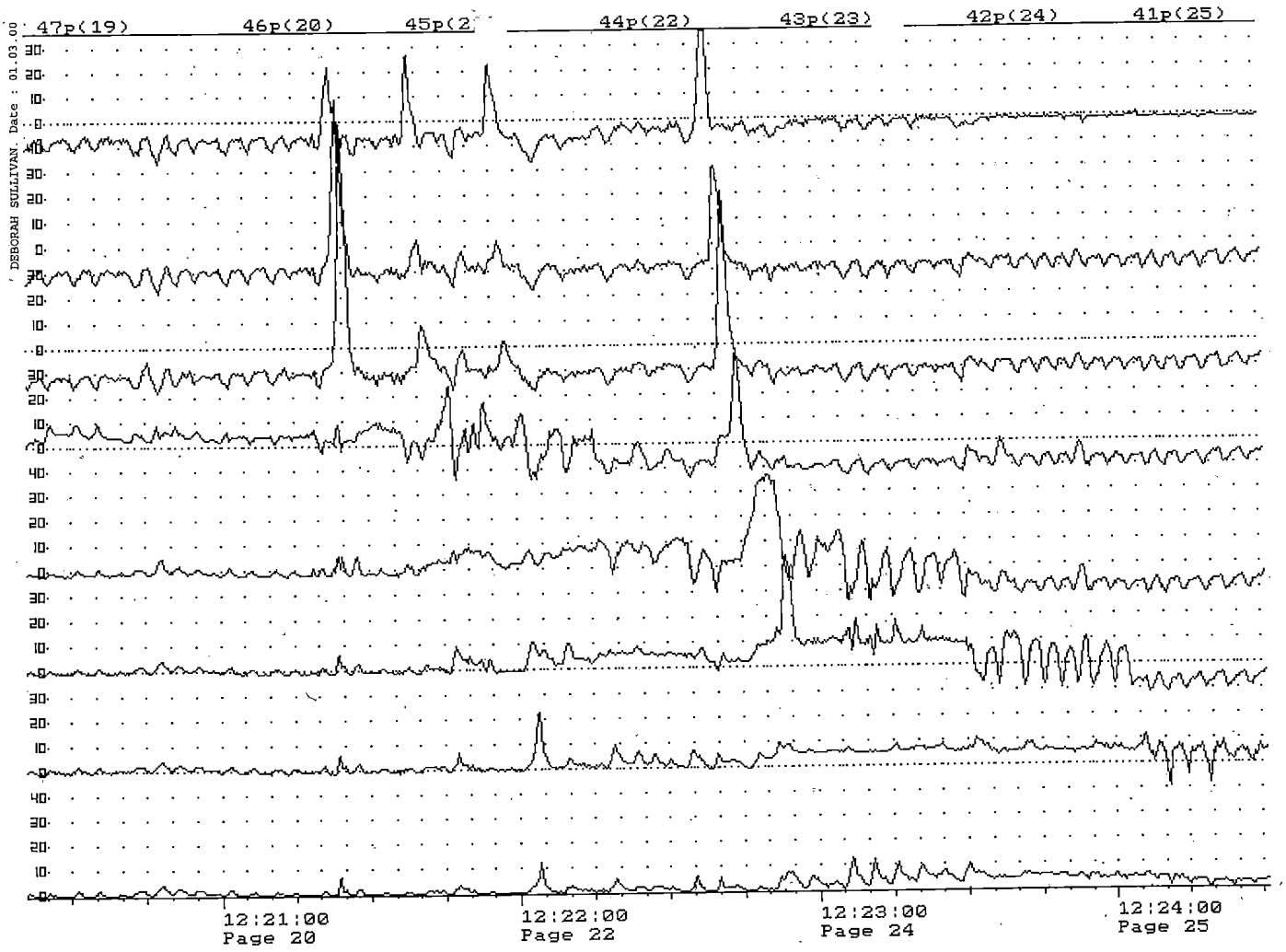
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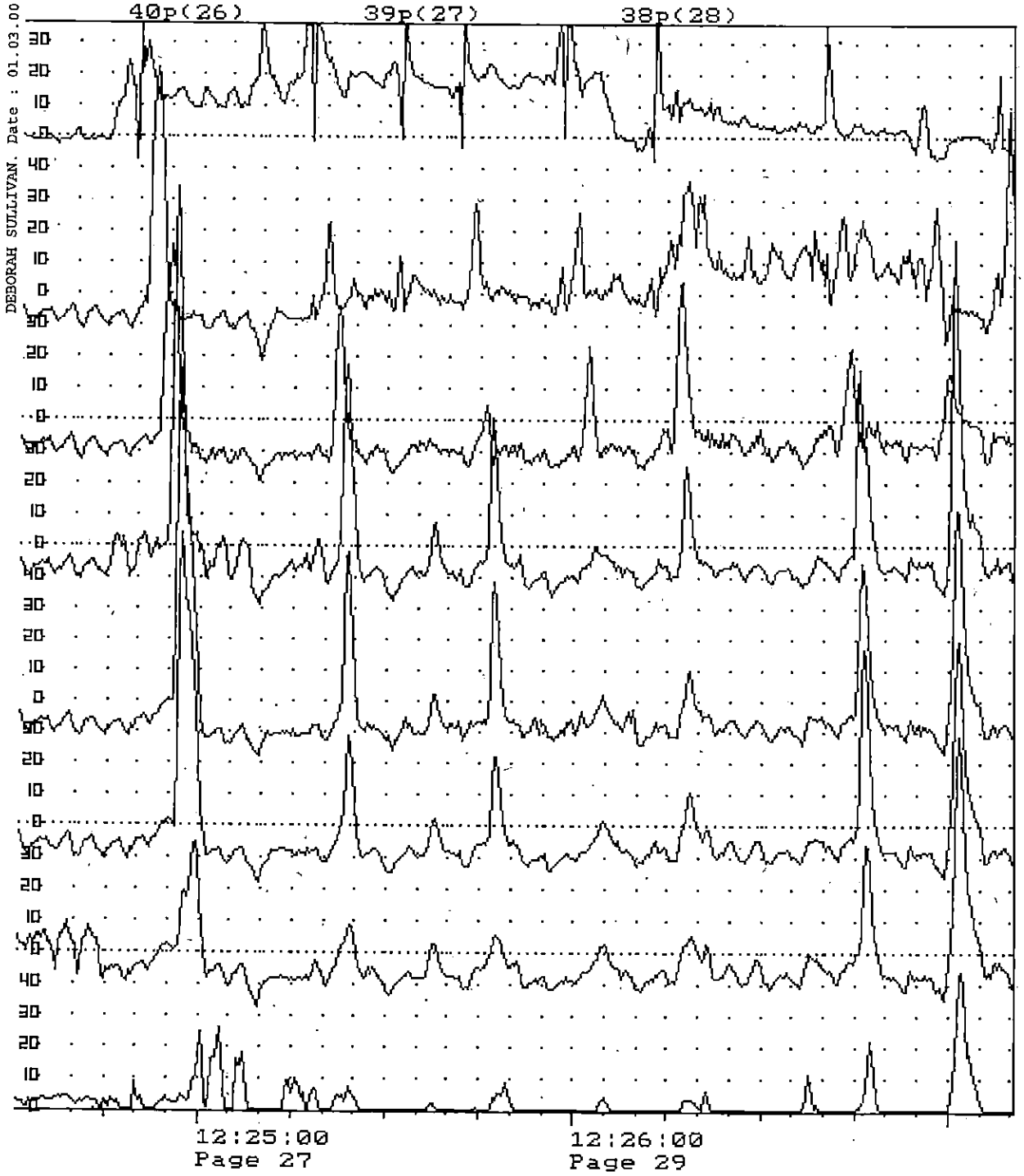
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Page 29

DR.JOHN F.MACKENZIE,GLASGOW ROYAL INFIRMARY

U P P E R G I R E P O R T

Summary report
Polygram Ver. 6.31C3, Upper GI Edition

Copyright 1987-1994
Gastrosoft Inc.

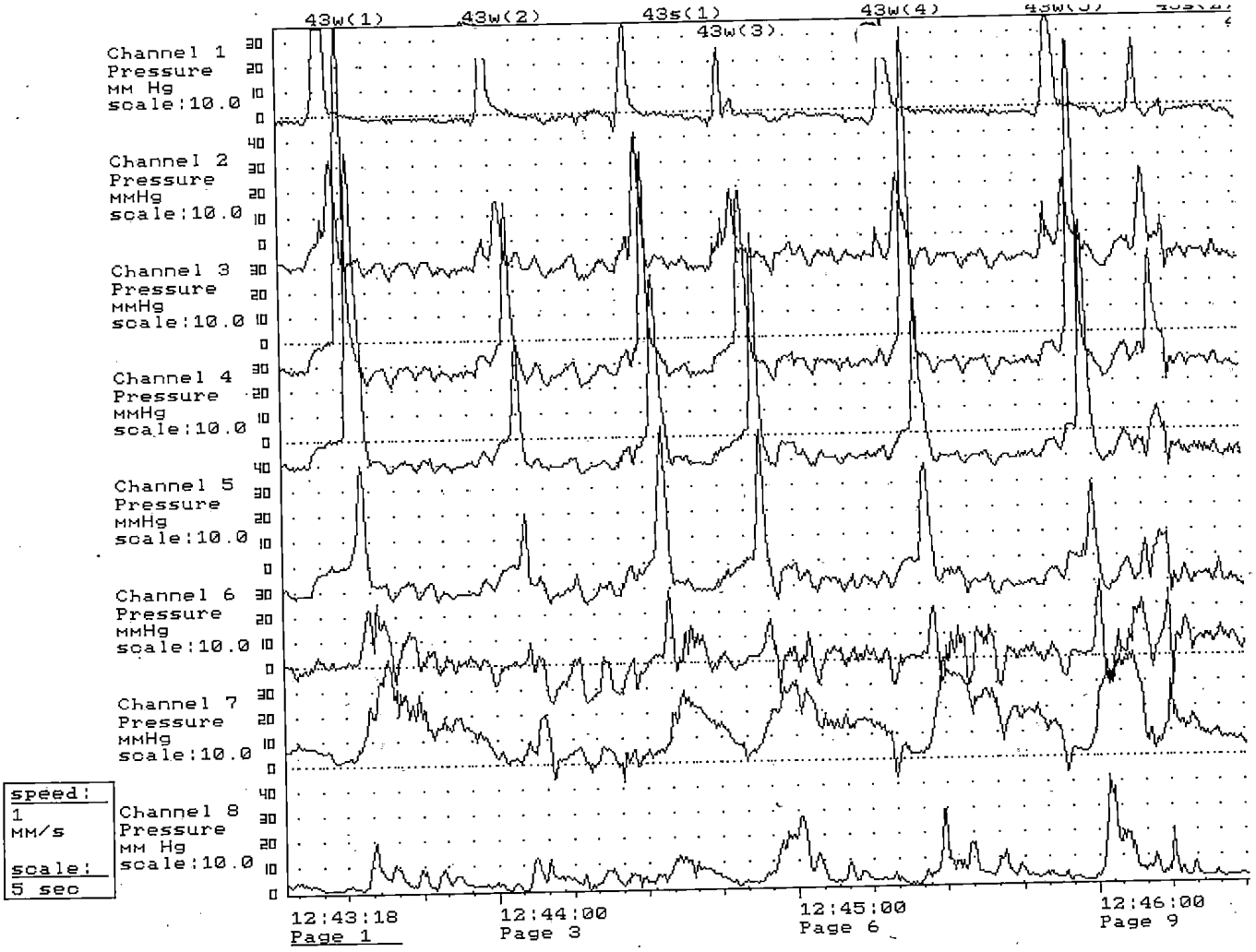
Patient	: DEBORAH SULLIVAN	**Date**	: 01.03.00
Patient id	: 964876K	**Height**	:
		Weight	:
Physician	: RS	**Birthdate**	: 07.12.72
Assistant	: HS	**Sex**	: Female
Referred by	: CWI		

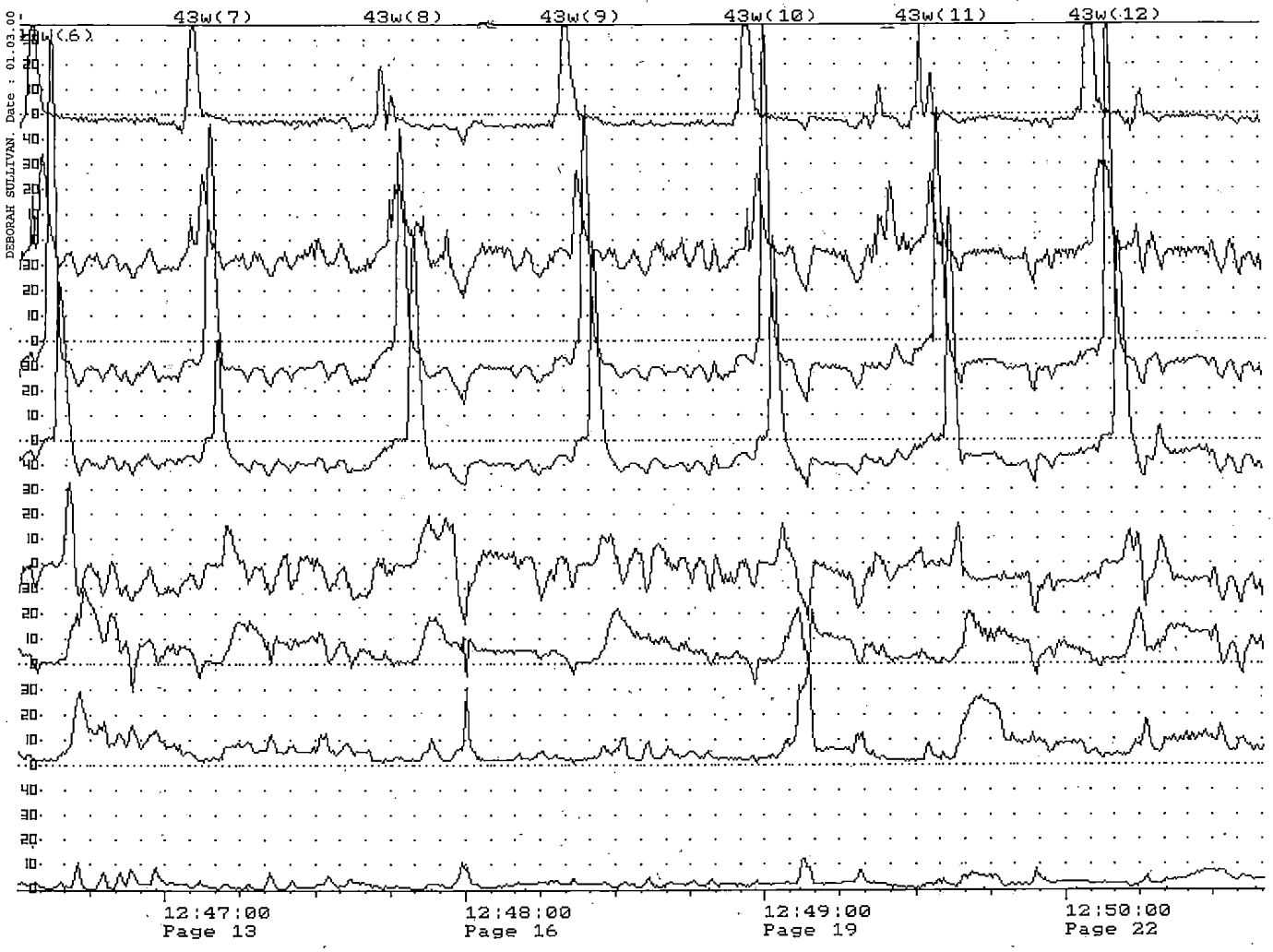
Comment : GORD.HIATUS HERNIA.

Signature : .....

DR.JOHN F.MACKENZIE,GLASGOW ROYAL INFIRMARY

DEBORAH SULLIVAN. Date : 01.03.00

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Page 26
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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 28-8-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH.	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
			11 am.					
~~O Speed~~ 15 water		500	12 noon					
			1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
			9pm.					
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 27/8/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
Dallison	Deborah	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.	UTT				
			9am.					
			10 am.					
			11 am.					
SIPS of water			12 noon	UTT.				
			1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
Osmolite		1000	8pm.					
			9pm.	UTT.				
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
WATER 400		400	4 am.	UTT				
			5 am.					
			6am.					
			7am.					
TOTALS		1,400						
TOTAL INTAKE		1,400				TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE: 26.8.04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH.	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
FASTING			8am.	UTT				
			9am.					
			10 am.					
			11 am.					
N/Saline		500	12 noon					
		500	1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
No Tea Taken			9pm.	UTT				
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
Water sips only			5 am.	UTT				
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE		500				TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 25-8-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
Water	150/150		8am.	P/U in toilet				
			9am.					
1/2 cup tea	100/250		10 am.					
			11 am.					
			12 noon					
			1pm.					
			2pm.		400			
			3pm.					
Water	150		4pm.					
Sodium Chloride		500	5pm.					
Soup / TEA	300		6pm.					
			7pm.					
			8pm.					
			9pm.					
T/A.	150		10pm.					
Saline		500	11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
DEXTROSE		500	5 am.	(1)				
			6am.					
			7am.					
TOTALS	850	1500						
TOTAL INTAKE	2350						TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 24·8·04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
			11 am.					
			12 noon					
			1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.				++	
			6pm.					
RE-COMMENCED			7pm.		RECOMMENCED			
			8pm.		300 (fluid/sloppy food.)			
			9pm.					
			10pm.		+			
			11pm.					
			12 mid.					
			1am.					
			2am.					
Dextrose 5%		500	3am					
			4 am.					
			5 am.					
			6am.	VTT	700			
WATER	50		7am.					
TOTALS	50	500			1000			
TOTAL INTAKE		550			1000		TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE 23/08/07

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
Porridge + tea	350		8am.	✓	350			
			9am.					
H2O	100		10 am.					
			11 am.	✓				
Lunch + milk	400		12 noon		400			
N/Saline		500	1pm.		450			
			2pm.					
			3pm.					
			4pm.		350			
tea	150		5pm.		50			
			6pm.					
			7pm.					
			8pm.		300			
			9pm.					
Tea	150		10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 22 - 8 - 04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.	UTT				
Tea	150		10 am.					
Water	150		11 am.	UTT				
Lunch (milk)	150		12 noon					
	450		1pm.		600			
Tea	150		2pm.					
N/Saline	600	500 / 500	3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
Water	150		8pm.					
Tea	150		9pm.	UTT	~~III~~ 300			
5% Dex		500	10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
5% Dex		500	4 am.					
			5 am.					
			6am.		300			
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 21/08/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
QUINN	DEBORAH.	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.	?				
			9am.	?				
TEA	150		10 am.					
water.	200		11 am.					
REFUSED LUNCH, MILK TAKEN	150		12 noon	UHT				
			1pm.					
water.	200		2pm.					
			3pm.					
			4pm.					
Soup tea.	200		5pm.	uht.	600		~~BBB~~.	
Dextrose+KCl		500/500	6pm.					
			7pm.					
			8pm.					
Toast cup	50		9pm.					
			10pm.		800			
			11pm.					
N/S		500	12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
D+S		500	6am.					
			7am.					
TOTALS								
TOTAL INTAKE								TOTAL OUTPUT

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 20 - 8 - 04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am 10.30		50			
			11 am.					
Custard / Milk	300		12 noon					
			1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
Jog	150		9pm.	UTT	300 (tea + tablets)			
Water	160		10pm.					
N. Saline + KCl		500	11pm. 30		50			
			12 mid.					
			1am.					
			2am.	UTT				
			3am					
			4 am.					
			5 am.	UTT				
Soft Drink		500	6am.					
			7am.					
TOTALS								
TOTAL INTAKE	600							TOTAL OUTPUT

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea	
	Sodium	
	Potassium	
	Chloride	
	Bicarbonate	
	Creatinine	
Urine :	Urea	
	Chloride	

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STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 19-8-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
Sullivan	Deborah	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.	UTI				
			10 am.					
			11 am.	UTI				
Dextrose 5%		500	12 noon		200ml			
			1pm.					
			2pm.					
			3pm.	UTI				
			4pm.					
			5pm.	UTI				
N Saline		500	6pm.					
			7pm.					
Tea	150		8pm.					
			9pm.					
Tea	150		10pm.	UTI.				
			11pm.					
N. Saline		500	12 mid.					
			1am.					
			2am.	UTI				
			3am					
			4 am.					
			5 am.					
			6am.	UTI.				
Dextrose 5%		500	7am.	1				
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 18-8-04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN.	DEBORAH.	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
FASTING			9am.					
			10 am.					
			11 am.					
			12 noon					
			1pm.					
			2pm.					
			3pm.					
			4pm.					
Commenced IVT.			5pm.					
			6pm.					
			7pm.	UTT.				
			8pm.					
Tea	150		9pm.					
			10pm.		+			
N/Saline		500	11pm.	UTT				
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.	UTT				
Dextrose 5%		500	5 am.					
			6am.					
			7am.					
TOTALS	150	1000						
TOTAL INTAKE		1,000					TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 17/8/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
			11 am.	UTT				
Mince, Pot, Custard	200		12 noon					
1 cup Milk	120		1pm.					
			2pm.					
			3pm.					
			4pm.					
			5pm.					
			6pm.		150			
			7pm.					
Tea	150		8pm.	UTT				
			9pm.					
			10pm.					
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

STOBHILL HOSPITAL
24 HOUR FLUID CHART

NHS Greater Glasgow

DATE : 16/8/04

SURNAME	CHRISTIAN / FORENAME	UNIT NO.
SULLIVAN	DEBORAH	

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			8am.					
			9am.					
			10 am.					
			11 am.					
			12 noon					
Commenced			1pm.					
TEA	150.		2pm.	200.	100.			
			3pm.					
			4pm.					
			5pm.					
			6pm.					
			7pm.					
			8pm.					
JUICE	100		9pm.					
TEA	150		10pm.	PU.				
			11pm.					
			12 mid.					
			1am.					
			2am.					
			3am					
			4 am.					
			5 am.					
			6am.					
			7am.					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL FREE FLUIDS

ORAL

Previous 24 hrs. Balance =

Biochemistry Results		Time
Serum :	Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine :	Urea Chloride	

MIS 111072 • Tel.: 24692

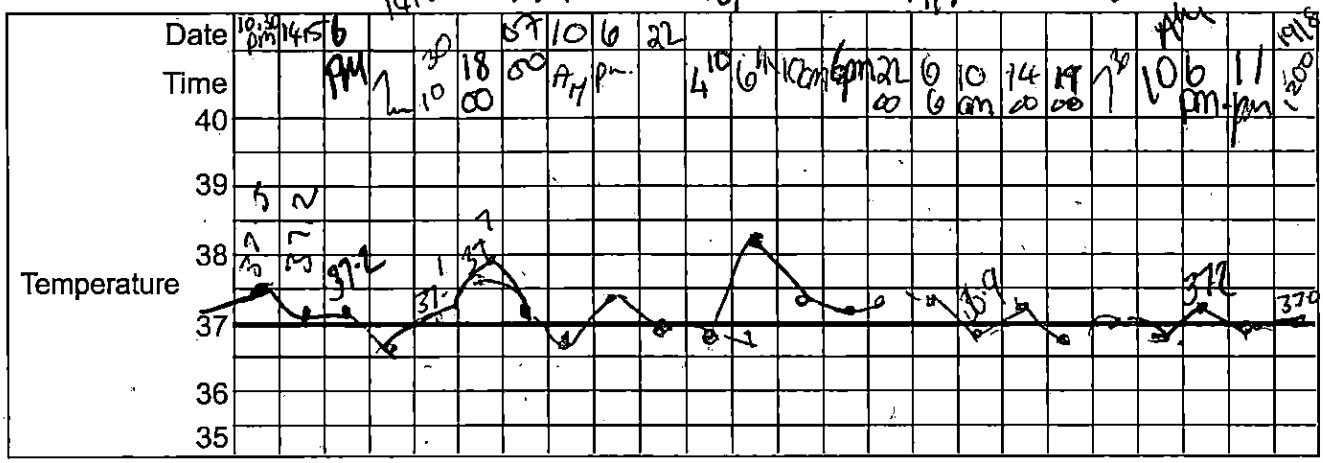
NHS Greater Glasgow

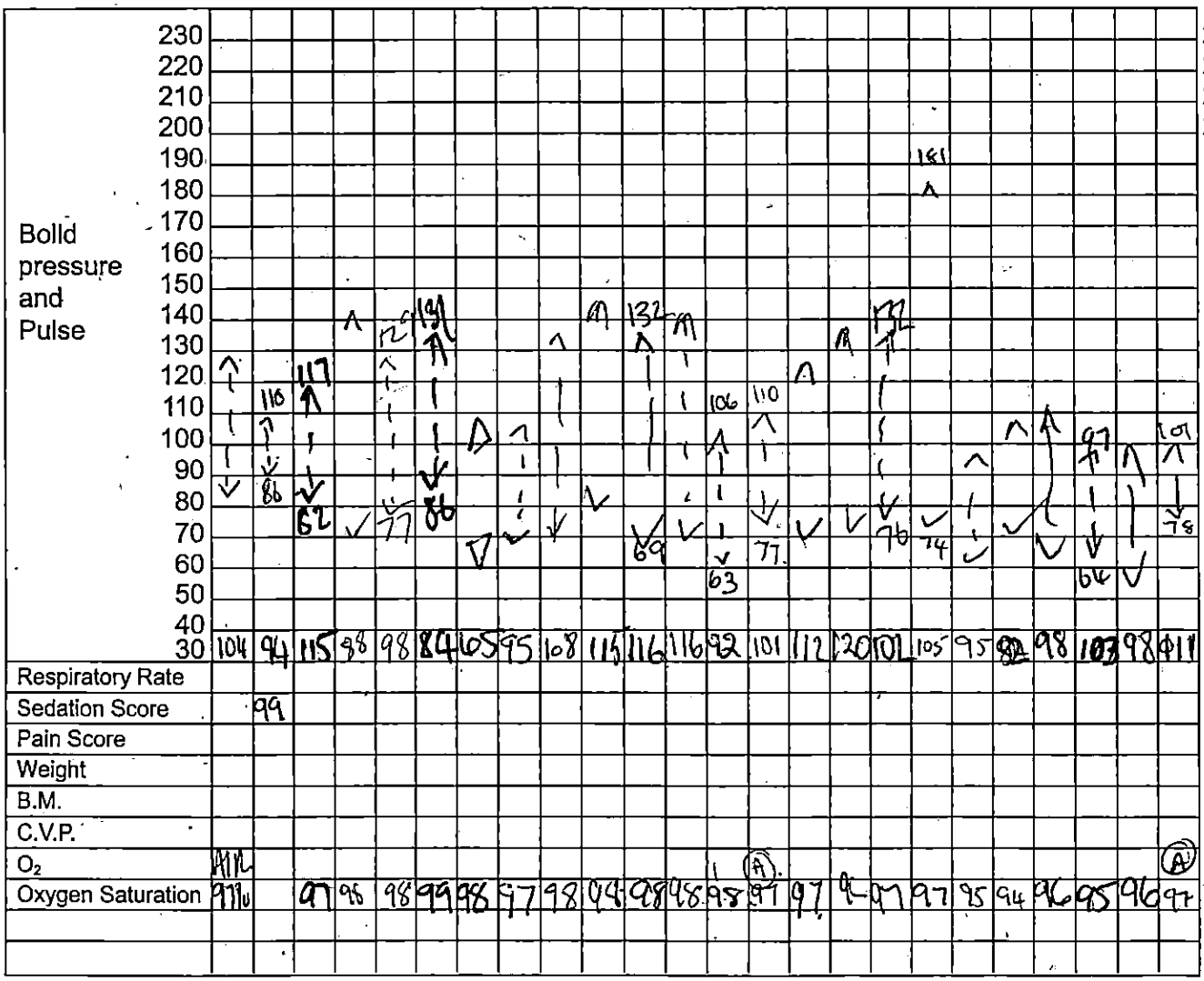
North Glasgow University Hospitals NHS Trust

Patient Label
DEBORAH
SULLIVAN

Observations and Pain Score

13/8/04 14/8 15/8 16/8 17/8 18/8





Respiratory Rate																								
Sedation Score		99																						
Pain Score																								
Weight																								
B.M.																								
C.V.P.																								
O_2	A/R																							(A)
Oxygen Saturation	97%		97	98	98	99	98	97	98	94	98	98	95	97	97	97	97	95	94	96	95	96	97	

SEDATION SCORE
0 = Awake
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable
5 = Normal sleep

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

NO PAIN — WORST PAIN EVER

03-648

THIS DOCUMENT MUST BE RETAINED

North Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

STOBHILL HOSPITAL

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr =120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 2/4/8/DK

SURNAME	FORENAME	Unit Number
Sullivan	Deborah	

No. 0181327

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / Batch No.	Given by
(N) SALINE	500ml	3 AM	6	~~6~~	STurney	04F 165	
(N) SALINE	500ml	10 AM		6	S Turney	04F 22H	MT
5% Dextrose	500ml	22 45		6 05 00	STurney	04C 22H 57000	N
(N) saline ~~KD~~	500	05 00	6	~~6~~ 12 MDN	Unreg	04F 22H 06/05	JF
(N) saline	500	12 MDN	6	~~6~~	Unreg.	04F 22H ~~ABC~~	MT
5% dextrose	500		6	~~6~~	Unreg.		

Form 75a

North Glasgow University Hospitals NHS Trust

Deborah Sullivan
Patient label
7/12/72
10638479K

NHS Greater Glasgow

OBSERVATION CHART

Pain Service - Sr Sioban Calwell Page 1184 Ward S
Sn Bernadette Goodfellow

PCA PRESCRIPTION

Drug	Conc. mg/ml	Loading dose (mg)	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Prescribed by

ENSURE PCA ALSO PRESCRIBED ON DRUG KARDEX.

PCA PRESCRIPTION CHANGES

Time/Date	Loading dose mg/ml	Bolus dose (mg)	Dose duration (mins)	Lock-out (mins)	Continuous infusion (mg/hr)	Resp rate	Pain Score	Sed. Score	Changed by accredited staff

CLINICAL MANAGEMENT

- Administer oxygen while on PCA as prescribed in post-operative instructions.
- Do not administer further opioids whilst on PCA unless prescribed by Acute Pain Team/On Call Anaesthetist.
- Ensure Naloxone (Narcan) 400 mcg/ml is available at all time.
- Do not position pump above site of IV and ensure PCA has dedicated giving set, with anti-syphon device.
- PCA key to be kept with controlled drug keys, not in pump.

POINTS OF EMPHASIS

- Always consider multi-modal analgesia, ie PR/O Paracetamol +/- NSAID "on a regular basis".
- Carry out regular pain scores.
- For nausea +/- vomiting administer anti-emetic always. For further details, refer to Pain Service Guidelines.
- Check and record post-op observations $^1/_4$ hourly for one hour, $^1/_2$ hourly for two hours, hourly for four hours and then 4 hourly thereafter.

POTENTIAL PROBLEMS

- Refer to troubleshooting guide in ward.

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. _____

OXYGEN / RECOVERY **NASAL** ☐ **HUDSON** ☐ **OTHER** ☐

OXYGEN / WARD _____

2L ☐ **3L** ☐ **4L** ☐ **5L** ☐ **OTHER** ☐

CANNULA / REMOVAL - RECOVERY ☐ **WARD** _____

INSTRUCTION/ INFORMATION

Anaesthetist Signature _____

TIME :		1610	1615	1700	1845														
PULSE		94	90	pm 100															
BLOOD PRESSURE		112/72	112/71	103/70															
ATURATION (SaO^2)		95	98%	95%															
RESPIRATORY RATE		R																	
AIRWAY		/																	
OXYGEN		/																	
PAIN SCORE	Rest																		
	Movement																		
SEDATION SCORE																			
PONV SCORE																			
TEMPERATURE			38.7		35.3														
WOUND																			
Vanessa		✓																	
VOLUME SYRINGE (mls)																			
VOLUME INFUSED (mls)																			
TOTAL MG INFUSED																			
INITIALS		SM																	

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

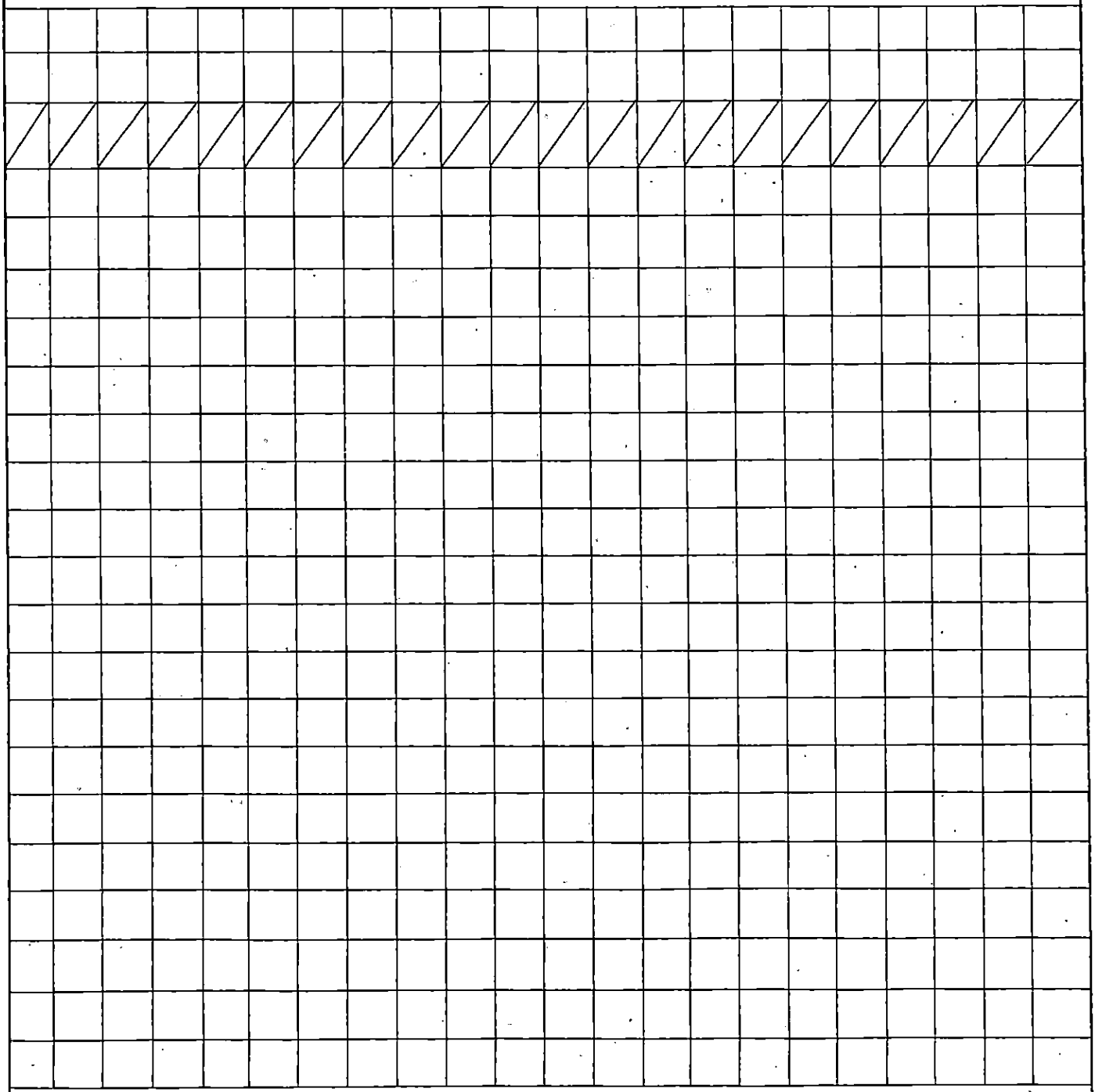
NO PAIN — WORST PAIN EVER

NURSE PAIN SCORE

0 / 2 - No pain / Slight discomfort. No analgesia required.
2 / 4 - Discomfort. Analgesia required.
4 / 6 - Pain only on movement.
6 / 8 - Pain on rest and movement.
8 / 10 - Severe pain on rest.

CONTINUE IV FLUIDS RATE

Anaesthetist Signature _____



SEDATION SCORE
0 = Awake
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable
5 = Normal sleep

P.O.N.V.
0 = No symptoms
1 = Nausea
2 = Vomiting
3 = Persistent nausea/vomiting

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

NOTES